

## Section IV.14B

## PROFESSIONAL STANDARDS SUMMARY REPORT FORMS

Agency: Independence Township PoliceCounty: WarrenReporting Year: 2016

TABLE 1 -- COMPLAINTS FILED

| Type of Complaint        | Anonymous Complaints | Citizen Complaints | Agency Complaints | Total Complaints |
|--------------------------|----------------------|--------------------|-------------------|------------------|
| Excessive Force          |                      |                    | →                 | 0                |
| Improper Arrest          |                      |                    | →                 | 0                |
| Improper Entry           |                      |                    | →                 | 0                |
| Improper Search          |                      |                    | →                 | 0                |
| Other Criminal Violation |                      |                    | →                 | 0                |
| Differential Treatment   |                      |                    | →                 | 0                |
| Demeanor                 | 0                    | 2                  | 0                 | 2                |
| Domestic Violence        |                      |                    | →                 | 0                |
| Other Rule Violation     | 0                    | 0                  | 1                 | 1                |
| TOTAL                    | 0                    | 2                  | 1                 | 3                |

# PROFESSIONAL STANDARDS SUMMARY REPORT FORMS

Agency: Independence Township Police

County: Warren

Reporting Year: 2016

TABLE 2 -- AGENCY DISPOSITIONS

|                          | Sustained | Exonerated | Not Sustained | Unfounded | Administratively<br>Closed | Total<br>Dispositions |
|--------------------------|-----------|------------|---------------|-----------|----------------------------|-----------------------|
| Excessive Force          |           |            |               |           |                            |                       |
| Improper Arrest          |           |            |               |           |                            |                       |
| Improper Entry           |           |            |               |           |                            |                       |
| Improper Search          |           |            |               |           |                            |                       |
| Other Criminal Violation |           |            |               |           |                            |                       |
| Differential Treatment   |           |            |               |           |                            |                       |
| Demeanor                 |           |            |               | 2         | 2                          | 2                     |
| Domestic Violence        |           |            |               |           |                            |                       |
| Other Rule Violation     | 1         |            |               |           | 1                          | 1                     |
| TOTAL                    | 1         | 0          | 0             | 2         | 3                          | 3                     |

PROFESSIONAL STANDARDS SUMMARY REPORT FORMS

Agency: \_\_\_\_\_

County: \_\_\_\_\_

Reporting Year: \_\_\_\_\_

TABLE 3 -- COURT DISPOSITIONS

| Court           | Cases<br>Dismissed | Cases<br>Diverted | Acquittals | Convictions |
|-----------------|--------------------|-------------------|------------|-------------|
| Municipal Court |                    |                   |            |             |
| Superior Court  |                    |                   |            |             |
| TOTAL           |                    |                   |            |             |

Revised 2011

## Section IV.14B

## PROFESSIONAL STANDARDS SUMMARY REPORT FORMS

Agency: Independence TownshipCounty: WarrenReporting Year: 2015

TABLE 1 -- COMPLAINTS FILED

| Type of Complaint        | Anonymous Complaints | Citizen Complaints | Agency Complaints | Total Complaints |
|--------------------------|----------------------|--------------------|-------------------|------------------|
| Excessive Force          |                      |                    |                   | 0                |
| Improper Arrest          |                      |                    |                   | 0                |
| Improper Entry           |                      |                    |                   | 0                |
| Improper Search          |                      |                    |                   | 0                |
| Other Criminal Violation |                      |                    |                   | 0                |
| Differential Treatment   |                      |                    |                   | 0                |
| Demeanor                 | 0                    | 4                  | 0                 | 4                |
| Domestic Violence        |                      |                    |                   | 0                |
| Other Rule Violation     | 0                    | 0                  | 1                 | 1                |
| TOTAL                    | 0                    | 4                  | 1                 | 5                |



PROFESSIONAL STANDARDS SUMMARY REPORT FORMS

Agency: Independence Twp. Police

County: Warren

Reporting Year: 2015

TABLE 2 -- AGENCY DISPOSITIONS

|                          | Sustained | Exonerated | Not Sustained | Unfounded | Administratively<br>Closed | Total<br>Dispositions |
|--------------------------|-----------|------------|---------------|-----------|----------------------------|-----------------------|
| Excessive Force          |           |            |               |           |                            |                       |
| Improper Arrest          |           |            |               |           |                            |                       |
| Improper Entry           |           |            |               |           |                            |                       |
| Improper Search          |           |            |               |           |                            |                       |
| Other Criminal Violation |           |            |               |           |                            |                       |
| Differential Treatment   |           |            |               |           |                            |                       |
| Demeanor                 | 0         | 0          | 4             | 0         | 0                          | 4                     |
| Domestic Violence        |           |            |               |           |                            |                       |
| Other Rule Violation     | 0         | 0          | 1             | 0         | 0                          | 1                     |
| TOTAL                    | 0         | 0          | 5             | 0         | 0                          | 5                     |

PROFESSIONAL STANDARDS SUMMARY REPORT FORMS

Agency: Independence Twp. Police  
 Reporting Year: 2015

County: Warren

TABLE 3 -- COURT DISPOSITIONS

| Court           | Cases<br>Dismissed | Cases<br>Diverted | Acquittals | Convictions |
|-----------------|--------------------|-------------------|------------|-------------|
| Municipal Court |                    |                   |            |             |
| Superior Court  |                    |                   |            |             |
| TOTAL           |                    |                   |            |             |

Section IV.14B

PROFESSIONAL STANDARDS SUMMARY REPORT FORMS

Agency: Independence Twp. Police

County: Warren

Reporting Year: 2014

TABLE 1 -- COMPLAINTS FILED

| Type of Complaint        | Anonymous Complaints | Citizen Complaints | Agency Complaints | Total Complaints |
|--------------------------|----------------------|--------------------|-------------------|------------------|
| Excessive Force          | 0                    | 0                  | 0                 | 0                |
| Improper Arrest          | 0                    | 0                  | 0                 | 0                |
| Improper Entry           | 0                    | 0                  | 0                 | 0                |
| Improper Search          | 0                    | 0                  | 0                 | 0                |
| Other Criminal Violation | 0                    | 0                  | 0                 | 0                |
| Differential Treatment   | 0                    | 0                  | 0                 | 0                |
| Demeanor                 | 0                    | 1                  | 0                 | 1                |
| Domestic Violence        | 0                    | 0                  | 0                 | 0                |
| Other Rule Violation     | 0                    | 0                  | 5                 | 5                |
| TOTAL                    | 0                    | 1                  | 5                 | 6                |

# PROFESSIONAL STANDARDS SUMMARY REPORT FORMS

Agency: Independence Township

County: Warren

Reporting Year: 2014

TABLE 2 -- AGENCY DISPOSITIONS

|                          | Sustained | Exonerated | Not Sustained | Unfounded | Administratively<br>Closed | Total<br>Dispositions |
|--------------------------|-----------|------------|---------------|-----------|----------------------------|-----------------------|
| Excessive Force          | 0         | 0          | 0             | 0         | 0                          | 0                     |
| Improper Arrest          | 0         | 0          | 0             | 0         | 0                          | 0                     |
| Improper Entry           | 0         | 0          | 0             | 0         | 0                          | 0                     |
| Improper Search          | 0         | 0          | 0             | 0         | 0                          | 0                     |
| Other Criminal Violation | 0         | 0          | 0             | 0         | 0                          | 0                     |
| Differential Treatment   | 0         | 0          | 0             | 0         | 0                          | 0                     |
| Demeanor                 | 0         | 0          | 0             | 1         | 1                          | 1                     |
| Domestic Violence        | 0         | 0          | 0             | 0         | 0                          | 0                     |
| Other Rule Violation     | 2         | 0          | 0             | 0         | 0                          | 2                     |
| TOTAL                    | 2         | 0          | 0             | 1         | 1                          | 3                     |

\* There are three (3) other Rule Violations that are still Pending. They cannot be categorized at this time.

Revised 2011

PROFESSIONAL STANDARDS SUMMARY REPORT FORMS

Agency: Independence Township

County: WARREN

Reporting Year: 2014

TABLE 3 -- COURT DISPOSITIONS

| Court           | Cases<br>Dismissed | Cases<br>Diverted | Acquittals | Convictions |
|-----------------|--------------------|-------------------|------------|-------------|
| Municipal Court | 0                  | 0                 | 0          | 0           |
| Superior Court  | 0                  | 0                 | 0          | 0           |
| TOTAL           | 0                  | 0                 | 0          | 0           |

# INDEPENDENCE TOWNSHIP POLICE DEPARTMENT

## USE OF FORCE REPORT

### A. Incident Information

|                                                                                                                                                                                                                                                                                                                                                                 |               |                    |                                                   |                                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|--------------------|---------------------------------------------------|--------------------------------|
| Date<br>06/29/2016 05:56                                                                                                                                                                                                                                                                                                                                        | Time<br>05:56 | Day of Week<br>WED | Location<br>24 ISLAND RD, GREAT MEADOWS, NJ 07838 | INCIDENT NUMBER<br>2016-000816 |
| Type of Incident<br><input type="checkbox"/> Crime In Progress <input type="checkbox"/> Domestic <input checked="" type="checkbox"/> Mental Health <input type="checkbox"/> Suspicious Person <input type="checkbox"/> Traffic Stop <input type="checkbox"/> Vehicle Pursuit<br><input type="checkbox"/> Other Dispute <input type="checkbox"/> Other (specify) |               |                    |                                                   |                                |

### B. Officer Information

|                                              |                 |                       |                |                |               |              |
|----------------------------------------------|-----------------|-----------------------|----------------|----------------|---------------|--------------|
| Name (Last, First, Middle)<br>STOCKER, SCOTT | Badge #<br>03   | Sex<br>M              | Race<br>CAU    | Age<br>41      | Injured<br>NO | Killed<br>NO |
| Rank<br>PTL.                                 | Duty Assignment | Years of Service<br>3 | On-Duty<br>YES | Uniform<br>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)<br>DEMARKY KATHY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Sex<br>UNKNOWN | Race<br>UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                                    | Ethnicity<br>UNKNOWN | Age<br>54                                                                                                                                                                                       | Weapon<br>NO | Injured<br>NO | Killed<br>NO |
| <input type="checkbox"/> Under the Influence<br><input checked="" type="checkbox"/> Other Unusual Condition (specify) <b>PSYCHE EMERGENCY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                | Arrested                                                                                                                                                                                                                                                                                                                                                                                                                                           |                      | # of Charges                                                                                                                                                                                    |              |               |              |
| Subject's Actions (check all that apply)<br><input checked="" type="checkbox"/> Resisted police officer control<br><input type="checkbox"/> Physical threat/attack on officer or another<br><input type="checkbox"/> Threatened/attacked officer or another with blunt object<br><input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object<br><input type="checkbox"/> Threatened/attacked officer or another with motor vehicle<br><input type="checkbox"/> Threatened officer or another with firearm<br><input type="checkbox"/> Fired at officer or another<br><input type="checkbox"/> Other (specify) |                | Officer's use of force toward this subject (check all that apply)<br><input checked="" type="checkbox"/> Compliance hold<br><input type="checkbox"/> Hands/fists<br><input type="checkbox"/> Kicks/feet<br><input type="checkbox"/> Chemical/natural agent<br><input type="checkbox"/> Strike/use baton or other object<br><input type="checkbox"/> Canine<br><input type="checkbox"/> Pointed Firearm<br><input type="checkbox"/> Other (specify) |                      | (check all that apply)<br><input type="checkbox"/> Firearms Discharge<br><input type="checkbox"/> Intentional<br><input type="checkbox"/> Accidental<br>Number of Shots Fired<br>Number of Hits |              |               |              |

