

INCIDENT NUMBER: **14NT00389****USE OF FORCE REPORT****A. Incident Information**

DATE:	01/05/14	Time:	0300	DAY OF WEEK :	Sunday	LOCATION	706 SH-35
TYPE OF INCIDENT ☐ Crime in Progress ☐ Domestic ☐ Suspicious Person ☐ Traffic Violation ☐ Other Type of Call ☐ Other Dispute ☒ Other Type of Call Specify : Disorderly Persons				Type of Person ☐ Under the Influence ☐ Other Unusual Condition Specify:			

B. Suspect(s) Information (Only those persons who were subjects of police use of force)

Name (Last, First, Middle)	Arrest	Charge(s)	Sex	Race	Age	Weapon?	Susp. Injured?	Hospital
F. J. M.	Y/N	Aggravated Assault	M	W	17	Y/N	Y/N	Y/N
	Y/N					Y/N	Y/N	Y/N
	Y/N					Y/N	Y/N	Y/N

(Check yes only for injury/ hospital resulting from police use of force)

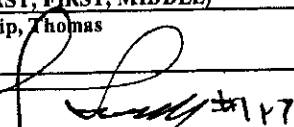
C. Level of suspect(s) Resistance (check all that apply)

Suspect...	Suspect # 1	Suspect # 2	Suspect # 3
resisted Police Officer Control			
physical threat/attack on Police Officer	X		
threatened/attacked Police Officer with blunt object			
threatened/attached Police Officer with knife/cutting object			
threatened/attacked Police Officer with motor vehicle			
threatened Police Officer with firearm			
fired at Police Officer with firearm			
Other Specify:			

D. Type of Force Used (check all that apply)

Type of Force Used: ☐ Compliance Hold ☐ Hand/Fists ☐ Chemical/Natural Agent ☐ Kicks/Feet ☒ Strike/Use Baton or Other Object ☐ Canine ☐ Other Force. Specify:	Firearms discharged: ☐ Intentional ☐ Accidental Number of Shots Fired: ____ Number of Hits: ____ (Use "UNK" if unknown)
---	---

E. Officer Information

NAME (LAST, FIRST, MIDDLE)	BADGE #	ON DUTY?	UNIFORM?	OFFICER INJURED?	TAKEN TO HOSPITAL
Seidle, Philip, Thomas	#117	Y/N	Y/N	Y/N	Y/N
Signature: 			Police Officer Assignment: Road Supervisor		
Print Supervisor Name: Sgt. Borges			Supervisor Signature:  #120		

(6/2000)

INCIDENT NUMBER: **14NT00994****USE OF FORCE REPORT****A. Incident Information**

DATE:	01/11/2014	Time:	0221	DAY OF WEEK:	SATURDAY	LOCATION	Whitesville Rd / Asbury Ave Neptune, NJ 07753
TYPE OF INCIDENT ☐ Crime in Progress ☐ Domestic ☐ Suspicious Person ☐ Traffic Violation ☐ Other Type of Call ☐ Other Dispute ☒ Other Type of Call Specify: Warrant Arrest				Type of Person ☐ Under the Influence ☐ Other Unusual Condition Specify:			

B. Suspect(s) Information (Only those persons who were subjects of police use of force)

Name (Last, First, Middle)	Arrest	Charge(s)	Sex	Race	Age	Weapon?	Susp. Injured?	Hospital
Cox, Tevin, Michael	Y / N	2C:29-2	M	Black	22	N	N	N
	Y / N					Y / N	Y / N	Y / N
	Y / N					Y / N	Y / N	Y / N

(Check yes only for injury/ hospital resulting from police use of force)

C. Level of suspect(s) Resistance (check all that apply)

Suspect...	Suspect # 1	Suspect # 2	Suspect # 3
resisted Police Officer Control	X		
physical threat/attack on Police Officer			
threatened/attacked Police Officer with blunt object			
threatened/attacked Police Officer with knife/cutting object			
threatened/attacked Police Officer with motor vehicle			
threatened Police Officer with firearm			
fired at Police Officer with firearm			
Other Specify:			

D. Type of Force Used (check all that apply)

Type of Force Used: ☒ Compliance Hold ☐ Hand/Fists ☐ Chemical/Natural Agent ☐ Kicks/Feet ☐ Strike/Use Baton or Other Object ☐ Canine ☐ Other Force. Specify:	Firearms discharged: ☐ Intentional ☐ Accidental Number of Shots Fired: ____ Number of Hits: ____ (Use "UNK" if unknown)
--	--

E. Officer Information

NAME (LAST, FIRST, MIDDLE)	BADGE #	ON DUTY?	UNIFORM?	OFFICER INJURED?	TAKEN TO HOSPITAL
Hagerman, Robert, Charles	182	Y	Y	N	N
Signature: 			Police Officer Assignment: Patrol		
Print Supervisor Name: Sgt. Borges #130			Supervisor Signature:  #130		

(6/2000)

INCIDENT NUMBER: **14NT00994****USE OF FORCE REPORT****A. Incident Information**

DATE:	01/11/2014	Time:	0221	DAY OF WEEK:	SATURDAY	LOCATION	Whitesville Rd / Asbury Ave Neptune, NJ 07753
TYPE OF INCIDENT ☐ Crime in Progress ☐ Domestic ☐ Suspicious Person ☐ Traffic Violation ☐ Other Type of Call ☐ Other Dispute ☒ Other Type of Call Specify : Warrant Arrest						Type of Person ☐ Under the Influence ☐ Other Unusual Condition Specify:	

B. Suspect(s) Information (Only those persons who were subjects of police use of force)

Name (Last, First, Middle)	Arrest	Charge(s)	Sex	Race	Age	Weapon?	Susp. Injured?	Hospital
Cox, Tevin, Michael	Y / N	2C:29-2	M	Black	22	N	N	N
	Y / N					Y / N	Y / N	Y / N
	Y / N					Y / N	Y / N	Y / N

(Check yes only for injury/ hospital resulting from police use of force)

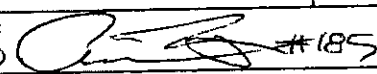
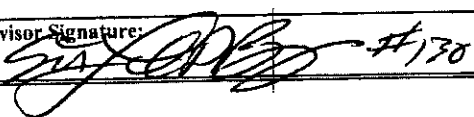
C. Level of suspect(s) Resistance (check all that apply)

Suspect...	Suspect # 1	Suspect # 2	Suspect # 3
resisted Police Officer Control	X		
physical threat/attack on Police Officer			
threatened/attacked Police Officer with blunt object			
threatened/attacked Police Officer with knife/cutting object			
threatened/attacked Police Officer with motor vehicle			
threatened Police Officer with firearm			
fired at Police Officer with firearm			
Other Specify:			

D. Type of Force Used (check all that apply)

Type of Force Used: ☒ Compliance Hold ☐ Hand/Fists ☐ Chemical/Natural Agent ☐ Kicks/Feet ☐ Strike/Use Baton or Other Object ☐ Canine ☐ Other Force. Specify:	Firearms discharged: ☐ Intentional ☐ Accidental Number of Shots Fired: ____ Number of Hits: ____ (Use "UNK" if unknown)
--	--

E. Officer Information

NAME (LAST, FIRST, MIDDLE)	BADGE #	ON DUTY?	UNIFORM?	OFFICER INJURED?	TAKEN TO HOSPITAL
Lay, Aaron, Francis	185	Y	Y	N	N
Signature:  #185			Police Officer Assignment: Patrol		
Print Supervisor Name: Sgt. Borges #130			Supervisor Signature:  #130		

(6/2000)

INCIDENT NUMBER: **14NT01450****USE OF FORCE REPORT****A. Incident Information**

DATE: 1/16/14	Time: 0428	DAY OF WEEK: Thursday	LOCATION: 1606 Huntington Ave.
TYPE OF INCIDENT (X) Crime in Progress () Domestic () Suspicious Person () Traffic Violation () Other Type of Call () Other Dispute () Other Type of Call Specify:		Type of Person (X) Under the Influence () Other Unusual Condition Specify:	

B. Suspect(s) Information (Only those persons who were subjects of police use of force)

Name (Last, First, Middle)	Arrest	Charge(s)	Sex	Race	Age	Weapon?	Susp. Injured?	Hospital
Smith, Gregg	Yes	2C:29-1, 2C:29-2	M	W	49	No	No	No
	Y / N					Y / N	Y / N	Y / N
	Y / N					Y / N	Y / N	Y / N

(Check yes only for injury/ hospital resulting from police use of force)

C. Level of suspect(s) Resistance (check all that apply)

Suspect...	Suspect # 1	Suspect # 2	Suspect # 3
resisted Police Officer Control	X		
physical threat/attack on Police Officer			
threatened/attacked Police Officer with blunt object			
threatened/attacked Police Officer with knife/cutting object			
threatened/attacked Police Officer with motor vehicle			
threatened Police Officer with firearm			
fired at Police Officer with firearm			
Other Specify:			

D. Type of Force Used (check all that apply)

Type of Force Used: (X) Compliance Hold () Hand/Fists () Chemical/Natural Agent () Kicks/Feet () Strike/Use Baton or Other Object () Canine () Other Force. Specify:	Firearms discharged: () Intentional () Accidental Number of Shots Fired: ____ Number of Hits: ____ (Use "UNK" if unknown)
--	--

E. Officer Information

NAME (LAST, FIRST, MIDDLE)	BADGE #	ON DUTY?	UNIFORM?	OFFICER INJURED?	TAKEN TO HOSPITAL
Chunn, Eric, P	148	Yes	Yes	No	No
Signature: P.O. E. Chunn #148 <i>P.O. E. Chunn #148</i>			Police Officer Assignment: Patrol		
Print Supervisor Name: Lt. Mangold #107			Supervisor Signature: <i>[Signature]</i>		

(6/2000)

INCIDENT NUMBER: **14NT01559****USE OF FORCE REPORT****A. Incident Information**

DATE: 1/17/14	Time: 0105	DAY OF WEEK: Friday	LOCATION: Sewall Ave., Neptune, NJ
TYPE OF INCIDENT ☒ Crime in Progress ☐ Domestic ☐ Suspicious Person ☐ Traffic Violation ☐ Other Type of Call ☐ Other Dispute ☐ Other Type of Call Specify:		Type of Person ☐ Under the Influence ☐ Other Unusual Condition Specify:	

B. Suspect(s) Information (Only those persons who were subjects of police use of force)

Name (Last, First, Middle)	Arrest	Charge(s)	Sex	Race	Age	Weapon?	Susp. Injured?	Hospital
Johnson, Reuben, T.	Yes	2C:29-1, 2C:29-2, 2C:35-10	M	B	44	No	No	No
	Y / N					Y / N	Y / N	Y / N
	Y / N					Y / N	Y / N	Y / N

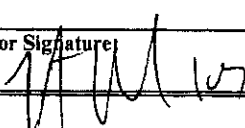
(Check yes only for injury/ hospital
resulting from police use of force)**C. Level of suspect(s) Resistance (check all that apply)**

Suspect...	Suspect # 1	Suspect # 2	Suspect # 3
resisted Police Officer Control	X		
physical threat/attack on Police Officer			
threatened/attacked Police Officer with blunt object			
threatened/attacked Police Officer with knife/cutting object			
threatened/attacked Police Officer with motor vehicle			
threatened Police Officer with firearm			
fired at Police Officer with firearm			
Other Specify:			

D. Type of Force Used (check all that apply)

Type of Force Used: ☒ Compliance Hold ☐ Hand/Fists ☐ Chemical/Natural Agent ☐ Kicks/Feet ☐ Strike/Use Baton or Other Object ☐ Canine ☐ Other Force. Specify:	Firearms discharged: ☐ Intentional ☐ Accidental Number of Shots Fired: ____ Number of Hits: ____ (Use "UNK" if unknown)
--	---

E. Officer Information

NAME (LAST, FIRST, MIDDLE)	BADGE #	ON DUTY?	UNIFORM?	OFFICER INJURED?	TAKEN TO HOSPITAL
Maher, Bryan, C	169	Yes	Yes	No	No
Signature: P.O. B. Maher #169			Police Officer Assignment: Patrol		
Print Supervisor Name: Lt. Mangold			Supervisor Signature: 		

(6/2000)

INCIDENT NUMBER: **14NT01559****USE OF FORCE REPORT****A. Incident Information**

DATE:	1/17/14	Time:	0105	DAY OF WEEK:	Friday	LOCATION	Sewall Ave., Neptune, NJ
TYPE OF INCIDENT ☒ Crime in Progress ☐ Domestic ☐ Suspicious Person ☐ Traffic Violation ☐ Other Type of Call ☐ Other Dispute ☐ Other Type of Call Specify:				Type of Person ☐ Under the Influence ☐ Other Unusual Condition Specify:			

B. Suspect(s) Information (Only those persons who were subjects of police use of force)

Name (Last, First, Middle)	Arrest	Charge(s)	Sex	Race	Age	Weapon?	Susp. Injured?	Hospital
Johnson, Reuben, T.	Yes	2C:29-1, 2C:29-2, 2C:35-10	M	B	44	No	No	No
	Y / N					Y / N	Y / N	Y / N
	Y / N					Y / N	Y / N	Y / N

(Check yes only for injury/ hospital
resulting from police use of force)**C. Level of suspect(s) Resistance (check all that apply)**

Suspect...	Suspect # 1	Suspect # 2	Suspect # 3
resisted Police Officer Control	X		
physical threat/attack on Police Officer			
threatened/attacked Police Officer with blunt object			
threatened/attacked Police Officer with knife/cutting object			
threatened/attacked Police Officer with motor vehicle			
threatened Police Officer with firearm			
fired at Police Officer with firearm			
Other Specify:			

D. Type of Force Used (check all that apply)

Type of Force Used: ☒ Compliance Hold ☐ Hand/Fists ☐ Chemical/Natural Agent ☐ Kicks/Feet ☐ Strike/Use Baton or Other Object ☐ Canine ☐ Other Force. Specify:	Firearms discharged: ☐ Intentional ☐ Accidental Number of Shots Fired: ____ Number of Hits: ____ (Use "UNK" if unknown)
---	--

E. Officer Information

NAME (LAST, FIRST, MIDDLE)	BADGE #	ON DUTY?	UNIFORM?	OFFICER INJURED?	TAKEN TO HOSPITAL
Chunn, Eric, P	148	Yes	Yes	No	No
Signature: P. E. Chunn #148 <i>P. E. Chunn #148</i>			Police Officer Assignment: Patrol		
Print Supervisor Name: Lt. Mangold			Supervisor Signature: <i>[Signature]</i>		

(6/2000)

INCIDENT NUMBER: **14NT01873****USE OF FORCE REPORT****A. Incident Information**

DATE:	1/20/14	Time:	1129hrs	DAY OF WEEK :	Monday	LOCATION	645 Neptune Blvd., Neptune
TYPE OF INCIDENT ☐ Crime in Progress ☐ Domestic ☐ Suspicious Person ☐ Traffic Violation ☐ Other Type of Call ☐ Other Dispute ☒ Other Type of Call Specify : Crisis Transport				Type of Person ☐ Under the Influence ☒ Other Unusual Condition Specify: Mental Illness			

B. Suspect(s) Information (Only those persons who were subjects of police use of force)

Name (Last, First, Middle)	Arrest	Charge(s)	Sex	Race	Age	Weapon?	Susp. Injured?	Hospital
Y, Y	No	None	F	Asian	30	No	No	Yes
	Y / N					Y / N	Y / N	Y / N
	Y / N					Y / N	Y / N	Y / N

(Check yes only for injury/ hospital resulting from police use of force)

C. Level of suspect(s) Resistance (check all that apply)

Suspect...	Suspect # 1	Suspect # 2	Suspect # 3
resisted Police Officer Control	XX		
physical threat/attack on Police Officer			
threatened/attacked Police Officer with blunt object			
threatened/attacked Police Officer with knife/cutting object			
threatened/attacked Police Officer with motor vehicle			
threatened Police Officer with firearm			
fired at Police Officer with firearm			
Other Specify:			

D. Type of Force Used (check all that apply)

Type of Force Used: ☒ Compliance Hold ☐ Hand/Fists ☐ Chemical/Natural Agent ☐ Kicks/Feet ☐ Strike/Use Baton or Other Object ☐ Canine ☐ Other Force. Specify:	Firearms discharged: ☐ Intentional ☐ Accidental Number of Shots Fired: ____ Number of Hits: ____ (Use "UNK" if unknown)
--	--

E. Officer Information

NAME (LAST, FIRST, MIDDLE)	BADGE #	ON DUTY?	UNIFORM?	OFFICER INJURED?	TAKEN TO HOSPITAL
Schuster, Kevin	160	Yes	Yes	No	No
Signature: PO K. Schuster 160			Police Officer Assignment: Patrol		
Print Supervisor Name: Lt. Cox 114			Supervisor Signature:		

(6/2000)

INCIDENT NUMBER: **14NT01873****USE OF FORCE REPORT****A. Incident Information**

DATE:	1/20/14	Time:	1129hrs	DAY OF WEEK:	Monday	LOCATION	645 Neptune Blvd., Neptune
TYPE OF INCIDENT ☐ Crime in Progress ☐ Domestic ☐ Suspicious Person ☐ Traffic Violation ☐ Other Type of Call ☐ Other Dispute ☒ Other Type of Call Specify : Crisis Transport				Type of Person ☐ Under the Influence ☒ Other Unusual Condition Specify: Mental Illness			

B. Suspect(s) Information (Only those persons who were subjects of police use of force)

Name (Last, First, Middle)	Arrest	Charge(s)	Sex	Race	Age	Weapon?	Susp. Injured?	Hospital
Y Y	No	None	F	Asian	30	No	No	Yes
	Y / N					Y / N	Y / N	Y / N
	Y / N					Y / N	Y / N	Y / N

