

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

MATS Attendance Form

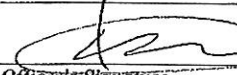
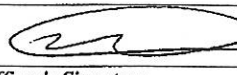
Date of Birth: 1 / 17 / 70

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

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

Agency: Independence Twp Address: 2803 Rt 46 Great Meadows NJ

MANDATORY AGENCY TRAINING SERIES

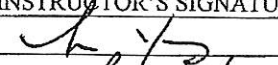
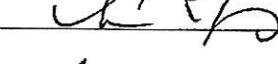
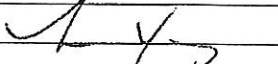
☒ USE OF FORCE INSTRUCTOR: <u>Dr. Celeste</u> DATE: <u>4 / 14 / 16</u> ☒ Spring ☐ Fall — Student Verification — I attended this block of instruction and ☐ Do ☒ Do Not have questions regarding the material presented. (List any questions): _____ _____ _____  Officer's Signature	☒ PURSUIT DRIVING INSTRUCTOR: <u>Riley</u> DATE: <u>4 / 14 / 16</u> ☒ Spring ☐ Fall — Student Verification — I attended this block of instruction and ☐ Do ☒ Do Not have questions regarding the material presented. (List any questions): _____ _____ _____  Officer's Signature	☐ DOMESTIC VIOLENCE INSTRUCTOR: _____ DATE: <u>1 / 1 / 16</u> ☒ Spring ☐ Fall — Student Verification — I attended this block of instruction and ☐ Do ☒ Do Not have questions regarding the material presented. (List any questions): _____ _____ _____  Officer's Signature	☒ Cyber Crimes offender watch INSTRUCTOR (S): <u>Fehr</u> DATE: <u>4 / 14 / 16</u> ☒ Spring ☐ Fall — Student Verification — I attended this block of instruction and ☐ Do ☒ Do Not have questions regarding the material presented. (List any questions): _____ _____ _____  Officer's Signature
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******* 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 <u>UF</u>
Chief Riley			4-14-16	DV <u>PD</u> UF
Det Fehr		WCPD	4-14-16	DV PD UF

MATS Attendance Form

First Name: Keith M.I.: P Last Name: Aiello
County: Warren Fax #: 908-637-4097 Phone #: 908-637-6582
Agency: Independence Twp Address: 280 B Rt 46 Great Meadows NJ 07838

MANDATORY AGENCY TRAINING SERIES

☐ USE OF FORCE	☐ PURSUIT DRIVING	☐ DOMESTIC VIOLENCE	☒ Search & Seizure
INSTRUCTOR: <u>Young</u>	INSTRUCTOR: <u>Riby</u>	INSTRUCTOR: <u>C. Odell</u>	INSTRUCTOR (S): <u>D. Mosco</u>
DATE: <u>10 / 11 / 10</u>	DATE: <u>10 / 11 / 10</u>	DATE: <u>10 / 11 / 10</u>	DATE: <u>10 / 11 / 10</u>
☐ 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): _____ _____
<u>[Signature]</u> Officer's Signature	<u>[Signature]</u> Officer's Signature	<u>[Signature]</u> Officer's Signature	<u>[Signature]</u> 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		WCPD	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