### C2. Subject 2

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |     |                                                                                                                                                                                                                                                                                                                                                                                                                                         |           |                                                                                                                                                                                                 |        |         |        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|---------|--------|
| Name (Last, First, Middle)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Sex | Race                                                                                                                                                                                                                                                                                                                                                                                                                                    | Ethnicity | Age                                                                                                                                                                                             | Weapon | Injured | Killed |
| <input type="checkbox"/> Under the Influence<br><input type="checkbox"/> Other Unusual Condition (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |     | Arrested                                                                                                                                                                                                                                                                                                                                                                                                                                |           | # of Charges                                                                                                                                                                                    |        |         |        |
| Subject's Actions (check all that apply)<br><input type="checkbox"/> Resisted police officer control<br><input type="checkbox"/> Physical threat/attack on officer or another<br><input type="checkbox"/> Threatened/attacked officer or another with blunt object<br><input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object<br><input type="checkbox"/> Threatened/attacked officer or another with motor vehicle<br><input type="checkbox"/> Threatened officer or another with firearm<br><input type="checkbox"/> Fired at officer or another<br><input type="checkbox"/> Other (specify) |     | Officer's use of force toward this subject (check all that apply)<br><input type="checkbox"/> Compliance hold<br><input type="checkbox"/> Hands/fists<br><input type="checkbox"/> Kicks/feet<br><input type="checkbox"/> Chemical/natural agent<br><input type="checkbox"/> Strike/use baton or other object<br><input type="checkbox"/> Canine<br><input type="checkbox"/> Pointed Firearm<br><input type="checkbox"/> Other (specify) |           | (check all that apply)<br><input type="checkbox"/> Firearms Discharge<br><input type="checkbox"/> Intentional<br><input type="checkbox"/> Accidental<br>Number of Shots Fired<br>Number of Hits |        |         |        |

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

|                                                                                                  |                      |                           |                                                                                                                           |
|--------------------------------------------------------------------------------------------------|----------------------|---------------------------|---------------------------------------------------------------------------------------------------------------------------|
| Print Rank/OFC Name<br>PTL. SCOTT STOCKER                                                        | Badge No.<br>03      | Report Date<br>07/20/2016 | Reviewed By:<br>CHF DENNIS RILEY<br> |
| Signature<br> | Supervisor Signature |                           |                                                                                                                           |

7/2010

ADULT

Case No. 2016-000816

# INDEPENDENCE TOWNSHIP POLICE DEPARTMENT

## USE OF FORCE REPORT

### A. Incident Information

|                                                                                                                                                                                                                                                                                                                                                                        |               |                    |                                                   |                                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|--------------------|---------------------------------------------------|--------------------------------|
| Date<br>06/23/2016 22:25                                                                                                                                                                                                                                                                                                                                               | Time<br>22:25 | Day of Week<br>THU | Location<br>301 MERCER CT, HACKETTSTOWN, NJ 07840 | INCIDENT NUMBER<br>2016-000805 |
| <b>Type of Incident</b><br><input type="checkbox"/> Crime in Progress <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Mental Health <input type="checkbox"/> Suspicious Person <input type="checkbox"/> Traffic Stop <input type="checkbox"/> Vehicle Pursuit<br><input type="checkbox"/> Other Dispute <input type="checkbox"/> Other (specify) |               |                    |                                                   |                                |

### B. Officer Information

|                                                  |                           |                       |                   |                |               |              |
|--------------------------------------------------|---------------------------|-----------------------|-------------------|----------------|---------------|--------------|
| Name (Last, First, Middle)<br>PRELL, CHIRSTOPHER | Badge #<br>02             | Sex<br>M              | Race<br>CAUCASIAN | Age<br>33      | Injured<br>NO | Killed<br>NO |
| Rank<br>PTL.                                     | Duty Assignment<br>PATROL | Years of Service<br>9 | On-Duty<br>YES    | Uniform<br>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)<br>MCELWAINE BRIAN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Sex<br>MALE | Race            | Ethnicity | Age<br>29                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Weapon<br>NO | Injured<br>YES | Killed<br>NO |
| <input checked="" type="checkbox"/> Under the Influence<br><input type="checkbox"/> Other Unusual Condition (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |             | Arrested<br>YES |           | # of Charges<br>1                                                                                                                                                                                                                                                                                                                                                                                                                                                    |              |                |              |
| <b>Subject's Actions</b> (check all that apply)<br><input checked="" type="checkbox"/> Resisted police officer control<br><input type="checkbox"/> Physical threat/attack on officer or another<br><input type="checkbox"/> Threatened/attacked officer or another with blunt object<br><input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object<br><input type="checkbox"/> Threatened/attacked officer or another with motor vehicle<br><input type="checkbox"/> Threatened officer or another with firearm<br><input type="checkbox"/> Fired at officer or another<br><input type="checkbox"/> Other (specify) |             |                 |           | <b>Officer's use of force toward this subject</b> (check all that apply)<br><input checked="" type="checkbox"/> Compliance hold<br><input checked="" type="checkbox"/> Hands/fists<br><input type="checkbox"/> Kicks/feet<br><input type="checkbox"/> Chemical/natural agent<br><input type="checkbox"/> Strike/use baton or other object<br><input type="checkbox"/> Canine<br><input type="checkbox"/> Pointed Firearm<br><input type="checkbox"/> Other (specify) |              |                |              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |             |                 |           | <input type="checkbox"/> Firearms Discharge<br><input type="checkbox"/> Intentional<br><input type="checkbox"/> Accidental<br>Number of Shots Fired<br>Number of Hits                                                                                                                                                                                                                                                                                                |              |                |              |

### C2. Subject 2

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |     |          |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                |        |         |        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----------|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|---------|--------|
| Name (Last, First, Middle)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Sex | Race     | Ethnicity | Age                                                                                                                                                                                                                                                                                                                                                                                                                                            | Weapon | Injured | Killed |
| <input type="checkbox"/> Under the Influence<br><input type="checkbox"/> Other Unusual Condition (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |     | Arrested |           | # of Charges                                                                                                                                                                                                                                                                                                                                                                                                                                   |        |         |        |
| <b>Subject's Actions</b> (check all that apply)<br><input type="checkbox"/> Resisted police officer control<br><input type="checkbox"/> Physical threat/attack on officer or another<br><input type="checkbox"/> Threatened/attacked officer or another with blunt object<br><input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object<br><input type="checkbox"/> Threatened/attacked officer or another with motor vehicle<br><input type="checkbox"/> Threatened officer or another with firearm<br><input type="checkbox"/> Fired at officer or another<br><input type="checkbox"/> Other (specify) |     |          |           | <b>Officer's use of force toward this subject</b> (check all that apply)<br><input type="checkbox"/> Compliance hold<br><input type="checkbox"/> Hands/fists<br><input type="checkbox"/> Kicks/feet<br><input type="checkbox"/> Chemical/natural agent<br><input type="checkbox"/> Strike/use baton or other object<br><input type="checkbox"/> Canine<br><input type="checkbox"/> Pointed Firearm<br><input type="checkbox"/> Other (specify) |        |         |        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |     |          |           | <input type="checkbox"/> Firearms Discharge<br><input type="checkbox"/> Intentional<br><input type="checkbox"/> Accidental<br>Number of Shots Fired<br>Number of Hits                                                                                                                                                                                                                                                                          |        |         |        |

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

|                                                   |                 |                           |                                      |
|---------------------------------------------------|-----------------|---------------------------|--------------------------------------|
| Print Rank/OFC Name<br>PTL. CHIRSTOPHER PRELL<br> | Badge No.<br>02 | Report Date<br>06/28/2016 | Reviewed By:<br>SGT KEITH AIELLO<br> |
| Signature                                         |                 |                           | Supervisor Signature                 |

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

**A. Incident Information**

|                                                                                                                                                                                                                                                                                 |      |                       |                                                      |                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-----------------------|------------------------------------------------------|--------------------------------|
| Date<br>10/05/2015 15:41                                                                                                                                                                                                                                                        | Time | Day of Week<br>MONDAY | Location<br>48 PETERSBURG RD, HACKETTSTOWN, NJ 07840 | INCIDENT NUMBER<br>2015-001002 |
| Type of Incident<br><input type="checkbox"/> Crime in Progress <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Other Dispute <input type="checkbox"/> Suspicious Person <input type="checkbox"/> Traffic Stop<br><input type="checkbox"/> Other (specify) |      |                       |                                                      |                                |

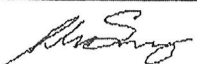
**B. Officer Information**

|                                               |                           |                       |                |                |                |        |
|-----------------------------------------------|---------------------------|-----------------------|----------------|----------------|----------------|--------|
| Name (Last, First, Middle)<br>SOMOGYI, JULIUS | Badge #<br>06             | Sex<br>MALE           | Race<br>WHITE  | Age<br>35      | Injured<br>YES | Killed |
| Rank<br>PTL                                   | Duty Assignment<br>PATROL | Years of Service<br>3 | On-Duty<br>YES | Uniform<br>YES |                |        |

**C1. Subject 1** (LIST ONLY THE PERSON WHO WAS THE SUBJECT OF THE USE OF FORCE BY THE OFFICER LISTED IN B)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                     |              |               |              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------|---------------|--------------|
| Name (Last, First, Middle)<br>COLE RAYMOND                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Sex<br>MALE | Race<br>WHITE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Age<br>21           | Weapon<br>NO | Injured<br>NO | Killed<br>NO |
| <input checked="" type="checkbox"/> Under the Influence<br><input type="checkbox"/> Other Unusual Condition (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |             | Arrested<br>YES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Charges<br>2C:12-13 |              |               |              |
| <b>Subject's Actions</b> (check all that apply)<br><input checked="" type="checkbox"/> Resisted police officer control<br><input checked="" type="checkbox"/> Physical threat/attack on officer or another<br><input type="checkbox"/> Threatened/attacked officer or another with blunt object<br><input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object<br><input type="checkbox"/> Threatened/attacked officer or another with motor vehicle<br><input type="checkbox"/> Threatened officer or another with firearm<br><input type="checkbox"/> Fired at officer or another<br><input checked="" type="checkbox"/> Other (specify) BODILY FLUID |             | <b>Officer's use of force toward this subject</b> (check all that apply)<br><input checked="" type="checkbox"/> Compliance hold <input type="checkbox"/> Firearms Discharge<br><input type="checkbox"/> Hands/fists <input type="checkbox"/> Intentional<br><input type="checkbox"/> Kicks/feet <input type="checkbox"/> Accidental<br><input type="checkbox"/> Chemical/natural agent     Number of Shots Fired<br><input type="checkbox"/> Strike/use baton or other object     Number of Hits<br><input type="checkbox"/> Canine<br><input type="checkbox"/> Other (specify) |                     |              |               |              |

