



# DEPARTMENT OF POLICE

BOROUGH OF KEANSBURG  
MONMOUTH COUNTY



21R CHURCH ST., KEANSBURG NJ 07734  
Tel. (732) 787-0600 Fax (732) 495-2052

Below are the dates of completion for Use of Force, Vehicular Pursuit, and Domestic Violence Training. Additional training for the department is scheduled for December.

|                       |            |
|-----------------------|------------|
| Ptl. N. Angerami      | 8/2/2017   |
| Sgt. W. Brink         | 7/28/2017  |
| Lt. S. Burton         | 7/24/2017  |
| Sgt. J. Cocuzza       | 7/14/2017  |
| D/Capt. W. Davis      | 7/10/2017  |
| D/Lt. M. Deane        | 7/26/2017  |
| Sgt. T. Dellapietro   | 7/28/2017  |
| Capt. A. Gogan        | 7/11/2017  |
| Ptl. C. Hosey         | 7/20/2017  |
| Det. J. Jankowski     | 7/11/2017  |
| Det. R. Johnson       | 7/26/2017  |
| Sgt. B. King          | 7/19/2017  |
| Ptl. J. Putkowski     | 7/18/2017  |
| Ptl. J. Koempel       | 7/17/2017  |
| Det. J. Lopez         | 7/28/2017  |
| Ptl. J. Murray        | 7/23/2017  |
| Ptl. G. Neckles       | 7/14/2017  |
| Chief J. Pigott       | 10/27/2017 |
| Ptl. C. Rogan         | 7/20/2017  |
| Det/Sgt. S. Rongo     | 10/12/2017 |
| Dep. Chief R. Sheehan | 7/28/2017  |
| Ptl. M. Sheehan       | 7/12/2017  |
| Ptl. T. Sheehan       | 7/27/2017  |
| Ptl. J. Soranno       | 7/26/2017  |
| Ptl. J. Swartz        | 7/16/2017  |
| Ptl. M. Thompson      | 8/2/2017   |
| Ptl. A. Valle         | 7/20/2017  |
| Sgt. D. Valle, Jr.    | 7/12/2017  |
| Ptl. B. VonBargen     | 7/18/2017  |

|                       |           |
|-----------------------|-----------|
| <b>Ptl. F. Wood</b>   | 7/25/2017 |
| <b>S/O. G. Rivera</b> | 7/12/2017 |
| <b>S/O J. Breheny</b> | 7/29/2017 |
| <b>S/O L. Skelly</b>  | 7/28/2017 |
| <b>S/O. J. Lamb</b>   | 8/22/2017 |

It should be noted S/O Nicholas Thompson completed Use of Force, Vehicular Pursuit, and Domestic Violence Training while attending the Essex County Police Academy April 24, 2017 – August 18, 2017.

Telecommunications Officer Stephanie White received departmental one-on-one training at time of hire (February 2017).

**Certificate of Completion**

**Nicholas Angerami**

**NJ Learn User: 226318**

**Successfully Completed:**

**Counterterrorism Awareness for Law Enforcement and Understanding Islam and Arab Culture**

**11/3/2017**

**As Recorded in NJ Learn – The First Responder E-Learning System**

# KEANSBURG POLICE DEPARTMENT POLICE PURSUIT INCIDENT REPORT

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                         |                                                                                                                                          |                                                     |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|--|
| 1. Department<br><b>KEANSBURG POLICE DEPARTMENT</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | 2. Incident Number<br><b>17-8903</b>                                                                                    |                                                                                                                                          | 3. Incident Date<br><b>10/21/2017</b>               |  |
| 4. Officer<br><b>Sgt. Bryan King</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | 5. Badge Number<br><b>27</b>                                                                                            |                                                                                                                                          | 6. Car Number<br><b>2112</b>                        |  |
| 7. Supervisor Notified<br><b>Chief James Pigott</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | 8. Badge Number<br><b>1</b>                                                                                             |                                                                                                                                          | 9.                                                  |  |
| 10. Agency status<br><input checked="" type="checkbox"/> Initiating Agency <input type="checkbox"/> Assisting Agency                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | 11. Officer status<br><input checked="" type="checkbox"/> Initiating Officer <input type="checkbox"/> Assisting Officer |                                                                                                                                          |                                                     |  |
| 12. Location Officer Became Involved<br><b>Creek Road/ Kennedy Way Keansburg NJ 07734</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | 13. Time Officer Became Involved<br><b>18:06</b>                                                                        |                                                                                                                                          | 14. Highest Speed<br><b>46</b>                      |  |
| 15. Location Officer Terminated<br>-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | 16. Time Officer Terminated<br><b>18:11</b>                                                                             |                                                                                                                                          | 17. Approx. Distance In Pursuit (miles)<br><b>2</b> |  |
| 18. Weather<br><input checked="" type="checkbox"/> Clear <input type="checkbox"/> Rain <input type="checkbox"/> Snow <input type="checkbox"/> Other _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                         |                                                                                                                                          |                                                     |  |
| 19. Road Surface<br><input checked="" type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Ice or Snow <input type="checkbox"/> Other _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                         |                                                                                                                                          |                                                     |  |
| 20. Area<br><input checked="" type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Highway <input type="checkbox"/> Rural                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                         |                                                                                                                                          |                                                     |  |
| 21. Reason Pursuit Initiated<br><input type="checkbox"/> Traffic Violation (describe) <b>Failure to Stop at Stop Sign</b> <input type="checkbox"/> DWI<br><input type="checkbox"/> Warrant (describe) _____ <input type="checkbox"/> Stolen Car<br><input type="checkbox"/> Assisting Other Agency (name) _____<br><input type="checkbox"/> Suspected Criminal Involvement (describe) _____<br><input type="checkbox"/> Other _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                         |                                                                                                                                          |                                                     |  |
| 22. Tire Deflation Device<br><input type="checkbox"/> Tire deflation device used    Type _____    Effect _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                         |                                                                                                                                          |                                                     |  |
| 23. Reason Pursuit Terminated<br><div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> Pursued Voluntarily Stopped / Surrendered<br/> <input type="checkbox"/> Pursued Voluntarily Stopped / Attempted Flight on Foot<br/> <div style="margin-left: 20px;"><input type="checkbox"/> Apprehended</div> <div style="margin-left: 20px;"><input type="checkbox"/> Escaped</div> <input type="checkbox"/> Pursued Forced to Stop / Vehicle Disabled<br/> <input type="checkbox"/> Other (describe) _____           </div> <div style="width: 48%;"> <input type="checkbox"/> Pursued Stopped in Accident<br/> <input checked="" type="checkbox"/> Pursued Escaped in Vehicle<br/> <input checked="" type="checkbox"/> Officer Decision<br/> <input type="checkbox"/> Officer Vehicle in Accident<br/> <input type="checkbox"/> Supervisor Decision           </div> </div> |  |                                                                                                                         |                                                                                                                                          |                                                     |  |
| 24. Number of People Injured<br>_____ # Pursued Vehicle    _____ # Police Vehicles<br>_____ # Third Party Vehicle    _____ # Pedestrians                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                         | 25. Number of People Killed<br>_____ # Pursued Vehicle    _____ # Police Vehicles<br>_____ # Third Party Vehicles    _____ # Pedestrians |                                                     |  |
| 26. Number of Vehicles in Accidents<br>_____ Pursued Vehicle    _____ # Police Vehicles<br>_____ # Third Party Vehicles                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | 27. No. of People in Pursued Vehicle<br><b>1</b>                                                                        |                                                                                                                                          | 28. Number of People Arrested                       |  |
| 29. List Charges for Driver                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                         |                                                                                                                                          |                                                     |  |
| 30. Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | 31. Date<br><b>10/21/2017</b>                                                                                           |                                                                                                                                          | 32. Reviewed By                                     |  |

# KEANSBURG POLICE DEPARTMENT POLICE PURSUIT INCIDENT REPORT

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                                             |                                                       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|
| 1. Department<br><b>KEANSBURG POLICE DEPARTMENT</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | 2. Incident Number<br><b>17-5546</b>                                                                                                                                                                                                                                                        | 3. Incident Date<br><b>07/08/2017</b>                 |
| 4. Officer<br><b>Ptl Francis Wood #25</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | 5. Badge Number<br><b>#25</b>                                                                                                                                                                                                                                                               | 6. Car Number<br><b>2111</b>                          |
| 7. Supervisor Notified<br><b>Sgt T Dellapietro # 21</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | 8. Badge Number<br><b>#21</b>                                                                                                                                                                                                                                                               | 9.                                                    |
| 10. Agency status<br><input checked="" type="checkbox"/> Initiating Agency <input type="checkbox"/> Assisting Agency                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | 11. Officer status<br><input type="checkbox"/> Initiating Officer <input checked="" type="checkbox"/> Assisting Officer                                                                                                                                                                     |                                                       |
| 12. Location Officer Became Involved<br><b>Twilight Ave and Grove Pl</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | 13. Time Officer Became Involved<br><b>23:59</b>                                                                                                                                                                                                                                            | 14. Highest Speed<br><b>72</b>                        |
| 15. Location Officer Terminated<br><b>Cliffwood Ave Cliffwood Beach NJ</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | 16. Time Officer Terminated<br><b>00:12</b>                                                                                                                                                                                                                                                 | 17. Approx. Distance In Pursuit (miles)<br><b>6.4</b> |
| 18. Weather<br><input checked="" type="checkbox"/> Clear <input type="checkbox"/> Rain <input type="checkbox"/> Snow <input type="checkbox"/> Other _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                             |                                                       |
| 19. Road Surface<br><input checked="" type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Ice or Snow <input type="checkbox"/> Other _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                             |                                                       |
| 20. Area<br><input checked="" type="checkbox"/> Residential <input type="checkbox"/> Commercial <input checked="" type="checkbox"/> Highway <input type="checkbox"/> Rural                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                             |                                                       |
| 21. Reason Pursuit Initiated<br><input type="checkbox"/> Traffic Violation (describe) _____<br><input type="checkbox"/> Warrant (describe) _____<br><input type="checkbox"/> Assisting Other Agency (name) _____<br><input type="checkbox"/> Suspected Criminal Involvement (describe) _____<br><input checked="" type="checkbox"/> Other <b>Struck police officer with a vehicle</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                                             |                                                       |
| 22. Tire Deflation Device<br><input type="checkbox"/> Tire deflation device used    Type _____    Effect _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                             |                                                       |
| 23. Reason Pursuit Terminated<br><div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> Pursued Voluntarily Stopped / Surrendered<br/> <input type="checkbox"/> Pursued Voluntarily Stopped / Attempted Flight on Foot<br/> <div style="margin-left: 20px;"><input type="checkbox"/> Apprehended</div> <div style="margin-left: 20px;"><input type="checkbox"/> Escaped</div> <input type="checkbox"/> Pursued Forced to Stop / Vehicle Disabled<br/> <input type="checkbox"/> Other (describe) _____ </div> <div style="width: 48%;"> <input type="checkbox"/> Pursued Stopped in Accident<br/> <input type="checkbox"/> Pursued Escaped in Vehicle<br/> <input type="checkbox"/> Officer Decision<br/> <input type="checkbox"/> Officer Vehicle in Accident<br/> <input checked="" type="checkbox"/> Supervisor Decision </div> </div> |  |                                                                                                                                                                                                                                                                                             |                                                       |
| 24. Number of People Injured<br><div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>0</b> # Pursued Vehicle<br/> <b>0</b> # Third Party Vehicle </div> <div style="width: 48%;"> <b>0</b> # Police Vehicles<br/> <b>0</b> # Pedestrians </div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | 25. Number of People Killed<br><div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>0</b> # Pursued Vehicle<br/> <b>0</b> # Third Party Vehicles </div> <div style="width: 48%;"> <b>0</b> # Police Vehicles<br/> <b>0</b> # Pedestrians </div> </div> |                                                       |
| 26. Number of Vehicles in Accidents<br><div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>0</b> Pursued Vehicle<br/> <b>0</b> # Third Party Vehicles </div> <div style="width: 48%;"> <b>0</b> # Police Vehicles </div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | 27. No. of People in Pursued Vehicle<br><b>1</b>                                                                                                                                                                                                                                            | 28. Number of People Arrested<br><b>1</b>             |
| 29. List Charges for Driver<br><b>2C:12-1b.(1)(a) 2C:29-2(a) 2C:20-10c</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                             |                                                       |
| 30. Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | 31. Date<br><b>07/09/2017</b>                                                                                                                                                                                                                                                               | 32. Reviewed By                                       |

# KEANSBURG POLICE DEPARTMENT POLICE PURSUIT INCIDENT REPORT

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| 1. Department<br><b>KEANSBURG POLICE DEPARTMENT</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | 2. Incident Number<br><b>17-5546</b>                                                                                                                                                                                                                                                        | 3. Incident Date<br><b>07/08/2017</b>                  |
| 4. Officer<br><b>Ptl. J Murray</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | 5. Badge Number<br><b>46</b>                                                                                                                                                                                                                                                                | 6. Car Number<br><b>2109</b>                           |
| 7. Supervisor Notified<br><b>Sgt. T Dellapietro</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | 8. Badge Number<br><b>21</b>                                                                                                                                                                                                                                                                | 9.                                                     |
| 10. Agency status<br><input checked="" type="checkbox"/> Initiating Agency <input type="checkbox"/> Assisting Agency                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | 11. Officer status<br><input checked="" type="checkbox"/> Initiating Officer <input type="checkbox"/> Assisting Officer                                                                                                                                                                     |                                                        |
| 12. Location Officer Became Involved<br><b>Twilight Ave. and Grove Pl.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | 13. Time Officer Became Involved<br><b>23:59</b>                                                                                                                                                                                                                                            | 14. Highest Speed<br><b>73</b>                         |
| 15. Location Officer Terminated<br><b>NJ-35 and Raritan Ave, South Amboy NJ</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | 16. Time Officer Terminated<br><b>00:16</b>                                                                                                                                                                                                                                                 | 17. Approx. Distance In Pursuit (miles)<br><b>10.5</b> |
| 18. Weather<br><input checked="" type="checkbox"/> Clear <input type="checkbox"/> Rain <input type="checkbox"/> Snow <input type="checkbox"/> Other _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                             |                                                        |
| 19. Road Surface<br><input checked="" type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Ice or Snow <input type="checkbox"/> Other _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                             |                                                        |
| 20. Area<br><input checked="" type="checkbox"/> Residential <input type="checkbox"/> Commercial <input checked="" type="checkbox"/> Highway <input type="checkbox"/> Rural                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                             |                                                        |
| 21. Reason Pursuit Initiated<br><input type="checkbox"/> Traffic Violation (describe) _____<br><input type="checkbox"/> Warrant (describe) _____<br><input type="checkbox"/> Assisting Other Agency (name) _____<br><input type="checkbox"/> Suspected Criminal Involvement (describe) _____<br><input checked="" type="checkbox"/> Other <b>Struck officer with vehicle</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                             |                                                        |
| 22. Tire Deflation Device<br><input type="checkbox"/> Tire deflation device used    Type _____    Effect _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                             |                                                        |
| 23. Reason Pursuit Terminated<br><div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> Pursued Voluntarily Stopped / Surrendered<br/> <input type="checkbox"/> Pursued Voluntarily Stopped / Attempted Flight on Foot<br/> <div style="margin-left: 20px;"><input type="checkbox"/> Apprehended</div> <div style="margin-left: 20px;"><input type="checkbox"/> Escaped</div> <input type="checkbox"/> Pursued Forced to Stop / Vehicle Disabled<br/> <input type="checkbox"/> Other (describe) _____ </div> <div style="width: 48%;"> <input type="checkbox"/> Pursued Stopped in Accident<br/> <input type="checkbox"/> Pursued Escaped in Vehicle<br/> <input type="checkbox"/> Officer Decision<br/> <input type="checkbox"/> Officer Vehicle in Accident<br/> <input checked="" type="checkbox"/> Supervisor Decision </div> </div> |  |                                                                                                                                                                                                                                                                                             |                                                        |
| 24. Number of People Injured<br><div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>0</b> # Pursued Vehicle<br/> <b>0</b> # Third Party Vehicle </div> <div style="width: 48%;"> <b>0</b> # Police Vehicles<br/> <b>0</b> # Pedestrians </div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | 25. Number of People Killed<br><div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>0</b> # Pursued Vehicle<br/> <b>0</b> # Third Party Vehicles </div> <div style="width: 48%;"> <b>0</b> # Police Vehicles<br/> <b>0</b> # Pedestrians </div> </div> |                                                        |
| 26. Number of Vehicles in Accidents<br><div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>0</b> Pursued Vehicle<br/> <b>0</b> # Third Party Vehicles </div> <div style="width: 48%;"> <b>0</b> # Police Vehicles </div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | 27. No. of People in Pursued Vehicle<br><b>1</b>                                                                                                                                                                                                                                            | 28. Number of People Arrested<br><b>1</b>              |
| 29. List Charges for Driver<br><b>2C:12-1b.(1)(a)    2C:29-2(a)    2C:20-10c.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                             |                                                        |
| 30. Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | 31. Date<br><b>07/09/2017</b>                                                                                                                                                                                                                                                               | 32. Reviewed By                                        |

# KEANSBURG POLICE DEPARTMENT POLICE PURSUIT INCIDENT REPORT

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                         |                                                                                                                                                |                                                     |  |
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| 1. Department<br><b>KEANSBURG POLICE DEPARTMENT</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | 2. Incident Number<br><b>14-1414</b>                                                                                    |                                                                                                                                                | 3. Incident Date<br><b>02/22/2014</b>               |  |
| 4. Officer<br><b>Ptl. Chris Rogan</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | 5. Badge Number<br><b>#40</b>                                                                                           |                                                                                                                                                | 6. Car Number<br><b>2103</b>                        |  |
| 7. Supervisor Notified<br><b>Lt. Gary Kronenberger</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | 8. Badge Number<br><b>#7</b>                                                                                            |                                                                                                                                                | 9.                                                  |  |
| 10. Agency status<br><input checked="" type="checkbox"/> Initiating Agency <input type="checkbox"/> Assisting Agency                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | 11. Officer status<br><input checked="" type="checkbox"/> Initiating Officer <input type="checkbox"/> Assisting Officer |                                                                                                                                                |                                                     |  |
| 12. Location Officer Became Involved<br><b>65 Church St. Keansburg NJ 07734</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | 13. Time Officer Became Involved<br><b>14:32</b>                                                                        |                                                                                                                                                | 14. Highest Speed<br><b>60</b>                      |  |
| 15. Location Officer Terminated<br><b>Laurel Ave. Keansburg NJ 07734</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | 16. Time Officer Terminated<br><b>14:34</b>                                                                             |                                                                                                                                                | 17. Approx. Distance In Pursuit (miles)<br><b>1</b> |  |
| 18. Weather<br><input checked="" type="checkbox"/> Clear <input type="checkbox"/> Rain <input type="checkbox"/> Snow <input type="checkbox"/> Other _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                         |                                                                                                                                                |                                                     |  |
| 19. Road Surface<br><input type="checkbox"/> Dry <input checked="" type="checkbox"/> Wet <input type="checkbox"/> Ice or Snow <input type="checkbox"/> Other _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                         |                                                                                                                                                |                                                     |  |
| 20. Area<br><input checked="" type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Highway <input type="checkbox"/> Rural                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                         |                                                                                                                                                |                                                     |  |
| 21. Reason Pursuit Initiated<br><input checked="" type="checkbox"/> Traffic Violation (describe) <b>Suspended driver</b> <input type="checkbox"/> DWI<br><input type="checkbox"/> Warrant (describe) _____ <input type="checkbox"/> Stolen Car<br><input type="checkbox"/> Assisting Other Agency (name) _____<br><input type="checkbox"/> Suspected Criminal Involvement (describe) _____<br><input checked="" type="checkbox"/> Other <b>2C:40-26</b>                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                         |                                                                                                                                                |                                                     |  |
| 22. Tire Deflation Device<br><input type="checkbox"/> Tire deflation device used    Type _____    Effect _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                         |                                                                                                                                                |                                                     |  |
| 23. Reason Pursuit Terminated<br><div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> Pursued Voluntarily Stopped / Surrendered<br/> <input type="checkbox"/> Pursued Voluntarily Stopped / Attempted Flight on Foot<br/> <div style="margin-left: 20px;"> <input type="checkbox"/> Apprehended<br/> <input type="checkbox"/> Escaped           </div> <input type="checkbox"/> Pursued Forced to Stop / Vehicle Disabled<br/> <input type="checkbox"/> Other (describe) _____         </div> <div style="width: 48%;"> <input checked="" type="checkbox"/> Pursued Stopped in Accident<br/> <input type="checkbox"/> Pursued Escaped in Vehicle<br/> <input type="checkbox"/> Officer Decision<br/> <input type="checkbox"/> Officer Vehicle in Accident<br/> <input type="checkbox"/> Supervisor Decision         </div> </div> |  |                                                                                                                         |                                                                                                                                                |                                                     |  |
| 24. Number of People Injured<br><b>1</b> # Pursued Vehicle <b>0</b> # Police Vehicles<br><b>0</b> # Third Party Vehicle <b>0</b> # Pedestrians                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                         | 25. Number of People Killed<br><b>0</b> # Pursued Vehicle <b>0</b> # Police Vehicles<br><b>0</b> # Third Party Vehicles <b>0</b> # Pedestrians |                                                     |  |
| 26. Number of Vehicles in Accidents<br><b>1</b> Pursued Vehicle <b>0</b> # Police Vehicles<br><b>0</b> # Third Party Vehicles                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | 27. No. of People in Pursued Vehicle<br><b>1</b>                                                                        |                                                                                                                                                | 28. Number of People Arrested<br><b>1</b>           |  |
| 29. List Charges for Driver<br><b>39:4-50, 39:3-40, 39:3-10a, 2C:3-76.2f, 39:4-97, 39:4-96, 39:4-126, 39:4-66, 39:4-82, 39:4-85, 39:4-50g, 39:4-89, 39:4-85</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                         |                                                                                                                                                |                                                     |  |
| 30. Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | 31. Date<br><b>02/22/2014</b>                                                                                           |                                                                                                                                                | 32. Reviewed By                                     |  |



# DEPARTMENT OF POLICE

BOROUGH OF KEANSBURG  
MONMOUTH COUNTY



21R CHURCH ST., KEANSBURG NJ 07734  
Tel. (732) 787-0600 Fax (732) 495-2052

## PUBLIC SYNOPSIS OF DISCIPLINARY ACTION

Officer was suspended for thirty (30) days for not complying with Department Standard Operating Procedure. Officer failed to follow a MCPO Uniform Policy.

# INTERNAL AFFAIRS SUMMARY REPORT

Agency: Keansburg Police Department

County: Monmouth

(2014)

Reporting Period:

☐ 1<sup>st</sup> Quarter (Jan.-Mar.)

☐ 3<sup>rd</sup> Quarter (July-Sept.)

☒ Annual

☐ 2<sup>nd</sup> Quarter (Apr.-June)

☐ 4<sup>th</sup> Quarter (Oct.-Dec.)

(End-of-Year)

| Type of Complaint        | Anonymous Complaints | Citizen Complaints | Agency Complaints | Total Complaints | Sustained | Exonerated | Not Sustained | Unfounded | Administratively Closed | Total Dispositions | Pending Investigations |
|--------------------------|----------------------|--------------------|-------------------|------------------|-----------|------------|---------------|-----------|-------------------------|--------------------|------------------------|
| Excessive Force          |                      |                    |                   |                  |           |            |               |           |                         |                    |                        |
| Improper Arrest          |                      |                    |                   |                  |           |            |               |           |                         |                    |                        |
| Improper Entry           |                      |                    |                   |                  |           |            |               |           |                         |                    |                        |
| Improper Search          |                      |                    |                   |                  |           |            |               |           |                         |                    |                        |
| Other Criminal Violation |                      |                    |                   |                  |           |            |               |           |                         |                    |                        |
| Differential Treatment   | 8                    |                    |                   | 8                |           | 1          |               | 7         |                         | 8                  |                        |
| Demeanor                 | 2                    |                    |                   | 2                | 1         |            |               | 1         |                         | 2                  |                        |
| Domestic Violence        |                      |                    |                   |                  |           |            |               |           |                         |                    |                        |
| Other Rule Violation *   | 1                    |                    |                   | 1                |           |            |               |           | 1                       | 1                  |                        |
| Total                    | 11                   | 11                 |                   | 11               | 1         | 1          |               | 8         | 1                       | 11                 |                        |

\* As defined in the Types of Complaints Section of the AG Guidelines pertaining to Internal Affairs.

| Court           | Cases Dismissed | Cases Diverted | Acquittals | Convictions |
|-----------------|-----------------|----------------|------------|-------------|
| Municipal Court |                 |                |            |             |
| Superior Court  |                 |                |            |             |
| Total           |                 |                |            |             |

# INTERNAL AFFAIRS SUMMARY REPORT

Agency: Keansburg Police Dept. (2015)

County: Monmouth

Reporting Period:

☐ 1st Quarter (Jan.-Mar.)  
☐ 2nd Quarter (Apr.-June)

☐ 3rd Quarter (July-Sept.) ☒ Annual  
☐ 4th Quarter (Oct.-Dec.) (End-of-Year)

| Type of Complaint        | Anonymous Complaints | Citizen Complaints | Agency Complaints | Total Complaints | Sustained | Exonerated | Not Sustained | Unfounded | Administratively Closed | Total Dispositions | Pending Investigations |
|--------------------------|----------------------|--------------------|-------------------|------------------|-----------|------------|---------------|-----------|-------------------------|--------------------|------------------------|
| Excessive Force          |                      | 3                  |                   | 3                |           |            |               | 1         |                         | 1                  | 2                      |
| Improper Arrest          |                      |                    |                   |                  |           |            |               |           |                         |                    |                        |
| Improper Entry           |                      |                    |                   |                  |           |            |               |           |                         |                    |                        |
| Improper Search          |                      |                    |                   |                  |           |            |               |           |                         |                    |                        |
| Other Criminal Violation |                      |                    |                   |                  |           |            |               |           |                         |                    |                        |
| Differential Treatment   | 1                    |                    |                   | 1                |           | 1          |               |           |                         | 1                  |                        |
| Demeanor                 | 4                    |                    |                   | 4                |           |            | 1             | 3         |                         | 4                  |                        |
| Domestic Violence        |                      |                    |                   |                  |           |            |               |           |                         |                    |                        |
| Other Rule Violation *   | 3                    |                    |                   | 3                |           |            | 2             |           |                         | 2                  | 1                      |
| <b>Total</b>             | 11                   | 11                 |                   | 11               |           | 1          | 3             | 4         |                         | 8                  | 3                      |

\* As defined in the Types of Complaints Section of the AG Guidelines pertaining to Internal Affairs.

| Court           | Cases Dismissed | Cases Diverted | Acquittals | Convictions |
|-----------------|-----------------|----------------|------------|-------------|
| Municipal Court |                 |                |            |             |
| Superior Court  |                 |                |            |             |
| <b>Total</b>    | 0               | 0              | 0          | 0           |

REVISED

## INTERNAL AFFAIRS SUMMARY REPORT

Agency: Keansburg PDCounty: 2016 Monmouth

Reporting Period:

☐1<sup>st</sup> Quarter (Jan.-Mar.)☐2<sup>nd</sup> Quarter (Apr.-June)☐3<sup>rd</sup> Quarter (July-Sept.)☒

Annual

☐4<sup>th</sup> Quarter (Oct.-Dec.)

(End-of-Year)

| Type of Complaint        | Anonymous Complaints | Citizen Complaints | Agency Complaints | Total Complaints | Sustained | Exonerated | Not Sustained | Unfounded | Administratively Closed | Total Dispositions | Pending Investigations |
|--------------------------|----------------------|--------------------|-------------------|------------------|-----------|------------|---------------|-----------|-------------------------|--------------------|------------------------|
| Excessive Force          |                      |                    |                   |                  |           |            |               |           |                         |                    |                        |
| Improper Arrest          |                      | 1                  |                   | 1                |           | 1          |               |           |                         | 1                  |                        |
| Improper Entry           |                      | 1                  |                   | 1                |           | 1          |               |           |                         | 1                  |                        |
| Improper Search          |                      | 1                  |                   | 1                |           |            | 1             |           |                         | 1                  |                        |
| Other Criminal Violation |                      |                    |                   |                  |           |            |               |           |                         |                    |                        |
| Differential Treatment   |                      | 1                  |                   | 1                |           |            | 1             |           |                         | 1                  |                        |
| Demeanor                 |                      |                    |                   |                  |           |            |               |           |                         |                    |                        |
| Domestic Violence        |                      |                    |                   |                  |           |            |               |           |                         |                    |                        |
| Other Rule Violation *   | 5                    |                    |                   | 5                |           |            | 4             |           | 1                       | 5                  |                        |
| Total                    |                      |                    |                   | 9                |           |            |               |           |                         | 9                  |                        |

\* As defined in the Types of Complaints Section of the AG Guidelines pertaining to Internal Affairs.

| Court           | Cases Dismissed | Cases Diverted | Acquittals | Convictions |
|-----------------|-----------------|----------------|------------|-------------|
| Municipal Court | 0               | 0              | 0          | 0           |
| Superior Court  | 0               | 0              | 0          | 0           |
| Total           | 0               | 0              | 0          | 0           |

Revised 02/2014

MCPO PRU-1

### USE OF FORCE REPORT

|                                                                                                                                                                                                                                                                                  |               |                        |                                 |                            |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|------------------------|---------------------------------|----------------------------|
| Date<br>06/20/2017                                                                                                                                                                                                                                                               | Time<br>14:41 | Day of Week<br>Tuesday | Location<br>Maple Ave/Braden PI | INCIDENT NUMBER<br>17-4859 |
| <u>Type of Incident</u><br><input 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"/> (specify) |               |                        |                                 |                            |

|                            |                 |                  |     |         |     |         |         |
|----------------------------|-----------------|------------------|-----|---------|-----|---------|---------|
| Name (Last, First, Middle) |                 | Badge #          | Sex | Race    | Age | Injured | Killed  |
| Rogan, Christopher         |                 | 40               | M   | W       | 28  | Y / (N) | Y / (N) |
| Rank                       | Duty assignment | Years of service |     | On-Duty |     | Uniform |         |
| Patrolman                  | Patrol          | 4                |     | (Y) / N |     | (Y) / N |         |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                     |      |                                                                                                                                                                                                                                                                                                                                              |         |         |         |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------|------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|---------|---------|
| Name (Last, First, Middle)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | Sex                 | Race | Age                                                                                                                                                                                                                                                                                                                                          | Weapon  | Injured | Killed  |
| Ferraro, Joseph                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | M                   | W    | 20                                                                                                                                                                                                                                                                                                                                           | Y / (N) | Y / (N) | Y / (N) |
| <input type="checkbox"/> Under the influence<br><input type="checkbox"/> Other unusual condition (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | Arrested<br>(Y) / N |      | Charges<br>2c:29-2a(2)                                                                                                                                                                                                                                                                                                                       |         |         |         |
| <u>Subject's actions</u> (check all that apply)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                     |      | <u>Officer's use of force toward this subject</u> (check all that apply)                                                                                                                                                                                                                                                                     |         |         |         |
| <input checked="" 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) |  |                     |      | <input checked="" type="checkbox"/> Compliance hold<br><input checked="" 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><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><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"/> Canine<br/> <input type="checkbox"/> Other (specify)           </div> <div>             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> |                 |                  |                 |

|                                                                                                |                                                                                                                 |
|------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| Signature:  | Date: 06/20/2017                                                                                                |
| Print Supervisor Name: Ptl. Putkowski                                                          | Supervisor Signature:  # 37 |

## USE OF FORCE REPORT

|                                                                                                                                                                                                                 |       |             |                     |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------------|---------------------|-----------------|
| Date                                                                                                                                                                                                            | Time  | Day of Week | Location            | INCIDENT NUMBER |
| 06/20/2017                                                                                                                                                                                                      | 14:41 | Tuesday     | Maple Ave/Braden Pl | 17-4859         |
| Type of Incident                                                                                                                                                                                                |       |             |                     |                 |
| <input 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 |       |             |                     |                 |
| <input type="checkbox"/> Other (specify)                                                                                                                                                                        |       |             |                     |                 |

|                            |                 |                  |     |         |     |         |         |
|----------------------------|-----------------|------------------|-----|---------|-----|---------|---------|
| Name (Last, First, Middle) |                 | Badge #          | Sex | Race    | Age | Injured | Killed  |
| Putkowski, Jillian         |                 | 31               | F   | W       | 34  | Y / (N) | Y / (N) |
| Rank                       | Duty assignment | Years of service |     | On-Duty |     | Uniform |         |
| Patolman                   | Patrol          | 15               |     | (Y) / N |     | (Y) / N |         |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                     |      |                                                                                                                                                                                                                                                                                                                                   |         |         |         |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------|------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|---------|---------|
| Name (Last, First, Middle)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | Sex                 | Race | Age                                                                                                                                                                                                                                                                                                                               | Weapon  | Injured | Killed  |
| Ferraro, Joseph                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | M                   | W    | 20                                                                                                                                                                                                                                                                                                                                | Y / (N) | Y / (N) | Y / (N) |
| <input type="checkbox"/> Under the influence<br><input type="checkbox"/> Other unusual condition (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | Arrested<br>(Y) / N |      | Charges<br>2c:29-2a(2)                                                                                                                                                                                                                                                                                                            |         |         |         |
| <u>Subject's actions</u> (check all that apply)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                     |      | <u>Officer's use of force toward this subject</u> (check all that apply)                                                                                                                                                                                                                                                          |         |         |         |
| <input checked="" 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) |  |                     |      | <input type="checkbox"/> Compliance hold<br><input type="checkbox"/> Hands/fists<br><input type="checkbox"/> Kicks/feet<br><input checked="" 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><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"/> Canine<br/> <input type="checkbox"/> Other (specify)           </div> <div>             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> |                 |                  |                 |

|                                         |                                              |
|-----------------------------------------|----------------------------------------------|
| Signature: <i>[Signature]</i> #31       | Date: 06/20/2017                             |
| Print Supervisor Name: LT. ANDREW GOGAN | Supervisor Signature: <i>[Signature]</i> #16 |

### USE OF FORCE REPORT

|                                                                                                                                                                                                      |       |             |                              |                 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------------|------------------------------|-----------------|
| Date                                                                                                                                                                                                 | Time  | Day of Week | Location                     | INCIDENT NUMBER |
| 06/22/2017                                                                                                                                                                                           | 10:25 | Thursday    | Parking Lot 29 Church Street | 17-4910         |
| 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 |       |             |                              |                 |
| <input checked="" type="checkbox"/> Other (specify)                                                                                                                                                  |       |             |                              |                 |

|                            |                 |                  |     |         |     |                    |                   |
|----------------------------|-----------------|------------------|-----|---------|-----|--------------------|-------------------|
| Name (Last, First, Middle) |                 | Badge #          | Sex | Race    | Age | Injured<br>(Y) / N | Killed<br>Y / (N) |
| Gogan, Andrew              |                 | 18               | M   | W       | 50  | (Y) / N            | Y / (N)           |
| Rank                       | Duty assignment | Years of service |     | On-Duty |     | Uniform            |                   |
| Lieutenant                 | Patrol          | 23               |     | (Y) / N |     | (Y) / N            |                   |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                     |      |                                                                                                                                                                                                                                                                                                                                   |         |         |         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------|------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|---------|---------|
| Name (Last, First, Middle)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | Sex                 | Race | Age                                                                                                                                                                                                                                                                                                                               | Weapon  | Injured | Killed  |
| Morales, Edwin                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | M                   | H    | 56                                                                                                                                                                                                                                                                                                                                | Y / (N) | Y / (N) | Y / (N) |
| <input type="checkbox"/> Under the influence<br><input type="checkbox"/> Other unusual condition (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | Arrested<br>(Y) / N |      | Charges<br>Resisting Arrest 2C:29-2                                                                                                                                                                                                                                                                                               |         |         |         |
| <u>Subject's actions</u> (check all that apply)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                     |      | <u>Officer's use of force toward this subject</u> (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/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)                                                                                                                                                |         |         |         |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                   |      |                                                                                                                                                                                                                                                                                                                        |                 |                  |                 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|------------------|-----------------|
| 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)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                   |      | <u>Officer's use of force toward this subject</u> (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) |                   |      | <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)                                                                                                                                     |                 |                  |                 |

|                                               |                                      |
|-----------------------------------------------|--------------------------------------|
| Signature: Lt Andrew Hoge #18                 | Date: 06/22/2017                     |
| Print Supervisor Name: Captain Robert Sheehan | Supervisor Signature: [Signature] 17 |

**KEANSBURG POLICE DEPARTMENT**

**USE OF FORCE REPORT**

**A. Incident Information**

|                                                                                                                                                                                                                                                                                                        |               |                        |                                     |                            |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|------------------------|-------------------------------------|----------------------------|
| Date<br>07/25/2017                                                                                                                                                                                                                                                                                     | Time<br>15:08 | Day of Week<br>Tuesday | Location<br>Evergreen Pl/Forest Ave | INCIDENT NUMBER<br>17-6124 |
| <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) Pedestrian stop |               |                        |                                     |                            |

**B. Officer Information**

|                                                     |                                   |                       |                    |                    |                    |                   |
|-----------------------------------------------------|-----------------------------------|-----------------------|--------------------|--------------------|--------------------|-------------------|
| Name (Last, First, Middle)<br>Rogan, Christopher, S | Badge #<br>40                     | Sex<br>M              | Race<br>W          | Age<br>28          | Injured<br>Y / (N) | Killed<br>Y / (N) |
| Rank<br>Patrolman                                   | Duty assignment<br>Bicycle patrol | Years of service<br>4 | On-Duty<br>(Y) / N | Uniform<br>(Y) / N |                    |                   |

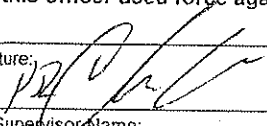
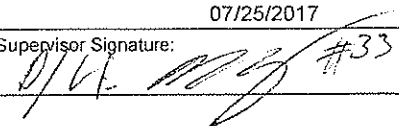
**C1. Subject 1 (List only the person who was the subject of the use of force by the officer listed in Section B.)**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |          |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                   |                    |                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|---------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|--------------------|-------------------|
| Name (Last, First, Middle)<br>Carter, Michael                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Sex<br>M | Race<br>B           | Age<br>28                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Weapon<br>Y / (N) | Injured<br>Y / (N) | Killed<br>Y / (N) |
| <input checked="" type="checkbox"/> Under the influence<br><input type="checkbox"/> Other unusual condition (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |          | Arrested<br>(Y) / N | Charges<br>2C:29-2(a) Resisting Arrest                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                   |                    |                   |
| <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    Firearms Discharge<br><input type="checkbox"/> Hands/fists <input type="checkbox"/> Intentional<br><input type="checkbox"/> Kicks/feet <input type="checkbox"/> Accidental<br><input type="checkbox"/> Chemical/natural agent<br><input type="checkbox"/> Strike/use baton or other object    Number of shots fired _____<br><input type="checkbox"/> Canine    Number of hits _____<br><input type="checkbox"/> Other (specify)    (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><input type="checkbox"/> Compliance hold    Firearms Discharge<br><input type="checkbox"/> Hands/fists <input type="checkbox"/> Intentional<br><input type="checkbox"/> Kicks/feet <input type="checkbox"/> Accidental<br><input type="checkbox"/> Chemical/natural agent<br><input type="checkbox"/> Strike/use baton or other object    Number of shots fired _____<br><input type="checkbox"/> Canine    Number of hits _____<br><input type="checkbox"/> Other (specify)    (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:<br>07/25/2017                                                                                               |
| Print Supervisor Name:<br>Det/Lt. Deaney #33                                                      | Supervisor Signature:<br> #33 |

### USE OF FORCE REPORT

|                                                                                                                                                                                                                                                                                        |               |                       |                      |                            |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-----------------------|----------------------|----------------------------|
| Date<br>09/15/2017                                                                                                                                                                                                                                                                     | Time<br>18:22 | Day of Week<br>Friday | Location<br>29 Leola | INCIDENT NUMBER<br>17-7769 |
| <u>Type of Incident</u><br><input checked="" 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 type="checkbox"/> Other (specify) |               |                       |                      |                            |

|                            |                 |                  |     |         |     |                    |                   |
|----------------------------|-----------------|------------------|-----|---------|-----|--------------------|-------------------|
| Name (Last, First, Middle) |                 | Badge #          | Sex | Race    | Age | Injured<br>Y / (N) | Killed<br>Y / (N) |
| Murray, John, M            |                 | 46               | M   | W       | 33  |                    |                   |
| Rank                       | Duty assignment | Years of service |     | On-Duty |     | Uniform            |                   |
| Patrolman                  | Patrol          | 1                |     | (Y) / N |     | (Y) / N            |                   |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                              |      |                               |        |         |         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-------------------------------|--------|---------|---------|
| Name (Last, First, Middle)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | Sex                                                                                                                                                                                                                                                                                                                                          | Race | Age                           | Weapon | Injured | Killed  |
| Slover, Christopher, Lee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | M                                                                                                                                                                                                                                                                                                                                            | W    |                               | Y / N  | Y / (N) | Y / (N) |
| <input checked="" type="checkbox"/> Under the influence<br><input type="checkbox"/> Other unusual condition (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | Arrested                                                                                                                                                                                                                                                                                                                                     |      | Charges                       |        |         |         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | (Y) / N                                                                                                                                                                                                                                                                                                                                      |      | 2C:39-2a(3) 2C:39-5d 2C:39-4d |        |         |         |
| Subject's actions (check all that apply)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | Officer's use of force toward this subject (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 checked="" type="checkbox"/> Hands/lists<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)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                   |      | <u>Officer's use of force toward this subject</u> (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) |                   |      | <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)                                                                                                                                     |                 |                  |                 |

|                                                    |                                                |
|----------------------------------------------------|------------------------------------------------|
| Signature: <i>PH John Murray #46</i>               | Date: <i>09/15/2017</i>                        |
| Print Supervisor Name: <i>PH Brian VanBuren 44</i> | Supervisor Signature: <i>PH [Signature] 44</i> |