(Check yes only for injury/ hospital resulting from police use of force)

C. Level of suspect(s) Resistance (check all that apply)

Suspect...	Suspect # 1	Suspect # 2	Suspect # 3
resisted Police Officer Control	XX		
physical threat/attack on Police Officer			
threatened/attacked Police Officer with blunt object			
threatened/attacked Police Officer with knife/cutting object			
threatened/attacked Police Officer with motor vehicle			
threatened Police Officer with firearm			
fired at Police Officer with firearm			
Other Specify:			

D. Type of Force Used (check all that apply)

Type of Force Used: ☒ Compliance Hold ☐ Hand/Fists ☐ Chemical/Natural Agent ☐ Kicks/Feet ☐ Strike/Use Baton or Other Object ☐ Canine ☐ Other Force. Specify:	Firearms discharged: ☐ Intentional ☐ Accidental Number of Shots Fired: ____ Number of Hits: ____ (Use "UNK" if unknown)
--	--

E. Officer Information

NAME (LAST, FIRST, MIDDLE)	BADGE #	ON DUTY?	UNIFORM?	OFFICER INJURED?	TAKEN TO HOSPITAL
Hagerman, Robert	182	Yes	Yes	No	No
Signature: Robert Hagerman 182 <i>P.O. (#182)</i>			Police Officer Assignment: Patrol		
Print Supervisor Name: Lt. Cox 114			Supervisor Signature: <i>[Signature]</i>		

(6/2000)

INCIDENT NUMBER: **14NT01873****USE OF FORCE REPORT****A. Incident Information**

DATE:	1/20/14	Time:	1129hrs	DAY OF WEEK:	Monday	LOCATION	645 Neptune Blvd., Neptune
TYPE OF INCIDENT ☐ Crime in Progress ☐ Domestic ☐ Suspicious Person ☐ Traffic Violation ☐ Other Type of Call ☐ Other Dispute ☒ Other Type of Call Specify : Crisis Transport						Type of Person ☐ Under the Influence ☒ Other Unusual Condition Specify: Mental Illness	

B. Suspect(s) Information (Only those persons who were subjects of police use of force)

Name (Last, First, Middle)	Arrest	Charge(s)	Sex	Race	Age	Weapon?	Susp. Injured?	Hospital
Y Y	No	None	F	Asian	30	No	No	Yes
	Y / N					Y / N	Y / N	Y / N
	Y / N					Y / N	Y / N	Y / N

(Check yes only for injury/ hospital resulting from police use of force)

C. Level of suspect(s) Resistance (check all that apply)

Suspect...	Suspect # 1	Suspect # 2	Suspect # 3
resisted Police Officer Control	XX		
physical threat/attack on Police Officer			
threatened/attacked Police Officer with blunt object			
threatened/attacked Police Officer with knife/cutting object			
threatened/attacked Police Officer with motor vehicle			
threatened Police Officer with firearm			
fired at Police Officer with firearm			
Other Specify:			

D. Type of Force Used (check all that apply)

Type of Force Used: ☒ Compliance Hold ☐ Hand/Fists ☐ Chemical/Natural Agent ☐ Kicks/Feet ☐ Strike/Use Baton or Other Object ☐ Canine ☐ Other Force. Specify:	Firearms discharged: ☐ Intentional ☐ Accidental Number of Shots Fired: _____ Number of Hits: _____ (Use "UNK" if unknown)
--	--

E. Officer Information

NAME (LAST, FIRST, MIDDLE)	BADGE #	ON DUTY?	UNIFORM?	OFFICER INJURED?	TAKEN TO HOSPITAL
Davis, Kyheem	139	Yes	Yes	No	No
Signature: PO Kyheem Davis 139			Police Officer Assignment: Patrol		
Print Supervisor Name: [Signature]			Supervisor Signature: [Signature]		

(6/2000)

INCIDENT NUMBER: **14NT01873****USE OF FORCE REPORT****A. Incident Information**

DATE: 1/20/14	Time: 1129hrs	DAY OF WEEK: Monday	LOCATION: 645 Neptune Blvd., Neptune
TYPE OF INCIDENT ☐ Crime in Progress ☐ Domestic ☐ Suspicious Person ☐ Traffic Violation ☐ Other Type of Call ☐ Other Dispute ☒ Other Type of Call Specify: Crisis Transport		Type of Person ☐ Under the Influence ☒ Other Unusual Condition Specify: Mental Illness	

B. Suspect(s) Information (Only those persons who were subjects of police use of force)

Name (Last, First, Middle)	Arrest	Charge(s)	Sex	Race	Age	Weapon?	Susp. Injured?	Hospital
Y Y	No	None	F	Asian	30	No	No	Yes
	Y / N					Y / N	Y / N	Y / N
	Y / N					Y / N	Y / N	Y / N

(Check yes only for injury/ hospital resulting from police use of force)

C. Level of suspect(s) Resistance (check all that apply)

Suspect...	Suspect # 1	Suspect # 2	Suspect # 3
resisted Police Officer Control	XX		
physical threat/attack on Police Officer			
threatened/attached Police Officer with blunt object			
threatened/attached Police Officer with knife/cutting object			
threatened/attached Police Officer with motor vehicle			
threatened Police Officer with firearm			
fired at Police Officer with firearm			
Other Specify:			

D. Type of Force Used (check all that apply)

Type of Force Used: ☒ Compliance Hold ☐ Hand/Fists ☐ Chemical/Natural Agent ☐ Kicks/Feet ☐ Strike/Use Baton or Other Object ☐ Canine ☐ Other Force. Specify:	Firearms discharged: ☐ Intentional ☐ Accidental Number of Shots Fired: ____ Number of Hits: ____ (Use "UNK" if unknown)
--	--

E. Officer Information

NAME (LAST, FIRST, MIDDLE)	BADGE #	ON DUTY?	UNIFORM?	OFFICER INJURED?	TAKEN TO HOSPITAL
Doremus, Frank	127	Yes	Yes	No	No
Signature: PO Frank Doremus 127			Police Officer Assignment: Patrol		
Print Supervisor Name: Lt. Cox 114			Supervisor Signature:		

(6/2000)

INCIDENT NUMBER: **14NT02023****USE OF FORCE REPORT****A. Incident Information**

DATE: 1-22-14	Time: 12:51AM	DAY OF WEEK: Wednesday	LOCATION: JSUMC
TYPE OF INCIDENT (X) Crime in Progress () Domestic () Suspicious Person () Traffic Violation () Other Type of Call () Other Dispute () Other Type of Call Specify:		Type of Person (X) Under the Influence () Other Unusual Condition Specify:	

B. Suspect(s) Information (Only those persons who were subjects of police use of force)

Name (Last, First, Middle)	Arrest	Charge(s)	Sex	Race	Age	Weapon?	Susp. Injured?	Hospital
Samuels, Michael, A	Yes	Unlawful Poss. of Weapon, Disorderly Conduct, Defiant Trespasser, and Resisting Arrest	M	W	49	Yes	No	No
	Y / N					Y / N	Y / N	Y / N
	Y / N					Y / N	Y / N	Y / N

(Check yes only for injury/ hospital resulting from police use of force)

C. Level of suspect(s) Resistance (check all that apply)

Suspect...	Suspect # 1	Suspect # 2	Suspect # 3
resisted Police Officer Control	X		
physical threat/attack on Police Officer			
threatened/attached Police Officer with blunt object			
threatened/attached Police Officer with knife/cutting object			
threatened/attached Police Officer with motor vehicle			
threatened Police Officer with firearm			
fired at Police Officer with firearm			
Other Specify:			

D. Type of Force Used (check all that apply)

Type of Force Used: (X) Compliance Hold () Hand/Fists () Chemical/Natural Agent () Kicks/Feet () Strike/Use Baton or Other Object () Canine () Other Force. Specify:	Firearms discharged: () Intentional () Accidental Number of Shots Fired: ____ Number of Hits: ____ (Use "UNK" if unknown)
--	--

E. Officer Information

NAME (LAST, FIRST, MIDDLE)	BADGE #	ON DUTY?	UNIFORM?	OFFICER INJURED?	TAKEN TO HOSPITAL
Ledet, Mysonn, Ray	168	Yes	Yes	No	No
Signature: P.O. Mysonn Ledet 168			Police Officer Assignment: P.O. Mysonn Ledet 168		
Print Supervisor Name: Lt. Mangold 107			Supervisor Signature: 		

(6/2000)

INCIDENT NUMBER: **14NT02186****USE OF FORCE REPORT****A. Incident Information**

DATE:	1/23/2014	Time:	2024 Hrs.	DAY OF WEEK:	Thursday	LOCATION	Atkins Ave. / Tenth Ave.
TYPE OF INCIDENT ☐ Crime in Progress ☐ Domestic ☒ Suspicious Person ☐ Traffic Violation ☐ Other Type of Call ☐ Other Dispute ☒ Other Type of Call Specify :Wanted Person				Type of Person ☐ Under the Influence ☐ Other Unusual Condition Specify:			

B. Suspect(s) Information (Only those persons who were subjects of police use of force)

Name (Last, First, Middle)	Arrest	Charge(s)	Sex	Race	Age	Weapon?	Susp. Injured?	Hospital
Lockhart, Thomas	Yes	Resisting Arrest	Male	Black	54	No	No	No
	Y / N					Y / N	Y / N	Y / N
	Y / N					Y / N	Y / N	Y / N

(Check yes only for injury/ hospital resulting from police use of force)

C. Level of suspect(s) Resistance (check all that apply)

Suspect...	Suspect # 1	Suspect # 2	Suspect # 3
resisted Police Officer Control	X		
physical threat/attack on Police Officer			
threatened/attacked Police Officer with blunt object			
threatened/attacked Police Officer with knife/cutting object			
threatened/attacked Police Officer with motor vehicle			
threatened Police Officer with firearm			
fired at Police Officer with firearm			
Other Specify:			

D. Type of Force Used (check all that apply)

Type of Force Used: ☒ Compliance Hold ☐ Hand/Fists ☐ Chemical/Natural Agent ☐ Kicks/Feet ☐ Strike/Use Baton or Other Object ☐ Canine ☐ Other Force. Specify:	Firearms discharged: ☐ Intentional ☐ Accidental Number of Shots Fired: ____ Number of Hits: ____ (Use "UNK" if unknown)
--	--

E. Officer Information

NAME (LAST, FIRST, MIDDLE)	BADGE #	ON DUTY?	UNIFORM?	OFFICER INJURED?	TAKEN TO HOSPITAL
Berardi, Louis, Vincent	155	Yes	Yes	No	No
Signature: <i>P.O. Berardi #155</i>			Police Officer Assignment: Quality of Life		
Print Supervisor Name: Lt. William Kirchner			Supervisor Signature: <i>LT W Kirchner</i>		

(6/2000)

INCIDENT NUMBER: **14NT02186****USE OF FORCE REPORT****A. Incident Information**

DATE: 1/23/2014	Time: 2024 Hrs.	DAY OF WEEK: Thursday	LOCATION: Atkins Ave. / Tenth Ave.
TYPE OF INCIDENT ☐ Crime in Progress ☐ Domestic ☒ Suspicious Person ☐ Traffic Violation ☐ Other Type of Call ☐ Other Dispute ☒ Other Type of Call Specify :Wanted Person		Type of Person ☐ Under the Influence ☐ Other Unusual Condition Specify:	

B. Suspect(s) Information (Only those persons who were subjects of police use of force)

Name (Last, First, Middle)	Arrest	Charge(s)	Sex	Race	Age	Weapon?	Susp. Injured?	Hospital
Lockhart, Thomas	Yes	Resisting Arrest	Male	Black	54	No	No	No
	Y / N					Y / N	Y / N	Y / N
	Y / N					Y / N	Y / N	Y / N

(Check yes only for injury/ hospital resulting from police use of force)

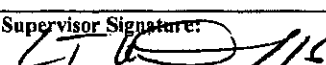
C. Level of suspect(s) Resistance (check all that apply)

Suspect...	Suspect # 1	Suspect # 2	Suspect # 3
resisted Police Officer Control	X		
physical threat/attack on Police Officer			
threatened/attacked Police Officer with blunt object			
threatened/attacked Police Officer with knife/cutting object			
threatened/attacked Police Officer with motor vehicle			
threatened Police Officer with firearm			
fired at Police Officer with firearm			
Other Specify:			

D. Type of Force Used (check all that apply)

Type of Force Used: ☐ Compliance Hold ☒ Hand/Fists ☐ Chemical/Natural Agent ☐ Kicks/Feet ☐ Strike/Use Baton or Other Object ☐ Canine ☐ Other Force. Specify:	Firearms discharged: ☐ Intentional ☐ Accidental Number of Shots Fired: ____ Number of Hits: ____ (Use "UNK" if unknown)
--	--

E. Officer Information

NAME (LAST, FIRST, MIDDLE)	BADGE #	ON DUTY?	UNIFORM?	OFFICER INJURED?	TAKEN TO HOSPITAL
Blewitt, Thomas, Joseph	162	Yes	Yes	Yes	No
Signature: 			Police Officer Assignment: Quality of Life		
Print Supervisor Name: Lt. William Kirchner			Supervisor Signature: 		

(6/2000)

INCIDENT NUMBER: **14NT02289****USE OF FORCE REPORT****A. Incident Information**

DATE:	01/24/14	Time:	2307	DAY OF WEEK:	Friday	LOCATION	Columbus Ave/Drummond Ave Neptune, NJ 07753
TYPE OF INCIDENT ☐ Crime in Progress ☐ Domestic ☐ Suspicious Person ☐ Traffic Violation ☐ Other Type of Call ☐ Other Dispute ☒ Other Type of Call Specify : Disorderly Person				Type of Person ☐ Under the Influence ☐ Other Unusual Condition Specify:			

B. Suspect(s) Information (Only those persons who were subjects of police use of force)

Name (Last, First, Middle)	Arrest	Charge(s)	Sex	Race	Age	Weapon?	Susp. Injured?	Hospital
G. M. J.	Y / N	2C:29-2, 2C:33-2, 2C:29-1a, 2C:35-10a(4)	M	Black	15	N	N	N
	Y / N					Y / N	Y / N	Y / N
	Y / N					Y / N	Y / N	Y / N

(Check yes only for injury/ hospital resulting from police use of force)

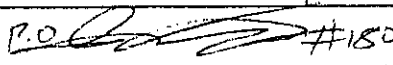
C. Level of suspect(s) Resistance (check all that apply)

Suspect...	Suspect # 1	Suspect # 2	Suspect # 3
resisted Police Officer Control	X		
physical threat/attack on Police Officer			
threatened/attacked Police Officer with blunt object			
threatened/attacked Police Officer with knife/cutting object			
threatened/attacked Police Officer with motor vehicle			
threatened Police Officer with firearm			
fired at Police Officer with firearm			
Other Specify:			

D. Type of Force Used (check all that apply)

Type of Force Used: ☒ Compliance Hold ☐ Hand/Fists ☐ Chemical/Natural Agent ☐ Kicks/Feet ☐ Strike/Use Baton or Other Object ☐ Canine ☐ Other Force. Specify:	Firearms discharged: ☐ Intentional ☐ Accidental Number of Shots Fired: ____ Number of Hits: ____ (Use "UNK" if unknown)
--	--

E. Officer Information

NAME (LAST, FIRST, MIDDLE)	BADGE #	ON DUTY?	UNIFORM?	OFFICER INJURED?	TAKEN TO HOSPITAL
Savastano, Joseph, Anthony	180	Y	N	N	N
Signature:  #180			Police Officer Assignment: Patrol		
Print Supervisor Name: Sgt. Borges #130			Supervisor Signature:  #130		

(6/2000)

INCIDENT NUMBER: **14NT02289****USE OF FORCE REPORT****A. Incident Information**

DATE:	01/24/14	Time:	2307	DAY OF WEEK:	Friday	LOCATION	Columbus Ave/Drummond Ave Neptune, NJ 07753
TYPE OF INCIDENT ☐ Crime in Progress ☐ Domestic ☐ Suspicious Person ☐ Traffic Violation ☐ Other Type of Call ☐ Other Dispute ☒ Other Type of Call Specify : Disorderly Person						Type of Person ☐ Under the Influence ☐ Other Unusual Condition Specify:	

B. Suspect(s) Information (Only those persons who were subjects of police use of force)

Name (Last, First, Middle)	Arrest	Charge(s)	Sex	Race	Age	Weapon?	Susp. Injured?	Hospital
G. M. J.	Y / N	2C:29-2, 2C:33-2, 2C:29-1a, 2C:35-10a(4)	M	Black	15	N	N	N
	Y / N					Y / N	Y / N	Y / N
	Y / N					Y / N	Y / N	Y / N

(Check yes only for injury/ hospital resulting from police use of force)

C. Level of suspect(s) Resistance (check all that apply)

Suspect...	Suspect # 1	Suspect # 2	Suspect # 3
resisted Police Officer Control	X		
physical threat/attack on Police Officer			
threatened/attacked Police Officer with blunt object			
threatened/attacked Police Officer with knife/cutting object			
threatened/attacked Police Officer with motor vehicle			
threatened Police Officer with firearm			
fired at Police Officer with firearm			
Other Specify:			

D. Type of Force Used (check all that apply)

Type of Force Used: ☒ Compliance Hold ☐ Hand/Fists ☐ Chemical/Natural Agent ☐ Kicks/Feet ☐ Strike/Use Baton or Other Object ☐ Canine ☐ Other Force. Specify:	Firearms discharged: ☐ Intentional ☐ Accidental Number of Shots Fired: ____ Number of Hits: ____ (Use "UNK" if unknown)
---	---

E. Officer Information

NAME (LAST, FIRST, MIDDLE)	BADGE #	ON DUTY?	UNIFORM?	OFFICER INJURED?	TAKEN TO HOSPITAL
Hagerman, Robert, Charles	182	Y	N	N	N
Signature: <i>P.O. K. C. #182</i>			Police Officer Assignment: Patrol		
Print Supervisor Name: Sgt. Borges #130			Supervisor Signature: <i>[Signature]</i> #130		