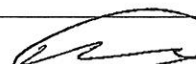
Date of Birth: 5 / 1 / 17

First Name: Keth M.I.: P Last Name: Arella

County: Warren Fax #: 908-637-4097 Phone #: 908-637-4438

Agency: Independence Twp Address: 286 B Rt 96 Great Meadows NJ 07838

MANDATORY AGENCY TRAINING SERIES

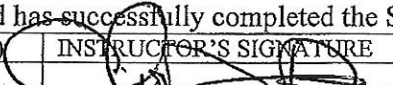
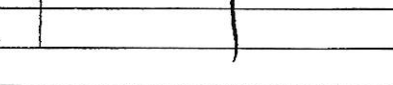
☒ USE OF FORCE INSTRUCTOR: <u>Dr. Celeste</u> DATE: <u>5 / 1 / 17</u> ☒ Spring ☐ Fall — Student Verification — I attended this block of instruction and ☐ Do ☒ Do Not have questions regarding the material presented. (List any questions): _____ _____ _____  Officer's Signature	☒ PURSUIT DRIVING INSTRUCTOR: <u>Riley</u> DATE: <u>5 / 1 / 17</u> ☒ Spring ☐ Fall — Student Verification — I attended this block of instruction and ☐ Do ☒ Do Not have questions regarding the material presented. (List any questions): _____ _____ _____  Officer's Signature	☒ DOMESTIC VIOLENCE INSTRUCTOR: <u>O Bell</u> DATE: <u> / / </u> ☒ Spring ☐ Fall — Student Verification — I attended this block of instruction and ☐ Do ☒ Do Not have questions regarding the material presented. (List any questions): _____ _____ _____  Officer's Signature	☒ INSTRUCTOR (S): <u>NJSARS</u> DATE: <u> / / </u> ☒ Spring ☐ Fall — Student Verification — I attended this block of instruction and ☐ Do ☒ Do Not have questions regarding the material presented. (List any questions): _____ _____ _____  Officer's Signature
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***** **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		DDO	5/1/17	DV PD UF
Riley				DV PD UF
O Bell				DV PD UF
INDEPENDENCE				Other

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

MATS Attendance Form

Date of Birth: 05 / 07 / 1991

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

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

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

MANDATORY AGENCY TRAINING SERIES

☒ USE OF FORCE INSTRUCTOR: <u>Dr. Celeste</u> DATE: <u>05 / 02 / 2017</u> ☒ Spring ☐ Fall — Student Verification — I attended this block of instruction and ☐ Do ☒ Do Not have questions regarding the material presented. (List any questions): <u>[Signature]</u> Officer's Signature	☒ PURSUIT DRIVING INSTRUCTOR: <u>Tim Young</u> DATE: <u>05 / 02 / 2017</u> ☒ Spring ☐ Fall — Student Verification — I attended this block of instruction and ☐ Do ☒ Do Not have questions regarding the material presented. (List any questions): <u>[Signature]</u> Officer's Signature	☒ DOMESTIC VIOLENCE INSTRUCTOR: <u>Tim Young</u> DATE: <u>05 / 02 / 2017</u> ☒ Spring ☐ Fall — Student Verification — I attended this block of instruction and ☐ Do ☒ Do Not have questions regarding the material presented. (List any questions): <u>[Signature]</u> Officer's Signature	☒ <u>Bias incident</u> INSTRUCTOR (S): <u>Tim Young</u> DATE: <u>05 / 02 / 2017</u> ☒ Spring ☐ Fall — Student Verification — I attended this block of instruction and ☐ Do ☒ Do Not have questions regarding the material presented. (List any questions): <u>[Signature]</u> Officer's Signature
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***** **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	<u>[Signature]</u>	SCPA	5/2/17	DV PD ☒ UF
Tim Young	<u>[Signature]</u>	WCPD	5/2/17	☒ PD UF
Tim Young	<u>[Signature]</u>		5/2/17	DV ☒ UF
YOUNG	<u>[Signature]</u>			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 #: 637-4097 Phone #: 637-6582
Agency: INDEPENDENCE Address: 286 W 46 GREAT MEADOW RD 07838

MANDATORY AGENCY TRAINING SERIES

☒ USE OF FORCE INSTRUCTOR: <u>DR. CELESTE</u> DATE: <u>4 / 14 / 16</u> ☒ Spring ☐ Fall — Student Verification — I attended this block of instruction and ☐ Do ☒ Do Not have questions regarding the material presented. (List any questions): _____ _____ _____ <u>Officer's Signature</u>	☐ PURSUIT DRIVING INSTRUCTOR: <u>PRELL</u> DATE: <u>4 / 14 / 16</u> ☒ Spring ☐ Fall — Student Verification — I attended this block of instruction and ☐ Do ☒ Do Not have questions regarding the material presented. (List any questions): _____ _____ _____ <u>Officer's Signature</u>	☐ DOMESTIC VIOLENCE INSTRUCTOR: _____ DATE: <u>4 / 14 / 16</u> ☒ Spring ☐ Fall — Student Verification — I attended this block of instruction and ☐ Do ☐ Do Not have questions regarding the material presented. (List any questions): _____ _____ _____ <u>Officer's Signature</u>	☒ OTHER INSTRUCTOR (S): <u>CYBER CRIME / OFFENSE</u> <u>WARREN</u> DATE: <u>4 / 14 / 16</u> ☒ Spring ☐ Fall — Student Verification — I attended this block of instruction and ☐ Do ☒ Do Not have questions regarding the material presented. (List any questions): _____ _____ _____ <u>Officer's Signature</u>
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***** **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	<u>[Signature]</u>	SOMERSET CO PROSECUTOR	4/14/16	DV PD UF
PRELL	<u>[Signature]</u>	IPD	4/14/16	DV PD UF
DET PRELL	<u>[Signature]</u>	WCH	4/14/16	DV PD UF