## USE OF FORCE REPORT

|                                                                                                                                                                                                                                                                                 |               |                       |                          |                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-----------------------|--------------------------|----------------------------|
| Date<br>09/15/2017                                                                                                                                                                                                                                                              | Time<br>18:22 | Day of Week<br>Friday | Location<br>29 Leola Ave | INCIDENT NUMBER<br>17-7769 |
| Type of Incident<br><input checked="" 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 type="checkbox"/> Other (specify) |               |                       |                          |                            |

|                            |                 |                  |     |         |     |         |         |
|----------------------------|-----------------|------------------|-----|---------|-----|---------|---------|
| Name (Last, First, Middle) |                 | Badge #          | Sex | Race    | Age | Injured | Killed  |
| Breheny Joseph Patrick     |                 | #57              | M   | W       | 21  | Y / (N) | Y / (N) |
| Rank                       | Duty assignment | Years of service |     | On-Duty |     | Uniform |         |
| SLEO II                    | Patrol          | 0                |     | (Y) / N |     | (Y) / N |         |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                              |      |                                      |         |                                                                               |         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|--------------------------------------|---------|-------------------------------------------------------------------------------|---------|
| Name (Last, First, Middle)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | Sex                                                                                                                                                                                                                                                                                                                                          | Race | Age                                  | Weapon  | Injured                                                                       | Killed  |
| Slover, Christopher Lee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | M                                                                                                                                                                                                                                                                                                                                            | W    | 26                                   | Y / (N) | Y / (N)                                                                       | Y / (N) |
| <input checked="" type="checkbox"/> Under the influence<br><input type="checkbox"/> Other unusual condition (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | Arrested<br>(Y) / N                                                                                                                                                                                                                                                                                                                          |      | Charges<br>Assault, Resisting Arrest |         |                                                                               |         |
| <u>Subject's actions</u> (check all that apply)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | <u>Officer's use of force toward this subject</u> (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/fists<br><input type="checkbox"/> Kicks/feet<br><input checked="" 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                                                                                                                                                                                                                                            |      |                                      |         | 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/attacked 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"/> Canine<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> |      |         |                 |                  |                 |

|                                                 |                                                                                                                     |
|-------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|
| Signature:<br>Slo Bruyl #57                     | Date:<br>09/15/2017                                                                                                 |
| Print Supervisor Name:<br>PH Brian VanBergen 44 | Supervisor Signature:<br>PH  44 |

### USE OF FORCE REPORT

|                                                                                                                                                                                                                 |       |             |                   |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------------|-------------------|-----------------|
| Date                                                                                                                                                                                                            | Time  | Day of Week | Location          | INCIDENT NUMBER |
| 09/17/2017                                                                                                                                                                                                      | 04:19 | Sunday      | 15 Washington Ave | 17-7808         |
| 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) |                 | Badge #          | Sex | Race    | Age | Injured | Killed  |
| Valle, Dennis              |                 | 24               | M   | W       | 35  | Y / (N) | Y / (N) |
| Rank                       | Duty assignment | Years of service |     | On-Duty |     | Uniform |         |
| Sergeant                   | Patrol          | 12               |     | (Y) / N |     | (Y) / N |         |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                   |      |                     |         |                                                                                                                                                                                        |         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------------------|---------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|
| Name (Last, First, Middle)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | Sex                                                                                                                                                                                                                                                                                                                               | Race | Age                 | Weapon  | Injured                                                                                                                                                                                | Killed  |
| Schacht, Joseph                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | M                                                                                                                                                                                                                                                                                                                                 | W    | 20                  | Y / (N) | Y / (N)                                                                                                                                                                                | Y / (N) |
| <input checked="" type="checkbox"/> Under the influence<br><input type="checkbox"/> Other unusual condition (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | Arrested<br>(Y) / N                                                                                                                                                                                                                                                                                                               |      | Charges<br>2C:12-1a |         |                                                                                                                                                                                        |         |
| <u>Subject's actions</u> (check all that apply)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | <u>Officer's use of force toward this subject</u> (check all that apply)                                                                                                                                                                                                                                                          |      |                     |         |                                                                                                                                                                                        |         |
| <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) |  | <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><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/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)<br>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:  | Date: 09/17/2017                                                                                                |
| Print Supervisor Name: Capt. Andrew Gogan                                                      | Supervisor Signature:  #18 |

## USE OF FORCE REPORT

|                                                                                                                                                                                                                 |       |             |                   |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------------|-------------------|-----------------|
| Date                                                                                                                                                                                                            | Time  | Day of Week | Location          | INCIDENT NUMBER |
| 09/17/2017                                                                                                                                                                                                      | 04:19 | Sunday      | 15 Washington Ave | 17-7808         |
| 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) |                 | Badge #          | Sex | Race    | Age | Injured | Killed  |
| Rivera, Guillermo          |                 | 52               | M   | W       | 47  | Y / (N) | Y / (N) |
| Rank                       | Duty assignment | Years of service |     | On-Duty |     | Uniform |         |
| Officer                    | Patrol          | 17               |     | (Y) / N |     | (Y) / N |         |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |           |                     |                   |                    |                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------------------|-------------------|--------------------|-------------------|
| Name (Last, First, Middle)<br>Schacht, Joseph                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | Sex<br>M                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Race<br>W | Age<br>20           | Weapon<br>Y / (N) | Injured<br>Y / (N) | Killed<br>Y / (N) |
| <input checked="" type="checkbox"/> Under the influence<br><input type="checkbox"/> Other unusual condition (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | Arrested<br>(Y) / N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |           | Charges<br>2C:12-1a |                   |                    |                   |
| <u>Subject's actions</u> (check all that apply)<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) |  | <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 checked="" type="checkbox"/> Compliance hold<br/> <input type="checkbox"/> Hands/fists<br/> <input type="checkbox"/> Kicks/feet<br/> <input checked="" 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)           </div> <div>             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> |           |                     |                   |                    |                   |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                   |      |                                                                                                                                                                                                                                                                                                                        |                 |                  |                 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|------------------|-----------------|
| 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)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                   |      | <u>Officer's use of force toward this subject</u> (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) |                   |      | <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)                                                                                                                                     |                 |                  |                 |

|                        |                       |
|------------------------|-----------------------|
| Signature:             | Date:                 |
| Print Supervisor Name: | Supervisor Signature: |
| Sgt. Dennis Valle Jr   | 5/11/24               |

# KEANSBURG POLICE DEPARTMENT

## USE OF FORCE REPORT

### A. Incident Information

|                                                                                                                                                                                                                                                                                        |               |                         |                            |                            |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-------------------------|----------------------------|----------------------------|
| Date<br>09/16/2017                                                                                                                                                                                                                                                                     | Time<br>18:35 | Day of Week<br>Saturday | Location<br>243 Shore Blvd | INCIDENT NUMBER<br>17-7794 |
| <u>Type of Incident</u><br><input type="checkbox"/> Crime in progress <input type="checkbox"/> Domestic <input checked="" type="checkbox"/> Other dispute <input type="checkbox"/> Suspicious person <input type="checkbox"/> Traffic stop<br><input type="checkbox"/> Other (specify) |               |                         |                            |                            |

### B. Officer Information

|                                                     |                           |                       |                    |           |                    |                    |                   |
|-----------------------------------------------------|---------------------------|-----------------------|--------------------|-----------|--------------------|--------------------|-------------------|
| Name (Last, First, Middle)<br>Rogan, Christopher, S |                           | Badge #<br>40         | Sex<br>M           | Race<br>W | Age<br>28          | Injured<br>Y / (N) | Killed<br>Y / (N) |
| Rank<br>Patrol                                      | Duty assignment<br>Patrol | Years of service<br>4 | On-Duty<br>(Y) / N |           | Uniform<br>(Y) / N |                    |                   |

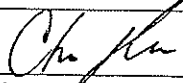
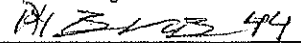
### C1. Subject 1 (List only the person who was the subject of the use of force by the officer listed in Section B.)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                     |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                   |                    |                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|--------------------|-------------------|
| Name (Last, First, Middle)<br>Quattlebaum, Donna, M                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | Sex<br>F            | Race<br>W | Age<br>56                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Weapon<br>Y / (N) | Injured<br>Y / (N) | Killed<br>Y / (N) |
| <input type="checkbox"/> Under the influence<br><input checked="" type="checkbox"/> Other unusual condition (specify) Crisis intervention.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | Arrested<br>Y / (N) |           | Charges<br>N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   |                    |                   |
| <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    Firearms Discharge<br><input type="checkbox"/> Hands/fists <input type="checkbox"/> Intentional<br><input type="checkbox"/> Kicks/feet <input type="checkbox"/> Accidental<br><input type="checkbox"/> Chemical/natural agent<br><input type="checkbox"/> Strike/use baton or other object    Number of shots fired _____<br><input type="checkbox"/> Canine    Number of hits _____<br><input type="checkbox"/> Other (specify)    (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><input type="checkbox"/> Compliance hold    Firearms Discharge<br><input type="checkbox"/> Hands/fists <input type="checkbox"/> Intentional<br><input type="checkbox"/> Kicks/feet <input type="checkbox"/> Accidental<br><input type="checkbox"/> Chemical/natural agent<br><input type="checkbox"/> Strike/use baton or other object    Number of shots fired _____<br><input type="checkbox"/> Canine    Number of hits _____<br><input type="checkbox"/> Other (specify)    (Use 'UNK' if unknown) |                 |                  |                 |

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

|                                                                                                |                                                                                                               |
|------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| Signature:  | Date:<br>09/16/2017                                                                                           |
| Print Supervisor Name:<br>PM Brian VonBargen 44                                                | Supervisor Signature:<br> |

# USE OF FORCE REPORT

|                                                                                                                                                                                                                                                                                        |               |                         |                            |                            |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-------------------------|----------------------------|----------------------------|
| Date<br>09/16/2017                                                                                                                                                                                                                                                                     | Time<br>18:35 | Day of Week<br>Saturday | Location<br>243 Shore Blvd | INCIDENT NUMBER<br>17-7794 |
| <u>Type of Incident</u><br><input type="checkbox"/> Crime in progress <input type="checkbox"/> Domestic <input checked="" type="checkbox"/> Other dispute <input type="checkbox"/> Suspicious person <input type="checkbox"/> Traffic stop<br><input type="checkbox"/> Other (specify) |               |                         |                            |                            |

|                            |                 |                  |     |         |     |                    |                   |
|----------------------------|-----------------|------------------|-----|---------|-----|--------------------|-------------------|
| Name (Last, First, Middle) |                 | Badge #          | Sex | Race    | Age | Injured<br>Y / (N) | Killed<br>Y / (N) |
| Breheny, Joseph, Patrick   |                 | 57               | M   | W       | 21  | Y / (N)            | Y / (N)           |
| Rank                       | Duty assignment | Years of service |     | On-Duty |     | Uniform            |                   |
| Special Officer            | Patrol          | 0                |     | (Y) / N |     | (Y) / N            |                   |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                   |         |     |         |         |         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|-----|---------|---------|---------|
| Name (Last, First, Middle)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Sex                                                                                                                                                                                                                                                                                                                               | Race    | Age | Weapon  | Injured | Killed  |
| Quattlebaum, Donna, M                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | F                                                                                                                                                                                                                                                                                                                                 | W       | 56  | Y / (N) | Y / (N) | Y / (N) |
| <input type="checkbox"/> Under the influence<br><input checked="" type="checkbox"/> Other unusual condition (specify) Crisis intervention.                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Arrested                                                                                                                                                                                                                                                                                                                          | Charges |     |         |         |         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Y / (N)                                                                                                                                                                                                                                                                                                                           | N/A     |     |         |         |         |
| <u>Subject's actions</u> (check all that apply)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <u>Officer's use of force toward this subject</u> (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/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><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><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"/> Canine<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> |                 |                  |                 |

|                                                     |                                                |
|-----------------------------------------------------|------------------------------------------------|
| Signature: <u>S/O Bruy #57</u>                      | Date: <u>09/16/2017</u>                        |
| Print Supervisor Name: <u>PH Brian VonBergen 44</u> | Supervisor Signature: <u>PH [Signature] 44</u> |

### USE OF FORCE REPORT

|                                                                                                                                                                                                                                                                                                        |               |                       |                              |                            |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-----------------------|------------------------------|----------------------------|
| Date<br>11/13/2017                                                                                                                                                                                                                                                                                     | Time<br>22:11 | Day of Week<br>Monday | Location<br>21 Sunset Street | INCIDENT NUMBER<br>17-9585 |
| <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) Suicidal Person |               |                       |                              |                            |

|                            |                 |                  |     |         |     |                    |                   |
|----------------------------|-----------------|------------------|-----|---------|-----|--------------------|-------------------|
| Name (Last, First, Middle) |                 | Badge #          | Sex | Race    | Age | Injured<br>Y / (N) | Killed<br>Y / (N) |
| King, Bryan J              |                 | 27               | M   | W       | 42  | Y / (N)            | Y / (N)           |
| Rank                       | Duty assignment | Years of service |     | On-Duty |     | Uniform            |                   |
| Sgt.                       | Patrol          | 13               |     | (Y) / N |     | (Y) / N            |                   |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |          |      |                                                                                                                                                                                                                                                                                                                                   |         |         |         |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------|------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|---------|---------|
| Name (Last, First, Middle)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | Sex      | Race | Age                                                                                                                                                                                                                                                                                                                               | Weapon  | Injured | Killed  |
| Brown, Christina, J                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | F        | W    | 30                                                                                                                                                                                                                                                                                                                                | Y / (N) | Y / (N) | Y / (N) |
| <input type="checkbox"/> Under the influence<br><input checked="" type="checkbox"/> Other unusual condition (specify) Suicidal Person                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | Arrested |      | Charges                                                                                                                                                                                                                                                                                                                           |         |         |         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | Y / (N)  |      |                                                                                                                                                                                                                                                                                                                                   |         |         |         |
| <u>Subject's actions</u> (check all that apply)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |          |      | <u>Officer's use of force toward this subject</u> (check all that apply)                                                                                                                                                                                                                                                          |         |         |         |
| <input checked="" 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) |  |          |      | <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><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><div style="display: flex; justify-content: space-between;"> <div> <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)           </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> |                 |                  |                 |

|                                                                                                            |                                                                                                           |
|------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| Signature:  Sgt. Bayork | Date: 11/13/17                                                                                            |
| Print Supervisor Name: Sgt. J. Corbett 37                                                                  | Supervisor Signature:  |

**KEANSBURG POLICE DEPARTMENT**

**USE OF FORCE REPORT**

**A. Incident Information**

|                                                                                                                                                                                                                                                                                                 |               |                       |                              |                            |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-----------------------|------------------------------|----------------------------|
| Date<br>11/13/2017                                                                                                                                                                                                                                                                              | Time<br>22:11 | Day of Week<br>Monday | Location<br>21 Sunset Street | INCIDENT NUMBER<br>17-9585 |
| Type of Incident<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) Suicidal Person |               |                       |                              |                            |

**B. Officer Information**

|                                              |                           |                       |                    |                    |                    |                   |
|----------------------------------------------|---------------------------|-----------------------|--------------------|--------------------|--------------------|-------------------|
| Name (Last, First, Middle)<br>Valle, Anthony | Badge #<br>42             | 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>3 | 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>Brown, Christina, J                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Sex<br>F | Race<br>W           | Age<br>30                                                                                                                                                                                                                                                                                                                                                                                              | Weapon<br>Y / (N) | Injured<br>Y / (N) | Killed<br>Y / (N) |
| <input type="checkbox"/> Under the influence<br><input checked="" type="checkbox"/> Other unusual condition (specify) Suicidal Person                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |          | Arrested<br>Y / (N) | Charges                                                                                                                                                                                                                                                                                                                                                                                                |                   |                    |                   |
| Subject's actions (check all that apply)<br><input checked="" 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) |          |                     | 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>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                                                                                                                                                                                                                                                                                                                                                                                     |                 |                  |                 |
| 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><i>Anthony Valle #42</i>        | Date:<br>11/13/17                                   |
| Print Supervisor Name:<br>Sgt. Bryan KING #27 | Supervisor Signature:<br><i>Sgt. Bryan King #27</i> |

# KEANSBURG POLICE DEPARTMENT

## USE OF FORCE REPORT

### A. Incident Information

|                                                                                                                                                                                                                                                                                                 |               |                       |                              |                            |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-----------------------|------------------------------|----------------------------|
| Date<br>11/13/2017                                                                                                                                                                                                                                                                              | Time<br>22:11 | Day of Week<br>Monday | Location<br>21 Sunset Street | INCIDENT NUMBER<br>17-9585 |
| Type of Incident<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) Suicidal Person |               |                       |                              |                            |

### B. Officer Information

|                                                  |                           |                        |                    |                    |                    |                   |
|--------------------------------------------------|---------------------------|------------------------|--------------------|--------------------|--------------------|-------------------|
| Name (Last, First, Middle)<br>Angerami, Nicholas | Badge #<br>36             | Sex<br>M               | Race<br>W          | Age<br>32          | Injured<br>Y / (N) | Killed<br>Y / (N) |
| Rank<br>Patrolman                                | Duty assignment<br>Patrol | Years of service<br>11 | On-Duty<br>(Y) / N | Uniform<br>(Y) / N |                    |                   |

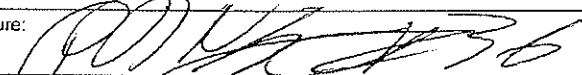
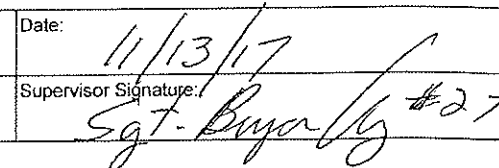
### C1. Subject 1 (List only the person who was the subject of the use of force by the officer listed in Section B.)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |          |                     |                                                                                                                                                                                                                                                                                                                                                                                                               |                   |                    |                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|---------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|--------------------|-------------------|
| Name (Last, First, Middle)<br>Brown, Christina, J                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Sex<br>F | Race<br>W           | Age<br>30                                                                                                                                                                                                                                                                                                                                                                                                     | Weapon<br>Y / (N) | Injured<br>Y / (N) | Killed<br>Y / (N) |
| <input type="checkbox"/> Under the influence<br><input checked="" type="checkbox"/> Other unusual condition (specify) Suicidal Person                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |          | Arrested<br>Y / (N) | Charges                                                                                                                                                                                                                                                                                                                                                                                                       |                   |                    |                   |
| <u>Subject's actions</u> (check all that apply)<br><input checked="" 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) |          |                     | <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/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>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/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:<br>11/13/17                                                                                             |
| Print Supervisor Name:<br>Sgt. Bryan KING #27                                                     | Supervisor Signature:<br> |

# KEANSBURG POLICE DEPARTMENT

## USE OF FORCE REPORT

### A. Incident Information

|                                                                                                                                                                                                                                                                                                 |               |                       |                              |                            |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-----------------------|------------------------------|----------------------------|
| Date<br>11/13/2017                                                                                                                                                                                                                                                                              | Time<br>22:11 | Day of Week<br>Monday | Location<br>21 Sunset Street | INCIDENT NUMBER<br>17-9585 |
| Type of Incident<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) Suicidal Person |               |                       |                              |                            |

### B. Officer Information

|                                                  |                           |                       |                    |                    |                    |                   |
|--------------------------------------------------|---------------------------|-----------------------|--------------------|--------------------|--------------------|-------------------|
| Name (Last, First, Middle)<br>Hosey, Christopher | Badge #<br>47             | Sex<br>M              | Race<br>W          | Age<br>28          | Injured<br>Y / (N) | Killed<br>Y / (N) |
| Rank<br>Patrolman                                | Duty assignment<br>Patrol | Years of service<br>1 | On-Duty<br>(Y) / N | Uniform<br>(Y) / N |                    |                   |

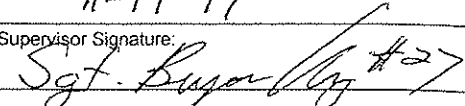
### C1. Subject 1 (List only the person who was the subject of the use of force by the officer listed in Section B.)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |          |                     |                                                                                                                                                                                                                                                                                                                                                                                                        |                   |                    |                   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|---------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|--------------------|-------------------|
| Name (Last, First, Middle)<br>Brown, Christina, J                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Sex<br>F | Race<br>W           | Age<br>30                                                                                                                                                                                                                                                                                                                                                                                              | Weapon<br>Y / (N) | Injured<br>Y / (N) | Killed<br>Y / (N) |
| <input type="checkbox"/> Under the influence<br><input checked="" type="checkbox"/> Other unusual condition (specify) Suicidal Person                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |          | Arrested<br>Y / (N) | Charges                                                                                                                                                                                                                                                                                                                                                                                                |                   |                    |                   |
| Subject's actions (check all that apply)<br><input checked="" 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) |          |                     | 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>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                                                                                                                                                                                                                                                                                                                                                                                     |                 |                  |                 |
| 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:  #47 | Date: 11-14-17                                                                                                 |
| Print Supervisor Name: Sgt. Bryan King #27                                                         | Supervisor Signature:  #27 |

### USE OF FORCE REPORT

|                                                                                                                                                                                                                                                                                             |       |             |                     |                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------------|---------------------|-----------------|
| Date                                                                                                                                                                                                                                                                                        | Time  | Day of Week | Location            | INCIDENT NUMBER |
| 11/12/2017                                                                                                                                                                                                                                                                                  | 06:20 | Sunday      | 128 Woodland Avenue | 17-9537         |
| 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) <u>Jv arrest for kidnapping</u> |       |             |                     |                 |

|                            |                 |                  |     |         |     |         |         |
|----------------------------|-----------------|------------------|-----|---------|-----|---------|---------|
| Name (Last, First, Middle) |                 | Badge #          | Sex | Race    | Age | Injured | Killed  |
| Jankowski, Joseph C        |                 | 30               | M   | W       | 38  | Y / (N) | Y / (N) |
| Rank                       | Duty assignment | Years of service |     | On-Duty |     | Uniform |         |
| Detective                  | Detective       | 12               |     | (Y) / N |     | (Y) / N |         |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                     |      |                                                                                                                                                                                                                                                                                                                                   |         |         |         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|---------|---------|
| Name (Last, First, Middle)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Sex                 | Race | Age                                                                                                                                                                                                                                                                                                                               | Weapon  | Injured | Killed  |
| Gasatelli Jr, Gaetano                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | M                   | B    | 17                                                                                                                                                                                                                                                                                                                                | Y / (N) | Y / (N) | Y / (N) |
| <input type="checkbox"/> Under the influence<br><input type="checkbox"/> Other unusual condition (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Arrested<br>(Y) / N |      | Charges<br>2c:13-12                                                                                                                                                                                                                                                                                                               |         |         |         |
| <u>Subject's actions</u> (check all that apply)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                     |      | <u>Officer's use of force toward this subject</u> (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/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)                                                                                                                                                |         |         |         |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |      |         |                 |                  |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------|-----------------|------------------|-----------------|
| 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"/> Canine<br/> <input type="checkbox"/> Other (specify)           </div> <div>             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> |      |         |                 |                  |                 |

|                                                                                                |                                                                                                           |
|------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| Signature:  | Date: 11/13/2017                                                                                          |
| Print Supervisor Name: Det/ Capt. Wayne Davis #20                                              | Supervisor Signature:  |

## USE OF FORCE REPORT

| A. Incident Information                                                                                                                                                                                                                                                                                         |       |             |                     |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------------|---------------------|-----------------|
| Date                                                                                                                                                                                                                                                                                                            | Time  | Day of Week | Location            | INCIDENT NUMBER |
| 11/12/2017                                                                                                                                                                                                                                                                                                      | 06:20 | Sunday      | 128 Woodland Avenue | 17-9537         |
| <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) Jv arrest for kidnapping |       |             |                     |                 |

|                            |                 |                  |     |         |     |         |         |
|----------------------------|-----------------|------------------|-----|---------|-----|---------|---------|
| Name (Last, First, Middle) |                 | Badge #          | Sex | Race    | Age | Injured | Killed  |
| Sheehan, Michael, T        |                 | 43               | M   | W       | 27  | Y / (N) | Y / (N) |
| Rank                       | Duty assignment | Years of service |     | On-Duty |     | Uniform |         |
| Patrolman                  | Patrolman       | 3                |     | (Y) / N |     | (Y) / N |         |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                   |           |                     |                   |                                                                                                                                                                                        |                   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------------------|-------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|
| Name (Last, First, Middle)<br>Gasatelli Jr, Gaetano                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | Sex<br>M                                                                                                                                                                                                                                                                                                                          | Race<br>B | Age<br>17           | 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>2C:13-12 |                   |                                                                                                                                                                                        |                   |
| <u>Subject's actions</u> (check all that apply)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | <u>Officer's use of force toward this subject</u> (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/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><br>Number of shots fired _____<br>Number of hits _____<br>(Use 'UNK' if unknown) |                   |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                        |      |         |                 |                                                                                                                                                                                        |                 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------|-----------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|
| 02. Subject 2 (List only the person who was the subject of the use of force by the officer)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | 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><br>Y / N                                                                                                                                                                                                                                                                                                  |      | Charges |                 |                                                                                                                                                                                        |                 |
| <u>Subject's actions</u> (check all that apply)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | <u>Officer's use of force toward this subject</u> (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) |  | <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><br>Number of shots fired _____<br>Number of hits _____<br>(Use 'UNK' if unknown) |                 |

|                                                                                                |                                                                                                           |
|------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| Signature:  | Date: 11/12/2017                                                                                          |
| Print Supervisor Name: Sgt. Dennis Valle Jr.                                                   | Supervisor Signature:  |

**KEANSBURG POLICE DEPARTMENT**

**USE OF FORCE REPORT**

**A. Incident Information**

|                                                                                                                                                                                                                                                                                 |               |                         |                            |                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-------------------------|----------------------------|----------------------------|
| Date<br>11/02/2017                                                                                                                                                                                                                                                              | Time<br>03:50 | Day of Week<br>Thursday | Location<br>21 R Church St | INCIDENT NUMBER<br>17-9264 |
| Type of Incident<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) |               |                         |                            |                            |

**B. Officer Information**

|                                                         |                              |                       |                    |                    |                    |                   |
|---------------------------------------------------------|------------------------------|-----------------------|--------------------|--------------------|--------------------|-------------------|
| Name (Last, First, Middle)<br>VonBargen, Brian, Michael | Badge #<br>44                | Sex<br>M              | Race<br>W          | Age<br>28          | Injured<br>Y / (N) | Killed<br>Y / (N) |
| Rank<br>Patrolman                                       | Duty assignment<br>Patrolman | Years of service<br>2 | 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>Woods, Daniel, S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Sex<br>M | Race<br>W                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Age<br>28              | Weapon<br>Y / (N) | Injured<br>Y / (N) | Killed<br>Y / (N) |
| <input checked="" type="checkbox"/> Under the influence<br><input type="checkbox"/> Other unusual condition (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |          | Arrested<br>(Y) / N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Charges<br>2C:18-2A(1) |                   |                    |                   |
| 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 type="checkbox"/> Other (specify) |          | Officer's use of force toward this subject (check all that apply)<br><input type="checkbox"/> Compliance hold    Firearms Discharge<br><input checked="" type="checkbox"/> Hands/fists <input type="checkbox"/> Intentional<br><input type="checkbox"/> Kicks/feet <input type="checkbox"/> Accidental<br><input type="checkbox"/> Chemical/natural agent<br><input type="checkbox"/> Strike/use baton or other object    Number of shots fired _____<br><input type="checkbox"/> Canine    Number of hits _____<br><input type="checkbox"/> Other (specify)    (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 |                 |                  |                 |
| 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    Firearms Discharge<br><input type="checkbox"/> Hands/fists <input type="checkbox"/> Intentional<br><input type="checkbox"/> Kicks/feet <input type="checkbox"/> Accidental<br><input type="checkbox"/> Chemical/natural agent<br><input type="checkbox"/> Strike/use baton or other object    Number of shots fired _____<br><input type="checkbox"/> Canine    Number of hits _____<br><input type="checkbox"/> Other (specify)    (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><i>[Signature]</i> 44             | Date:<br>11/2/17                                 |
| Print Supervisor Name:<br>LT. SANDER BROWN #201 | Supervisor Signature:<br><i>[Signature]</i> #201 |

## USE OF FORCE REPORT

|                                                                                                                                                                                                                                                                                        |               |                         |                                             |                            |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-------------------------|---------------------------------------------|----------------------------|
| Date<br>11/18/2017                                                                                                                                                                                                                                                                     | Time<br>15:48 | Day of Week<br>Saturday | Location<br>17 Gary Avenue Hazlet, NJ 07734 | INCIDENT NUMBER<br>17-9724 |
| <u>Type of Incident</u><br><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<br><input type="checkbox"/> Other (specify) |               |                         |                                             |                            |

|                            |                 |                  |     |         |     |         |         |
|----------------------------|-----------------|------------------|-----|---------|-----|---------|---------|
| Name (Last, First, Middle) |                 | Badge #          | Sex | Race    | Age | Injured | Killed  |
| Cocuzza, Sgt. Justin A     |                 | 37               | M   | W       | 32  | Y / (N) | Y / (N) |
| Rank                       | Duty assignment | Years of service |     | On-Duty |     | Uniform |         |
| Sergeant                   | Patrol          | 10.3             |     | Y / (N) |     | Y / (N) |         |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                     |      |                                                                                                                                                                                                                                                                                                                                   |         |         |         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------|------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|---------|---------|
| Name (Last, First, Middle)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | Sex                 | Race | Age                                                                                                                                                                                                                                                                                                                               | Weapon  | Injured | Killed  |
| Drust, David A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | M                   | W    | 28                                                                                                                                                                                                                                                                                                                                | Y / (N) | Y / (N) | Y / (N) |
| <input type="checkbox"/> Under the influence<br><input type="checkbox"/> Other unusual condition (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | Arrested<br>(Y) / N |      | Charges<br>2C:12-1B(5)(A)                                                                                                                                                                                                                                                                                                         |         |         |         |
| <u>Subject's actions</u> (check all that apply)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                     |      | <u>Officer's use of force toward this subject</u> (check all that apply)                                                                                                                                                                                                                                                          |         |         |         |
| <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) |  |                     |      | <input type="checkbox"/> Compliance hold<br><input checked="" 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)                                                                                                                                                |         |         |         |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                   |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                 |                  |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|------------------|-----------------|
| 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"/> Canine<br/> <input type="checkbox"/> Other (specify)           </div> <div>             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> |                 |                  |                 |

|                                                                                                |                                                                                                                 |
|------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| Signature:  | Date: 11/18/2017                                                                                                |
| Print Supervisor Name: D. Christensen #17                                                      | Supervisor Signature:  #17 |

### USE OF FORCE REPORT

|                                                                                                                                                                                                                                                                                        |               |                         |                      |                            |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-------------------------|----------------------|----------------------------|
| Date<br>03/31/2016                                                                                                                                                                                                                                                                     | Time<br>11:38 | Day of Week<br>Thursday | Location<br>6 Hwy 36 | INCIDENT NUMBER<br>16-2440 |
| <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 checked="" type="checkbox"/> Traffic stop<br><input type="checkbox"/> Other (specify) |               |                         |                      |                            |

|                            |                 |                  |     |         |     |         |         |
|----------------------------|-----------------|------------------|-----|---------|-----|---------|---------|
| Name (Last, First, Middle) |                 | Badge #          | Sex | Race    | Age | Injured | Killed  |
| Rogan, Chris, S            |                 | 40               | M   | W       | 27  | Y / (N) | Y / (N) |
| Rank                       | Duty assignment | Years of service |     | On-Duty |     | Uniform |         |
| Patrol                     | Patrol          | 3                |     | (Y) / N |     | Y / (N) |         |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                   |      |                                                    |         |         |         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|----------------------------------------------------|---------|---------|---------|
| Name (Last, First, Middle)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | Sex                                                                                                                                                                                                                                                                                                                               | Race | Age                                                | Weapon  | Injured | Killed  |
| Rehders, Thomas                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | M                                                                                                                                                                                                                                                                                                                                 | W    | 26                                                 | Y / (N) | Y / (N) | Y / (N) |
| <input type="checkbox"/> Under the influence<br><input type="checkbox"/> Other unusual condition (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | Arrested<br>(Y) / N                                                                                                                                                                                                                                                                                                               |      | Charges<br>Poss. w/ Intent to Dist. CDS, Resisting |         |         |         |
| <u>Subject's actions</u> (check all that apply)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | <u>Officer's use of force toward this subject</u> (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/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><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)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                   |      | <u>Officer's use of force toward this subject</u> (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) |                   |      | <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:  #40 | Date: 03/31/2016                                                                                           |
| Print Supervisor Name: Capt. Kevin J. White #12                                                    | Supervisor Signature:  |

### USE OF FORCE REPORT

|                                                                                                                                                                                                                                                                                                         |               |                         |                                       |                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-------------------------|---------------------------------------|----------------------------|
| Date<br>03/31/2016                                                                                                                                                                                                                                                                                      | Time<br>11:39 | Day of Week<br>Thursday | Location<br>Family Dollar Parking Lot | INCIDENT NUMBER<br>16-2440 |
| <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) Narcotics arrest |               |                         |                                       |                            |

|                            |                    |                  |     |         |     |                    |                   |
|----------------------------|--------------------|------------------|-----|---------|-----|--------------------|-------------------|
| Name (Last, First, Middle) |                    | Badge #          | Sex | Race    | Age | Injured<br>(Y) / N | Killed<br>Y / (N) |
| Deaney, Michael            |                    | 33               | M   | W       | 38  | (Y) / N            | Y / (N)           |
| Rank                       | Duty assignment    | Years of service |     | On-Duty |     | Uniform            |                   |
| D/Sgt.                     | Street Crimes Unit | 10               |     | (Y) / N |     | (Y) / N            |                   |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                     |           |                                                                                                                                                                                                                                                                                                                                   |                   |                    |                   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|--------------------|-------------------|
| Name (Last, First, Middle)<br>Rehders, Thomas                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | Sex<br>M            | Race<br>W | Age<br>26                                                                                                                                                                                                                                                                                                                         | 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>Poss. w/ Intent to Dist. CDS, Resisting                                                                                                                                                                                                                                                                                |                   |                    |                   |
| <u>Subject's actions</u> (check all that apply)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                     |           | <u>Officer's use of force toward this subject</u> (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/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><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)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                   |      | <u>Officer's use of force toward this subject</u> (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) |                   |      | <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>D Sgt. Michael Deary #33</i>                    | Date: 03/31/2016                                |
| Print Supervisor Name: Captain Kevin J. White #12 <i>(72)</i> | Supervisor Signature: <i>Kevin J. White #12</i> |

## KEANSBURG POLICE DEPARTMENT

## USE OF FORCE REPORT

## A. Incident Information

|                                                                                                                                                                                                                                                                              |               |                         |                                       |                            |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-------------------------|---------------------------------------|----------------------------|
| Date<br>03/31/2016                                                                                                                                                                                                                                                           | Time<br>11:39 | Day of Week<br>Thursday | Location<br>Family Dollar Parking Lot | INCIDENT NUMBER<br>16-2440 |
| 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) Narcotics arrest |               |                         |                                       |                            |

## B. Officer Information

|                                               |                                       |                        |                                                                         |                                                                         |                                                                         |                                                                        |
|-----------------------------------------------|---------------------------------------|------------------------|-------------------------------------------------------------------------|-------------------------------------------------------------------------|-------------------------------------------------------------------------|------------------------------------------------------------------------|
| Name (Last, First, Middle)<br>Deaney, Michael | Badge #<br>33                         | Sex<br>M               | Race<br>W                                                               | Age<br>38                                                               | Injured<br><input checked="" type="radio"/> Y / <input type="radio"/> N | Killed<br><input type="radio"/> Y / <input checked="" type="radio"/> N |
| Rank<br>D/Sgt.                                | Duty assignment<br>Street Crimes Unit | Years of service<br>10 | On-Duty<br><input checked="" type="radio"/> Y / <input type="radio"/> N | Uniform<br><input checked="" type="radio"/> Y / <input type="radio"/> 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>Rehders, Thomas                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Sex<br>M                                                                 | Race<br>W                                          | Age<br>26                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Weapon<br><input checked="" type="radio"/> Y / <input type="radio"/> N | Injured<br><input checked="" type="radio"/> Y / <input type="radio"/> N | Killed<br><input type="radio"/> Y / <input checked="" type="radio"/> N |
| <input type="checkbox"/> Under the influence<br><input type="checkbox"/> Other unusual condition (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Arrested<br><input checked="" type="radio"/> Y / <input type="radio"/> N | Charges<br>Poss. w/ Intent to Dist. CDS, Resisting |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                        |                                                                         |                                                                        |
| <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    Firearms Discharge<br><input type="checkbox"/> Hands/fists <input type="checkbox"/> Intentional<br><input type="checkbox"/> Kicks/feet <input type="checkbox"/> Accidental<br><input type="checkbox"/> Chemical/natural agent<br><input type="checkbox"/> Strike/use baton or other object    Number of shots fired _____<br><input type="checkbox"/> Canine    Number of hits _____<br><input type="checkbox"/> Other (specify)    (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><input type="checkbox"/> Compliance hold    Firearms Discharge<br><input type="checkbox"/> Hands/fists <input type="checkbox"/> Intentional<br><input type="checkbox"/> Kicks/feet <input type="checkbox"/> Accidental<br><input type="checkbox"/> Chemical/natural agent<br><input type="checkbox"/> Strike/use baton or other object    Number of shots fired _____<br><input type="checkbox"/> Canine    Number of hits _____<br><input type="checkbox"/> Other (specify)    (Use 'UNK' if unknown) |                 |                  |                 |

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

|                                                                         |                                                 |
|-------------------------------------------------------------------------|-------------------------------------------------|
| Signature: <i>D/Sgt. Michael Deaney #33</i>                             | Date:<br>03/31/2016                             |
| Print Supervisor Name:<br>Captain Kevin J. White #12 <i>(Signature)</i> | Supervisor Signature: <i>Kevin J. White #12</i> |

# KEANSBURG POLICE DEPARTMENT

## USE OF FORCE REPORT

### A. Incident Information

|                                                                                                                                                                                                                                                                                 |               |                       |                             |                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-----------------------|-----------------------------|----------------------------|
| Date<br>04/24/2016                                                                                                                                                                                                                                                              | Time<br>15:22 | Day of Week<br>Sunday | Location<br>67A Beacon Blvd | INCIDENT NUMBER<br>16-3118 |
| Type of Incident<br><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<br><input type="checkbox"/> Other (specify) |               |                       |                             |                            |

### B. Officer Information

|                                                       |                           |                       |                    |                    |                    |                   |
|-------------------------------------------------------|---------------------------|-----------------------|--------------------|--------------------|--------------------|-------------------|
| Name (Last, First, Middle)<br>Jr Thompson, Michael, A | Badge #<br>41             | Sex<br>M              | Race<br>W          | Age<br>24          | Injured<br>Y / (N) | Killed<br>Y / (N) |
| Rank<br>Patrolman                                     | Duty assignment<br>Patrol | Years of service<br>3 | 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>Obrien, Joseph                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Sex<br>M | Race<br>W                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Age<br>51                  | Weapon<br>Y / (N) | Injured<br>Y / (N) | Killed<br>Y / (N) |
| <input checked="" type="checkbox"/> Under the influence<br><input type="checkbox"/> Other unusual condition (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |          | Arrested<br>(Y) / N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Charges<br>2C:12-1b(5)(a), |                   |                    |                   |
| Subject's actions (check all that apply)<br><input checked="" 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) |          | 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 checked="" 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)<br><div style="float: right; text-align: right;">           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)         </div> |                            |                   |                    |                   |

### 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 |                 |                  |                 |
| 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)<br><div style="float: right; text-align: right;">           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)         </div> |         |                 |                  |                 |

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

|                                                   |                           |
|---------------------------------------------------|---------------------------|
| Signature:<br>                                    | Date:<br>04/24/2016       |
| Print Supervisor Name:<br>Deputy Chief John White | Supervisor Signature:<br> |