(6/2000)

INCIDENT NUMBER: **14NT02981****USE OF FORCE REPORT****A. Incident Information**

DATE: 02/01/2014	Time: 0315	DAY OF WEEK: Saturday	LOCATION: Benson Ave / Main Ave
TYPE OF INCIDENT ☐ Crime in Progress ☐ Domestic ☐ Suspicious Person ☒ Traffic Violation ☐ Other Type of Call ☐ Other Dispute ☐ Other Type of Call Specify:		Type of Person ☐ Under the Influence ☐ Other Unusual Condition Specify:	

B. Suspect(s) Information (Only those persons who were subjects of police use of force)

Name (Last, First, Middle)	Arrest	Charge(s)	Sex	Race	Age	Weapon?	Susp. Injured?	Hospital
Miller, Jaimere	Y	2C:35-10A(4), 29-1 & 29-2	M	B	18	N	N	N
	Y / N					Y / N	Y / N	Y / N
	Y / N					Y / N	Y / N	Y / N

(Check yes only for injury/ hospital resulting from police use of force)

C. Level of suspect(s) Resistance (check all that apply)

Suspect...	Suspect # 1	Suspect # 2	Suspect # 3
resisted Police Officer Control	XXX		
physical threat/attack on Police Officer			
threatened/attacked Police Officer with blunt object			
threatened/attacked Police Officer with knife/cutting object			
threatened/attacked Police Officer with motor vehicle			
threatened Police Officer with firearm			
fired at Police Officer with firearm			
Other Specify:			

D. Type of Force Used (check all that apply)

Type of Force Used: ☒ Compliance Hold ☐ Hand/Fists ☐ Chemical/Natural Agent ☐ Kicks/Feet ☐ Strike/Use Baton or Other Object ☐ Canine ☐ Other Force. Specify:	Firearms discharged: ☐ Intentional ☐ Accidental Number of Shots Fired: ____ Number of Hits: ____ (Use "UNK" if unknown)
---	---

E. Officer Information

NAME (LAST, FIRST, MIDDLE)	BADGE #	ON DUTY?	UNIFORM?	OFFICER INJURED?	TAKEN TO HOSPITAL
Lay, Aaron, Francis	185	Y	Y	N	N
Signature: <i>P.O. [Signature]</i> #185			Police Officer Assignment: Patrol Division		
Print Supervisor Name: Sgt. Borges #130			Supervisor Signature: <i>[Signature]</i> #130		

(6/2000)

INCIDENT NUMBER: **14NT04259****USE OF FORCE REPORT****A. Incident Information**

DATE: 02/15/2014	Time: 0422	DAY OF WEEK: SATURDAY	LOCATION: SH 66 / Monmouth Motel
TYPE OF INCIDENT ☐ Crime in Progress ☐ Domestic ☐ Suspicious Person ☒ Traffic Violation ☐ Other Type of Call ☐ Other Dispute ☐ Other Type of Call Specify:		Type of Person ☒ Under the Influence ☐ Other Unusual Condition Specify:	

B. Suspect(s) Information (Only those persons who were subjects of police use of force)

Name (Last, First, Middle)	Arrest	Charge(s)	Sex	Race	Age	Weapon?	Susp. Injured?	Hospital
Wicks, Davon, B.	Y	2C:12-1b, 2C:29-1, 2C:29-2	M	B	27	N	N	N

(Check yes only for injury/ hospital
resulting from police use of force)**C. Level of suspect(s) Resistance (check all that apply)**

Suspect...	Suspect # 1	Suspect # 2	Suspect # 3
resisted Police Officer Control	X		
physical threat/attack on Police Officer	X		
threatened/attacked Police Officer with blunt object			
threatened/attacked Police Officer with knife/cutting object			
threatened/attacked Police Officer with motor vehicle			
threatened Police Officer with firearm			
fired at Police Officer with firearm			
Other Specify:			

D. Type of Force Used (check all that apply)

Type of Force Used: ☒ Compliance Hold ☐ Hand/Fists ☐ Chemical/Natural Agent ☐ Kicks/Feet ☐ Strike/Use Baton or Other Object ☐ Canine ☐ Other Force. Specify:	Firearms discharged: ☐ Intentional ☐ Accidental Number of Shots Fired: ____ Number of Hits: ____ (Use "UNK" if unknown)
---	--

E. Officer Information

NAME (LAST, FIRST, MIDDLE)	BADGE #	ON DUTY?	UNIFORM?	OFFICER INJURED?	TAKEN TO HOSPITAL
Lay, Aaron, F.	185	Y	Y	Y	N
Signature: <i>A. Lay</i> #185			Police Officer Assignment: Zone 6		
Print Supervisor Name: Sgt. D'Amico #126			Supervisor Signature: <i>Sgt. D'Amico</i>		

(6/2000)

INCIDENT NUMBER: **14NT04259****USE OF FORCE REPORT****A. Incident Information**

DATE: 02/15/2014	Time: 0422	DAY OF WEEK: SATURDAY	LOCATION: SH 66 / Monmouth Motel
TYPE OF INCIDENT ☐ Crime in Progress ☐ Domestic ☐ Suspicious Person ☒ Traffic Violation ☐ Other Type of Call ☐ Other Dispute ☐ Other Type of Call Specify:		Type of Person ☒ Under the Influence ☐ Other Unusual Condition Specify:	

B. Suspect(s) Information (Only those persons who were subjects of police use of force)

Name (Last, First, Middle)	Arrest	Charge(s)	Sex	Race	Age	Weapon?	Susp. Injured?	Hospital
Wicks, Davon, B.	Y	2C:12-1b, 2C:29-1, 2C:29-2	M	B	27	N	N	N

(Check yes only for injury/ hospital resulting from police use of force)

C. Level of suspect(s) Resistance (check all that apply)

Suspect...	Suspect # 1	Suspect # 2	Suspect # 3
resisted Police Officer Control	X		
physical threat/attack on Police Officer	X		
threatened/attacked Police Officer with blunt object			
threatened/attacked Police Officer with knife/cutting object			
threatened/attacked Police Officer with motor vehicle			
threatened Police Officer with firearm			
fired at Police Officer with firearm			
Other Specify:			

D. Type of Force Used (check all that apply)

Type of Force Used: ☒ Compliance Hold ☐ Hand/Fists ☐ Chemical/Natural Agent ☐ Kicks/Feet ☐ Strike/Use Baton or ☐ Canine Other Object ☐ Other Force. Specify:	Firearms discharged: ☐ Intentional ☐ Accidental Number of Shots Fired: ____ Number of Hits: ____ (Use "UNK" if unknown)
--	---

E. Officer Information

NAME (LAST, FIRST, MIDDLE)	BADGE #	ON DUTY?	UNIFORM?	OFFICER INJURED?	TAKEN TO HOSPITAL
Gullestad, Erik, K.	179	Y	Y	N	N
Signature: P.O. E. Gullestad #179			Police Officer Assignment: Zone 3		
Print Supervisor Name: Sgt. D'Amico #126			Supervisor Signature:		

(6/2000)

INCIDENT NUMBER: **14NT04259****USE OF FORCE REPORT****A. Incident Information**

DATE:	02/15/2014	Time:	0422	DAY OF WEEK:	SATURDAY	LOCATION	SH 66 / Monmouth Motel
TYPE OF INCIDENT ☐ Crime in Progress ☐ Domestic ☐ Suspicious Person ☒ Traffic Violation ☐ Other Type of Call ☐ Other Dispute ☐ Other Type of Call Specify:				Type of Person ☒ Under the Influence ☐ Other Unusual Condition Specify:			

B. Suspect(s) Information (Only those persons who were subjects of police use of force)

Name (Last, First, Middle)	Arrest	Charge(s)	Sex	Race	Age	Weapon?	Susp. Injured?	Hospital
Wicks, Davon, B.	Y	2C:12-1b, 2C:29-1, 2C:29-2	M	B	27	N	N	N

(Check yes only for injury/ hospital resulting from police use of force)

C. Level of suspect(s) Resistance (check all that apply)

Suspect...	Suspect # 1	Suspect # 2	Suspect # 3
resisted Police Officer Control	X		
physical threat/attack on Police Officer	X		
threatened/attacked Police Officer with blunt object			
threatened/attacked Police Officer with knife/cutting object			
threatened/attacked Police Officer with motor vehicle			
threatened Police Officer with firearm			
fired at Police Officer with firearm			
Other Specify:			

D. Type of Force Used (check all that apply)

Type of Force Used: ☒ Compliance Hold ☐ Hand/Fists ☐ Chemical/Natural Agent ☐ Kicks/Feet ☐ Strike/Use Baton or ☐ Canine Other Object ☐ Other Force. Specify:	Firearms discharged: ☐ Intentional ☐ Accidental Number of Shots Fired: ____ Number of Hits: ____ (Use "UNK" if unknown)
--	---

E. Officer Information

NAME (LAST, FIRST, MIDDLE)	BADGE #	ON DUTY?	UNIFORM?	OFFICER INJURED?	TAKEN TO HOSPITAL
Maher, Bryan, C.	169	Y	Y	N	N
Signature: P.O. B. Maher #169			Police Officer Assignment: Zone 5		
Print Supervisor Name: Sgt. D. Amico #126			Supervisor Signature:		

(6/2000)

INCIDENT NUMBER: **14NT04725****USE OF FORCE REPORT****A. Incident Information**

DATE:	2-19-14	Time:	2221hrs	DAY OF WEEK:	Wednesday	LOCATION	710 Berkley Lane
TYPE OF INCIDENT ☐ Crime in Progress ☐ Domestic ☐ Suspicious Person ☐ Traffic Violation ☐ Other Type of Call ☒ Other Dispute ☐ Other Type of Call Specify:				Type of Person ☒ Under the Influence ☐ Other Unusual Condition Specify:			

B. Suspect(s) Information (Only those persons who were subjects of police use of force)

Name (Last, First, Middle)	Arrest	Charge(s)	Sex	Race	Age	Weapon?	Susp. Injured?	Hospital
Wolfmuller, Christopher	Y	2C:12-1B(5)A, 2C:29-2A(3)B, 2C:12-13, 2C:29-1, 2C:17-3	M	W	32	N	Y	Y
	Y / N					Y / N	Y / N	Y / N
	Y / N					Y / N	Y / N	Y / N

(Check yes only for injury/ hospital resulting from police use of force)

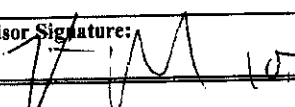
C. Level of suspect(s) Resistance (check all that apply)

Suspect...	Suspect # 1	Suspect # 2	Suspect # 3
resisted Police Officer Control	Yes		
physical threat/attack on Police Officer	Yes		
threatened/attacked Police Officer with blunt object	No		
threatened/attacked Police Officer with knife/cutting object	No		
threatened/attacked Police Officer with motor vehicle	No		
threatened Police Officer with firearm	No		
fired at Police Officer with firearm	No		
Other Specify:	Bit on left hand		

D. Type of Force Used (check all that apply)

Type of Force Used: ☒ Compliance Hold ☐ Hand/Fists ☐ Chemical/Natural Agent ☐ Kicks/Feet ☐ Strike/Use Baton or Other Object ☐ Canine ☐ Other Force. Specify:	Firearms discharged: ☐ Intentional ☐ Accidental Number of Shots Fired: ____ Number of Hits: ____ (Use "UNK" if unknown)
--	--

E. Officer Information

NAME (LAST, FIRST, MIDDLE)	BADGE #	ON DUTY?	UNIFORM?	OFFICER INJURED?	TAKEN TO HOSPITAL
Maletto, Frank	163	Yes	Yes	Yes	Yes
Signature: 			Police Officer Assignment: Zone #5		
Print Supervisor Name: Lt. Robert Mangold #107			Supervisor Signature: 		

(6/2000)

INCIDENT NUMBER: **14NT04725****USE OF FORCE REPORT****A. Incident Information**

DATE: 2-19-14	Time: 2221hrs	DAY OF WEEK: Wednesday	LOCATION: 710 Berkley Lane
TYPE OF INCIDENT ☐ Crime in Progress ☐ Domestic ☐ Suspicious Person ☐ Traffic Violation ☐ Other Type of Call ☒ Other Dispute ☐ Other Type of Call Specify:		Type of Person ☒ Under the Influence ☐ Other Unusual Condition Specify:	

B. Suspect(s) Information (Only those persons who were subjects of police use of force)

Name (Last, First, Middle)	Arrest	Charge(s)	Sex	Race	Age	Weapon?	Susp. Injured?	Hospital
Wolfmuller, Christopher	Y	2C:12-1B (5) A, 2C:29-2A(3) B, 2C: 12-13, 2C:29-1, 2C:17-3	M	W	32	N	Y	Y
	Y / N					Y / N	Y / N	Y / N
	Y / N					Y / N	Y / N	Y / N

(Check yes only for injury/ hospital resulting from police use of force)

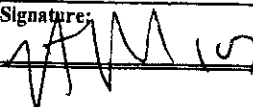
C. Level of suspect(s) Resistance (check all that apply)

Suspect...	Suspect # 1	Suspect # 2	Suspect # 3
resisted Police Officer Control	Yes		
physical threat/attack on Police Officer	Yes		
threatened/attacked Police Officer with blunt object	No		
threatened/attacked Police Officer with knife/cutting object	No		
threatened/attacked Police Officer with motor vehicle	No		
threatened Police Officer with firearm	No		
fired at Police Officer with firearm	No		
Other Specify:	Spit in his face		

D. Type of Force Used (check all that apply)

Type of Force Used: ☒ Compliance Hold ☐ Hand/Fists ☐ Chemical/Natural Agent ☐ Kicks/Feet ☐ Strike/Use Baton or Other Object ☐ Canine ☐ Other Force. Specify:	Firearms discharged: ☐ Intentional ☐ Accidental Number of Shots Fired: ____ Number of Hits: ____ (Use "UNK" if unknown)
--	--

E. Officer Information

NAME (LAST, FIRST, MIDDLE)	BADGE #	ON DUTY?	UNIFORM?	OFFICER INJURED?	TAKEN TO HOSPITAL
Lay, Aaron	185	Yes	Yes	No	No
Signature:			Police Officer Assignment: Underlap/Zone #1		
Print Supervisor Name: Lt. Robert Mangold #107			Supervisor Signature: 		

(6/2000)

INCIDENT NUMBER: **14NT04725****USE OF FORCE REPORT****A. Incident Information**

DATE:	2-19-14	Time:	2221hrs	DAY OF WEEK :	Wednesday	LOCATION	710 Berkley Lane
TYPE OF INCIDENT ☐ Crime in Progress ☐ Domestic ☐ Suspicious Person ☐ Traffic Violation ☐ Other Type of Call ☒ Other Dispute ☐ Other Type of Call Specify :				Type of Person ☒ Under the Influence ☐ Other Unusual Condition Specify:			

B. Suspect(s) Information (Only those persons who were subjects of police use of force)

Name (Last, First, Middle)	Arrest	Charge(s)	Sex	Race	Age	Weapon?	Susp. Injured?	Hospital
Wolfmuller, Christopher	Y	2C:12-1B(5), 2C:29-2A(3)B, 2C:12-13, 2C:29-1, 2C:17-3	M	W	32	N	Y	Y
	Y / N					Y / N	Y / N	Y / N
	Y / N					Y / N	Y / N	Y / N

(Check yes only for injury/ hospital resulting from police use of force)

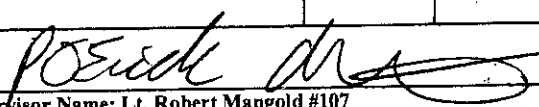
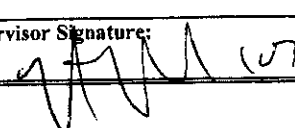
C. Level of suspect(s) Resistance (check all that apply)

Suspect...	Suspect # 1	Suspect # 2	Suspect # 3
resisted Police Officer Control	Yes		
physical threat/attack on Police Officer	Yes		
threatened/attacked Police Officer with blunt object	No		
threatened/attacked Police Officer with knife/cutting object	No		
threatened/attacked Police Officer with motor vehicle	No		
threatened Police Officer with firearm	No		
fired at Police Officer with firearm	No		
Other Specify:	No		

D. Type of Force Used (check all that apply)

Type of Force Used: ☒ Compliance Hold ☐ Hand/Fists ☐ Chemical/Natural Agent ☐ Kicks/Feet ☐ Strike/Use Baton or Other Object ☐ Canine ☐ Other Force. Specify:	Firearms discharged: ☐ Intentional ☐ Accidental Number of Shots Fired: ____ Number of Hits: ____ (Use "UNK" if unknown)
--	--

E. Officer Information

NAME (LAST, FIRST, MIDDLE)	BADGE #	ON DUTY?	UNIFORM?	OFFICER INJURED?	TAKEN TO HOSPITAL
Amadruto, Erick A	129	Yes	Yes	No	No
Signature: 			Police Officer Assignment: Underlap/Zone #5		
Print Supervisor Name: Lt. Robert Mangold #107			Supervisor Signature: 		

(6/2000)

INCIDENT NUMBER: **14NT04954****USE OF FORCE REPORT****A. Incident Information**

DATE: 02/22/14	Time: 0456	DAY OF WEEK: Saturday	LOCATION: 2200 SH-66 I-Hop
TYPE OF INCIDENT ☐ Crime in Progress ☐ Domestic ☐ Suspicious Person ☐ Traffic Violation ☒ Other Type of Call ☐ Other Dispute Specify: Disorderly Person		Type of Person ☒ Under the Influence ☐ Other Unusual Condition Specify:	