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

MATS Attendance Form

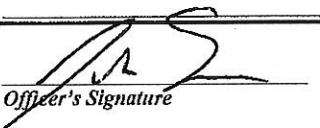
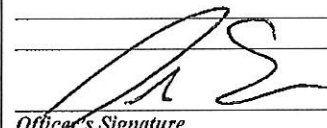
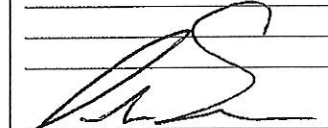
Date of Birth: 12/18/79

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

County: Warren Fax #: _____ Phone #: _____

Agency: Independence Address: Somogyi@IndependencePD NJ.COM

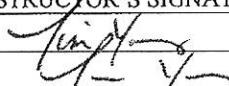
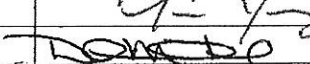
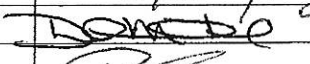
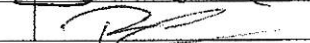
MANDATORY AGENCY TRAINING SERIES

☒ USE OF FORCE INSTRUCTOR: <u>Dr. Richard Celeste</u> DATE: <u>4/22/16</u> ☒ Spring ☐ Fall — Student Verification — I attended this block of instruction and ☐ Do ☒ Do Not have questions regarding the material presented. (List any questions): _____ _____  Officer's Signature	☒ PURSUIT DRIVING INSTRUCTOR: <u>Chief Riley</u> DATE: <u>4/22/16</u> ☒ Spring ☐ Fall — Student Verification — I attended this block of instruction and ☐ Do ☒ Do Not have questions regarding the material presented. (List any questions): _____ _____  Officer's Signature	☒ DOMESTIC VIOLENCE INSTRUCTOR: _____ DATE: <u>4/22/16</u> ☒ Spring ☐ Fall — Student Verification — I attended this block of instruction and ☐ Do ☒ Do Not have questions regarding the material presented. (List any questions): _____ _____  Officer's Signature	☐ INSTRUCTOR (S): <u>offender watch</u> <u>cyber crimes</u> <u>Fear + Roland</u> DATE: <u>4/22/16</u> ☒ Spring ☐ Fall — Student Verification — I attended this block of instruction and ☐ Do ☒ Do Not have questions regarding the material presented. (List any questions): _____ _____  Officer's Signature
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***** **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	7-22-17	DV PD ☒ UF
Riley		IPD	7-22-17	DV PD ☒ UF
Fear		WCPO	4-22-16	DV PD UF
Roland/Rosen		WCPO	4/22/16	

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

MATS Attendance Form

Date of Birth: 11 / 18 / 1974

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

County: Warren Fax #: _____ Phone #: _____

Agency: Independence Address: _____

MANDATORY AGENCY TRAINING SERIES

☐ USE OF FORCE INSTRUCTOR: <u>Dr Celeste</u> DATE: <u>4 / 19 / 2016</u> ☒ Spring ☐ Fall — Student Verification — I attended this block of instruction and ☐ Do ☒ Do Not have questions regarding the material presented. (List any questions): _____ _____ _____ <u>For [Signature]</u> Officer's Signature	☐ PURSUIT DRIVING INSTRUCTOR: <u>Chief NILEY</u> DATE: <u>4 / 19 / 2016</u> ☒ Spring ☐ Fall — Student Verification — I attended this block of instruction and ☐ Do ☒ Do Not have questions regarding the material presented. (List any questions): _____ _____ _____ <u>For [Signature]</u> Officer's Signature	☐ DOMESTIC VIOLENCE INSTRUCTOR: _____ DATE: <u> </u> / <u> </u> / <u> </u> ☐ Spring ☐ Fall — Student Verification — I attended this block of instruction and ☐ Do ☐ Do Not have questions regarding the material presented. (List any questions): _____ _____ _____ <u>For [Signature]</u> Officer's Signature	☐ Cyber Crimes / offender network INSTRUCTOR (S): <u>Det Fehr</u> DATE: <u>4 / 19 / 2016</u> ☒ Spring ☐ Fall — Student Verification — I attended this block of instruction and ☐ Do ☒ Do Not have questions regarding the material presented. (List any questions): _____ _____ _____ <u>For [Signature]</u> Officer's Signature
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***** **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	[Signature]	SCPA	19 APR 2016	DV PD UF
Chief NILEY	[Signature]	IPD	19 APR 2016	DV PD UF
Det Fehr	[Signature]	WCPO	19 APR 2016	DV PD UF