## USE OF FORCE REPORT

|                                            |                                              |                                        |                                            |                                       |
|--------------------------------------------|----------------------------------------------|----------------------------------------|--------------------------------------------|---------------------------------------|
| Date                                       | Time                                         | Day of Week                            | Location                                   | INCIDENT NUMBER                       |
| 04/24/2016                                 | 15:22                                        | Sunday                                 | 67 Beacon Blvd Apt. A                      | 16-3118                               |
| 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) |                 | Badge #          | Sex | Race    | Age     | Injured | Killed  |
| S/O John Swartz            |                 | #50              | M   | W       | 31      | (Y) / N | Y / (N) |
| Rank                       | Duty assignment | Years of service |     | On-Duty | Uniform |         |         |
| Special Officer            | Patrol          | 8                |     | (Y) / N | (Y) / N |         |         |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                     |      |                                                                                                                                                                                                                                                                                                                                   |         |         |         |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------|------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|---------|---------|
| Name (Last, First, Middle)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | Sex                 | Race | Age                                                                                                                                                                                                                                                                                                                               | Weapon  | Injured | Killed  |
| Obrien, Joseph                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | M                   | W    | 51                                                                                                                                                                                                                                                                                                                                | Y / (N) | Y / (N) | Y / (N) |
| <input checked="" type="checkbox"/> Under the influence<br><input type="checkbox"/> Other unusual condition (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | Arrested<br>(Y) / N |      | Charges<br>2c:12-1b                                                                                                                                                                                                                                                                                                               |         |         |         |
| <u>Subject's actions</u> (check all that apply)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                     |      | <u>Officer's use of force toward this subject</u> (check all that apply)                                                                                                                                                                                                                                                          |         |         |         |
| <input checked="" 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) |  |                     |      | <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)                                                                                                                                                |         |         |         |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |      |         |                 |                  |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------|-----------------|------------------|-----------------|
| 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/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)         </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> |      |         |                 |                  |                 |

|                                                                                                |                                                                                                                |
|------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|
| Signature:  | Date: 04/24/2016                                                                                               |
| Print Supervisor Name: Ptl. Michael Thompson #41                                               | Supervisor Signature:  #41 |

# KEANSBURG POLICE DEPARTMENT

## USE OF FORCE REPORT

### A. Incident Information

|                                                                                                                                                                                                                 |               |                       |                               |                            |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-----------------------|-------------------------------|----------------------------|
| Date<br>04/22/2016                                                                                                                                                                                              | Time<br>23:39 | Day of Week<br>Friday | Location<br>12 Maplewood Ave. | INCIDENT NUMBER<br>16-3066 |
| 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)                                                                                                                                                                        |               |                       |                               |                            |

### B. Officer Information

|                                                |                                   |                        |                    |                    |                    |                   |
|------------------------------------------------|-----------------------------------|------------------------|--------------------|--------------------|--------------------|-------------------|
| Name (Last, First, Middle)<br>Lamb, Joseph, H. | Badge #<br>60                     | Sex<br>M               | Race<br>W          | Age<br>35          | Injured<br>Y / (N) | Killed<br>Y / (N) |
| Rank<br>Officer                                | Duty assignment<br>Carr Ave. Post | Years of service<br>13 | On-Duty<br>(Y) / N | Uniform<br>(Y) / N |                    |                   |

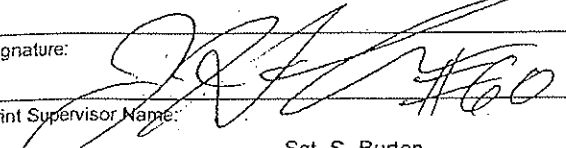
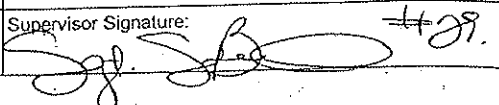
### C1. Subject 1 (List only the person who was the subject of the use of force by the officer listed in Section B.)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |          |                     |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                    |                   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|---------------------|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-------------------|
| Name (Last, First, Middle)<br>Kestner, April, M.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Sex<br>F | Race<br>W           | Age<br>46 | Weapon<br>Y / (N)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Injured<br>(Y) / N | Killed<br>Y / (N) |
| <input checked="" type="checkbox"/> Under the influence<br><input type="checkbox"/> Other unusual condition (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |          | Arrested<br>(Y) / N |           | Charges<br>Agg. Assault, Resisting Arrest                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                    |                   |
| Subject's actions (check all that apply)<br><input checked="" 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) |          |                     |           | 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 checked="" 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)<br>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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                  |                 |
| 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)<br>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:  | Date: 04/23/2016                                                                                           |
| Print Supervisor Name: Sgt. S. Burton                                                          | Supervisor Signature:  |

## USE OF FORCE REPORT

|                                                                                                                                                                                                                 |       |             |                   |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------------|-------------------|-----------------|
| Date                                                                                                                                                                                                            | Time  | Day of Week | Location          | INCIDENT NUMBER |
| 04/22/2016                                                                                                                                                                                                      | 23:39 | Friday      | 12 Maplewood Ave. | 16-3066         |
| 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) |                 | Badge #          | Sex | Race    | Age | Injured | Killed  |
| Koempel, James             |                 | 35               | M   | W       | 39  | Y / (N) | Y / (N) |
| Rank                       | Duty assignment | Years of service |     | On-Duty |     | Uniform |         |
| Patrolman                  | Patrol          | 9                |     | (Y) / N |     | (Y) / N |         |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                     |      |                                                                                                                                                                                                                                                                                                                                   |         |         |         |
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| Name (Last, First, Middle)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | Sex                 | Race | Age                                                                                                                                                                                                                                                                                                                               | Weapon  | Injured | Killed  |
| Kestner, April                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | F                   | W    | 46                                                                                                                                                                                                                                                                                                                                | (Y) / N | Y / (N) | Y / (N) |
| <input checked="" type="checkbox"/> Under the influence<br><input type="checkbox"/> Other unusual condition (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | Arrested<br>(Y) / N |      | Charges<br>2C:12-1B(5)                                                                                                                                                                                                                                                                                                            |         |         |         |
| <u>Subject's actions</u> (check all that apply)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                     |      | <u>Officer's use of force toward this subject</u> (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 checked="" 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/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><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)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                   |      | <u>Officer's use of force toward this subject</u> (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) |                   |      | <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)                                                                                                                                     |                 |                  |                 |

|                                                                                                |                                                                                                                |
|------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|
| Signature:  | Date: 04/22/2016                                                                                               |
| Print Supervisor Name: Sgt. Sandra Burton                                                      | Supervisor Signature:  #29 |

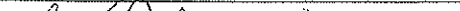
## USE OF FORCE REPORT

|                                                                                                                                                                                                                 |       |             |                   |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------------|-------------------|-----------------|
| Date                                                                                                                                                                                                            | Time  | Day of Week | Location          | INCIDENT NUMBER |
| 04/22/2016                                                                                                                                                                                                      | 23:39 | Friday      | 12 Maplewood Ave. | 16-3066         |
| 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) |                 | Badge #          | Sex | Race    | Age | Injured | Killed  |
| Deaney, Michael, Robert    |                 | 33               | M   | W       | 38  | Y / (N) | Y / (N) |
| Rank                       | Duty assignment | Years of service |     | On-Duty |     | Uniform |         |
| Det./Sgt.                  | Street Crimes   | 10               |     | (Y) / N |     | (Y) / N |         |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                   |           |                        |                   |                                                                                                                                                                                        |                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------------------|-------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|
| Name (Last, First, Middle)<br>Kestner, April                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | Sex<br>F                                                                                                                                                                                                                                                                                                                          | Race<br>W | Age<br>46              | Weapon<br>(Y) / N | Injured<br>Y / (N)                                                                                                                                                                     | Killed<br>Y / (N) |
| <input checked="" type="checkbox"/> Under the influence<br><input type="checkbox"/> Other unusual condition (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | Arrested<br>(Y) / N                                                                                                                                                                                                                                                                                                               |           | Charges<br>2C:12-1B(5) |                   |                                                                                                                                                                                        |                   |
| <u>Subject's actions</u> (check all that apply)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | <u>Officer's use of force toward this subject</u> (check all that apply)                                                                                                                                                                                                                                                          |           |                        |                   |                                                                                                                                                                                        |                   |
| <input checked="" type="checkbox"/> Resisted police officer control<br><input checked="" type="checkbox"/> Physical threat/attack on officer or another<br><input checked="" 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/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><br>Number of shots fired _____<br>Number of hits _____<br>(Use "UNK" if unknown) |                   |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                   |      |                                                                                                                                                                                                                                                                                                                        |                 |                  |                 |
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| 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)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                   |      | <u>Officer's use of force toward this subject</u> (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) |                   |      | <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)                                                                                                                                     |                 |                  |                 |

|                                                                                                |                                                                                                                |
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| Signature:  | Date: 04/22/2016                                                                                               |
| Print Supervisor Name: Sgt. Sandra Burton                                                      | Supervisor Signature:  #33 |

## USE OF FORCE REPORT

|                                                                                                                                                                                                                                                                                                       |               |                       |                                         |                            |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-----------------------|-----------------------------------------|----------------------------|
| Date<br>07/10/2016                                                                                                                                                                                                                                                                                    | Time<br>03:45 | Day of Week<br>Sunday | Location<br>21R Church St Keansburg, NJ | INCIDENT NUMBER<br>16-5499 |
| <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) Prisoner in HQ |               |                       |                                         |                            |

|                            |                 |                  |     |         |     |         |         |
|----------------------------|-----------------|------------------|-----|---------|-----|---------|---------|
| Name (Last, First, Middle) |                 | Badge #          | Sex | Race    | Age | Injured | Killed  |
| Pti Sheehan, Thomas P      |                 | 38               | M   | W       | 27  | Y / (N) | Y / (N) |
| Rank                       | Duty assignment | Years of service |     | On-Duty |     | Uniform |         |
| Patrolman                  | Patrol          | 3                |     | (Y) / N |     | (Y) / N |         |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                     |      |                                                                                                                                                                                                                                                                                                                                              |         |         |         |
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| Name (Last, First, Middle)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | Sex                 | Race | Age                                                                                                                                                                                                                                                                                                                                          | Weapon  | Injured | Killed  |
| Anthony T Reyes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | M                   | W    | 19                                                                                                                                                                                                                                                                                                                                           | Y / (N) | Y / (N) | Y / (N) |
| <input checked="" type="checkbox"/> Under the influence<br><input type="checkbox"/> Other unusual condition (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | Arrested<br>(Y) / N |      | Charges<br>2C:33-2                                                                                                                                                                                                                                                                                                                           |         |         |         |
| <u>Subject's actions</u> (check all that apply)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                     |      | <u>Officer's use of force toward this subject</u> (check all that apply)                                                                                                                                                                                                                                                                     |         |         |         |
| <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) |  |                     |      | <input checked="" type="checkbox"/> Compliance hold<br><input checked="" 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><br>Number of shots fired _____<br>Number of hits _____<br>(Use 'UNK' if unknown)                                                                                                                                                       |         |         |         |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                   |      |                                                                                                                                                                                                                                                                                                                        |                 |                  |                 |
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| 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)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                   |      | <u>Officer's use of force toward this subject</u> (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) |                   |      | <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><br>Number of shots fired _____<br>Number of hits _____<br>(Use 'UNK' if unknown)                                                                                                                                 |                 |                  |                 |

|                                                                                                    |                                                                                                               |
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| Signature:  #38 | Date: 7/10/2016                                                                                               |
| Print Supervisor Name: Sgt. Sandra Burton #29                                                      | Supervisor Signature:  #29 |

## USE OF FORCE REPORT

|                                                                                                                                                                                                                                                                                        |               |                          |                                         |                            |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|--------------------------|-----------------------------------------|----------------------------|
| Date<br>09/07/2016                                                                                                                                                                                                                                                                     | Time<br>23:27 | Day of Week<br>Wednesday | Location<br>Bayshore Community Hospital | INCIDENT NUMBER<br>16-7414 |
| <u>Type of Incident</u><br><input type="checkbox"/> Crime in progress <input type="checkbox"/> Domestic <input checked="" type="checkbox"/> Other dispute <input type="checkbox"/> Suspicious person <input type="checkbox"/> Traffic stop<br><input type="checkbox"/> Other (specify) |               |                          |                                         |                            |

|                            |                  |                  |     |         |     |         |         |
|----------------------------|------------------|------------------|-----|---------|-----|---------|---------|
| Name (Last, First, Middle) |                  | Badge #          | Sex | Race    | Age | Injured | Killed  |
| VonBargen, Brian Michael   |                  | 44               | M   | W       | 27  | Y / (N) | Y / (N) |
| Rank                       | Duty assignment  | Years of service |     | On-Duty |     | Uniform |         |
| Patrolman                  | Crisis Transport | 1                |     | (Y) / N |     | (Y) / N |         |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                   |      |         |         |         |         |
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| Name (Last, First, Middle)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | Sex                                                                                                                                                                                                                                                                                                                               | Race | Age     | Weapon  | Injured | Killed  |
| Alt, Shaun Dylan                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | M                                                                                                                                                                                                                                                                                                                                 | W    | 19      | Y / (N) | Y / (N) | Y / (N) |
| <input checked="" type="checkbox"/> Under the influence<br><input type="checkbox"/> Other unusual condition (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | Arrested                                                                                                                                                                                                                                                                                                                          |      | Charges |         |         |         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | Y / (N)                                                                                                                                                                                                                                                                                                                           |      |         |         |         |         |
| <u>Subject's actions</u> (check all that apply)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | <u>Officer's use of force toward this subject</u> (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/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)                                                                                                                                                |      |         |         |         |         |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |      |         |                 |                  |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------|-----------------|------------------|-----------------|
| 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"/> Canine<br/> <input type="checkbox"/> Other (specify)           </div> <div>             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> |      |         |                 |                  |                 |

|                                          |                                         |
|------------------------------------------|-----------------------------------------|
| Signature:                               | Date:                                   |
| Print Supervisor Name:<br>PTL Bryan KING | Supervisor Signature:<br>PTL Bryan King |

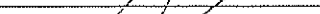
### USE OF FORCE REPORT.

| A. Incident Information                                                                                                                                                                                                                                                                       |       |             |                |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------------|----------------|-----------------|
| Date                                                                                                                                                                                                                                                                                          | Time  | Day of Week | Location       | INCIDENT NUMBER |
| 10/30/2016                                                                                                                                                                                                                                                                                    | 01:44 | Sunday      | 191 Forest Ave | 16-8900         |
| <u>Type of Incident:</u><br><input type="checkbox"/> Crime in progress <input type="checkbox"/> Domestic <input checked="" type="checkbox"/> Other dispute <input type="checkbox"/> Suspicious person <input type="checkbox"/> Traffic stop<br><input type="checkbox"/> Other (specify) _____ |       |             |                |                 |

|                            |                 |                  |     |         |     |         |         |
|----------------------------|-----------------|------------------|-----|---------|-----|---------|---------|
| Name (Last, First, Middle) |                 | Badge #          | Sex | Race    | Age | Injured | Killed  |
| Rogan, Chris, S            |                 | 40               | M   | W       | 27  | Y / (N) | Y / (N) |
| Rank                       | Duty assignment | Years of service |     | On-Duty |     | Uniform |         |
| Patrolman                  | Patrol          | 3                |     | (Y) / N |     | (Y) / N |         |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                     |      |                                                                                                                                                                                                                                                                                                                                   |         |         |         |
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| Name (Last, First, Middle)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | Sex                 | Race | Age                                                                                                                                                                                                                                                                                                                               | Weapon  | Injured | Killed  |
| Adelfio, Joseph, M                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | M                   | W    | 25                                                                                                                                                                                                                                                                                                                                | Y / (N) | Y / (N) | Y / (N) |
| <input checked="" type="checkbox"/> Under the influence<br><input type="checkbox"/> Other unusual condition (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | Arrested<br>(Y) / N |      | Charges<br>2C:12-1                                                                                                                                                                                                                                                                                                                |         |         |         |
| <u>Subject's actions</u> (check all that apply)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                     |      | <u>Officer's use of force toward this subject</u> (check all that apply)                                                                                                                                                                                                                                                          |         |         |         |
| <input checked="" 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) |  |                     |      | <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><br>Number of shots fired _____<br>Number of hits _____<br>(Use 'UNK' if unknown)                                                                                                                                            |         |         |         |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |      |               |                 |                  |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------------|-----------------|------------------|-----------------|
| <b>C2. Subject 2</b> (List only the person who was the subject of the use of force by the officer noted in Section A.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |      |               |                 |                  |                 |
| 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</b> (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) _____ | <b>Officer's use of force toward this subject</b> (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"/> Canine<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> |      |               |                 |                  |                 |

|                                                                                                |                                                                                                            |
|------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|
| Signature:  | Date: 10/30/2016                                                                                           |
| Print Supervisor Name: Sgt. DENNIS VALLE JR                                                    | Supervisor Signature:  |

# USE OF FORCE REPORT

|                                                                                                                                                                                                                 |       |             |                               |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------------|-------------------------------|-----------------|
| A. Incident Information                                                                                                                                                                                         |       |             |                               |                 |
| Date                                                                                                                                                                                                            | Time  | Day of Week | Location                      | INCIDENT NUMBER |
| 11/09/2016                                                                                                                                                                                                      | 13:58 | Wednesday   | 29 Leola Avenue Keansburg, NJ | 16-9187         |
| Type of Incident                                                                                                                                                                                                |       |             |                               |                 |
| <input checked="" type="checkbox"/> Crime in progress <input type="checkbox"/> Domestic <input type="checkbox"/> Other dispute <input type="checkbox"/> Suspicious person <input type="checkbox"/> Traffic stop |       |             |                               |                 |
| <input type="checkbox"/> Other (specify) _____                                                                                                                                                                  |       |             |                               |                 |

|                            |                 |                  |         |     |                                                                    |     |                                                                    |                                                                   |
|----------------------------|-----------------|------------------|---------|-----|--------------------------------------------------------------------|-----|--------------------------------------------------------------------|-------------------------------------------------------------------|
| B. Officer Information     |                 |                  |         |     |                                                                    |     |                                                                    |                                                                   |
| Name (Last, First, Middle) |                 |                  | Badge # | Sex | Race                                                               | Age | Injured <input type="radio"/> Y <input checked="" type="radio"/> N | Killed <input type="radio"/> Y <input checked="" type="radio"/> N |
| Johnson, Richard G.        |                 |                  | 28      | M   | W                                                                  | 36  |                                                                    |                                                                   |
| Rank                       | Duty assignment | Years of service |         |     | On-Duty <input type="radio"/> Y <input checked="" type="radio"/> N |     | Uniform <input type="radio"/> Y <input checked="" type="radio"/> N |                                                                   |
| Detective                  | Street Crimes   | 12               |         |     |                                                                    |     |                                                                    |                                                                   |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                   |           |                                                   |                   |                    |                   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------------------------------------------------|-------------------|--------------------|-------------------|
| Name (Last, First, Middle)<br>Page 3rd, Burton J.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | Sex<br>M                                                                                                                                                                                                                                                                                                                          | Race<br>W | Age<br>50                                         | 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>2C:35-10a(1), 2C:35-10.5a, 2C:29-2a(1) |                   |                    |                   |
| <u>Subject's actions</u> (check all that apply)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | <u>Officer's use of force toward this subject</u> (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/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 1)                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | 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><br>Y / N |  | Charges |  |                                                                                                                                                                                                                                                                                                                        |  |                 |  |                  |  |                 |  |                                                                                                                                                                                        |  |
| <u>Subject's actions</u> (check all that apply)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                       |  |         |  | <u>Officer's use of force toward this subject</u> (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) |  |                       |  |         |  | <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><br>Number of shots fired _____<br>Number of hits _____<br>(Use "UNK" if unknown) |  |

|                                                                                                   |                                                                                                               |
|---------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| Signature:<br> | Date:<br>11/09/2016                                                                                           |
| Print Supervisor Name:<br>Det/Sgt. William Brink                                                  | Supervisor Signature:<br> |

### USE OF FORCE REPORT

|                                                                                                                                                                                                                                                                                         |               |                         |                                |                            |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-------------------------|--------------------------------|----------------------------|
| Date<br>11/19/2016                                                                                                                                                                                                                                                                      | Time<br>22:33 | Day of Week<br>Saturday | Location<br>57 Lakewood Avenue | INCIDENT NUMBER<br>16-9475 |
| <u>Type of Incident:</u><br><input 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) |               |                         |                                |                            |

|                            |                 |                  |     |         |     |         |         |
|----------------------------|-----------------|------------------|-----|---------|-----|---------|---------|
| Name (Last, First, Middle) |                 | Badge #          | Sex | Race    | Age | Injured | Killed  |
| Cocuzza, Justin, PI        |                 | 37               | M   | W       | 31  | Y / (N) | Y / (N) |
| Rank                       | Duty assignment | Years of service |     | On-Duty |     | Uniform |         |
| Patrolman                  | Patrol          | 9.3              |     | (Y) / N |     | (Y) / N |         |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                     |           |                                                                                                                                                                                                                                                                                                                                              |                   |                    |                   |
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| Name (Last, First, Middle)<br>Drouet, JohnCarlo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | Sex<br>M            | Race<br>W | Age<br>27                                                                                                                                                                                                                                                                                                                                    | Weapon<br>Y / (N) | Injured<br>Y / (N) | Killed<br>Y / (N) |
| <input checked="" type="checkbox"/> Under the influence<br><input type="checkbox"/> Other unusual condition (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | Arrested<br>(Y) / N |           | Charges<br>2C:18-3b(3), 2C:33-2, 2C:29-2                                                                                                                                                                                                                                                                                                     |                   |                    |                   |
| <u>Subject's actions</u> (check all that apply)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                     |           | <u>Officer's use of force toward this subject</u> (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/fists<br><input type="checkbox"/> Kicks/feet<br><input checked="" 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)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 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)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                   |      | <u>Officer's use of force toward this subject</u> (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) |                   |      | <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)                                                                                                                                     |                 |                  |                 |

|                                                                                                    |                                                                                                                 |
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| Signature:  #57 | Date: 11/20/2016                                                                                                |
| Print Supervisor Name: Ptl. James Koempel                                                          | Supervisor Signature:  #35 |

## USE OF FORCE REPORT

|                                                                                                                                                                                                                 |       |             |                    |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------------|--------------------|-----------------|
| A. Incident Information                                                                                                                                                                                         |       |             |                    |                 |
| Date                                                                                                                                                                                                            | Time  | Day of Week | Location           | INCIDENT NUMBER |
| 11/19/2016                                                                                                                                                                                                      | 22:33 | Saturday    | 57 Lakewood Avenue | 16-9475         |
| Type of Incident                                                                                                                                                                                                |       |             |                    |                 |
| <input 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 |       |             |                    |                 |
| <input type="checkbox"/> Other (specify) _____                                                                                                                                                                  |       |             |                    |                 |

|                            |                 |                  |     |         |         |                    |                   |
|----------------------------|-----------------|------------------|-----|---------|---------|--------------------|-------------------|
| Name (Last, First, Middle) |                 | Badge #          | Sex | Race    | Age     | Injured<br>Y / (N) | Killed<br>Y / (N) |
| Valle, Anthony Ptl         |                 | 42               | M   | W       | 26      |                    |                   |
| Rank                       | Duty assignment | Years of service |     | On-Duty | Uniform |                    |                   |
| Patrolman                  | Patrol          | 1.4              |     | (Y) / N | (Y) / N |                    |                   |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |  |  |                                                                                                                                                                                                                                                                                                                                    |      |                               |         |         |         |
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| C-1. Subject 1 (List only the person who was the subject of the use of force by the officer noted in section C-2.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |  |                                                                                                                                                                                                                                                                                                                                    |      |                               |         |         |         |
| Name (Last, First, Middle)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |  |  |  | Sex                                                                                                                                                                                                                                                                                                                                | Race | Age                           | Weapon  | Injured | Killed  |
| Drouet, JohnCarlo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |  | M                                                                                                                                                                                                                                                                                                                                  | W    | 27                            | Y / (N) | Y / (N) | Y / (N) |
| <input checked="" type="checkbox"/> Under the influence<br><input type="checkbox"/> Other unusual condition (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |  | Arrested                                                                                                                                                                                                                                                                                                                           |      | Charges                       |         |         |         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |  |  | (Y) / N                                                                                                                                                                                                                                                                                                                            |      | 2C:18-3b(3), 2C:33-2, 2C:29-2 |         |         |         |
| <u>Subject's actions</u> (check all that apply)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |  |  | <u>Officer's use of force toward this subject</u> (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><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 below)                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | 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)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                            |  | <u>Officer's use of force toward this subject</u> (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) |  |                            |  | <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>J. Wall</i> <i>A42</i>      | Date: 11/20/2016                         |
| Print Supervisor Name: Ptl. James Koempel | Supervisor Signature: <i>[Signature]</i> |

## USE OF FORCE REPORT

|                                                                                                                                                                                                                                                                                        |       |             |                 |                 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------------|-----------------|-----------------|
| Date                                                                                                                                                                                                                                                                                   | Time  | Day of Week | Location        | INCIDENT NUMBER |
| 02/10/2015                                                                                                                                                                                                                                                                             | 09:53 | Tuesday     | 15 Maple Avenue | 15-932          |
| <u>Type of Incident</u><br><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<br><input type="checkbox"/> Other (specify) |       |             |                 |                 |

|                            |                 |                  |     |         |     |         |         |
|----------------------------|-----------------|------------------|-----|---------|-----|---------|---------|
| Name (Last, First, Middle) |                 | Badge #          | Sex | Race    | Age | Injured | Killed  |
| Wood, Francis              |                 | 25               | M   | W       | 36  | Y / (N) | Y / (N) |
| Rank                       | Duty assignment | Years of service |     | On-Duty |     | Uniform |         |
| Patrolman                  | Patrol          | 10               |     | (Y) / N |     | (Y) / N |         |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          |      |                                                                                                                                                                                                                                                                                                                                                             |        |         |        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|---------|--------|
| Name (Last, First, Middle)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Sex      | Race | Age                                                                                                                                                                                                                                                                                                                                                         | Weapon | Injured | Killed |
| BALLARD, Nicholas                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | M        | B    | 24                                                                                                                                                                                                                                                                                                                                                          | Y / N  | Y / N   | Y / N  |
| <input type="checkbox"/> Under the influence<br><input type="checkbox"/> Other unusual condition (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Arrested |      | Charges                                                                                                                                                                                                                                                                                                                                                     |        |         |        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Y / N    |      | Hindering Own Apprehension                                                                                                                                                                                                                                                                                                                                  |        |         |        |
| Subject's actions (check all that apply)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |          |      | Officer's use of force toward this subject (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 checked="" type="checkbox"/> Other (specify) Attempted to stab self in neck |          |      | <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 checked="" type="checkbox"/> Other (specify) wrestled subject to floor |        |         |        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          |      | 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)                                                                                                                                                                            |        |         |        |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                        |      |         |                 |                                                                                                                                                                                                                 |                 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------|-----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|
| Subject (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)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | <u>Officer's use of force toward this subject</u> (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) |  | <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) |      |         |                 | <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) |                 |

|                                                                                                |                                                                                                            |
|------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|
| Signature:  | Date: 02/10/2015                                                                                           |
| Print Supervisor Name: Lt. Wayne Davis, Jr. #20                                                | Supervisor Signature:  |

## USE OF FORCE REPORT

| A. Incident Information                                                                                                                                                                                         |       |             |                 |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------------|-----------------|-----------------|
| Date                                                                                                                                                                                                            | Time  | Day of Week | Location        | INCIDENT NUMBER |
| 02/10/2015                                                                                                                                                                                                      | 09:53 | Tuesday     | 15 Maple Avenue | 15-932          |
| 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) |                 | Badge #          | Sex | Race    | Age | Injured | Killed  |
| Koempel, James, R          |                 | 35               | M   | W       | 38  | Y / (N) | Y / (N) |
| Rank                       | Duty assignment | Years of service |     | On-Duty |     | Uniform |         |
| Patrolman                  | Patrol          | 8                |     | (Y) / N |     | (Y) / N |         |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |          |      |                                                                                                                                                                                                                                                                                                                                   |        |         |        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------|------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|---------|--------|
| Name (Last, First, Middle)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | Sex      | Race | Age                                                                                                                                                                                                                                                                                                                               | Weapon | Injured | Killed |
| Ballard, Nicholas                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | M        | B    | 24                                                                                                                                                                                                                                                                                                                                | Y / N  | Y / N   | Y / N  |
| <input type="checkbox"/> Under the influence<br><input type="checkbox"/> Other unusual condition (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | Arrested |      | Charges                                                                                                                                                                                                                                                                                                                           |        |         |        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | Y / N    |      | Hindering                                                                                                                                                                                                                                                                                                                         |        |         |        |
| <u>Subject's actions</u> (check all that apply)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |          |      | <u>Officer's use of force toward this subject</u> (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 checked="" type="checkbox"/> Other (specify) Attempted to stab himself in the neck |  |          |      | <input type="checkbox"/> Compliance hold<br><input type="checkbox"/> Hands/fists<br><input type="checkbox"/> Kicks/feet<br><input checked="" 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)                                                                                                                                                |        |         |        |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                   |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                 |                  |                 |
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| 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"/> Canine<br/> <input type="checkbox"/> Other (specify)           </div> <div>             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> |                 |                  |                 |

|                                                                                                |                                                                                                            |
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| Signature:  | Date: 02/10/2015                                                                                           |
| Print Supervisor Name: U. Wayne Davis, Jr. #20                                                 | Supervisor Signature:  |

## USE OF FORCE REPORT

|                                                                                                                                                                                                                                                                                        |       |             |                 |                 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------------|-----------------|-----------------|
| Date                                                                                                                                                                                                                                                                                   | Time  | Day of Week | Location        | INCIDENT NUMBER |
| 02/10/2015                                                                                                                                                                                                                                                                             | 09:53 | Tuesday     | 15 Maple Avenue | 15-932          |
| <u>Type of Incident</u><br><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<br><input type="checkbox"/> Other (specify) |       |             |                 |                 |

|                            |                 |                  |     |         |     |         |         |
|----------------------------|-----------------|------------------|-----|---------|-----|---------|---------|
| Name (Last, First, Middle) |                 | Badge #          | Sex | Race    | Age | Injured | Killed  |
| Davis, Jr. Wayne M.        |                 | 20               | M   | W       | 49  | Y / (N) | Y / (N) |
| Rank                       | Duty assignment | Years of service |     | On-Duty |     | Uniform |         |
| Lieutenant                 | Patrol          | 19               |     | (Y) / N |     | (Y) / N |         |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   |      |                                                                                                                                                                                                                                                                                                                                                             |        |         |        |
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| Name (Last, First, Middle)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Sex               | Race | Age                                                                                                                                                                                                                                                                                                                                                         | Weapon | Injured | Killed |
| BALLARD, Nicholas                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | M                 | B    | 24                                                                                                                                                                                                                                                                                                                                                          | Y / N  | Y / N   | Y / N  |
| <input type="checkbox"/> Under the influence<br><input type="checkbox"/> Other unusual condition (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Arrested<br>Y / N |      | Charges<br>Hindering Own Apprehension                                                                                                                                                                                                                                                                                                                       |        |         |        |
| <u>Subject's actions</u> (check all that apply)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   |      | <u>Officer's use of force toward this subject</u> (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 checked="" type="checkbox"/> Other (specify) Attempted to stab self in neck |                   |      | <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 checked="" type="checkbox"/> Other (specify) wrestled subject to floor |        |         |        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   |      | 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)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | 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)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                   |      | <u>Officer's use of force toward this subject</u> (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) |  |                   |      | <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)                                                                                                                                     |                 |                  |                 |

|                                                                                                |                                                                                                             |
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| Signature:  | Date: 02/10/2015                                                                                            |
| Print Supervisor Name: Capt. R. Sheehan                                                        | Supervisor Signature:  |

# KEANSBURG POLICE DEPARTMENT

## USE OF FORCE REPORT

### A. Incident Information

|                                                                                                                                                                                                                                                                                 |               |                       |                          |                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-----------------------|--------------------------|----------------------------|
| Date<br>03/22/2015                                                                                                                                                                                                                                                              | Time<br>05:50 | Day of Week<br>Sunday | Location<br>Keansburg HQ | INCIDENT NUMBER<br>15-1967 |
| Type of Incident<br><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<br><input type="checkbox"/> Other (specify) |               |                       |                          |                            |

### B. Officer Information

|                                                  |                           |                        |                    |                    |                    |                   |
|--------------------------------------------------|---------------------------|------------------------|--------------------|--------------------|--------------------|-------------------|
| Name (Last, First, Middle)<br>Valle Jr, Dennis J | Badge #<br>24             | Sex<br>M               | Race<br>W          | Age<br>33          | Injured<br>Y / (N) | Killed<br>Y / (N) |
| Rank<br>Patrolman                                | Duty assignment<br>Patrol | Years of service<br>10 | On-Duty<br>(Y) / N | Uniform<br>(Y) / N |                    |                   |

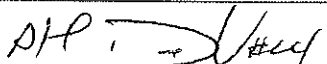
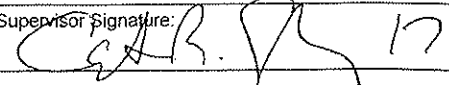
### C1. Subject 1 (List only the person who was the subject of the use of force by the officer listed in Section B.)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |           |                   |                    |                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-------------------|--------------------|-------------------|
| Name (Last, First, Middle)<br>Robles, Edwardo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Sex<br>M            | Race<br>WH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Age<br>26 | Weapon<br>Y / (N) | Injured<br>Y / (N) | Killed<br>Y / (N) |
| <input checked="" type="checkbox"/> Under the influence<br><input type="checkbox"/> Other unusual condition (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Arrested<br>(Y) / N | Charges<br>Simple Assault, Resisting Arrest                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |           |                   |                    |                   |
| 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 type="checkbox"/> Other (specify) |                     | Officer's use of force toward this subject (check all that apply)<br><input checked="" type="checkbox"/> Compliance hold    Firearms Discharge<br><input type="checkbox"/> Hands/fists <input type="checkbox"/> Intentional<br><input type="checkbox"/> Kicks/feet <input type="checkbox"/> Accidental<br><input checked="" type="checkbox"/> Chemical/natural agent<br><input type="checkbox"/> Strike/use baton or other object    Number of shots fired _____<br><input type="checkbox"/> Canine    Number of hits _____<br><input type="checkbox"/> Other (specify)    (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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |     |                 |                  |                 |
| 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    Firearms Discharge<br><input type="checkbox"/> Hands/fists <input type="checkbox"/> Intentional<br><input type="checkbox"/> Kicks/feet <input type="checkbox"/> Accidental<br><input type="checkbox"/> Chemical/natural agent<br><input type="checkbox"/> Strike/use baton or other object    Number of shots fired _____<br><input type="checkbox"/> Canine    Number of hits _____<br><input type="checkbox"/> Other (specify)    (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:<br>03/22/2015                                                                                           |
| Print Supervisor Name:<br>Capt. Robert Sheehan                                                    | Supervisor Signature:<br> |

### USE OF FORCE REPORT

|                                                                                                                                                                                                                                                                                        |               |                         |                               |                            |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-------------------------|-------------------------------|----------------------------|
| Date<br>04/18/2015                                                                                                                                                                                                                                                                     | Time<br>01:16 | Day of Week<br>Saturday | Location<br>1A Parkside Place | INCIDENT NUMBER<br>15-2671 |
| <u>Type of Incident</u><br><input checked="" 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 type="checkbox"/> Other (specify) |               |                         |                               |                            |

|                            |                 |                  |     |         |     |         |         |
|----------------------------|-----------------|------------------|-----|---------|-----|---------|---------|
| Name (Last, First, Middle) |                 | Badge #          | Sex | Race    | Age | Injured | Killed  |
| Lopez, Jason               |                 | 22               | M   | W       | 34  | Y / (N) | Y / (N) |
| Rank                       | Duty assignment | Years of service |     | On-Duty |     | Uniform |         |
| Det.                       | S.C.U.          | 14               |     | (Y) / N |     | (Y) / N |         |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                     |      |                                                                                                                                                                                                                                                                                                                                   |         |         |         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------|------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|---------|---------|
| Name (Last, First, Middle)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | Sex                 | Race | Age                                                                                                                                                                                                                                                                                                                               | Weapon  | Injured | Killed  |
| Romano, Anthony                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | M                   | W    | 18                                                                                                                                                                                                                                                                                                                                | Y / (N) | Y / (N) | Y / (N) |
| <input checked="" type="checkbox"/> Under the influence<br><input type="checkbox"/> Other unusual condition (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | Arrested<br>(Y) / N |      | Charges<br>Eluding, Resisting, Disorderly Conduct                                                                                                                                                                                                                                                                                 |         |         |         |
| <u>Subject's actions</u> (check all that apply)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                     |      | <u>Officer's use of force toward this subject</u> (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/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)                                                                                                                                                |         |         |         |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                   |      |                                                                                                                                                                                                                                                                                                                        |                 |                  |                 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|------------------|-----------------|
| 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)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                   |      | <u>Officer's use of force toward this subject</u> (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) |                   |      | <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><br>Number of shots fired _____<br>Number of hits _____<br>(Use 'UNK' if unknown)                                                                                                                                 |                 |                  |                 |

|                                                                                                |                                                                                                            |
|------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|
| Signature:  | Date: 04/18/2015                                                                                           |
| Print Supervisor Name: Lt. Gary Kronenberger                                                   | Supervisor Signature:  |

## USE OF FORCE REPORT

|                                                                                                                                                                                                                                                                                                                                                 |               |                       |                           |                            |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-----------------------|---------------------------|----------------------------|
| Date<br>05/15/2015                                                                                                                                                                                                                                                                                                                              | Time<br>21:09 | Day of Week<br>Friday | Location<br>21R Church St | INCIDENT NUMBER<br>15-3397 |
| <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) <u>Subject resisted arrest attempt to injure officer</u> |               |                       |                           |                            |

|                            |                 |                  |     |         |     |         |         |
|----------------------------|-----------------|------------------|-----|---------|-----|---------|---------|
| Name (Last, First, Middle) |                 | Badge #          | Sex | Race    | Age | Injured | Killed  |
| Lamb, Joseph, H.           |                 | 60               | M   | W       | 34  | Y / (N) | Y / (N) |
| Rank                       | Duty assignment | Years of service |     | On-Duty |     | Uniform |         |
| Officer                    | Main St. Post   | 12               |     | (Y) / N |     | (Y) / N |         |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                     |      |                                                                                                                                                                                                                                                                                                                                                         |         |         |         |
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| Name (Last, First, Middle)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | Sex                 | Race | Age                                                                                                                                                                                                                                                                                                                                                     | Weapon  | Injured | Killed  |
| Raymond, Jordan, M.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | M                   | W    | 24                                                                                                                                                                                                                                                                                                                                                      | Y / (N) | (Y) / N | Y / (N) |
| <input checked="" type="checkbox"/> Under the influence<br><input type="checkbox"/> Other unusual condition (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | Arrested<br>(Y) / N |      | Charges<br>Throwing Bodily Fluid, Resisting Arrest                                                                                                                                                                                                                                                                                                      |         |         |         |
| <u>Subject's actions</u> (check all that apply)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                     |      | <u>Officer's use of force toward this subject</u> (check all that apply)                                                                                                                                                                                                                                                                                |         |         |         |
| <input checked="" 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) |  |                     |      | <input checked="" type="checkbox"/> Compliance hold<br><input checked="" type="checkbox"/> Hands/fists<br><input type="checkbox"/> Kicks/feet<br><input checked="" 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)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | 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"/> Canine<br/> <input type="checkbox"/> Other (specify)           </div> <div>             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> |      |         |                 |                  |                 |

|                                                                                                    |                                                                                                            |
|----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|
| Signature:  #60 | Date: 05/15/2015                                                                                           |
| Print Supervisor Name: Lt. James Nelson                                                            | Supervisor Signature:  |

### USE OF FORCE REPORT

|                                                                                                                                                                                                      |       |             |                               |                 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------------|-------------------------------|-----------------|
| Date                                                                                                                                                                                                 | Time  | Day of Week | Location                      | INCIDENT NUMBER |
| 05/23/2015                                                                                                                                                                                           | 20:14 | Saturday    | 60 Carr Ave. (AppleJacks Bar) | 15-3621         |
| 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 |       |             |                               |                 |
| <input checked="" type="checkbox"/> Other (specify) <u>Wanted Person</u>                                                                                                                             |       |             |                               |                 |

|                            |                 |                  |     |         |         |                    |                   |
|----------------------------|-----------------|------------------|-----|---------|---------|--------------------|-------------------|
| Name (Last, First, Middle) |                 | Badge #          | Sex | Race    | Age     | Injured<br>(Y) / N | Killed<br>Y / (N) |
| Davis, Jr. Wayne M.        |                 | 20               | M   | W       | 49      | (Y) / N            | Y / (N)           |
| Rank                       | Duty assignment | Years of service |     | On-Duty | Uniform |                    |                   |
| Lieutenant                 | Patrol          | 19               |     | (Y) / N | (Y) / N |                    |                   |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                    |      |                                        |         |                                                                                                   |                                                                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|----------------------------------------|---------|---------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|
| Name (Last, First, Middle)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Sex                                                                                                                                                                                                                                                                                                                                | Race | Age                                    | Weapon  | Injured                                                                                           | Killed                                                                |
| Medvar, Shawn Blair                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | M                                                                                                                                                                                                                                                                                                                                  | W    | 33                                     | Y / (N) | (Y) / N                                                                                           | Y / (N)                                                               |
| <input checked="" type="checkbox"/> Under the influence<br><input type="checkbox"/> Other unusual condition (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Arrested<br>(Y) / N                                                                                                                                                                                                                                                                                                                |      | Charges<br>Aggravated Assaulted on LEO |         |                                                                                                   |                                                                       |
| <u>Subject's actions</u> (check all that apply)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <u>Officer's use of force toward this subject</u> (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 | 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)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                   |      | <u>Officer's use of force toward this subject</u> (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) |                   |      | <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)                                                                                                                                     |                 |                  |                 |

|                                                                                                |                                                                                                            |
|------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|
| Signature:  | Date: 05/24/2015                                                                                           |
| Print Supervisor Name: Dep./Chief John White                                                   | Supervisor Signature:  |