B. Suspect(s) Information (Only those persons who were subjects of police use of force)

Name (Last, First, Middle)	Arrest	Charge(s)	Sex	Race	Age	Weapon?	Susp. Injured?	Hospital
Carter, John Allan	Y / N	Disorderly Conduct	M	B	31	Y / N	Y / N	Y / N
	Y / N					Y / N	Y / N	Y / N
	Y / N					Y / N	Y / N	Y / N

(Check yes only for injury/ hospital resulting from police use of force)

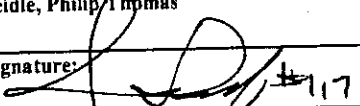
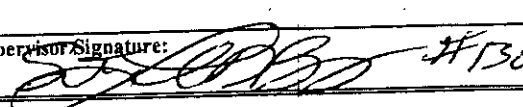
C. Level of suspect(s) Resistance (check all that apply)

Suspect...	Suspect # 1	Suspect # 2	Suspect # 3
resisted Police Officer Control	Failed to turn for cuffing		
physical threat/attack on Police Officer			
threatened/attacked Police Officer with blunt object			
threatened/attacked Police Officer with knife/cutting object			
threatened/attacked Police Officer with motor vehicle			
threatened Police Officer with firearm			
fired at Police Officer with firearm			
Other Specify:			

D. Type of Force Used (check all that apply)

Type of Force Used: ☐ Compliance Hold ☐ Hand/Fists ☒ Chemical/Natural Agent ☐ Kicks/Feet ☐ Strike/Use Baton or Other Object ☐ Canine ☐ Other Force. Specify:	Firearms discharged: ☐ Intentional ☐ Accidental Number of Shots Fired: ____ Number of Hits: ____ (Use "UNK" if unknown)
--	--

E. Officer Information

NAME (LAST, FIRST, MIDDLE)	BADGE #	ON DUTY?	UNIFORM?	OFFICER INJURED?	TAKEN TO HOSPITAL
Seidle, Philip Thomas	#117	Y / N	Y / N	Y / N	Y / N
Signature:  #117			Police Officer Assignment: Road Supervisor		
Print Supervisor Name: Sgt. Leslie Borges			Supervisor Signature:  #130		

(6/2000)

INCIDENT NUMBER: **14NT05878****USE OF FORCE REPORT****A. Incident Information**

DATE: 03/04/2014	Time: 0111	DAY OF WEEK: Tuesday	LOCATION: IFO 2109 W. Bangs Ave.
TYPE OF INCIDENT ☐ Crime in Progress ☐ Domestic ☐ Suspicious Person ☐ Traffic Violation ☐ Other Type of Call ☐ Other Dispute ☒ Other Type of Call Specify: Warrant Arrest		Type of Person ☐ Under the Influence ☐ Other Unusual Condition Specify:	

B. Suspect(s) Information (Only those persons who were subjects of police use of force)

Name (Last, First, Middle)	Arrest	Charge(s)	Sex	Race	Age	Weapon?	Susp. Injured?	Hospital
Oliver, Jordan, A.	Yes	2C:29-1, 2C:29-2	M	B	26	No	No	No
	Y / N					Y / N	Y / N	Y / N
	Y / N					Y / N	Y / N	Y / N

(Check yes only for injury/ hospital resulting from police use of force)

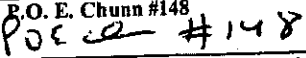
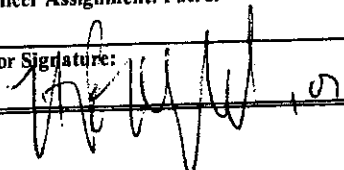
C. Level of suspect(s) Resistance (check all that apply)

Suspect...	Suspect # 1	Suspect # 2	Suspect # 3
resisted Police Officer Control	X		
physical threat/attack on Police Officer			
threatened/attached Police Officer with blunt object			
threatened/attached Police Officer with knife/cutting object			
threatened/attached Police Officer with motor vehicle			
threatened Police Officer with firearm			
fired at Police Officer with firearm			
Other Specify:			

D. Type of Force Used (check all that apply)

Type of Force Used: ☒ Compliance Hold ☒ Hand/Fists ☒ Chemical/Natural Agent ☐ Kicks/Feet ☐ Strike/Use Baton or ☐ Canine Other Object ☐ Other Force. Specify:	Firearms discharged: ☐ Intentional ☐ Accidental Number of Shots Fired: ____ Number of Hits: ____ (Use "UNK" if unknown)
--	---

E. Officer Information

NAME (LAST, FIRST, MIDDLE)	BADGE #	ON DUTY?	UNIFORM?	OFFICER INJURED?	TAKEN TO HOSPITAL
Chunn, Eric, P	148	Yes	Yes	No	No
Signature: E.O. E. Chunn #148 			Police Officer Assignment: Patrol		
Print Supervisor Name: Lt. Robert Mangold #107			Supervisor Signature: 		

(6/2000)

INCIDENT NUMBER: **14NT05878****USE OF FORCE REPORT****A. Incident Information**

DATE: 03/04/2014	Time: 0111	DAY OF WEEK: Tuesday	LOCATION IFO 2109 W. Bangs Ave.
TYPE OF INCIDENT ☐ Crime in Progress ☐ Domestic ☐ Suspicious Person ☐ Traffic Violation ☐ Other Type of Call ☐ Other Dispute ☒ Other Type of Call Specify: Warrant Arrest		Type of Person ☐ Under the Influence ☐ Other Unusual Condition Specify:	

B. Suspect(s) Information (Only those persons who were subjects of police use of force)

Name (Last, First, Middle)	Arrest	Charge(s)	Sex	Race	Age	Weapon?	Susp. Injured?	Hospital
Oliver, Jordan, A.	Yes	2C:29-1, 2C:29-2	M	B	26	No	No	No
	Y / N					Y / N	Y / N	Y / N
	Y / N					Y / N	Y / N	Y / N

(Check yes only for injury/ hospital resulting from police use of force)

C. Level of suspect(s) Resistance (check all that apply)

Suspect...	Suspect # 1	Suspect # 2	Suspect # 3
resisted Police Officer Control	X		
physical threat/attack on Police Officer			
threatened/attacked Police Officer with blunt object			
threatened/attacked Police Officer with knife/cutting object			
threatened/attacked Police Officer with motor vehicle			
threatened Police Officer with firearm			
fired at Police Officer with firearm			
Other Specify:			

D. Type of Force Used (check all that apply)

Type of Force Used: ☒ Compliance Hold ☐ Hand/Fists ☐ Chemical/Natural Agent ☐ Kicks/Feet ☐ Strike/Use Baton or Other Object ☐ Canine ☐ Other Force. Specify:	Firearms discharged: ☐ Intentional ☐ Accidental Number of Shots Fired: ____ Number of Hits: ____ (Use "UNK" if unknown)
--	--

E. Officer Information

NAME (LAST, FIRST, MIDDLE)	BADGE #	ON DUTY?	UNIFORM?	OFFICER INJURED?	TAKEN TO HOSPITAL
Savastano, Joseph	180	Yes	Yes	No	No
Signature: P.O. J. Savastano #180			Police Officer Assignment: Patrol		
Print Supervisor Name: Lt. Robert Mangold #107			Supervisor Signature: <i>[Signature]</i>		

(6/2000)

INCIDENT NUMBER: **14NT05878****USE OF FORCE REPORT****A. Incident Information**

DATE: 03/04/2014	Time: 0111	DAY OF WEEK: Tuesday	LOCATION IFO 2109 W. Bangs Ave.
TYPE OF INCIDENT ☐ Crime in Progress ☐ Domestic ☐ Suspicious Person ☐ Traffic Violation ☐ Other Type of Call ☐ Other Dispute ☒ Other Type of Call Specify: Warrant Arrest		Type of Person ☐ Under the Influence ☐ Other Unusual Condition Specify:	

B. Suspect(s) Information (Only those persons who were subjects of police use of force)

Name (Last, First, Middle)	Arrest	Charge(s)	Sex	Race	Age	Weapon?	Susp. Injured?	Hospital
Oliver, Jordan, A.	Yes	2C:29-1, 2C:29-2	M	B	26	No	No	No
	Y / N					Y / N	Y / N	Y / N
	Y / N					Y / N	Y / N	Y / N

(Check yes only for injury/ hospital resulting from police use of force)

C. Level of suspect(s) Resistance (check all that apply)

Suspect...	Suspect # 1	Suspect # 2	Suspect # 3
resisted Police Officer Control	X		
physical threat/attack on Police Officer			
threatened/attacked Police Officer with blunt object			
threatened/attacked Police Officer with knife/cutting object			
threatened/attacked Police Officer with motor vehicle			
threatened Police Officer with firearm			
fired at Police Officer with firearm			
Other Specify:			

D. Type of Force Used (check all that apply)

Type of Force Used: ☒ Compliance Hold ☐ Hand/Fists ☐ Chemical/Natural Agent ☐ Kicks/Feet ☐ Strike/Use Baton or Other Object ☐ Canine ☐ Other Force. Specify:	Firearms discharged: ☐ Intentional ☐ Accidental Number of Shots Fired: ____ Number of Hits: ____ (Use "UNK" if unknown)
--	--

E. Officer Information

NAME (LAST, FIRST, MIDDLE)	BADGE #	ON DUTY?	UNIFORM?	OFFICER INJURED?	TAKEN TO HOSPITAL
Savastano, Joseph	180	Yes	Yes	No	No
Signature: P.O. J. Savastano #180			Police Officer Assignment: Patrol		
Print Supervisor Name: Lt. Robert Mangold #107			Supervisor Signature: <i>[Signature]</i>		

(6/2000)

INCIDENT NUMBER: **14NT06160****USE OF FORCE REPORT****A. Incident Information**

DATE:	3-6-2014	Time:	1939hrs	DAY OF WEEK:	Thursday	LOCATION	George St. / Bangs Ave.
TYPE OF INCIDENT ☒ Crime in Progress ☐ Domestic ☐ Suspicious Person ☒ Traffic Violation ☐ Other Type of Call ☐ Other Dispute ☐ Other Type of Call Specify:				Type of Person ☐ Under the Influence ☐ Other Unusual Condition Specify:			

B. Suspect(s) Information (Only those persons who were subjects of police use of force)

Name (Last, First, Middle)	Arrest	Charge(s)	Sex	Race	Age	Weapon?	Susp. Injured?	Hospital
King, Dwight, C.	Y	Possession of CDS	M	B	56	N	N	N
	Y / N					Y / N	Y / N	Y / N
	Y / N					Y / N	Y / N	Y / N

(Check yes only for injury/ hospital resulting from police use of force)

C. Level of suspect(s) Resistance (check all that apply)

Suspect...	Suspect # 1	Suspect # 2	Suspect # 3
resisted Police Officer Control	X		
physical threat/attack on Police Officer			
threatened/attacked Police Officer with blunt object			
threatened/attacked Police Officer with knife/cutting object			
threatened/attacked Police Officer with motor vehicle			
threatened Police Officer with firearm			
fired at Police Officer with firearm			
Other Specify:			

D. Type of Force Used (check all that apply)

Type of Force Used: ☒ Compliance Hold ☐ Hand/Fists ☐ Chemical/Natural Agent ☐ Kicks/Feet ☐ Strike/Use Baton or Other Object ☐ Canine ☐ Other Force, Specify:	Firearms discharged: ☐ Intentional ☐ Accidental Number of Shots Fired: ____ Number of Hits: ____ (Use "UNK" if unknown)
--	--

E. Officer Information

NAME (LAST, FIRST, MIDDLE)	BADGE #	ON DUTY?	UNIFORM?	OFFICER INJURED?	TAKEN TO HOSPITAL
Berardi, Louis, Vincent	155	Y	N	N	N
Signature: <i>P.O. Berardi #155</i>			Police Officer Assignment: Police Officer		
Print Supervisor Name: <i>LT William Riechman 116</i>			Supervisor Signature: <i>[Signature]</i>		

(6/2000)

INCIDENT NUMBER: **14NT06160****USE OF FORCE REPORT****A. Incident Information**

DATE:	3-6-2014	Time:	1939hrs	DAY OF WEEK:	Thursday	LOCATION	George St. / Bangs Ave.
TYPE OF INCIDENT ☒ Crime In Progress ☐ Domestic ☐ Suspicious Person ☒ Traffic Violation ☐ Other Type of Call ☐ Other Dispute ☐ Other Type of Call Specify :				Type of Person ☐ Under the Influence ☐ Other Unusual Condition Specify:			

B. Suspect(s) Information (Only those persons who were subjects of police use of force)

Name (Last, First, Middle)	Arrest	Charge(s)	Sex	Race	Age	Weapon?	Susp. Injured?	Hospital
King, Dwight, C.	Y	Possession of CDS	M	B	56	N	N	N
	Y / N					Y / N	Y / N	Y / N
	Y / N					Y / N	Y / N	Y / N

(Check yes only for injury/ hospital resulting from police use of force)

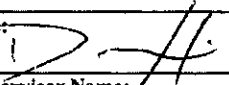
C. Level of suspect(s) Resistance (check all that apply)

Suspect...	Suspect # 1	Suspect # 2	Suspect # 3
resisted Police Officer Control	X		
physical threat/attack on Police Officer			
threatened/attacked Police Officer with blunt object			
threatened/attacked Police Officer with knife/cutting object			
threatened/attacked Police Officer with motor vehicle			
threatened Police Officer with firearm			
fired at Police Officer with firearm			
Other Specify:			

D. Type of Force Used (check all that apply)

Type of Force Used: ☒ Compliance Hold ☐ Hand/Fists ☐ Chemical/Natural Agent ☐ Kicks/Feet ☐ Strike/Use Baton or Other Object ☐ Canine ☐ Other Force. Specify:	Firearms discharged: ☐ Intentional ☐ Accidental Number of Shots Fired: ____ Number of Hits: ____ (Use "UNK" if unknown)
--	--

E. Officer Information

NAME (LAST, FIRST, MIDDLE)	BADGE #	ON DUTY?	UNIFORM?	OFFICER INJURED?	TAKEN TO HOSPITAL
Harris, Darell, Nelson	183	Y	N	N	N
Signature: 			Police Officer Assignment: Police Officer		
Print Supervisor Name: LT William Kirchner III			Supervisor Signature: 		

(6/2000)

INCIDENT NUMBER: **14NT06585****USE OF FORCE REPORT****A. Incident Information**

DATE: 3/11/14	Time: 1530hrs	DAY OF WEEK: Tuesday	LOCATION: Columbus Ave & Drummond Ave
TYPE OF INCIDENT (X) Crime in Progress () Domestic () Suspicious Person () Traffic Violation () Other Type of Call () Other Dispute () Other Type of Call Specify:		Type of Person () Under the Influence () Other Unusual Condition Specify:	

B. Suspect(s) Information (Only those persons who were subjects of police use of force)

Name (Last, First, Middle)	Arrest	Charge(s)	Sex	Race	Age	Weapon?	Susp. Injured?	Hospital
Wheeler, Tymere	Y	Obstruction/Resisting/Possession of Prescription Legend Drug.	20	M	B	N	N	N
	Y / N					Y / N	Y / N	Y / N
	Y / N					Y / N	Y / N	Y / N

(Check yes only for injury/ hospital resulting from police use of force)

C. Level of suspect(s) Resistance (check all that apply)

Suspect...	Suspect # 1	Suspect # 2	Suspect # 3
resisted Police Officer Control	X		
physical threat/attack on Police Officer	X		
threatened/attacked Police Officer with blunt object			
threatened/attacked Police Officer with knife/cutting object			
threatened/attacked Police Officer with motor vehicle			
threatened Police Officer with firearm			
fired at Police Officer with firearm			
Other Specify:			

D. Type of Force Used (check all that apply)

Type of Force Used: (X) Compliance Hold (X) Hand/Fists () Chemical/Natural Agent () Kicks/Feet () Strike/Use Baton or Other Object () Canine () Other Force. Specify:	Firearms discharged: () Intentional () Accidental Number of Shots Fired: ____ Number of Hits: ____ (Use "UNK" if unknown)
--	--

E. Officer Information

NAME (LAST, FIRST, MIDDLE)	BADGE #	ON DUTY?	UNIFORM?	OFFICER INJURED?	TAKEN TO HOSPITAL
MacConchie, James Robert	159	Y	Y	N	N
Signature: P.O. James MacConchie #159			Police Officer Assignment: Patrol		
Print Supervisor Name: Sgt. Michael D'Amico #126			Supervisor Signature: <i>[Signature]</i>		

(6/2000)

INCIDENT NUMBER: **14NT07360****USE OF FORCE REPORT****A. Incident Information**

DATE: 03/20/14	Time: 20:34	DAY OF WEEK: Thursday	LOCATION: Myrtle Ave./Ivy Place
TYPE OF INCIDENT ☐ Crime in Progress ☐ Domestic ☐ Suspicious Person ☒ Traffic Violation ☐ Other Type of Call ☐ Other Dispute ☐ Other Type of Call Specify :		Type of Person ☐ Under the Influence ☐ Other Unusual Condition Specify:	

B. Suspect(s) Information (Only those persons who were subjects of police use of force)

Name (Last, First, Middle)	Arrest	Charge(s)	Sex	Race	Age	Weapon?	Susp. Injured?	Hospital
M. S.	Y	2C: 33-2, 2C: 29-2	M	B	17	N	N	N

(Check yes only for injury/ hospital resulting from police use of force)

C. Level of suspect(s) Resistance (check all that apply)

Suspect...	Suspect # 1	Suspect # 2	Suspect # 3
resisted Police Officer Control	X		
physical threat/attack on Police Officer			
threatened/attacked Police Officer with blunt object			
threatened/attacked Police Officer with knife/cutting object			
threatened/attacked Police Officer with motor vehicle			
threatened Police Officer with firearm			
fired at Police Officer with firearm			
Other Specify:			

D. Type of Force Used (check all that apply)

Type of Force Used: ☒ Compliance Hold ☐ Hand/Fists ☐ Chemical/Natural Agent ☐ Kicks/Feet ☐ Strike/Use Baton or ☐ Canine Other Object ☐ Other Force. Specify:	Firearms discharged: ☐ Intentional ☐ Accidental Number of Shots Fired: ____ Number of Hits: ____ (Use "UNK" if unknown)
--	---

E. Officer Information

NAME (LAST, FIRST, MIDDLE)	BADGE #	ON DUTY?	UNIFORM?	OFFICER INJURED?	TAKEN TO HOSPITAL
Rademacher, Jason, R	165	Y	Y	N	N
Signature: <i>Jason Rademacher #165</i>			Police Officer Assignment: Patrol		
Print Supervisor Name: Sgt. D'Amico #126			Supervisor Signature: <i>Sgt. D'Amico</i>		

(6/2000)

INCIDENT NUMBER: **14NT07360****USE OF FORCE REPORT****A. Incident Information**

DATE: 03/20/14	Time: 20:34	DAY OF WEEK: Thursday	LOCATION: Myrtle Ave./Ivy Place
TYPE OF INCIDENT () Crime in Progress () Domestic () Suspicious Person (X) Traffic Violation () Other Type of Call () Other Dispute () Other Type of Call Specify:		Type of Person () Under the Influence () Other Unusual Condition Specify:	

B. Suspect(s) Information (Only those persons who were subjects of police use of force)

Name (Last, First, Middle)	Arrest	Charge(s)	Sex	Race	Age	Weapon?	Susp. Injured?	Hospital
M..., S...	Y	2C: 33-2, 2C: 29-2	M	B	17	N	N	N

(Check yes only for injury/hospital resulting from police use of force)

C. Level of suspect(s) Resistance (check all that apply)

Suspect...	Suspect # 1	Suspect # 2	Suspect # 3
resisted Police Officer Control	X		
physical threat/attack on Police Officer			
threatened/attacked Police Officer with blunt object			
threatened/attacked Police Officer with knife/cutting object			
threatened/attacked Police Officer with motor vehicle			
threatened Police Officer with firearm			
fired at Police Officer with firearm			
Other Specify:			

D. Type of Force Used (check all that apply)

Type of Force Used: (X) Compliance Hold () Hand/Fists () Chemical/Natural Agent () Kicks/Feet () Strike/Use Baton or Other Object () Canine () Other Force. Specify:	Firearms discharged: () Intentional () Accidental Number of Shots Fired: ____ Number of Hits: ____ (Use "UNK" if unknown)
---	---

E. Officer Information

NAME (LAST, FIRST, MIDDLE)	BADGE #	ON DUTY?	UNIFORM?	OFFICER INJURED?	TAKEN TO HOSPITAL
Lavandero, Sarai	176	Y	Y	N	N
Signature: <i>[Signature]</i> #176			Police Officer Assignment: Patrol		
Print Supervisor Name: Sgt. D'Amico #126			Supervisor Signature: <i>[Signature]</i>		

(6/2000)

INCIDENT NUMBER: **14NT07821****USE OF FORCE REPORT****A. Incident Information**

DATE: 03/26/2014	Time: 0214hrs	DAY OF WEEK: Wednesday	LOCATION Seventh Ave. & Union Ave.
TYPE OF INCIDENT ☒ Crime in Progress ☐ Domestic ☐ Suspicious Person ☐ Traffic Violation ☐ Other Type of Call ☐ Other Dispute ☐ Other Type of Call Specify:		Type of Person ☐ Under the Influence ☐ Other Unusual Condition Specify:	

B. Suspect(s) Information (Only those persons who were subjects of police use of force)

Name (Last, First, Middle)	Arrest	Charge(s)	Sex	Race	Age	Weapon?	Susp. Injured?	Hospital
Ace, Matthew, A.	Y	Pending	M	W	21	N	Y	N
	Y / N					Y / N	Y / N	Y / N
	Y / N					Y / N	Y / N	Y / N

(Check yes only for injury/ hospital resulting from police use of force)

C. Level of suspect(s) Resistance (check all that apply)

Suspect...	Suspect # 1	Suspect # 2	Suspect # 3
resisted Police Officer Control	X		
physical threat/attack on Police Officer			
threatened/attacked Police Officer with blunt object			
threatened/attacked Police Officer with knife/cutting object			
threatened/attacked Police Officer with motor vehicle			
threatened Police Officer with firearm			
fired at Police Officer with firearm			
Other Specify:			

D. Type of Force Used (check all that apply)

Type of Force Used: ☐ Compliance Hold ☐ Hand/Fists ☒ Chemical/Natural Agent ☐ Kicks/Feet ☐ Strike/Use Baton or Other Object ☐ Canine ☐ Other Force. Specify:	Firearms discharged: ☐ Intentional ☐ Accidental Number of Shots Fired: ____ Number of Hits: ____ (Use "UNK" if unknown)
--	--

E. Officer Information

NAME (LAST, FIRST, MIDDLE)	BADGE #	ON DUTY?	UNIFORM?	OFFICER INJURED?	TAKEN TO HOSPITAL
Sibole, Christopher, Edward	166	Y	Y	N	N
Signature: <i>[Signature]</i> #166			Police Officer Assignment: Patrol		
Print Supervisor Name: Sgt. Michael D'Amico #126			Supervisor Signature: <i>[Signature]</i>		

(6/2000)

INCIDENT NUMBER: **14NT08717****USE OF FORCE REPORT****A. Incident Information**

DATE: 04/05/14	Time: 1500	DAY OF WEEK: Saturday	LOCATION 1500 Block of West Lake
TYPE OF INCIDENT (X) Crime in Progress () Domestic () Suspicious Person () Traffic Violation () Other Type of Call () Other Dispute () Other Type of Call Specify:		Type of Person () Under the Influence () Other Unusual Condition Specify:	

B. Suspect(s) Information (Only those persons who were subjects of police use of force)

Name (Last, First, Middle)	Arrest	Charge(s)	Sex	Race	Age	Weapon?	Susp. Injured?	Hospital
V. P. T.	Y/N	Agg. Assault/Resisting Arrest	X	B	14	Y/N	Y/N	Y/N
	Y/N					Y/N	Y/N	Y/N
	Y/N					Y/N	Y/N	Y/N

(Check yes only for injury/ hospital resulting from police use of force)

C. Level of suspect(s) Resistance (check all that apply)

Suspect...	Suspect # 1	Suspect # 2	Suspect # 3
resisted Police Officer Control	X		
physical threat/attack on Police Officer	X		
threatened/attacked Police Officer with blunt object			
threatened/attacked Police Officer with knife/cutting object			
threatened/attacked Police Officer with motor vehicle			
threatened Police Officer with firearm			
fired at Police Officer with firearm			
Other Specify:			

D. Type of Force Used (check all that apply)

Type of Force Used: () Compliance Hold (X) Hand/Fists () Chemical/Natural Agent () Kicks/Feet () Strike/Use Baton or Other Object () Canine () Other Force. Specify:	Firearms discharged: () Intentional () Accidental Number of Shots Fired: ____ Number of Hits: ____ (Use "UNK" if unknown)
--	--

E. Officer Information

NAME (LAST, FIRST, MIDDLE)	BADGE #	ON DUTY?	UNIFORM?	OFFICER INJURED?	TAKEN TO HOSPITAL
Seidle, Phillip T.	#117	Y/N	Y/N	Y/N	Y/N
Signature:			Police Officer Assignment: Road Supervisor		
Print Supervisor Name: Sgt. Steven Colombo			Supervisor Signature:		

(6/2000)

INCIDENT NUMBER: **14NT08759****USE OF FORCE REPORT****A. Incident Information**

DATE: 4/5/14	Time: 2225	DAY OF WEEK: Saturday	LOCATION 25 Neptune Blvd. (HQ)
TYPE OF INCIDENT ☐ Crime in Progress ☐ Domestic ☐ Suspicious Person ☐ Traffic Violation ☐ Other Type of Call ☐ Other Dispute ☒ Other Type of Call Specify: Unruly Prisoner		Type of Person ☒ Under the Influence ☐ Other Unusual Condition Specify:	

B. Suspect(s) Information (Only those persons who were subjects of police use of force)

Name (Last, First, Middle)	Arrest	Charge(s)	Sex	Race	Age	Weapon?	Susp. Injured?	Hospital
Wright, William E	Y	Obstruction/Theft	M	B	36	N	N	N
	Y / N					Y / N	Y / N	Y / N
	Y / N					Y / N	Y / N	Y / N

(Check yes only for injury/ hospital resulting from police use of force)

C. Level of suspect(s) Resistance (check all that apply)

Suspect...	Suspect # 1	Suspect # 2	Suspect # 3
resisted Police Officer Control	x		
physical threat/attack on Police Officer	x		
threatened/attacked Police Officer with blunt object			
threatened/attacked Police Officer with knife/cutting object			
threatened/attacked Police Officer with motor vehicle			
threatened Police Officer with firearm			
fired at Police Officer with firearm			
Other Specify:			

D. Type of Force Used (check all that apply)

Type of Force Used: ☒ Compliance Hold ☒ Hand/Fists ☐ Chemical/Natural Agent ☐ Kicks/Feet ☐ Strike/Use Baton or Other Object ☐ Canine ☐ Other Force. Specify:	Firearms discharged: ☐ Intentional ☐ Accidental Number of Shots Fired: ____ Number of Hits: ____ (Use "UNK" if unknown)
--	---

E. Officer Information

NAME (LAST, FIRST, MIDDLE)	BADGE #	ON DUTY?	UNIFORM?	OFFICER INJURED?	TAKEN TO HOSPITAL
Hubbard, Shaun J	158	Y	Y	N	N
Signature: <i>[Signature]</i>			Police Officer Assignment: Zone 1		
Print Supervisor Name: Sgt. Monahan			Supervisor Signature: <i>[Signature]</i>		

(6/2000)

INCIDENT NUMBER: **14NT08759****USE OF FORCE REPORT****A. Incident Information**

DATE: 4/5/14	Time: 2228 hrs	DAY OF WEEK: Saturday	LOCATION 20 Surf Avenue, Neptune, NJ, 07753
TYPE OF INCIDENT ☒ Crime in Progress ☐ Domestic ☐ Suspicious Person ☐ Traffic Violation ☐ Other Type of Call ☐ Other Dispute ☐ Other Type of Call Specify:		Type of Person ☐ Under the Influence ☒ Other Unusual Condition Specify: Bipolar, Suffers from Schizophrenia	

B. Suspect(s) Information (Only those persons who were subjects of police use of force)

Name (Last, First, Middle)	Arrest	Charge(s)	Sex	Race	Age	Weapon?	Susp. Injured?	Hospital
T. M.	Y	Aggravated Assault, Resisting Arrest, and Disorderly Conduct.	Female	Black	33	No	No	No
	Y / N					Y / N	Y / N	Y / N
	Y / N					Y / N	Y / N	Y / N

(Check yes only for injury/ hospital resulting from police use of force)

C. Level of suspect(s) Resistance (check all that apply)

Suspect...	Suspect # 1	Suspect # 2	Suspect # 3
resisted Police Officer Control	X		
physical threat/attack on Police Officer	X		
threatened/attacked Police Officer with blunt object			
threatened/attacked Police Officer with knife/cutting object			
threatened/attacked Police Officer with motor vehicle			
threatened Police Officer with firearm			
fired at Police Officer with firearm			
Other Specify:			

D. Type of Force Used (check all that apply)

Type of Force Used: ☒ Compliance Hold ☒ Hand/Fists ☐ Chemical/Natural Agent ☐ Kicks/Feet ☐ Strike/Use Baton or Other Object ☐ Canine ☐ Other Force. Specify:	Firearms discharged: ☐ Intentional ☐ Accidental Number of Shots Fired: ____ Number of Hits: ____ (Use "UNK" if unknown)
--	---

E. Officer Information

NAME (LAST, FIRST, MIDDLE)	BADGE #	ON DUTY?	UNIFORM?	OFFICER INJURED?	TAKEN TO HOSPITAL
McGee, Brian	173	Yes	Yes	No	No
Signature:			Police Officer Assignment: Patrol		
Print Supervisor Name: Sgt. Allen			Supervisor Signature:		

(6/2000)

INCIDENT NUMBER: **14NT08759****USE OF FORCE REPORT****A. Incident Information**

DATE: 4/5/14	Time: 2228 hrs	DAY OF WEEK: Saturday	LOCATION 20 Surf Avenue, Neptune, NJ, 07753
---------------------	-----------------------	------------------------------	--

TYPE OF INCIDENT ☒ Crime in Progress ☐ Domestic ☐ Suspicious Person ☐ Traffic Violation ☐ Other Type of Call ☐ Other Dispute ☐ Other Type of Call Specify :	Type of Person ☐ Under the Influence ☒ Other Unusual Condition Specify: Bipolar, Suffers from Schizophrenia
--	---

B. Suspect(s) Information (Only those persons who were subjects of police use of force)

Name (Last, First, Middle)	Arrest	Charge(s)	Sex	Race	Age	Weapon?	Susp. Injured?	Hospital
T. [REDACTED], M. [REDACTED]	Y	Aggravated Assault, Resisting Arrest, and Disorderly Conduct.	Female	Black	33	No	No	No
	Y / N					Y / N	Y / N	Y / N
	Y / N					Y / N	Y / N	Y / N

(Check yes only for injury/ hospital resulting from police use of force)

C. Level of suspect(s) Resistance (check all that apply)

Suspect...	Suspect # 1	Suspect # 2	Suspect # 3
resisted Police Officer Control	X		
physical threat/attack on Police Officer	X		
threatened/attacked Police Officer with blunt object			
threatened/attacked Police Officer with knife/cutting object			
threatened/attacked Police Officer with motor vehicle			
threatened Police Officer with firearm			
fired at Police Officer with firearm			
Other Specify:			

D. Type of Force Used (check all that apply)

Type of Force Used: ☒ Compliance Hold ☒ Hand/Fists ☐ Chemical/Natural Agent ☐ Kicks/Feet ☐ Strike/Use Baton or Other Object ☐ Canine ☐ Other Force. Specify:	Firearms discharged: ☐ Intentional ☐ Accidental Number of Shots Fired: ____ Number of Hits: ____ (Use "UNK" if unknown)
---	--

E. Officer Information

NAME (LAST, FIRST, MIDDLE)	BADGE #	ON DUTY?	UNIFORM?	OFFICER INJURED?	TAKEN TO HOSPITAL
Dallago, Jesse, Thomas	175	Yes	Yes	No	No
Signature: <i>[Signature]</i>			Police Officer Assignment: Patrol		
Print Supervisor Name: <i>Sgt. Mike Allen</i> #120			Supervisor Signature: <i>[Signature]</i>		

(6/2000)

INCIDENT NUMBER: **14NT08896****USE OF FORCE REPORT****A. Incident Information**

DATE: 04/07/14	Time: 1940	DAY OF WEEK: MONDAY	LOCATION: 16 COLLEEN WAY
TYPE OF INCIDENT (X) Crime in Progress () Domestic (X) Suspicious Person () Traffic Violation () Other Type of Call () Other Dispute () Other Type of Call Specify:		Type of Person () Under the Influence () Other Unusual Condition Specify:	

B. Suspect(s) Information (Only those persons who were subjects of police use of force)

Name (Last, First, Middle)	Arrest	Charge(s)	Sex	Race	Age	Weapon?	Susp. Injured?	Hospital
S [REDACTED] M [REDACTED] D [REDACTED]	YES	UNLAWFUL POSS. OF HANDGUN/ RESISTING ARREST	M	BLACK	15	YES	NO	NO
	Y/N					Y/N	Y/N	Y/N
	Y/N					Y/N	Y/N	Y/N

(Check yes only for injury/ hospital resulting from police use of force)

C. Level of suspect(s) Resistance (check all that apply)

Suspect...	Suspect # 1	Suspect # 2	Suspect # 3
resisted Police Officer Control	X		
physical threat/attack on Police Officer			
threatened/attacked Police Officer with blunt object			
threatened/attacked Police Officer with knife/cutting object			
threatened/attacked Police Officer with motor vehicle			
threatened Police Officer with firearm			
fired at Police Officer with firearm			
Other Specify:			

D. Type of Force Used (check all that apply)

Type of Force Used: (X) Compliance Hold () Hand/Fists () Chemical/Natural Agent () Kicks/Feet () Strike/Use Baton or Other Object () Canine () Other Force. Specify:	Firearms discharged: () Intentional () Accidental Number of Shots Fired: ____ Number of Hits: ____ (Use "UNK" if unknown)
---	---

E. Officer Information

NAME (LAST, FIRST, MIDDLE)	BADGE #	ON DUTY?	UNIFORM?	OFFICER INJURED?	TAKEN TO HOSPITAL
LAVANDERO, SARAI	176	YES	YES	NO	NO
Signature: P.O. LAVANDERO #176			Police Officer Assignment: ZONE 5		
Print Supervisor Name: SGT. SCHEMBRI #112			Supervisor Signature:		

(6/2000)

INCIDENT NUMBER: **14NT09933****USE OF FORCE REPORT****A. Incident Information**

DATE: 4/19/14	Time: 1416 Hrs	DAY OF WEEK: Saturday	LOCATION: 2200 SH 66, Neptune
TYPE OF INCIDENT ☐ Crime in Progress ☒ Domestic ☐ Suspicious Person ☐ Traffic Violation ☐ Other Type of Call ☐ Other Dispute ☐ Other Type of Call Specify:		Type of Person ☐ Under the Influence ☐ Other Unusual Condition Specify:	

B. Suspect(s) Information (Only those persons who were subjects of police use of force)

Name (Last, First, Middle)	Arrest	Charge(s)	Sex	Race	Age	Weapon?	Susp. Injured?	Hospital
McDonald, Aaron L.	Y	2C: 29-3	M	B	28	N	N	N
	Y/N					Y/N	Y/N	Y/N
	Y/N					Y/N	Y/N	Y/N

(Check yes only for injury/ hospital resulting from police use of force)

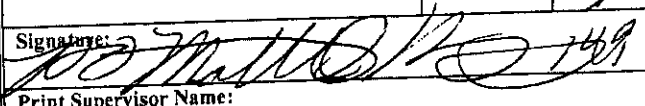
C. Level of suspect(s) Resistance (check all that apply)

Suspect...	Suspect # 1	Suspect # 2	Suspect # 3
resisted Police Officer Control	X		
physical threat/attack on Police Officer			
threatened/attached Police Officer with blunt object			
threatened/attached Police Officer with knife/cutting object			
threatened/attached Police Officer with motor vehicle			
threatened Police Officer with firearm			
fired at Police Officer with firearm			
Other Specify:			

D. Type of Force Used (check all that apply)

Type of Force Used: ☒ Compliance Hold ☐ Hand/Fists ☐ Chemical/Natural Agent ☐ Kicks/Feet ☐ Strike/Use Baton or Other Object ☐ Canine ☐ Other Force. Specify:	Firearms discharged: ☐ Intentional ☐ Accidental Number of Shots Fired: ____ Number of Hits: ____ (Use "UNK" if unknown)
--	--

E. Officer Information

NAME (LAST, FIRST, MIDDLE)	BADGE #	ON DUTY?	UNIFORM?	OFFICER INJURED?	TAKEN TO HOSPITAL
Kocen, Matthew, I	149	Y	Y	N	N
Signature: 			Police Officer Assignment: Zone 5		
Print Supervisor Name: Sgt. Borges, Leslie			Supervisor Signature:  #130		

(6/2000)

INCIDENT NUMBER: **14NT09933****USE OF FORCE REPORT****A. Incident Information**

DATE: 4/19/14	Time: 1416 Hrs	DAY OF WEEK: Saturday	LOCATION 2200 SH 66, Neptune
TYPE OF INCIDENT ☐ Crime in Progress ☒ Domestic ☐ Suspicious Person ☐ Traffic Violation ☐ Other Type of Call ☐ Other Dispute ☐ Other Type of Call Specify:		Type of Person ☐ Under the Influence ☐ Other Unusual Condition Specify:	

B. Suspect(s) Information (Only those persons who were subjects of police use of force)

Name (Last, First, Middle)	Arrest	Charge(s)	Sex	Race	Age	Weapon?	Susp. Injured?	Hospital
McDonald, Aaron L.	Y	2C: 29-3	M	B	28	N	N	N
	Y / N					Y / N	Y / N	Y / N
	Y / N					Y / N	Y / N	Y / N

(Check yes only for injury/ hospital resulting from police use of force)

C. Level of suspect(s) Resistance (check all that apply)

Suspect...	Suspect # 1	Suspect # 2	Suspect # 3
resisted Police Officer Control	X		
physical threat/attack on Police Officer			
threatened/attached Police Officer with blunt object			
threatened/attached Police Officer with knife/cutting object			
threatened/attached Police Officer with motor vehicle			
threatened Police Officer with firearm			
fired at Police Officer with firearm			
Other Specify:			

D. Type of Force Used (check all that apply)

Type of Force Used: ☒ Compliance Hold ☐ Hand/Fists ☐ Chemical/Natural Agent ☐ Kicks/Feet ☐ Strike/Use Baton or Other Object ☐ Canine ☐ Other Force. Specify:	Firearms discharged: ☐ Intentional ☐ Accidental Number of Shots Fired: ____ Number of Hits: ____ (Use "UNK" if unknown)
---	---

E. Officer Information

NAME (LAST, FIRST, MIDDLE)	BADGE #	ON DUTY?	UNIFORM?	OFFICER INJURED?	TAKEN TO HOSPITAL
Webb, Matthew, G	152	Y	Y	N	N
Signature: <i>Matthew Webb</i> #152			Police Officer Assignment: Zone 3		
Print Supervisor Name: Sgt. Borges, Leslie			Supervisor Signature: <i>[Signature]</i> #130		

(6/2000)

INCIDENT NUMBER: **14NT10395****USE OF FORCE REPORT****A. Incident Information**

DATE: 04/25/2014	Time: 02:29	DAY OF WEEK: FRIDAY	LOCATION: 41 S Main St – Clancy's Tavern Neptune, NJ 07753
TYPE OF INCIDENT ☐ Crime in Progress ☐ Domestic ☐ Suspicious Person ☐ Traffic Violation ☐ Other Type of Call ☒ Other Dispute ☐ Other Type of Call Specify:		Type of Person ☒ Under the Influence ☐ Other Unusual Condition Specify:	

B. Suspect(s) Information (Only those persons who were subjects of police use of force)

Name (Last, First, Middle)	Arrest	Charge(s)	Sex	Race	Age	Weapon?	Susp. Injured?	Hospital
Stanard, Lamont, E.	Y	Obstruction, Resisting, Disorderly Conduct	M	B	35	N	N	N

(Check yes only for injury/ hospital resulting from police use of force)

C. Level of suspect(s) Resistance (check all that apply)

Suspect...	Suspect # 1	Suspect # 2	Suspect # 3
resisted Police Officer Control	XXXX		
physical threat/attack on Police Officer	XXXX		
threatened/attacked Police Officer with blunt object			
threatened/attacked Police Officer with knife/cutting object			
threatened/attacked Police Officer with motor vehicle			
threatened Police Officer with firearm			
fired at Police Officer with firearm			
Other Specify:			

D. Type of Force Used (check all that apply)

Type of Force Used: ☒ Compliance Hold ☐ Hand/Fists ☐ Chemical/Natural Agent ☐ Kicks/Feet ☐ Strike/Use Baton or Other Object ☐ Canine ☐ Other Force. Specify:	Firearms discharged: ☐ Intentional ☐ Accidental Number of Shots Fired: ____ Number of Hits: ____ (Use "UNK" if unknown)
---	---

E. Officer Information

NAME (LAST, FIRST, MIDDLE)	BADGE #	ON DUTY?	UNIFORM?	OFFICER INJURED?	TAKEN TO HOSPITAL
Lay, Aaron, Francis	185	Y	Y	N	N
Signature: <i>[Signature]</i> #185			Police Officer Assignment: Patrol Zone # 1		
Print Supervisor Name: Lt. S. Cox #114			Supervisor Signature: <i>[Signature]</i>		

(6/2000)

INCIDENT NUMBER: 14NT11099

USE OF FORCE REPORT

A. Incident Information

DATE: 05/02/2014	Time: 1853	DAY OF WEEK: Friday	LOCATION: 2 Brookside Rd., Neptune, NJ, 07753
------------------	------------	---------------------	---

TYPE OF INCIDENT (X) Crime in Progress () Domestic () Suspicious Person () Traffic Violation () Other Type of Call () Other Dispute () Other Type of Call Specify:	Type of Person (X) Under the Influence (X) Other Unusual Condition Specify: Schizophrenia, Bi Polar
--	---

B. Suspect(s) Information (Only those persons who were subjects of police use of force)

Name (Last, First, Middle)	Arrest	Charge(s)	Sex	Race	Age	Weapon?	Susp. Injured?	Hospital
Scott 2 nd , Kevin, M.	Y	Resisting Arrest, Disorderly Conduct, Criminal Mischief	M	Black	36	N	Y	Y
	Y/N					Y/N	Y/N	Y/N
	Y/N					Y/N	Y/N	Y/N

(Check yes only for injury/ hospital resulting from police use of force)

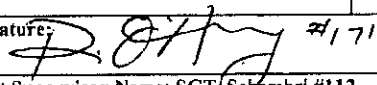
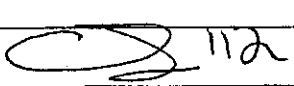
C. Level of suspect(s) Resistance (check all that apply)

Suspect...	Suspect # 1	Suspect # 2	Suspect # 3
resisted Police Officer Control	X		
physical threat/attack on Police Officer	X		
threatened/attacked Police Officer with blunt object			
threatened/attacked Police Officer with knife/cutting object			
threatened/attacked Police Officer with motor vehicle			
threatened Police Officer with firearm			
fired at Police Officer with firearm			
Other Specify:			

D. Type of Force Used (check all that apply)

Type of Force Used: (X) Compliance Hold (X) Hand/Fists () Chemical/Natural Agent () Kicks/Feet () Strike/Use Baton or Other Object () Canine () Other Force. Specify:	Firearms discharged: () Intentional () Accidental Number of Shots Fired: ____ Number of Hits: ____ (Use "UNK" if unknown)
---	---

E. Officer Information

NAME (LAST, FIRST, MIDDLE)	BADGE #	ON DUTY?	UNIFORM?	OFFICER INJURED?	TAKEN TO HOSPITAL
O'Henry, Robert	171	Y	Y	N	N
Signature: 			Police Officer Assignment: PATROL		
Print Supervisor Name: SGT Schembri #112			Supervisor Signature: 		

(6/2000)

INCIDENT NUMBER: 14NT11099

USE OF FORCE REPORT

A. Incident Information

DATE: 05/02/2014	Time: 1853	DAY OF WEEK: Friday	LOCATION: 2 Brookside Rd., Neptune, NJ, 07753
TYPE OF INCIDENT (X) Crime in Progress () Domestic () Suspicious Person () Traffic Violation () Other Type of Call () Other Dispute () Other Type of Call Specify:		Type of Person (X) Under the Influence (X) Other Unusual Condition Specify: Schizophrenia, Bi Polar	

B. Suspect(s) Information (Only those persons who were subjects of police use of force)

Name (Last, First, Middle)	Arrest	Charge(s)	Sex	Race	Age	Weapon?	Susp. Injured?	Hospital
Scott 2 nd , Kevin, M.	Y	Resisting Arrest, Disorderly Conduct, Criminal Mischief	M	Black	36	N	Y	Y
	Y / N					Y / N	Y / N	Y / N
	Y / N					Y / N	Y / N	Y / N

(Check yes only for injury/ hospital resulting from police use of force)

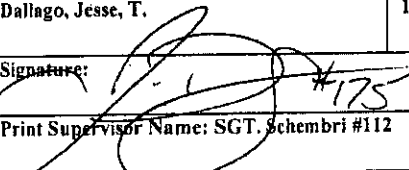
C. Level of suspect(s) Resistance (check all that apply)

Suspect...	Suspect # 1	Suspect # 2	Suspect # 3
resisted Police Officer Control	X		
physical threat/attack on Police Officer	X		
threatened/attacked Police Officer with blunt object			
threatened/attacked Police Officer with knife/cutting object			
threatened/attacked Police Officer with motor vehicle			
threatened Police Officer with firearm			
fired at Police Officer with firearm			
Other Specify:			

D. Type of Force Used (check all that apply)

Type of Force Used: (X) Compliance Hold (X) Hand/Fists (X) Chemical/Natural Agent () Kicks/Feet () Strike/Use Baton or Other Object () Canine () Other Force. Specify:	Firearms discharged: () Intentional () Accidental Number of Shots Fired: ____ Number of Hits: ____ (Use "UNK" if unknown)
---	---

E. Officer Information

NAME (LAST, FIRST, MIDDLE)	BADGE #	ON DUTY?	UNIFORM?	OFFICER INJURED?	TAKEN TO HOSPITAL
Dallago, Jesse, T.	175	Y	Y	N	N
Signature: 			Police Officer Assignment: PATROL		
Print Supervisor Name: SGT. Schembri #112			Supervisor Signature:  112		

(6/2000)

INCIDENT NUMBER: **14NT11139****USE OF FORCE REPORT****A. Incident Information**

DATE: 05/03/14	Time: 02:23AM	DAY OF WEEK: SATURDAY	LOCATION: W.LAKE/MYRTLE AVES
TYPE OF INCIDENT ☒ Crime in Progress ☐ Domestic ☐ Suspicious Person ☐ Traffic Violation ☐ Other Type of Call ☐ Other Dispute ☐ Other Type of Call Specify:		Type of Person ☐ Under the Influence ☐ Other Unusual Condition Specify:	

B. Suspect(s) Information (Only those persons who were subjects of police use of force)

Name (Last, First, Middle)	Arrest	Charge(s)	Sex	Race	Age	Weapon?	Susp. Injured?	Hospital
JACKSON, AMANDA, L	Y	OBSTRUCTION/RESISTING	F	B	26	N	N	N

(Check yes only for injury/ hospital resulting from police use of force)

C. Level of suspect(s) Resistance (check all that apply)

Suspect...	Suspect # 1	Suspect # 2	Suspect # 3
resisted Police Officer Control	X		
physical threat/attack on Police Officer			
threatened/attacked Police Officer with blunt object			
threatened/attacked Police Officer with knife/cutting object			
threatened/attacked Police Officer with motor vehicle			
threatened Police Officer with firearm			
fired at Police Officer with firearm			
Other Specify:			

D. Type of Force Used (check all that apply)

Type of Force Used: ☒ Compliance Hold ☐ Hand/Fists ☐ Chemical/Natural Agent ☐ Kicks/Feet ☐ Strike/Use Baton or Other Object ☐ Canine ☐ Other Force. Specify:	Firearms discharged: ☐ Intentional ☐ Accidental Number of Shots Fired: ____ Number of Hits: ____ (Use "UNK" if unknown)
---	---

E. Officer Information

NAME (LAST, FIRST, MIDDLE)	BADGE #	ON DUTY?	UNIFORM?	OFFICER INJURED?	TAKEN TO HOSPITAL
LAY, AARON, FRANCIS	185	Y	Y	N	N
Signature: <i>P.O. Allen #185</i>			Police Officer Assignment:		
Print Supervisor Name: <i>Sgt. Mike Allen #120</i>			Supervisor Signature: <i>Sgt. Mike Allen #120</i>		

(6/2000)

INCIDENT NUMBER: **14NT11139****USE OF FORCE REPORT****A. Incident Information**

DATE: 05/03/14	Time: 02:23AM	DAY OF WEEK: SATURDAY	LOCATION W.LAKE/MYRTLE AVES
TYPE OF INCIDENT (X) Crime in Progress () Domestic () Suspicious Person () Traffic Violation () Other Type of Call () Other Dispute () Other Type of Call Specify:		Type of Person () Under the Influence () Other Unusual Condition Specify:	

B. Suspect(s) Information (Only those persons who were subjects of police use of force)

Name (Last, First, Middle)	Arrest	Charge(s)	Sex	Race	Age	Weapon?	Susp. Injured?	Hospital
JACKSON, AMANDA, L	Y	OBSTRUCTION/RESISTING	F	B	26	N	N	N

(Check yes only for injury/ hospital resulting from police use of force)

C. Level of suspect(s) Resistance (check all that apply)

Suspect...	Suspect # 1	Suspect # 2	Suspect # 3
resisted Police Officer Control	X		
physical threat/attack on Police Officer			
threatened/attacked Police Officer with blunt object			
threatened/attacked Police Officer with knife/cutting object			
threatened/attacked Police Officer with motor vehicle			
threatened Police Officer with firearm			
fired at Police Officer with firearm			
Other Specify:			

D. Type of Force Used (check all that apply)

Type of Force Used: (X) Compliance Hold () Hand/Fists () Chemical/Natural Agent () Kicks/Feet () Strike/Use Baton or Other Object () Canine () Other Force. Specify:	Firearms discharged: () Intentional () Accidental Number of Shots Fired: ____ Number of Hits: ____ (Use "UNK" if unknown)
--	--

E. Officer Information

NAME (LAST, FIRST, MIDDLE)	BADGE #	ON DUTY?	UNIFORM?	OFFICER INJURED?	TAKEN TO HOSPITAL
SAVASTANO, JOSEPH, ANTHONY	180	Y	Y	N	N
Signature: <i>P.O. #180</i>			Police Officer Assignment:		
Print Supervisor Name: <i>Sgt. Mike Allen #120</i>			Supervisor Signature: <i>Sgt. Mike Allen #120</i>		

(6/2000)

INCIDENT NUMBER: **14NT11139****USE OF FORCE REPORT****A. Incident Information**

DATE: 05/03/14	Time: 02:23AM	DAY OF WEEK: SATURDAY	LOCATION: W.LAKE/MYRTLE AVES
TYPE OF INCIDENT (X) Crime in Progress () Domestic () Suspicious Person () Traffic Violation () Other Type of Call () Other Dispute () Other Type of Call Specify:		Type of Person () Under the Influence () Other Unusual Condition Specify:	

B. Suspect(s) Information (Only those persons who were subjects of police use of force)

Name (Last, First, Middle)	Arrest	Charge(s)	Sex	Race	Age	Weapon?	Susp. Injured?	Hospital
JACKSON, AMANDA, L	Y	OBSTRUCTION/RESISTING	F	B	26	N	N	N

(Check yes only for injury/ hospital resulting from police use of force)

C. Level of suspect(s) Resistance (check all that apply)

Suspect...	Suspect # 1	Suspect # 2	Suspect # 3
resisted Police Officer Control	X		
physical threat/attack on Police Officer			
threatened/attacked Police Officer with blunt object			
threatened/attacked Police Officer with knife/cutting object			
threatened/attacked Police Officer with motor vehicle			
threatened Police Officer with firearm			
fired at Police Officer with firearm			
Other Specify:			

D. Type of Force Used (check all that apply)

Type of Force Used: (X) Compliance Hold () Hand/Fists () Chemical/Natural Agent () Kicks/Feet () Strike/Use Baton or Other Object () Canine () Other Force. Specify:	Firearms discharged: () Intentional () Accidental Number of Shots Fired: ____ Number of Hits: ____ (Use "UNK" if unknown)
--	--