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

MATS Attendance Form

Date of Birth: 1/14/85

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

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

Agency: Independence Address: 2863 Rt. 416 Great Meadows N.J. 07835

MANDATORY AGENCY TRAINING SERIES

☒ USE OF FORCE INSTRUCTOR: <u>Dr. Celeste</u> DATE: <u>4/14/16</u> ☒ Spring ☐ Fall — Student Verification — I attended this block of instruction and ☐ Do ☒ Do Not have questions regarding the material presented. (List any questions): _____ _____ _____ <u>Dr. Celeste</u> Officer's Signature	☒ PURSUIT DRIVING INSTRUCTOR: <u>Riley</u> DATE: <u>4/14/16</u> ☒ Spring ☐ Fall — Student Verification — I attended this block of instruction and ☐ Do ☒ Do Not have questions regarding the material presented. (List any questions): _____ _____ _____ <u>Riley</u> Officer's Signature	☐ DOMESTIC VIOLENCE INSTRUCTOR: _____ DATE: <u>4/14/16</u> ☒ Spring ☐ Fall — Student Verification — I attended this block of instruction and ☐ Do ☒ Do Not have questions regarding the material presented. (List any questions): _____ _____ _____ <u>Dr. Celeste</u> Officer's Signature	☒ Cyber Crimes <u>Offender Watch</u> INSTRUCTOR (S): <u>Fehr</u> DATE: <u>4/14/16</u> ☒ Spring ☐ Fall — Student Verification — I attended this block of instruction and ☐ Do ☒ Do Not have questions regarding the material presented. (List any questions): _____ _____ _____ <u>Dr. Celeste</u> Officer's Signature
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***** **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	<u>[Signature]</u>	Somerset County PA	4-14-16	DV PD <u>UF</u>
Chief Riley	<u>[Signature]</u>	Independence Twp PA	4-14-16	DV <u>PD</u> UF
Mr. Fehr	<u>[Signature]</u>	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: RILEY

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

Agency: INDEPENDENCE TWP Address: 286 B 46 GREAT MEADOWS RD 07882

MANDATORY AGENCY TRAINING SERIES

☒ USE OF FORCE INSTRUCTOR: <u>RILEY</u> DATE: <u>10 / 11 / 16</u> ☐ Spring ☒ Fall — Student Verification I attended this block of instruction and ☐ Do ☒ Do Not have questions regarding the material presented. (List any questions): _____ <u>[Signature]</u> Officer's Signature	☒ PURSUIT DRIVING INSTRUCTOR: <u>RILEY</u> DATE: <u>10 / 11 / 16</u> ☐ Spring ☒ Fall — Student Verification I attended this block of instruction and ☐ Do ☒ Do Not have questions regarding the material presented. (List any questions): _____ <u>[Signature]</u> Officer's Signature	☒ DOMESTIC VIOLENCE INSTRUCTOR: <u>O'DELL / RILEY</u> DATE: <u>10 / 11 / 16</u> ☐ Spring ☒ Fall — Student Verification I attended this block of instruction and ☐ Do ☒ Do Not have questions regarding the material presented. (List any questions): _____ <u>[Signature]</u> Officer's Signature	☒ SEARCH + SEIZURE INSTRUCTOR (S): <u>MOSCOW</u> DATE: <u>10 / 11 / 16</u> ☐ Spring ☒ Fall — Student Verification I attended this block of instruction and ☐ Do ☒ Do Not have questions regarding the material presented. (List any questions): _____ <u>[Signature]</u> Officer's Signature
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***** 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) <u>Riley, Chris</u>	INSTRUCTOR'S SIGNATURE <u>[Signature]</u>	INSTRUCTOR'S AGENCY <u>I. P.O.</u>	DATE <u>10/11/16</u>	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 / 14 / 1974

First Name: Scott M.I.: 5 Last Name: Stolman

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

Agency: Independence Address: 296 Rt 46, Great Meadows

MANDATORY AGENCY TRAINING SERIES

☒ USE OF FORCE INSTRUCTOR: <u>Chief Riley</u> DATE: <u>10 / 19 / 2016</u> ☐ Spring ☒ Fall — Student Verification — I attended this block of instruction and ☐ Do ☒ Do Not have questions regarding the material presented. (List any questions): _____ _____ _____ <u>POA [Signature]</u> Officer's Signature	☒ PURSUIT DRIVING INSTRUCTOR: <u>Chief Riley</u> DATE: <u>10 / 19 / 2016</u> ☐ Spring ☒ Fall — Student Verification — I attended this block of instruction and ☐ Do ☒ Do Not have questions regarding the material presented. (List any questions): _____ _____ _____ <u>POA [Signature]</u> Officer's Signature	☒ DOMESTIC VIOLENCE INSTRUCTOR: <u>Carrie Odell / Chief Riley</u> DATE: <u>10 / 19 / 2016</u> ☐ Spring ☒ Fall — Student Verification — I attended this block of instruction and ☐ Do ☒ Do Not have questions regarding the material presented. (List any questions): _____ _____ _____ <u>POA [Signature]</u> Officer's Signature	☒ <u>Search + Seizure</u> INSTRUCTOR (S): <u>POA Mosco</u> DATE: <u>10 / 19 / 2016</u> ☐ Spring ☒ Fall — Student Verification — I attended this block of instruction and ☐ Do ☒ Do Not have questions regarding the material presented. (List any questions): _____ _____ _____ <u>POA [Signature]</u> Officer's Signature
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***** **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)
POA Mosco		WCPO	10-19-16	DV PD UF
Carrie Odell / Chief Riley		WCPO	↓	☒ PD UF
Chief Riley		IPD		DV PD ☒
Chief Riley		IPD		UF

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

MATS Attendance Form

Date of Birth: 1 / 14 / 85

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

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

Agency: Independence Twp Address: 276 B Rte 46 Great Meadows N.J. 07838

MANDATORY AGENCY TRAINING SERIES

☒ USE OF FORCE INSTRUCTOR: <u>Riley/Young</u> DATE: <u>10 / 11 / 16</u> ☐ Spring ☒ Fall — Student Verification — I attended this block of instruction and ☐ Do ☒ Do Not have questions regarding the material presented. (List any questions): _____ _____ <u>RV</u> Officer's Signature	☒ PURSUIT DRIVING INSTRUCTOR: <u>Riley/Young</u> DATE: <u>10 / 11 / 16</u> ☐ Spring ☒ Fall — Student Verification — I attended this block of instruction and ☐ Do ☒ Do Not have questions regarding the material presented. (List any questions): _____ _____ <u>RV</u> Officer's Signature	☒ DOMESTIC VIOLENCE INSTRUCTOR: <u>O'Dell/Riley</u> DATE: <u>10 / 11 / 16</u> ☐ Spring ☒ Fall — Student Verification — I attended this block of instruction and ☐ Do ☒ Do Not have questions regarding the material presented. (List any questions): _____ _____ <u>RV</u> Officer's Signature	☒ Search & Seizure INSTRUCTOR (S): <u>Dit Masco</u> DATE: <u>10 / 11 / 16</u> ☐ Spring ☒ Fall — Student Verification — I attended this block of instruction and ☐ Do ☒ Do Not have questions regarding the material presented. (List any questions): _____ _____ <u>RV</u> Officer's Signature
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***** **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)
<u>Tim Young</u>	<u>[Signature]</u>	<u>WCPD</u>	<u>10-11-16</u>	<u>UV</u> PD UF
↓	↓	↓	↓	DV <u>PD</u> UF
				DV PD <u>UF</u>

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

MATS Attendance Form

Date of Birth: 12 / 18 / 77

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 Hackensack NJ 07840

MANDATORY AGENCY TRAINING SERIES

☒ USE OF FORCE INSTRUCTOR: <u>Riley</u> DATE: <u>11 / 22 / 16</u> ☐ Spring ☒ Fall — Student Verification I attended this block of instruction and ☐ Do ☒ Do Not have questions regarding the material presented. (List any questions): <u>[Signature]</u> Officer's Signature	☐ PURSUIT DRIVING INSTRUCTOR: <u>Riley</u> DATE: <u>11 / 22 / 16</u> ☐ Spring ☒ Fall — Student Verification I attended this block of instruction and ☐ Do ☒ Do Not have questions regarding the material presented. (List any questions): <u>[Signature]</u> Officer's Signature	☒ DOMESTIC VIOLENCE INSTRUCTOR: <u>Riley</u> DATE: <u>11 / 22 / 16</u> ☐ Spring ☒ Fall — Student Verification I attended this block of instruction and ☐ Do ☒ Do Not have questions regarding the material presented. (List any questions): <u>[Signature]</u> Officer's Signature	☒ SEARCH & SEIZURE INSTRUCTOR (S): <u>Search & Seizure Video</u> DATE: <u>11 / 22 / 16</u> ☐ Spring ☒ Fall — Student Verification I attended this block of instruction and ☐ Do ☒ Do Not have questions regarding the material presented. (List any questions): <u>[Signature]</u> Officer's Signature
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***** **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)
<u>D. Riley</u>	<u>[Signature]</u>	<u>IPD</u>	<u>11/22/16</u>	<u>DV PD UF</u>
				<u>DV PD UF</u>
				<u>DV PD UF</u>
<u>Video-Masco</u>				<u>Search/Seizure</u>

**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: 286 R 46 GREAT MEADOWS

MANDATORY AGENCY TRAINING SERIES

☒ USE OF FORCE INSTRUCTOR: <u>DR CELESTE</u> DATE: <u>5 / 8 / 17</u> ☒ Spring ☐ Fall — Student Verification — I attended this block of instruction and ☐ Do ☒ Do Not have questions regarding the material presented. (List any questions): _____ _____ _____ <u>APrell</u> Officer's Signature	☒ PURSUIT DRIVING INSTRUCTOR: <u>RELEY</u> DATE: <u>5 / 8 / 17</u> ☒ Spring ☐ Fall — Student Verification — I attended this block of instruction and ☐ Do ☒ Do Not have questions regarding the material presented. (List any questions): _____ _____ _____ <u>APrell</u> Officer's Signature	☒ DOMESTIC VIOLENCE INSTRUCTOR: <u>ODGILL</u> DATE: <u>6 / 8 / 17</u> ☒ Spring ☐ Fall — Student Verification — I attended this block of instruction and ☐ Do ☒ Do Not have questions regarding the material presented. (List any questions): _____ _____ _____ <u>APrell</u> Officer's Signature	☒ BIAS INSTRUCTOR(S): <u>Young</u> DATE: <u>6 / 8 / 17</u> ☒ Spring ☐ Fall — Student Verification — I attended this block of instruction and ☐ Do ☒ Do Not have questions regarding the material presented. (List any questions): _____ _____ _____ <u>APrell</u> Officer's Signature
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***** **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 / 1979

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

County: Independence Fax #: _____ Phone #: 908-872-4444

Agency: Independence Address: 206 no 46, Great Meadows

MANDATORY AGENCY TRAINING SERIES

☒ USE OF FORCE INSTRUCTOR: <u>Dr Colosore</u> DATE: <u>5 / 1 / 2017</u> ☒ Spring ☐ Fall — Student Verification I attended this block of instruction and ☐ Do ☒ Do Not have questions regarding the material presented. (List any questions): _____ _____ <u>[Signature]</u> Officer's Signature	☒ PURSUIT DRIVING INSTRUCTOR: <u>Chief WILEY</u> DATE: <u>5 / 1 / 2017</u> ☒ Spring ☐ Fall — Student Verification I attended this block of instruction and ☐ Do ☒ Do Not have questions regarding the material presented. (List any questions): _____ _____ <u>[Signature]</u> Officer's Signature	☒ DOMESTIC VIOLENCE INSTRUCTOR: <u>BDCLL</u> DATE: <u>5 / 1 / 2017</u> ☒ Spring ☐ Fall — Student Verification I attended this block of instruction and ☐ Do ☒ Do Not have questions regarding the material presented. (List any questions): _____ _____ <u>[Signature]</u> Officer's Signature	☐ no stats INSTRUCTOR (S): <u>no stats DV covered</u> DATE: <u>5 / 1 / 2017</u> ☒ Spring ☐ Fall — Student Verification I attended this block of instruction and ☐ Do ☒ Do Not have questions regarding the material presented. (List any questions): _____ _____ <u>[Signature]</u> Officer's Signature
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***** **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 Colosore	<u>[Signature]</u>		5-1-2017	DV PD <u>UF</u>
Chief Wiley		SPD	5-1-2017	DV <u>PD</u> UF
BDCLL		Ross other	5-1-2017	DV <u>PD</u> UF
JOE COV JCB		FBI	5-1-2017	no stats