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

|                                                                                                   |                                                                                                                  |
|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|
| Signature:<br> | Date:<br>10/06/2015                                                                                              |
| Print Supervisor Name:<br>CHF DENNIS RILEY                                                        | Supervisor's Signature:<br> |

7/2010

JUVENILE

Case No. 2015-001002



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

**A. Incident Information**

|                                                                                                                                                                                                                                                                                            |               |                       |                                                      |                                |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-----------------------|------------------------------------------------------|--------------------------------|
| Date<br>10/05/2015 15:41                                                                                                                                                                                                                                                                   | Time<br>15:41 | Day of Week<br>MONDAY | Location<br>48 PETERSBURG RD, HACKETTSTOWN, NJ 07840 | INCIDENT NUMBER<br>2015-001002 |
| Type of Incident<br><input checked="" type="checkbox"/> Crime in Progress <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Other Dispute <input type="checkbox"/> Suspicious Person <input type="checkbox"/> Traffic Stop<br><input type="checkbox"/> Other (specify) |               |                       |                                                      |                                |

ADULT

**B. Officer Information**

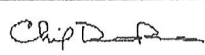
|                                                  |                           |                       |                |                |               |              |
|--------------------------------------------------|---------------------------|-----------------------|----------------|----------------|---------------|--------------|
| Name (Last, First, Middle)<br>PRELL, CHIRSTOPHER | Badge #<br>02             | Sex<br>M              | Race<br>W      | Age<br>32      | Injured<br>NO | Killed<br>NO |
| Rank<br>PTL.                                     | Duty Assignment<br>PATROL | Years of Service<br>9 | On-Duty<br>YES | Uniform<br>YES |               |              |

**C1. Subject 1** (LIST ONLY THE PERSON WHO WAS THE SUBJECT OF THE USE OF FORCE BY THE OFFICER LISTED IN B)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                |              |               |              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|--------------|---------------|--------------|
| Name (Last, First, Middle)<br>COLE RAYMOND                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Sex<br>MALE | Race<br>WHITE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Age<br>21      | Weapon<br>NO | Injured<br>NO | Killed<br>NO |
| <input checked="" type="checkbox"/> Under the Influence<br><input type="checkbox"/> Other Unusual Condition (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |             | Arrested<br>YES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Charges<br>YES |              |               |              |
| <b>Subject's Actions</b> (check all that apply)<br><input checked="" type="checkbox"/> Resisted police officer control<br><input checked="" type="checkbox"/> Physical threat/attack on officer or another<br><input type="checkbox"/> Threatened/attacked officer or another with blunt object<br><input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object<br><input type="checkbox"/> Threatened/attacked officer or another with motor vehicle<br><input type="checkbox"/> Threatened officer or another with firearm<br><input type="checkbox"/> Fired at officer or another<br><input type="checkbox"/> Other (specify) |             | <b>Officer's use of force toward this subject</b> (check all that apply)<br><input checked="" type="checkbox"/> Compliance hold <input type="checkbox"/> Firearms Discharge<br><input type="checkbox"/> Hands/fists <input type="checkbox"/> Intentional<br><input type="checkbox"/> Kicks/feet <input type="checkbox"/> Accidental<br><input type="checkbox"/> Chemical/natural agent      Number of Shots Fired<br><input type="checkbox"/> Strike/use baton or other object      Number of Hits<br><input type="checkbox"/> Canine<br><input type="checkbox"/> Other (specify) |                |              |               |              |

Case No. 2015-001002

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

|                                                                                                |                                                                                                             |
|------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|
| Signature:  | Date: 10/06/2015                                                                                            |
| Print Supervisor Name: CHF DENNIS RILEY                                                        | Supervisor Signature:  |

7/2010

# USE OF FORCE REPORT

# INDEPENDENCE TOWNSHIP POLICE DEPARTMENT

## USE OF FORCE REPORT

### A. Incident Information

|                                                                                                                                                                                                                                                                   |                     |                           |                                   |                                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|---------------------------|-----------------------------------|-------------------------------------|
| Date<br><u>3/18/15</u>                                                                                                                                                                                                                                            | Time<br><u>1830</u> | Day of Week<br><u>WED</u> | Location<br><u>41 ALPHAWO RD.</u> | INCIDENT NUMBER<br><u>73-15-181</u> |
| Type of Incident                                                                                                                                                                                                                                                  |                     |                           |                                   |                                     |
| <input type="checkbox"/> Crime in progress <input type="checkbox"/> Domestic <input checked="" type="checkbox"/> Other dispute <input type="checkbox"/> Suspicious person <input type="checkbox"/> Traffic stop<br><input type="checkbox"/> Other (specify) _____ |                     |                           |                                   |                                     |

### B. Officer Information

|                                                           |                                  |                               |                         |                         |                         |                        |
|-----------------------------------------------------------|----------------------------------|-------------------------------|-------------------------|-------------------------|-------------------------|------------------------|
| Name (Last, First, Middle)<br><u>PRELL, CHRISTOPHER M</u> | Badge #<br><u>2</u>              | Sex<br><u>M</u>               | Race<br><u>WHT</u>      | Age<br><u>32</u>        | Injured<br><u>Y (N)</u> | Killed<br><u>Y (N)</u> |
| Rank<br><u>Pt.</u>                                        | Duty assignment<br><u>PATROL</u> | Years of service<br><u>13</u> | On-Duty<br><u>(Y) N</u> | Uniform<br><u>(Y) N</u> |                         |                        |

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                 |                          |                                                      |                                                                                                                                                                                                                                                                                                                                          |                         |                        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|--------------------------|------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|------------------------|
| Name (Last, First, Middle)<br><u>NEUZYTEK, NAOME J</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Sex<br><u>F</u> | Race<br><u>WHT</u>       | Age<br><u>52</u>                                     | Weapon<br><u>Y (N)</u>                                                                                                                                                                                                                                                                                                                   | Injured<br><u>Y (N)</u> | Killed<br><u>Y (N)</u> |
| <input checked="" type="checkbox"/> Under the influence<br><input type="checkbox"/> Other unusual condition (specify) _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                 | Arrested<br><u>(Y) N</u> | Charges<br><u>2C-33-2A(2), 2C-27-1b, 2C-27-2A(1)</u> |                                                                                                                                                                                                                                                                                                                                          |                         |                        |
| Subject's actions (check all that apply)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                 |                          |                                                      | Officer's use of force toward this subject (check all that apply)                                                                                                                                                                                                                                                                        |                         |                        |
| <input checked="" type="checkbox"/> Resisted police officer control<br><input type="checkbox"/> Physical threat/attack on officer or another<br><input type="checkbox"/> Threatened/attacked officer or another with blunt object<br><input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object<br><input type="checkbox"/> Threatened/attacked officer or another with motor vehicle<br><input type="checkbox"/> Threatened officer or another with firearm<br><input type="checkbox"/> Fired at officer or another<br><input type="checkbox"/> Other (specify) _____ |                 |                          |                                                      | <input checked="" type="checkbox"/> Compliance hold<br><input type="checkbox"/> Hands/wrists<br><input type="checkbox"/> Kicks/feet<br><input type="checkbox"/> Chemical/natural agent<br><input type="checkbox"/> Strike/use baton or other object<br><input type="checkbox"/> Canine<br><input type="checkbox"/> Other (specify) _____ |                         |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                 |                          |                                                      | Firearms Discharge<br><input type="checkbox"/> Intentional<br><input type="checkbox"/> Accidental<br>Number of Shots Fired _____<br>Number of Hits _____<br>[Use 'UNK' if unknown]                                                                                                                                                       |                         |                        |

### C2. Subject 2 (List only the person who was the subject of the use of force by the officer listed in Section B )

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |     |                   |         |                                                                                                                                                                                                                                                                                                                               |                  |                 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-------------------|---------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------------|
| Name (Last, First, Middle)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Sex | Race              | Age     | Weapon<br>Y / N                                                                                                                                                                                                                                                                                                               | Injured<br>Y / N | Killed<br>Y / N |
| <input type="checkbox"/> Under the influence<br><input type="checkbox"/> Other unusual condition (specify) _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |     | Arrested<br>Y / N | Charges |                                                                                                                                                                                                                                                                                                                               |                  |                 |
| Subject's actions (check all that apply)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |     |                   |         | Officer's use of force toward this subject (check all that apply)                                                                                                                                                                                                                                                             |                  |                 |
| <input type="checkbox"/> Resisted police officer control<br><input type="checkbox"/> Physical threat/attack on officer or another<br><input type="checkbox"/> Threatened/attacked officer or another with blunt object<br><input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object<br><input type="checkbox"/> Threatened/attacked officer or another with motor vehicle<br><input type="checkbox"/> Threatened officer or another with firearm<br><input type="checkbox"/> Fired at officer or another<br><input type="checkbox"/> Other (specify) _____ |     |                   |         | <input type="checkbox"/> Compliance hold<br><input type="checkbox"/> Hands/wrists<br><input type="checkbox"/> Kicks/feet<br><input type="checkbox"/> Chemical/natural agent<br><input type="checkbox"/> Strike/use baton or other object<br><input type="checkbox"/> Canine<br><input type="checkbox"/> Other (specify) _____ |                  |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |     |                   |         | Firearms Discharge<br><input type="checkbox"/> Intentional<br><input type="checkbox"/> Accidental<br>Number of Shots Fired _____<br>Number of Hits _____<br>[Use 'UNK' if unknown]                                                                                                                                            |                  |                 |

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

|                                  |                         |
|----------------------------------|-------------------------|
| Signature:<br><u>[Signature]</u> | Date:<br><u>3/18/15</u> |
| Print Supervisor Name:           | Supervisor Signature:   |