# KEANSBURG POLICE DEPARTMENT

## USE OF FORCE REPORT

### A. Incident Information

|                                                                                                                                                                                                                                                                                 |               |                         |                         |                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-------------------------|-------------------------|----------------------------|
| Date<br>05/23/2015                                                                                                                                                                                                                                                              | Time<br>20:14 | Day of Week<br>Saturday | Location<br>60 Carr Ave | INCIDENT NUMBER<br>15-3621 |
| Type of Incident<br><input 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>Swartz John Irving | Badge #<br>50                   | Sex<br>M              | Race<br>W                                                               | Age<br>30                                                               | Injured<br><input checked="" type="radio"/> Y / <input type="radio"/> N | Killed<br><input type="radio"/> Y / <input checked="" type="radio"/> N |
| Rank<br>Special Officer                          | Duty assignment<br>Walking Post | Years of service<br>7 | On-Duty<br><input checked="" type="radio"/> Y / <input type="radio"/> N | Uniform<br><input checked="" type="radio"/> Y / <input type="radio"/> 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>Medvar, Shawn Blair                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Sex<br>M                                                                 | Race<br>W                              | Age<br>33                                                                                                                                                                                                                                                                                                                                                                                              | Weapon<br><input checked="" type="radio"/> Y / <input type="radio"/> N | Injured<br><input checked="" type="radio"/> Y / <input type="radio"/> N | Killed<br><input type="radio"/> Y / <input checked="" type="radio"/> N |
| <input checked="" type="checkbox"/> Under the influence<br><input type="checkbox"/> Other unusual condition (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Arrested<br><input checked="" type="radio"/> Y / <input type="radio"/> N | Charges<br>Aggravated Assaulted on LEO |                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                        |                                                                         |                                                                        |
| 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 type="checkbox"/> Other (specify) |                                                                          |                                        | 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>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 |                                                                                                                                                                                                                                                                                                                                                                                             |                 |                  |                 |
| 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:<br>5-23-15          |
| Print Supervisor Name:<br>Lt Wayne Davis | Supervisor Signature:<br> |

## USE OF FORCE REPORT

|                                                                                                                                                                                                                                                                                  |       |             |              |                 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------------|--------------|-----------------|
| Date                                                                                                                                                                                                                                                                             | Time  | Day of Week | Location     | INCIDENT NUMBER |
| 05/23/2015                                                                                                                                                                                                                                                                       | 20:14 | Saturday    | 60 Cair Ave. | 15-3621         |
| 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) <u>Wanted Person</u> |       |             |              |                 |

|                            |                 |                  |     |         |     |         |         |
|----------------------------|-----------------|------------------|-----|---------|-----|---------|---------|
| Name (Last, First, Middle) |                 | Badge #          | Sex | Race    | Age | Injured | Killed  |
| Cocuzza, Justin Andrew     |                 | 37               | M   | W       | 29  | (Y) / N | Y / (N) |
| Rank                       | Duty assignment | Years of service |     | On-Duty |     | Uniform |         |
| Patrolman                  | Patrol          | 7.9              |     | (Y) / N |     | (Y) / N |         |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                     |      |                                                                                                                                                                                                                                                                                                                                              |         |         |         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------|------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|---------|---------|
| Name (Last, First, Middle)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | Sex                 | Race | Age                                                                                                                                                                                                                                                                                                                                          | Weapon  | Injured | Killed  |
| Medvar, Shawn Blair                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | M                   | W    | 33                                                                                                                                                                                                                                                                                                                                           | Y / (N) | (Y) / N | Y / (N) |
| <input checked="" type="checkbox"/> Under the influence<br><input type="checkbox"/> Other unusual condition (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | Arrested<br>(Y) / N |      | Charges<br>Aggravated Assaulted on LEO                                                                                                                                                                                                                                                                                                       |         |         |         |
| <u>Subject's actions</u> (check all that apply)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                     |      | <u>Officer's use of force toward this subject</u> (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 checked="" 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><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)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | <u>Officer's use of force toward this subject</u> (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) |  | <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:  | Date: 05/24/2015                                                                                                |
| Print Supervisor Name: Lt. Wayne Davis, Jr.                                                    | Supervisor Signature:  #20 |

## USE OF FORCE REPORT

|                                                                                                                                                                                                                                                                                                           |               |                        |                               |                            |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|------------------------|-------------------------------|----------------------------|
| Date<br>06/09/2015                                                                                                                                                                                                                                                                                        | Time<br>03:05 | Day of Week<br>Tuesday | Location<br>54 A Highland Ave | INCIDENT NUMBER<br>15-4070 |
| <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) <u>Crisis call</u> |               |                        |                               |                            |

|                            |                 |                  |     |         |     |         |         |
|----------------------------|-----------------|------------------|-----|---------|-----|---------|---------|
| Name (Last, First, Middle) |                 | Badge #          | Sex | Race    | Age | Injured | Killed  |
| King Bryan J               |                 | 27               | M   | W       | 40  | Y / (N) | Y / (N) |
| Rank                       | Duty assignment | Years of service |     | On-Duty |     | Uniform |         |
| Patrolman                  | Patrol          | 10               |     | (Y) / N |     | (Y) / N |         |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |          |      |                                                                                                                                                                                                                                                                                                                                   |         |         |         |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------|------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|---------|---------|
| Name (Last, First, Middle)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | Sex      | Race | Age                                                                                                                                                                                                                                                                                                                               | Weapon  | Injured | Killed  |
| Florin Steven                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | M        | W    | 25                                                                                                                                                                                                                                                                                                                                | Y / (N) | (Y) / N | Y / (N) |
| <input type="checkbox"/> Under the influence<br><input checked="" type="checkbox"/> Other unusual condition (specify) Deaf                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | Arrested |      | Charges                                                                                                                                                                                                                                                                                                                           |         |         |         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | Y / (N)  |      | None                                                                                                                                                                                                                                                                                                                              |         |         |         |
| <u>Subject's actions</u> (check all that apply)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |          |      | <u>Officer's use of force toward this subject</u> (check all that apply)                                                                                                                                                                                                                                                          |         |         |         |
| <input checked="" type="checkbox"/> Resisted police officer control<br><input checked="" type="checkbox"/> Physical threat/attack on officer or another<br><input checked="" 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/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><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><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/teet<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)           </div> <div>             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> |                 |                  |                 |

|                                      |                       |
|--------------------------------------|-----------------------|
| Signature: <i>PTL. Buzo</i>          | Date: <i>6/9/15</i>   |
| Print Supervisor Name: <i>PTL 23</i> | Supervisor Signature: |

## USE OF FORCE REPORT

|                                                                                                                                                                                                                                                                                        |               |                        |                                   |                            |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|------------------------|-----------------------------------|----------------------------|
| Date<br>07/28/2015                                                                                                                                                                                                                                                                     | Time<br>15:39 | Day of Week<br>Tuesday | Location<br>Car Ave. @ Maple Ave. | INCIDENT NUMBER<br>15-5626 |
| <u>Type of Incident</u><br><input checked="" 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 type="checkbox"/> Other (specify) |               |                        |                                   |                            |

|                            |                 |                  |     |         |     |         |         |
|----------------------------|-----------------|------------------|-----|---------|-----|---------|---------|
| Name (Last, First, Middle) |                 | Badge #          | Sex | Race    | Age | Injured | Killed  |
| Deaney, Michael, Robert    |                 | #33              | M   | W       | 37  | Y / N   | Y / (N) |
| Rank                       | Duty assignment | Years of service |     | On-Duty |     | Uniform |         |
| Det./Sergeant              | Street Crimes   | 9.5              |     | Y / N   |     | Y / N   |         |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                     |      |                                                                                                                                                                                                                                                                                                                                   |         |         |         |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------|------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|---------|---------|
| Name (Last, First, Middle)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | Sex                 | Race | Age                                                                                                                                                                                                                                                                                                                               | Weapon  | Injured | Killed  |
| Sesay, Alimany                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | M                   | B    | 30                                                                                                                                                                                                                                                                                                                                | Y / (N) | Y / (N) | Y / (N) |
| <input type="checkbox"/> Under the influence<br><input type="checkbox"/> Other unusual condition (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | Arrested<br>(Y) / N |      | Charges<br>2C:35-10a(4); 2C:12-1B; 2C:29-2                                                                                                                                                                                                                                                                                        |         |         |         |
| <u>Subject's actions</u> (check all that apply)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                     |      | <u>Officer's use of force toward this subject</u> (check all that apply)                                                                                                                                                                                                                                                          |         |         |         |
| <input checked="" 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) |  |                     |      | <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)                                                                                                                                                |         |         |         |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                   |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                 |                  |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------|------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|------------------|-----------------|
| 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"/> Canine<br/> <input type="checkbox"/> Other (specify)           </div> <div>             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> |                 |                  |                 |

|                                                  |                                                                                                               |
|--------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| Signature:                                       | Date:<br>07/28/2015                                                                                           |
| Print Supervisor Name:<br>Det./Capt. Kevin White | Supervisor Signature:<br> |

# USE OF FORCE REPORT

|                                                                                                                                                                                                      |       |             |                   |                 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------------|-------------------|-----------------|
| Date                                                                                                                                                                                                 | Time  | Day of Week | Location          | INCIDENT NUMBER |
| 08/05/2015                                                                                                                                                                                           | 23:30 | Wednesday   | 21R Church Street | 15-5842         |
| 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 |       |             |                   |                 |
| <input checked="" type="checkbox"/> Other (specify) Attempted to conceal CDS                                                                                                                         |       |             |                   |                 |

|                            |                 |                  |     |         |     |                    |                   |
|----------------------------|-----------------|------------------|-----|---------|-----|--------------------|-------------------|
| Name (Last, First, Middle) |                 | Badge #          | Sex | Race    | Age | Injured<br>Y / (N) | Killed<br>Y / (N) |
| Johnson, Richard, G.       |                 | 28               | M   | W       | 34  | Y / (N)            | Y / (N)           |
| Rank                       | Duty assignment | Years of service |     | On-Duty |     | Uniform            |                   |
| Patrolman                  | Patrol          | 11               |     | (Y) / N |     | (Y) / N            |                   |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |           |                                            |                   |                    |                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------|-------------------|--------------------|-------------------|
| Name (Last, First, Middle)<br>Fitzpatrick, Andrew, C.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | Sex<br>M                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Race<br>W | Age<br>23                                  | Weapon<br>Y / (N) | Injured<br>Y / (N) | Killed<br>Y / (N) |
| <input checked="" type="checkbox"/> Under the influence<br><input type="checkbox"/> Other unusual condition (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | Arrested<br>(Y) / N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |           | Charges<br>2C:35-10a, 2C:18-3b(3), 2C:33-2 |                   |                    |                   |
| <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 checked="" type="checkbox"/> Other (specify) Attempt to conceal and failure to turn over CDS |  | <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 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)         </div> <div>           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> |           |                                            |                   |                    |                   |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |      |         |                 |                  |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------|-----------------|------------------|-----------------|
| 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"/> Canine<br/> <input type="checkbox"/> Other (specify)           </div> <div>             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> |      |         |                 |                  |                 |

|                                                                                                   |                                                                                                                |
|---------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|
| Signature:<br> | Date:<br>08/06/2015                                                                                            |
| Print Supervisor Name:<br>Deputy Chief John White                                                 | Supervisor Signature:<br> |

## USE OF FORCE REPORT

| A. Incident Information                                                                                                                                                                                                                                                                |       |             |            |                 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------------|------------|-----------------|
| Date                                                                                                                                                                                                                                                                                   | Time  | Day of Week | Location   | INCIDENT NUMBER |
| 08/19/2015                                                                                                                                                                                                                                                                             | 08:52 | Wednesday   | Shore Blvd | 15-6234         |
| <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 checked="" type="checkbox"/> Traffic stop<br><input type="checkbox"/> Other (specify) |       |             |            |                 |

| B. Officer Information     |                 |                  |     |         |     |         |         |
|----------------------------|-----------------|------------------|-----|---------|-----|---------|---------|
| Name (Last, First, Middle) |                 | Badge #          | Sex | Race    | Age | Injured | Killed  |
| Rogan, Chris, S            |                 | 40               | M   | W       | 26  | Y / (N) | Y / (N) |
| Rank                       | Duty assignment | Years of service |     | On-Duty |     | Uniform |         |
| Patrolman                  | Patrol          | 3                |     | (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 1.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | Sex<br>M            |  | Race<br>W                              |  | Age<br>39                                                                                                                                                                                                                                                                                                                         |  | Weapon<br>Y / (N) |  | Injured<br>Y / (N) |  | Killed<br>Y / (N) |  |
| Name (Last, First, Middle)<br>Paclet, Charles, A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | Arrested<br>(Y) / N |  | Charges<br>Aggravated Assault on a LEO |  |                                                                                                                                                                                                                                                                                                                                   |  |                   |  |                    |  |                   |  |
| <input type="checkbox"/> Under the influence<br><input type="checkbox"/> Other unusual condition (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                     |  |                                        |  |                                                                                                                                                                                                                                                                                                                                   |  |                   |  |                    |  |                   |  |
| Subject's actions (check all that that apply)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                     |  |                                        |  | Officer's use of force toward this subject (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/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>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)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                   |      | <u>Officer's use of force toward this subject</u> (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) |                   |      | <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><br>Number of shots fired _____<br>Number of hits _____<br>(Use 'UNK' if unknown)                                                                                                                                 |                 |                  |                 |  |

|                                                                                                |                                                                                                            |
|------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|
| Signature:  | Date: 08/19/2015                                                                                           |
| Print Supervisor Name: Sgt. Scott Rongo                                                        | Supervisor Signature:  |

**KEANSBURG POLICE DEPARTMENT**

**USE OF FORCE REPORT**

**A. Incident Information**

|                                                                                                                                                                                                                                                                                        |               |                          |                                 |                            |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|--------------------------|---------------------------------|----------------------------|
| Date<br>08/19/2015                                                                                                                                                                                                                                                                     | Time<br>08:52 | Day of Week<br>Wednesday | Location<br>Shore Blvd/ Main St | INCIDENT NUMBER<br>15-6234 |
| <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 checked="" type="checkbox"/> Traffic stop<br><input type="checkbox"/> Other (specify) |               |                          |                                 |                            |

**B. Officer Information**

|                                                       |                           |                       |                                                                               |                                                                               |                                                                               |                                                                              |
|-------------------------------------------------------|---------------------------|-----------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| Name (Last, First, Middle)<br>Thompson Jr, Michael A. | Badge #<br>41             | Sex<br>M              | Race<br>W                                                                     | Age<br>23                                                                     | Injured<br><input checked="" type="checkbox"/> Y / <input type="checkbox"/> N | Killed<br><input type="checkbox"/> Y / <input checked="" type="checkbox"/> N |
| Rank<br>Patrolman                                     | Duty assignment<br>Patrol | Years of service<br>3 | On-Duty<br><input checked="" type="checkbox"/> Y / <input type="checkbox"/> N | Uniform<br><input checked="" type="checkbox"/> Y / <input type="checkbox"/> N |                                                                               |                                                                              |

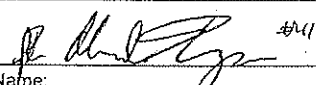
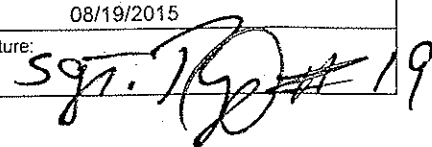
**C1. Subject 1 (List only the person who was the subject of the use of force by the officer listed in Section B.)**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |           |                                                                              |                                                                               |                                                                              |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------------------------------------------------------------------------|-------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| Name (Last, First, Middle)<br>Peclet, Charles                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Sex<br>M                                                                       | Race<br>W                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Age<br>39 | Weapon<br><input checked="" type="checkbox"/> Y / <input type="checkbox"/> N | Injured<br><input checked="" type="checkbox"/> Y / <input type="checkbox"/> N | Killed<br><input type="checkbox"/> Y / <input checked="" type="checkbox"/> N |
| <input type="checkbox"/> Under the influence<br><input type="checkbox"/> Other unusual condition (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Arrested<br><input checked="" type="checkbox"/> Y / <input type="checkbox"/> N | Charges<br>Agg Assault, Resisting, CDS Possession                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |           |                                                                              |                                                                               |                                                                              |
| <u>Subject's actions</u> (check all that apply)<br><input checked="" 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 checked="" type="checkbox"/> Other (specify) Physical Force |                                                                                | <u>Officer's use of force toward this subject</u> (check all that apply)<br><input checked="" type="checkbox"/> Compliance hold    Firearms Discharge<br><input checked="" type="checkbox"/> Hands/fists <input type="checkbox"/> Intentional<br><input type="checkbox"/> Kicks/feet <input type="checkbox"/> Accidental<br><input type="checkbox"/> Chemical/natural agent<br><input type="checkbox"/> Strike/use baton or other object    Number of shots fired _____<br><input type="checkbox"/> Canine    Number of hits _____<br><input type="checkbox"/> Other (specify)    (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><input type="checkbox"/> Compliance hold    Firearms Discharge<br><input type="checkbox"/> Hands/fists <input type="checkbox"/> Intentional<br><input type="checkbox"/> Kicks/feet <input type="checkbox"/> Accidental<br><input type="checkbox"/> Chemical/natural agent<br><input type="checkbox"/> Strike/use baton or other object    Number of shots fired _____<br><input type="checkbox"/> Canine    Number of hits _____<br><input type="checkbox"/> Other (specify)    (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:<br>08/19/2015                                                                                            |
| Print Supervisor Name:<br>Sgt. Scott Rongo                                                        | Supervisor Signature:<br> |

## KEANSBURG POLICE DEPARTMENT

## USE OF FORCE REPORT

## A. Incident Information

|                                                                                                                                                                                                                                                             |               |                        |                                 |                            |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|------------------------|---------------------------------|----------------------------|
| Date<br>09/01/2015                                                                                                                                                                                                                                          | Time<br>13:28 | Day of Week<br>Tuesday | Location<br>144 Lawrence Avenue | INCIDENT NUMBER<br>15-6609 |
| 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. Officer Information

|                                                |                                      |                        |                    |                    |                    |                   |
|------------------------------------------------|--------------------------------------|------------------------|--------------------|--------------------|--------------------|-------------------|
| Name (Last, First, Middle)<br>Magner, John Sgt | Badge #<br>#23                       | Sex<br>M               | Race<br>W          | Age<br>49          | Injured<br>Y / (N) | Killed<br>Y / (N) |
| Rank<br>Sergeant                               | Duty assignment<br>Patrol Supervisor | Years of service<br>24 | On-Duty<br>(Y) / N | Uniform<br>(Y) / N |                    |                   |

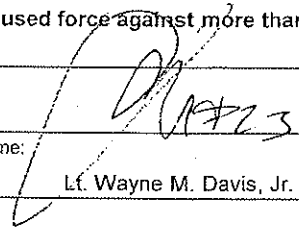
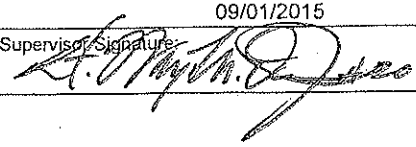
## C1. Subject 1 (List only the person who was the subject of the use of force by the officer listed in Section B.)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |          |                     |                                                                                                                                                                                                                                                                                                                                   |                   |                    |                   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|---------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|--------------------|-------------------|
| Name (Last, First, Middle)<br>Rice, Darryl                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Sex<br>M | Race<br>B           | Age<br>29                                                                                                                                                                                                                                                                                                                         | Weapon<br>Y / (N) | Injured<br>Y / (N) | Killed<br>Y / (N) |
| <input type="checkbox"/> Under the influence<br><input checked="" type="checkbox"/> Other unusual condition (specify) Pschiatric Crisis                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |          | Arrested<br>Y / (N) | Charges<br>30:4-27.6.a                                                                                                                                                                                                                                                                                                            |                   |                    |                   |
| Subject's actions (check all that apply)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |          |                     | Officer's use of force toward this subject (check all that apply)                                                                                                                                                                                                                                                                 |                   |                    |                   |
| <input checked="" 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) |          |                     | <input type="checkbox"/> Compliance hold<br><input type="checkbox"/> Hands/fists<br><input type="checkbox"/> Kicks/feet<br><input checked="" 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                                                                                                                                                                                                                                                                                                                |                 |                  |                 |
| Subject's actions (check all that apply)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |     |                   | Officer's use of force toward this subject (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) |     |                   | <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:<br>09/01/2015                                                                                           |
| Print Supervisor Name:<br>Lt. Wayne M. Davis, Jr. #20                                             | Supervisor Signature:<br> |

## KEANSBURG POLICE DEPARTMENT

## USE OF FORCE REPORT

## A. Incident Information

|                                                                                                                                                                                                                                                                                        |               |                       |                             |                            |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-----------------------|-----------------------------|----------------------------|
| Date<br>09/04/2015                                                                                                                                                                                                                                                                     | Time<br>05:34 | Day of Week<br>Friday | Location<br>79D Carr Avenue | INCIDENT NUMBER<br>15-6687 |
| <u>Type of Incident</u><br><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<br><input type="checkbox"/> Other (specify) |               |                       |                             |                            |

## B. Officer Information

|                                                 |                           |                       |                    |                    |                    |                   |
|-------------------------------------------------|---------------------------|-----------------------|--------------------|--------------------|--------------------|-------------------|
| Name (Last, First, Middle)<br>Koempel, James, R | Badge #<br>35             | Sex<br>M              | Race<br>W          | Age<br>39          | Injured<br>Y / (N) | Killed<br>Y / (N) |
| Rank<br>Patrolman                               | Duty assignment<br>Patrol | Years of service<br>8 | On-Duty<br>(Y) / N | Uniform<br>(Y) / N |                    |                   |

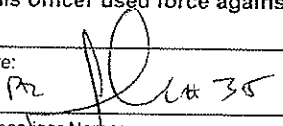
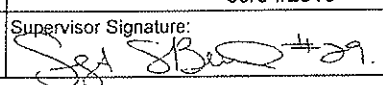
## C1. Subject 1 (List only the person who was the subject of the use of force by the officer listed in Section B.)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                     |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                   |                    |                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|--------------------|-------------------|
| Name (Last, First, Middle)<br>Brent, Benjamin                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Sex<br>M            | Race<br>B | Age<br>47                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 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>Resisting, Hindering                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                   |                    |                   |
| <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 type="checkbox"/> Compliance hold    Firearms Discharge<br><input type="checkbox"/> Hands/fists <input type="checkbox"/> Intentional<br><input type="checkbox"/> Kicks/feet <input type="checkbox"/> Accidental<br><input checked="" type="checkbox"/> Chemical/natural agent<br><input type="checkbox"/> Strike/use baton or other object    Number of shots fired _____<br><input type="checkbox"/> Canine    Number of hits _____<br><input type="checkbox"/> Other (specify)    (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><input type="checkbox"/> Compliance hold    Firearms Discharge<br><input type="checkbox"/> Hands/fists <input type="checkbox"/> Intentional<br><input type="checkbox"/> Kicks/feet <input type="checkbox"/> Accidental<br><input type="checkbox"/> Chemical/natural agent<br><input type="checkbox"/> Strike/use baton or other object    Number of shots fired _____<br><input type="checkbox"/> Canine    Number of hits _____<br><input type="checkbox"/> Other (specify)    (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:<br>09/04/2015                                                                                           |
| Print Supervisor Name:<br>Sgt. Sandra Barton #29                                                  | Supervisor Signature:<br> |

# KEANSBURG POLICE DEPARTMENT

## USE OF FORCE REPORT

### A. Incident Information

|                                                                                                                                                                                                                                                                                        |               |                       |                        |                            |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-----------------------|------------------------|----------------------------|
| Date<br>09/06/2015                                                                                                                                                                                                                                                                     | Time<br>22:15 | Day of Week<br>Sunday | Location<br>16 Hancock | INCIDENT NUMBER<br>15-6789 |
| <u>Type of Incident</u><br><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<br><input type="checkbox"/> Other (specify) |               |                       |                        |                            |

### B. Officer Information

|                                                |                           |                        |                                                                         |                                                                         |                                                                         |                                                             |
|------------------------------------------------|---------------------------|------------------------|-------------------------------------------------------------------------|-------------------------------------------------------------------------|-------------------------------------------------------------------------|-------------------------------------------------------------|
| Name (Last, First, Middle)<br>Officer G Rivera | Badge #<br>52             | Sex<br>M               | Race<br>H                                                               | Age<br>45                                                               | Injured<br><input checked="" type="radio"/> Y / <input type="radio"/> N | Killed<br><input type="radio"/> Y / <input type="radio"/> N |
| Rank<br>Patrolmen                              | Duty assignment<br>Patrol | Years of service<br>17 | On-Duty<br><input checked="" type="radio"/> Y / <input type="radio"/> N | Uniform<br><input checked="" type="radio"/> Y / <input type="radio"/> N |                                                                         |                                                             |

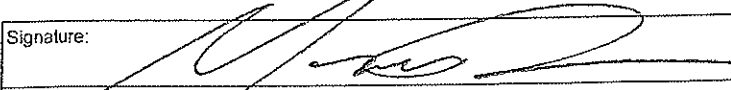
### C1. Subject 1 (List only the person who was the subject of the use of force by the officer listed in Section B.)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                          |                                       |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                         |                                                                        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|---------------------------------------|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|------------------------------------------------------------------------|
| Name (Last, First, Middle)<br>Aaron Newson                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Sex<br>M                                                                 | Race<br>B                             | Age<br>23 | Weapon<br><input checked="" type="radio"/> Y / <input type="radio"/> N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Injured<br><input checked="" type="radio"/> Y / <input type="radio"/> N | Killed<br><input checked="" type="radio"/> Y / <input type="radio"/> N |
| <input checked="" type="checkbox"/> Under the influence<br><input type="checkbox"/> Other unusual condition (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Arrested<br><input checked="" type="radio"/> Y / <input type="radio"/> N | Charges<br>2c:29-2a 2c:17-3a 2c:12-1b |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                         |                                                                        |
| <u>Subject's actions</u> (check all that apply)<br><input checked="" 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) |                                                                          |                                       |           | <u>Officer's use of force toward this subject</u> (check all that apply)<br><input checked="" type="checkbox"/> Compliance hold     Firearms Discharge<br><input type="checkbox"/> Hands/fists <input type="checkbox"/> Intentional<br><input type="checkbox"/> Kicks/feet <input type="checkbox"/> Accidental<br><input checked="" type="checkbox"/> Chemical/natural agent<br><input type="checkbox"/> Strike/use baton or other object     Number of shots fired _____<br><input type="checkbox"/> Canine     Number of hits _____<br><input type="checkbox"/> Other (specify)     (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><input type="radio"/> Y / <input type="radio"/> N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Injured<br><input type="radio"/> Y / <input type="radio"/> N | Killed<br><input type="radio"/> Y / <input type="radio"/> N |
| <input type="checkbox"/> Under the influence<br><input type="checkbox"/> Other unusual condition (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Arrested<br><input type="radio"/> Y / <input type="radio"/> 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     Firearms Discharge<br><input type="checkbox"/> Hands/fists <input type="checkbox"/> Intentional<br><input type="checkbox"/> Kicks/feet <input type="checkbox"/> Accidental<br><input type="checkbox"/> Chemical/natural agent<br><input type="checkbox"/> Strike/use baton or other object     Number of shots fired _____<br><input type="checkbox"/> Canine     Number of hits _____<br><input type="checkbox"/> Other (specify)     (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:<br>09/06/2015   |
| Print Supervisor Name:<br>Ptl. D Valle                                                            | Supervisor Signature: |

### USE OF FORCE REPORT

|                                                                                                                                                                                                                                                                                                                            |       |             |                     |                 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------------|---------------------|-----------------|
| Date                                                                                                                                                                                                                                                                                                                       | Time  | Day of Week | Location            | INCIDENT NUMBER |
| 09/19/2015                                                                                                                                                                                                                                                                                                                 | 19:31 | Saturday    | Maple Ave/ Carr Ave | 15-7163         |
| Type of Incident                                                                                                                                                                                                                                                                                                           |       |             |                     |                 |
| <input checked="" 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) Suicidal Subject Cut himself in the face with knife |       |             |                     |                 |

|                            |                 |                  |     |         |     |         |         |
|----------------------------|-----------------|------------------|-----|---------|-----|---------|---------|
| Name (Last, First, Middle) |                 | Badge #          | Sex | Race    | Age | Injured | Killed  |
| Sheehan, Thomas P          |                 | 38               | M   | W       | 26  | Y / (N) | Y / (N) |
| Rank                       | Duty assignment | Years of service |     | On-Duty |     | Uniform |         |
| Patrolman                  | Patrol          | 2                |     | (Y) / N |     | (Y) / N |         |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                     |      |                                                                                                                                                                                                                                                                                                                                              |        |         |         |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------|------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|---------|---------|
| Name (Last, First, Middle)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | Sex                 | Race | Age                                                                                                                                                                                                                                                                                                                                          | Weapon | Injured | Killed  |
| Foster, Edward W                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | M                   | W    | 45                                                                                                                                                                                                                                                                                                                                           | Y / N  | Y / (N) | Y / (N) |
| <input checked="" type="checkbox"/> Under the influence<br><input type="checkbox"/> Other unusual condition (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | Arrested<br>Y / (N) |      | Charges<br>NONE                                                                                                                                                                                                                                                                                                                              |        |         |         |
| <u>Subject's actions</u> (check all that apply)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                     |      | <u>Officer's use of force toward this subject</u> (check all that apply)                                                                                                                                                                                                                                                                     |        |         |         |
| <input checked="" 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) |  |                     |      | <input checked="" type="checkbox"/> Compliance hold<br><input type="checkbox"/> Hands/fists<br><input type="checkbox"/> Kicks/feet<br><input checked="" 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)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | 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)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                   |      | <u>Officer's use of force toward this subject</u> (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) |  |                   |      | <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)                                                                                                                                     |                 |                  |                 |

|                                                                                                    |                                                                                                                |
|----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|
| Signature:  #38 | Date: 9/20/2015                                                                                                |
| Print Supervisor Name: P. T. DellaPietra #31                                                       | Supervisor Signature:  601 |

## KEANSBURG POLICE DEPARTMENT

## USE OF FORCE REPORT

## A. Incident Information

|                                                                                                                                                                                                                                                                                                                  |               |                         |                                 |                            |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-------------------------|---------------------------------|----------------------------|
| Date<br>09/19/2015                                                                                                                                                                                                                                                                                               | Time<br>19:31 | Day of Week<br>Saturday | Location<br>Maple Ave/ Carr Ave | INCIDENT NUMBER<br>15-7163 |
| 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) Suicidal Subject- Cut himself in the face with knife |               |                         |                                 |                            |

## B. Officer Information

|                                                    |                           |                        |                    |                    |                    |                   |
|----------------------------------------------------|---------------------------|------------------------|--------------------|--------------------|--------------------|-------------------|
| Name (Last, First, Middle)<br>DellaPietro Tiffanie | Badge #<br>21             | Sex<br>F               | Race<br>W          | Age<br>34          | Injured<br>Y / (N) | Killed<br>Y / (N) |
| Rank<br>Patrolman                                  | Duty assignment<br>Patrol | Years of service<br>13 | On-Duty<br>(Y) / N | Uniform<br>(Y) / N |                    |                   |

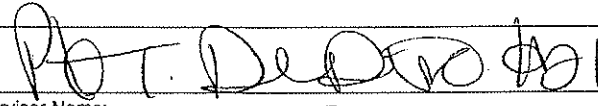
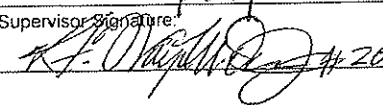
## C1. Subject 1 (List only the person who was the subject of the use of force by the officer listed in Section B.)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |          |                     |           |                                                                                                                                                                                                                                                                                                                                              |                    |                   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|---------------------|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-------------------|
| Name (Last, First, Middle)<br>Foster, Edward W                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Sex<br>M | Race<br>W           | Age<br>45 | Weapon<br>(Y) / N                                                                                                                                                                                                                                                                                                                            | Injured<br>Y / (N) | Killed<br>Y / (N) |
| <input checked="" type="checkbox"/> Under the influence<br><input type="checkbox"/> Other unusual condition (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |          | Arrested<br>Y / (N) |           | Charges<br>NONE                                                                                                                                                                                                                                                                                                                              |                    |                   |
| Subject's actions (check all that apply)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |          |                     |           | Officer's use of force toward this subject (check all that apply)                                                                                                                                                                                                                                                                            |                    |                   |
| <input checked="" 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) |          |                     |           | <input checked="" type="checkbox"/> Compliance hold<br><input type="checkbox"/> Hands/fists<br><input type="checkbox"/> Kicks/feet<br><input checked="" 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                                                                                                                                                                                                                                                                                                                |                  |                 |
| Subject's actions (check all that apply)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |     |                   |     | Officer's use of force toward this subject (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) |     |                   |     | <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:<br>9/19/15                                                                                                  |
| Print Supervisor Name:<br>Lt. Wayne Davis, Jr.                                                    | Supervisor Signature:<br> #20 |

## USE OF FORCE REPORT

| A. Incident Information                                                                                                                                                                                                                                                                      |       |             |             |                 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------------|-------------|-----------------|
| Date                                                                                                                                                                                                                                                                                         | Time  | Day of Week | Location    | INCIDENT NUMBER |
| 10/05/2015                                                                                                                                                                                                                                                                                   | 20:50 | Monday      | 240 Main St | 15-7564         |
| <u>Type of Incident</u><br><input checked="" 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 type="checkbox"/> Other (specify) _____ |       |             |             |                 |

|                            |                 |                  |     |         |     |         |         |
|----------------------------|-----------------|------------------|-----|---------|-----|---------|---------|
| Name (Last, First, Middle) |                 | Badge #          | Sex | Race    | Age | Injured | Killed  |
| Wood, Francis, C           |                 | 25               | M   | W       | 37  | Y / (N) | Y / (N) |
| Rank                       | Duty assignment | Years of service |     | On-Duty |     | Uniform |         |
| Patrolman                  | Patrol          | 11               |     | (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  |
| Thomas, Ali M.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |  |  |  | M                                                                                                                                                                                                                                                                                                                                 | B    | 30                     | Y / (N) | Y / (N) | Y / (N) |
| <input checked="" type="checkbox"/> Under the influence<br><input type="checkbox"/> Other unusual condition (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |  |  |  | Arrested<br>(Y) / N                                                                                                                                                                                                                                                                                                               |      | Charges<br>Agg Assault |         |         |         |
| <u>Subject's actions</u> (check all that apply)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  |  | <u>Officer's use of force toward this subject</u> (check all that apply)                                                                                                                                                                                                                                                          |      |                        |         |         |         |
| <input checked="" 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) |  |  |  |  | <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><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 1.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |                                                                                                                                                                                                                                                                                                                        |      |         |                  |
| 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)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |  | <u>Officer's use of force toward this subject</u> (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) |  |  | <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><br>Number of shots fired _____<br>Number of hits _____<br>(Use 'UNK' if unknown)                                                                                                                                 |      |         |                  |

|                                                                                                |                                                                                                            |
|------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|
| Signature:  | Date: 10/05/2015                                                                                           |
| Print Supervisor Name: Lt Wayne Davis #20                                                      | Supervisor Signature:  |

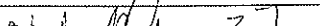
## USE OF FORCE REPORT

| A. Incident Information                                                                                                                                                                                                                                                                |       |             |                 |                 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------------|-----------------|-----------------|
| Date                                                                                                                                                                                                                                                                                   | Time  | Day of Week | Location        | INCIDENT NUMBER |
| 10/05/2015                                                                                                                                                                                                                                                                             | 20:50 | Monday      | 240 Main Street | 15-7564         |
| <u>Type of Incident</u><br><input checked="" 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 type="checkbox"/> Other (specify) |       |             |                 |                 |

|                                                      |                           |  |                       |          |                    |           |                    |                   |
|------------------------------------------------------|---------------------------|--|-----------------------|----------|--------------------|-----------|--------------------|-------------------|
| B. Officer Information                               |                           |  |                       |          |                    |           |                    |                   |
| Name (Last, First, Middle)<br>Cocuzza, Justin Andrew |                           |  | Badge #<br>37         | Sex<br>M | Race<br>W          | Age<br>30 | Injured<br>Y / (N) | Killed<br>Y / (N) |
| Rank<br>Patrolman                                    | Duty assignment<br>Patrol |  | Years of service<br>8 |          | 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 2.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |  |                                                                                                                                                                                                                                                                                                                                   |      |                               |         |                        |         |
| Name (Last, First, Middle)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |  |  | Sex                                                                                                                                                                                                                                                                                                                               | Race | Age                           | Weapon  | Injured                | Killed  |
| Thomas, Ali M.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |  |  |  | M                                                                                                                                                                                                                                                                                                                                 | B    | 30                            | Y / (N) | Y / (N)                | Y / (N) |
| <input checked="" type="checkbox"/> Under the influence<br><input type="checkbox"/> Other unusual condition (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |  |  |  | Arrested                                                                                                                                                                                                                                                                                                                          |      | Charges                       |         |                        |         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  |  | (Y) / N                                                                                                                                                                                                                                                                                                                           |      | Resisting, Aggravated Assault |         |                        |         |
| Subject's actions (check all that apply)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |  |  | Officer's use of force toward this subject (check all that apply)                                                                                                                                                                                                                                                                 |      |                               |         |                        |         |
| <input checked="" 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) |  |  |  |  | <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                                                                                                                                                                                                                                                                                                                |      |                               |         | Number of shots fired  |         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  |  | <input type="checkbox"/> Intentional<br><input type="checkbox"/> Accidental                                                                                                                                                                                                                                                       |      |                               |         | Number of hits         |         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  |  |                                                                                                                                                                                                                                                                                                                                   |      |                               |         | (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 2.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |                                                                                                                                                                                                                                                                                                                         |      |         |                                                                                                                                                                                        |                  |                 |
| 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)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |  | <u>Officer's use of force toward this subject</u> (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) |  |  | <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><br>Number of shots fired _____<br>Number of hits _____<br>(Use 'UNK' if unknown) |                  |                 |

|                                                                                                |                                                                                                            |
|------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|
| Signature:  | Date: 10/05/2015                                                                                           |
| Print Supervisor Name: Lt. Wayne Davis, Jr. #20                                                | Supervisor Signature:  |

## KEANSBURG POLICE DEPARTMENT

## USE OF FORCE REPORT

## A. Incident Information

|                                                                                                                                                                                                                                                                                 |               |                       |                             |                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-----------------------|-----------------------------|----------------------------|
| Date<br>10/05/2015                                                                                                                                                                                                                                                              | Time<br>20:50 | Day of Week<br>Monday | Location<br>240 Main Street | INCIDENT NUMBER<br>15-7564 |
| Type of Incident<br><input checked="" 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 type="checkbox"/> Other (specify) |               |                       |                             |                            |

## B. Officer Information

|                                                 |                           |                       |                    |                    |                    |                   |
|-------------------------------------------------|---------------------------|-----------------------|--------------------|--------------------|--------------------|-------------------|
| Name (Last, First, Middle)<br>Koempel, James, R | Badge #<br>35             | Sex<br>M              | Race<br>W          | Age<br>39          | Injured<br>Y / (N) | Killed<br>Y / (N) |
| Rank<br>Patrolman                               | Duty assignment<br>Patrol | Years of service<br>8 | On-Duty<br>(Y) / N | Uniform<br>(Y) / N |                    |                   |

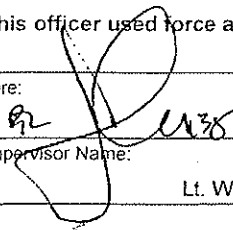
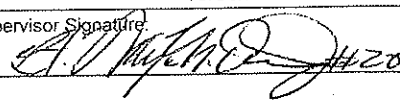
## C1. Subject 1 (List only the person who was the subject of the use of force by the officer listed in Section B.)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                     |           |                                                                                                                                                                                                                                                                                                                                                                                                                   |                   |                    |                   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|--------------------|-------------------|
| Name (Last, First, Middle)<br>Thomas, Ali M.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Sex<br>M            | Race<br>B | Age<br>30                                                                                                                                                                                                                                                                                                                                                                                                         | Weapon<br>Y / (N) | Injured<br>Y / (N) | Killed<br>Y / (N) |
| <input checked="" type="checkbox"/> Under the influence<br><input type="checkbox"/> Other unusual condition (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Arrested<br>(Y) / N |           | Charges<br>Resisting, Aggravated Assault                                                                                                                                                                                                                                                                                                                                                                          |                   |                    |                   |
| Subject's actions (check all that apply)<br><input checked="" 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) |                     |           | 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 checked="" 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                                                                                                                                                                                                                                                                                                                                                                                     |                 |                  |                 |
| 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:<br>10/05/2015                                                                                           |
| Print Supervisor Name:<br>Lt. Wayne Davis, Jr. #20                                                | Supervisor Signature:<br> |