E. Officer Information

NAME (LAST, FIRST, MIDDLE)	BADGE #	ON DUTY?	UNIFORM?	OFFICER INJURED?	TAKEN TO HOSPITAL
CHUNN, ERIC, PHILLIP 1022 # 148	148	Y	Y	N	N
Signature:			Police Officer Assignment:		
Print Supervisor Name: Sgt. Mike Allen #120			Supervisor Signature: Sgt. Mike Allen #120		

(6/2000)

INCIDENT NUMBER: **14NT11403****USE OF FORCE REPORT****A. Incident Information**

DATE: 05-06-14	Time: 0126	DAY OF WEEK: Tuesday	LOCATION 517 S. Riverside Dr., Neptune
TYPE OF INCIDENT ☐ Crime in Progress ☐ Domestic ☐ Suspicious Person ☐ Traffic Violation ☐ Other Type of Call ☐ Other Dispute ☒ Other Type of Call Specify : Suicide Attempt		Type of Person ☒ Under the Influence ☐ Other Unusual Condition Specify:	

B. Suspect(s) Information (Only those persons who were subjects of police use of force)

Name (Last, First, Middle)	Arrest	Charge(s)	Sex	Race	Age	Weapon?	Susp. Injured?	Hospital
W. C. L.	N	N/A	M	W	22	N	N	N

(Check yes only for injury/ hospital resulting from police use of force)

C. Level of suspect(s) Resistance (check all that apply)

Suspect...	Suspect # 1	Suspect # 2	Suspect # 3
resisted Police Officer Control	XXXXXXXXXXXXXXXXXX		
physical threat/attack on Police Officer			
threatened/attacked Police Officer with blunt object			
threatened/attacked Police Officer with knife/cutting object			
threatened/attacked Police Officer with motor vehicle			
threatened Police Officer with firearm			
fired at Police Officer with firearm			
Other Specify:			

D. Type of Force Used (check all that apply)

Type of Force Used: ☒ Compliance Hold ☐ Hand/Fists ☐ Chemical/Natural Agent ☐ Kicks/Feet ☐ Strike/Use Baton or Other Object ☐ Canine ☐ Other Force. Specify:	Firearms discharged: ☐ Intentional ☐ Accidental Number of Shots Fired: ____ Number of Hits: ____ (Use "UNK" if unknown)
--	--

E. Officer Information

NAME (LAST, FIRST, MIDDLE)	BADGE #	ON DUTY?	UNIFORM?	OFFICER INJURED?	TAKEN TO HOSPITAL
Chippendale, Ryan Michael	181	Y	Y	N	N
Signature: <i>Rafe #181</i>			Police Officer Assignment: Patrol		
Print Supervisor Name: <i>Sgt. Christine Savage #133</i>			Supervisor Signature: <i>Sgt. Christine Savage #133</i>		

(6/2000)

INCIDENT NUMBER: **14NT11403****USE OF FORCE REPORT****A. Incident Information**

DATE: 05-06-14	Time: 0126	DAY OF WEEK: Tuesday	LOCATION: 517 S. Riverside Dr., Neptune
TYPE OF INCIDENT ☐ Crime in Progress ☐ Domestic ☐ Suspicious Person ☐ Traffic Violation ☐ Other Type of Call ☐ Other Dispute ☒ Other Type of Call Specify: Suicide Attempt		Type of Person ☒ Under the Influence ☐ Other Unusual Condition Specify:	

B. Suspect(s) Information (Only those persons who were subjects of police use of force)

Name (Last, First, Middle)	Arrest	Charge(s)	Sex	Race	Age	Weapon?	Susp. Injured?	Hospital
W. C. L.	N	N/A	M	W	22	N	N	N

(Check yes only for injury/ hospital resulting from police use of force)

C. Level of suspect(s) Resistance (check all that apply)

Suspect...	Suspect # 1	Suspect # 2	Suspect # 3
resisted Police Officer Control	XXXXXXXXXXXXXXXXXX		
physical threat/attack on Police Officer			
threatened/attacked Police Officer with blunt object			
threatened/attacked Police Officer with knife/cutting object			
threatened/attacked Police Officer with motor vehicle			
threatened Police Officer with firearm			
fired at Police Officer with firearm			
Other Specify:			

D. Type of Force Used (check all that apply)

Type of Force Used: ☒ Compliance Hold ☐ Hand/Fists ☐ Chemical/Natural Agent ☐ Kicks/Feet ☐ Strike/Use Baton or Other Object ☐ Canine ☐ Other Force. Specify:	Firearms discharged: ☐ Intentional ☐ Accidental Number of Shots Fired: ____ Number of Hits: ____ (Use "UNK" if unknown)
--	--

E. Officer Information

NAME (LAST, FIRST, MIDDLE)	BADGE #	ON DUTY?	UNIFORM?	OFFICER INJURED?	TAKEN TO HOSPITAL
Savastano, Joseph Anthony	180	Y	Y	N	N
Signature: <i>P.O. Savastano #180</i>			Police Officer Assignment: Patrol		
Print Supervisor Name: <i>Sgt. Christine Sarg</i> #133			Supervisor Signature: <i>Sgt. Christine Sarg</i> #133		

(6/2000)

INCIDENT NUMBER: **14NT12994****USE OF FORCE REPORT****A. Incident Information**

DATE: 05-23-14	Time: 0234	DAY OF WEEK: Friday	LOCATION 55 Neptune Blvd
TYPE OF INCIDENT ☒ (X) Crime in Progress ☐ () Domestic ☐ () Suspicious Person ☐ () Traffic Violation ☐ () Other Type of Call ☐ () Other Dispute ☐ () Other Type of Call Specify:		Type of Person ☒ (X) Under the Influence ☐ () Other Unusual Condition Specify:	

B. Suspect(s) Information (Only those persons who were subjects of police use of force)

Name (Last, First, Middle)	Arrest	Charge(s)	Sex	Race	Age	Weapon?	Susp. Injured?	Hospital
Walker JR, Derrick Lamont	Y	Trespassing	M	B	19	N	N	N

(Check yes only for injury/ hospital resulting from police use of force)

C. Level of suspect(s) Resistance (check all that apply)

Suspect...	Suspect # 1	Suspect # 2	Suspect # 3
resisted Police Officer Control	XXXXXXXXXXXXXXXXXX		
physical threat/attack on Police Officer			
threatened/attacked Police Officer with blunt object			
threatened/attacked Police Officer with knife/cutting object			
threatened/attacked Police Officer with motor vehicle			
threatened Police Officer with firearm			
fired at Police Officer with firearm			
Other Specify:			

D. Type of Force Used (check all that apply)

Type of Force Used: ☒ (X) Compliance Hold ☐ () Hand/Fists ☐ () Chemical/Natural Agent ☐ () Kicks/Feet ☐ () Strike/Use Baton or Other Object ☐ () Canine ☐ () Other Force. Specify:	Firearms discharged: ☐ () Intentional ☐ () Accidental Number of Shots Fired: ____ Number of Hits: ____ (Use "UNK" if unknown)
--	--

E. Officer Information

NAME (LAST FIRST, MIDDLE)	BADGE #	ON DUTY?	UNIFORM?	OFFICER INJURED?	TAKEN TO HOSPITAL
Chippendale, Ryan Richard	181	Y	Y	N	N
Signature:			Police Officer Assignment:		
Print Supervisor Name:			Supervisor Signature:		

(6/2000)

INCIDENT NUMBER: **14NT14476****USE OF FORCE REPORT****A. Incident Information**

DATE: 06/06/2014	Time: 01:47	DAY OF WEEK: Friday	LOCATION 41 S Main St. Clancy's Tavern Neptune, NJ 07753
TYPE OF INCIDENT ☐ Crime in Progress ☐ Domestic ☐ Suspicious Person ☐ Traffic Violation ☐ Other Type of Call ☒ Other Dispute ☐ Other Type of Call Specify:		Type of Person ☒ Under the Influence ☐ Other Unusual Condition Specify:	

B. Suspect(s) Information (Only those persons who were subjects of police use of force)

Name (Last, First, Middle)	Arrest	Charge(s)	Sex	Race	Age	Weapon?	Susp. Injured?	Hospital
Richman, Nicole, D.	Y	Disorderly Conduct	F	White	36	N	N	N
Cologna, Alexa R.	Y	Disorderly Conduct	F	White	22	N	N	N

(Check yes only for injury/ hospital resulting from police use of force)

C. Level of suspect(s) Resistance (check all that apply)

Suspect...	Suspect # 1	Suspect # 2	Suspect # 3
resisted Police Officer Control	XXX	XXX	
physical threat/attack on Police Officer			
threatened/attacked Police Officer with blunt object			
threatened/attacked Police Officer with knife/cutting object			
threatened/attacked Police Officer with motor vehicle			
threatened Police Officer with firearm			
fired at Police Officer with firearm			
Other Specify:	Continued fighting suspect #2	Continued fighting suspect #1	

D. Type of Force Used (check all that apply)

Type of Force Used: ☒ Compliance Hold ☐ Hand/Fists ☐ Chemical/Natural Agent ☐ Kicks/Feet ☐ Strike/Use Baton or Other Object ☐ Canine ☒ Other Force. Specify: Takedown	Firearms discharged: ☐ Intentional ☐ Accidental Number of Shots Fired: ____ Number of Hits: ____ (Use "UNK" if unknown)
--	--

E. Officer Information

NAME (LAST, FIRST, MIDDLE)	BADGE #	ON DUTY?	UNIFORM?	OFFICER INJURED?	TAKEN TO HOSPITAL
Lay, Aaron, Francis	185	Y	Y	N	N
Signature: <i>P.O. Lay</i> #185			Police Officer Assignment: Patrol - Zone 1		
Print Supervisor Name: Lt. Scott Cox #114			Supervisor Signature: <i>[Signature]</i>		

(6/2000)

INCIDENT NUMBER: **14NT15201****USE OF FORCE REPORT****A. Incident Information**

DATE:	06/13/2014	Time:	8:38PM	DAY OF WEEK :	Friday	LOCATION	25 Neptune Blvd. Neptune, NJ 07753
-------	-------------------	-------	---------------	---------------	---------------	----------	---

TYPE OF INCIDENT ☒ Crime in Progress ☐ Domestic ☐ Suspicious Person ☐ Traffic Violation ☐ Other Type of Call ☐ Other Dispute ☐ Other Type of Call Specify :	Type of Person ☐ Under the Influence ☐ Other Unusual Condition Specify:
--	--

B. Suspect(s) Information (Only those persons who were subjects of police use of force)

Name (Last, First, Middle)	Arrest	Charge(s)	Sex	Race	Age	Weapon?	Susp. Injured?	Hospital
Bethea, Timothy	Yes	Distribution of CDS	Male	Black	38	No	No	No
	Y / N					Y / N	Y / N	Y / N
	Y / N					Y / N	Y / N	Y / N

(Check yes only for injury/ hospital resulting from police use of force)

C. Level of suspect(s) Resistance (check all that apply)

Suspect...	Suspect # 1	Suspect # 2	Suspect # 3
resisted Police Officer Control	XXX		
physical threat/attack on Police Officer			
threatened/attacked Police Officer with blunt object			
threatened/attacked Police Officer with knife/cutting object			
threatened/attacked Police Officer with motor vehicle			
threatened Police Officer with firearm			
fired at Police Officer with firearm			
Other Specify:			

D. Type of Force Used (check all that apply)

Type of Force Used: ☒ Compliance Hold ☐ Hand/Fists ☐ Chemical/Natural Agent ☐ Kicks/Feet ☐ Strike/Use Baton or Other Object ☐ Canine ☐ Other Force. Specify:	Firearms discharged: ☐ Intentional ☐ Accidental Number of Shots Fired: ____ Number of Hits: ____ (Use "UNK" if unknown)
--	--

E. Officer Information

NAME (LAST, FIRST, MIDDLE)	BADGE #	ON DUTY?	UNIFORM?	OFFICER INJURED?	TAKEN TO HOSPITAL
Taylor, Bryan	#167	Yes	No	No	No
Signature: <i>P.O. Bryan Taylor</i>			Police Officer Assignment: Quality of Life Unit		
Print Supervisor Name: Sergeant Paul Monahan #141			Supervisor Signature: <i>Sergeant Paul Monahan #141</i>		

(6/2000)

INCIDENT NUMBER: **14NT15201****USE OF FORCE REPORT****A. Incident Information**

DATE:	06/13/2014	Time:	8:38PM	DAY OF WEEK :	Friday	LOCATION	25 Neptune Blvd Neptune NJ 07753
TYPE OF INCIDENT (X) Crime in Progress () Domestic () Suspicious Person () Traffic Violation () Other Type of Call () Other Dispute () Other Type of Call Specify :				Type of Person () Under the Influence () Other Unusual Condition Specify:			

B. Suspect(s) Information (Only those persons who were subjects of police use of force)

Name (Last, First, Middle)	Arrest	Charge(s)	Sex	Race	Age	Weapon?	Susp. Injured?	Hospital
Bethea, Timothy	Yes	Distribution of CDS	Male	Black	38	No	No	No
	Y / N					Y / N	Y / N	Y / N
	Y / N					Y / N	Y / N	Y / N

(Check yes only for injury/ hospital resulting from police use of force)

C. Level of suspect(s) Resistance (check all that apply)

Suspect...	Suspect # 1	Suspect # 2	Suspect # 3
resisted Police Officer Control	XXX		
physical threat/attack on Police Officer			
threatened/attacked Police Officer with blunt object			
threatened/attacked Police Officer with knife/cutting object			
threatened/attacked Police Officer with motor vehicle			
threatened Police Officer with firearm			
fired at Police Officer with firearm			
Other Specify:			

D. Type of Force Used (check all that apply)

Type of Force Used: (X) Compliance Hold () Hand/Fists () Chemical/Natural Agent () Kicks/Feet () Strike/Use Baton or Other Object () Canine () Other Force. Specify:	Firearms discharged: () Intentional () Accidental Number of Shots Fired: ____ Number of Hits: ____ (Use "UNK" if unknown)
---	---

E. Officer Information

NAME (LAST, FIRST, MIDDLE)	BADGE #	ON DUTY?	UNIFORM?	OFFICER INJURED?	TAKEN TO HOSPITAL
Maletto, Frank	#163	Yes	No	No	No
Signature: P.O. Frank Maletto			Police Officer Assignment: Quality of Life Unit		
Print Supervisor Name: Sergeant Paul Monahan #141			Supervisor Signature: Sergeant Paul Monahan #141		

(6/2000)

INCIDENT NUMBER: **14NT15201****USE OF FORCE REPORT****A. Incident Information**

DATE:	06/13/2014	Time:	8:38PM	DAY OF WEEK :	Friday	LOCATION	25 Neptune Blvd Neptune NJ NTPD Headquarters
-------	------------	-------	--------	---------------	--------	----------	--

TYPE OF INCIDENT ☒ Crime in Progress ☐ Domestic ☐ Suspicious Person ☐ Traffic Violation ☐ Other Type of Call ☐ Other Dispute ☐ Other Type of Call Specify :	Type of Person ☐ Under the Influence ☐ Other Unusual Condition Specify:
--	--

B. Suspect(s) Information (Only those persons who were subjects of police use of force)

Name (Last, First, Middle)	Arrest	Charge(s)	Sex	Race	Age	Weapon?	Susp. Injured?	Hospital
Bethea, Timothy	Yes	Distribution of CDS	Male	Black	38	No	No	No
	Y / N					Y / N	Y / N	Y / N
	Y / N					Y / N	Y / N	Y / N

(Check yes only for injury/ hospital resulting from police use of force)

C. Level of suspect(s) Resistance (check all that apply)

Suspect...	Suspect # 1	Suspect # 2	Suspect # 3
resisted Police Officer Control	XXX		
physical threat/attack on Police Officer			
threatened/attacked Police Officer with blunt object			
threatened/attacked Police Officer with knife/cutting object			
threatened/attacked Police Officer with motor vehicle			
threatened Police Officer with firearm			
fired at Police Officer with firearm			
Other Specify:			

D. Type of Force Used (check all that apply)

Type of Force Used: ☒ Compliance Hold ☐ Hand/Fists ☐ Chemical/Natural Agent ☐ Kicks/Feet ☐ Strike/Use Baton or Other Object ☐ Canine ☐ Other Force. Specify:	Firearms discharged: ☐ Intentional ☐ Accidental Number of Shots Fired: ____ Number of Hits: ____ (Use "UNK" if unknown)
--	--

E. Officer Information

NAME (LAST, FIRST, MIDDLE)	BADGE #	ON DUTY?	UNIFORM?	OFFICER INJURED?	TAKEN TO HOSPITAL
Rogers, Javaughn	#150	Yes	No	No	No
Signature: P.O. Javaughn Rogers #150			Police Officer Assignment: Quality of Life Unit		
Print Supervisor Name: Sergeant Paul Monahan #141			Supervisor Signature: Sergeant Paul Monahan #141		

(6/2000)

INCIDENT NUMBER: **14NT15526****USE OF FORCE REPORT****A. Incident Information**

DATE:	6/17/14	Time:	1428hrs	DAY OF WEEK:	Tuesday	LOCATION	1904 Brockton Ave,
TYPE OF INCIDENT ☒ Crime in Progress ☐ Domestic ☐ Suspicious Person ☐ Traffic Violation ☐ Other Type of Call ☐ Other Dispute ☐ Other Type of Call Specify:				Type of Person ☐ Under the Influence ☐ Other Unusual Condition Specify:			

B. Suspect(s) Information (Only those persons who were subjects of police use of force)

Name (Last, First, Middle)	Arrest	Charge(s)	Sex	Race	Age	Weapon?	Susp. Injured?	Hospital
Washington, Marcus	Y	Aggravated Assault Disorderly Conduct Resisting Arrest	M	B	18	N	N	N
	Y/N					Y/N	Y/N	Y/N
	Y/N					Y/N	Y/N	Y/N

(Check yes only for injury/ hospital resulting from police use of force)

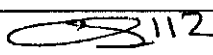
C. Level of suspect(s) Resistance (check all that apply)

Suspect...	Suspect # 1	Suspect # 2	Suspect # 3
resisted Police Officer Control	X		
physical threat/attack on Police Officer	X		
threatened/attacked Police Officer with blunt object			
threatened/attacked Police Officer with knife/cutting object			
threatened/attacked Police Officer with motor vehicle			
threatened Police Officer with firearm			
fired at Police Officer with firearm			
Other Specify:			

D. Type of Force Used (check all that apply)

Type of Force Used: ☒ Compliance Hold ☒ Hand/Fists ☐ Chemical/Natural Agent ☐ Kicks/Feet ☐ Strike/Use Baton or Other Object ☐ Canine ☐ Other Force. Specify:	Firearms discharged: ☐ Intentional ☐ Accidental Number of Shots Fired: ____ Number of Hits: ____ (Use "UNK" if unknown)
---	--

E. Officer Information

NAME (LAST, FIRST, MIDDLE)	BADGE #	ON DUTY?	UNIFORM?	OFFICER INJURED?	TAKEN TO HOSPITAL
MacConchie, James R.	159	Y	Y	Y	N
Signature: P.O. James MacConchie #159			Police Officer Assignment: Patrol		
Print Supervisor Name: Sgt. Christopher Schembri #112			Supervisor Signature: 		

(6/2000)

INCIDENT NUMBER: **14NT15841****USE OF FORCE REPORT****A. Incident Information**

DATE:	6/20/14	Time:	2254hrs	DAY OF WEEK:	Friday	LOCATION	1803 Columbus Ave. Neptune, NJ 07735
TYPE OF INCIDENT				Type of Person			
☐ Crime in Progress ☐ Domestic ☐ Suspicious Person ☐ Traffic Violation ☐ Other Type of Call ☐ Other Dispute ☒ Other Type of Call Specify: Fight/Disorderly Person				☒ Under the Influence ☐ Other Unusual Condition Specify:			

B. Suspect(s) Information (Only those persons who were subjects of police use of force)

Name (Last, First, Middle)	Arrest	Charge(s)	Sex	Race	Age	Weapon?	Susp. Injured?	Hospital
David Thompson	Y	Disorderly Conduct, Resisting Arrest	M	Blk	28	N	N	N
	Y/N					Y/N	Y/N	Y/N

(Check yes only for injury/ hospital
resulting from police use of force)**C. Level of suspect(s) Resistance (check all that apply)**

Suspect...	Suspect # 1	Suspect # 2	Suspect # 3
resisted Police Officer Control	X		
physical threat/attack on Police Officer			
threatened/attacked Police Officer with blunt object			
threatened/attacked Police Officer with knife/cutting object			
threatened/attacked Police Officer with motor vehicle			
threatened Police Officer with firearm			
fired at Police Officer with firearm			
Other Specify:			

D. Type of Force Used (check all that apply)

Type of Force Used:	☒ Compliance Hold ☐ Hand/Fists ☐ Chemical/Natural Agent ☐ Kicks/Feet ☐ Strike/Use Baton or Other Object ☐ Canine ☐ Other Force. Specify:	Firearms discharged: ☐ Intentional ☐ Accidental Number of Shots Fired: ____ Number of Hits: ____ (Use "UNK" if unknown)
---------------------	--	---

E. Officer Information

NAME (LAST, FIRST, MIDDLE)	BADGE #	ON DUTY?	UNIFORM?	OFFICER INJURED?	TAKEN TO HOSPITAL
Bucossi, Brian, A	173	Y	Y	N	N
Signature: <i>P.O. Brian Bucossi #173</i>			Police Officer Assignment: Patrol		
Print Supervisor Name: <i>Det. Chris Schembri</i>			Supervisor Signature: <i>[Signature]</i> 112		

(6/2000)

INCIDENT NUMBER: **14NT15841****USE OF FORCE REPORT****A. Incident Information**

DATE:	6/20/14	Time:	2254hrs	DAY OF WEEK:	Friday	LOCATION	1803 Columbus Ave. Neptune, NJ 07735
TYPE OF INCIDENT ☐ Crime in Progress ☐ Domestic ☐ Suspicious Person ☐ Traffic Violation ☐ Other Type of Call ☐ Other Dispute ☒ Other Type of Call Specify: Fight/Disorderly Person						Type of Person ☒ Under the Influence ☐ Other Unusual Condition Specify:	

B. Suspect(s) Information (Only those persons who were subjects of police use of force)

Name (Last, First, Middle)	Arrest	Charge(s)	Sex	Race	Age	Weapon?	Susp. Injured?	Hospital
David Thompson	Y	Disorderly Conduct, Resisting Arrest	M	Blk	28	N	N	N
	Y / N					Y / N	Y / N	Y / N

(Check yes only for injury/ hospital
resulting from police use of force)**C. Level of suspect(s) Resistance (check all that apply)**

Suspect...	Suspect # 1	Suspect # 2	Suspect # 3
resisted Police Officer Control	X		
physical threat/attack on Police Officer			
threatened/attacked Police Officer with blunt object			
threatened/attacked Police Officer with knife/cutting object			
threatened/attacked Police Officer with motor vehicle			
threatened Police Officer with firearm			
fired at Police Officer with firearm			
Other Specify:			

D. Type of Force Used (check all that apply)

Type of Force Used: ☒ Compliance Hold ☐ Hand/Fists ☐ Chemical/Natural Agent ☐ Kicks/Feet ☐ Strike/Use Baton or Other Object ☐ Canine ☐ Other Force. Specify:	Firearms discharged: ☐ Intentional ☐ Accidental Number of Shots Fired: ____ Number of Hits: ____ (Use "UNK" if unknown)
---	--

E. Officer Information

NAME (LAST, FIRST, MIDDLE)	BADGE #	ON DUTY?	UNIFORM?	OFFICER INJURED?	TAKEN TO HOSPITAL
Chunn, Eric	148	Y	Y	N	N
Signature: <i>P. C. C. #148</i>			Police Officer Assignment: <i>Zones</i>		
Print Supervisor Name: <i>Sgt. E. Gonzalez #153</i>			Supervisor Signature: <i>Sgt. E. Gonzalez #153</i>		

(6/2000)

INCIDENT NUMBER: **14NT15841****USE OF FORCE REPORT****A. Incident Information**

DATE: 6/20/14	Time: 2254hrs	DAY OF WEEK: Friday	LOCATION: 1803 Columbus Ave. Neptune, NJ 07735
TYPE OF INCIDENT ☐ Crime in Progress ☐ Domestic ☐ Suspicious Person ☐ Traffic Violation ☐ Other Type of Call ☐ Other Dispute ☒ Other Type of Call Specify: Fight/Disorderly Person		Type of Person ☒ Under the Influence ☐ Other Unusual Condition Specify:	

B. Suspect(s) Information (Only those persons who were subjects of police use of force)

Name (Last, First, Middle)	Arrest	Charge(s)	Sex	Race	Age	Weapon?	Susp. Injured?	Hospital
David Thompson	Y	Disorderly Conduct, Resisting Arrest	M	Blk	28	N	N	N
	Y / N					Y / N	Y / N	Y / N

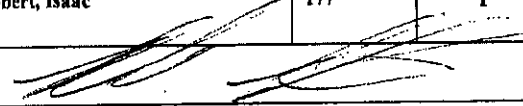
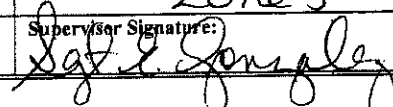
(Check yes only for injury/ hospital
resulting from police use of force)**C. Level of suspect(s) Resistance** (check all that apply)

Suspect...	Suspect # 1	Suspect # 2	Suspect # 3
resisted Police Officer Control	X		
physical threat/attack on Police Officer			
threatened/attacked Police Officer with blunt object			
threatened/attacked Police Officer with knife/cutting object			
threatened/attacked Police Officer with motor vehicle			
threatened Police Officer with firearm			
fired at Police Officer with firearm			
Other Specify:			

D. Type of Force Used (check all that apply)

Type of Force Used: ☒ Compliance Hold ☐ Hand/Fists ☐ Chemical/Natural Agent ☐ Kicks/Feet ☐ Strike/Use Baton or Other Object ☐ Canine ☐ Other Force. Specify:	Firearms discharged: ☐ Intentional ☐ Accidental Number of Shots Fired: ____ Number of Hits: ____ (Use "UNK" if unknown)
---	--

E. Officer Information

NAME (LAST, FIRST, MIDDLE)	BADGE #	ON DUTY?	UNIFORM?	OFFICER INJURED?	TAKEN TO HOSPITAL
Layton, Robert, Isaac	177	Y	Y	N	N
Signature: 			Police Officer Assignment: Zone 5		
Print Supervisor Name: Sgt. E. Gonzalez #153			Supervisor Signature: 		

(6/2000)

INCIDENT NUMBER: **14NT15841****USE OF FORCE REPORT****A. Incident Information**

DATE:	6/20/14	Time:	2254hrs	DAY OF WEEK :	Friday	LOCATION	1803 Columbus Ave. Neptune, NJ 07735
TYPE OF INCIDENT ☐ Crime in Progress ☐ Domestic ☐ Suspicious Person ☐ Traffic Violation ☐ Other Type of Call ☐ Other Dispute ☒ Other Type of Call Specify : Fight/Disorderly Person						Type of Person ☒ Under the Influence ☐ Other Unusual Condition Specify:	

B. Suspect(s) Information (Only those persons who were subjects of police use of force)

Name (Last, First, Middle)	Arrest	Charge(s)	Sex	Race	Age	Weapon?	Susp. Injured?	Hospital
David Thompson	Y	Disorderly Conduct, Resisting Arrest	M	Blk	28	N	N	N
	Y/N					Y/N	Y/N	Y/N

(Check yes only for injury/ hospital
resulting from police use of force)**C. Level of suspect(s) Resistance (check all that apply)**

Suspect...	Suspect # 1	Suspect # 2	Suspect # 3
resisted Police Officer Control	X		
physical threat/attack on Police Officer			
threatened/attacked Police Officer with blunt object			
threatened/attacked Police Officer with knife/cutting object			
threatened/attacked Police Officer with motor vehicle			
threatened Police Officer with firearm			
fired at Police Officer with firearm			
Other Specify:			

D. Type of Force Used (check all that apply)

Type of Force Used: ☒ Compliance Hold ☐ Hand/Fists ☐ Chemical/Natural Agent ☐ Kicks/Feet ☐ Strike/Use Baton or ☐ Canine Other Object ☐ Other Force. Specify:	Firearms discharged: ☐ Intentional ☐ Accidental Number of Shots Fired: ____ Number of Hits: ____ (Use "UNK" if unknown)
---	--

E. Officer Information

NAME (LAST, FIRST, MIDDLE)	BADGE #	ON DUTY?	UNIFORM?	OFFICER INJURED?	TAKEN TO HOSPITAL
Bucossi, Brian, A	173	Y	Y	N	N
Signature: <i>P.O. Brian Bucossi #173</i>			Police Officer Assignment: Patrol		
Print Supervisor Name: <i>Sgt. Chris Schembri</i>			Supervisor Signature: <i>[Signature]</i> 112		

(6/2000)

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

A. Incident Information

Date 6/22/2014	Time 0007	Day of Week Sunday	Location IFO 1210 11th Ave. Neptune, NJ	INCIDENT NUMBER 14NT15950
Type of Incident ☐ Crime in Progress ☐ Domestic ☒ Other Dispute ☐ Suspicious Person ☐ Traffic Stop ☐ Other (specify) _____				

B. Officer Information

Name (Last, First, Middle) Blewitt Jr., Thomas, Joseph	Badge # 162	Sex M	Race W	Age 32	Injured No	Killed No
Rank Police Officer	Duty Assignment Patrol	Years of Service 5 Years	On-Duty Yes	Uniform Yes		

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) Taylor, Tamika, M	Sex F	Race B	Age 33	Weapon No	Injured No	Killed No
☐ Under the Influence ☐ Other Unusual Condition (specify) _____		Arrested Yes	Charges Disorderly Conduct			
Subject's Actions (check all that apply) ☒ Resisted police officer control ☐ Physical threat/attack on officer or another ☐ Threatened/attacked officer or another with blunt object ☐ Threatened/attacked officer or another with knife/cutting object ☐ Threatened/attacked officer or another with motor vehicle ☐ Threatened officer or another with firearm ☐ Fired at officer or another ☒ Other (specify) Assaulting another subject		Officer's use of force toward this subject (check all that apply) ☐ Compliance hold ☐ Hands/fists ☐ Kicks/feet ☒ Chemical/natural agent ☐ Strike/use baton or other object ☐ Canine ☐ Other (specify) _____		☐ Firearms Discharge ☐ Intentional ☐ Accidental Number of Shots Fired _____ Number of Hits _____ (Use UNK if unknown)		

C2. Subject 2

Name (Last, First, Middle) Paraison, Frank	Sex M	Race B	Age 29	Weapon No	Injured No	Killed No
☐ Under the Influence ☐ Other Unusual Condition (specify) _____		Arrested Yes	Charges Obstruction of Administration of Law			
Subject's Actions (check all that apply) ☒ Resisted police officer control ☐ Physical threat/attack on officer or another ☐ Threatened/attacked officer or another with blunt object ☐ Threatened/attacked officer or another with knife/cutting object ☐ Threatened/attacked officer or another with motor vehicle ☐ Threatened officer or another with firearm ☐ Fired at officer or another ☒ Other (specify) Interfered during arrest / grab		Officer's use of force toward this subject (check all that apply) ☐ Compliance hold ☐ Hands/fists ☒ Kicks/feet ☐ Chemical/natural agent ☐ Strike/use baton or other object ☐ Canine ☐ Other (specify) _____		☐ Firearms Discharge ☐ Intentional ☐ Accidental Number of Shots Fired _____ Number of Hits _____ (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: 6/22/2014
(SUPERVISOR) I hereby certify that I have reviewed this Use of Force report for accuracy and completeness and have promptly address any issues as they may pertain to policy interpretation, training, weapons or equipment, or discipline. Recommendations to modify policy; apply remedial training beyond what can be performed by me; change weapons, equipment or tactics; or apply discipline beyond my capabilities shall be thoroughly documented and forwarded through the chain of command to the Chief of Police.	
Print Supervisor Name: Sgt. J. Hunter Ellison	Supervisor Signature: 

NEPTUNE TOWNSHIP POLICE DEPARTMENT

USE OF FORCE REPORT

A. Incident Information

Date 6/22/14	Time 0248	Day of Week Sunday	Location 1401 SH#35 Neptune	INCIDENT NUMBER 14NT15966
Type of Incident ☒ Crime in Progress ☐ Domestic ☐ Other Dispute ☐ Suspicious Person ☐ Traffic Stop ☐ Other (specify)				

B. Officer Information

Name (Last, First, Middle) Faulhaber, Fred	Badge # 122	Sex M	Race W	Age 43	Injured N	Killed N
Rank Sgt.	Duty Assignment Off Duty Detail	Years of Service 19	On-Duty Yes	Uniform Yes		

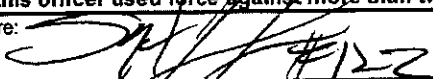
C1. Subject 1 (List only the person who was the subject of the use of force by the officer listed in Section B.)

Name (Last, First, Middle) Izzo, Michael	Sex M	Race W	Age 26	Weapon No	Injured No	Killed No
☒ Under the Influence ☐ Other Unusual Condition (specify)		Arrested Yes	Charges Disorderly			
Subject's Actions (check all that apply) ☐ Resisted police officer control ☒ Physical threat/attack on officer or another ☐ Threatened/attacked officer or another with blunt object ☐ Threatened/attacked officer or another with knife/cutting object ☐ Threatened/attacked officer or another with motor vehicle ☐ Threatened officer or another with firearm ☐ Fired at officer or another ☐ Other (specify)		Officer's use of force toward this subject (check all that apply) ☐ Compliance hold ☐ Hands/fists ☐ Kicks/feet ☒ Chemical/natural agent ☐ Strike/use baton or other object ☐ Canine ☐ Other (specify)				
(check all that apply) ☐ Firearms Discharge ☐ Intentional ☐ Accidental Number of Shots Fired _____ Number of Hits _____ (Use UNK if unknown)						

C2. Subject 2

Name (Last, First, Middle) Badstein, Christopher	Sex M	Race W	Age 25	Weapon No	Injured No	Killed No
☒ Under the Influence ☐ Other Unusual Condition (specify)		Arrested Yes	Charges Disorderly			
Subject's Actions (check all that apply) ☐ Resisted police officer control ☒ Physical threat/attack on officer or another ☐ Threatened/attacked officer or another with blunt object ☐ Threatened/attacked officer or another with knife/cutting object ☐ Threatened/attacked officer or another with motor vehicle ☐ Threatened officer or another with firearm ☐ Fired at officer or another ☐ Other (specify)		Officer's use of force toward this subject (check all that apply) ☐ Compliance hold ☐ Hands/fists ☐ Kicks/feet ☒ Chemical/natural agent ☐ Strike/use baton or other object ☐ Canine ☐ Other (specify)				
(check all that apply) ☐ Firearms Discharge ☐ Intentional ☐ Accidental Number of Shots Fired _____ Number of Hits _____ (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: 6/22/14
(SUPERVISOR) I hereby certify that I have reviewed this Use of Force report for accuracy and completeness and have promptly address any issues as they may pertain to policy interpretation, training, weapons or equipment, or discipline. Recommendations to modify policy; apply remedial training beyond what can be performed by me; change weapons, equipment or tactics; or apply discipline beyond my capabilities shall be thoroughly documented and forwarded through the chain of command to the Chief of Police.	
Print Supervisor Name: Sgt. J. Hunter Ellison #128	Supervisor Signature: 