

### A. Incident Information

### B. Officer Information

**C1. Subject 1** (List only the person who was the subject of the use of force by the officer listed in Section B.)

**C2. Subject 2** (List only the person who was the subject of the use of force by the officer listed in Section B.)

✓ If this officer used force against more than two subjects in this incident, attach additional USE OF FORCE REPORTS.

7/2001



### A. Incident Information

### B. Officer Information

**C1. Subject 1** (List only the person who was the subject of the use of force by the officer listed in Section B.)

**C2. Subject 2** (List only the person who was the subject of the use of force by the officer listed in Section B.)

➤ If this officer used force against more than two subjects in this incident, attach additional USE OF FORCE REPORTS.

7/2001



11-2221-1

**Abstract**

### A. Incident Information

### B. Officer Information

**C1. Subject 1** (List only the person who was the subject of the use of force by the officer listed in Section B.)

**C2. Subject 2** (List only the person who was the subject of the use of force by the officer listed in Section B.)

➤ If this officer used force against more than two subjects in this incident, attach additional USE OF FORCE REPORTS.

7/2001

11-11-11

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### A. Incident Information

### B. Officer Information

**C1. Subject 1** (List only the person who was the subject of the use of force by the officer listed in Section B.)

**C2. Subject 2** (List only the person who was the subject of the use of force by the officer listed in Section B.)

➤ If this officer used force against more than two subjects in this incident, attach additional USE OF FORCE REPORTS.

7/2001

**LAWRENCE TOWNSHIP POLICE DEPARTMENT**  
**USE OF FORCE REPORT**

### A. Incident Information

|                                                                                                                                                                                                                                                                                                   |        |      |      |             |     |          |                          |                 |          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|------|------|-------------|-----|----------|--------------------------|-----------------|----------|
| Date                                                                                                                                                                                                                                                                                              | 7/8/19 | Time | 2212 | Day of Week | Sat | Location | Michigan Ave at Pear St. | INCIDENT NUMBER | 17-21149 |
| <u>Type of Incident</u><br><input checked="" type="checkbox"/> Crime in progress <input type="checkbox"/> Domestic <input type="checkbox"/> Other dispute <input checked="" type="checkbox"/> Suspicious person <input type="checkbox"/> Traffic stop<br><input type="checkbox"/> Other (specify) |        |      |      |             |     |          |                          |                 |          |

### B. Officer Information

|                                                  |                           |                       |          |                                                    |           |                                                    |                                                   |
|--------------------------------------------------|---------------------------|-----------------------|----------|----------------------------------------------------|-----------|----------------------------------------------------|---------------------------------------------------|
| Name (Last, First, Middle)<br>CHOJNOLSKI BARTOSZ |                           | Badge #<br>232        | Sex<br>M | Race<br>W                                          | Age<br>32 | Injured<br>Y/N <input checked="" type="checkbox"/> | Killed<br>Y/N <input checked="" type="checkbox"/> |
| Rank<br>Ptl.                                     | Duty assignment<br>Patrol | Years of service<br>2 |          | On-Duty<br><input checked="" type="checkbox"/> Y/N |           | Uniform<br><input checked="" type="checkbox"/> Y/N |                                                   |

**C1. Subject 1** (List only the person who was the subject of the use of force by the officer listed in Section B.)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                            |                  |                                                                                                                                                                                                                                                                                                                                    |                        |                           |                        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------|------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|---------------------------|------------------------|
| Name (Last, First, Middle)<br><b>WILLIAMS DAMON</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | Sex<br><b>M</b>            | Race<br><b>B</b> | Age<br><b>23</b>                                                                                                                                                                                                                                                                                                                   | Weapon<br><b>Y (N)</b> | Injured<br><b>(Y) (N)</b> | Killed<br><b>Y (N)</b> |
| <input checked="" type="checkbox"/> Under the influence<br><input type="checkbox"/> Other unusual condition (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | Arrested<br><b>(Y) (N)</b> |                  | Charges<br><b>TRV 555: Agg. Assault</b>                                                                                                                                                                                                                                                                                            |                        |                           |                        |
| <b>Subject's actions</b> (check all that apply)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                            |                  | <b>Officer's use of force toward this subject</b> (check all that apply)                                                                                                                                                                                                                                                           |                        |                           |                        |
| <input checked="" type="checkbox"/> Resisted police officer control<br><input type="checkbox"/> Physical threat/attack on officer or another<br><input type="checkbox"/> Threatened/attacked officer or another with blunt object<br><input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object<br><input type="checkbox"/> Threatened/attacked officer or another with motor vehicle<br><input type="checkbox"/> Threatened officer or another with firearm<br><input type="checkbox"/> Fired at officer or another<br><input type="checkbox"/> Other (specify) |  |                            |                  | <input checked="" type="checkbox"/> Compliance hold<br><input type="checkbox"/> Hands/wrists<br><input type="checkbox"/> Kicks/feet<br><input type="checkbox"/> Chemical/natural agent<br><input type="checkbox"/> Strike/use baton or other object<br><input type="checkbox"/> Canine<br><input type="checkbox"/> Other (specify) |                        |                           |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                            |                  | Firearms Discharge<br><input type="checkbox"/> Intentional<br><input type="checkbox"/> Accidental<br>Number of Shots Fired _____<br>Number of Hits _____<br>[Use 'UNK' if unknown]                                                                                                                                                 |                        |                           |                        |

