KEYPORT POLICE DEPARTMENT
USE OF FORCE REPORT

A. Incident Information

Date	Time	Day of Week	Location	INCIDENT NUMBER
12/25/15	22:54	FRIDAY	ATLANTIC ST. / Hwy 36 N	15-10390

Type of Incident

☐ Crime in progress ☐ Domestic ☐ Other Dispute ☐ Suspicious Person ☒ Traffic Stop

☐ Other (specify)

B. Officer Information

Name (Last, First, Middle)	Badge #	Sex	Race	Age	Injured	Killed
FERM, MICHAEL A.	#16	M	W	47	Y / (N)	Y / (N)

Rank	Duty Assignment	Years of service	On-Duty	Uniform
SGT.	PATROL SUPERVISOR	28	(Y) N	(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)	Sex	Race	Age	Weapon	Injured	Killed
WARREN, RONNIE	M	B	31	Y / N	Y / N	Y / N

☐ Under the influence

☐ Other unusual condition (specify)

Arrested (Y) N

Charges 2C:35-10A(1) & COUNTS 2C:35-10A(1) 2C:35-5 (X2) 2C:35-7 (X2)

Subject's actions (check all that apply)	Officer's use of force toward this subject (check all that apply)	
☒ Resisted police officer control	☒ Compliance hold	Firearms discharge
☐ Physical threat/attack on officer or another	☐ Hands/fists	☐ Intentional
☐ Threatened/attacked officer or another with blunt object	☐ Kicks/feet	☐ Accidental
☐ Threatened/attacked officer or another with knife/cutting object	☐ Chemical/natural agent	
☐ Threatened/attacked officer or another with motor vehicle	☐ Strike/use baton or other object	Number of shots fired_____
☐ Threatened officer or another with firearm	☐ Canine	Number of hits _____
☐ Fired at officer or another		[Use 'UNK' if unknown]
☐ Other (specify)	☐ Other (specify)	

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	Injured	Killed
				Y / N	Y / N	Y / N

☐ Under the influence

☐ Other unusual condition (specify)

Arrested Y / N

Charges

Subject's actions (check all that apply)	Officer's use of force toward this subject (check all that apply)	
☐ Resisted police officer control	☐ Compliance hold	Firearms discharge
☐ Physical threat/attack on officer or another	☐ Hands/fists	☐ Intentional
☐ Threatened/attacked officer or another with blunt object	☐ Kicks/feet	☐ Accidental
☐ Threatened/attacked officer or another with knife/cutting object	☐ Chemical/natural agent	
☐ Threatened/attacked officer or another with motor vehicle	☐ Strike/use baton or other object	Number of shots fired_____
☐ Threatened officer or another with firearm	☐ Canine	Number of hits _____
☐ Fired at officer or another		[Use 'UNK' if unknown]
☐ Other (specify)	☐ Other (specify)	

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

Signature:	Date:
SGT. [signature] #16	12/25/15
Print Supervisor Name: SGT.	Supervisor Signature: