WARREN COUNTY CHIEFS OF POLICE
AND
WARREN COUNTY PROSECUTOR'S OFFICE

MATS Attendance Form

Date of Birth: 1 / 17 / 70

First Name: Keith M.I.: P Last Name: Aiello

County: Warren Fax #: Phone #: 908. 637-6582

Agency: Independence Twp Address: 286 B Rt 46 Great Meadows NJ

MANDATORY AGENCY TRAINING SERIES

☒ USE OF FORCE	☒ PURSUIT DRIVING	☐ DOMESTIC VIOLENCE	☒ Cyber Crimes offender web
INSTRUCTOR: Dr. Celeste	INSTRUCTOR: Riley	INSTRUCTOR:	INSTRUCTOR (S): Fehr
DATE: 4/14/16	DATE: 4/14/16	DATE: / /	DATE: 4/14/16
☒ Spring ☐ Fall	☒ Spring ☐ Fall	☒ Spring ☐ Fall	☒ Spring ☐ Fall
— Student Verification —	— Student Verification —	— Student Verification —	— Student Verification —
I attended this block of instruction and ☐ Do ☒ Do Not have questions regarding the material presented. (List any questions):	I attended this block of instruction and ☐ Do ☒ Do Not have questions regarding the material presented. (List any questions):	I attended this block of instruction and ☐ Do ☒ Do Not have questions regarding the material presented. (List any questions):	I attended this block of instruction and ☐ Do ☒ Do Not have questions regarding the material presented. (List any questions):
Officer's Signature	*Officer's Signature*	*Officer's Signature*	*Officer's Signature*

********** **INSTRUCTOR VERIFICATION** **********

THE ABOVE LISTED OFFICER ATTENDED TRAINING REGARDING *(check all that apply)*:

☒ **USE OF FORCE** ☒ **PURSUIT DRIVING** ☐ **DOMESTIC VIOLENCE** ☒ **OTHER**

On the above listed date and has successfully completed the Summary Review Tool in full with the appropriate responses:

INSTRUCTOR'S NAME (print)	INSTRUCTOR'S SIGNATURE	INSTRUCTOR'S AGENCY	DATE	TOPIC (circle)
Dr. Celeste		SCPA	4-14-16	DV PD UF
Chief Riley			4-14-16	DV PD UF
				DV PD UF
Det Fehr		WCPO	4-14-16	

WARREN COUNTY CHIEFS OF POLICE
AND
WARREN COUNTY PROSECUTOR'S OFFICE

MATS Attendance Form

Date of Birth: 01 / 17 / 70

First Name: Keith M.I.: P Last Name: Aiello

County: Warren Fax #: 908-637-4097 Phone #: 908-637-6582

Agency: Independence Twp Address: 286 B Rt 46 Great Meadows NJ 07838

MANDATORY AGENCY TRAINING SERIES

☐ USE OF FORCE	☐ PURSUIT DRIVING	☐ DOMESTIC VIOLENCE	☒ Search & Seizure
INSTRUCTOR: Young	INSTRUCTOR: Riley	INSTRUCTOR: C. Odell	INSTRUCTOR (S): D. & Mosco
DATE: 10 / 11 / 16	DATE: 10 / 11 / 16	DATE: 10 / 11 / 16	DATE: 10 / 11 / 16
☐ Spring ☒ Fall	☐ Spring ☒ Fall	☐ Spring ☒ Fall	☐ Spring ☒ Fall
— Student Verification —	— Student Verification —	— Student Verification —	— Student Verification —
I attended this block of instruction and ☐ Do ☐ Do Not have questions regarding the material presented. (List any questions):	I attended this block of instruction and ☐ Do ☒ Do Not have questions regarding the material presented. (List any questions):	I attended this block of instruction and ☐ Do ☒ Do Not have questions regarding the material presented. (List any questions):	I attended this block of instruction and ☐ Do ☒ Do Not have questions regarding the material presented. (List any questions):
Officer's Signature	*Officer's Signature*	*Officer's Signature*	*Officer's Signature*

********** **INSTRUCTOR VERIFICATION** **********

THE ABOVE LISTED OFFICER ATTENDED TRAINING REGARDING *(check all that apply)*:

☑ USE OF FORCE ☐ PURSUIT DRIVING ☑ DOMESTIC VIOLENCE ☐ OTHER

On the above listed date and has successfully completed the Summary Review Tool in full with the appropriate responses:

INSTRUCTOR'S NAME (print)	INSTRUCTOR'S SIGNATURE	INSTRUCTOR'S AGENCY	DATE	TOPIC (circle)
Tim Young	T. Young	WCPO	10-11-16	DV PD UF
↓	↓	↓		DV PD UF
				DV PD UF

WARREN COUNTY CHIEFS OF POLICE
AND
WARREN COUNTY PROSECUTOR'S OFFICE

MATS Attendance Form

Date of Birth: 5 / 1 / 17

First Name: Keith M.I.: P Last Name: Arello

County: Warren Fax #: 908-637-4097 Phone #: 908-637-8338

Agency: Independence Twp Address: 286 B Rt 46 Great Meadows NJ 07838

MANDATORY AGENCY TRAINING SERIES

☑ USE OF FORCE	☑ PURSUIT DRIVING	☑ DOMESTIC VIOLENCE	☑
INSTRUCTOR: Dr. Celeste	INSTRUCTOR: Riley	INSTRUCTOR: O'Dell	INSTRUCTOR (S): NJSAACS
DATE: 5 / 1 / 17	DATE: 5 / 1 / 17	DATE: / /	DATE: / /
☒ Spring ☐ Fall	☒ Spring ☐ Fall	☒ Spring ☐ Fall	☒ Spring ☐ Fall
— Student Verification —	— Student Verification —	— Student Verification —	— Student Verification —
I attended this block of instruction and ☐ Do ☒ Do Not have questions regarding the material presented. (List any questions):	I attended this block of instruction and ☐ Do ☒ Do Not have questions regarding the material presented. (List any questions):	I attended this block of instruction and ☐ Do ☒ Do Not have questions regarding the material presented. (List any questions):	I attended this block of instruction and ☐ Do ☒ Do Not have questions regarding the material presented. (List any questions):
Officer's Signature	*Officer's Signature*	*Officer's Signature*	*Officer's Signature*

********** **INSTRUCTOR VERIFICATION** **********

THE ABOVE LISTED OFFICER ATTENDED TRAINING REGARDING *(check all that apply)*:

☒ **USE OF FORCE** ☒ **PURSUIT DRIVING** ☒ **DOMESTIC VIOLENCE** ☒ **OTHER**

On the above listed date and has successfully completed the Summary Review Tool in full with the appropriate responses:

INSTRUCTOR'S NAME (print)	INSTRUCTOR'S SIGNATURE	INSTRUCTOR'S AGENCY	DATE	TOPIC (circle)
Celeste		PD	5/1/17	DV PD UF
Riley				DV PD UF
O'Dell				DV PD UF
NJSAACS				Other

WARREN COUNTY CHIEFS OF POLICE
AND
WARREN COUNTY PROSECUTOR'S OFFICE

MATS Attendance Form

Date of Birth: 05 / 07 / 1991

First Name: Gerrit M.I.: A Last Name: Kinney

County: Warren Fax #: 908 637 7097 Phone #: 908 852 4443

Agency: Independence Address: 286 B Rt 46 Great Meadows NJ

MANDATORY AGENCY TRAINING SERIES

☒ USE OF FORCE	☒ PURSUIT DRIVING	☒ DOMESTIC VIOLENCE	☒ Bias incident
INSTRUCTOR: Dr. Celeste	INSTRUCTOR: Tim Young	INSTRUCTOR: Tim Young	INSTRUCTOR (S): Tim Young
DATE: 05 / 02 / 2017	DATE: 05 / 02 / 2017	DATE: 05 / 02 / 2017	DATE: 05 / 02 / 2017
☒ Spring ☐ Fall	☒ Spring ☐ Fall	☒ Spring ☐ Fall	☒ Spring ☐ Fall
— Student Verification	— Student Verification	— Student Verification	— Student Verification
I attended this block of instruction and ☐ Do ☒ Do Not have questions regarding the material presented. (List any questions):	I attended this block of instruction and ☐ Do ☒ Do Not have questions regarding the material presented. (List any questions):	I attended this block of instruction and ☐ Do ☒ Do Not have questions regarding the material presented. (List any questions):	I attended this block of instruction and ☐ Do ☒ Do Not have questions regarding the material presented. (List any questions):
Officer's Signature	Officer's Signature	Officer's Signature	Officer's Signature

********** **INSTRUCTOR VERIFICATION** **********

THE ABOVE LISTED OFFICER ATTENDED TRAINING REGARDING *(check all that apply)*:

☒ USE OF FORCE ☒ PURSUIT DRIVING ☒ DOMESTIC VIOLENCE ☒ OTHER

On the above listed date and has successfully completed the Summary Review Tool in full with the appropriate responses:

INSTRUCTOR'S NAME (print)	INSTRUCTOR'S SIGNATURE	INSTRUCTOR'S AGENCY	DATE	TOPIC (circle)
Dr Celeste		SCPA	5/2/17	DV PD (UF)
Tim Young		WCPO	5/2/17	(DV) PD UF
Tim Young			5/2/17	DV (PD) UF
"Young"	✓	✓		Bias

WARREN COUNTY CHIEFS OF POLICE
AND
WARREN COUNTY PROSECUTOR'S OFFICE

MATS Attendance Form

Date of Birth: 11 / 25 / 87

First Name: CHRIS M.I.: M Last Name: PRELL

County: WARREN Fax #: 637-4697 Phone #: 637-6582

Agency: INDEPENDENCE Address: 286 RT 46 GREAT MEADOWS NJ 07838

MANDATORY AGENCY TRAINING SERIES

☑ USE OF FORCE	☐ PURSUIT DRIVING	☐ DOMESTIC VIOLENCE	☑
INSTRUCTOR: DR. CELESTE	INSTRUCTOR: RILEY	INSTRUCTOR:	INSTRUCTOR (S): CYBER CRIME / OFFENDER WATCH
DATE: 4 / 14 / 16	DATE: 4 / 14 / 16	DATE: 4 / 14 / 16	DATE: 4 / 14 / 16
☑ Spring ☐ Fall	☑ Spring ☐ Fall	☑ Spring ☐ Fall	☑ Spring ☐ Fall
— Student Verification —	— Student Verification —	— Student Verification —	— Student Verification —
I attended this block of instruction and ☐ Do ☑ Do Not have questions regarding the material presented. (List any questions):	I attended this block of instruction and ☐ Do ☑ Do Not have questions regarding the material presented. (List any questions):	I attended this block of instruction and ☐ Do ☐ Do Not have questions regarding the material presented. (List any questions):	I attended this block of instruction and ☐ Do ☑ Do Not have questions regarding the material presented. (List any questions):
C Prell	C Prell	C Prell	C Prell
Officer's Signature	*Officer's Signature*	*Officer's Signature*	*Officer's Signature*

********** **INSTRUCTOR VERIFICATION** **********

THE ABOVE LISTED OFFICER ATTENDED TRAINING REGARDING *(check all that apply)*:

☒ **USE OF FORCE** ☒ **PURSUIT DRIVING** ☐ **DOMESTIC VIOLENCE** ☒ **OTHER**

On the above listed date and has successfully completed the Summary Review Tool in full with the appropriate responses:

INSTRUCTOR'S NAME (print)	INSTRUCTOR'S SIGNATURE	INSTRUCTOR'S AGENCY	DATE	TOPIC (circle)
DR CELESTE		SOMERSET CO PROSECUTOR	4/14/16	DV PD (UF)
RILEY		IPD	4/14/16	DV (PD) UF
				DV PD UF
DET FELIX		WCPO	CYBER CRIME 4/14/16	

WARREN COUNTY CHIEFS OF POLICE
AND
WARREN COUNTY PROSECUTOR'S OFFICE

MATS Attendance Form

Date of Birth: 12/18/79

First Name: Julius M.I.: A Last Name: Somogyi

County: Warren Fax #: Phone #:

Agency: Independence Address: Somogyi@independencePD.WJ.com

MANDATORY AGENCY TRAINING SERIES

☒ USE OF FORCE	☒ PURSUIT DRIVING	☒ DOMESTIC VIOLENCE	☐
INSTRUCTOR: Dr. Richard Celeste	INSTRUCTOR: Chief Riley	INSTRUCTOR:	INSTRUCTOR (S): offender watch, cyber crimes, fear + Roland
DATE: 4/22/16	DATE: 4/22/16	DATE: 4/22/16	DATE: 4/22/16
☒ Spring ☐ Fall	☒ Spring ☐ Fall	☒ Spring ☐ Fall	☒ Spring ☐ Fall
— Student Verification —	— Student Verification —	— Student Verification —	— Student Verification —
I attended this block of instruction and ☐ Do ☒ Do Not have questions regarding the material presented. (List any questions):	I attended this block of instruction and ☐ Do ☒ Do Not have questions regarding the material presented. (List any questions):	I attended this block of instruction and ☐ Do ☒ Do Not have questions regarding the material presented. (List any questions):	I attended this block of instruction and ☐ Do ☒ Do Not have questions regarding the material presented. (List any questions):
Officer's Signature	*Officer's Signature*	*Officer's Signature*	*Officer's Signature*

********** **INSTRUCTOR VERIFICATION** **********

THE ABOVE LISTED OFFICER ATTENDED TRAINING REGARDING *(check all that apply)*:

☑ **USE OF FORCE** ☑ **PURSUIT DRIVING** ☐ **DOMESTIC VIOLENCE** ☑ **OTHER**

On the above listed date and has successfully completed the Summary Review Tool in full with the appropriate responses:

INSTRUCTOR'S NAME (print)	INSTRUCTOR'S SIGNATURE	INSTRUCTOR'S AGENCY	DATE	TOPIC (circle)
Celeste		SCPA	4-22-17	DV PD (UF)
Riley		IPD	4-22-17	DV (PD) UF
fear		WCPO	4-22-16	DV PD UF
~~Roland~~/Rowan		WCPO	4/22/16	

WARREN COUNTY CHIEFS OF POLICE
AND
WARREN COUNTY PROSECUTOR'S OFFICE

MATS Attendance Form

Date of Birth: 11 / 19 / 1974

First Name: Scott M.I.: _____ Last Name: Stocker

County: Warren Fax #: _____ Phone #: _____

Agency: Independence Address: _____

MANDATORY AGENCY TRAINING SERIES

☐ USE OF FORCE	☐ PURSUIT DRIVING	☐ DOMESTIC VIOLENCE	☐ Cyber Crimes / offender watch
INSTRUCTOR: Dr Celeste	INSTRUCTOR: Chief Riley	INSTRUCTOR:	INSTRUCTOR (S): Det Fehn
DATE: 4 / 19 / 2016	DATE: 4 / 19 / 2016	DATE: / /	DATE: 4 / 19 / 2016
☒ Spring ☐ Fall	☒ Spring ☐ Fall	☐ Spring ☐ Fall	☒ Spring ☐ Fall
— Student Verification —	— Student Verification —	— Student Verification —	— Student Verification —
I attended this block of instruction and ☐ Do ☒ Do Not have questions regarding the material presented. (List any questions):	I attended this block of instruction and ☐ Do ☒ Do Not have questions regarding the material presented. (List any questions):	I attended this block of instruction and ☐ Do ☐ Do Not have questions regarding the material presented. (List any questions):	I attended this block of instruction and ☐ Do ☒ Do Not have questions regarding the material presented. (List any questions):
Officer's Signature	*Officer's Signature*	*Officer's Signature*	*Officer's Signature*

********** **INSTRUCTOR VERIFICATION** **********

THE ABOVE LISTED OFFICER ATTENDED TRAINING REGARDING *(check all that apply)*:

☒ **USE OF FORCE** ☒ **PURSUIT DRIVING** ☐ **DOMESTIC VIOLENCE** ☐ **OTHER**

On the above listed date and has successfully completed the Summary Review Tool in full with the appropriate responses:

INSTRUCTOR'S NAME (print)	INSTRUCTOR'S SIGNATURE	INSTRUCTOR'S AGENCY	DATE	TOPIC (circle)
Dr Celeste		SCPA	19 Apr 2016	DV PD (UF)
Chief Riley		IPD	19 Apr 2016	DV (PD) UF
Det Fehn		WCPO	19 Apr 2016	DV PD UF

WARREN COUNTY CHIEFS OF POLICE
AND
WARREN COUNTY PROSECUTOR'S OFFICE

MATS Attendance Form

Date of Birth: 1 14 185

First Name: Gregory M.I.: A Last Name: Varina

County: Warren Fax #: 637-4097 Phone #: 637-6582

Agency: Independence Address: 2863 Rt. 46 Great Meadows N.J. 07838

MANDATORY AGENCY TRAINING SERIES

☑ USE OF FORCE	☑ PURSUIT DRIVING	☐ DOMESTIC VIOLENCE	☑ Cyber Crimes Offender Watch
INSTRUCTOR: Dr. Celeste	INSTRUCTOR: Riley	INSTRUCTOR:	INSTRUCTOR (S): Fehr
DATE: 4/14/16	DATE: 4/14/16	DATE: 4/14/16	DATE: 4/14/16
☑ Spring ☐ Fall	☑ Spring ☐ Fall	☑ Spring ☐ Fall	☑ Spring ☐ Fall
— Student Verification —	— Student Verification —	— Student Verification —	— Student Verification —
I attended this block of instruction and ☐ Do ☑ Do Not have questions regarding the material presented. (List any questions):	I attended this block of instruction and ☐ Do ☑ Do Not have questions regarding the material presented. (List any questions):	I attended this block of instruction and ☐ Do ☑ Do Not have questions regarding the material presented. (List any questions):	I attended this block of instruction and ☐ Do ☑ Do Not have questions regarding the material presented. (List any questions):
Officer's Signature	*Officer's Signature*	*Officer's Signature*	*Officer's Signature*

********** **INSTRUCTOR VERIFICATION** **********

THE ABOVE LISTED OFFICER ATTENDED TRAINING REGARDING *(check all that apply)*:

☐ **USE OF FORCE** ☒ **PURSUIT DRIVING** ☐ **DOMESTIC VIOLENCE** ☐ **OTHER**

On the above listed date and has successfully completed the Summary Review Tool in full with the appropriate responses:

INSTRUCTOR'S NAME (print)	INSTRUCTOR'S SIGNATURE	INSTRUCTOR'S AGENCY	DATE	TOPIC (circle)
Dr. Celeste		Somerset County PA	4-14-16	DV PD (UF)
Chief Riley		Independence Twp PD	4-14-16	DV (PD) UF
M. Fehr.		WCPO	4/14/16	DV PD UF

WARREN COUNTY CHIEFS OF POLICE
AND
WARREN COUNTY PROSECUTOR'S OFFICE

MATS Attendance Form

Date of Birth: 11 / 25 / 82

First Name: CHRIS M.I.: M Last Name: PRELL

County: WARREN Fax #: Phone #: 637-6582

Agency: INDEPENDENCE TWP Address: 286 RT 46 GREAT MEADOWS NJ 07838

MANDATORY AGENCY TRAINING SERIES

☑ USE OF FORCE	☑ PURSUIT DRIVING	☑ DOMESTIC VIOLENCE	☑ SEARCH + SEIZURE
INSTRUCTOR: RILEY	INSTRUCTOR: RILEY	INSTRUCTOR: O'DELL / RILEY	INSTRUCTOR (S): MOSCOW
DATE: 10 / 11 / 16	DATE: 10 / 11 / 16	DATE: 10 / 11 / 16	DATE: 10 / 11 / 16
☐ Spring ☑ Fall	☐ Spring ☑ Fall	☐ Spring ☑ Fall	☐ Spring ☑ Fall
— Student Verification —	— Student Verification —	— Student Verification —	— Student Verification —
I attended this block of instruction and ☐ Do ☒ Do Not have questions regarding the material presented. (List any questions):	I attended this block of instruction and ☐ Do ☒ Do Not have questions regarding the material presented. (List any questions):	I attended this block of instruction and ☒ Do ☐ Do Not have questions regarding the material presented. (List any questions):	I attended this block of instruction and ☐ Do ☒ Do Not have questions regarding the material presented. (List any questions):
C Prell *Officer's Signature*	C Prell *Officer's Signature*	C Prell *Officer's Signature*	C Prell *Officer's Signature*

********** **INSTRUCTOR VERIFICATION** **********

THE ABOVE LISTED OFFICER ATTENDED TRAINING REGARDING *(check all that apply)*:

☒ **USE OF FORCE** ☐ **PURSUIT DRIVING** ☒ **DOMESTIC VIOLENCE** ☐ **OTHER**

On the above listed date and has successfully completed the Summary Review Tool in full with the appropriate responses:

INSTRUCTOR'S NAME (print)	INSTRUCTOR'S SIGNATURE	INSTRUCTOR'S AGENCY	DATE	TOPIC (circle)
Riley, Chief		I.P.D	10/11/16	(DV) PD UF
↓	↓	↓	↓	DV (PD) UF
				DV PD (UF)

WARREN COUNTY CHIEFS OF POLICE
AND
WARREN COUNTY PROSECUTOR'S OFFICE

MATS Attendance Form

Date of Birth: 11 / 14 / 1974

First Name: Scott M.I.: S Last Name: Stocker

County: Warren Fax #: 908-637-4097 Phone #: 908-637-6502

Agency: Independence Address: 296 Rt 46, Great Meadows

MANDATORY AGENCY TRAINING SERIES

☑ USE OF FORCE	☑ PURSUIT DRIVING	☑ DOMESTIC VIOLENCE	☑ Search + Seizure
INSTRUCTOR: Chief Riley	INSTRUCTOR: Chief Riley	INSTRUCTOR: Carrie Odell / Chief Riley	INSTRUCTOR (S): Pat Mosco
DATE: 10 / 19 / 2016	DATE: 10 / 19 / 2016	DATE: 10 / 19 / 2016	DATE: 10 / 19 / 2016
☐ Spring ☑ Fall	☐ Spring ☑ Fall	☐ Spring ☑ Fall	☐ Spring ☑ Fall
— Student Verification —	— Student Verification —	— Student Verification —	— Student Verification —
I attended this block of instruction and ☐ Do ☑ Do Not have questions regarding the material presented. (List any questions):	I attended this block of instruction and ☐ Do ☑ Do Not have questions regarding the material presented. (List any questions):	I attended this block of instruction and ☐ Do ☑ Do Not have questions regarding the material presented. (List any questions):	I attended this block of instruction and ☐ Do ☑ Do Not have questions regarding the material presented. (List any questions):
Officer's Signature	Officer's Signature	Officer's Signature	Officer's Signature

********** INSTRUCTOR VERIFICATION **********

THE ABOVE LISTED OFFICER ATTENDED TRAINING REGARDING *(check all that apply)*:

☑ USE OF FORCE ☑ PURSUIT DRIVING ☑ DOMESTIC VIOLENCE ☑ OTHER

On the above listed date and has successfully completed the Summary Review Tool in full with the appropriate responses:

INSTRUCTOR'S NAME (print)	INSTRUCTOR'S SIGNATURE	INSTRUCTOR'S AGENCY	DATE	TOPIC (circle)
Pat Mosco		WCPO	10-19-16	DV PD UF
Carrie Odell / Chief Riley		WCPO		DV PD UF
Chief Riley		IPD		DV PD UF
Chief Riley		IPD		UF

WARREN COUNTY CHIEFS OF POLICE
AND
WARREN COUNTY PROSECUTOR'S OFFICE

MATS Attendance Form

Date of Birth: 1 / 4 / 85

First Name: Gregory M.I.: A. Last Name: Varina

County: Warren Fax #: 908-637-4097 Phone #: 908-637-6552

Agency: Independance Twp. Address: 276 B Rt. 46 Great Meadows N.J. 07838

MANDATORY AGENCY TRAINING SERIES

☒ USE OF FORCE	☒ PURSUIT DRIVING	☒ DOMESTIC VIOLENCE	☒ Search & Seizure
INSTRUCTOR: Riley/Young	INSTRUCTOR: Riley/Young	INSTRUCTOR: O'Dell/Riley	INSTRUCTOR (S): Dit Mosca
DATE: 10 / 11 / 16	DATE: 10 / 11 / 16	DATE: 10 / 11 / 16	DATE: 10 / 11 / 16
☐ Spring ☒ Fall	☐ Spring ☒ Fall	☐ Spring ☒ Fall	☐ Spring ☒ Fall
— Student Verification —	— Student Verification —	— Student Verification —	— Student Verification —
I attended this block of instruction and ☐ Do ☒ Do Not have questions regarding the material presented. (List any questions):	I attended this block of instruction and ☐ Do ☒ Do Not have questions regarding the material presented. (List any questions):	I attended this block of instruction and ☐ Do ☒ Do Not have questions regarding the material presented. (List any questions):	I attended this block of instruction and ☐ Do ☒ Do Not have questions regarding the material presented. (List any questions):
Officer's Signature	*Officer's Signature*	*Officer's Signature*	*Officer's Signature*

********** **INSTRUCTOR VERIFICATION** **********

THE ABOVE LISTED OFFICER ATTENDED TRAINING REGARDING *(check all that apply)*:

☒ **USE OF FORCE** ☒ **PURSUIT DRIVING** ☒ **DOMESTIC VIOLENCE** ☒ **OTHER**

On the above listed date and has successfully completed the Summary Review Tool in full with the appropriate responses:

INSTRUCTOR'S NAME (print)	INSTRUCTOR'S SIGNATURE	INSTRUCTOR'S AGENCY	DATE	TOPIC (circle)
Tim Young		WCPO	10-11-16	(DV) PD UF
				DV (PD) UF
				DV PD (UF)

WARREN COUNTY CHIEFS OF POLICE
AND
WARREN COUNTY PROSECUTOR'S OFFICE

MATS Attendance Form

Date of Birth: 12 / 18 / 79

First Name: Julius M.I.: A Last Name: Somogyi

County: Warren Fax #: 908-637-4097 Phone #: 908-637-6582

Agency: Independence PD Address: 286 Rt 46 Hackettstown NJ 07840

MANDATORY AGENCY TRAINING SERIES

☒ USE OF FORCE	☐ PURSUIT DRIVING	☒ DOMESTIC VIOLENCE	☒
INSTRUCTOR: Riley	INSTRUCTOR: Riley	INSTRUCTOR: Riley	INSTRUCTOR (S): Search & Seizure Video
DATE: 11 22 16	DATE: 11 / 22 / 16	DATE: 11 22 16	DATE: 11 / 22 / 16
☐ Spring ☒ Fall	☐ Spring ☒ Fall	☐ Spring ☒ Fall	☐ Spring ☒ Fall
— Student Verification —	— Student Verification —	— Student Verification —	— Student Verification —
I attended this block of instruction and ☐ Do ☒ Do Not have questions regarding the material presented. (List any questions):	I attended this block of instruction and ☐ Do ☒ Do Not have questions regarding the material presented. (List any questions):	I attended this block of instruction and ☐ Do ☒ Do Not have questions regarding the material presented. (List any questions):	I attended this block of instruction and ☐ Do ☒ Do Not have questions regarding the material presented. (List any questions):
Officer's Signature	*Officer's Signature*	*Officer's Signature*	*Officer's Signature*

********** **INSTRUCTOR VERIFICATION** **********

THE ABOVE LISTED OFFICER ATTENDED TRAINING REGARDING *(check all that apply)*:

☒ USE OF FORCE ☒ PURSUIT DRIVING ☒ DOMESTIC VIOLENCE ☒ OTHER

On the above listed date and has successfully completed the Summary Review Tool in full with the appropriate responses:

INSTRUCTOR'S NAME (print)	INSTRUCTOR'S SIGNATURE	INSTRUCTOR'S AGENCY	DATE	TOPIC (circle)
DiRiley		IPD	11/22/16	DV PD (UF)
1				DV (PD) UF
Video-Mesco				(DV) PD UF
				Search/Seizure

WARREN COUNTY CHIEFS OF POLICE
AND
WARREN COUNTY PROSECUTOR'S OFFICE

MATS Attendance Form

Date of Birth: 11 / 25 / 82

First Name: CHRIS M.I.: M Last Name: PRELL

County: WARREN Fax #: Phone #: 908-657-6582

Agency: INDEPENDENCE Twp Address: 280 Rt 46 GREAT MEADOWS

MANDATORY AGENCY TRAINING SERIES

☑ USE OF FORCE	☑ PURSUIT DRIVING	☑ DOMESTIC VIOLENCE	☑ BIAS
INSTRUCTOR: DR CELESTE	INSTRUCTOR: RILEY	INSTRUCTOR: ODELL	INSTRUCTOR (S): YOUNG
DATE: 5 / 8 / 17	DATE: 5 / 8 / 17	DATE: 6 / 8 / 17	DATE: 6 / 8 / 17
☑ Spring ☐ Fall	☑ Spring ☐ Fall	☑ Spring ☐ Fall	☑ Spring ☐ Fall
— Student Verification —	— Student Verification —	— Student Verification —	— Student Verification —
I attended this block of instruction and ☐ Do ☑ Do Not have questions regarding the material presented. (List any questions):	I attended this block of instruction and ☐ Do ☑ Do Not have questions regarding the material presented. (List any questions):	I attended this block of instruction and ☐ Do ☑ Do Not have questions regarding the material presented. (List any questions):	I attended this block of instruction and ☐ Do ☑ Do Not have questions regarding the material presented. (List any questions):
Officer's Signature	*Officer's Signature*	*Officer's Signature*	*Officer's Signature*

********** **INSTRUCTOR VERIFICATION** **********

THE ABOVE LISTED OFFICER ATTENDED TRAINING REGARDING *(check all that apply)*:

☐ **USE OF FORCE** ☐ **PURSUIT DRIVING** ☐ **DOMESTIC VIOLENCE** ☐ **OTHER**

On the above listed date and has successfully completed the Summary Review Tool in full with the appropriate responses:

INSTRUCTOR'S NAME (print)	INSTRUCTOR'S SIGNATURE	INSTRUCTOR'S AGENCY	DATE	TOPIC (circle)
				DV PD UF
				DV PD UF
				DV PD UF

WARREN COUNTY CHIEFS OF POLICE
AND
WARREN COUNTY PROSECUTOR'S OFFICE

MATS Attendance Form

Date of Birth: 11 / 19 / 1974

First Name: Scott M.I.: J Last Name: Stocker

County: Independence Lawn Fax #: Phone #: 908-872-4445

Agency: Independence Address: 206 no 46, Great meadows

MANDATORY AGENCY TRAINING SERIES

☒ USE OF FORCE	☒ PURSUIT DRIVING	☒ DOMESTIC VIOLENCE	☐ no SAMs
INSTRUCTOR:	INSTRUCTOR:	INSTRUCTOR:	INSTRUCTOR (S):
Dr Celeste	Chief Riley	ODell	no SAMs FBI covid
DATE: 5 / 1 / 2017	DATE: 5 / 1 / 2017	DATE: 5 / 1 / 2017	DATE: 5 / 1 / 2017
☒ Spring ☐ Fall	☒ Spring ☐ Fall	☒ Spring ☐ Fall	☒ Spring ☐ Fall
— Student Verification —	— Student Verification —	— Student Verification —	— Student Verification —
I attended this block of instruction and ☐ Do ☒ Do Not have questions regarding the material presented. (List any questions):	I attended this block of instruction and ☐ Do ☒ Do Not have questions regarding the material presented. (List any questions):	I attended this block of instruction and ☐ Do ☒ Do Not have questions regarding the material presented. (List any questions):	I attended this block of instruction and ☐ Do ☒ Do Not have questions regarding the material presented. (List any questions):
Officer's Signature	*Officer's Signature*	*Officer's Signature*	*Officer's Signature*

********** **INSTRUCTOR VERIFICATION** **********

THE ABOVE LISTED OFFICER ATTENDED TRAINING REGARDING *(check all that apply)*:

☒ **USE OF FORCE** ☒ **PURSUIT DRIVING** ☒ **DOMESTIC VIOLENCE** ☐ **OTHER**

On the above listed date and has successfully completed the Summary Review Tool in full with the appropriate responses:

INSTRUCTOR'S NAME (print)	INSTRUCTOR'S SIGNATURE	INSTRUCTOR'S AGENCY	DATE	TOPIC (circle)
Dr Celeste			5-1-2017	DV PD (UF)
Chief Riley		SPD	5-1-2017	DV (PD) UF
ODell		Ross other	5-1-2017	(DV) PD UF
FBI Cov ICE		PBT	5-1-2017	no SAMs

WARREN COUNTY CHIEFS OF POLICE
AND
WARREN COUNTY PROSECUTOR'S OFFICE

MATS Attendance Form

Date of Birth: 1/4/85

First Name: Gregory M.I.: A Last Name: Varina

County: Warren Fax #: Phone #: 908-637-6582

Agency: Independence Address: 2863 Rt. 46 Great Meadows NJ. 07838

MANDATORY AGENCY TRAINING SERIES

☑ USE OF FORCE	☑ PURSUIT DRIVING	☑ DOMESTIC VIOLENCE	☑ Bias
INSTRUCTOR: Dr. Celeste	INSTRUCTOR: Riley	INSTRUCTOR: odell	INSTRUCTOR (S): Young
DATE: 5/8/17	DATE: 5/8/17	DATE: 5/8/17	DATE: 5/8/17
☑ Spring ☐ Fall	☑ Spring ☐ Fall	☑ Spring ☐ Fall	☑ Spring ☐ Fall
— Student Verification —	— Student Verification —	— Student Verification —	— Student Verification —
I attended this block of instruction and ☐ Do ☑ Do Not have questions regarding the material presented. (List any questions):	I attended this block of instruction and ☐ Do ☑ Do Not have questions regarding the material presented. (List any questions):	I attended this block of instruction and ☐ Do ☑ Do Not have questions regarding the material presented. (List any questions):	I attended this block of instruction and ☐ Do ☑ Do Not have questions regarding the material presented. (List any questions):
Officer's Signature	*Officer's Signature*	*Officer's Signature*	*Officer's Signature*

********** **INSTRUCTOR VERIFICATION** **********

THE ABOVE LISTED OFFICER ATTENDED TRAINING REGARDING *(check all that apply)*:

☐ **USE OF FORCE** ☐ **PURSUIT DRIVING** ☐ **DOMESTIC VIOLENCE** ☐ **OTHER**

On the above listed date and has successfully completed the Summary Review Tool in full with the appropriate responses:

INSTRUCTOR'S NAME (print)	INSTRUCTOR'S SIGNATURE	INSTRUCTOR'S AGENCY	DATE	TOPIC (circle)
				DV PD UF
				DV PD UF
				DV PD UF

WARREN COUNTY CHIEFS OF POLICE
AND
WARREN COUNTY PROSECUTOR'S OFFICE

MATS Attendance Form

Date of Birth: 12 / 18 / 79

First Name: Julius M.I.: A Last Name: Somosi

County: Warren Fax #: Phone #: 637 5862

Agency: Independence Address: 286 Rt 46

MANDATORY AGENCY TRAINING SERIES

☒ USE OF FORCE	☒ PURSUIT DRIVING	☒ DOMESTIC VIOLENCE	☒ Bias
INSTRUCTOR: Dr Celeste	INSTRUCTOR: Young	INSTRUCTOR: Young	INSTRUCTOR (S): ~~Bias~~ Young
DATE: 5 / 5 / 17	DATE: 5 / 5 / 17	DATE: 5 / 5 / 17	DATE: 5 / 5 / 17
☒ Spring ☐ Fall	☒ Spring ☐ Fall	☒ Spring ☐ Fall	☒ Spring ☐ Fall
— Student Verification —	— Student Verification —	— Student Verification —	☒ Student Verification —
I attended this block of instruction and ☐ Do ☒ Do Not have questions regarding the material presented. (List any questions):	I attended this block of instruction and ☐ Do ☒ Do Not have questions regarding the material presented. (List any questions):	I attended this block of instruction and ☐ Do ☒ Do Not have questions regarding the material presented. (List any questions):	I attended this block of instruction and ☐ Do ☒ Do Not have questions regarding the material presented. (List any questions):
Officer's Signature	*Officer's Signature*	*Officer's Signature*	*Officer's Signature*

********** **INSTRUCTOR VERIFICATION** **********

THE ABOVE LISTED OFFICER ATTENDED TRAINING REGARDING *(check all that apply)*:

☒ USE OF FORCE ☒ PURSUIT DRIVING ☒ DOMESTIC VIOLENCE ☐ OTHER

On the above listed date and has successfully completed the Summary Review Tool in full with the appropriate responses:

INSTRUCTOR'S NAME (print)	INSTRUCTOR'S SIGNATURE	INSTRUCTOR'S AGENCY	DATE	TOPIC (circle)
Dr Celeste SCPA		WCPO	5-5-17	DV PD UF
Young				DV PD UF
Young				DV PD UF
Young				Bias

WARREN COUNTY CHIEFS OF POLICE
AND
WARREN COUNTY PROSECUTOR'S OFFICE

MATS Attendance Form

Date of Birth: 02 / 11 / 1992

First Name: Thomas M.I.: A Last Name: Hill Jr

County: Warren Fax #: 908-637-4097 Phone #: 908-852-4443

Agency: Independence Address: 286 Rt. 46 Great Meadows NJ 07838

MANDATORY AGENCY TRAINING SERIES

☐ USE OF FORCE	☐ PURSUIT DRIVING	☐ DOMESTIC VIOLENCE	☐ BIAS
INSTRUCTOR: Dr. Celeste	INSTRUCTOR: Tim Young	INSTRUCTOR: Tim Young	INSTRUCTOR (S): Tim Young
DATE: 05 / 02 / 2017	DATE: 5 / 2 / 2017	DATE: 5 / 2 / 2017	DATE: 5 / 2 / 2017
☒ Spring ☐ Fall	☒ Spring ☐ Fall	☒ Spring ☐ Fall	☒ Spring ☐ Fall
— Student Verification —	— Student Verification —	— Student Verification —	— Student Verification —
I attended this block of instruction and ☒ Do ☐ Do Not have questions regarding the material presented. (List any questions):	I attended this block of instruction and ☐ Do ☒ Do Not have questions regarding the material presented. (List any questions):	I attended this block of instruction and ☐ Do ☒ Do Not have questions regarding the material presented. (List any questions):	I attended this block of instruction and ☐ Do ☒ Do Not have questions regarding the material presented. (List any questions):
Officer's Signature	*Officer's Signature*	*Officer's Signature*	*Officer's Signature*

********** **INSTRUCTOR VERIFICATION** **********

THE ABOVE LISTED OFFICER ATTENDED TRAINING REGARDING *(check all that apply)*:

☒ **USE OF FORCE** ☒ **PURSUIT DRIVING** ☒ **DOMESTIC VIOLENCE** ☐ **OTHER**

On the above listed date and has successfully completed the Summary Review Tool in full with the appropriate responses:

INSTRUCTOR'S NAME (print)	INSTRUCTOR'S SIGNATURE	INSTRUCTOR'S AGENCY	DATE	TOPIC (circle)
Dr. Richard Celeste		SCPA	5/2/17	DV PD (UF)
Tim Young		WCPO	5/2/17	DV (PD) UF
Tim Young			5/2/17	(DV) PD UF
Tim Young			5/2/17	Bias