# USE OF FORCE REPORT

|                                                                                                                                                                                                                                                                                        |      |                     |                                |                 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------------------|--------------------------------|-----------------|
| Date<br>3-5-15                                                                                                                                                                                                                                                                         | Time | Day of Week<br>Wed. | Location<br>301 Old Billby Rd. | INCIDENT NUMBER |
| <u>Type of Incident</u><br><input type="checkbox"/> Crime in progress <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Other dispute <input type="checkbox"/> Suspicious person <input type="checkbox"/> Traffic stop<br><input type="checkbox"/> Other (specify) |      |                     |                                |                 |

|                                             |                           |                        |          |                  |                  |                  |                 |
|---------------------------------------------|---------------------------|------------------------|----------|------------------|------------------|------------------|-----------------|
| Name (Last, First, Middle)<br>Aber David M. |                           | Badge #<br>Sgt.        | Sex<br>M | Race<br>Wht.     | Age<br>45        | Injured<br>Y (X) | Killed<br>Y (X) |
| Rank<br>Sgt.                                | Duty assignment<br>Patrol | Years of service<br>16 |          | On-Duty<br>Y (X) | Uniform<br>Y (X) |                  |                 |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                          |                    |                                                                                                                                                                                                                                                                                                                                                                                                                      |                        |                             |                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------|--------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|-----------------------------|------------------------|
| Name (Last, First, Middle)<br><b>Delarosa Michael</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | Sex<br><b>M</b>          | Race<br><b>Wht</b> | Age<br><b>39</b>                                                                                                                                                                                                                                                                                                                                                                                                     | Weapon<br><b>Y (K)</b> | Injured<br><b>Y (K)</b>     | Killed<br><b>Y (K)</b> |
| <input type="checkbox"/> Under the influence<br><input checked="" type="checkbox"/> Other unusual condition (specify) <b>psych.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | Arrested<br><b>Y (K)</b> |                    | Charges<br><b>None</b>                                                                                                                                                                                                                                                                                                                                                                                               |                        |                             |                        |
| <u>Subject's actions</u> (check all that apply)<br><input checked="" type="checkbox"/> Resisted police officer control<br><input type="checkbox"/> Physical threat/attack on officer or another<br><input type="checkbox"/> Threatened/attacked officer or another with blunt object<br><input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object<br><input type="checkbox"/> Threatened/attacked officer or another with motor vehicle<br><input type="checkbox"/> Threatened officer or another with firearm<br><input type="checkbox"/> Fired at officer or another<br><input type="checkbox"/> Other (specify) _____ |  |                          |                    | <u>Officer's use of force toward this subject</u> (check all that apply)<br><input checked="" type="checkbox"/> Compliance hold<br><input type="checkbox"/> Hands/wrists<br><input type="checkbox"/> Kicks/feet<br><input type="checkbox"/> Chemical/natural agent<br><input type="checkbox"/> Strike/use baton or other object<br><input type="checkbox"/> Canine<br><input type="checkbox"/> Other (specify) _____ |                        |                             |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                          |                    | Firearms Discharge                                                                                                                                                                                                                                                                                                                                                                                                   |                        | Number of Shots Fired _____ |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                          |                    | <input type="checkbox"/> Intentional<br><input type="checkbox"/> Accidental                                                                                                                                                                                                                                                                                                                                          |                        | Number of Hits _____        |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                          |                    | [Use UNK if unknown]                                                                                                                                                                                                                                                                                                                                                                                                 |                        |                             |                        |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                   |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                 |                  |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|------------------|-----------------|
| Name (Last, First, Middle)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Sex               | Race | Age                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Weapon<br>Y / N | Injured<br>Y / N | Killed<br>Y / N |
| <input type="checkbox"/> Under the influence<br><input type="checkbox"/> Other unusual condition (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Arrested<br>Y / N |      | Charges                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                 |                  |                 |
| <u>Subject's actions</u> (check all that apply)<br><input type="checkbox"/> Resisted police officer control<br><input type="checkbox"/> Physical threat/attack on officer or another<br><input type="checkbox"/> Threatened/attacked officer or another with blunt object<br><input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object<br><input type="checkbox"/> Threatened/attacked officer or another with motor vehicle<br><input type="checkbox"/> Threatened officer or another with firearm<br><input type="checkbox"/> Fired at officer or another<br><input type="checkbox"/> Other (specify) |                   |      | <u>Officer's use of force toward this subject</u> (check all that apply)<br><div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Compliance hold<br/> <input type="checkbox"/> Hands/wrists<br/> <input type="checkbox"/> Kicks/feet<br/> <input type="checkbox"/> Chemical/natural agent<br/> <input type="checkbox"/> Strike/use baton or other object<br/> <input type="checkbox"/> Canine<br/> <input type="checkbox"/> Other (specify)           </div> <div> <input type="checkbox"/> Firearms Discharge<br/> <input type="checkbox"/> Intentional<br/> <input type="checkbox"/> Accidental<br/> <br/>           Number of Shots Fired _____<br/>           Number of Hits _____<br/>           [Use 'UNK' if unknown]         </div> </div> |                 |                  |                 |

|                                                                                                |                             |
|------------------------------------------------------------------------------------------------|-----------------------------|
| Signature:  | Date: 3-5-15                |
| Print Supervisor Name: _____                                                                   | Supervisor Signature: _____ |

# USE OF FORCE REPORT

|                                                                                                                                                                                                                                                                                        |              |                       |                                   |                               |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-----------------------|-----------------------------------|-------------------------------|
| Date<br>2/7/14                                                                                                                                                                                                                                                                         | Time<br>1756 | Day of Week<br>Friday | Location<br>Main ST, Hackettstown | INCIDENT NUMBER<br>73-14-0115 |
| <u>Type of Incident</u><br><input type="checkbox"/> Crime in progress <input type="checkbox"/> Domestic <input type="checkbox"/> Other dispute <input type="checkbox"/> Suspicious person <input checked="" type="checkbox"/> Traffic stop<br><input type="checkbox"/> Other (specify) |              |                       |                                   |                               |

|                                              |                           |                       |          |                  |           |                  |                 |
|----------------------------------------------|---------------------------|-----------------------|----------|------------------|-----------|------------------|-----------------|
| Name (Last, First, Middle)<br>MARINO, John J |                           | Badge #<br>5          | Sex<br>M | Race<br>WNT      | Age<br>28 | Injured<br>Y (N) | Killed<br>Y (N) |
| Rank<br>DET                                  | Duty assignment<br>Patrol | Years of service<br>8 |          | On-Duty<br>(Y) N |           | Uniform<br>(Y) N |                 |

7/2001

COPY

## USE OF FORCE REPORT

|                                                                                                                                                                                                                                                                                        |              |                       |                                    |                               |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-----------------------|------------------------------------|-------------------------------|
| Date<br>2/8/14                                                                                                                                                                                                                                                                         | Time<br>1805 | Day of Week<br>FRIDAY | Location<br>MAIN ST. HAZLETON TOWN | INCIDENT NUMBER<br>73-14-0115 |
| <u>Type of Incident</u><br><input type="checkbox"/> Crime in progress <input type="checkbox"/> Domestic <input type="checkbox"/> Other dispute <input type="checkbox"/> Suspicious person <input checked="" type="checkbox"/> Traffic stop<br><input type="checkbox"/> Other (specify) |              |                       |                                    |                               |

|                                                     |                           |                       |                                                                       |           |                                                                       |                                                 |                                                |
|-----------------------------------------------------|---------------------------|-----------------------|-----------------------------------------------------------------------|-----------|-----------------------------------------------------------------------|-------------------------------------------------|------------------------------------------------|
| Name (Last, First, Middle)<br>PRELL, CHRISTOPHER, M |                           | Badge #<br>4          | Sex<br>M                                                              | Race<br>W | Age<br>31                                                             | Injured<br>Y <input checked="" type="radio"/> N | Killed<br>Y <input checked="" type="radio"/> N |
| Rank<br>DET.                                        | Duty assignment<br>PATROL | Years of service<br>2 | On-Duty<br><input checked="" type="radio"/> Y <input type="radio"/> N |           | Uniform<br><input checked="" type="radio"/> Y <input type="radio"/> N |                                                 |                                                |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                          |                  |                                                                                                                                                                                                                                                                                                                                                                                                                          |                        |                         |                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------|------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|-------------------------|------------------------|
| Name (Last, First, Middle)<br><u>BROZMAN, DAVID, M</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | Sex<br><u>M</u>          | Race<br><u>W</u> | Age<br><u>43</u>                                                                                                                                                                                                                                                                                                                                                                                                         | Weapon<br><u>Y (N)</u> | Injured<br><u>Y (N)</u> | Killed<br><u>Y (N)</u> |
| <input checked="" type="checkbox"/> Under the influence<br><input type="checkbox"/> Other unusual condition (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | Arrested<br><u>Y (N)</u> |                  | Charges- <u>DUI, REISSING ARREST, AGG. ASSAULT ON POLICE</u>                                                                                                                                                                                                                                                                                                                                                             |                        |                         |                        |
| <u>Subject's actions</u> (check all that apply)<br><input checked="" type="checkbox"/> Resisted police officer control<br><input type="checkbox"/> Physical threat/attack on officer or another<br><input type="checkbox"/> Threatened/attacked officer or another with blunt object<br><input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object<br><input type="checkbox"/> Threatened/attacked officer or another with motor vehicle<br><input type="checkbox"/> Threatened officer or another with firearm<br><input type="checkbox"/> Fired at officer or another<br><input type="checkbox"/> Other (specify) |  |                          |                  | <u>Officer's use of force toward this subject</u> (check all that apply)<br><input checked="" type="checkbox"/> Compliance hold<br><input checked="" type="checkbox"/> Hands/fists<br><input type="checkbox"/> Kicks/feet<br><input type="checkbox"/> Chemical/natural agent<br><input type="checkbox"/> Strike/use baton or other object<br><input type="checkbox"/> Canine<br><input type="checkbox"/> Other (specify) |                        |                         |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                          |                  | Firearms Discharge<br><input type="checkbox"/> Intentional<br><input type="checkbox"/> Accidental<br>Number of Shots Fired _____<br>Number of Hits _____<br>[Use UNK if unknown]                                                                                                                                                                                                                                         |                        |                         |                        |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                   |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                 |                  |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|------------------|-----------------|
| Name (Last, First, Middle)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Sex               | Race | Age                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Weapon<br>Y / N | Injured<br>Y / N | Killed<br>Y / N |
| <input type="checkbox"/> Under the influence<br><input type="checkbox"/> Other unusual condition (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Arrested<br>Y / N |      | Charges                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                 |                  |                 |
| <u>Subject's actions</u> (check all that apply)<br><input type="checkbox"/> Resisted police officer control<br><input type="checkbox"/> Physical threat/attack on officer or another<br><input type="checkbox"/> Threatened/attacked officer or another with blunt object<br><input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object<br><input type="checkbox"/> Threatened/attacked officer or another with motor vehicle<br><input type="checkbox"/> Threatened officer or another with firearm<br><input type="checkbox"/> Fired at officer or another<br><input type="checkbox"/> Other (specify) |                   |      | <u>Officer's use of force toward this subject</u> (check all that apply)<br><div> <input type="checkbox"/> Compliance hold<br/> <input type="checkbox"/> Hands/lists<br/> <input type="checkbox"/> Kicks/feet<br/> <input type="checkbox"/> Chemical/natural agent<br/> <input type="checkbox"/> Strike/use baton or other object<br/> <input type="checkbox"/> Canine<br/> <input type="checkbox"/> Other (specify)         </div> <div> <input type="checkbox"/> Firearms Discharge<br/> <input type="checkbox"/> Intentional<br/> <input type="checkbox"/> Accidental<br/> <br/>           Number of Shots Fired _____<br/>           Number of Hits _____<br/>           [Use 'UNK' if unknown]         </div> |                 |                  |                 |

|                                                                                                |                      |
|------------------------------------------------------------------------------------------------|----------------------|
| Signature:  | Date: 2/8/14         |
| Print Supervisor Name                                                                          | Supervisor Signature |

### USE OF FORCE REPORT

|                                                                                                                                                                                                                                                                                        |           |                    |                              |                 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------------------|------------------------------|-----------------|
| Date<br>11/26/14                                                                                                                                                                                                                                                                       | Time<br>2 | Day of Week<br>Wed | Location<br>81 Possum Hollow | INCIDENT NUMBER |
| <u>Type of Incident</u><br><input type="checkbox"/> Crime in progress <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Other dispute <input type="checkbox"/> Suspicious person <input type="checkbox"/> Traffic stop<br><input type="checkbox"/> Other (specify) |           |                    |                              |                 |

|                                                  |                           |                        |                                                  |                                                                             |                                                    |                                        |
|--------------------------------------------------|---------------------------|------------------------|--------------------------------------------------|-----------------------------------------------------------------------------|----------------------------------------------------|----------------------------------------|
| Name (Last, First, Middle)<br>Galluccio Donald A | Badge #<br>3              | Sex<br>M               | Race<br>W                                        | Age<br>40                                                                   | Injured<br>Y <input checked="" type="checkbox"/> N | Killed<br>Y <input type="checkbox"/> N |
| Rank<br>Patrolman                                | Duty assignment<br>Patrol | Years of service<br>12 | On-Duty<br><input checked="" type="checkbox"/> N | Uniform<br><input checked="" type="checkbox"/> Y <input type="checkbox"/> N |                                                    |                                        |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                        |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                        |                         |                        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------|------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|-------------------------|------------------------|
| Name (Last, First, Middle)<br><b>Leach Michael P</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | Sex<br><b>M</b>        | Race<br><b>W</b> | Age<br><b>29</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Weapon<br><b>Y (N)</b> | Injured<br><b>Y (N)</b> | Killed<br><b>Y (N)</b> |
| <input checked="" type="checkbox"/> Under the influence<br><input type="checkbox"/> Other unusual condition (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | Arrested<br><b>(N)</b> |                  | Charges<br><b>2C:12-1(b)(5), 2C:12-1(d)(1), 2C:33-2</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                        |                         |                        |
| <u>Subject's actions</u> (check all that apply)<br><input checked="" type="checkbox"/> Resisted police officer control<br><input checked="" type="checkbox"/> Physical threat/attack on officer or another<br><input type="checkbox"/> Threatened/attacked officer or another with blunt object<br><input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object<br><input type="checkbox"/> Threatened/attacked officer or another with motor vehicle<br><input type="checkbox"/> Threatened officer or another with firearm<br><input type="checkbox"/> Fired at officer or another<br><input type="checkbox"/> Other (specify) |  |                        |                  | <u>Officer's use of force toward this subject</u> (check all that apply)<br><input checked="" type="checkbox"/> Compliance hold<br><input type="checkbox"/> Hands/fists<br><input type="checkbox"/> Kicks/feet<br><input type="checkbox"/> Chemical/natural agent<br><input type="checkbox"/> Strike/use baton or other object<br><input type="checkbox"/> Canine<br><input checked="" type="checkbox"/> Other (specify) <b>Taken to ground</b><br>Firearms Discharge<br><input type="checkbox"/> Intentional<br><input type="checkbox"/> Accidental<br>Number of Shots Fired _____<br>Number of Hits _____<br>[Use UNK if unknown] |                        |                         |                        |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                          |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                        |                         |                        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------|------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|-------------------------|------------------------|
| Name (Last, First, Middle)<br><b>Heach Joseph A</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | Sex<br><b>M</b>          | Race<br><b>W</b> | Age<br><b>29</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Weapon<br><b>Y (N)</b> | Injured<br><b>Y (N)</b> | Killed<br><b>Y (N)</b> |
| <input checked="" type="checkbox"/> Under the influence<br><input type="checkbox"/> Other unusual condition (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | Arrested<br><b>Y (N)</b> |                  | Charges<br><b>BC: 12-1635, 2C: 12-6(1), 2C: 33. 2</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                        |                         |                        |
| <u>Subject's actions</u> (check all that apply)<br><input checked="" type="checkbox"/> Resisted police officer control<br><input checked="" type="checkbox"/> Physical threat/attack on officer or another<br><input type="checkbox"/> Threatened/attacked officer or another with blunt object<br><input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object<br><input type="checkbox"/> Threatened/attacked officer or another with motor vehicle<br><input type="checkbox"/> Threatened officer or another with firearm<br><input type="checkbox"/> Fired at officer or another<br><input type="checkbox"/> Other (specify) |  |                          |                  | <u>Officer's use of force toward this subject</u> (check all that apply)<br><input checked="" type="checkbox"/> Compliance hold<br><input type="checkbox"/> Hands/fists<br><input type="checkbox"/> Kicks/feet<br><input type="checkbox"/> Chemical/natural agent<br><input type="checkbox"/> Strike/use baton or other object<br><input type="checkbox"/> Carbine<br><input checked="" type="checkbox"/> Other (specify) <b>Taken to ground</b><br>Firearms Discharge<br><input type="checkbox"/> Intentional<br><input type="checkbox"/> Accidental<br>Number of Shots Fired _____<br>Number of Hits _____<br>[Use 'UNK' if unknown] |                        |                         |                        |

|                                                                                                   |                      |
|---------------------------------------------------------------------------------------------------|----------------------|
| Signature:<br> | Date:<br>11/26/14    |
| Print Supervisor Name                                                                             | Supervisor Signature |



**POLICE PURSUIT SUMMARY REPORT**

|                                                        |                               |
|--------------------------------------------------------|-------------------------------|
| Agency <u>Independence Twp. Police</u>                 | County <u>Warren</u>          |
| Reporting Period <u>January 1 to December 31, 2014</u> |                               |
| Person completing report <u>Chief Dennis Riley</u>     | Date completed <u>1/13/15</u> |
| Phone number <u>908-637-6582</u>                       |                               |

|                                                                  |          |
|------------------------------------------------------------------|----------|
| 1. Number of pursuits initiated                                  | <u>1</u> |
| 2. Number of pursuits resulting in accidents                     | <u>0</u> |
| 3. Number of pursuits resulting in injuries (NO DEATHS)          | <u>0</u> |
| 4. Number of pursuits resulting in death                         | <u>0</u> |
| 5. Number of pursuits resulting in arrest                        | <u>0</u> |
| 6. Number of vehicles in accidents                               |          |
| a. Pursued vehicles                                              | <u>0</u> |
| b. Police vehicles                                               | <u>0</u> |
| c. Third party vehicles                                          | <u>0</u> |
| 7. Number of people injured                                      |          |
| a. Pursued vehicles                                              | <u>0</u> |
| b. Police vehicles                                               | <u>0</u> |
| c. Third party vehicles                                          | <u>0</u> |
| d. Pedestrians                                                   | <u>0</u> |
| 8. Number of people killed                                       |          |
| a. Pursued vehicles                                              | <u>0</u> |
| b. Police vehicles                                               | <u>0</u> |
| c. Third party vehicles                                          | <u>0</u> |
| d. Pedestrians                                                   | <u>0</u> |
| 9. Number of people arrested                                     | <u>0</u> |
| 10. Number of pursuits in which a tire deflation device was used | <u>0</u> |



**POLICE PURSUIT SUMMARY REPORT**

|                                                        |                               |
|--------------------------------------------------------|-------------------------------|
| Agency <u>Independence Twp. Police</u>                 | County <u>Warren</u>          |
| Reporting Period <u>January 1 to December 31, 2015</u> |                               |
| Person completing report<br><u>Chief Dennis Riley</u>  | Date completed <u>1/29/16</u> |
| Phone number <u>908-637-6582</u>                       |                               |

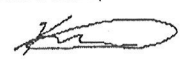
|                                                                  |          |
|------------------------------------------------------------------|----------|
| 1. Number of pursuits initiated                                  | <u>0</u> |
| 2. Number of pursuits resulting in accidents                     | <u>0</u> |
| 3. Number of pursuits resulting in injuries (NO DEATHS)          | <u>0</u> |
| 4. Number of pursuits resulting in death                         | <u>0</u> |
| 5. Number of pursuits resulting in arrest                        | <u>0</u> |
| 6. Number of vehicles in accidents                               | <u>0</u> |
| a. Pursued vehicles                                              | <u>0</u> |
| b. Police vehicles                                               | <u>0</u> |
| c. Third party vehicles                                          | <u>0</u> |
| 7. Number of people injured                                      | <u>0</u> |
| a. Pursued vehicles                                              | <u>0</u> |
| b. Police vehicles                                               | <u>0</u> |
| c. Third party vehicles                                          | <u>0</u> |
| d. Pedestrians                                                   | <u>0</u> |
| 8. Number of people killed                                       | <u>0</u> |
| a. Pursued vehicles                                              | <u>0</u> |
| b. Police vehicles                                               | <u>0</u> |
| c. Third party vehicles                                          | <u>0</u> |
| d. Pedestrians                                                   | <u>0</u> |
| 9. Number of people arrested                                     | <u>0</u> |
| 10. Number of pursuits in which a tire deflation device was used | <u>0</u> |

**POLICE PURSUIT SUMMARY REPORT**

|                                                    |                      |
|----------------------------------------------------|----------------------|
| Agency <u>Independence Township Police</u>         | County <u>Warren</u> |
| Reporting Period <u>Year of 2016</u>               |                      |
| Person completing report <u>Chief Dennis Riley</u> | Date completed       |
| Phone number <u>908-637-6582</u>                   |                      |

|                                                                  |   |
|------------------------------------------------------------------|---|
| 1. Number of pursuits initiated                                  | 1 |
| 2. Number of pursuits resulting in accidents                     | 0 |
| 3. Number of pursuits resulting in injuries (NO DEATHS)          | 0 |
| 4. Number of pursuits resulting in death                         | 0 |
| 5. Number of pursuits resulting in arrest                        | 0 |
| 6. Number of vehicles in accidents                               |   |
| a. Pursued vehicles                                              | 1 |
| b. Police vehicles                                               | 1 |
| c. Third party vehicles                                          | 0 |
| 7. Number of people injured                                      |   |
| a. Pursued vehicles                                              | 0 |
| b. Police vehicles                                               | 0 |
| c. Third party vehicles                                          | 0 |
| d. Pedestrians                                                   | 0 |
| 8. Number of people killed                                       |   |
| a. Pursued vehicles                                              | 0 |
| b. Police vehicles                                               | 0 |
| c. Third party vehicles                                          | 0 |
| d. Pedestrians                                                   | 0 |
| 9. Number of people arrested                                     | 0 |
| 10. Number of pursuits in which a tire deflation device was used | 0 |

# **POLICE PURSUIT INCIDENT REPORT**

| 1. Department<br>INDEPENDENCE TOWNSHIP POLICE DEPARTMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |      | 2. Incident No.<br>2016-001335            |                                                                                                              | 3. Pursuit date<br>10/19/2016                                                                            |                               |     |      |             |  |  |  |  |  |  |  |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-------------------------------------------|--------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------|-----|------|-------------|--|--|--|--|--|--|--|--|--|
| 4. Officer<br>VARINA, GREGORY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |      | 5. Badge No.<br>04                        |                                                                                                              | 6. Car No.<br>73-10                                                                                      |                               |     |      |             |  |  |  |  |  |  |  |  |  |
| 7. Supervisor notified<br>AIELLO, KEITH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |      | 6. Badge No.                              |                                                                                                              | 9.                                                                                                       |                               |     |      |             |  |  |  |  |  |  |  |  |  |
| 10. Initiating agency<br>INDEPENDENCE TOWNSHIP POLICE DEPARTMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |      | 11. Initiating officer<br>VARINA, GREGORY |                                                                                                              |                                                                                                          |                               |     |      |             |  |  |  |  |  |  |  |  |  |
| 12. Location officer became Involved<br>RT 46/BARKERS MILL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |      | 13. Time officer became Involved<br>0009  |                                                                                                              | 14. Highest speed<br>91                                                                                  |                               |     |      |             |  |  |  |  |  |  |  |  |  |
| 15. Location officer terminated<br>BEECHWOOD/MTN LAKE RD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |      | 16. Time officer terminated<br>0022       |                                                                                                              | 17. Approx. distance in pursuit (miles)<br>7                                                             |                               |     |      |             |  |  |  |  |  |  |  |  |  |
| 18. Weather<br><input checked="" type="checkbox"/> Clear <input type="checkbox"/> Rain <input type="checkbox"/> Snow <input type="checkbox"/> Other _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |      |                                           |                                                                                                              |                                                                                                          |                               |     |      |             |  |  |  |  |  |  |  |  |  |
| 19. Road surface<br><input checked="" type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Ice or snow <input type="checkbox"/> Other _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |      |                                           |                                                                                                              |                                                                                                          |                               |     |      |             |  |  |  |  |  |  |  |  |  |
| 20. Area<br><input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input checked="" type="checkbox"/> Highway <input type="checkbox"/> Rural                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |      |                                           |                                                                                                              |                                                                                                          |                               |     |      |             |  |  |  |  |  |  |  |  |  |
| 21. Reason pursuit initiated<br><input checked="" type="checkbox"/> Traffic violation (describe) <u>SPEEDING / RECKLESS/ FAILURE TO MAINTAIN LANE</u> <input type="checkbox"/> DWI<br><input type="checkbox"/> Warrant (describe) _____ <input type="checkbox"/> Stolen Car<br><input type="checkbox"/> Assisting other agency (name) _____<br><input type="checkbox"/> Suspected criminal involvement (describe) _____<br><input type="checkbox"/> Other _____                                                                                                                                                                                       |      |                                           |                                                                                                              |                                                                                                          |                               |     |      |             |  |  |  |  |  |  |  |  |  |
| 22. Tire Deflation Device<br><input type="checkbox"/> Tire deflation device used      Type _____      Effect _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |      |                                           |                                                                                                              |                                                                                                          |                               |     |      |             |  |  |  |  |  |  |  |  |  |
| 23. Reason pursuit terminated<br><input type="checkbox"/> Pursued voluntarily stopped/surrendered <input type="checkbox"/> Pursued stopped in accident<br><input type="checkbox"/> Pursued voluntarily stopped/attempted flight on foot <input type="checkbox"/> Pursued escaped in vehicle<br><input type="checkbox"/> Apprehended <input checked="" type="checkbox"/> Officer decision<br><input type="checkbox"/> Escaped <input type="checkbox"/> Officer vehicle in accident<br><input type="checkbox"/> Pursued forced to stop/vehicle disabled <input type="checkbox"/> Supervisor decision<br><input type="checkbox"/> Other (describe) _____ |      |                                           |                                                                                                              |                                                                                                          |                               |     |      |             |  |  |  |  |  |  |  |  |  |
| 24. Number of people injured                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |      |                                           | 25. Number of people killed                                                                                  |                                                                                                          |                               |     |      |             |  |  |  |  |  |  |  |  |  |
| _____ # Pursued vehicle      _____ # Police vehicles<br>_____ # Third part vehicles      _____ # Pedestrians                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |      |                                           | _____ # Pursued vehicle      _____ # Police vehicles<br>_____ # Third part vehicles      _____ # Pedestrians |                                                                                                          |                               |     |      |             |  |  |  |  |  |  |  |  |  |
| 26. Number of vehicles in accidents                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |      |                                           | 27. No. of people in pursued vehicle                                                                         |                                                                                                          | 28. Number of people arrested |     |      |             |  |  |  |  |  |  |  |  |  |
| _____ Pursued vehicle      _____ # Police vehicles<br>_____ # Third part vehicles                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |      |                                           | 1                                                                                                            |                                                                                                          | 0                             |     |      |             |  |  |  |  |  |  |  |  |  |
| 29. List charges for driver                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |      |                                           |                                                                                                              |                                                                                                          |                               |     |      |             |  |  |  |  |  |  |  |  |  |
| <table border="1"> <thead> <tr> <th>No.</th> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>                                                                                                                                                                                                                                                                                                                                                                                                      |      |                                           |                                                                                                              |                                                                                                          |                               | No. | Code | Description |  |  |  |  |  |  |  |  |  |
| No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Code | Description                               |                                                                                                              |                                                                                                          |                               |     |      |             |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |      |                                           |                                                                                                              |                                                                                                          |                               |     |      |             |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |      |                                           |                                                                                                              |                                                                                                          |                               |     |      |             |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |      |                                           |                                                                                                              |                                                                                                          |                               |     |      |             |  |  |  |  |  |  |  |  |  |
| 30. Signature<br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |      | 32. Date<br>10/19/2016                    |                                                                                                              | 32. Reviewed by<br> |                               |     |      |             |  |  |  |  |  |  |  |  |  |

# COPY

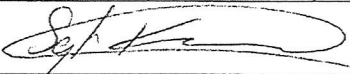
## POLICE PURSUIT INCIDENT REPORT

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                         |                                                                                                                                             |                                     |                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------------|
| 1. Department<br><u>Independence</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | 2. Incident No.<br><u>73-14-0803</u>                                                                                    |                                                                                                                                             | 3. Incident date<br><u>10/17/14</u> |                                           |
| 4. Officer<br><u>Det. John Marino</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | 5. Badge No.<br><u>5</u>                                                                                                |                                                                                                                                             | 6. Car No.<br><u>73-10</u>          |                                           |
| 7. Supervisor Notified<br><u>Chief Riley and Sgt. Aiello</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | 8. Badge No.                                                                                                            |                                                                                                                                             | 9.                                  |                                           |
| 10. Agency status<br><input checked="" type="checkbox"/> Initiating Agency <input type="checkbox"/> Assisting Agency                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | 11. Officer status<br><input checked="" type="checkbox"/> Initiating Officer <input type="checkbox"/> Assisting Officer |                                                                                                                                             |                                     |                                           |
| 12. Location officer became involved<br><u>RT 46 by Morgan Rentals</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | 13. Date initiated<br><u>10/17/14</u>                                                                                   |                                                                                                                                             | 14. Time initiated<br><u>2159</u>   |                                           |
| 15. Location officer terminated<br><u>RT 46 by Hill Terrace</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | 16. Time terminated<br><u>10/17/14</u>                                                                                  |                                                                                                                                             | 17. Highest speed<br><u>70 mph</u>  |                                           |
| 18. Weather<br><input checked="" type="checkbox"/> Clear <input type="checkbox"/> Rain <input type="checkbox"/> Snow <input type="checkbox"/> Other _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                         |                                                                                                                                             |                                     |                                           |
| 19. Road Surface<br><input checked="" type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Ice or snow <input type="checkbox"/> Other _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                         |                                                                                                                                             |                                     |                                           |
| 20. Area<br><input type="checkbox"/> Residential <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Highway <input type="checkbox"/> Rural                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                         |                                                                                                                                             |                                     |                                           |
| 21. Reason pursuit initiated<br><input checked="" type="checkbox"/> Traffic violation (describe) <u>im proper passing, speeding, reckless driving</u> <input type="checkbox"/> DWI<br><input type="checkbox"/> Warrant (describe) _____ <input type="checkbox"/> Stolen Car<br><input type="checkbox"/> Assisting other agency (name) _____<br><input type="checkbox"/> Suspected criminal involvement (describe) _____<br><input type="checkbox"/> Other _____                                                                                                                                                                                          |  |                                                                                                                         |                                                                                                                                             |                                     |                                           |
| 22. Reason pursuit terminated<br><input type="checkbox"/> Pursued voluntarily stopped/surrendered <input type="checkbox"/> Pursued in stopped in accident<br><input type="checkbox"/> Pursued voluntarily stopped/Attempted flight on foot <input type="checkbox"/> Pursued escaped in vehicle<br><input type="checkbox"/> Apprehended <input checked="" type="checkbox"/> Officer decision<br><input type="checkbox"/> Escaped <input type="checkbox"/> Officer vehicle in accident<br><input type="checkbox"/> Pursued forced to stop/vehicle disabled <input type="checkbox"/> Supervisor Decision<br><input type="checkbox"/> Other (describe) _____ |  |                                                                                                                         |                                                                                                                                             |                                     |                                           |
| 23. Number of people injured<br><u>0</u> # Pursued vehicle <u>0</u> # Police vehicles<br><u>0</u> # Third party vehicles <u>0</u> # Pedestrians                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                         | 24. Number of fatalities<br><u>0</u> # Pursued vehicle <u>0</u> # Police vehicles<br><u>0</u> # Third party vehicles <u>0</u> # Pedestrians |                                     |                                           |
| 25. Number of vehicles in accidents<br><u>0</u> Pursued vehicle <u>0</u> # Police vehicles<br><u>0</u> # Third party vehicles                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                         | 26. No. of people in pursued vehicle<br><u>1</u>                                                                                            |                                     | 27. Number of people arrested<br><u>0</u> |
| 28. List charges for driver                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                         |                                                                                                                                             |                                     |                                           |
| 29. Signature<br><u>Det. John Marino</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                         | 30. Date<br><u>10/18/14</u>                                                                                                                 |                                     | 31. Reviewed by                           |

# Independence Township Police Department

| Firearms Qualification: 2016 |             |       |          |       |      |      | Session: Fall  |              |
|------------------------------|-------------|-------|----------|-------|------|------|----------------|--------------|
|                              | Duty        |       | Off-Duty |       | Duty |      | Serial Numbers |              |
| Shooter                      | Day         | Night | Day      | Night | SQC  | SQC  | Duty           | Off-Duty     |
| Chief Riley                  | Pass        | Pass  | xxxxx    | xxxxx | Pass | Pass | LCR-991/G-22   | xxxxxxxxxxx  |
| Sgt. Aber                    |             |       | xxxxx    | xxxxx |      |      | LCR-997/G-22   | xxxxxxxxxxx  |
| Sgt. Aiello                  | Pass        | Pass  | xxxxx    | xxxxx | Pass | Pass | LCR-993/G-22   | xxxxxxxxxxx  |
| Ptl. Golluscio               | Pass        | Pass  | xxxxx    | xxxxx | Pass | Pass | LCR-996/G-22   | SA4121513    |
| Ptl. Prell                   | Pass        | Pass  | xxxxx    | xxxxx | Pass | Pass | LCR-990/G-22   | xxxxxxxxxxx  |
| Ptl. Stocker                 | Pass        | Pass  | xxxxx    | xxxxx | Pass | Pass | LCR-992/G-22   | LAX-579 .40  |
| Ptl. Varina                  | Pass        | Pass  | xxxxx    | xxxxx | Pass | Pass | NEX-905/G-22   | N0117595 9MM |
| Ptl. Somogyi                 | Pass        | Pass  | xxxxx    | xxxxx | Pass | Pass | LCR-989/G-22   |              |
| Ptl. Hill                    | Pass        | Pass  | xxxxx    | xxxxx | Pass | Pass | LCR-994/G-22   |              |
| Ptl. Kinney                  | Pass        | Pass  | xxxxx    | xxxxx | Pass | Pass | VVV-922/G-22   |              |
| Instructor(s)                | Sgt. Aiello |       |          |       |      |      |                |              |

# Independence Township Police Department

| Firearms Qualification: 2015 |             |       |          |                                                                                       | Session: Spring |      |                |              |
|------------------------------|-------------|-------|----------|---------------------------------------------------------------------------------------|-----------------|------|----------------|--------------|
|                              | Duty        |       | Off-Duty |                                                                                       | Duty            |      | Serial Numbers |              |
| Shooter                      | Day         | Night | Day      | Night                                                                                 | SQC             | SQC  | Duty           | Off-Duty     |
| Chief Riley                  | Pass        | Pass  | xxxxx    | xxxxx                                                                                 | Pass            | Pass | LCR-991/G-22   | XXXXXXXXXX   |
| Sgt. Aber                    | Pass        | Pass  | xxxxx    | xxxxx                                                                                 | Pass            | Pass | LCR-997/G-22   | XXXXXXXXXX   |
| Sgt. Aiello                  | Pass        | Pass  | xxxxx    | xxxxx                                                                                 | Pass            | Pass | LCR-993/G-22   | XXXXXXXXXX   |
| Ptl. Golluscio               | Pass        | Pass  | Pass     | Pass                                                                                  | Pass            | Pass | LCR-996/G-22   | SA4121513    |
| Ptl. Prell                   | Pass        | Pass  | xxxxx    | xxxxx                                                                                 | Pass            | Pass | LCR-990/G-22   | XXXXXXXXXX   |
| Ptl. Stocker                 | Pass        | Pass  | Pass     | Pass                                                                                  | Pass            | Pass | LCR-992/G-22   | LAX-579 .40  |
| Ptl. McGarry                 | Pass        | Pass  | Pass     | Pass                                                                                  | Pass            | Pass | VVV-922/G-22   | ZHU389 9mm   |
| Ptl. Varina                  | Pass        | Pass  | Pass     | Pass                                                                                  | Pass            | Pass | NEX-905/G-22   | N0117595 9MM |
| Ptl. Somogyi                 | Pass        | Pass  | xxxxx    | xxxxx                                                                                 | Pass            | Pass | LCR-989/G-22   | XXXXXXXXXX   |
|                              |             |       |          |                                                                                       |                 |      |                |              |
| Instructor(s)                | Sgt. Aiello |       |          |  |                 |      |                |              |

Independence Township Police Department

| Firearms Qualification: 2015 |             |       |          |                                                                                       | Session: Fall |      |                |              |
|------------------------------|-------------|-------|----------|---------------------------------------------------------------------------------------|---------------|------|----------------|--------------|
|                              | Duty        |       | Off-Duty |                                                                                       | Duty          |      | Serial Numbers |              |
| Shooter                      | Day         | Night | Day      | Night                                                                                 | SQC           | SQC  | Duty           | Off-Duty     |
| Chief Riley                  | Pass        | Pass  | xxxxx    | xxxxx                                                                                 | Pass          | Pass | LCR-991/G-22   | XXXXXXXXXXXX |
| Sgt. Aber                    | Pass        | Pass  | xxxxx    | xxxxx                                                                                 | Pass          | Pass | LCR-997/G-22   | XXXXXXXXXXXX |
| Sgt. Aiello                  | Pass        | Pass  | xxxxx    | xxxxx                                                                                 | Pass          | Pass | LCR-993/G-22   | XXXXXXXXXXXX |
| Ptl. Golluscio               | Pass        | Pass  | Pass     | Pass                                                                                  | Pass          | Pass | LCR-996/G-22   | SA4121513    |
| Ptl. Prell                   | Pass        | Pass  | xxxxx    | xxxxx                                                                                 | Pass          | Pass | LCR-990/G-22   | XXXXXXXXXXXX |
| Ptl. Stocker                 | Pass        | Pass  | Pass     | Pass                                                                                  | Pass          | Pass | LCR-992/G-22   | LAX-579 .40  |
| Ptl. McGarry                 | Pass        | Pass  | Pass     | Pass                                                                                  | Pass          | Pass | VVV-922/G-22   | ZHU389 9mm   |
| Ptl. Varina                  | Pass        | Pass  | Pass     | Pass                                                                                  | Pass          | Pass | NEX-905/G-22   | N0117595 9MM |
| Ptl. Somogyi                 | Pass        | Pass  | xxxxx    | xxxxx                                                                                 | Pass          | Pass | LCR-989/G-22   | XXXXXXXXXXXX |
|                              |             |       |          |                                                                                       |               |      |                |              |
| Instructor(s)                | Sgt. Aiello |       |          |  |               |      |                |              |

Independence Township Police Department

| Firearms Qualification 2014 |             | Session: Spring |          |       |      |      |                |             |
|-----------------------------|-------------|-----------------|----------|-------|------|------|----------------|-------------|
|                             | Duty        |                 | Off-Duty |       | Duty |      | Serial Numbers |             |
| Shooter                     | Day         | Night           | Day      | Night | SQC  | SQC  | Duty           | Off-Duty    |
| Chief Riley                 | Pass        | Pass            | xxxxx    | xxxxx | Pass | Pass | LCR-991/G-22   | xxxxxxxxxxx |
| Sgt. Aber                   | Pass        | Pass            | xxxxx    | xxxxx | Pass | Pass | LCR-997/G-22   | xxxxxxxxxxx |
| Sgt. Aiello                 | Pass        | Pass            | xxxxx    | xxxxx | Pass | Pass | LCR-993/G-22   | xxxxxxxxxxx |
| Ptl. Golluscio              | Pass        | Pass            | xxxxx    | xxxxx | Pass | Pass | LCR-996/G-22   | xxxxxxxxxxx |
| Ptl. Prell                  | Pass        | Pass            | xxxxx    | xxxxx | Pass | Pass | LCR-990/G-22   | xxxxxxxxxxx |
| Det. Marino                 | Pass        | Pass            | xxxxx    | xxxxx | Pass | Pass | LCR-989/G-22   | xxxxxxxxxxx |
| Ptl. Stocker                | Pass        | Pass            | xxxxx    | xxxxx | Pass | Pass | LCR-992/G-22   | xxxxxxxxxxx |
| Instructor(s)               | Sgt. Aiello |                 |          |       |      |      |                |             |
|                             |             |                 |          |       |      |      |                |             |
|                             |             |                 |          |       |      |      |                |             |



Independence Township Police Department

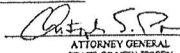
| Firearms Qualification 2014 |             | Session: Fall |          |       |      |      |                |             |
|-----------------------------|-------------|---------------|----------|-------|------|------|----------------|-------------|
|                             | Duty        |               | Off-Duty |       | Duty |      | Serial Numbers |             |
| Shooter                     | Day         | Night         | Day      | Night | SQC  | SQC  | Duty           | Off-Duty    |
| Chief Riley                 | Pass        | Pass          | xxxxx    | xxxxx | Pass | Pass | LCR-991/G-22   | xxxxxxxxxxx |
| Sgt. Aber                   | Pass        | Pass          | xxxxx    | xxxxx | Pass | Pass | LCR-997/G-22   | xxxxxxxxxxx |
| Sgt. Aiello                 | Pass        | Pass          | xxxxx    | xxxxx | Pass | Pass | LCR-993/G-22   | xxxxxxxxxxx |
| Ptl. Golluscio              | Pass        | Pass          | xxxxx    | xxxxx | Pass | Pass | LCR-996/G-22   | xxxxxxxxxxx |
| Ptl. Prell                  | Pass        | Pass          | xxxxx    | xxxxx | Pass | Pass | LCR-990/G-22   | xxxxxxxxxxx |
| Det. Marino                 | Pass        | Pass          | xxxxx    | xxxxx | Pass | Pass | LCR-989/G-22   | xxxxxxxxxxx |
| Ptl. Stocker                | Pass        | Pass          | xxxxx    | xxxxx | Pass | Pass | LCR-992/G-22   | xxxxxxxxxxx |
| Instructor(s)               | Sgt. Aiello |               |          |       |      |      |                |             |
|                             |             |               |          |       |      |      |                |             |
|                             |             |               |          |       |      |      |                |             |

DEPARTMENT OF  
**Traffic and Public Safety**  
This is to certify that

**Gregory A. Varina**  
**Independence Police**

IS QUALIFIED AND COMPETENT TO CONDUCT CHEMICAL BREATH ANALYSES PURSUANT TO CHAPTER 142 OF  
THE LAWS OF 1966 IN THE OPERATION OF THE  
A METHOD TO DETERMINE INTOXICATION.  
GIVEN UNDER MY HAND AT TRENTON, NEW JERSEY THIS 24th DAY OF March