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

MATS Attendance Form

Date of Birth: 1/14/85

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

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

Agency: Independence Address: 2863 Rt. 46 Great Meadows NJ 07833

MANDATORY AGENCY TRAINING SERIES

☒ USE OF FORCE INSTRUCTOR: <u>Dr. Celeste</u> DATE: <u>5/18/12</u> ☒ Spring ☐ Fall — Student Verification — I attended this block of instruction and ☐ Do ☒ Do Not have questions regarding the material presented. (List any questions): _____ _____ _____ <u>LV</u> Officer's Signature	☒ PURSUIT DRIVING INSTRUCTOR: <u>Riley</u> DATE: <u>5/18/12</u> ☒ Spring ☐ Fall — Student Verification — I attended this block of instruction and ☐ Do ☒ Do Not have questions regarding the material presented. (List any questions): _____ _____ _____ <u>LV</u> Officer's Signature	☒ DOMESTIC VIOLENCE INSTRUCTOR: <u>Odell</u> DATE: <u>5/18/12</u> ☒ Spring ☐ Fall — Student Verification — I attended this block of instruction and ☐ Do ☒ Do Not have questions regarding the material presented. (List any questions): _____ _____ _____ <u>LV</u> Officer's Signature	☒ <u>Bias</u> INSTRUCTOR(S): <u>Young</u> DATE: <u>5/18/12</u> ☒ Spring ☐ Fall — Student Verification — I attended this block of instruction and ☐ Do ☒ Do Not have questions regarding the material presented. (List any questions): _____ _____ _____ <u>LV</u> Officer's Signature
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***** **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: Somosiji
 County: Warren Fax #: _____ Phone #: 637 5862
 Agency: Independence Address: 286 Rt 46

MANDATORY AGENCY TRAINING SERIES

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

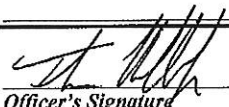
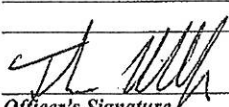
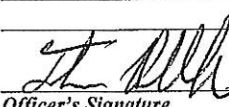
INSTRUCTOR'S NAME (print)	INSTRUCTOR'S SIGNATURE	INSTRUCTOR'S AGENCY	DATE	TOPIC (circle)
Dr Celeste	<u>SCPA</u>	<u>WCPD</u>	<u>5-5-17</u>	DV PD <u>UF</u>
Young	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>DV</u> PD UF
Young	<u>✓</u>	<u>✓</u>	<u>✓</u>	DV <u>PD</u> UF
Young	<u>✓</u>	<u>✓</u>	<u>✓</u>	Bias

**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

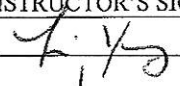
☐ USE OF FORCE INSTRUCTOR: <u>Dr. Celeste</u> DATE: <u>05 / 02 / 2017</u> ☒ Spring ☐ Fall — Student Verification — I attended this block of instruction and ☒ Do ☒ Do Not have questions regarding the material presented. (List any questions): _____ _____  Officer's Signature	☐ PURSUIT DRIVING INSTRUCTOR: <u>Tim Young</u> DATE: <u>5 / 2 / 2017</u> ☒ Spring ☐ Fall — Student Verification — I attended this block of instruction and ☐ Do ☒ Do Not have questions regarding the material presented. (List any questions): _____ _____  Officer's Signature	☐ DOMESTIC VIOLENCE INSTRUCTOR: <u>Tim Young</u> DATE: <u>5 / 2 / 2017</u> ☒ Spring ☐ Fall — Student Verification — I attended this block of instruction and ☐ Do ☒ Do Not have questions regarding the material presented. (List any questions): _____ _____  Officer's Signature	☐ BIAS INSTRUCTOR (S): <u>Tim Young</u> DATE: <u>5 / 2 / 2017</u> ☒ Spring ☐ Fall — Student Verification — I attended this block of instruction and ☐ Do ☒ Do Not have questions regarding the material presented. (List any questions): _____ _____  Officer's Signature
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***** **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 <u>UF</u>
Tim Young		WCPD	5/2/17	DV <u>PD</u> UF
Tim Young			5/2/17	<u>DV</u> PD UF
Tim Young			5/2/17	Bias