**C2. Subject 2 (List only the person who was the subject of the use of force by the officer listed in Section B.)**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                 |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |               |                |               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------|---------------|
| Name (Last, First, Middle)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Sex             | Race | Age                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Weapon<br>Y/N | Injured<br>Y/N | Killed<br>Y/N |
| <input type="checkbox"/> Under the influence<br><input type="checkbox"/> Other unusual condition (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Arrested<br>Y/N |      | Charges                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |               |                |               |
| <u>Subject's actions</u> (check all that apply)<br><input type="checkbox"/> Resisted police officer control<br><input type="checkbox"/> Physical threat/attack on officer or another<br><input type="checkbox"/> Threatened/attacked officer or another with blunt object<br><input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object<br><input type="checkbox"/> Threatened/attacked officer or another with motor vehicle<br><input type="checkbox"/> Threatened officer or another with firearm<br><input type="checkbox"/> Fired at officer or another<br><input type="checkbox"/> Other (specify) |                 |      | <u>Officer's use of force toward this subject</u> (check all that apply)<br><div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Compliance hold<br/> <input type="checkbox"/> Hands/fists<br/> <input type="checkbox"/> Kicks/feet<br/> <input type="checkbox"/> Chemical/natural agent<br/> <input type="checkbox"/> Strike/use baton or other object<br/> <input type="checkbox"/> Carina<br/> <input type="checkbox"/> Other (specify)           </div> <div> <input type="checkbox"/> Firearms Discharge<br/> <input type="checkbox"/> Intentional<br/> <input type="checkbox"/> Accidental<br/> <br/>           Number of Shots Fired _____<br/>           Number of Hits _____<br/>           [Use 'UNK' if unknown]         </div> </div> |               |                |               |

➤ If this officer used force against more than two subjects in this incident, attach additional USE OF FORCE REPORTS.

|                                       |                                      |
|---------------------------------------|--------------------------------------|
| Signature: PH.B. Chojnowski 232       | Date: 7/9/17                         |
| Print Supervisor Name: Sgt Laird #217 | Supervisor Signature: Sgt Laird #217 |

### A. Incident Information

### B. Officer Information

**C1. Subject 1** (List only the person who was the subject of the use of force by the officer listed in Section B.)

**C2. Subject 2** (List only the person who was the subject of the use of force by the officer listed in Section B.)

➤ If this officer used force against more than two subjects in this incident, attach additional USE OF FORCE REPORTS.

7/2801

# LAWRENCE TOWNSHIP POLICE DEPARTMENT USE OF FORCE REPORT

## A. Incident Information

|                  |                                                                                                                                                                                                                                        |      |      |             |        |          |              |                 |          |
|------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|------|-------------|--------|----------|--------------|-----------------|----------|
| Date             | 6/11/17                                                                                                                                                                                                                                | Time | 1955 | Day of Week | Sunday | Location | Elidage Ave. | INCIDENT NUMBER | 17-18411 |
| Type of Incident | <input type="checkbox"/> Crime in progress<br><input type="checkbox"/> Domestic<br><input type="checkbox"/> Other dispute<br><input checked="" type="checkbox"/> Suspicious person<br><input checked="" type="checkbox"/> Traffic stop |      |      |             |        |          |              |                 |          |

## B. Officer Information

|                            |               |                 |        |                  |             |         |                                       |         |                                       |         |                                       |        |                                       |
|----------------------------|---------------|-----------------|--------|------------------|-------------|---------|---------------------------------------|---------|---------------------------------------|---------|---------------------------------------|--------|---------------------------------------|
| Name (Last, First, Middle) | Hickey, Shane | Badge #         | 240    | Sex              | M           | Race    | W                                     | Age     | 24                                    | Injured | <input checked="" type="checkbox"/> Y | Killed | <input checked="" type="checkbox"/> N |
| Rank                       | Patrolman     | Duty assignment | Patrol | Years of service | 1 1/2 years | On-Duty | <input checked="" type="checkbox"/> Y | Uniform | <input checked="" type="checkbox"/> Y |         |                                       |        |                                       |

## C1. Subject 1 (List only the person who was the subject of the use of force by the officer listed in Section B.)

|                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |         |                                                               |      |   |     |    |        |                                       |         |                                       |        |                                       |
|-------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|---------------------------------------------------------------|------|---|-----|----|--------|---------------------------------------|---------|---------------------------------------|--------|---------------------------------------|
| Name (Last, First, Middle)                                        | Hardy, Christopher, Patrick                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Sex     | M                                                             | Race | B | Age | 25 | Weapon | <input checked="" type="checkbox"/> Y | Injured | <input checked="" type="checkbox"/> Y | Killed | <input checked="" type="checkbox"/> Y |
| Arrested                                                          | <input checked="" type="checkbox"/> Y                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Charges | Resisting, Hindering, Criminal Mischief, Assault, Obstruction |      |   |     |    |        |                                       |         |                                       |        |                                       |
| Subjects' actions (check all that apply)                          | <input checked="" type="checkbox"/> Resisted police officer control<br><input type="checkbox"/> Physical threat/attack on officer or another<br><input type="checkbox"/> Threatened/attacked officer or another with blunt object<br><input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object<br><input type="checkbox"/> Threatened/attacked officer or another with motor vehicle<br><input type="checkbox"/> Threatened officer or another with firearm<br><input type="checkbox"/> Fired at officer or another<br><input checked="" type="checkbox"/> Other (specify) attempted to flee on foot |         |                                                               |      |   |     |    |        |                                       |         |                                       |        |                                       |
| Officer's use of force toward this subject (check all that apply) | <input checked="" type="checkbox"/> Compliance hold<br><input type="checkbox"/> Hands/wrists<br><input type="checkbox"/> Kicks/feet<br><input type="checkbox"/> Chemical/natural agent<br><input type="checkbox"/> Strike/use baton or other object<br><input type="checkbox"/> Canine<br><input type="checkbox"/> Other (specify)                                                                                                                                                                                                                                                                                                   |         |                                                               |      |   |     |    |        |                                       |         |                                       |        |                                       |
| Number of Shots Fired                                             | [Use 'UNK' if unknown]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |         |                                                               |      |   |     |    |        |                                       |         |                                       |        |                                       |
| Firearms Discharge                                                | <input type="checkbox"/> Accidental<br><input type="checkbox"/> Intentional                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |         |                                                               |      |   |     |    |        |                                       |         |                                       |        |                                       |

## C2. Subject 2 (List only the person who was the subject of the use of force by the officer listed in Section B.)

|                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |         |  |     |  |        |                            |         |                            |        |                            |  |  |
|-------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|--|-----|--|--------|----------------------------|---------|----------------------------|--------|----------------------------|--|--|
| Name (Last, First, Middle)                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |         |  |     |  |        |                            |         |                            |        |                            |  |  |
| Sex                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Race    |  | Age |  | Weapon | <input type="checkbox"/> Y | Injured | <input type="checkbox"/> Y | Killed | <input type="checkbox"/> Y |  |  |
| Arrested                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Charges |  |     |  |        |                            |         |                            |        |                            |  |  |
| Subjects' actions (check all that apply)                          | <input type="checkbox"/> Resisted police officer control<br><input type="checkbox"/> Physical threat/attack on officer or another<br><input type="checkbox"/> Threatened/attacked officer or another with blunt object<br><input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object<br><input type="checkbox"/> Threatened/attacked officer or another with motor vehicle<br><input type="checkbox"/> Threatened officer or another with firearm<br><input type="checkbox"/> Fired at officer or another<br><input type="checkbox"/> Other (specify) |         |  |     |  |        |                            |         |                            |        |                            |  |  |
| Officer's use of force toward this subject (check all that apply) | <input type="checkbox"/> Compliance hold<br><input type="checkbox"/> Hands/wrists<br><input type="checkbox"/> Kicks/feet<br><input type="checkbox"/> Chemical/natural agent<br><input type="checkbox"/> Strike/use baton or other object<br><input type="checkbox"/> Canine<br><input type="checkbox"/> Other (specify)                                                                                                                                                                                                                                                              |         |  |     |  |        |                            |         |                            |        |                            |  |  |
| Number of Shots Fired                                             | [Use 'UNK' if unknown]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |         |  |     |  |        |                            |         |                            |        |                            |  |  |
| Firearms Discharge                                                | <input type="checkbox"/> Accidental<br><input type="checkbox"/> Intentional                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |         |  |     |  |        |                            |         |                            |        |                            |  |  |

> If this officer used force against more than two subjects in this incident, attach additional USE OF FORCE REPORTS.

|                        |                 |                       |             |
|------------------------|-----------------|-----------------------|-------------|
| Signature:             | Mr. Hickey #240 | Date:                 | 6/11/2017   |
| Print Supervisor Name: | St. Land #217   | Supervisor Signature: | [Signature] |

### A. Incident Information

### B. Officer Information

**C1. Subject 1** (List only the person who was the subject of the use of force by the officer listed in Section B.)

**C2. Subject 2** (List only the person who was the subject of the use of force by the officer listed in Section B.)

➤ If this officer used force against more than two subjects in this incident, attach additional USE OF FORCE REPORTS.