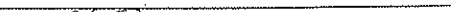
# USE OF FORCE REPORT

| A. Incident Information                               |                                   |                                        |                                            |                                       |
|-------------------------------------------------------|-----------------------------------|----------------------------------------|--------------------------------------------|---------------------------------------|
| Date                                                  | Time                              | Day of Week                            | Location                                   | INCIDENT NUMBER                       |
| 10/05/2015                                            | 20:50                             | Monday                                 | 240 Main Street (Main Street Deli)         | 15-7564                               |
| Type of Incident                                      |                                   |                                        |                                            |                                       |
| <input checked="" type="checkbox"/> Crime in progress | <input 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) |                 | Badge #          | Sex | Race    | Age     | Injured<br>Y / N | Killed<br>Y / N |
| Davis, Jr. Wayne M.        |                 | #20              | M   | W       | 49      | Y                | Y               |
| Rank                       | Duty assignment | Years of service |     | On-Duty | Uniform |                  |                 |
| Lieutenant                 | Patrol          | 19               |     | 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 B7.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |  |  |  |                                                                                                                                                                                                                                                                                                                                   |      |                               |         |         |         |
| Name (Last, First, Middle)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |  |  | Sex                                                                                                                                                                                                                                                                                                                               | Race | Age                           | Weapon  | Injured | Killed  |
| Thomas, Ali M                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |  | M                                                                                                                                                                                                                                                                                                                                 | B    | 30                            | Y / (N) | Y / (N) | Y / (N) |
| <input checked="" type="checkbox"/> Under the influence<br><input type="checkbox"/> Other unusual condition (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |  |  |  | Arrested                                                                                                                                                                                                                                                                                                                          |      | Charges                       |         |         |         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  |  | (Y) / N                                                                                                                                                                                                                                                                                                                           |      | Resisting, Aggravated Assault |         |         |         |
| Subject's actions (check all that apply)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |  |  | Officer's use of force toward this subject (check all that apply)                                                                                                                                                                                                                                                                 |      |                               |         |         |         |
| <input checked="" 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) |  |  |  |  | <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><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 1.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                        |      |         |                 |                  |                 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------|-----------------|------------------|-----------------|
| 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)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <u>Officer's use of force toward this subject</u> (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) | <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><br>Number of shots fired _____<br>Number of hits _____<br>(Use 'UNK' if unknown)                                                                                                                                 |      |         |                 |                  |                 |

|                                                                                                |                                                                                                            |
|------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|
| Signature:  | Date: 10/05/2015                                                                                           |
| Print Supervisor Name: Capt. R. Sheehan                                                        | Supervisor Signature:  |

## USE OF FORCE REPORT

## A. Incident Information

|                                                                                                                                                                                                                                                             |               |                        |                                        |                            |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|------------------------|----------------------------------------|----------------------------|
| Date<br>10/13/2015                                                                                                                                                                                                                                          | Time<br>09:32 | Day of Week<br>Tuesday | Location<br>140 Pt. Monmouth Rd. (KHS) | INCIDENT NUMBER<br>15-7787 |
| Type of Incident                                                                                                                                                                                                                                            |               |                        |                                        |                            |
| <input checked="" 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 type="checkbox"/> Other (specify) |               |                        |                                        |                            |

## B. Officer Information

|                                                    |                                            |                        |                    |                    |                    |                   |
|----------------------------------------------------|--------------------------------------------|------------------------|--------------------|--------------------|--------------------|-------------------|
| Name (Last, First, Middle)<br>Soranno, John, A SRO | Badge #<br>32                              | Sex<br>M               | Race<br>W          | Age<br>39          | Injured<br>Y / (N) | Killed<br>Y / (N) |
| Rank<br>Patrolman                                  | Duty assignment<br>School Resource Officer | Years of service<br>10 | On-Duty<br>(Y) / N | Uniform<br>(Y) / N |                    |                   |

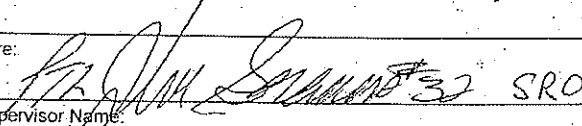
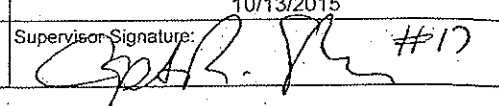
## C1. Subject 1 (List only the person who was the subject of the use of force by the officer listed in Section B.)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |          |                     |                                                                                                                                                                                                                                                                                                                                   |                   |                    |                   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|---------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|--------------------|-------------------|
| Name (Last, First, Middle)<br>Richmond, Matalia, S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Sex<br>F | Race<br>B           | Age<br>16                                                                                                                                                                                                                                                                                                                         | 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>2C:29-2, 2C:12-1B, 2C:18-3, 2C:29-1                                                                                                                                                                                                                                                                                    |                   |                    |                   |
| Subject's actions (check all that apply)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |          |                     | Officer's use of force toward this subject (check all that apply)                                                                                                                                                                                                                                                                 |                   |                    |                   |
| <input checked="" 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) |          |                     | <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>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                                                                                                                                                                                                                                                                                                                |                 |                  |                 |
| Subject's actions (check all that apply)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |     |                   | Officer's use of force toward this subject (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) |     |                   | <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> #32 SRO | Date:<br>10/13/2015                                                                                               |
| Print Supervisor Name:<br>Capt. Robert Sheehan                                                            | Supervisor Signature:<br> #17 |

**KEANSBURG POLICE DEPARTMENT**

**USE OF FORCE REPORT**

**A. Incident Information**

|                                                                                                                                                                                                                                                                                                                |               |                        |                               |                            |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|------------------------|-------------------------------|----------------------------|
| Date<br>10/20/2015                                                                                                                                                                                                                                                                                             | Time<br>02:26 | Day of Week<br>Tuesday | Location<br>32 Carr Ave Apt#A | INCIDENT NUMBER<br>15-7978 |
| <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) <u>Crisis Transport</u> |               |                        |                               |                            |

**B. Officer Information**

|                                                      |                           |                        |                           |                           |                           |                          |
|------------------------------------------------------|---------------------------|------------------------|---------------------------|---------------------------|---------------------------|--------------------------|
| Name (Last, First, Middle)<br>Wood, Francis, Charles | Badge #<br>25             | Sex<br>M               | Race<br>W                 | Age<br>37                 | Injured<br><u>(Y)</u> / N | Killed<br>Y / <u>(N)</u> |
| Rank<br>Patrolman                                    | Duty assignment<br>Patrol | Years of service<br>11 | On-Duty<br><u>(Y)</u> / N | Uniform<br><u>(Y)</u> / N |                           |                          |

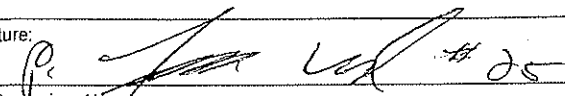
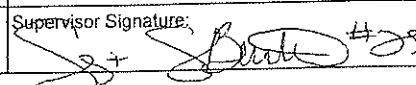
**C1. Subject 1 (List only the person who was the subject of the use of force by the officer listed in Section B.)**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |          |                            |           |                                                                                                                                                                                                                                                                                                                                                                                                               |                           |                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------------------------|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|--------------------------|
| Name (Last, First, Middle)<br>Mergel, Paul, R                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Sex<br>M | Race<br>W                  | Age<br>26 | Weapon<br>Y / <u>(N)</u>                                                                                                                                                                                                                                                                                                                                                                                      | Injured<br>Y / <u>(N)</u> | Killed<br>Y / <u>(N)</u> |
| <input checked="" type="checkbox"/> Under the influence<br><input type="checkbox"/> Other unusual condition (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |          | Arrested<br>Y / <u>(N)</u> |           | Charges                                                                                                                                                                                                                                                                                                                                                                                                       |                           |                          |
| <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/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>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/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:<br>10/20/2015                                                                                           |
| Print Supervisor Name:<br>Sgt Sandra Burton                                                       | Supervisor Signature:<br> |

# KEANSBURG POLICE DEPARTMENT

## USE OF FORCE REPORT

### A. Incident Information

|                                                                                                                                                                                                                                                                              |               |                        |                                  |                            |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|------------------------|----------------------------------|----------------------------|
| Date<br>10/20/2015                                                                                                                                                                                                                                                           | Time<br>02:26 | Day of Week<br>Tuesday | Location<br>32 Carr Avenue Apt A | INCIDENT NUMBER<br>15-7978 |
| 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) Crisis Transport |               |                        |                                  |                            |

### B. Officer Information

|                                                       |                           |                       |                    |           |                    |                    |                   |
|-------------------------------------------------------|---------------------------|-----------------------|--------------------|-----------|--------------------|--------------------|-------------------|
| Name (Last, First, Middle)<br>Cocuzza, Justin, Andrew |                           | Badge #<br>37         | Sex<br>M           | Race<br>W | Age<br>30          | Injured<br>Y / (N) | Killed<br>Y / (N) |
| Rank<br>Patrolman                                     | Duty assignment<br>Patrol | Years of service<br>8 | 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>Mergel, Paul R                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | Sex<br>M            | Race<br>W | Age<br>26                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Weapon<br>Y / (N) | Injured<br>Y / (N) | Killed<br>Y / (N) |
| <input checked="" type="checkbox"/> Under the influence<br><input type="checkbox"/> Other unusual condition (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | Arrested<br>Y / (N) |           | Charges                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                   |                    |                   |
| Subject's actions (check all that apply)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                     |           | Officer's use of force toward this subject (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      Firearms Discharge<br><input type="checkbox"/> Hands/fists <input type="checkbox"/> Intentional<br><input type="checkbox"/> Kicks/feet <input type="checkbox"/> Accidental<br><input type="checkbox"/> Chemical/natural agent<br><input type="checkbox"/> Strike/use baton or other object      Number of shots fired _____<br><input type="checkbox"/> Canine      Number of hits _____<br><input type="checkbox"/> Other (specify)      (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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                 |                  |                 |
| Subject's actions (check all that apply)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                   |      | Officer's use of force toward this subject (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) |  |                   |      | <input type="checkbox"/> Compliance hold      Firearms Discharge<br><input type="checkbox"/> Hands/fists <input type="checkbox"/> Intentional<br><input type="checkbox"/> Kicks/feet <input type="checkbox"/> Accidental<br><input type="checkbox"/> Chemical/natural agent<br><input type="checkbox"/> Strike/use baton or other object      Number of shots fired _____<br><input type="checkbox"/> Canine      Number of hits _____<br><input type="checkbox"/> Other (specify)      (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:<br>10/20/2015          |
| Print Supervisor Name:<br>Sgt. Sandra Burton | Supervisor Signature:<br>#28 |

### USE OF FORCE REPORT

|                                                                                                                                                                                                                 |       |             |                    |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------------|--------------------|-----------------|
| Date                                                                                                                                                                                                            | Time  | Day of Week | Location           | INCIDENT NUMBER |
| 11/02/2015                                                                                                                                                                                                      | 09:56 | Monday      | 21 Church St. Rear | 15-8353         |
| Type of Incident                                                                                                                                                                                                |       |             |                    |                 |
| <input checked="" type="checkbox"/> Crime in progress <input 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) |                 | Badge #          | Sex | Race    | Age | Injured | Killed  |
| Jankowski, Joseph          |                 | 30               | M   | W       | 36  | Y / (N) | Y / (N) |
| Rank                       | Duty assignment | Years of service |     | On-Duty |     | Uniform |         |
| Detective                  | Detective       | 10               |     | (Y) / N |     | (Y) / N |         |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                     |           |                                                                                                                                                                                                                                                                                                                                              |                   |                    |                   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|--------------------|-------------------|
| Name (Last, First, Middle)<br>North, Michael J.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | Sex<br>M            | Race<br>W | 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>Resisting, Hindering, Agg. Assault                                                                                                                                                                                                                                                                                                |                   |                    |                   |
| <u>Subject's actions</u> (check all that apply)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                     |           | <u>Officer's use of force toward this subject</u> (check all that apply)                                                                                                                                                                                                                                                                     |                   |                    |                   |
| <input checked="" 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) |  |                     |           | <input checked="" type="checkbox"/> Compliance hold<br><input checked="" 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><br>Number of shots fired _____<br>Number of hits _____<br>(Use "UNK" if unknown)                                                                                                                                                       |                   |                    |                   |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                   |                                                                                                                                                                                                                                                                                                                        |         |                 |                  |                 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|-----------------|------------------|-----------------|
| <b>C2: Subject 2</b> (List only the person who was the subject of the use of force by the officer listed in Section 1)                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                   |                                                                                                                                                                                                                                                                                                                        |         |                 |                  |                 |
| 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</b> (check all that apply)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                   | <b>Officer's use of force toward this subject</b> (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) |  |                   | <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)                                                                                                                                     |         |                 |                  |                 |

|                                                                                                   |                                                                                                                   |
|---------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|
| Signature:<br> | Date:<br>11/02/2015                                                                                               |
| Print Supervisor Name:<br>Lt. Wayne Davis                                                         | Supervisor Signature:<br> #20 |

# KEANSBURG POLICE DEPARTMENT

## USE OF FORCE REPORT

### A. Incident Information

|                                                                                                                                                                                                                                                                                 |               |                       |                              |                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-----------------------|------------------------------|----------------------------|
| Date<br>11/02/2015                                                                                                                                                                                                                                                              | Time<br>09:56 | Day of Week<br>Monday | Location<br>34 Seaside Place | INCIDENT NUMBER<br>15-8353 |
| Type of Incident<br><input checked="" 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 type="checkbox"/> Other (specify) |               |                       |                              |                            |

### B. Officer Information

|                                                   |                           |                         |                    |                    |                    |                   |
|---------------------------------------------------|---------------------------|-------------------------|--------------------|--------------------|--------------------|-------------------|
| Name (Last, First, Middle)<br>Cocuzza, Justin Ptl | Badge #<br>37             | Sex<br>M                | Race<br>W          | Age<br>30          | Injured<br>Y / (N) | Killed<br>Y / (N) |
| Rank<br>Patrolman                                 | Duty assignment<br>Patrol | Years of service<br>8.2 | 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>North, Michael J.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Sex<br>M            | Race<br>W                                                                                                                                                                                                                                                                                                                                                                                                         | 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>Resisting, Hindering, Agg. Assault |                   |                    |                   |
| Subject's actions (check all that apply)<br><input checked="" 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) |                     | Officer's use of force toward this subject (check all that apply)<br><input checked="" type="checkbox"/> Compliance hold<br><input checked="" 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>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 |                 |                  |                 |
| 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:<br>11/02/2015   |
| Print Supervisor Name:<br>Lt. Wayne Davis | Supervisor Signature: |

**KEANSBURG POLICE DEPARTMENT**

**USE OF FORCE REPORT**

**A. Incident Information**

|                                                                                                                                                                                                                                                                                        |               |                       |                              |                            |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-----------------------|------------------------------|----------------------------|
| Date<br>11/02/2015                                                                                                                                                                                                                                                                     | Time<br>09:56 | Day of Week<br>Monday | Location<br>34 Seaside Place | INCIDENT NUMBER<br>15-8353 |
| <u>Type of Incident</u><br><input checked="" 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 type="checkbox"/> Other (specify) |               |                       |                              |                            |

**B. Officer Information**

|                                                   |                           |                        |                    |                    |                    |                   |
|---------------------------------------------------|---------------------------|------------------------|--------------------|--------------------|--------------------|-------------------|
| Name (Last, First, Middle)<br>Davis, Jr. Wayne M. | Badge #<br>#20            | Sex<br>M               | Race<br>W          | Age<br>50          | Injured<br>Y / (N) | Killed<br>Y / (N) |
| Rank<br>Lieutenant                                | Duty assignment<br>Patrol | Years of service<br>19 | On-Duty<br>(Y) / N | Uniform<br>(Y) / N |                    |                   |

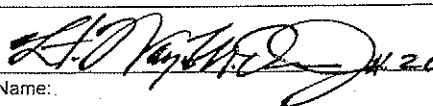
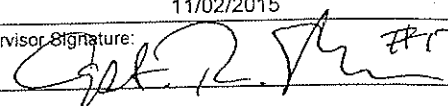
**C1. Subject 1 (List only the person who was the subject of the use of force by the officer listed in Section B.)**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                     |                                                                                                                                                                                                                                                                                                                                                                                                                          |           |                   |                    |                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-------------------|--------------------|-------------------|
| Name (Last, First, Middle)<br>NORTH, Michael J.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Sex<br>M            | Race<br>W                                                                                                                                                                                                                                                                                                                                                                                                                | 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>Resisting, Hindering, Agg. Assault                                                                                                                                                                                                                                                                                                                                                                            |           |                   |                    |                   |
| <u>Subject's actions</u> (check all that apply)<br><input checked="" 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) |                     | <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/fists<br><input type="checkbox"/> Kicks/feet<br><input checked="" 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><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:<br>11/02/2015                                                                                           |
| Print Supervisor Name:<br>Capt. R. Sheehan                                                        | Supervisor Signature:<br> |

## USE OF FORCE REPORT

|                                                                                                                                                                                                                                                                                                             |               |                          |                              |                            |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|--------------------------|------------------------------|----------------------------|
| Date<br>11/25/2015                                                                                                                                                                                                                                                                                          | Time<br>15:00 | Day of Week<br>Wednesday | Location<br>69 Manning Place | INCIDENT NUMBER<br>15-9017 |
| <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) <u>Crisis Assist</u> |               |                          |                              |                            |

|                            |                 |                  |     |         |     |                    |                   |
|----------------------------|-----------------|------------------|-----|---------|-----|--------------------|-------------------|
| Name (Last, First, Middle) |                 | Badge #          | Sex | Race    | Age | Injured<br>Y / (N) | Killed<br>Y / (N) |
| Koempel, James R.          |                 | 35               | M   | W       | 39  |                    |                   |
| Rank                       | Duty assignment | Years of service |     | On-Duty |     | Uniform            |                   |
| Patrolman                  | Patrol          | 8                |     | (Y) / N |     | (Y) / N            |                   |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |          |      |                                                                                                                                                                                                                                                                                                                                    |         |         |         |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|---------|---------|
| Name (Last, First, Middle)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Sex      | Race | Age                                                                                                                                                                                                                                                                                                                                | Weapon  | Injured | Killed  |
| HARRINGTON, Craig                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | M        | W    | 52                                                                                                                                                                                                                                                                                                                                 | (Y) / N | Y / (N) | Y / (N) |
| <input type="checkbox"/> Under the influence<br><input checked="" type="checkbox"/> Other unusual condition (specify) Emotionally Disturbed                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Arrested |      | Charges                                                                                                                                                                                                                                                                                                                            |         |         |         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Y / (N)  |      | N/A                                                                                                                                                                                                                                                                                                                                |         |         |         |
| <u>Subject's actions</u> (check all that apply)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |          |      | <u>Officer's use of force toward this subject</u> (check all that apply)                                                                                                                                                                                                                                                           |         |         |         |
| <input checked="" type="checkbox"/> Resisted police officer control<br><input checked="" type="checkbox"/> Physical threat/attack on officer or another<br><input checked="" 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><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><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"/> Canine<br/> <input type="checkbox"/> Other (specify)           </div> <div>             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> |                 |                  |                 |

|                                                                                                |                                                                                                                |
|------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|
| Signature:  | Date: 11/25/2015                                                                                               |
| Print Supervisor Name: Sgt. S. Burton                                                          | Supervisor Signature:  #39 |

**KEANSBURG POLICE DEPARTMENT**

**USE OF FORCE REPORT**

**A. Incident Information**

|                                                                                                                                                                                                                                                                                        |               |                       |                              |                            |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-----------------------|------------------------------|----------------------------|
| Date<br>11/02/2015                                                                                                                                                                                                                                                                     | Time<br>09:56 | Day of Week<br>Monday | Location<br>34 Seaside Place | INCIDENT NUMBER<br>15-8353 |
| <u>Type of Incident</u><br><input checked="" 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 type="checkbox"/> Other (specify) |               |                       |                              |                            |

**B. Officer Information**

|                                                 |                           |                       |                                                                               |                                                                               |                                                                               |                                                     |
|-------------------------------------------------|---------------------------|-----------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-----------------------------------------------------|
| Name (Last, First, Middle)<br>Koempel, James, R | Badge #<br>35             | Sex<br>M              | Race<br>W                                                                     | Age<br>39                                                                     | Injured<br><input checked="" type="checkbox"/> Y / <input type="checkbox"/> N | Killed<br>Y / <input checked="" type="checkbox"/> N |
| Rank<br>Patrolman                               | Duty assignment<br>Patrol | Years of service<br>8 | On-Duty<br><input checked="" type="checkbox"/> Y / <input type="checkbox"/> N | Uniform<br><input checked="" type="checkbox"/> Y / <input type="checkbox"/> N |                                                                               |                                                     |

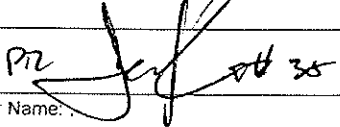
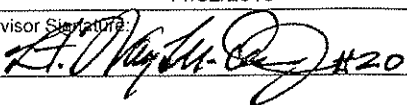
**C1. Subject 1 (List only the person who was the subject of the use of force by the officer listed in Section B.)**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                |           |                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                              |                                                                               |                                                     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-----------------------------------------------------|
| Name (Last, First, Middle)<br>North, Michael, J                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Sex<br>M                                                                       | Race<br>W | Age<br>25                                                                                                                                                                                                                                                                                                                                                                                                                | Weapon<br><input checked="" type="checkbox"/> Y / <input type="checkbox"/> N | Injured<br><input checked="" type="checkbox"/> Y / <input type="checkbox"/> N | Killed<br>Y / <input checked="" type="checkbox"/> N |
| <input type="checkbox"/> Under the influence<br><input type="checkbox"/> Other unusual condition (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Arrested<br><input checked="" type="checkbox"/> Y / <input type="checkbox"/> N |           | Charges<br>Resisting, Aggravated Assault                                                                                                                                                                                                                                                                                                                                                                                 |                                                                              |                                                                               |                                                     |
| <u>Subject's actions</u> (check all that apply)<br><input checked="" 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) |                                                                                |           | <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/fists<br><input type="checkbox"/> Kicks/feet<br><input checked="" 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><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:<br>11/02/2015                                                                                               |
| Print Supervisor Name:<br>Lt. Wayne Davis, Jr. #20                                                | Supervisor Signature:<br> #20 |

## USE OF FORCE REPORT

|                                                                                                                                                                                                                                                                                                                 |       |             |          |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------------|----------|-----------------|
| Date                                                                                                                                                                                                                                                                                                            | Time  | Day of Week | Location | INCIDENT NUMBER |
| 01/31/2014                                                                                                                                                                                                                                                                                                      | 21:00 | Friday      | KPD HQ   | 14-851          |
| 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) <u>Subject obstructed Law Enforcement Personnel</u> |       |             |          |                 |

|                            |                 |                  |     |         |     |         |         |
|----------------------------|-----------------|------------------|-----|---------|-----|---------|---------|
| Name (Last, First, Middle) |                 | Badge #          | Sex | Race    | Age | Injured | Killed  |
| Soranno, John, A           |                 | 32               | M   | W       | 37  | Y / (N) | Y / (N) |
| Rank                       | Duty assignment | Years of service |     | On-Duty |     | Uniform |         |
| Patrolman                  | Patrol          | 9                |     | (Y) / N |     | (Y) / N |         |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                   |      |                                                                                                                                                                                        |         |         |         |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|---------|---------|
| Name (Last, First, Middle)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | Sex                                                                                                                                                                                                                                                                                                                               | Race | Age                                                                                                                                                                                    | Weapon  | Injured | Killed  |
| Match, Joseph, A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | M                                                                                                                                                                                                                                                                                                                                 | W    | 25                                                                                                                                                                                     | Y / (N) | Y / (N) | Y / (N) |
| <input checked="" type="checkbox"/> Under the influence<br><input type="checkbox"/> Other unusual condition (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | Arrested<br>(Y) / N                                                                                                                                                                                                                                                                                                               |      | Charges<br>Disorderly Conduct / Obstruction                                                                                                                                            |         |         |         |
| <u>Subject's actions</u> (check all that apply)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | <u>Officer's use of force toward this subject</u> (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 checked="" type="checkbox"/> Other (specify) Subj refused to empty contraband from pockets |  | <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><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                                                                                                                                                                                                                                                                                                                 |                 |                  |                 |
| Subject's actions (check all that apply)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                   |      | Officer's use of force toward this subject (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/attacked officer or another with firearm<br><input type="checkbox"/> Fired at officer or another<br><input type="checkbox"/> Other (specify) |                   |      | <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:  | Date: 01/31/2014      |
| Print Supervisor Name: Sgt. Andrew Gogan                                                       | Supervisor Signature: |

### USE OF FORCE REPORT

|                                                                                                                                                                                                                                                                                  |       |             |                     |                 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------------|---------------------|-----------------|
| Date                                                                                                                                                                                                                                                                             | Time  | Day of Week | Location            | INCIDENT NUMBER |
| 02/07/2014                                                                                                                                                                                                                                                                       | 20:54 | Friday      | 40 Beechwood Avenue | 14-1042         |
| 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) <u>Wanted Person</u> |       |             |                     |                 |

|                            |                   |                  |     |         |     |         |         |
|----------------------------|-------------------|------------------|-----|---------|-----|---------|---------|
| Name (Last, First, Middle) |                   | Badgo #          | Sex | Race    | Age | Injured | Killed  |
| Davis, Jr. Wayne M.        |                   | #20              | M   | W       | 48  | Y / (N) | Y / (N) |
| Rank                       | Duty assignment   | Years of service |     | On-Duty |     | Uniform |         |
| Det./Lieutenant            | Street Crime Unit | 18               |     | (Y) / N |     | (Y) / N |         |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                     |      |                                                                                                                                                                                                                                                                                                                                   |         |         |         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------|------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|---------|---------|
| Name (Last, First, Middle)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | Sex                 | Race | Age                                                                                                                                                                                                                                                                                                                               | Weapon  | Injured | Killed  |
| WILLIAMS, Carl Vernell                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | M                   | B    | 23                                                                                                                                                                                                                                                                                                                                | Y / (N) | Y / (N) | Y / (N) |
| <input type="checkbox"/> Under the influence<br><input type="checkbox"/> Other unusual condition (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | Arrested<br>(Y) / N |      | Charges<br>Non-Support, Resisting Arrest                                                                                                                                                                                                                                                                                          |         |         |         |
| <u>Subject's actions</u> (check all that apply)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                     |      | <u>Officer's use of force toward this subject</u> (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 type="checkbox"/> Compliance hold<br><input type="checkbox"/> Hands/fists<br><input type="checkbox"/> Kicks/feet<br><input checked="" 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)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 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)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                   |      | <u>Officer's use of force toward this subject</u> (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) |                   |      | <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)                                                                                                                                     |                 |                  |                 |

|                                                                                                |                                                                                                            |
|------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|
| Signature:  | Date: 02/07/2014                                                                                           |
| Print Supervisor Name: D/Capt. John White                                                      | Supervisor Signature:  |

# USE OF FORCE REPORT

|                                                                                                                                                                                                                                                                                                         |               |                        |                     |                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|------------------------|---------------------|----------------------------|
| Date<br>03/25/2014                                                                                                                                                                                                                                                                                      | Time<br>19:23 | Day of Week<br>Tuesday | Location<br>Main St | INCIDENT NUMBER<br>14-2210 |
| <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) Resisted Arrest |               |                        |                     |                            |

|                            |                 |                  |     |         |         |         |         |
|----------------------------|-----------------|------------------|-----|---------|---------|---------|---------|
| Name (Last, First, Middle) |                 | Badge #          | Sex | Race    | Age     | Injured | Killed  |
| Rivera Guillermo           |                 | 52               | M   | W       | 43      | Y / (N) | Y / (N) |
| Rank                       | Duty assignment | Years of service |     | On-Duty | Uniform |         |         |
| Officer                    | Patrol          | 16               |     | (Y) / N | (Y) / N |         |         |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |          |      |                                                                                                                                                                                                                                                                                                                                   |         |         |         |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|---------|---------|
| Name (Last, First, Middle)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Sex      | Race | Age                                                                                                                                                                                                                                                                                                                               | Weapon  | Injured | Killed  |
| Thomas Paul Stephen                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | M        | W    | 19                                                                                                                                                                                                                                                                                                                                | Y / (N) | Y / (N) | Y / (N) |
| <input checked="" type="checkbox"/> Under the influence<br><input type="checkbox"/> Other unusual condition (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Arrested |      | Charges                                                                                                                                                                                                                                                                                                                           |         |         |         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | (Y) / N  |      | Agg Assault on PO                                                                                                                                                                                                                                                                                                                 |         |         |         |
| <u>Subject's actions</u> (check all that apply)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |          |      | <u>Officer's use of force toward this subject</u> (check all that apply)                                                                                                                                                                                                                                                          |         |         |         |
| <input checked="" 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) |          |      | <input type="checkbox"/> Compliance hold<br><input type="checkbox"/> Hands/fists<br><input type="checkbox"/> Kicks/feet<br><input checked="" 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)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 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)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                   |      | <u>Officer's use of force toward this subject</u> (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) |                   |      | <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)                                                                                                                                     |                 |                  |                 |

|                        |                       |
|------------------------|-----------------------|
| Signature:             | Date:                 |
| Print Supervisor Name: | Supervisor Signature: |
| Sgt J. Magner          | 03/25/2014            |

**KEANSBURG POLICE DEPARTMENT**

**USE OF FORCE REPORT**

**A. Incident Information**

|                                                                                                                                                                                                                                                                                                               |               |                        |                     |                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|------------------------|---------------------|----------------------------|
| Date<br>03/25/2014                                                                                                                                                                                                                                                                                            | Time<br>19:23 | Day of Week<br>Tuesday | Location<br>Main St | INCIDENT NUMBER<br>14-2210 |
| <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) <b>Resisted Arrest</b> |               |                        |                     |                            |

**B. Officer Information**

|                                                 |                           |                       |                                                                         |                                                                         |                                                                         |                                                  |
|-------------------------------------------------|---------------------------|-----------------------|-------------------------------------------------------------------------|-------------------------------------------------------------------------|-------------------------------------------------------------------------|--------------------------------------------------|
| Name (Last, First, Middle)<br>Cocuzza, Justin A | Badge #<br>37             | Sex<br>M              | Race<br>W                                                               | Age<br>28                                                               | Injured<br><input checked="" type="radio"/> Y / <input type="radio"/> N | Killed<br>Y / <input checked="" type="radio"/> N |
| Rank<br>Patrolman                               | Duty assignment<br>Patrol | Years of service<br>6 | On-Duty<br><input checked="" type="radio"/> Y / <input type="radio"/> N | Uniform<br><input checked="" type="radio"/> Y / <input type="radio"/> N |                                                                         |                                                  |

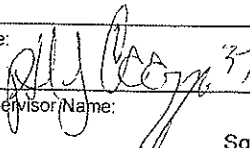
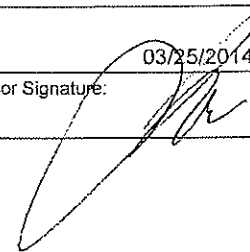
**C1. Subject 1 (List only the person who was the subject of the use of force by the officer listed in Section B.)**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                              |                                                  |                                                   |                                                  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|--------------------------------------------------|---------------------------------------------------|--------------------------------------------------|
| Name (Last, First, Middle)<br>Thomas Paul Stephen                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Sex<br>M | Race<br>W                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Age<br>19                    | Weapon<br>Y / <input checked="" type="radio"/> N | Injured<br>Y / <input checked="" type="radio"/> N | Killed<br>Y / <input checked="" type="radio"/> N |
| <input checked="" type="checkbox"/> Under the influence<br><input type="checkbox"/> Other unusual condition (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |          | Arrested<br><input checked="" type="radio"/> Y / <input type="radio"/> N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Charges<br>Agg Assault on PO |                                                  |                                                   |                                                  |
| <u>Subject's actions</u> (check all that apply)<br><input checked="" 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) |          | <u>Officer's use of force toward this subject</u> (check all that apply)<br><input checked="" type="checkbox"/> Compliance hold    Firearms Discharge<br><input checked="" type="checkbox"/> Hands/fists <input type="checkbox"/> Intentional<br><input type="checkbox"/> Kicks/feet <input type="checkbox"/> Accidental<br><input type="checkbox"/> Chemical/natural agent<br><input type="checkbox"/> Strike/use baton or other object    Number of shots fired _____<br><input type="checkbox"/> Canine    Number of hits _____<br><input type="checkbox"/> Other (specify)    (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><input type="checkbox"/> Compliance hold    Firearms Discharge<br><input type="checkbox"/> Hands/fists <input type="checkbox"/> Intentional<br><input type="checkbox"/> Kicks/feet <input type="checkbox"/> Accidental<br><input type="checkbox"/> Chemical/natural agent<br><input type="checkbox"/> Strike/use baton or other object    Number of shots fired _____<br><input type="checkbox"/> Canine    Number of hits _____<br><input type="checkbox"/> Other (specify)    (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:<br>03/25/2014                                                                                           |
| Print Supervisor Name:<br>Sgt J. Magner                                                           | Supervisor Signature:<br> |

**KEANSBURG POLICE DEPARTMENT**

**USE OF FORCE REPORT**

**A. Incident Information**

|                                                                                                                                                                                                                                                                                        |               |                        |                           |                            |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|------------------------|---------------------------|----------------------------|
| Date<br>03/25/2014                                                                                                                                                                                                                                                                     | Time<br>20:26 | Day of Week<br>Tuesday | Location<br>Center Avenue | INCIDENT NUMBER<br>14-2213 |
| <u>Type of Incident</u><br><input checked="" 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 type="checkbox"/> Other (specify) |               |                        |                           |                            |

**B. Officer Information**

|                                              |                           |                        |                                                                               |                                                                               |                                                                               |                                                                              |
|----------------------------------------------|---------------------------|------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| Name (Last, First, Middle)<br>Lopez, Jason P | Badge #<br>22             | Sex<br>M               | Race<br>W                                                                     | Age<br>33                                                                     | Injured<br><input checked="" type="checkbox"/> Y / <input type="checkbox"/> N | Killed<br><input type="checkbox"/> Y / <input checked="" type="checkbox"/> N |
| Rank<br>Detective                            | Duty assignment<br>S.C.U. | Years of service<br>12 | On-Duty<br><input checked="" type="checkbox"/> Y / <input type="checkbox"/> N | Uniform<br><input checked="" type="checkbox"/> Y / <input type="checkbox"/> N |                                                                               |                                                                              |

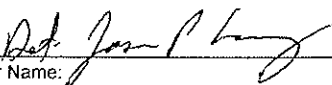
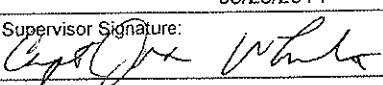
**C1. Subject 1 (List only the person who was the subject of the use of force by the officer listed in Section B.)**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                              |                                                                               |                                                                              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|-------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| Name (Last, First, Middle)<br>Wise, Willie                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Sex<br>M                                                                       | Race<br>B | Age<br>37                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Weapon<br><input checked="" type="checkbox"/> Y / <input type="checkbox"/> N | Injured<br><input checked="" type="checkbox"/> Y / <input type="checkbox"/> N | Killed<br><input type="checkbox"/> Y / <input checked="" type="checkbox"/> N |
| <input type="checkbox"/> Under the influence<br><input type="checkbox"/> Other unusual condition (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Arrested<br><input checked="" type="checkbox"/> Y / <input type="checkbox"/> N |           | Charges<br>Agg Assault on PO, Poss. of C.D.S.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                              |                                                                               |                                                                              |
| <u>Subject's actions</u> (check all that apply)<br><input checked="" 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) |                                                                                |           | <u>Officer's use of force toward this subject</u> (check all that apply)<br><input checked="" type="checkbox"/> Compliance hold     Firearms Discharge<br><input checked="" type="checkbox"/> Hands/fists <input type="checkbox"/> Intentional<br><input type="checkbox"/> Kicks/feet <input type="checkbox"/> Accidental<br><input type="checkbox"/> Chemical/natural agent<br><input type="checkbox"/> Strike/use baton or other object     Number of shots fired _____<br><input type="checkbox"/> Canine     Number of hits _____<br><input type="checkbox"/> Other (specify)     (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><input type="checkbox"/> Compliance hold     Firearms Discharge<br><input type="checkbox"/> Hands/fists <input type="checkbox"/> Intentional<br><input type="checkbox"/> Kicks/feet <input type="checkbox"/> Accidental<br><input type="checkbox"/> Chemical/natural agent<br><input type="checkbox"/> Strike/use baton or other object     Number of shots fired _____<br><input type="checkbox"/> Canine     Number of hits _____<br><input type="checkbox"/> Other (specify)     (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:<br>03/25/2014                                                                                           |
| Print Supervisor Name:<br>Capt. J. White                                                          | Supervisor Signature:<br> |

**KEANSBURG POLICE DEPARTMENT**

**USE OF FORCE REPORT**

**A. Incident Information**

|                                                                                                                                                                                                                                                                                        |               |                        |                           |                            |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|------------------------|---------------------------|----------------------------|
| Date<br>03/25/2014                                                                                                                                                                                                                                                                     | Time<br>20:26 | Day of Week<br>Tuesday | Location<br>Center Avenue | INCIDENT NUMBER<br>14-2213 |
| <u>Type of Incident</u><br><input checked="" 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 type="checkbox"/> Other (specify) |               |                        |                           |                            |

**B. Officer Information**

|                                               |                           |                       |                    |                    |                    |                   |
|-----------------------------------------------|---------------------------|-----------------------|--------------------|--------------------|--------------------|-------------------|
| Name (Last, First, Middle)<br>Sheehan, Thomas | Badge #<br>38             | Sex<br>M              | Race<br>W          | Age<br>25          | Injured<br>Y / (N) | Killed<br>Y / (N) |
| Rank<br>Patrolman                             | Duty assignment<br>S.C.U. | Years of service<br>1 | On-Duty<br>(Y) / N | Uniform<br>(Y) / N |                    |                   |

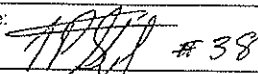
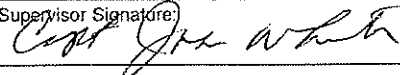
**C1. Subject 1 (List only the person who was the subject of the use of force by the officer listed in Section B.)**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                     |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                   |                    |                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|--------------------|-------------------|
| Name (Last, First, Middle)<br>Wise, Willie                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Sex<br>M            | Race<br>B | Age<br>37                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 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>Agg Assault on PO, Poss. of C.D.S.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                   |                    |                   |
| <u>Subject's actions</u> (check all that apply)<br><input checked="" 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) |                     |           | <u>Officer's use of force toward this subject</u> (check all that apply)<br><input checked="" type="checkbox"/> Compliance hold      Firearms Discharge<br><input type="checkbox"/> Hands/fists <input type="checkbox"/> Intentional<br><input type="checkbox"/> Kicks/feet <input type="checkbox"/> Accidental<br><input type="checkbox"/> Chemical/natural agent<br><input type="checkbox"/> Strike/use baton or other object      Number of shots fired _____<br><input type="checkbox"/> Canine      Number of hits _____<br><input type="checkbox"/> Other (specify)      (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><input type="checkbox"/> Compliance hold      Firearms Discharge<br><input type="checkbox"/> Hands/fists <input type="checkbox"/> Intentional<br><input type="checkbox"/> Kicks/feet <input type="checkbox"/> Accidental<br><input type="checkbox"/> Chemical/natural agent<br><input type="checkbox"/> Strike/use baton or other object      Number of shots fired _____<br><input type="checkbox"/> Canine      Number of hits _____<br><input type="checkbox"/> Other (specify)      (Use 'UNK' if unknown) |                 |                  |                 |

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

|                                                                                                    |                                                                                                            |
|----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|
| Signature:  #38 | Date:<br>03/25/2014                                                                                        |
| Print Supervisor Name:<br>Capt. J. White                                                           | Supervisor Signature:  |

### USE OF FORCE REPORT

|                                                                                                                                                                                                                 |       |             |                    |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------------|--------------------|-----------------|
| A. Incident information                                                                                                                                                                                         |       |             |                    |                 |
| Date                                                                                                                                                                                                            | Time  | Day of Week | Location           | INCIDENT NUMBER |
| 05/05/2014                                                                                                                                                                                                      | 17:44 | Monday      | 15 St. Marks Place | 14-3295         |
| 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 |       |             |                    |                 |

| B. Officer Information     |                 |                  |     |                                                                    |                                                                    |                                                                    |                                                                   |
|----------------------------|-----------------|------------------|-----|--------------------------------------------------------------------|--------------------------------------------------------------------|--------------------------------------------------------------------|-------------------------------------------------------------------|
| Name (Last, First, Middle) |                 | Badge #          | Sex | Race                                                               | Age                                                                | Injured <input type="radio"/> Y <input checked="" type="radio"/> N | Killed <input type="radio"/> Y <input checked="" type="radio"/> N |
| Cocuzza, Justin, Andrew    |                 | 37               | M   | W                                                                  | 28                                                                 | <input type="radio"/> Y <input checked="" type="radio"/> N         | <input type="radio"/> Y <input checked="" type="radio"/> N        |
| Rank                       | Duty assignment | Years of service |     | On-Duty <input type="radio"/> Y <input checked="" type="radio"/> N | Uniform <input type="radio"/> Y <input checked="" type="radio"/> N |                                                                    |                                                                   |
| Patrolman                  | Patrol          | 7                |     | <input type="radio"/> Y <input checked="" type="radio"/> N         | <input type="radio"/> Y <input checked="" type="radio"/> N         |                                                                    |                                                                   |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |  |  |                                                                                                                                                                                                                                                                                                                                   |           |                                         |                   |                    |                   |
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| <b>C1. Subject 1</b> (List only the person who was the subject of the use of force by the officer listed in Section B7.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |  |  |  |                                                                                                                                                                                                                                                                                                                                   |           |                                         |                   |                    |                   |
| Name (Last, First, Middle)<br>Bost, Deborah, Ann                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  | Sex<br>F                                                                                                                                                                                                                                                                                                                          | Race<br>W | Age<br>40                               | Weapon<br>Y / (N) | Injured<br>Y / (N) | Killed<br>Y / (N) |
| <input checked="" type="checkbox"/> Under the influence<br><input type="checkbox"/> Other unusual condition (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |  | Arrested<br>(Y) / N                                                                                                                                                                                                                                                                                                               |           | Charges<br>2C:12-1b, 2C:39-4D, 2C:39-5D |                   |                    |                   |
| <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/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><br>Number of shots fired _____<br>Number of hits _____<br>(Use "UNK" if unknown)                                                                                                                                            |           |                                         |                   |                    |                   |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                   |      |                                                                                                                                                                                                                                                                                                                         |                 |                  |                 |
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| C2. Subject 2 (List only the person who was the subject of the use of force by the officer listed in Section 1.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                   |      |                                                                                                                                                                                                                                                                                                                         |                 |                  |                 |
| 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)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                   |      | <u>Officer's use of force toward this subject</u> (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) |  |                   |      | <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><br>Number of shots fired _____<br>Number of hits _____<br>(Use 'UNK' if unknown)                                                                                                                                  |                 |                  |                 |

|                                                                                                |                                                                                                             |
|------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|
| Signature:  | Date:                  |
| Print Supervisor Name: Sgt. John Wagner #23                                                    | Supervisor Signature:  |