TWO THOUSAND AND  
Seventeen  
  
SUPERINTENDENT  
NEW JERSEY STATE POLICE

  
ATTORNEY GENERAL  
STATE OF NEW JERSEY

DEPARTMENT OF  
*Law and Public Safety*  
 This is to certify that

Scott J. Stocker  
 Independence Twp Police

IS QUALIFIED AND COMPETENT TO CONDUCT CHEMICAL BREATH ANALYSES PURSUANT TO CHAPTER 142 OF  
 THE LAWS OF 1964 IN THE OPERATION OF THE ALCOTEST 7110 MKIII-C  
 A METHOD TO DETERMINE INTOXICATION  
 GIVEN UNDER MY HAND AT TRENTON, NEW JERSEY THIS 9th DAY OF April

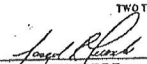
TWO THOUSAND AND FIFTEEN

*[Signature]*  
 SUPERINTENDENT  
 NEW JERSEY STATE POLICE

*[Signature]*  
 ASSISTING ATTORNEY GENERAL  
 STATE OF NEW JERSEY

ORIGINAL COURSE DATES

|    | DATE   | Refresher Course |                    |
|----|--------|------------------|--------------------|
|    |        | PLACE            | INSTRUCTOR         |
| 1. | 1-5-17 | Morris Co PA     | <i>[Signature]</i> |
| 2. |        |                  |                    |
| 3. |        |                  |                    |
| 4. |        |                  |                    |
| 5. |        |                  |                    |
| 6. |        |                  |                    |
| 7. |        |                  |                    |
| 8. |        |                  |                    |
| 9. |        |                  |                    |

DEPARTMENT OF  
**Traffic and Public Safety**  
 This is to certify that  
**Christopher M. Prell**  
 Independence Police  
 IS QUALIFIED AND COMPETENT TO CONDUCT CHEMICAL BREATH ANALYSES PURSUANT TO CHAPTER 142 OF  
 THE LAWS OF 1966 IN THE OPERATION OF THE **Alcotest 7410 MKIII-C**  
 A METHOD TO DETERMINE INTOXICATION.  
 GIVEN UNDER MY HAND AT TRENTON, NEW JERSEY, 23rd DAY OF April  
 TWO THOUSAND AND Ten  
  
 SUPERINTENDENT  
 NEW JERSEY STATE POLICE  
  
 ATTORNEY GENERAL  
 STATE OF NEW JERSEY

ORIGINAL COURSE DATES

|    | DATE    | Refresher Course<br>PLACE | INSTRUCTOR        |
|----|---------|---------------------------|-------------------|
| 1. | 4/3/13  | Bergen Co. PA             | Chris [Signature] |
| 2. | 6-16-15 | Monroe Co PA              | CSZ               |
| 3. | 1-4-17  | Monroe Co PA              | CSZ               |
| 4. |         |                           |                   |
| 5. |         |                           |                   |
| 6. |         |                           |                   |
| 7. |         |                           |                   |
| 8. |         |                           |                   |
| 9. |         |                           |                   |

S.P. 293B (Rev. 03/10)

ORIGINAL COURSE DATES

|    | DATE    | Refresher Course<br>PLACE | INSTRUCTOR     |
|----|---------|---------------------------|----------------|
| 1. | 5/29/07 | LEGAMON PD                | SS [Signature] |
| 2. | 3/3/09  | Morris Co. PA.            | [Signature]    |
| 3. | 2/9/12  | B.C. P.A.                 | P. Demer       |
| 4. | 6-17-15 | Morris Co PA              | C. [Signature] |
| 5. |         |                           |                |
| 6. |         |                           |                |
| 7. |         |                           |                |
| 8. |         |                           |                |
| 9. |         |                           |                |

S.P. 293B (Rev. 06/03)

DEPARTMENT OF  
**Traffic and Public Safety**  
This is to certify that

**KEITH P. AIELLO**

**INDEPENDENCE TOWNSHIP POLICE**

IS QUALIFIED AND COMPETENT TO CONDUCT CHEMICAL BREATH ANALYSES PURSUANT TO CHAPTER 143 OF  
THE LAWS OF 1966 IN THE OPERATION OF THE **ALCOTEST 7110 MKIII-C**  
A METHOD TO DETERMINE INTOXICATION.  
GIVEN UNDER MY HAND AT TRENTON, NEW JERSEY THIS 9th DAY OF AUGUST  
TWO THOUSAND AND FIVE

*[Signature]*  
SUPERINTENDENT  
NEW JERSEY STATE POLICE

*[Signature]*  
ATTORNEY GENERAL  
STATE OF NEW JERSEY

# Morris County Police Training Academy

*This Certifies That*

**Keith P. Aiello**

*Of The*

**57th Basic Police Class**

*Has Satisfactorily Fulfilled All The Requirements  
Of a 20 Week Course in Basic Police Training  
Conducted At The Morris County Police Training Academy.*

**Certificate of Graduation**

*Signed This First Day of June, 2001*

*Robert M. O'Connor*  
ACADEMY DIRECTOR

*Robert J. Salzarano*  
PRESIDENT, MORRIS COUNTY  
POLICE CHIEF'S ASSOCIATION

# Morris County Police Training Academy

*This Certifies That*

**Christopher Prell**

*Of The*

**64th Basic Police Class**

---

*Has Satisfactorily Fulfilled All The Requirements  
Of a **22 Week** Course in Basic Police Training  
Conducted At The Morris County Police Training Academy.*

## **Certificate of Graduation**

*Signed This Ninth Day of December, 2004*

  
ACADEMY DIRECTOR

  
PRESIDENT, MORRIS COUNTY  
POLICE CHIEF'S ASSOCIATION

# *State of New Jersey*



*Department of Law and Public Safety  
Division of Criminal Justice  
Police Training Commission*

*This certificate is awarded to*

*Christopher M. Prell*

*who has satisfactorily completed*

*Basic Course For County Corrections Officers*

*as prescribed by the Police Training Commission*

*[Signature]*  
Chairman, Police Training Commission

*03/26/2004*

Date

*[Signature]*  
Attorney General



# Morris County Police Training Academy

*This Certifies That*

**Scott J. Stocker**

*Of The*

**80<sup>th</sup> Basic Police Class**

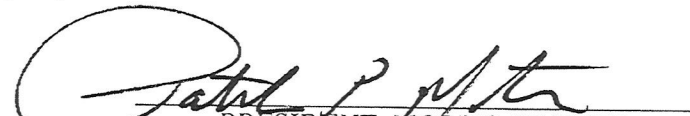
---

*Has Satisfactorily Fulfilled All The Requirements  
Of the Basic Course for Police Officer  
Conducted At The Morris County Police Training Academy.*

***Certificate of Graduation***

*Signed This Twelfth Day of June, 2013*

  
ACADEMY DIRECTOR

  
PRESIDENT, MORRIS COUNTY  
POLICE CHIEFS ASSOCIATION

# *State of New Jersey*



*Department of Law and Public Safety  
Division of Criminal Justice  
Police Training Commission*

*This certificate is awarded to*

*Gregory A. Varina*

*who has satisfactorily completed*

*Basic Course For Police Officers*

*as prescribed by the Police Training Commission*

A handwritten signature in black ink, appearing to be "G. Varina", written over a horizontal line.

*Chairman, Police Training Commission*

*02/11/2015*

*Date*

A handwritten signature in black ink, appearing to be "J. E. Hughes", written over a horizontal line.

*Attorney General*

# Morris County Police Training Academy

*This Certifies That*

**Julius A. Somogyi**

*Of The*

**80<sup>th</sup> Basic Police Class**

*Has Satisfactorily Fulfilled All The Requirements  
Of the Basic Course for Police Officer  
Conducted At The Morris County Police Training Academy.*

**Certificate of Graduation**

*Signed This Twelfth Day of June, 2013*

  
ACADEMY DIRECTOR

  
PRESIDENT, MORRIS COUNTY  
POLICE CHIEF'S ASSOCIATION

# *State of New Jersey*



*Department of Law and Public Safety  
Division of Criminal Justice  
Police Training Commission*

*This certificate is awarded to*

*Julius A. Somogyi*

*who has satisfactorily completed*

*Basic Course For Police Officers*

*as prescribed by the Police Training Commission*

A handwritten signature in black ink, appearing to read "G. H. K. S.", written over a horizontal line.

*Chairman, Police Training Commission*

06/12/2013

*Date*

A handwritten signature in black ink, appearing to read "Z. J.", written over a horizontal line.

*Attorney General*

# Morris County Police Training Academy

*This Certifies That*

**Gerrit A. Kinney**

*Of The*

**87th Basic Police Class**

*Has Satisfactorily Fulfilled All The Requirements  
Of a 20-Week Course In Basic Police Training  
Conducted At The Morris County Police Training Academy.*

**Certificate of Graduation**



*Signed This Twenty-Third Day of November 2016*

  
ACADEMY DIRECTOR

  
PRESIDENT, MORRIS COUNTY  
POLICE CHIEF'S ASSOCIATION

# *State of New Jersey*



*Department of Law and Public Safety  
Division of Criminal Justice  
Police Training Commission*

*This certificate is awarded to*

***Gerrit A. Kinney***

*who has satisfactorily completed*

***Basic Course For Police Officers***

*as prescribed by the Police Training Commission*

A handwritten signature in black ink, appearing to read "G. Kinney", written over a horizontal line.

*Chairman, Police Training Commission*

**11/22/2016**

*Date*

A handwritten signature in black ink, appearing to read "Christopher S. Porrino", written over a horizontal line.

*Attorney General*

# Morris County Police Training Academy

*This Certifies That*

**Thomas A. Hill, Jr.**

*Of The*

**87th Basic Police Class**

*Has Satisfactorily Fulfilled All The Requirements  
Of a 20-Week Course in Basic Police Training  
Conducted At The Morris County Police Training Academy.*

***Certificate of Graduation***

*Signed This Twenty-Third Day of November 2016*

  
ACADEMY DIRECTOR

  
PRESIDENT, MORRIS COUNTY  
POLICE CHIEF'S ASSOCIATION

# *State of New Jersey*



*Department of Law and Public Safety  
Division of Criminal Justice  
Police Training Commission*

*This certificate is awarded to*

***Thomas A. Hill Jr***

*who has satisfactorily completed*

***Basic Course For Police Officers***

*as prescribed by the Police Training Commission*

A handwritten signature in black ink, appearing to read "G. Hill Jr", written over a horizontal line.

*Chairman, Police Training Commission*

**11/22/2016**

*Date*

A handwritten signature in black ink, appearing to read "Anthony S. P.", written over a horizontal line.

*Attorney General*