7/2001

**LAWRENCE TOWNSHIP POLICE DEPARTMENT  
USE OF FORCE REPORT**

**A. Incident Information**

|                                                                                                                                                                                                                                                                                        |              |                       |                          |                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-----------------------|--------------------------|-----------------------------|
| Date<br>6/11/2017                                                                                                                                                                                                                                                                      | Time<br>1955 | Day of Week<br>Sunday | Location<br>Eldridge Ave | INCIDENT NUMBER<br>17-18411 |
| <b>Type of Incident</b><br><input type="checkbox"/> Crime in progress <input type="checkbox"/> Domestic <input type="checkbox"/> Other dispute <input type="checkbox"/> Suspicious person <input checked="" type="checkbox"/> Traffic stop<br><input type="checkbox"/> Other (specify) |              |                       |                          |                             |

**B. Officer Information**

|                                                  |                           |                             |                |                |                  |                 |
|--------------------------------------------------|---------------------------|-----------------------------|----------------|----------------|------------------|-----------------|
| Name (Last, First, Middle)<br>Janoski, Robert, T | Badge #<br>239            | Sex<br>M                    | Race<br>W      | Age<br>27      | Injured<br>Y (N) | Killed<br>Y (N) |
| Rank<br>Patrolman                                | Duty assignment<br>Patrol | Years of service<br>2 years | On-Duty<br>Y/N | Uniform<br>Y/N |                  |                 |

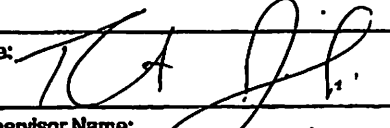
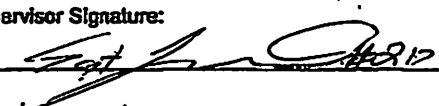
**C1. Subject 1 (List only the person who was the subject of the use of force by the officer listed in Section B.)**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                   |                                                                          |           |                                                                                                                                                                                                                                                                                                                                                                                                                |                  |                 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|--------------------------------------------------------------------------|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------------|
| Name (Last, First, Middle)<br>Herdy, Christopher, Patrick                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Sex<br>M          | Race<br>B                                                                | Age<br>25 | Weapon<br>Y (N)                                                                                                                                                                                                                                                                                                                                                                                                | Injured<br>Y (N) | Killed<br>Y (N) |
| <input type="checkbox"/> Under the influence<br><input type="checkbox"/> Other unusual condition (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Arrested<br>Y (N) | Charges<br>Obstructing, Agg Assault, Hindering, Com. Mischief, resisting |           |                                                                                                                                                                                                                                                                                                                                                                                                                |                  |                 |
| <b>Subject's actions (check all that apply)</b><br><input checked="" type="checkbox"/> Resisted police officer control<br><input type="checkbox"/> Physical threat/attack on officer or another<br><input type="checkbox"/> Threatened/attacked officer or another with blunt object<br><input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object<br><input type="checkbox"/> Threatened/attacked officer or another with motor vehicle<br><input type="checkbox"/> Threatened officer or another with firearm<br><input type="checkbox"/> Fired at officer or another<br><input checked="" type="checkbox"/> Other (specify) Attempted to flee on foot. |                   |                                                                          |           | <b>Officer's use of force toward this subject (check all that apply)</b><br><input checked="" type="checkbox"/> Compliance hold<br><input type="checkbox"/> Hands/wrists<br><input type="checkbox"/> Kicks/feet<br><input type="checkbox"/> Chemical/natural agent<br><input type="checkbox"/> Strike/use baton or other object<br><input type="checkbox"/> Canine<br><input type="checkbox"/> Other (specify) |                  |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                   |                                                                          |           | Firearms Discharge<br><input type="checkbox"/> Intentional<br><input type="checkbox"/> Accidental<br>Number of Shots Fired _____<br>Number of Hits _____<br>(Use "UNK" if unknown)                                                                                                                                                                                                                             |                  |                 |