### USE OF FORCE REPORT

|                                                                                                                                                                                                                                                                                        |               |                       |                                          |                            |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-----------------------|------------------------------------------|----------------------------|
| Date<br>05/16/2014                                                                                                                                                                                                                                                                     | Time<br>20:29 | Day of Week<br>Friday | Location<br>Park Ave. and Beechwood Ave. | INCIDENT NUMBER<br>14-3605 |
| <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 checked="" type="checkbox"/> Traffic stop<br><input type="checkbox"/> Other (specify) |               |                       |                                          |                            |

|                            |                 |                  |     |         |     |         |         |
|----------------------------|-----------------|------------------|-----|---------|-----|---------|---------|
| Name (Last, First, Middle) |                 | Badge #          | Sex | Race    | Age | Injured | Killed  |
| Lamb, Joseph, H.           |                 | 60               | M   | W       | 33  | Y / (N) | Y / (N) |
| Rank                       | Duty assignment | Years of service |     | On-Duty |     | Uniform |         |
| Officer                    | Walking Post    | 12               |     | (Y) / N |     | (Y) / N |         |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                     |      |                                                                                                                                                                                                                                                                                                                                              |         |         |         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|---------|---------|
| Name (Last, First, Middle)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Sex                 | Race | Age                                                                                                                                                                                                                                                                                                                                          | Weapon  | Injured | Killed  |
| Newson, Aaron, Jay                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | M                   | B    | 21                                                                                                                                                                                                                                                                                                                                           | Y / (N) | Y / (N) | Y / (N) |
| <input type="checkbox"/> Under the influence<br><input type="checkbox"/> Other unusual condition (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Arrested<br>(Y) / N |      | Charges<br>Disorderly Conduct, Resisting Arrest                                                                                                                                                                                                                                                                                              |         |         |         |
| <u>Subject's actions</u> (check all that apply)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                     |      | <u>Officer's use of force toward this subject</u> (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/fists<br><input type="checkbox"/> Kicks/feet<br><input checked="" 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)                                                                                                                                                           |         |         |         |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                   |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                 |                  |                 |
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| 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"/> Canine<br/> <input type="checkbox"/> Other (specify)           </div> <div>             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> |                 |                  |                 |

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| Signature:  | Date: 05/16/2014                                                                                              |
| Print Supervisor Name: Lt. Kronenberger                                                        | Supervisor Signature:  #7 |

## USE OF FORCE REPORT

|                                                                                                                                                                                                                                                             |       |             |                   |                 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------------|-------------------|-----------------|
| Date                                                                                                                                                                                                                                                        | Time  | Day of Week | Location          | INCIDENT NUMBER |
| 07/12/2014                                                                                                                                                                                                                                                  | 23:07 | Saturday    | Boro of Keansburg | 14-5282         |
| Type of Incident                                                                                                                                                                                                                                            |       |             |                   |                 |
| <input checked="" 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 type="checkbox"/> Other (specify) |       |             |                   |                 |

|                            |                    |                  |     |         |     |         |         |
|----------------------------|--------------------|------------------|-----|---------|-----|---------|---------|
| Name (Last, First, Middle) |                    | Badge #          | Sex | Race    | Age | Injured | Killed  |
| Lopez, Jason               |                    | 22               | M   | W       | 34  | Y / (N) | Y / (N) |
| Rank                       | Duty assignment    | Years of service |     | On-Duty |     | Uniform |         |
| Det.                       | Street Crimes Unit | 11               |     | (Y) / N |     | (Y) / N |         |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |          |      |                                                                                                                                                                                                                                                                                                                                              |         |         |         |
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| Name (Last, First, Middle)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | Sex      | Race | Age                                                                                                                                                                                                                                                                                                                                          | Weapon  | Injured | Killed  |
| McDonald, Jereal                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | M        | B    | 16                                                                                                                                                                                                                                                                                                                                           | Y / (N) | Y / (N) | Y / (N) |
| <input checked="" type="checkbox"/> Under the influence<br><input type="checkbox"/> Other unusual condition (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | Arrested |      | Charges                                                                                                                                                                                                                                                                                                                                      |         |         |         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | (Y) / N  |      | Agg. Assault, Resisting Police                                                                                                                                                                                                                                                                                                               |         |         |         |
| Subject's actions (check all that apply)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |          |      | Officer's use of force toward this subject (check all that apply)                                                                                                                                                                                                                                                                            |         |         |         |
| <input checked="" 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) |  |          |      | <input checked="" type="checkbox"/> Compliance hold<br><input checked="" 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><br>Number of shots fired _____<br>Number of hits _____<br>(Use "UNK" if unknown)                                                                                                                                                       |         |         |         |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                   |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                 |                  |                 |
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| 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"/> Canine<br/> <input type="checkbox"/> Other (specify)           </div> <div>             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> |                 |                  |                 |

|                                                                                                |                                                                                                           |
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| Signature:  | Date: 07/12/2014                                                                                          |
| Print Supervisor Name: Lt. Gary Kronenberger                                                   | Supervisor Signature:  |

## USE OF FORCE REPORT

|                                                                                                                                                                                                                 |       |             |                   |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------------|-------------------|-----------------|
| A. Incident Information                                                                                                                                                                                         |       |             |                   |                 |
| Date                                                                                                                                                                                                            | Time  | Day of Week | Location          | INCIDENT NUMBER |
| 07/12/2014                                                                                                                                                                                                      | 23:07 | Saturday    | Boro of Keansburg | 14-5282         |
| Type of Incident                                                                                                                                                                                                |       |             |                   |                 |
| <input checked="" type="checkbox"/> Crime in progress <input 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) |                    | Badge #          | Sex | Race    | Age | Injured | Killed  |
| Rogan, Chris, S            |                    | 40               | M   | W       | 25  | Y / (N) | Y / (N) |
| Rank                       | Duty assignment    | Years of service |     | On-Duty |     | Uniform |         |
| PL                         | Street Crimes Unit | 1                |     | (Y) / N |     | (Y) / N |         |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                              |           |                                           |                   |                    |                   |
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| Name (Last, First, Middle)<br>McDonald, Jereal                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | Sex<br>M                                                                                                                                                                                                                                                                                                                                     | Race<br>B | Age<br>16                                 | Weapon<br>Y / (N) | Injured<br>Y / (N) | Killed<br>Y / (N) |
| <input checked="" type="checkbox"/> Under the influence<br><input type="checkbox"/> Other unusual condition (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | Arrested<br>(Y) / N                                                                                                                                                                                                                                                                                                                          |           | Charges<br>Agg. Assault, Resisting Police |                   |                    |                   |
| <u>Subject's actions</u> (check all that apply)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | <u>Officer's use of force toward this subject</u> (check all that apply)                                                                                                                                                                                                                                                                     |           |                                           |                   |                    |                   |
| <input checked="" 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) |  | <input checked="" type="checkbox"/> Compliance hold<br><input checked="" 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)                                                                                                                                                           |           |                                           |                   |                    |                   |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                   |                                                                                                                                                                                                                                                                                                                        |         |                 |                  |                 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|-----------------|------------------|-----------------|
| <b>C2. Subject 2</b> (List only the person who was the subject of the use of force by the officer listed in Section 1.)                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                   |                                                                                                                                                                                                                                                                                                                        |         |                 |                  |                 |
| 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</b> (check all that apply)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                   | <b>Officer's use of force toward this subject</b> (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) |  |                   | <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><br>Number of shots fired _____<br>Number of hits _____<br>(Use 'UNK' if unknown)                                                                                                                                 |         |                 |                  |                 |

|                                                                                                    |                                                                                                            |
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| Signature:  #40 | Date: 07/12/2014                                                                                           |
| Print Supervisor Name: Lt. Gary Kronenberger                                                       | Supervisor Signature:  |

## USE OF FORCE REPORT

|                                                                                                                                                                                                                                                                                                           |               |                         |                               |                            |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-------------------------|-------------------------------|----------------------------|
| Date<br>07/31/2014                                                                                                                                                                                                                                                                                        | Time<br>23:47 | Day of Week<br>Thursday | Location<br>21R Church Street | INCIDENT NUMBER<br>14-5884 |
| Type of Incident<br><input type="checkbox"/> Crime in progress <input type="checkbox"/> Domestic<br><input checked="" type="checkbox"/> Other (specify) <u>Disorderly Conduct</u> <input type="checkbox"/> Other dispute <input type="checkbox"/> Suspicious person <input type="checkbox"/> Traffic stop |               |                         |                               |                            |

|                            |                 |                  |     |         |     |         |         |
|----------------------------|-----------------|------------------|-----|---------|-----|---------|---------|
| Name (Last, First, Middle) |                 | Badge #          | Sex | Race    | Age | Injured | Killed  |
| Johnson, Richard, G        |                 | 28               | M   | W       | 33  | Y / (N) | Y / (N) |
| Rank                       | Duty assignment | Years of service |     | On-Duty |     | Uniform |         |
| Patrolman                  | Patrol          | 10               |     | (Y) / N |     | (Y) / N |         |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |          |      |                                                                                                                                                                                                                                                                                                                                    |         |         |         |
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| Name (Last, First, Middle)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | Sex      | Race | Age                                                                                                                                                                                                                                                                                                                                | Weapon  | Injured | Killed  |
| Painter Jr., Robert                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | M        | W    | 49                                                                                                                                                                                                                                                                                                                                 | Y / (N) | Y / (N) | Y / (N) |
| <input checked="" type="checkbox"/> Under the influence<br><input type="checkbox"/> Other unusual condition (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | Arrested |      | Charges                                                                                                                                                                                                                                                                                                                            |         |         |         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | (Y) / N  |      | 3-17.4                                                                                                                                                                                                                                                                                                                             |         |         |         |
| <u>Subject's actions</u> (check all that apply)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |          |      | <u>Officer's use of force toward this subject</u> (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/attacked 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><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><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"/> Canine<br/> <input type="checkbox"/> Other (specify)           </div> <div>             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> |                 |                  |                 |

|                                                                                                   |                                                                                                               |
|---------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| Signature:<br> | Date:<br>07/31/2014                                                                                           |
| Print Supervisor Name:<br>Ptl. Dennis Valle Jr.                                                   | Supervisor Signature:<br> |

## USE OF FORCE REPORT

|                                                                                                                                                                                                                                                          |       |             |                   |                 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------------|-------------------|-----------------|
| Date                                                                                                                                                                                                                                                     | Time  | Day of Week | Location          | INCIDENT NUMBER |
| 08/02/2014                                                                                                                                                                                                                                               | 22:15 | Saturday    | Boro of Keansburg | 14-5941         |
| Type of Incident                                                                                                                                                                                                                                         |       |             |                   |                 |
| <input checked="" type="checkbox"/> Crime in progress <input 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) |                    | Badge #          | Sex | Race    | Age | Injured | Killed  |
| Lopez, Jason               |                    | 22               | M   | W       | 34  | Y / (N) | Y / (N) |
| Rank                       | Duty assignment    | Years of service |     | On-Duty |     | Uniform |         |
| Det.                       | Street Crimes Unit | 11               |     | (Y) / N |     | (Y) / N |         |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |          |      |                                                                                                                                                                                                                                                                                                                                   |         |         |         |
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| Name (Last, First, Middle)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | Sex      | Race | Age                                                                                                                                                                                                                                                                                                                               | Weapon  | Injured | Killed  |
| Taylor, Ronald                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | M        | W    | 53                                                                                                                                                                                                                                                                                                                                | Y / (N) | Y / (N) | Y / (N) |
| <input checked="" type="checkbox"/> Under the influence<br><input type="checkbox"/> Other unusual condition (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | Arrested |      | Charges                                                                                                                                                                                                                                                                                                                           |         |         |         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | (Y) / N  |      | Disorderly Conduct, Resisting Police                                                                                                                                                                                                                                                                                              |         |         |         |
| <u>Subject's actions</u> (check all that apply)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |          |      | <u>Officer's use of force toward this subject</u> (check all that apply)                                                                                                                                                                                                                                                          |         |         |         |
| <input checked="" 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) |  |          |      | <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)                                                                                                                                                |         |         |         |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                   |      |                                                                                                                                                                                                                                                                                                                        |                 |                  |                 |
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| 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)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                   |      | <u>Officer's use of force toward this subject</u> (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) |                   |      | <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)                                                                                                                                     |                 |                  |                 |

|                                                                                                |                                                                                                            |
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| Signature:  | Date: 08/02/2014                                                                                           |
| Print Supervisor Name: Sgt. John Wagner                                                        | Supervisor Signature:  |

### USE OF FORCE REPORT

|                                                                                                                                                                                                                                                                                        |               |                         |                          |                            |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-------------------------|--------------------------|----------------------------|
| Date<br>08/07/2014                                                                                                                                                                                                                                                                     | Time<br>02:54 | Day of Week<br>Thursday | Location<br>262 Beachway | INCIDENT NUMBER<br>14-6076 |
| <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 checked="" type="checkbox"/> Traffic stop<br><input type="checkbox"/> Other (specify) |               |                         |                          |                            |

|                            |                 |                  |     |         |     |         |         |
|----------------------------|-----------------|------------------|-----|---------|-----|---------|---------|
| Name (Last, First, Middle) |                 | Badge #          | Sex | Race    | Age | Injured | Killed  |
| Cocuzza, Justin, Andrew    |                 | 37               | M   | W       | 29  | Y / (N) | Y / (N) |
| Rank                       | Duty assignment | Years of service |     | On-Duty |     | Uniform |         |
| Patrolman                  | Patrol          | 7                |     | (Y) / N |     | (Y) / N |         |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                   |      |                              |         |                                                                                                                                                                                        |         |
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| Name (Last, First, Middle)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | Sex                                                                                                                                                                                                                                                                                                                               | Race | Age                          | Weapon  | Injured                                                                                                                                                                                | Killed  |
| Robles, Edwardo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | M                                                                                                                                                                                                                                                                                                                                 | W    | 25                           | Y / (N) | Y / (N)                                                                                                                                                                                | Y / (N) |
| <input checked="" type="checkbox"/> Under the influence<br><input type="checkbox"/> Other unusual condition (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | Arrested<br>(Y) / N                                                                                                                                                                                                                                                                                                               |      | Charges<br>2C:33-2, 2C:29-1a |         |                                                                                                                                                                                        |         |
| <u>Subject's actions</u> (check all that apply)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | <u>Officer's use of force toward this subject</u> (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/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><br>Number of shots fired _____<br>Number of hits _____<br>(Use 'UNK' if unknown) |         |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                   |      |                                                                                                                                                                                                                                                                                                                        |                 |                  |                 |
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| 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)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                   |      | <u>Officer's use of force toward this subject</u> (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) |                   |      | <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)                                                                                                                                     |                 |                  |                 |

|                                                                                                |                                                                                                           |
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| Signature:  | Date: 08/07/2014                                                                                          |
| Print Supervisor Name: Sgt. John Wagner #232                                                   | Supervisor Signature:  |



## USE OF FORCE REPORT

| A. Incident Information                                                                                                                                                                                                                                                                                                   |       |             |                 |                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------------|-----------------|-----------------|
| Date                                                                                                                                                                                                                                                                                                                      | Time  | Day of Week | Location        | INCIDENT NUMBER |
| 08/18/2014                                                                                                                                                                                                                                                                                                                | 12:57 | Monday      | BEACONLIGHT AVE | 14-6361         |
| <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) <b>ARRESTING SUBJ. ON WARRANT.</b> |       |             |                 |                 |

| B. Officer Information     |                 |                  |         |      |         |         |         |
|----------------------------|-----------------|------------------|---------|------|---------|---------|---------|
| Name (Last, First, Middle) |                 | Badge #          | Sex     | Race | Age     | Injured | Killed  |
| BRINK, WILLIAM E           |                 | 26               | M       | W    | 37      | Y / (N) | Y / (N) |
| Rank                       | Duty assignment | Years of service | On-Duty |      | Uniform |         |         |
| PATROLMAN                  | PATROL          | 11               | (Y) / N |      | (Y) / N |         |         |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                              |      |          |         |         |         |
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| 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  |
| BREAU,KEVIN C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | M                                                                                                                                                                                                                                                                                                                                            | B    | 33       | Y / (N) | Y / (N) | Y / (N) |
| <input type="checkbox"/> Under the influence<br><input type="checkbox"/> Other unusual condition (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | Arrested                                                                                                                                                                                                                                                                                                                                     |      | Charges  |         |         |         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | (Y) / N                                                                                                                                                                                                                                                                                                                                      |      | 2C:35-10 |         |         |         |
| Subject's actions (check all that apply)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | Officer's use of force toward this subject (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/fists<br><input type="checkbox"/> Kicks/feet<br><input checked="" 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 2.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |     |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                 |                  |                 |  |
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| 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"/> Canine<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> |                 |                  |                 |  |

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| Signature:  | Date: 08/18/2014                                                                                           |
| Print Supervisor Name: CAPT. KEVIN WHITE                                                       | Supervisor Signature:  |

### USE OF FORCE REPORT

|                                                                                                                                                                                                                                                                                        |               |                          |                         |                            |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|--------------------------|-------------------------|----------------------------|
| Date<br>08/20/2014                                                                                                                                                                                                                                                                     | Time<br>15:43 | Day of Week<br>Wednesday | Location<br>Forest Park | INCIDENT NUMBER<br>14-6432 |
| <u>Type of Incident</u><br><input checked="" 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 type="checkbox"/> Other (specify) |               |                          |                         |                            |

|                            |                 |                  |     |                                        |     |                                                   |                                                  |
|----------------------------|-----------------|------------------|-----|----------------------------------------|-----|---------------------------------------------------|--------------------------------------------------|
| Name (Last, First, Middle) |                 | Badge #          | Sex | Race                                   | Age | Injured<br>Y / <input checked="" type="radio"/> N | Killed<br>Y / <input checked="" type="radio"/> N |
| Wood, Francis, Charles     |                 | 25               | M   | W                                      | 36  |                                                   |                                                  |
| Rank                       | Duty assignment | Years of service |     | On-Duty                                |     | Uniform                                           |                                                  |
| Patrolman                  | Patrol          | 11               |     | <input checked="" type="radio"/> Y / N |     | <input checked="" type="radio"/> Y / N            |                                                  |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                     |      |                                                                                                                                                                                                                                                                                                                                   |         |         |         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|---------|---------|
| Name (Last, First, Middle)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Sex                 | Race | Age                                                                                                                                                                                                                                                                                                                               | Weapon  | Injured | Killed  |
| Alpaugh, Mark, Richard                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | M                   | W    | 18                                                                                                                                                                                                                                                                                                                                | Y / (N) | Y / (N) | Y / (N) |
| <input type="checkbox"/> Under the influence<br><input checked="" type="checkbox"/> Other unusual condition (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Arrested<br>(Y) / N |      | Charges<br>2C:33-2a                                                                                                                                                                                                                                                                                                               |         |         |         |
| <u>Subject's actions</u> (check all that apply)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                     |      | <u>Officer's use of force toward this subject</u> (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 type="checkbox"/> Compliance hold<br><input checked="" 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><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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                 |                  |                 |
| Subject's actions (check all that apply)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                   |      | Officer's use of force toward this subject (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/attacked officer or another with firearm<br><input type="checkbox"/> Fired at officer or another<br><input type="checkbox"/> Other (specify) |                   |      | <div> <input type="checkbox"/> Compliance hold           <input type="checkbox"/> Hands/fists           <input type="checkbox"/> Kicks/feet           <input type="checkbox"/> Chemical/natural agent           <input type="checkbox"/> Strike/use baton or other object           <input type="checkbox"/> Canine           <input type="checkbox"/> Other (specify)         </div> <div>           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)         </div> |                 |                  |                 |

|                                                                                                |                                                                                                            |
|------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|
| Signature:  | Date: 08/20/2014                                                                                           |
| Print Supervisor Name: Sgt John Wagner #23                                                     | Supervisor Signature:  |

# KEANSBURG POLICE DEPARTMENT

## USE OF FORCE REPORT

### A. Incident Information

|                                                                                                                                                                                                                                                                                 |               |                          |                                             |                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|--------------------------|---------------------------------------------|----------------------------|
| Date<br>08/20/2014                                                                                                                                                                                                                                                              | Time<br>15:43 | Day of Week<br>Wednesday | Location<br>Forest Park Keansburg, NJ 07734 | INCIDENT NUMBER<br>14-6432 |
| Type of Incident<br><input checked="" 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 type="checkbox"/> Other (specify) |               |                          |                                             |                            |

### B. Officer Information

|                                                     |                                           |                       |                    |                    |                    |                   |
|-----------------------------------------------------|-------------------------------------------|-----------------------|--------------------|--------------------|--------------------|-------------------|
| Name (Last, First, Middle)<br>Putkowski, Jillian, M | Badge #<br>31                             | Sex<br>F              | Race<br>W          | Age<br>32          | Injured<br>Y / (N) | Killed<br>Y / (N) |
| Rank<br>Detective                                   | Duty assignment<br>Investigations (9a-5p) | Years of service<br>9 | On-Duty<br>(Y) / N | Uniform<br>Y / (N) |                    |                   |

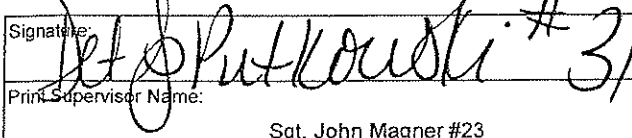
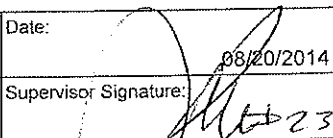
### C1. Subject 1 (List only the person who was the subject of the use of force by the officer listed in Section B.)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                     |           |                                                                                                                                                                                                                                                                                                                                                                                                        |                   |                    |                   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|--------------------|-------------------|
| Name (Last, First, Middle)<br>Alpaugh Jr., Mark, R                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Sex<br>M            | Race<br>W | Age<br>18                                                                                                                                                                                                                                                                                                                                                                                              | 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>2C:33-2a(1), 2C:29-2a(1)                                                                                                                                                                                                                                                                                                                                                                    |                   |                    |                   |
| Subject's actions (check all that apply)<br><input checked="" 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) |                     |           | 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>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                                                                                                                                                                                                                                                                                                                                                                                     |                 |                  |                 |
| 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:<br>08/20/2014                                                                                           |
| Print Supervisor Name:<br>Sgt. John Magner #23                                                    | Supervisor Signature:<br> |

## USE OF FORCE REPORT

|                                                                                                                                                                                                      |       |             |                                  |                 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------------|----------------------------------|-----------------|
| Date                                                                                                                                                                                                 | Time  | Day of Week | Location                         | INCIDENT NUMBER |
| 09/26/2014                                                                                                                                                                                           | 20:10 | Friday      | Laurel Ave. & Middle Rd. Holmdel | 14-7473         |
| 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 |       |             |                                  |                 |
| <input checked="" type="checkbox"/> Other (specify) Subject attempting to break out patrol car window with head                                                                                      |       |             |                                  |                 |

|                            |                 |                  |     |         |     |         |         |
|----------------------------|-----------------|------------------|-----|---------|-----|---------|---------|
| Name (Last, First, Middle) |                 | Badge #          | Sex | Race    | Age | Injured | Killed  |
| Lamb, Joseph, H.           |                 | #60              | M   | W       | 33  | Y / (N) | Y / (N) |
| Rank                       | Duty assignment | Years of service |     | On-Duty |     | Uniform |         |
| Officer                    | Walking Post    | 12               |     | (Y) / N |     | (Y) / N |         |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                     |      |                                                                                                                                                                                                                                                                                                                                   |         |         |         |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|---------|---------|
| Name (Last, First, Middle)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Sex                 | Race | Age                                                                                                                                                                                                                                                                                                                               | Weapon  | Injured | Killed  |
| McCarthy, Christopher, M.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | M                   | W    | 38                                                                                                                                                                                                                                                                                                                                | Y / (N) | Y / (N) | Y / (N) |
| <input checked="" type="checkbox"/> Under the influence<br><input type="checkbox"/> Other unusual condition (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Arrested<br>(Y) / N |      | Charges<br>Disorderly Conduct                                                                                                                                                                                                                                                                                                     |         |         |         |
| <u>Subject's actions</u> (check all that apply)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                     |      | <u>Officer's use of force toward this subject</u> (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 checked="" type="checkbox"/> Other (specify) Threat to himself and property |                     |      | <input type="checkbox"/> Compliance hold<br><input type="checkbox"/> Hands/fists<br><input type="checkbox"/> Kicks/feet<br><input checked="" 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)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                   |      | <u>Officer's use of force toward this subject</u> (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) |                   |      | <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)                                                                                                                                     |                 |                  |                 |

|                                                                                                |                                                                                                                 |
|------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| Signature:  | Date: 09/27/2014                                                                                                |
| Print Supervisor Name: Sgt. John Wagner #23                                                    | Supervisor Signature:  #23 |

## USE OF FORCE REPORT

|                                                                                                                                                                                                                                                                                                            |               |                         |                                          |                            |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-------------------------|------------------------------------------|----------------------------|
| Date<br>10/30/2014                                                                                                                                                                                                                                                                                         | Time<br>07:50 | Day of Week<br>Thursday | Location<br>100 Palmer Pl (Bolger Middle | INCIDENT NUMBER<br>14-8374 |
| <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) Crisis Intervention |               |                         |                                          |                            |

|                            |                         |                  |     |         |     |         |         |
|----------------------------|-------------------------|------------------|-----|---------|-----|---------|---------|
| Name (Last, First, Middle) |                         | Badge #          | Sex | Race    | Age | Injured | Killed  |
| Soranno, John, A           |                         | 32               | M   | W       | 38  | Y / (N) | Y / (N) |
| Rank                       | Duty assignment         | Years of service |     | On-Duty |     | Uniform |         |
| Patrolman                  | School Resource Officer | 9                |     | (Y) / N |     | (Y) / N |         |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                     |      |                                                                                                                                                                                                                                                                                                                                   |         |         |         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------|------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|---------|---------|
| Name (Last, First, Middle)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | Sex                 | Race | Age                                                                                                                                                                                                                                                                                                                               | Weapon  | Injured | Killed  |
| Vasquez, Donovan                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | M                   | H    | 10                                                                                                                                                                                                                                                                                                                                | Y / (N) | Y / (N) | Y / (N) |
| <input type="checkbox"/> Under the influence<br><input checked="" type="checkbox"/> Other unusual condition (specify) Crisis Intervention                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | Arrested<br>Y / (N) |      | Charges<br>No Charges                                                                                                                                                                                                                                                                                                             |         |         |         |
| <u>Subject's actions</u> (check all that apply)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                     |      | <u>Officer's use of force toward this subject</u> (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/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)                                                                                                                                                |         |         |         |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                   |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                 |                  |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|------------------|-----------------|
| 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"/> Canine<br/> <input type="checkbox"/> Other (specify)           </div> <div> <input type="checkbox"/> Firearm 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> |                 |                  |                 |

|                                                                                                |                                                                                                             |
|------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|
| Signature:  | Date: 10/30/2014                                                                                            |
| Print Supervisor Name: Sgt. John Wagner #23                                                    | Supervisor Signature:  |

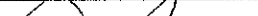
### USE OF FORCE REPORT

|                                                                                                                                                                                                                                                                                 |               |                       |                                               |                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-----------------------|-----------------------------------------------|----------------------------|
| Date<br>11/17/2014                                                                                                                                                                                                                                                              | Time<br>19:56 | Day of Week<br>Monday | Location<br>64 Morningside Ave. Keansburg, NJ | INCIDENT NUMBER<br>14-8839 |
| Type of Incident<br><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<br><input type="checkbox"/> Other (specify) |               |                       |                                               |                            |

|                            |                 |                  |     |         |     |                    |                   |
|----------------------------|-----------------|------------------|-----|---------|-----|--------------------|-------------------|
| Name (Last, First, Middle) |                 | Badge #          | Sex | Race    | Age | Injured<br>Y / (N) | Killed<br>Y / (N) |
| Cocuzza, Justin, Andrew    |                 | 37               | M   | W       | 29  | Y / (N)            | Y / (N)           |
| Rank                       | Duty assignment | Years of service |     | On-Duty |     | Uniform            |                   |
| Patrolman                  | Patrol          | 7.2              |     | (Y) / N |     | (Y) / N            |                   |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |          |      |                                                                                                                                                                                                                                                                                                                                   |         |         |         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------|------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|---------|---------|
| Name (Last, First, Middle)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | Sex      | Race | Age                                                                                                                                                                                                                                                                                                                               | Weapon  | Injured | Killed  |
| Kestner, April, M                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | F        | W    | 44                                                                                                                                                                                                                                                                                                                                | Y / (N) | Y / (N) | Y / (N) |
| <input checked="" type="checkbox"/> Under the influence<br><input type="checkbox"/> Other unusual condition (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | Arrested |      | Charges                                                                                                                                                                                                                                                                                                                           |         |         |         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | Y / (N)  |      | -                                                                                                                                                                                                                                                                                                                                 |         |         |         |
| <u>Subject's actions</u> (check all that apply)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |          |      | <u>Officer's use of force toward this subject</u> (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/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><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)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                   |      | <u>Officer's use of force toward this subject</u> (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) |                   |      | <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)                                                                                                                                     |                 |                  |                 |

|                                                                                                |                                                                                                            |
|------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|
| Signature:  | Date: 11/17/2014                                                                                           |
| Print Supervisor Name: Sgt. John Wagner #23                                                    | Supervisor Signature:  |

## USE OF FORCE REPORT

|                                                                                                                                                                                                                                                                                        |               |                       |                                               |                            |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-----------------------|-----------------------------------------------|----------------------------|
| Date<br>11/17/2014                                                                                                                                                                                                                                                                     | Time<br>19:57 | Day of Week<br>Monday | Location<br>64 Morningside Ave. Keansburg, NJ | INCIDENT NUMBER<br>14-9052 |
| <u>Type of Incident</u><br><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<br><input type="checkbox"/> Other (specify) |               |                       |                                               |                            |

|                            |                 |                  |     |         |     |         |         |
|----------------------------|-----------------|------------------|-----|---------|-----|---------|---------|
| Name (Last, First, Middle) |                 | Badge #          | Sex | Race    | Age | Injured | Killed  |
| Cocuzza, Justin, Andrew    |                 | 37               | M   | W       | 29  | Y / (N) | Y / (N) |
| Rank                       | Duty assignment | Years of service |     | On-Duty |     | Uniform |         |
| Patrolman                  | Patrol          | 7.2              |     | (Y) / N |     | (Y) / N |         |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                     |      |                                                                                                                                                                                                                                                                                                                                   |         |         |         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------|------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|---------|---------|
| Name (Last, First, Middle)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | Sex                 | Race | Age                                                                                                                                                                                                                                                                                                                               | Weapon  | Injured | Killed  |
| Kestner, April, M                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | F                   | W    | 44                                                                                                                                                                                                                                                                                                                                | Y / (N) | Y / (N) | Y / (N) |
| <input checked="" type="checkbox"/> Under the influence<br><input type="checkbox"/> Other unusual condition (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | Arrested<br>(Y) / N |      | Charges<br>2C:12-1a(1)                                                                                                                                                                                                                                                                                                            |         |         |         |
| <u>Subject's actions</u> (check all that apply)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                     |      | <u>Officer's use of force toward this subject</u> (check all that apply)                                                                                                                                                                                                                                                          |         |         |         |
| <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) |  |                     |      | <input type="checkbox"/> Compliance hold<br><input type="checkbox"/> Hands/fists<br><input type="checkbox"/> Kicks/feet<br><input checked="" 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><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"/> Canine<br/> <input type="checkbox"/> Other (specify)           </div> <div>             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> |                 |                  |                 |

|                        |                       |
|------------------------|-----------------------|
| Signature:             | Date:                 |
| Print Supervisor Name: | Supervisor Signature: |

# USE OF FORCE REPORT

### A. Incident Information

|                                                                                                                                                                                                                                                                                         |               |                        |                            |                            |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|------------------------|----------------------------|----------------------------|
| Date<br>12/02/2014                                                                                                                                                                                                                                                                      | Time<br>20:17 | Day of Week<br>Tuesday | Location<br>Hancock Street | INCIDENT NUMBER<br>14-9188 |
| <u>Type of Incident:</u><br><input type="checkbox"/> Crime in progress <input type="checkbox"/> Domestic <input checked="" type="checkbox"/> Other dispute <input type="checkbox"/> Suspicious person <input type="checkbox"/> Traffic stop<br><input type="checkbox"/> Other (specify) |               |                        |                            |                            |

### B. Officer Information

|                            |                 |                  |     |         |     |         |         |
|----------------------------|-----------------|------------------|-----|---------|-----|---------|---------|
| Name (Last, First, Middle) |                 | Badge #          | Sex | Race    | Age | Injured | Killed  |
| Angerami, Nicholas, S      |                 | 36               | M   | W       | 29  | Y / (N) | Y / (N) |
| Rank                       | Duty assignment | Years of service |     | On-Duty |     | Uniform |         |
| Patrolman                  | Patrol          | 8                |     | (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  |
| DMITRZAK, William Anthony                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | M                   | W    | 22                                                                                                                                                                                                                                                                                                                                | Y / (N) | Y / (N) | Y / (N) |
| <input type="checkbox"/> Under the influence<br><input type="checkbox"/> Other unusual condition (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | Arrested<br>(Y) / N |      | Charges<br>Disorderly Conduct/ Resisting Arrest                                                                                                                                                                                                                                                                                   |         |         |         |
| <u>Subject's actions</u> (check all that apply)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                     |      | <u>Officer's use of force toward this subject</u> (check all that apply)                                                                                                                                                                                                                                                          |         |         |         |
| <input checked="" 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) |  |                     |      | <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><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                                                                                                                                                                                                                                                                                                                |                 |                  |                 |
| Subject's actions (check all that apply)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                   |      | Officer's use of force toward this subject (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) |                   |      | <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:  | Date: 12/02/2014                                                                                               |
| Print Supervisor Name: Patrolman Scott Rongo                                                   | Supervisor Signature:  #19 |

# KEANSBURG POLICE DEPARTMENT

## USE OF FORCE REPORT

### A. Incident Information

|                                                                                                                                                                                                                                                                                        |               |                        |                            |                            |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|------------------------|----------------------------|----------------------------|
| Date<br>12/02/2014                                                                                                                                                                                                                                                                     | Time<br>20:17 | Day of Week<br>Tuesday | Location<br>Hancock Street | INCIDENT NUMBER<br>14-9188 |
| <u>Type of Incident</u><br><input type="checkbox"/> Crime in progress <input type="checkbox"/> Domestic <input checked="" type="checkbox"/> Other dispute <input type="checkbox"/> Suspicious person <input type="checkbox"/> Traffic stop<br><input type="checkbox"/> Other (specify) |               |                        |                            |                            |

### B. Officer Information

|                                                   |                           |                        |                    |                    |                    |                   |
|---------------------------------------------------|---------------------------|------------------------|--------------------|--------------------|--------------------|-------------------|
| Name (Last, First, Middle)<br>Davis, Jr. Wayne M. | Badge #<br>#20            | Sex<br>M               | Race<br>W          | Age<br>49          | Injured<br>Y / (N) | Killed<br>Y / (N) |
| Rank<br>Lieutenant                                | Duty assignment<br>Patrol | Years of service<br>19 | 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>DMITRZAK, William Anthony                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Sex<br>M            | Race<br>W                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Age<br>22 | 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>Disorderly Conduct/ Resisting Arrest                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |           |                   |                    |                   |
| <u>Subject's actions</u> (check all that apply)<br><input checked="" 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) |                     | <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 checked="" 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)         </div> <div>           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)         </div> </div> |           |                   |                    |                   |

### 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"/> Canine<br/> <input type="checkbox"/> Other (specify)         </div> <div>           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)         </div> </div> |     |                 |                  |                 |

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

|                                         |                       |
|-----------------------------------------|-----------------------|
| Signature:                              | Date: 12/02/2014      |
| Print Supervisor Name: Capt. John White | Supervisor Signature: |

**KEANSBURG POLICE DEPARTMENT**

**USE OF FORCE REPORT**

**A. Incident Information**

|                                                                                                                                                                                                                                                                                        |               |                        |                            |                            |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|------------------------|----------------------------|----------------------------|
| Date<br>12/02/2014                                                                                                                                                                                                                                                                     | Time<br>20:17 | Day of Week<br>Tuesday | Location<br>Hancock Street | INCIDENT NUMBER<br>14-9188 |
| <u>Type of Incident</u><br><input type="checkbox"/> Crime in progress <input type="checkbox"/> Domestic <input checked="" type="checkbox"/> Other dispute <input type="checkbox"/> Suspicious person <input type="checkbox"/> Traffic stop<br><input type="checkbox"/> Other (specify) |               |                        |                            |                            |

**B. Officer Information**

|                                                    |                           |                       |                    |                    |                    |                   |
|----------------------------------------------------|---------------------------|-----------------------|--------------------|--------------------|--------------------|-------------------|
| Name (Last, First, Middle)<br>Thompson, Michael, A | Badge #<br>41             | Sex<br>M              | Race<br>W          | Age<br>23          | Injured<br>Y / (N) | Killed<br>Y / (N) |
| Rank<br>Patrolman                                  | Duty assignment<br>Patrol | Years of service<br>2 | On-Duty<br>(Y) / N | Uniform<br>(Y) / N |                    |                   |

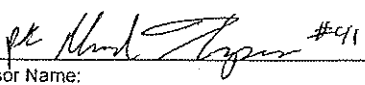
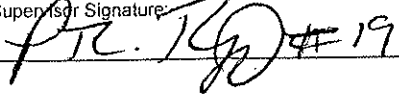
**C1. Subject 1 (List only the person who was the subject of the use of force by the officer listed in Section B.)**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                     |           |                                                                                                                                                                                                                                                                                                                                                                                                               |                   |                    |                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|--------------------|-------------------|
| Name (Last, First, Middle)<br>DMITRAK, William Anthony                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Sex<br>M            | Race<br>W | Age<br>22                                                                                                                                                                                                                                                                                                                                                                                                     | 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>Disorderly Conduct/ Resisting Arrest                                                                                                                                                                                                                                                                                                                                                               |                   |                    |                   |
| <u>Subject's actions</u> (check all that apply)<br><input checked="" 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) |                     |           | <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/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>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/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> #41 | Date:<br>12/02/2014                                                                                               |
| Print Supervisor Name:<br>Patrolman Scott Rongo                                                       | Supervisor Signature:<br> #19 |

## USE OF FORCE REPORT

| A. Incident Information                                                                                                                                                                                                                                                                |       |             |                |                 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------------|----------------|-----------------|
| Date                                                                                                                                                                                                                                                                                   | Time  | Day of Week | Location       | INCIDENT NUMBER |
| 12/02/2014                                                                                                                                                                                                                                                                             | 20:17 | Tuesday     | Hancock Street | 14-9188         |
| <u>Type of Incident</u><br><input type="checkbox"/> Crime in progress <input type="checkbox"/> Domestic <input checked="" type="checkbox"/> Other dispute <input type="checkbox"/> Suspicious person <input type="checkbox"/> Traffic stop<br><input type="checkbox"/> Other (specify) |       |             |                |                 |

|                            |                 |                  |     |         |     |         |         |
|----------------------------|-----------------|------------------|-----|---------|-----|---------|---------|
| Name (Last, First, Middle) |                 | Badge #          | Sex | Race    | Age | Injured | Killed  |
| Rongo, Scott               |                 | 19               | M   | W       | 45  | Y / (N) | Y / (N) |
| Rank                       | Duty assignment | Years of service |     | On-Duty |     | Uniform |         |
| Patrolman                  | Patrol Division | 21               |     | (Y) / N |     | (Y) / N |         |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                   |           |                                                 |                   |                    |                   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-------------------------------------------------|-------------------|--------------------|-------------------|
| Name (Last, First, Middle)<br>DMITRZAK, William Anthony                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | Sex<br>M                                                                                                                                                                                                                                                                                                                          | Race<br>W | Age<br>22                                       | 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>Disorderly Conduct/ Resisting Arrest |                   |                    |                   |
| Subject's actions (check all that apply)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | Officer's use of force toward this subject (check all that apply)                                                                                                                                                                                                                                                                 |           |                                                 |                   |                    |                   |
| <input checked="" 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) |  | <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><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 2.7)                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                   |      |                                                                                                                                                                                                                                                                                                                        |                 |                  |                 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|------------------|-----------------|
| 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)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                   |      | <u>Officer's use of force toward this subject</u> (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) |                   |      | <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><br>Number of shots fired _____<br>Number of hits _____<br>(Use "UNK" if unknown)                                                                                                                                 |                 |                  |                 |

|                                                                                                |                                                                                                            |
|------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|
| Signature:  | Date: 12/02/2014                                                                                           |
| Print Supervisor Name: Lieutenant Wayne Davis #20                                              | Supervisor Signature:  |

### USE OF FORCE REPORT

|                                                                                                                                                                                                                 |               |                       |                            |                            |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-----------------------|----------------------------|----------------------------|
| A. Incident Information                                                                                                                                                                                         |               |                       |                            |                            |
| Date<br>08/22/2014                                                                                                                                                                                              | Time<br>22:41 | Day of Week<br>Friday | Location<br>21R Church St. | INCIDENT NUMBER<br>14-6489 |
| Type of Incident                                                                                                                                                                                                |               |                       |                            |                            |
| <input checked="" type="checkbox"/> Crime in progress <input 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) |                 | Badge #          | Sex | Race    | Age | Injured | Killed  |
| King, Bryan                |                 | 27               | M   | W       | 39  | Y / (N) | Y / (N) |
| Rank                       | Duty assignment | Years of service |     | On-Duty |     | Uniform |         |
| Patrolman                  | Patrol          | 10               |     | (Y) / N |     | (Y) / N |         |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                              |           |                                |                   |                                                                                                   |                   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------------|-------------------|---------------------------------------------------------------------------------------------------|-------------------|
| Name (Last, First, Middle)<br>Lachky, John, J.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | Sex<br>M                                                                                                                                                                                                                                                                                                                                     | Race<br>W | Age<br>39                      | Weapon<br>Y / (N) | Injured<br>(Y) / N                                                                                | Killed<br>Y / (N) |
| <input checked="" type="checkbox"/> Under the influence<br><input type="checkbox"/> Other unusual condition (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | Arrested<br>(Y) / N                                                                                                                                                                                                                                                                                                                          |           | Charges<br>Agg. Assault on Leo |                   |                                                                                                   |                   |
| <u>Subject's actions</u> (check all that apply)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | <u>Officer's use of force toward this subject</u> (check all that apply)                                                                                                                                                                                                                                                                     |           |                                |                   |                                                                                                   |                   |
| <input checked="" 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) |  | <input checked="" type="checkbox"/> Compliance hold<br><input checked="" 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 |                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                              |           |                                |                   | 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)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | <u>Officer's use of force toward this subject</u> (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) |  | <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><br>Number of shots fired _____<br>Number of hits _____<br>(Use 'UNK' if unknown) |                 |

|                                                        |                                                    |
|--------------------------------------------------------|----------------------------------------------------|
| Signature: <i>PTL. Beyer #27</i>                       | Date: <i>6/22/14</i>                               |
| Print Supervisor Name: <i>Lt. Gary Kronenberger #7</i> | Supervisor Signature: <i>Lt. Gary Kronenberger</i> |

**KEANSBURG POLICE DEPARTMENT**

**USE OF FORCE REPORT**

**A. Incident Information**

|                                                                                                                                                                                                                                                                                                                           |               |                        |                            |                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|------------------------|----------------------------|----------------------------|
| Date<br>09/30/2014                                                                                                                                                                                                                                                                                                        | Time<br>11:15 | Day of Week<br>Tuesday | Location<br>Seaview Avenue | INCIDENT NUMBER<br>14-7571 |
| <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) <b>ARRESTING SUBJ. ON WARRANT.</b> |               |                        |                            |                            |

**B. Officer Information**

|                                                    |                                  |                       |                    |                    |                    |                   |
|----------------------------------------------------|----------------------------------|-----------------------|--------------------|--------------------|--------------------|-------------------|
| Name (Last, First, Middle)<br>Jankowski, Joseph C. | Badge #<br>30                    | Sex<br>M              | Race<br>W          | Age<br>35          | Injured<br>Y / (N) | Killed<br>Y / (N) |
| Rank<br>Detective                                  | Duty assignment<br>Street Crimes | Years of service<br>8 | On-Duty<br>(Y) / N | Uniform<br>(Y) / N |                    |                   |

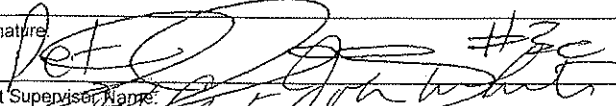
**C1. Subject 1** (List only the person who was the subject of the use of force by the officer listed in Section B.)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                     |                                                                                                                                                                                                                                                                                                                                                                                                               |           |                   |                    |                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-------------------|--------------------|-------------------|
| Name (Last, First, Middle)<br>Wrzesinski, James A.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Sex<br>M            | Race<br>W                                                                                                                                                                                                                                                                                                                                                                                                     | Age<br>19 | 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>2C:35-10a(1), 2C:29-1, 2C:29-2, 2C:29-3                                                                                                                                                                                                                                                                                                                                                            |           |                   |                    |                   |
| <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/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>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/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:<br>09/30/2014   |
| Print Supervisor Name<br>Det. Captain John White                                                 | Supervisor Signature: |



# KEANSBURG POLICE DEPARTMENT

## INDIVIDUAL FIREARMS REQUALIFICATION RECORD

Name: LARS SKELLY

Rank: SPECIAL OFFICER

FID #:

Social Security #:

Instructor: A GOGAN, W DAVIS, M DEANEY

Date of Entry: 4/20/2017

Location Of Qualification 1: ABERDEEN

Location Of Qualification 2:

Weather Conditions Q 1: SUNNY/WARM

Weather Conditions Q 2:

### DEPARTMENT/AGENCY ISSUED HANDGUN

Make: GLOCK

Model: G22

Caliber: .40

Serial #: UCD940

Dates of Qualification

HQC2 Scores

HQNC2 Scores

1st: 6/29/2017

1st: 100

1st: 100

2nd:

2nd:

2nd:

### OFF-DUTY HANDGUN

Make:

Model:

Caliber:

Serial #:

Dates of Qualification

HQC2 Scores

HQNC2 Scores

1st:

1st:

1st:

2nd:

2nd:

2nd:

### ADDITIONAL OFF-DUTY WEAPONS

Make:

Model:

Caliber:

Serial #:

Dates of Qualification

HQC2 Scores

HQNC2 Scores

1st:

1st:

1st:

2nd:

2nd:

2nd:

### PATROL RIFLE QUALIFICATIONS AND FAMILIARIZATIONS

Weather Conditions: SUNNY/COOL

Qual 1: Location: MCFA

Date: 4/18/2017

Score Day: 81.6

Score Night: 100

Familiarization 1: Date: 6/29/2017

Location: ABERDEEN

Weather Conditions: SUNNY/WARM

Qual 2: Location: MCFA

Date: 8/21/2017

Score Day: 88.3

Score Night: 100

Familiarization 2: Date:

Location:

### AMMUNITION DESCRIPTION

Official Handgun: 40 S&W, 180 GRAIN HYDRA SHOK, JHP

Off-Duty Handgun:

Patrol Rifle: AMERICAN EAGLE, 223 REM, 55 GRAIN FMJ

Comments:



# KEANSBURG POLICE DEPARTMENT

## INDIVIDUAL FIREARMS REQUALIFICATION RECORD

Name: NICHOLAS ANGERAMI Rank: Patrolman FID #:  
Social Security #: \_\_\_\_\_ Instructor: A GOGAN, W DAVIS, M DEANEY Date of Entry: 5/22/2017

Location Of Qualification 1: ABERDEEN

Location Of Qualification 2: ABERDEEN

Weather Conditions Q 1: SUNNY/WARM

Weather Conditions Q 2: SUNNY/COOL

### DEPARTMENT/AGENCY ISSUED HANDGUN

Make: GLOCK Model: G22 Caliber: .40 Serial #: TYV898

#### Dates of Qualification

#### HQC2 Scores

#### HQNC2 Scores

1st: 6/29/2017

1st: 93.3

1st: 90.0

2nd: 10/19/2017

2nd: 88.3

2nd: 80.0

### OFF-DUTY HANDGUN

Make: GLOCK Model: G19 Caliber: 9MM Serial #: KVP142

#### Dates of Qualification

#### HQC2 Scores

#### HQNC2 Scores

1st: 6/29/2017

1st: 93.3

1st: 92.5

2nd: 10/19/2017

2nd: 91.6

2nd: 90.0

### ADDITIONAL OFF-DUTY WEAPONS

Make: KAHR Model: CM9 Caliber: 9MM Serial #: IQ1227

#### Dates of Qualification

#### HQC2 Scores

#### HQNC2 Scores

1st: 6/29/2017

1st: 90.0

1st: 90.0

2nd: 10/19/2017

2nd: 83.3

2nd: 85.0

### PATROL RIFLE QUALIFICATIONS AND FAMILIARIZATIONS

Weather Conditions: SUNNY/HOT

Qual 1: Location: MCFA

Date: 5/18/2017

Score Day: 80.0

Score Night: 100

Familiarization 1: Date: 6/29/2017

Location: ABERDEEN

Weather Conditions: OVERCAST/WARM

Qual 2: Location: MCFA

Date: 8/14/2017

Score Day: 95.0

Score Night: 98

Familiarization 2: Date: 10/19/2017

Location: ABERDEEN

### AMMUNITION DESCRIPTION

Official Handgun: 40 S&W, 180 GRAIN HYDRA SHOK JHP

Off-Duty Handgun: 9MM RUGER +P, 124 GRAIN HST

Patrol Rifle: REM 223, 55 GRAIN FMJ

Comments:



# KEANSBURG POLICE DEPARTMENT INDIVIDUAL FIREARMS REQUALIFICATION RECORD

Name: JOSEPH BREHENY

Rank: SPECIAL OFFICER

FID #:

Social Security #:

Instructor: A GOGAN, W DAVIS, M DEANEY

Date of Entry: 4/20/2017

Location Of Qualification 1: ABERDEEN

Location Of Qualification 2: ABERDEEN

Weather Conditions Q 1: SUNNY/WARM

Weather Conditions Q 2: SUNNY/COOL

## DEPARTMENT/AGENCY ISSUED HANDGUN

Make: GLOCK

Model: G22

Caliber: .40

Serial #: TYV911

Dates of Qualification

HQC2 Scores

HQNC2 Scores

1st: 6/29/2017

1st: 88.3

1st: 92.5

2nd: 10/17/2017

2nd: 88.3

2nd: 87.5

## OFF-DUTY HANDGUN

Make:

Model:

Caliber:

Serial #:

Dates of Qualification

HQC2 Scores

HQNC2 Scores

1st:

1st:

1st:

2nd:

2nd:

2nd:

## ADDITIONAL OFF-DUTY WEAPONS

Make:

Model:

Caliber:

Serial #:

Dates of Qualification

HQC2 Scores

HQNC2 Scores

1st:

1st:

1st:

2nd:

2nd:

2nd:

## PATROL RIFLE QUALIFICATIONS AND FAMILIARIZATIONS

Weather Conditions: SUNNY/COOL

Qual 1: Location: MCFA

Date: 4/18/2017

Score Day: 83.3

Score Night: 100

Familiarization 1: Date: 6/29/2017

Location: ABERDEEN

Weather Conditions: OVERCAST/WARM

Qual 2: Location: MCFA

Date: 8/14/2017

Score Day: 81.6

Score Night: 100

Familiarization 2: Date: 10/17/2017

Location: ABERDEEN

## AMMUNITION DESCRIPTION

Official Handgun: 40 S&W, 180 GRAIN HYDRA-SHOK JHP

Off-Duty Handgun:

Patrol Rifle: AMERICAN EAGLE, 223 REM 55 GRAIN FMJ

Comments:



# KEANSBURG POLICE DEPARTMENT

## INDIVIDUAL FIREARMS REQUALIFICATION RECORD

Name: WILLIAM BRINK Rank: SERGEANT FID #:   
Social Security #: Instructor: A. GOGAN, W. DAVIS M DEANEY Date of Entry: 4/20/2017

Location Of Qualification 1: MCFA

Location Of Qualification 2: ABERDEEN

Weather Conditions Q 1: SUNNY/HOT

Weather Conditions Q 2: SUNNY/COOL

### DEPARTMENT/AGENCY ISSUED HANDGUN

Make: GLOCK Model: G22 Caliber: .40 Serial #: TYV893

#### Dates of Qualification

#### HQC2 Scores

#### HQNC2 Scores

1st: 8/01/2017

1st: 86.6

1st: 90.0

2nd: 10/17/2017

2nd: 88.3

2nd: 92.5

### OFF-DUTY HANDGUN

Make: SMITH AND WESSON Model: M&P SHIELD Caliber: .40 Serial #: HPV1541

#### Dates of Qualification

#### HQC2 Scores

#### HQNC2 Scores

1st: 8/01/2017

1st: 85.0

1st: 87.5

2nd: 10/17/2017

2nd: 86.6

2nd: 90.0

### ADDITIONAL OFF-DUTY WEAPONS

Make: Model: Caliber: Serial #:

#### Dates of Qualification

#### HQC2 Scores

#### HQNC2 Scores

1st:

1st:

1st:

2nd:

2nd:

2nd:

### PATROL RIFLE QUALIFICATIONS AND FAMILIARIZATIONS

Weather Conditions: SUNNY/COOL

Qual 1: Location: MCFA

Date: 4/18/2017

Score Day: 88.3

Score Night: 100

Familiarization 1: Date: 8/01/2017

Location: MCFA

Weather Conditions: SUNNY/WARM

Qual 2: Location: MCFA

Date: 8/01/2017

Score Day: 80.0

Score Night: 100

Familiarization 2: Date: 10/17/2017

Location: ABERDEEN

### AMMUNITION DESCRIPTION

Official Handgun: 40 S&W, 180 GRAIN HYDRA-SHOK JHP

Off-Duty Handgun: 40 S&W, 180 GRAIN HYDRA SHOK JHP

Patrol Rifle: AMERICAN EAGLE, 223 REM, 58 GRAIN FMJ

Comments:



# KEANSBURG POLICE DEPARTMENT INDIVIDUAL FIREARMS REQUALIFICATION RECORD

Name: SANDRA BURTON

Rank: LIEUTENANT

FID #:

Social Security #:

Instructor: A. GOGAN, W. DAVIS, M. DEANEY

Date of Entry: 10/30/2017

Location Of Qualification 1: DNQ DUE TO INJURY

Location Of Qualification 2: HAZLET PD

Weather Conditions Q 1:

Weather Conditions Q 2: INDOOR RANGE

## DEPARTMENT/AGENCY ISSUED HANDGUN

Make: GLOCK

Model: G22

Caliber: .40

Serial #: TYV894

Dates of Qualification

HQC2 Scores

HQNC2 Scores

1st:

1st:

1st:

2nd: 9/25/2017

2nd: 91.6

2nd: 95.0

## OFF-DUTY HANDGUN

Make:

Model:

Caliber:

Serial #:

Dates of Qualification

HQC2 Scores

HQNC2 Scores

1st:

1st:

1st:

2nd:

2nd:

2nd:

## ADDITIONAL OFF-DUTY WEAPONS

Make:

Model:

Caliber:

Serial #:

Dates of Qualification

HQC2 Scores

HQNC2 Scores

1st:

1st:

1st:

2nd:

2nd:

2nd:

## PATROL RIFLE QUALIFICATIONS AND FAMILIARIZATIONS

Weather Conditions: DNQ DUE TO INJURY

Qual 1: Location:

Date:

Score Day:

Score Night:

Familiarization 1: Date:

Location:

Weather Conditions: DNQ DUE TO INJURY

Qual 2: Location:

Date:

Score Day:

Score Night:

Familiarization 2: Date:

Location:

## AMMUNITION DESCRIPTION

Official Handgun: 40 S&W, 180 GRAIN HYDRA-SHOK JHP

Off-Duty Handgun:

Patrol Rifle:

Comments:



# KEANSBURG POLICE DEPARTMENT INDIVIDUAL FIREARMS REQUALIFICATION RECORD

Name: JUSTIN COCUZZA

Rank: PATROLMAN

FID #:

Social Security #:

Instructor: A GOGAN, M DEANEY, W DAVIS

Date of Entry: 5/22/2017

Location Of Qualification 1: ABERDEEN

Location Of Qualification 2: ABERDEEN

Weather Conditions Q 1: SUNNY/WARM

Weather Conditions Q 2: SUNNY/COOL

## DEPARTMENT/AGENCY ISSUED HANDGUN

Make: GLOCK

Model: G22

Caliber: .40

Serial #: TYV884

Dates of Qualification

HQC2 Scores

HQNC2 Scores

1st: 6/29/2017

1st: 88.3

1st: 95.0

2nd: 10/19/2017

2nd: 80.0

2nd: 97.5

## OFF-DUTY HANDGUN

Make: GLOCK

Model: G26

Caliber: 9MM

Serial #: RTZ965

Dates of Qualification

HQC2 Scores

HQNC2 Scores

1st: 6/29/2017

1st: 91.6

1st: 92.5

2nd: 10/19/2017

2nd: 96.6

2nd: 97.5

## ADDITIONAL OFF-DUTY WEAPONS

Make: M&P

Model: SHIELD

Caliber: 9MM

Serial #: HKP6080

Dates of Qualification

HQC2 Scores

HQNC2 Scores

1st: 6/29/2017

1st: 86.6

1st: 85.0

2nd: 10/19/2017

2nd: 80

2nd: 97.5

## PATROL RIFLE QUALIFICATIONS AND FAMILIARIZATIONS

Weather Conditions: SUNNY/HOT

Qual 1: Location: MCFA

Date: 5/18/2017 Score Day: 86.6

Score Night: 100

Familiarization 1: Date: 6/29/2017

Location: MCFA

Weather Conditions: SUNNY/WARM

Qual 2: Location: MCFA

Date: 8/01/2017 Score Day: 96.6

Score Night: 98

Familiarization 2: Date: 10/19/2017

Location: ABERDEEN

## AMMUNITION DESCRIPTION

Official Handgun: 40 S&W, 180 GRAIN HYDRA SHOK JHP

Off-Duty Handgun: 9MM LUGER (+P) 124 GRAIN HST

Patrol Rifle: REM 223, 55 GRAIN FMJ

Comments:



# KEANSBURG POLICE DEPARTMENT

## INDIVIDUAL FIREARMS REQUALIFICATION RECORD

Name: WAYNE DAVIS

Rank: CAPTAIN

FID #:

Social Security #:

Instructor: A GOGAN, M DEANEY

Date of Entry: 5/22/2017

Location Of Qualification 1: ABERDEEN

Location Of Qualification 2: ABERDEEN

Weather Conditions Q 1: SUNNY/WARM

Weather Conditions Q 2: SUNNY/COOL

### DEPARTMENT/AGENCY ISSUED HANDGUN

Make: GLOCK

Model: G22

Caliber: .40

Serial #: TYV897

Dates of Qualification

HQC2 Scores

HQNC2 Scores

1st: 6/27/2017

1st: 95.0

1st: 97.5

2nd: 10/17/2017

2nd: 95.0

2nd: 95.0

### OFF-DUTY HANDGUN

Make: CZ

Model: 2075

Caliber: 9MM

Serial #: C199002

Dates of Qualification

HQC2 Scores

HQNC2 Scores

1st: 6/27/2017

1st: 96.6

1st: 97.5

2nd: 10/17/2017

2nd: 96.6

2nd: 97.5

### ADDITIONAL OFF-DUTY WEAPONS

Make: S&W

Model: MODEL 60

Caliber: .38

Serial #: ANE2215

Dates of Qualification

HQC2 Scores

HQNC2 Scores

1st: 6/27/2017

1st: 90.0

1st: 90.0

2nd: 10/17/2017

2nd: 96.6

2nd: 97.5

### PATROL RIFLE QUALIFICATIONS AND FAMILIARIZATIONS

Weather Conditions: SUNNY/HOT

Qual 1: Location: MCFA

Date: 5/18/2017

Score Day: 98.3

Score Night: 100

Familiarization 1: Date: 6/27/2017

Location: ABERDEEN

Weather Conditions: SUNNY/WARM

Qual 2: Location: MCFA

Date: 8/01/2017

Score Day: 100

Score Night: 100

Familiarization 2: Date: 10/17/2017

Location: ABERDEEN

### AMMUNITION DESCRIPTION

Official Handgun: 40 S&W, 180 GRAIN HYDRA SHOK JHP

Off-Duty Handgun: 9MM LUGER +P, 124 GRAIN HST, .38 SPECIAL +P, 129 GRAIN. 45 AUTO, 230 GRAIN, FMJ

Patrol Rifle: 223 REM, 55 GRAIN FMJ

Comments: ADDITIONAL OFF DUTY: 6/27/17 GLOCK G30 .45 CAL CDM396 DAY: 100 NIGHT: 100

8/27/17 CHARTER ARMS BULLDOG .44 SPECIAL DAY: 90.0

NIGHT: 90.0

10/17/17 CHARTER ARMS BULLDOG .44 SPECIAL DAY: 91.6

NIGHT: 92.5

10/17/17 GLOCK G30 .45 CAL CDM396 DAY: 91.6 NIGHT: 97.5



# KEANSBURG POLICE DEPARTMENT

## INDIVIDUAL FIREARMS REQUALIFICATION RECORD

Name: MICHAEL DEANEY

Rank: LIEUTENANT

FID #:

Social Security #:

Instructor: A GOGAN, W DAVIS

Date of Entry: 5/22/2017

Location Of Qualification 1: ABERDEEN

Location Of Qualification 2: ABERDEEN

Weather Conditions Q 1: SUNNY/WARM

Weather Conditions Q 2: SUNNY/COOL

### DEPARTMENT/AGENCY ISSUED HANDGUN

Make: GLOCK

Model: G22

Caliber: .40

Serial #: TYV896

Dates of Qualification

HQC2 Scores

HQNC2 Scores

1st: 6/29/2017

1st: 98.3

1st: 100

2nd: 10/17/2017

2nd: 95.0

2nd: 97.5

### OFF-DUTY HANDGUN

Make: S&W

Model: 38 SPECIAL

Caliber: .38

Serial #: 63K2470

Dates of Qualification

HQC2 Scores

HQNC2 Scores

1st: 6/29/2017

1st: 100

1st: 100

2nd: 10/17/2017

2nd: 100

2nd: 100

### ADDITIONAL OFF-DUTY WEAPONS

Make: KAHR

Model: CM40

Caliber: .40

Serial #: JM8059

Dates of Qualification

HQC2 Scores

HQNC2 Scores

1st: 6/29/2017

1st: 91.6

1st: 95.0

2nd: 10/17/2017

2nd: 93.3

2nd: 92.5

### PATROL RIFLE QUALIFICATIONS AND FAMILIARIZATIONS

Weather Conditions: SUNNY/HOT

Qual 1: Location: MCFA

Date: 5/18/2017

Score Day: 98.3

Score Night: 100

Familiarization 1: Date: 6/29/2017

Location: MCFA

Weather Conditions: SUNNY/WARM

Qual 2: Location: MCFA

Date: 8/01/2017

Score Day: 100

Score Night: 100

Familiarization 2: Date: 10/17/2017

Location: ABERDEEN

### AMMUNITION DESCRIPTION

Official Handgun: 40 S&W, 180 GRAIN HYDRA SHOK JHP

Off-Duty Handgun: 40 S&W, 180 GRAIN HYDRA SHOK JHP, 38 SPECIAL, 129 GRAIN HYDRA SHOK JHP

Patrol Rifle: REM 223, 55 GRAIN FMJ

Comments:



# KEANSBURG POLICE DEPARTMENT

## INDIVIDUAL FIREARMS REQUALIFICATION RECORD

Name: ANDREW GOGAN

Rank: LIEUTENANT

FID #:

Social Security #:

Instructor: W DAVIS, M DEANEY

Date of Entry: 4/20/2017

Location Of Qualification 1: ABERDEEN

Location Of Qualification 2: ABERDEEN

Weather Conditions Q 1: SUNNY/WARM

Weather Conditions Q 2: SUNNY/COOL

### DEPARTMENT/AGENCY ISSUED HANDGUN

Make: GLOCK

Model: G22

Caliber: .40

Serial #: TYV886

Dates of Qualification

HQC2 Scores

HQNC2 Scores

1st: 6/29/2017

1st: 96.6

1st: 100

2nd: 10/19/2017

2nd: 96.6

2nd: 97.5

### OFF-DUTY HANDGUN

Make: GLOCK

Model: G26

Caliber: 9MM

Serial #: NRK104

Dates of Qualification

HQC2 Scores

HQNC2 Scores

1st: 6/29/2017

1st: 100

1st: 100

2nd: 10/19/2017

2nd: 100

2nd: 97.5

### ADDITIONAL OFF-DUTY WEAPONS

Make: BERETTA

Model: 64F

Caliber: .380

Serial #: CAT5602

Dates of Qualification

HQC2 Scores

HQNC2 Scores

1st: 6/29/2017

1st: 95.0

1st: 95.0

2nd: 10/19/2017

2nd: 95.0

2nd: 90.0

### PATROL RIFLE QUALIFICATIONS AND FAMILIARIZATIONS

Weather Conditions: SUNNY/COOL

Qual 1: Location: MCFA

Date: 4/18/2017

Score Day: 98.3

Score Night: 100

Familiarization 1: Date: 6/29/2017

Location: ABERDEEN

Weather Conditions: SUNNY/WARM

Qual 2: Location: MCFA

Date: 8/01/2017

Score Day: 98.3

Score Night: 100

Familiarization 2: Date: 10/19/2017

Location: ABERDEEN

### AMMUNITION DESCRIPTION

Official Handgun: 40 S&W, 180 GRAIN HYDRA-SHOK, JHP

Off-Duty Handgun: 9MM LUGER +P, 124 GRAIN HST, 380 AUTO, 90 GRAIN HYDRA SHOK JHP

Patrol Rifle: AMERICAN EAGLE, 223 REM 55 GRAIN FMJ

Comments:



# KEANSBURG POLICE DEPARTMENT

## INDIVIDUAL FIREARMS REQUALIFICATION RECORD

Name: CHRISTOPHER HOSEY

Rank: PATROLMAN

FID #:

Social Security #:

Instructor: A GOGAN, W DAVIS, M DEANEY

Date of Entry: 5/22/2017

Location Of Qualification 1: ABERDEEN

Location Of Qualification 2: ABERDEEN

Weather Conditions Q 1: SUNNY/WARM

Weather Conditions Q 2: SUNNY/COOL

### DEPARTMENT/AGENCY ISSUED HANDGUN

Make: GLOCK

Model: G22

Caliber: .40

Serial #: G62622

Dates of Qualification

HQC2 Scores

HQNC2 Scores

1st: 6/29/2017

1st: 95.0

1st: 95.0

2nd: 10/17/2017

2nd: 88.3

2nd: 92.5

### OFF-DUTY HANDGUN

Make:

Model:

Caliber:

Serial #:

Dates of Qualification

HQC2 Scores

HQNC2 Scores

1st:

1st:

1st:

2nd:

2nd:

2nd:

### ADDITIONAL OFF-DUTY WEAPONS

Make:

Model:

Caliber:

Serial #:

Dates of Qualification

HQC2 Scores

HQNC2 Scores

1st:

1st:

1st:

2nd:

2nd:

2nd:

### PATROL RIFLE QUALIFICATIONS AND FAMILIARIZATIONS

Weather Conditions: SUNNY/HOT

Qual 1: Location: MCFA

Date: 5/18/2017

Score Day: 83.3

Score Night: 98

Familiarization 1: Date: 6/29/2017

Location: ABERDEEN

Weather Conditions: SUNNY/WARM

Qual 2: Location: MCFA

Date: 8/03/2017

Score Day: 88.3

Score Night: 100

Familiarization 2: Date: 10/17/2017

Location: ABERDEEN

### AMMUNITION DESCRIPTION

Official Handgun: 40 S&W, 180 GRAIN HYDRA SHOK, JHP

Off-Duty Handgun:

Patrol Rifle: REM 223, 55 GRAIN FMJ

Comments:



# KEANSBURG POLICE DEPARTMENT

## INDIVIDUAL FIREARMS REQUALIFICATION RECORD

Name: JOSEPH JANKOWSKI

Rank: DETECTIVE

FID #:

Social Security #:

Instructor: A GOGAN, W DAVIS, M DEANEY

Date of Entry: 4/20/2017

Location Of Qualification 1: ABERDEEN

Location Of Qualification 2: ABERDEEN

Weather Conditions Q 1: SUNNY/WARM

Weather Conditions Q 2: SUNNY/COOL

### DEPARTMENT/AGENCY ISSUED HANDGUN

Make: GLOCK

Model: G22

Caliber: .40

Serial #: TYV882

#### Dates of Qualification

#### HQC2 Scores

#### HQNC2 Scores

1st: 6/29/2017

1st: 98.3

1st: 92.5

2nd: 10/19/2017

2nd: 88.3

2nd: 100

### OFF-DUTY HANDGUN

Make:

Model:

Caliber:

Serial #:

#### Dates of Qualification

#### HQC2 Scores

#### HQNC2 Scores

1st:

1st:

1st:

2nd:

2nd:

2nd:

### ADDITIONAL OFF-DUTY WEAPONS

Make:

Model:

Caliber:

Serial #:

#### Dates of Qualification

#### HQC2 Scores

#### HQNC2 Scores

1st:

1st:

1st:

2nd:

2nd:

2nd:

### PATROL RIFLE QUALIFICATIONS AND FAMILIARIZATIONS

Weather Conditions: SUNNY/COOL

Qual 1: Location: MCFA

Date: 4/18/2017

Score Day: 96.6

Score Night: 100

Familiarization 1: Date: 6/29/2017

Location: ABERDEEN

Weather Conditions: SUNNY/WARM

Qual 2: Location: MCFA

Date: 8/21/2017

Score Day: 83.3

Score Night: 100

Familiarization 2: Date: 10/19/2017

Location: ABERDEEN

### AMMUNITION DESCRIPTION

Official Handgun: 40 S&W, 180 GRAIN HYDRA SHOK, JHP

Off-Duty Handgun:

Patrol Rifle: AMERICAN EAGLE, 223 REM, 55 GRAIN FMJ

Comments:



# KEANSBURG POLICE DEPARTMENT

## INDIVIDUAL FIREARMS REQUALIFICATION RECORD

Name: RICHARD JOHNSON

Rank: DETECTIVE

FID #: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Instructor: A GOGAN, W DAVIS, M DEANEY

Date of Entry: 4/20/2017

Location Of Qualification 1: ABERDEEN

Location Of Qualification 2: ABERDEEN

Weather Conditions Q 1: SUNNY/WARM

Weather Conditions Q 2: SUNNY/COOL

### DEPARTMENT/AGENCY ISSUED HANDGUN

Make: GLOCK

Model: G22

Caliber: .40

Serial #: G62616

Dates of Qualification

HQC2 Scores

HQNC2 Scores

1st: 6/27/2017

1st: 90.0

1st: 95.0

2nd: 10/17/2017

2nd: 88.3

2nd: 92.5

### OFF-DUTY HANDGUN

Make: S&W

Model: M&P

Caliber: .40

Serial #: MPW5598

Dates of Qualification

HQC2 Scores

HQNC2 Scores

1st: 6/27/2017

1st: 93.3

1st: 95.0

2nd: 10/17/2017

2nd: 90.0

2nd: 92.5

### ADDITIONAL OFF-DUTY WEAPONS

Make:

Model:

Caliber:

Serial #:

Dates of Qualification

HQC2 Scores

HQNC2 Scores

1st:

1st:

1st:

2nd:

2nd:

2nd:

### PATROL RIFLE QUALIFICATIONS AND FAMILIARIZATIONS

Weather Conditions: SUNNY/COOL

Qual 1: Location: MCFA

Date: 4/18/2017 Score Day: 90.0

Score Night: 100

Familiarization 1: Date: 6/27/2017

Location: ABERDEEN

Weather Conditions: SUNNY/WARM

Qual 2: Location: MCFA

Date: 8/03/2017 Score Day: 88.3

Score Night: 98

Familiarization 2: Date: 10/17/2017

Location: ABERDEEN

### AMMUNITION DESCRIPTION

Official Handgun: 40 S&W, 180 GRAIN HYDRA-SHOK, JHP

Off-Duty Handgun: 40 S&W, 180 GRAIN HYDRA SHOK, JHP

Patrol Rifle: AMERICAN EAGLE, 223 REM 55 GRAIN FMJ

Comments:



# KEANSBURG POLICE DEPARTMENT

## INDIVIDUAL FIREARMS REQUALIFICATION RECORD

Name: BRYAN KING

Rank: SERGEANT

FID #: ' '

Social Security #: \_\_\_\_\_

Instructor: A GOGAN, W DAVIS, M DEANEY

Date of Entry: 5/22/2017

Location Of Qualification 1: ABERDEEN

Location Of Qualification 2: ABERDEEN

Weather Conditions Q 1: SUNNY/WARM

Weather Conditions Q 2: SUNNY/COOL

### DEPARTMENT/AGENCY ISSUED HANDGUN

Make: GLOCK

Model: G22

Caliber: .40

Serial #: TYV902

Dates of Qualification

HQC2 Scores

HQNC2 Scores

1st: 6/29/2017

1st: 91.6

1st: 95.0

2nd: 10/19/2017

2nd: 86.6

2nd: 97.5

### OFF-DUTY HANDGUN

Make: SPRINGFIELD

Model: XD40

Caliber: .40

Serial #: US196276

Dates of Qualification

HQC2 Scores

HQNC2 Scores

1st: 6/29/2017

1st: 86.6

1st: 97.5

2nd: 10/19/2017

2nd: 86.6

2nd: 92.5

### ADDITIONAL OFF-DUTY WEAPONS

Make:

Model:

Caliber:

Serial #:

Dates of Qualification

HQC2 Scores

HQNC2 Scores

1st:

1st:

1st:

2nd:

2nd:

2nd:

### PATROL RIFLE QUALIFICATIONS AND FAMILIARIZATIONS

Weather Conditions: SUNNY/HOT

Qual 1: Location: MCFA

Date: 5/18/2017

Score Day: 80.0

Score Night: 98.0

Familiarization 1: Date: 6/29/2017

Location: ABERDEEN

Weather Conditions: OVERCAST/WAWRM

Qual 2: Location: MCFA

Date: 8/14/2017

Score Day: 83.3

Score Night: 100

Familiarization 2: Date: 10/19/2017

Location: ABERDEEN

### AMMUNITION DESCRIPTION

Official Handgun: 40 S&W, 180 GRAIN HYDRA SHOK JHP

Off-Duty Handgun: 40 S&W, 180 GRAIN HYDRA SHOK JHP

Patrol Rifle: 223 REM, 55 GRAIN FMJ

Comments:



# KEANSBURG POLICE DEPARTMENT

## INDIVIDUAL FIREARMS REQUALIFICATION RECORD

Name: JAMES KOEMPEL

Rank: PATROLMAN

FID #:

Social Security #: \_\_\_\_\_

Instructor: A GOGAN, W DAVIS, M DEANEY

Date of Entry: 5/22/2017

Location Of Qualification 1: ABERDEEN

Location Of Qualification 2: ABERDEEN

Weather Conditions Q 1: SUNNY/WARM

Weather Conditions Q 2: SUNNY/COOL

### DEPARTMENT/AGENCY ISSUED HANDGUN

Make: GLOCK

Model: G22

Caliber: .40

Serial #: TYV888

#### Dates of Qualification

#### HQC2 Scores

#### HQNC2 Scores

1st: 6/29/2017

1st: 86.6

1st: 82.5

2nd: 10/19/2017

2nd: 86.6

2nd: 87.5

### OFF-DUTY HANDGUN

Make: S&W

Model: M&P SHIELD

Caliber: .40

Serial #: HLN1178

#### Dates of Qualification

#### HQC2 Scores

#### HQNC2 Scores

1st: 4/18/2017

1st: 90.0

1st: 95.0

2nd: 10/19/2017

2nd: 83.3

2nd: 87.5

### ADDITIONAL OFF-DUTY WEAPONS

Make: RUGER

Model: LCP

Caliber: .380

Serial #: 371128687

#### Dates of Qualification

#### HQC2 Scores

#### HQNC2 Scores

1st: 6/29/2017

1st: 81.6

1st: 92.5

2nd: 10/19/2017

2nd: 85.0

2nd: 82.5

### PATROL RIFLE QUALIFICATIONS AND FAMILIARIZATIONS

Weather Conditions: SUNNY/HOT

Qual 1: Location: MCFA

Date: 5/18/2017 Score Day: 81.6

Score Night: 98.0

Familiarization 1: Date: 6/29/2017

Location: ABERDEEN

Weather Conditions: SUNNY/WARM

Qual 2: Location: MCFA

Date: 8/03/2017 Score Day: 88.3

Score Night: 100

Familiarization 2: Date: 10/19/2017

Location: ABERDEEN

### AMMUNITION DESCRIPTION

Official Handgun: 40 S&W, 180 GRAIN HYDRA SHOK JHP

Off-Duty Handgun: 40 S&W, 180 GRAIN HYDRA SHOK JHP, 380 AUTO, 90 GRAIN HYDRA SHOK JHP

Patrol Rifle: REM 223, 55 GRAIN FMJ

Comments:



# KEANSBURG POLICE DEPARTMENT

## INDIVIDUAL FIREARMS REQUALIFICATION RECORD

Name: TIFFANIE DELLAPIETRO Rank: SERGEANT FID #:  
Social Security #: Instructor: A GOGAN, W DAVIS, M DEANEY Date of Entry: 5/22/2017

Location Of Qualification 1: ABERDEEN

Location Of Qualification 2: DNQ

Weather Conditions Q 1: SUNNY/WARM

Weather Conditions Q 2:

### DEPARTMENT/AGENCY ISSUED HANDGUN

Make: GLOCK Model: G22 Caliber: .40 Serial #: TYV883

Dates of Qualification

HQC2 Scores

HQNC2 Scores

1st: 6/29/2017

1st: 86.6

1st: 95.0

2nd:

2nd:

2nd:

### OFF-DUTY HANDGUN

Make: Model: Caliber: Serial #:

Dates of Qualification

HQC2 Scores

HQNC2 Scores

1st:

1st:

1st:

2nd:

2nd:

2nd:

### ADDITIONAL OFF-DUTY WEAPONS

Make: Model: Caliber: Serial #:

Dates of Qualification

HQC2 Scores

HQNC2 Scores

1st:

1st:

1st:

2nd:

2nd:

2nd:

### PATROL RIFLE QUALIFICATIONS AND FAMILIARIZATIONS

Weather Conditions: SUNNY, HOT

Qual 1: Location: MCFA

Date: 5/18/2017

Score Day: 80.0

Score Night: 100

Familiarization 1: Date:

Location:

Weather Conditions: DNQ

Qual 2: Location:

Date:

Score Day:

Score Night:

Familiarization 2: Date:

Location:

### AMMUNITION DESCRIPTION

Official Handgun: 40 S&W, 180 GRAIN HYDRA SHOK JHP

Off-Duty Handgun:

Patrol Rifle: REM 223, 55 GRAIN FMJ

Comments: Sgt Dellapietro did not qualify for her second qualification due to injury sustained while working.