**C2. Subject 2 (List only the person who was the subject of the use of force by the officer listed in Section B.)**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                 |         |     |                                                                                                                                                                                                                                                                                                                                                                                                     |                |               |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|---------|-----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|---------------|
| Name (Last, First, Middle)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Sex             | Race    | Age | Weapon<br>Y/N                                                                                                                                                                                                                                                                                                                                                                                       | Injured<br>Y/N | Killed<br>Y/N |
| <input type="checkbox"/> Under the influence<br><input type="checkbox"/> Other unusual condition (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Arrested<br>Y/N | Charges |     |                                                                                                                                                                                                                                                                                                                                                                                                     |                |               |
| <b>Subject's actions (check all that apply)</b><br><input type="checkbox"/> Resisted police officer control<br><input checked="" type="checkbox"/> Physical threat/attack on officer or another<br><input type="checkbox"/> Threatened/attacked officer or another with blunt object<br><input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object<br><input type="checkbox"/> Threatened/attacked officer or another with motor vehicle<br><input type="checkbox"/> Threatened officer or another with firearm<br><input type="checkbox"/> Fired at officer or another<br><input type="checkbox"/> Other (specify) |                 |         |     | <b>Officer's use of force toward this subject (check all that apply)</b><br><input type="checkbox"/> Compliance hold<br><input type="checkbox"/> Hands/wrists<br><input type="checkbox"/> Kicks/feet<br><input type="checkbox"/> Chemical/natural agent<br><input type="checkbox"/> Strike/use baton or other object<br><input type="checkbox"/> Canine<br><input type="checkbox"/> Other (specify) |                |               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                 |         |     | Firearms Discharge<br><input type="checkbox"/> Intentional<br><input type="checkbox"/> Accidental<br>Number of Shots Fired _____<br>Number of Hits _____<br>(Use "UNK" if unknown)                                                                                                                                                                                                                  |                |               |

➤ If this officer used force against more than two subjects in this incident, attach additional USE OF FORCE REPORTS.

|                                                                                                    |                                                                                                                 |
|----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| Signature:  239 | Date: June 11, 2017                                                                                             |
| Print Supervisor Name: Sgt. David #217                                                             | Supervisor Signature:  #217 |

17-18406

|                                            |                                              |                                        |                                            |                                       |
|--------------------------------------------|----------------------------------------------|----------------------------------------|--------------------------------------------|---------------------------------------|
| A. Incident information                    |                                              |                                        |                                            |                                       |
| Date                                       | Time                                         | Day of Week                            | Location                                   | INCIDENT NUMBER                       |
| 6/11/17                                    | 1741                                         | SUN.                                   | 28 Schindler Ct.                           | 17-18406                              |
| Type of Incident                           |                                              |                                        |                                            |                                       |
| <input type="checkbox"/> Crime in progress | <input checked="" type="checkbox"/> Domestic | <input type="checkbox"/> Other dispute | <input type="checkbox"/> Suspicious person | <input type="checkbox"/> Traffic stop |
| <input type="checkbox"/> Other (specify)   |                                              |                                        |                                            |                                       |

|                                                |                            |                            |          |                     |                     |                     |                    |
|------------------------------------------------|----------------------------|----------------------------|----------|---------------------|---------------------|---------------------|--------------------|
| Name (Last, First, Middle)<br>Carron, Shawn S. |                            | Badge #<br>192             | Sex<br>m | Race<br>W           | Age<br>49           | Injured<br>Y/N<br>Y | Killed<br>Y/N<br>Y |
| Rank<br>Ptl.                                   | Duty assignment<br>Tactics | Years of service<br>17 1/2 |          | On-Duty<br>Y/N<br>Y | Uniform<br>Y/N<br>Y |                     |                    |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                        |                  |                                                                                                                                                                                                                                                                                                                                    |                      |                       |                      |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------|------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|-----------------------|----------------------|
| Name (Last, First, Middle)<br><b>Coyne, Todd</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | Sex<br><b>M</b>        | Race<br><b>W</b> | Age<br><b>44</b>                                                                                                                                                                                                                                                                                                                   | Weapon<br><b>Y/N</b> | Injured<br><b>Y/N</b> | Killed<br><b>Y/N</b> |
| <input checked="" type="checkbox"/> Under the Influence<br><input type="checkbox"/> Other unusual condition (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | Arrested<br><b>Y/N</b> |                  | Charges<br><b>Animal Cruelty<br/>DV Crim. Hise / Harass.</b>                                                                                                                                                                                                                                                                       |                      |                       |                      |
| <b>Subject's actions</b> (check all that apply)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                        |                  | <b>Officer's use of force toward this subject</b> (check all that apply)                                                                                                                                                                                                                                                           |                      |                       |                      |
| <input checked="" type="checkbox"/> Resisted police officer control<br><input type="checkbox"/> Physical threat/attack on officer or another<br><input type="checkbox"/> Threatened/attacked officer or another with blunt object<br><input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object<br><input type="checkbox"/> Threatened/attacked officer or another with motor vehicle<br><input type="checkbox"/> Threatened officer or another with firearm<br><input type="checkbox"/> Fired at officer or another<br><input type="checkbox"/> Other (specify) |  |                        |                  | <input checked="" type="checkbox"/> Compliance hold<br><input type="checkbox"/> Hands/wrists<br><input type="checkbox"/> Kicks/feet<br><input type="checkbox"/> Chemical/natural agent<br><input type="checkbox"/> Strike/use baton or other object<br><input type="checkbox"/> Canine<br><input type="checkbox"/> Other (specify) |                      |                       |                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                        |                  | Firearms Discharge<br><input type="checkbox"/> Intentional<br><input type="checkbox"/> Accidental<br>Number of Shots Fired _____<br>Number of Hits _____<br>[Use 'UNK' if unknown]                                                                                                                                                 |                      |                       |                      |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                                                     |      |         |               |                |               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------|---------------|----------------|---------------|
| Name (Last, First, Middle) <b>NA</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | Sex                                                                                                                                                                                                                                                                                                                                                                                                 | Race | Age     | Weapon<br>Y/N | Injured<br>Y/N | Killed<br>Y/N |
| <input type="checkbox"/> Under the influence<br><input type="checkbox"/> Other unusual condition (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | Arrested<br>Y/N                                                                                                                                                                                                                                                                                                                                                                                     |      | Charges |               |                |               |
| <b>Subject's actions (check all that apply)</b><br><input type="checkbox"/> Resisted police officer control<br><input type="checkbox"/> Physical threat/attack on officer or another<br><input type="checkbox"/> Threatened/attacked officer or another with blunt object<br><input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object<br><input type="checkbox"/> Threatened/attacked officer or another with motor vehicle<br><input type="checkbox"/> Threatened officer or another with firearm<br><input type="checkbox"/> Fired at officer or another<br><input type="checkbox"/> Other (specify) |  | <b>Officer's use of force toward this subject (check all that apply)</b><br><input type="checkbox"/> Compliance hold<br><input type="checkbox"/> Hands/wrists<br><input type="checkbox"/> Kicks/feet<br><input type="checkbox"/> Chemical/natural agent<br><input type="checkbox"/> Strike/use baton or other object<br><input type="checkbox"/> Canine<br><input type="checkbox"/> Other (specify) |      |         |               |                |               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | Firearms Discharge<br><input type="checkbox"/> Intentional<br><input type="checkbox"/> Accidental<br>Number of Shots Fired _____<br>Number of Hits _____<br>[Use 'UNK' if unknown]                                                                                                                                                                                                                  |      |         |               |                |               |

|                                             |                                          |
|---------------------------------------------|------------------------------------------|
| Signature: <i>[Signature]</i>               | Date: <i>6-11-17</i>                     |
| Print Supervisor Name: <i>C. Longo 2:00</i> | Supervisor Signature: <i>[Signature]</i> |

### A. Incident Information

### B. Officer Information

**C1. Subject 1** (List only the person who was the subject of the use of force by the officer listed in Section B.)

**C2. Subject 2** (List only the person who was the subject of the use of force by the officer listed in Section B.)

➤ If this officer used force against more than two subjects in this incident, attach additional USE OF FORCE REPORTS.

7/2001

**LAWRENCE TOWNSHIP POLICE DEPARTMENT  
USE OF FORCE REPORT**

**A. Incident Information**

|                                                                                                                                                                                                                                                                                                        |                     |                           |                                       |                                    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|---------------------------|---------------------------------------|------------------------------------|
| Date<br><b>5/20/17</b>                                                                                                                                                                                                                                                                                 | Time<br><b>1755</b> | Day of Week<br><b>SAT</b> | Location<br><b>Q34 A/D Substation</b> | INCIDENT NUMBER<br><b>17-15778</b> |
| Type of Incident                                                                                                                                                                                                                                                                                       |                     |                           |                                       |                                    |
| <input type="checkbox"/> Crime in progress <input type="checkbox"/> Domestic <input type="checkbox"/> Other dispute <input type="checkbox"/> Suspicious person <input type="checkbox"/> Traffic stop<br><input checked="" type="checkbox"/> Other (specify) <b>UNSUBLY PATRON / DISORDERLY CONDUCT</b> |                     |                           |                                       |                                    |

**B. Officer Information**

|                                                    |                                       |                               |                       |                       |                       |                      |
|----------------------------------------------------|---------------------------------------|-------------------------------|-----------------------|-----------------------|-----------------------|----------------------|
| Name (Last, First, Middle)<br><b>LEE, ANDREW F</b> | Badge #<br><b>213</b>                 | Sex<br><b>M</b>               | Race<br><b>WHT</b>    | Age<br><b>39</b>      | Injured<br><b>Y/N</b> | Killed<br><b>Y/N</b> |
| Rank<br><b>POLICE OFFICER</b>                      | Duty assignment<br><b>Q34 OFFICER</b> | Years of service<br><b>12</b> | On-Duty<br><b>Y/N</b> | Uniform<br><b>Y/N</b> |                       |                      |

**C1. Subject 1** (List only the person who was the subject of the use of force by the officer listed in Section B.)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                        |                    |                                                 |                                                                                                                                                                                                                                                                                                                                                                                                        |                       |                      |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|--------------------|-------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|----------------------|
| Name (Last, First, Middle)<br><b>JACKSON, SHAQUANA</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Sex<br><b>F</b>        | Race<br><b>BLK</b> | Age<br><b>15</b>                                | Weapon<br><b>Y/N</b>                                                                                                                                                                                                                                                                                                                                                                                   | Injured<br><b>Y/N</b> | Killed<br><b>Y/N</b> |
| <input type="checkbox"/> Under the influence<br><input type="checkbox"/> Other unusual condition (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Arrested<br><b>Y/N</b> |                    | Charges<br><b>DISORDERLY CONDUCT; RESISTING</b> |                                                                                                                                                                                                                                                                                                                                                                                                        |                       |                      |
| Subject's actions (check all that apply)<br><input checked="" type="checkbox"/> Resisted police officer control<br><input type="checkbox"/> Physical threat/attack on officer or another<br><input type="checkbox"/> Threatened/attacked officer or another with blunt object<br><input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object<br><input type="checkbox"/> Threatened/attacked officer or another with motor vehicle<br><input type="checkbox"/> Threatened officer or another with firearm<br><input type="checkbox"/> Fired at officer or another<br><input checked="" type="checkbox"/> Other (specify) <b>ELBOWED SEVERING OFFICER</b> |                        |                    |                                                 | Officer's use of force toward this subject (check all that apply)<br><input checked="" type="checkbox"/> Compliance hold<br><input type="checkbox"/> Hands/fists<br><input type="checkbox"/> Kicks/feet<br><input type="checkbox"/> Chemical/natural agent<br><input type="checkbox"/> Strike/use baton or other object<br><input type="checkbox"/> Canine<br><input type="checkbox"/> Other (specify) |                       |                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                        |                    |                                                 | Firearms Discharge<br><input type="checkbox"/> Intentional<br><input type="checkbox"/> Accidental<br>Number of Shots Fired _____<br>Number of Hits _____<br>[Use 'UNK' if unknown]                                                                                                                                                                                                                     |                       |                      |

**C2. Subject 2** (List only the person who was the subject of the use of force by the officer listed in Section B.)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                        |      |         |                                                                                                                                                                                                                                                                                                                                                                                             |                       |                      |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------|---------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|----------------------|
| Name (Last, First, Middle)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Sex                    | Race | Age     | Weapon<br><b>Y/N</b>                                                                                                                                                                                                                                                                                                                                                                        | Injured<br><b>Y/N</b> | Killed<br><b>Y/N</b> |
| <input type="checkbox"/> Under the influence<br><input type="checkbox"/> Other unusual condition (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Arrested<br><b>Y/N</b> |      | Charges |                                                                                                                                                                                                                                                                                                                                                                                             |                       |                      |
| Subject's actions (check all that apply)<br><input type="checkbox"/> Resisted police officer control<br><input type="checkbox"/> Physical threat/attack on officer or another<br><input type="checkbox"/> Threatened/attacked officer or another with blunt object<br><input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object<br><input type="checkbox"/> Threatened/attacked officer or another with motor vehicle<br><input type="checkbox"/> Threatened officer or another with firearm<br><input type="checkbox"/> Fired at officer or another<br><input type="checkbox"/> Other (specify) |                        |      |         | Officer's use of force toward this subject (check all that apply)<br><input type="checkbox"/> Compliance hold<br><input type="checkbox"/> Hands/fists<br><input type="checkbox"/> Kicks/feet<br><input type="checkbox"/> Chemical/natural agent<br><input type="checkbox"/> Strike/use baton or other object<br><input type="checkbox"/> Canine<br><input type="checkbox"/> Other (specify) |                       |                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                        |      |         | Firearms Discharge<br><input type="checkbox"/> Intentional<br><input type="checkbox"/> Accidental<br>Number of Shots Fired _____<br>Number of Hits _____<br>[Use 'UNK' if unknown]                                                                                                                                                                                                          |                       |                      |

➤ If this officer used force against more than two subjects in this incident, attach additional USE OF FORCE REPORTS.

|                                                      |                             |
|------------------------------------------------------|-----------------------------|
| Signature<br>                                        | Date: <b>5-20-2017</b>      |
| Print Supervisor Name: <b>SA STEVEN R SIMON #212</b> | Supervisor Signature:  #212 |



1-1957

|                                                                                                                                                                                                                                                                                                           |              |                        |                                    |                             |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|------------------------|------------------------------------|-----------------------------|
| Date<br>5/9/2017                                                                                                                                                                                                                                                                                          | Time<br>2212 | Day of Week<br>Tuesday | Location<br>Strawberry/Brown Creek | INCIDENT NUMBER<br>17-14571 |
| <u>Type of Incident</u><br><input type="checkbox"/> Crime in progress <input type="checkbox"/> Domestic <input type="checkbox"/> Other dispute <input type="checkbox"/> Suspicious person <input type="checkbox"/> Traffic stop<br><input checked="" type="checkbox"/> Other (specify) <i>Mental Case</i> |              |                        |                                    |                             |

|                                                |                           |                         |          |                |           |                                                  |                                                 |
|------------------------------------------------|---------------------------|-------------------------|----------|----------------|-----------|--------------------------------------------------|-------------------------------------------------|
| Name (Last, First, Middle)<br>Stever, John, F. |                           | Badge #<br>231          | Sex<br>M | Race<br>W      | Age<br>26 | Injured<br>Y <input checked="" type="checkbox"/> | Killed<br>Y <input checked="" type="checkbox"/> |
| Rank<br>Patrolman.                             | Duty assignment<br>Patrol | Years of service<br>2.5 |          | On-Duty<br>OIN |           | Uniform<br>OIN                                   |                                                 |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                       |                  |                                                                                                                                                                                                                                                                                                                                                                                                                      |                      |                       |                      |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------|------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|-----------------------|----------------------|
| Name (Last, First, Middle)<br><b>Czeraniak, Adam</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | Sex<br><b>M</b>       | Race<br><b>W</b> | Age<br><b>17</b>                                                                                                                                                                                                                                                                                                                                                                                                     | Weapon<br><b>Y10</b> | Injured<br><b>Y10</b> | Killed<br><b>Y10</b> |
| <input type="checkbox"/> Under the Influence<br><input checked="" type="checkbox"/> Other unusual condition (specify) <b>suicidal</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | Arrested<br><b>YN</b> |                  | Charges<br><b>obstruction/Resisting</b>                                                                                                                                                                                                                                                                                                                                                                              |                      |                       |                      |
| <u>Subject's actions</u> (check all that apply)<br><input checked="" type="checkbox"/> Resisted police officer control<br><input type="checkbox"/> Physical threat/attack on officer or another<br><input type="checkbox"/> Threatened/attacked officer or another with blunt object<br><input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object<br><input type="checkbox"/> Threatened/attacked officer or another with motor vehicle<br><input type="checkbox"/> Threatened officer or another with firearm<br><input type="checkbox"/> Fired at officer or another<br><input type="checkbox"/> Other (specify) _____ |  |                       |                  | <u>Officer's use of force toward this subject</u> (check all that apply)<br><input checked="" type="checkbox"/> Compliance hold<br><input type="checkbox"/> Hands/wrists<br><input type="checkbox"/> Kicks/feet<br><input type="checkbox"/> Chemical/natural agent<br><input type="checkbox"/> Strike/use baton or other object<br><input type="checkbox"/> Canine<br><input type="checkbox"/> Other (specify) _____ |                      |                       |                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                       |                  | Firearms Discharge<br><input type="checkbox"/> Intentional<br><input type="checkbox"/> Accidental<br><br>Number of Shots Fired _____<br>Number of Hits _____<br>[Use 'UNK' if unknown]                                                                                                                                                                                                                               |                      |                       |                      |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                     |      |         |                                                                                                                                                                                    |                  |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------------|
| Name (Last, First, Middle)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Sex                                                                                                                                                                                                                                                                                                                                                                                                 | Race | Age     | Weapon<br>Y / N                                                                                                                                                                    | Injured<br>Y / N | Killed<br>Y / N |
| <input type="checkbox"/> Under the influence<br><input type="checkbox"/> Other unusual condition (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Arrested<br>Y / N                                                                                                                                                                                                                                                                                                                                                                                   |      | Charges |                                                                                                                                                                                    |                  |                 |
| <u>Subject's actions</u> (check all that apply)<br><input type="checkbox"/> Resisted police officer control<br><input type="checkbox"/> Physical threat/attack on officer or another<br><input type="checkbox"/> Threatened/attacked officer or another with blunt object<br><input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object<br><input type="checkbox"/> Threatened/attacked officer or another with motor vehicle<br><input type="checkbox"/> Threatened officer or another with firearm<br><input type="checkbox"/> Fired at officer or another<br><input type="checkbox"/> Other (specify) | <u>Officer's use of force toward this subject</u> (check all that apply)<br><input type="checkbox"/> Compliance hold<br><input type="checkbox"/> Hands/wrists<br><input type="checkbox"/> Kicks/feet<br><input type="checkbox"/> Chemical/natural agent<br><input type="checkbox"/> Strike/use baton or other object<br><input type="checkbox"/> Canine<br><input type="checkbox"/> Other (specify) |      |         | Firearms Discharge<br><input type="checkbox"/> Intentional<br><input type="checkbox"/> Accidental<br>Number of Shots Fired _____<br>Number of Hits _____<br>[Use 'UNK' if unknown] |                  |                 |

|                                                                                                     |                                                                                                                |
|-----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|
| Signature:  #231 | Date: 05/09/2017                                                                                               |
| Print Supervisor Name: Sgt. J. Smith #185                                                           | Supervisor Signature:  185 |