# KEANSBURG POLICE DEPARTMENT

## INDIVIDUAL FIREARMS REQUALIFICATION RECORD

Name: JOSEPH LAMB

Rank: SPECIAL OFFICER

FID #:

Social Security #:

Instructor: A GOGAN, W DAVIS, M DEANEY

Date of Entry: 9/12/2017

Location Of Qualification 1: MCFA

Location Of Qualification 2:

Weather Conditions Q 1: SUNNY/WARM

Weather Conditions Q 2:

### DEPARTMENT/AGENCY ISSUED HANDGUN

Make: GLOCK

Model: G22

Caliber: .40

Serial #: G62625

Dates of Qualification

HQC2 Scores

HQNC2 Scores

1st: 8/21/2017

1st: 86.6

1st: 97.5

2nd: 11/17/2017

2nd: 96.6

2nd: 100

### OFF-DUTY HANDGUN

Make:

Model:

Caliber:

Serial #:

Dates of Qualification

HQC2 Scores

HQNC2 Scores

1st:

1st:

1st:

2nd:

2nd:

2nd:

### ADDITIONAL OFF-DUTY WEAPONS

Make:

Model:

Caliber:

Serial #:

Dates of Qualification

HQC2 Scores

HQNC2 Scores

1st:

1st:

1st:

2nd:

2nd:

2nd:

### PATROL RIFLE QUALIFICATIONS AND FAMILIARIZATIONS

Weather Conditions:

Qual 1: Location:

Date:

Score Day:

Score Night:

Familiarization 1: Date:

Location:

Weather Conditions: SUNNY/WARM

Qual 2: Location: MCFA

Date: 8/21/2017

Score Day: 96.6

Score Night: 100

Familiarization 2: Date: 11/17/2017

Location: ABERDEEN

### AMMUNITION DESCRIPTION

Official Handgun: 40 S&W, 180 GRAIN HYDRA SHOK JHP

Off-Duty Handgun:

Patrol Rifle: REM 223, 55 GRAIN FMJ

Comments:



# KEANSBURG POLICE DEPARTMENT

## INDIVIDUAL FIREARMS REQUALIFICATION RECORD

Name: JASON LOPEZ

Rank: DETECTIVE

FID #:

Social Security #:

Instructor: A GOGAN, W DAVIS

Date of Entry: 4/20/2017

Location Of Qualification 1: MCFA

Location Of Qualification 2: ABERDEEN

Weather Conditions Q 1: SUNNY/WARM

Weather Conditions Q 2: SUNNY/COOL

### DEPARTMENT/AGENCY ISSUED HANDGUN

Make: GLOCK

Model: G22

Caliber: .40

Serial #: TYV912

Dates of Qualification

HQC2 Scores

HQNC2 Scores

1st: 8/21/2017

1st: 81.6

1st: 90.0

2nd: 10/17/2017

2nd: 83.3

2nd: 92.5

### OFF-DUTY HANDGUN

Make:

Model:

Caliber:

Serial #:

Dates of Qualification

HQC2 Scores

HQNC2 Scores

1st:

1st:

1st:

2nd:

2nd:

2nd:

### ADDITIONAL OFF-DUTY WEAPONS

Make:

Model:

Caliber:

Serial #:

Dates of Qualification

HQC2 Scores

HQNC2 Scores

1st:

1st:

1st:

2nd:

2nd:

2nd:

### PATROL RIFLE QUALIFICATIONS AND FAMILIARIZATIONS

Weather Conditions: SUNNY/COOL

Qual 1: Location: MCFA

Date: 4/18/2017

Score Day: 81.6

Score Night: 98

Familiarization 1: Date: 8/21/2017

Location: MCFA

Weather Conditions: SUNNY/WARM

Qual 2: Location: MCFA

Date: 8/21/2017

Score Day: 86.6

Score Night: 96

Familiarization 2: Date:

Location: DNQ DUE TO INJURY TO EAR

### AMMUNITION DESCRIPTION

Official Handgun: 40 S&W, 180 GRAIN HYDRA-SHOK, JHP

Off-Duty Handgun:

Patrol Rifle: AMERICAN EAGLE, 223 REM, 55 GRAIN FMJ

Comments:



# KEANSBURG POLICE DEPARTMENT

## INDIVIDUAL FIREARMS REQUALIFICATION RECORD

Name: JOHN MURRAY

Rank: PATROLMAN

FID #: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Instructor: A GOGAN, W DAVIS, M DEANEY

Date of Entry: 4/20/2017

Location Of Qualification 1: ABERDEEN

Location Of Qualification 2: ABERDEEN

Weather Conditions Q 1: SUNNY/WARM

Weather Conditions Q 2: SUNNY/COOL

### DEPARTMENT/AGENCY ISSUED HANDGUN

Make: GLOCK

Model: G22

Caliber: .40

Serial #: TYV891

Dates of Qualification

HQC2 Scores

HQNC2 Scores

1st: 6/27/2017

1st: 88.3

1st: 92.5

2nd: 10/19/2017

2nd: 81.6

2nd: 92.5

### OFF-DUTY HANDGUN

Make: GLOCK

Model: G43

Caliber: 9MM

Serial #: BEVX832

Dates of Qualification

HQC2 Scores

HQNC2 Scores

1st: 6/27/2017

1st: 86.6

1st: 87.5

2nd: 10/19/2017

2nd: 91.6

2nd: 82.5

### ADDITIONAL OFF-DUTY WEAPONS

Make:

Model:

Caliber:

Serial #:

Dates of Qualification

HQC2 Scores

HQNC2 Scores

1st:

1st:

1st:

2nd:

2nd:

2nd:

### PATROL RIFLE QUALIFICATIONS AND FAMILIARIZATIONS

Weather Conditions: CLOUDY/COOL

Qual 1: Location: MCFA

Date: 4/13/2017 Score Day: 100

Score Night: 100

Familiarization 1: Date: 6/27/2017

Location: ABERDEEN

Weather Conditions: SUNNY/WARM

Qual 2: Location: MCFA

Date: 8/21/2017 Score Day: 88.3

Score Night: 100

Familiarization 2: Date: 10/19/2017

Location: ABERDEEN

### AMMUNITION DESCRIPTION

Official Handgun: 40 S&W, 180 GRAIN HYDRA-SHOK JHP

Off-Duty Handgun: 9MM LUGER +P, 214 GRAIN HST

Patrol Rifle: AMERICAN EAGLE, 223 REM 58 GRAIN FMJ

Comments: HOLSTER : BLACKHAWK 2100270



# KEANSBURG POLICE DEPARTMENT

## INDIVIDUAL FIREARMS REQUALIFICATION RECORD

Name: GEORGE NECKLES

Rank: PATROLMAN

FID #:

Social Security #:

Instructor: A GOGAN, W DAVIS, M DEANEY

Date of Entry: 4/20/2017

Location Of Qualification 1: ABERDEEN

Location Of Qualification 2:

Weather Conditions Q 1: SUNNY/WARM

Weather Conditions Q 2:

### DEPARTMENT/AGENCY ISSUED HANDGUN

Make: GLOCK

Model: G22

Caliber: .40

Serial #: TYV880

Dates of Qualification

HQC2 Scores

HQNC2 Scores

1st: 6/29/2017

1st: 81.6

1st: 87.5

2nd: 11/17/2017

2nd: 85.0

2nd: 100

### OFF-DUTY HANDGUN

Make: KAHR

Model: MK40

Caliber: .40

Serial #: HA1705

Dates of Qualification

HQC2 Scores

HQNC2 Scores

1st: 6/29/2017

1st: 86.6

1st: 87.5

2nd: 11/17/2017

2nd: 93.3

2nd: 97.5

### ADDITIONAL OFF-DUTY WEAPONS

Make:

Model:

Caliber:

Serial #:

Dates of Qualification

HQC2 Scores

HQNC2 Scores

1st:

1st:

1st:

2nd:

2nd:

2nd:

### PATROL RIFLE QUALIFICATIONS AND FAMILIARIZATIONS

Weather Conditions: SUNNY/COOL

Qual 1: Location: MCFA

Date: 4/18/2017

Score Day: 86.6

Score Night: 100

Familiarization 1: Date: 6/29/2017

Location: ABERDEEN

Weather Conditions: SUNNY/WARM

Qual 2: Location: MCFA

Date: 8/03/2017

Score Day: 88.3

Score Night: 100

Familiarization 2: Date: 11/17/2017

Location: ABERDEEN

### AMMUNITION DESCRIPTION

Official Handgun: 40 S&W, 180 GRAIN HYDRA-SHOK JHP

Off-Duty Handgun: 40 S&W, 180 GRAIN HYDRA SHOK JHP

Patrol Rifle: AMERICAN EAGLE, 223 REM, 55 GRAIN FMJ

Comments:



# KEANSBURG POLICE DEPARTMENT INDIVIDUAL FIREARMS REQUALIFICATION RECORD

Name: JAMES PIGOTT

Rank: CHIEF

FID #: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Instructor: LT A GOGAN, CAPT W DAVIS, LT M DEAN

Date of Entry: 7/27/2017

Location Of Qualification 1: ABERDEEN

Location Of Qualification 2: \_\_\_\_\_

Weather Conditions Q 1: SUNNY/WARM

Weather Conditions Q 2: \_\_\_\_\_

## DEPARTMENT/AGENCY ISSUED HANDGUN

Make: GLOCK

Model: G22

Caliber: .40

Serial #: TYV908

Dates of Qualification

HQC2 Scores

HQNC2 Scores

1st: 6/27/2017

1st: 86.6

1st: 87.5

2nd: \_\_\_\_\_

2nd: \_\_\_\_\_

2nd: \_\_\_\_\_

## OFF-DUTY HANDGUN

Make: \_\_\_\_\_

Model: \_\_\_\_\_

Caliber: \_\_\_\_\_

Serial #: \_\_\_\_\_

Dates of Qualification

HQC2 Scores

HQNC2 Scores

1st: \_\_\_\_\_

1st: \_\_\_\_\_

1st: \_\_\_\_\_

2nd: \_\_\_\_\_

2nd: \_\_\_\_\_

2nd: \_\_\_\_\_

## ADDITIONAL OFF-DUTY WEAPONS

Make: \_\_\_\_\_

Model: \_\_\_\_\_

Caliber: \_\_\_\_\_

Serial #: \_\_\_\_\_

Dates of Qualification

HQC2 Scores

HQNC2 Scores

1st: \_\_\_\_\_

1st: \_\_\_\_\_

1st: \_\_\_\_\_

2nd: \_\_\_\_\_

2nd: \_\_\_\_\_

2nd: \_\_\_\_\_

## PATROL RIFLE QUALIFICATIONS AND FAMILIARIZATIONS

Weather Conditions: \_\_\_\_\_

Qual 1: Location: \_\_\_\_\_

Date: \_\_\_\_\_

Score Day: \_\_\_\_\_

Score Night: \_\_\_\_\_

Familiarization 1: Date: \_\_\_\_\_

Location: \_\_\_\_\_

Weather Conditions: \_\_\_\_\_

Qual 2: Location: \_\_\_\_\_

Date: \_\_\_\_\_

Score Day: \_\_\_\_\_

Score Night: \_\_\_\_\_

Familiarization 2: Date: \_\_\_\_\_

Location: \_\_\_\_\_

## AMMUNITION DESCRIPTION

Official Handgun: S&W 40, 180 GRAIN HYDRA-SHOK, JHP

Off-Duty Handgun: \_\_\_\_\_

Patrol Rifle: \_\_\_\_\_

Comments: \_\_\_\_\_



# KEANSBURG POLICE DEPARTMENT

## INDIVIDUAL FIREARMS REQUALIFICATION RECORD

Name: JILLIAN PUTKOWSKI

Rank: PATROLMAN

FID #: 

Social Security #:

Instructor: LT A GOGAN, CAPT W DAVIS, LT M DEAN Date of Entry: 7/27/2017

Location Of Qualification 1: ABERDEEN

Location Of Qualification 2: ABERDEEN

Weather Conditions Q 1: SUNNY/WARM

Weather Conditions Q 2: SUNNY/COOL

### DEPARTMENT/AGENCY ISSUED HANDGUN

Make: GLOCK

Model: G22

Caliber: .40

Serial #: G26617

Dates of Qualification

HQC2 Scores

HQNC2 Scores

1st: 6/27/2017

1st: 93.3

1st: 97.5

2nd: 10/19/2017

2nd: 88.3

2nd: 92.5

### OFF-DUTY HANDGUN

Make: GLOCK

Model: G19

Caliber: 9MM

Serial #: 86.6

Dates of Qualification

HQC2 Scores

HQNC2 Scores

1st: 6/27/2017

1st: 86.6

1st: 90.0

2nd: 10/19/2017

2nd: 90.0

2nd: 92.5

### ADDITIONAL OFF-DUTY WEAPONS

Make:

Model:

Caliber:

Serial #:

Dates of Qualification

HQC2 Scores

HQNC2 Scores

1st:

1st:

1st:

2nd:

2nd:

2nd:

### PATROL RIFLE QUALIFICATIONS AND FAMILIARIZATIONS

Weather Conditions: INJURED

Qual 1: Location:

Date:

Score Day:

Score Night:

Familiarization 1: Date:

Location:

Weather Conditions: SUNNY/WARM

Qual 2: Location: MCFA

Date: 8/03/2017

Score Day: 81.6

Score Night: 100

Familiarization 2: Date: 10/19/2017

Location: ABERDEEN

### AMMUNITION DESCRIPTION

Official Handgun: S&W 40, 180 GRAIN HYDRA-SHOK JHP

Off-Duty Handgun: 9MM LUGER +P, 124 GRAIN HST

Patrol Rifle: REM 223, 55 GRAIN FMJ

Comments:



# KEANSBURG POLICE DEPARTMENT INDIVIDUAL FIREARMS REQUALIFICATION RECORD

Name: GUILERMO RIVERA

Rank: SPECIAL OFFICER

FID #: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Instructor: A GOGAN, W DAVIS, M DEANEY

Date of Entry: 5/22/2017

Location Of Qualification 1: ABERDEEN

Location Of Qualification 2: ABERDEEN

Weather Conditions Q 1: SUNNY/WARM

Weather Conditions Q 2: SUNNY/COOL

## DEPARTMENT/AGENCY ISSUED HANDGUN

Make: GLOCK

Model: G22

Caliber: .40

Serial #: TYV905

Dates of Qualification

HQC2 Scores

HQNC2 Scores

1st: 6/27/2017

1st: 95.0

1st: 95.0

2nd: 10/19/2017

2nd: 95.0

2nd: 95.0

## OFF-DUTY HANDGUN

Make:

Model:

Caliber:

Serial #:

Dates of Qualification

HQC2 Scores

HQNC2 Scores

1st:

1st:

1st:

2nd:

2nd:

2nd:

## ADDITIONAL OFF-DUTY WEAPONS

Make:

Model:

Caliber:

Serial #:

Dates of Qualification

HQC2 Scores

HQNC2 Scores

1st:

1st:

1st:

2nd:

2nd:

2nd:

## PATROL RIFLE QUALIFICATIONS AND FAMILIARIZATIONS

Weather Conditions: SUNNY/HOT

Qual 1: Location: MCFA

Date: 5/18/2017

Score Day: 91.6

Score Night: 96

Familiarization 1: Date: 6/27/2017

Location: ABERDEEN

Weather Conditions: SUNNY/WARM

Qual 2: Location: MCFA

Date: 8/21/2017

Score Day: 80.0

Score Night: 98

Familiarization 2: Date: 10/19/2017

Location: ABERDEEN

## AMMUNITION DESCRIPTION

Official Handgun: 40 S&W, 180 GRAIN HYDRA SHOK JHP

Off-Duty Handgun:

Patrol Rifle: 223 REM, 55 GRAIN FMJ

Comments:



# KEANSBURG POLICE DEPARTMENT

## INDIVIDUAL FIREARMS REQUALIFICATION RECORD

Name: CHRISTOPHER ROGAN

Rank: PATROLMAN

FID #:

Social Security #:

Instructor: A GOGAN, W DAVIS

Date of Entry: 4/20/2017

Location Of Qualification 1: ABERDEEN

Location Of Qualification 2: ABERDEEN

Weather Conditions Q 1: SUNNY/WARM

Weather Conditions Q 2: SUNNY/COOL

### DEPARTMENT/AGENCY ISSUED HANDGUN

Make: GLOCK

Model: G22

Caliber: 40

Serial #: G62623

Dates of Qualification

HQC2 Scores

HQNC2 Scores

1st: 6/27/2017

1st: 86.6

1st: 85.0

2nd: 10/17/2017

2nd: 85.0

2nd: 87.5

### OFF-DUTY HANDGUN

Make:

Model:

Caliber:

Serial #:

Dates of Qualification

HQC2 Scores

HQNC2 Scores

1st:

1st:

1st:

2nd:

2nd:

2nd:

### ADDITIONAL OFF-DUTY WEAPONS

Make:

Model:

Caliber:

Serial #:

Dates of Qualification

HQC2 Scores

HQNC2 Scores

1st:

1st:

1st:

2nd:

2nd:

2nd:

### PATROL RIFLE QUALIFICATIONS AND FAMILIARIZATIONS

Weather Conditions: SUNNY/COOL

Qual 1: Location: MCFA

Date: 4/18/2017 Score Day: 93.3

Score Night: 100

Familiarization 1: Date: 6/27/2017

Location: ABERDEEN

Weather Conditions: SUNNY/WARM

Qual 2: Location: MCFA

Date: 8/03/2017 Score Day: 95.0

Score Night: 100

Familiarization 2: Date: 10/17/2017

Location: ABERDEEN

### AMMUNITION DESCRIPTION

Official Handgun: 40 S&W, 180 GRAIN HYDRA SHOK JHP

Off-Duty Handgun:

Patrol Rifle: AMERICAN EAGLE, 223 REM 55 GRAIN FMJ

Comments:



# KEANSBURG POLICE DEPARTMENT

## INDIVIDUAL FIREARMS REQUALIFICATION RECORD

Name: SCOTT RONGO

Rank: SERGEANT

FID #:

Social Security #:

Instructor: A GOGAN, W DAVIS, M DEANEY

Date of Entry: 5/22/2017

Location Of Qualification 1: ABERDEEN

Location Of Qualification 2: ABERDEEN

Weather Conditions Q 1: SUNNY/WARM

Weather Conditions Q 2: SUNNY/COOL

### DEPARTMENT/AGENCY ISSUED HANDGUN

Make: GLOCK

Model: G22

Caliber: .40

Serial #: G62618

Dates of Qualification

HQC2 Scores

HQNC2 Scores

1st: 6/29/2017

1st: 91.6

1st: 87.5

2nd: 10/17/2017

2nd: 83.3

2nd: 80.0

### OFF-DUTY HANDGUN

Make: GLOCK

Model: G23

Caliber: .40

Serial #: DVK653

Dates of Qualification

HQC2 Scores

HQNC2 Scores

1st:

1st:

1st:

2nd: 10/17/2017

2nd: 80.0

2nd: 87.5

### ADDITIONAL OFF-DUTY WEAPONS

Make:

Model:

Caliber:

Serial #:

Dates of Qualification

HQC2 Scores

HQNC2 Scores

1st:

1st:

1st:

2nd:

2nd:

2nd:

### PATROL RIFLE QUALIFICATIONS AND FAMILIARIZATIONS

Weather Conditions: SUNNY/HOT

Qual 1: Location: MCFA

Date: 5/18/2017

Score Day: 86.6

Score Night: 100

Familiarization 1: Date: 6/29/2017

Location: ABERDEEN

Weather Conditions: DNQ DUE TO ASSIGNMENT

Qual 2: Location:

Date:

Score Day:

Score Night:

Familiarization 2: Date:

Location:

### AMMUNITION DESCRIPTION

Official Handgun: 40 S&W, 180 GRAIN HYDRA SHOK JHP

Off-Duty Handgun:

Patrol Rifle: 223 REM, 55 GRAIN FMJ

Comments:



# KEANSBURG POLICE DEPARTMENT

## INDIVIDUAL FIREARMS REQUALIFICATION RECORD

Name: MICHAEL SHEEHAN

Rank: PATROLMAN

FID #:

Social Security #:

Instructor: CAPT W DAVIS, PTL T SHEEHAN, LT A GOODALE, PTL J DEANBY

Location Of Qualification 1: ABERDEEN

Location Of Qualification 2: ABERDEEN

Weather Conditions Q 1: SUNNY/WARM

Weather Conditions Q 2: SUNNY/COOL

### DEPARTMENT/AGENCY ISSUED HANDGUN

Make: GLOCK

Model: G22

Caliber: .40

Serial #: YRV989

Dates of Qualification

HQC2 Scores

HQNC2 Scores

1st: 6/27/2017

1st: 83.3

1st: 90.0

2nd: 10/17/2017

2nd: 86.6

2nd: 90.0

### OFF-DUTY HANDGUN

Make: GLOCK

Model: G19

Caliber: 9MM

Serial #: BBFB302

Dates of Qualification

HQC2 Scores

HQNC2 Scores

1st: 6/27/2017

1st: 81.6

1st: 92.5

2nd: 10/17/2017

2nd: 81.6

2nd: 87.5

### ADDITIONAL OFF-DUTY WEAPONS

Make:

Model:

Caliber:

Serial #:

Dates of Qualification

HQC2 Scores

HQNC2 Scores

1st:

1st:

1st:

2nd:

2nd:

2nd:

### PATROL RIFLE QUALIFICATIONS AND FAMILIARIZATIONS

Weather Conditions: CLOUDY/COOL

Qual 1: Location: MCFA

Date: 4/13/2017

Score Day: 96.6

Score Night: 100

Familiarization 1: Date: 6/27/2017

Location: ABERDEEN

Weather Conditions: SUNNY/WARM

Qual 2: Location: MCFA

Date: 8/03/2017

Score Day: 88.3

Score Night: 98

Familiarization 2: Date: 10/17/2017

Location: ABERDEEN

### AMMUNITION DESCRIPTION

Official Handgun: 40 S&W, 180 GRAIN HYDRA-SHOK, JHP

Off-Duty Handgun: 9MM LUGER +9, 124 GRAIN JHP

Patrol Rifle: AMERICAN EAGLE, 223 REM 55 GRAIN FMJ

Comments: OFF DUTY HOLSTER GALCO PANCAKE/ SER #BI69H0



# KEANSBURG POLICE DEPARTMENT

## INDIVIDUAL FIREARMS REQUALIFICATION RECORD

Name: ROBERT SHEEHAN

Rank: CAPTAIN

FID #:

Social Security #:



Instructor: A GOGAN, W DAVIS, M DEANEY

Date of Entry: 7/27/2017

Location Of Qualification 1: ABERDEEN

Location Of Qualification 2: ABERDEEN

Weather Conditions Q 1: SUNNY/WARM

Weather Conditions Q 2: SUNNY/COOL

### DEPARTMENT/AGENCY ISSUED HANDGUN

Make: GLOCK

Model: G22

Caliber: .40

Serial #: TYV895

#### Dates of Qualification

#### HQC2 Scores

#### HQNC2 Scores

1st: 6/29/2017

1st: 86.6

1st: 92.5

2nd: 10/17/2017

2nd: 80.0

2nd: 97.5

### OFF-DUTY HANDGUN

Make: GLOCK

Model: G19

Caliber: 9MM

Serial #: FGY316

#### Dates of Qualification

#### HQC2 Scores

#### HQNC2 Scores

1st: 6/29/2017

1st: 91.6

1st: 95.0

2nd: 10/17/2017

2nd: 90.0

2nd: 97.5

### ADDITIONAL OFF-DUTY WEAPONS

Make: RUGER

Model: LCP

Caliber: .380

Serial #: 371-88266

#### Dates of Qualification

#### HQC2 Scores

#### HQNC2 Scores

1st: 6/29/2017

1st: 85.0

1st: 87.5

2nd: 10/17/2017

2nd: 86.6

2nd: 92.5

### PATROL RIFLE QUALIFICATIONS AND FAMILIARIZATIONS

Weather Conditions:

Qual 1: Location:

Date:

Score Day:

Score Night:

Familiarization 1: Date:

Location:

Weather Conditions:

Qual 2: Location:

Date:

Score Day:

Score Night:

Familiarization 2: Date:

Location:

### AMMUNITION DESCRIPTION

Official Handgun: 40 S&W, 180 GRAIN HYDRA SHOK JHP

Off-Duty Handgun: 9MM LUGER +P, 124 GRAIN HST, 380 AUTO, 90 GRAIN HYDRA SHOK, JHP

Patrol Rifle:

Comments:



# KEANSBURG POLICE DEPARTMENT

## INDIVIDUAL FIREARMS REQUALIFICATION RECORD

Name: THOMAS SHEEHAN

Rank: PATROLMAN

FID #:

Social Security #:

Instructor: W DAVIS, A GOGAN, M DEANEY

Date of Entry: 4/20/2017

Location Of Qualification 1: ABERDEEN

Location Of Qualification 2:

Weather Conditions Q 1: SUNNY/WARM

Weather Conditions Q 2:

### DEPARTMENT/AGENCY ISSUED HANDGUN

Make: GLOCK

Model: G22

Caliber: .40

Serial #: TYV881

Dates of Qualification

HQC2 Scores

HQNC2 Scores

1st: 6/29/2017

1st: 91.6

1st: 97.5

2nd: 11/17/2017

2nd: 86.6

2nd: 100

### OFF-DUTY HANDGUN

Make: GLOCK

Model: G42

Caliber: .380

Serial #: ABDA944

Dates of Qualification

HQC2 Scores

HQNC2 Scores

1st: 6/29/2017

1st: 93.3

1st: 95.0

2nd: 11/17/2017

2nd: 90.0

2nd: 95.0

### ADDITIONAL OFF-DUTY WEAPONS

Make:

Model:

Caliber:

Serial #:

Dates of Qualification

HQC2 Scores

HQNC2 Scores

1st:

1st:

1st:

2nd:

2nd:

2nd:

### PATROL RIFLE QUALIFICATIONS AND FAMILIARIZATIONS

Weather Conditions: CLOUDY/COOL

Qual 1: Location: MCFA

Date: 4/13/2017

Score Day: 100

Score Night: 100

Familiarization 1: Date: 6/29/2017

Location: ABERDEEN

Weather Conditions:

Qual 2: Location:

Date:

Score Day:

Score Night:

Familiarization 2: Date: 11/17/2017

Location: ABERDEEN

### AMMUNITION DESCRIPTION

Official Handgun: 40 S&W, 180 GRAIN HYDRA-SHOK JHP

Off-Duty Handgun: 380 AUTO, 90 GRAIN HYDRA SHOK JHP

Patrol Rifle: AMERICAN EAGLE, 223 REM, 55 GRAIN FMJ

Comments:



# KEANSBURG POLICE DEPARTMENT

## INDIVIDUAL FIREARMS REQUALIFICATION RECORD

Name: JOHN SORANNO

Rank: PATROLMAN

FID #:

Social Security #: \_\_\_\_\_

Instructor: A GOGAN, W DAVIS

Date of Entry: 4/20/2017

Location Of Qualification 1: ABERDEEN

Location Of Qualification 2: ABERDEEN

Weather Conditions Q 1: SUNNY/WARM

Weather Conditions Q 2: SUNNY/COOL

### DEPARTMENT/AGENCY ISSUED HANDGUN

Make: GLOCK

Model: G22

Caliber: .40

Serial #: TYV899

Dates of Qualification

HQC2 Scores

HQNC2 Scores

1st: 6/27/2017

1st: 91.6

1st: 97.5

2nd: 10/19/2017

2nd: 96.6

2nd: 95.0

### OFF-DUTY HANDGUN

Make:

Model:

Caliber:

Serial #:

Dates of Qualification

HQC2 Scores

HQNC2 Scores

1st:

1st:

1st:

2nd:

2nd:

2nd:

### ADDITIONAL OFF-DUTY WEAPONS

Make:

Model:

Caliber:

Serial #:

Dates of Qualification

HQC2 Scores

HQNC2 Scores

1st:

1st:

1st:

2nd:

2nd:

2nd:

### PATROL RIFLE QUALIFICATIONS AND FAMILIARIZATIONS

Weather Conditions: SUNNY/COOL

Qual 1: Location: MCFA

Date: 4/18/2017 Score Day: 88.3

Score Night: 100

Familiarization 1: Date: 6/27/2017

Location: ABERDEEN

Weather Conditions: SUNNY/WARM

Qual 2: Location: MCFA

Date: 8/01/2017 Score Day: 96.6

Score Night: 100

Familiarization 2: Date: 10/19/2017

Location: ABERDEEN

### AMMUNITION DESCRIPTION

Official Handgun: 40 S&W, 180 GRAIN HYDRA SHOK, JHP

Off-Duty Handgun:

Patrol Rifle: AMERICAN EAGLE, 223 REM, 55 GRAIN FMJ

Comments:



# KEANSBURG POLICE DEPARTMENT

## INDIVIDUAL FIREARMS REQUALIFICATION RECORD

Name: JOHN SWARTZ

Rank: PATROLMAN

FID #:

Social Security #:

Instructor: A GOGAN, W DAVIS, M DEANEY

Date of Entry: 5/22/2017

Location Of Qualification 1: ABERDEEN

Location Of Qualification 2: ABERDEEN

Weather Conditions Q 1: SUNNY/WARM

Weather Conditions Q 2: SUNNY/COOL

### DEPARTMENT/AGENCY ISSUED HANDGUN

Make: GLOCK

Model: G22

Caliber: .40

Serial #: G62620

Dates of Qualification

HQC2 Scores

HQNC2 Scores

1st: 6/29/2017

1st: 98.3

1st: 100

2nd: 10/17/2017

2nd: 100

2nd: 100

### OFF-DUTY HANDGUN

Make: S&W

Model: M&P SHIELD

Caliber: .40

Serial #: HDS8343

Dates of Qualification

HQC2 Scores

HQNC2 Scores

1st: 6/29/2017

1st: 98.3

1st: 100

2nd: 10/17/2017

2nd: 93.3

2nd: 100

### ADDITIONAL OFF-DUTY WEAPONS

Make:

Model:

Caliber:

Serial #:

Dates of Qualification

HQC2 Scores

HQNC2 Scores

1st:

1st:

1st:

2nd:

2nd:

2nd:

### PATROL RIFLE QUALIFICATIONS AND FAMILIARIZATIONS

Weather Conditions: SUNNY/HOT

Qual 1: Location: MCFA

Date: 5/18/2017

Score Day: 86.6

Score Night: 100

Familiarization 1: Date: 6/29/2017

Location: ABERDEEN

Weather Conditions: OVERCAST/WARM

Qual 2: Location: MCFA

Date: 8/14/2017

Score Day: 95.0

Score Night: 100

Familiarization 2: Date: 10/17/2017

Location: ABERDEEN

### AMMUNITION DESCRIPTION

Official Handgun: 40 S&W, 180 GRAIN HYDRA SHOK, JHP

Off-Duty Handgun: 40 S&W, 180 GRAIN HYDRA SHOK JHP

Patrol Rifle: 223 REM, 55 GRAIN FMJ

Comments:



# KEANSBURG POLICE DEPARTMENT

## INDIVIDUAL FIREARMS REQUALIFICATION RECORD

Name: MICHAEL THOMPSON JR

Rank: PATROLMAN

FID #:

Social Security #:

Instructor: A GOGAN, W DAVIS, M DEANEY

Date of Entry: 5/22/2017

Location Of Qualification 1: ABERDEEN

Location Of Qualification 2: ABERDEEN

Weather Conditions Q 1: SUNNY/WARM

Weather Conditions Q 2: SUNNY/WARM

### DEPARTMENT/AGENCY ISSUED HANDGUN

Make: GLOCK

Model: G22

Caliber: .40

Serial #: TYV887

Dates of Qualification

HQC2 Scores

HQNC2 Scores

1st: 6/29/2017

1st: 86.6

1st: 92.5

2nd: 10/19/2017

2nd: 81.6

2nd: 80.0

### OFF-DUTY HANDGUN

Make: GLOCK

Model: G26

Caliber: 9MM

Serial #: XUY389

Dates of Qualification

HQC2 Scores

HQNC2 Scores

1st: 6/29/2017

1st: 80.0

1st: 87.5

2nd: 10/19/2017

2nd: 81.6

2nd: 85.0

### ADDITIONAL OFF-DUTY WEAPONS

Make:

Model:

Caliber:

Serial #:

Dates of Qualification

HQC2 Scores

HQNC2 Scores

1st:

1st:

1st:

2nd:

2nd:

2nd:

### PATROL RIFLE QUALIFICATIONS AND FAMILIARIZATIONS

Weather Conditions: SUNNY/HOT

Qual 1: Location: MCFA

Date: 5/18/2017 Score Day: 90.0

Score Night: 100

Familiarization 1: Date: 6/29/2017

Location: ABERDEEN

Weather Conditions: SUNNY/WARM

Qual 2: Location: MCFA

Date: 8/01/2017 Score Day: 95.0

Score Night: 100

Familiarization 2: Date: 10/19/2017

Location: ABERDEEN

### AMMUNITION DESCRIPTION

Official Handgun: 40 S&W, 180 GRAIN HYDRA SHOK JHP

Off-Duty Handgun: 9MM LUGER +P, 124 GRAIN HST

Patrol Rifle: 223 REM, 55 GRAIN FMJ

Comments:



# KEANSBURG POLICE DEPARTMENT

## INDIVIDUAL FIREARMS REQUALIFICATION RECORD

Name: NICHOLAS THOMPSON

Rank: SPECIAL OFFICER

FID #:

Social Security #:

Instructor: A GOGAN, W. DAVIS, M DEANEY

Date of Entry: 10/30/2017

Location Of Qualification 1: ESSEX COUNTY POLICE ACADEMY Location Of Qualification 2: ABERDEEN

Weather Conditions Q 1:

Weather Conditions Q 2: SUNNY/COOL

### DEPARTMENT/AGENCY ISSUED HANDGUN

Make: GLOCK

Model: G22

Caliber: .40

Serial #: TYV903

Dates of Qualification

HQC2 Scores

HQNC2 Scores

1st:

1st:

1st:

2nd: 10/19/2017

2nd: 98.3

2nd: 95.0

### OFF-DUTY HANDGUN

Make:

Model:

Caliber:

Serial #:

Dates of Qualification

HQC2 Scores

HQNC2 Scores

1st:

1st:

1st:

2nd:

2nd:

2nd:

### ADDITIONAL OFF-DUTY WEAPONS

Make:

Model:

Caliber:

Serial #:

Dates of Qualification

HQC2 Scores

HQNC2 Scores

1st:

1st:

1st:

2nd:

2nd:

2nd:

### PATROL RIFLE QUALIFICATIONS AND FAMILIARIZATIONS

Weather Conditions:

Qual 1: Location:

Date:

Score Day:

Score Night:

Familiarization 1: Date:

Location:

Weather Conditions:

Qual 2: Location:

Date:

Score Day:

Score Night:

Familiarization 2: Date:

Location:

### AMMUNITION DESCRIPTION

Official Handgun: 40 S&W, 180 GRAIN HYDRA SHOK JHP

Off-Duty Handgun:

Patrol Rifle:

Comments:



# KEANSBURG POLICE DEPARTMENT

## INDIVIDUAL FIREARMS REQUALIFICATION RECORD

Name: ANTHONY VALLE

Rank: PATROLMAN

FID #:

Social Security #:

Instructor: A GOGAN, M DEANEY, W DAVIS

Date of Entry: 5/22/2017

Location Of Qualification 1: ABERDEEN

Location Of Qualification 2: ABERDEEN

Weather Conditions Q 1: SUNNY/WARM

Weather Conditions Q 2: SUNNY/COOL

### DEPARTMENT/AGENCY ISSUED HANDGUN

Make: GLOCK

Model: G22

Caliber: .40

Serial #: YRV988

Dates of Qualification

HQC2 Scores

HQNC2 Scores

1st: 6/29/2017

1st: 85.0

1st: 92.5

2nd: 10/19/2017

2nd: 86.6

2nd: 87.5

### OFF-DUTY HANDGUN

Make:

Model:

Caliber:

Serial #:

Dates of Qualification

HQC2 Scores

HQNC2 Scores

1st:

1st:

1st:

2nd:

2nd:

2nd:

### ADDITIONAL OFF-DUTY WEAPONS

Make:

Model:

Caliber:

Serial #:

Dates of Qualification

HQC2 Scores

HQNC2 Scores

1st:

1st:

1st:

2nd:

2nd:

2nd:

### PATROL RIFLE QUALIFICATIONS AND FAMILIARIZATIONS

Weather Conditions: SUNNY/HOT

Qualification 1: Location: MCFA

Date: 5/18/2017

Score Day: 81.6

Score Night: 100

Familiarization 1: Date: 6/29/2017

Location: ABERDEEN

Weather Conditions: SUNNY/WARM

Qualification 2: Location: MCFA

Date: 8/01/2017

Score Day: 91.6

Score Night: 98

Familiarization 2: Date: 10/19/2017

Location: ABERDEEN

### AMMUNITION DESCRIPTION

Patrol Handgun: 40 S&W, 180 GRAIN HYDRA SHOK JHP

Off-Duty Handgun:

Patrol Rifle: 223 REM, 55 GRAIN FMJ

Comments:



# KEANSBURG POLICE DEPARTMENT

## INDIVIDUAL FIREARMS REQUALIFICATION RECORD

Name: DENNIS VALLE JR

Rank: SERGEANT

FID #: \_\_\_\_\_

Social Security #:

Instructor: A GOGAN, W DAVIS, M DEANEY

Date of Entry: 4/20/2017

Location Of Qualification 1: ABERDEEN

Location Of Qualification 2: ABERDEEN

Weather Conditions Q 1: SUNNY/WARM

Weather Conditions Q 2: SUNNY/COOL

### DEPARTMENT/AGENCY ISSUED HANDGUN

Make: GLOCK

Model: G22

Caliber: .40

Serial #: TYV889

Dates of Qualification

HQC2 Scores

HQNC2 Scores

1st: 6/29/2017

1st: 81.6

1st: 85.0

2nd: 10/19/2017

2nd: 80.0

2nd: 87.5

### OFF-DUTY HANDGUN

Make:

Model:

Caliber:

Serial #:

Dates of Qualification

HQC2 Scores

HQNC2 Scores

1st:

1st:

1st:

2nd:

2nd:

2nd:

### ADDITIONAL OFF-DUTY WEAPONS

Make:

Model:

Caliber:

Serial #:

Dates of Qualification

HQC2 Scores

HQNC2 Scores

1st:

1st:

1st:

2nd:

2nd:

2nd:

### PATROL RIFLE QUALIFICATIONS AND FAMILIARIZATIONS

Weather Conditions: SUNNY/COOL

Qual 1: Location: MCFA

Date: 4/18/2017

Score Day: 86.6

Score Night: 100

Familiarization 1: Date: 6/29/2017

Location: ABERDEEN

Weather Conditions: SUNNY/WARM

Qual 2: Location: MCFA

Date: 8/21/2017

Score Day: 86.6

Score Night: 94

Familiarization 2: Date: 10/19/2017

Location: ABERDEEN

### AMMUNITION DESCRIPTION

Official Handgun: 40 S&W, 180 GRAIN HYDRA-SHOK, JHP

Off-Duty Handgun:

Patrol Rifle: AMERICAN EAGLE, 223 REM, 55 GRAIN FMJ

Comments:



# KEANSBURG POLICE DEPARTMENT

## INDIVIDUAL FIREARMS REQUALIFICATION RECORD

Name: BRIAN VON BARGEN

Rank: PATROLMAN

FID #:

Social Security #:

Instructor: A GOGAN, W DAVIS, M DEANEY

Date of Entry: 4/20/2017

Location Of Qualification 1: ABERDEEN

Location Of Qualification 2: ABERDEEN

Weather Conditions Q 1: SUNNY/WARM

Weather Conditions Q 2: SUNNY/COOL

### DEPARTMENT/AGENCY ISSUED HANDGUN

Make: GLOCK

Model: G22

Caliber: .40

Serial #: TYV910

Dates of Qualification

HQC2 Scores

HQNC2 Scores

1st: 6/29/2017

1st: 88.3

1st: 100

2nd: 10/17/2017

2nd: 98.3

2nd: 97.5

### OFF-DUTY HANDGUN

Make:

Model:

Caliber:

Serial #:

Dates of Qualification

HQC2 Scores

HQNC2 Scores

1st:

1st:

1st:

2nd:

2nd:

2nd:

### ADDITIONAL OFF-DUTY WEAPONS

Make:

Model:

Caliber:

Serial #:

Dates of Qualification

HQC2 Scores

HQNC2 Scores

1st:

1st:

1st:

2nd:

2nd:

2nd:

### PATROL RIFLE QUALIFICATIONS AND FAMILIARIZATIONS

Weather Conditions: SUNNY/COOL

Qual 1: Location: MCFA

Date: 4/18/2017

Score Day: 85.0

Score Night: 98

Familiarization 1: Date: 6/29/2017

Location: ABERDEEN

Weather Conditions: SUNNY/WARM

Qual 2: Location: MCFA

Date: 8/21/2017

Score Day: 81.6

Score Night: 100

Familiarization 2: Date: 10/17/2017

Location: ABERDEEN

### AMMUNITION DESCRIPTION

Official Handgun: 40 S&W, 180 GRAIN HYDRA-SHOK JHP

Off-Duty Handgun:

Patrol Rifle: AMERICAN EAGLE 223 REM, 55 GRAIN FMJ

Comments:



# KEANSBURG POLICE DEPARTMENT

## INDIVIDUAL FIREARMS REQUALIFICATION RECORD

Name: FRANCIS WOOD

Rank: PATROLMAN

FID #:

Social Security #:

Instructor: CAPT W DAVIS, PTL T SHEEHAN

Date of Entry: 4/20/2017

Location Of Qualification 1: MCFA

Location Of Qualification 2: ABERDEEN

Weather Conditions Q 1: OVERCAST/WARM

Weather Conditions Q 2: SUNNY/COOL

### DEPARTMENT/AGENCY ISSUED HANDGUN

Make: GLOCK

Model: G22

Caliber: .40

Serial #: TYV892

Dates of Qualification

HQC2 Scores

HQNC2 Scores

1st: 8/14/2017

1st: 91.6

1st: 97.5

2nd: 10/17/2017

2nd: 83.3

2nd: 87.5

### OFF-DUTY HANDGUN

Make: SPRINGFIELD

Model: XP40

Caliber: .40

Serial #: 476799

Dates of Qualification

HQC2 Scores

HQNC2 Scores

1st: 8/14/2017

1st: 88.3

1st: 95.0

2nd: 10/17/2017

2nd: 86.6

2nd: 92.5

### ADDITIONAL OFF-DUTY WEAPONS

Make:

Model:

Caliber:

Serial #:

Dates of Qualification

HQC2 Scores

HQNC2 Scores

1st:

1st:

1st:

2nd:

2nd:

2nd:

### PATROL RIFLE QUALIFICATIONS AND FARMILIARIZATIONS

Weather Conditions: CLOUDY/COOL

Qual 1: Location: MCFA

Date: 4/13/2017

Score Day: 98.3

Score Night: 100

Farmiliarization 1: Date:

Location:

Weather Conditions: OVERCAST/WARM

Qual 2: Location: MCFA

Date: 8/14/2017

Score Day: 88.3

Score Night: 100

Farmiliarization 2: Date: 10/17/2017

Location: ABERDEEN

### AMMUNITION DESCRIPTION

Official Handgun: 40 S&W, 180 GRAIN HYDRA-SHOK, JHP

Off-Duty Handgun:

Patrol Rifle: AMERICAN EAGLE, 223 REM, 55 GRAIN FMJ

Comments: