

**TEANECK POLICE DEPARTMENT
HANDGUN QUALIFICATION RECORD**

Date: 3/24/2017

OFFICER & WEAPON

Rank: _____ Officer: Sam Zitomer Badge # S 1
Target Type: [REDACTED] Range Location: [REDACTED]
Service Handgun: [REDACTED] Other Approved Handgun: _____
Serial #: [REDACTED] Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Crowley #261

QUALIFICATION

HQC1: Hits: 49 Score: 81.7% HNQC: Hits: 33 Score: 82.5%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____

Remedial Instruction: _____

Firearms Instructors Name: Michael Crowley #261

REMEDIAL QUALIFICATION

HQC1: Hits: _____ Score: 0.0% HNQC: Hits: _____ Score: 0.0%

WEAPONS MALFUNCTIONS OR WEAPONS TAKEN OUT OF SERVICE

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☒ Location of Weapon: _____

Firearms Instructors Name: Michael Crowley #261

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: *Sam Zitomer* SHOI Date: 3/24/2017

Print Name: Sam Zitomer Firearms Instructor: *Det Michael A. Crowley #2*

**TEANECK POLICE DEPARTMENT
HANDGUN QUALIFICATION RECORD**

Date: 7/14/2017

OFFICER & WEAPON

Rank: Captain Officer: Kenneth Croonquist Badge # 199
Target Type: [REDACTED] Range Location: [REDACTED]
Service Handgun: [REDACTED] Other Approved Handgun: _____
Serial #: [REDACTED] Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Crowley #261

QUALIFICATION

HQC1: Hits: 58 Score: 96.7% HNQC: Hits: 40 Score: 100.0%

Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____

Remedial Instruction: _____

Firearms Instructors Name: Michael Crowley #261

REMEDIAL QUALIFICATION

HQC1: Hits: _____ Score: 0.0% HNQC: Hits: _____ Score: 0.0%

WEAPONS MALFUNCTIONS OR WEAPONS TAKEN OUT OF SERVICE

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☒ Location of Weapon: _____

Firearms Instructors Name: Michael Crowley #261

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature:  Date: 7/14/2017

Print Name: Kenneth Croonquist Firearms Instructor: 

**TEANECK POLICE DEPARTMENT
HANDGUN QUALIFICATION RECORD**

Date: 02/03/2017

OFFICER & WEAPON

Rank: Detective Officer: Thomas Melvin Badge # 219
Target Type: [REDACTED] Range Location: [REDACTED]
Service Handgun: [REDACTED] Other Approved Handgun: _____
Serial #: [REDACTED] Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Thomas R. Finley #274

QUALIFICATION

HQC1: Hits: 60 Score: 100.0% HNQC: Hits: 40 Score: 100.0%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____

Remedial Instruction: _____

Firearms Instructors Name: Thomas R. Finley #274

REMEDIAL QUALIFICATION

HQC1: Hits: _____ Score: 0.0% HNQC: Hits: _____ Score: 0.0%

WEAPONS MALFUNCTIONS OR WEAPONS TAKEN OUT OF SERVICE

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☒ Location of Weapon: _____

Firearms Instructors Name: Thomas R. Finley #274

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: [Signature] 219 Date: 02/03/2017

Print Name: Thomas Melvin Firearms Instructor: Sgt. T. N. #27

**TEANECK POLICE DEPARTMENT
HANDGUN QUALIFICATION RECORD**

Date: 7/14/2017

OFFICER & WEAPON

Rank: Lieutenant Officer: Christopher Kurschner Badge # 220
Target Type: [REDACTED] Range Location: [REDACTED]
Service Handgun: [REDACTED] Other Approved Handgun: [REDACTED]
Serial #: [REDACTED] Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Crowley #261

QUALIFICATION

HQC1: Hits: 53 Score: 88.3% HNQC: Hits: 36 Score: 90.0%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: [REDACTED]
Remedial Instruction: [REDACTED]
Firearms Instructors Name: Michael Crowley #261

REMEDIAL QUALIFICATION

HQC1: Hits: [REDACTED] Score: 0.0% HNQC: Hits: [REDACTED] Score: 0.0%

WEAPONS MALFUNCTIONS OR WEAPONS TAKEN OUT OF SERVICE

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: [REDACTED]

Was weapon taken out of service: Y ☐ N ☒ Location of Weapon: [REDACTED]

Firearms Instructors Name: Michael Crowley #261

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: [Signature] Date: 7/14/2017

Print Name: Christopher Kurschner

Firearms Instructor: [Signature] #261

**TEANECK POLICE DEPARTMENT
HANDGUN QUALIFICATION RECORD**

Date: 7/14/2017

OFFICER & WEAPON

Rank: Captain Officer: Mark Distler Badge # 221
Target Type: [REDACTED] Range Location: [REDACTED]
Service Handgun: [REDACTED] Other Approved Handgun: _____
Serial #: [REDACTED] Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Crowley #261

QUALIFICATION

HQC1: Hits: 53 Score: 88.3% HNQC: Hits: 37 Score: 92.5%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____
Remedial Instruction: _____
Firearms Instructors Name: Michael Crowley #261

REMEDIAL QUALIFICATION

HQC1: Hits: _____ Score: 0.0% HNQC: Hits: _____ Score: 0.0%

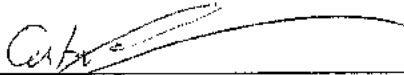
WEAPONS MALFUNCTIONS OR WEAPONS TAKEN OUT OF SERVICE

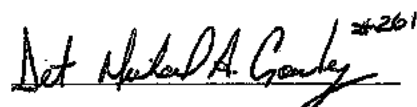
Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☒ Location of Weapon: _____

Firearms Instructors Name: Michael Crowley #261

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature:  Date: 7/14/2017

Print Name: Mark Distler Firearms Instructor:  #261

**TEANECK POLICE DEPARTMENT
HANDGUN QUALIFICATION RECORD**

Date: 3/9/2017

OFFICER & WEAPON

Rank: Det. Sergeant Officer: Harry Harrison Badge # 222
Target Type: [REDACTED] Range Location: [REDACTED]
Service Handgun: [REDACTED] Other Approved Handgun: _____
Serial #: [REDACTED] Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Crowley #261

QUALIFICATION

HQC1: Hits: 57 Score: 95.0% HNQC: Hits: 36 Score: 90.0%

Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____

Remedial Instruction: _____

Firearms Instructors Name: Michael Crowley #261

REMEDIAL QUALIFICATION

HQC1: Hits: _____ Score: 0.0% HNQC: Hits: _____ Score: 0.0%

WEAPONS MALFUNCTIONS OR WEAPONS TAKEN OUT OF SERVICE

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☒ Location of Weapon: _____

Firearms Instructors Name: Michael Crowley #261

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: *Harry Harrison* Date: 3/9/2017

Print Name: Harry Harrison

Firearms Instructor: *Det. Michael A. Gentry #2*

**TEANECK POLICE DEPARTMENT
HANDGUN QUALIFICATION RECORD**

Date: 3/9/17

OFFICER & WEAPON

Rank: Det. Sergeant Officer: Harry Harrison Badge # 222
Target Type: [REDACTED] Range Location: [REDACTED]
Service Handgun: [REDACTED] Other Approved Handgun: [REDACTED]
Serial #: [REDACTED] Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Eddy Lievano #259

QUALIFICATION

HQC1: Hits: 60 Score: 100.0% HNQC: Hits: 40 Score: 100.0%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____

Remedial Instruction: _____

Firearms Instructors Name: Eddy Lievano #259

REMEDIAL QUALIFICATION

HQC1: Hits: _____ Score: 0.0% HNQC: Hits: _____ Score: 0.0%

WEAPONS MALFUNCTIONS OR WEAPONS TAKEN OUT OF SERVICE

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☒ Location of Weapon: _____

Firearms Instructors Name: Eddy Lievano #259

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: Harry Harrison #222 Date: 3/9/17

Print Name: Harry Harrison

Firearms Instructor: Det. Eddy Lievano #259

Date: 7/21/2017

Rank: Chief _____ Officer: Glenn O'Reilly _____ Badge # 231 _____

Target Type: _____ Range Location: _____

Service Handgun: _____ Other Approved Handgun: _____

Serial #: _____ Ammunition: _____ Caliber: _____

Firearms Instructor: Michael Crowley #261 _____

HQC1: Hits: 60 Score: 100.0% HNQC: Hits: 40 Score: 100.0%

Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____

Remedial Instruction: _____

Firearms Instructors Name: Michael Crowley #261

HQC1: Hits: _____ Score: 0.0% HNQC: Hits: _____ Score: 0.0%

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☒ Location of Weapon: _____

Firearms Instructors Name: Michael Crowley #261

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: [Signature] Date: 7/21/2017

Print Name: Glenn O'Reilly Firearms Instructor: Det Michael A. Conley

**TEANECK POLICE DEPARTMENT
HANDGUN QUALIFICATION RECORD**

Date: 3/10/2017

OFFICER & WEAPON

Rank: Police Officer

Officer: Joseph Careccio

Badge # 232

Target Type: [REDACTED]

Range Location: [REDACTED]

Service Handgun: [REDACTED]

Other Approved Handgun: [REDACTED]

Serial #: [REDACTED]

Ammunition: [REDACTED]

Caliber: [REDACTED]

Firearms Instructor: Michael Crowley #261

QUALIFICATION

HQC1: Hits: 52

Score: 86.7%

HNQC:

Hits: 34

Score: 85.0%

Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: [REDACTED]

Remedial Instruction: [REDACTED]

Firearms Instructors Name: Michael Crowley #261

REMEDIAL QUALIFICATION

HQC1:

Hits: [REDACTED]

Score: 0.0%

HNQC:

Hits: [REDACTED]

Score: 0.0%

WEAPONS MALFUNCTIONS OR WEAPONS TAKEN OUT OF SERVICE

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: [REDACTED]

Was weapon taken out of service: Y ☐ N ☒ Location of Weapon: [REDACTED]

Firearms Instructors Name: Michael Crowley #261

I understand that until the next qualification, the position of the holster on my body during qualification is the only authorized carrying position. The weapons and holsters that I have trained with or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: [Signature]

Date: 3/10/2017

Print Name: Joseph Careccio

Joseph Careccio

Firearms Instructor: [Signature]

[Signature]

**TEANECK POLICE DEPARTMENT
POLICE CARBINE QUALIFICATION RECORD**

Date: 3/10/2017

OFFICER & WEAPON

Rank: Police Officer Officer: Joseph Careccio Badge # 232
Target Type: [REDACTED] Range Location: [REDACTED]
[REDACTED] Serial #: [REDACTED]
Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Crowley #261

QUALIFICATION

PCQC: Hits: 54 Score: 90.0% PCQNC: Hits: 46 Score: 92.0%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____
Remedial Instruction: _____
Firearms Instructors Name: Michael Crowley #261

REMEDIAL QUALIFICATION

PCQC: Hits: _____ Score: 0.0% PCQNC: Hits: _____ Score: 0.0%

MALFUNCTIONS & WEAPONS MAINTENANCE

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☒ Weapon Location: _____
Firearms Instructors Name: Michael Crowley #261

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: [Signature] #232 Date: 3/10/2017
Print Name: Joseph Careccio Firearms Instructor: [Signature] #261

**TEANECK POLICE DEPARTMENT
HANDGUN QUALIFICATION RECORD**

Date: 3/9/2017

OFFICER & WEAPON

Rank: Police Officer Officer: Gregory Kerrison Badge # 233
Target Type: [REDACTED] Range Location: [REDACTED]
Service Handgun: [REDACTED] Other Approved Handgun: [REDACTED]
Serial #: [REDACTED] Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Crowley #261

QUALIFICATION

HQC1: Hits: 56 Score: 93.3% HNQC: Hits: 36 Score: 90.0%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: [REDACTED]
Remedial Instruction: [REDACTED]
Firearms Instructors Name: Michael Crowley #261

REMEDIAL QUALIFICATION

HQC1: Hits: [REDACTED] Score: 0.0% HNQC: Hits: [REDACTED] Score: 0.0%

WEAPONS MALFUNCTIONS OR WEAPONS TAKEN OUT OF SERVICE

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: [REDACTED]

Was weapon taken out of service: Y ☐ N ☒ Location of Weapon: [REDACTED]

Firearms Instructors Name: Michael Crowley #261

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: Po Gregory Kerrison Date: 3/9/2017

Print Name: Gregory Kerrison Firearms Instructor: Det Michael A. Crowley #261

**TEANECK POLICE DEPARTMENT
HANDGUN QUALIFICATION RECORD**

Date: 3/8/2017

OFFICER & WEAPON

Rank: Police Officer Officer: Raymond Byrne Badge # 234
Target Type: [REDACTED] Range Location: [REDACTED]
Service Handgun: [REDACTED] Other Approved Handgun: _____
Serial #: [REDACTED] Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Crowley #261

QUALIFICATION

HQC1: Hits: 48 Score: 80.0% HNQC: Hits: 38 Score: 95.0%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____

Remedial Instruction: _____

Firearms Instructors Name: Michael Crowley #261

REMEDIAL QUALIFICATION

HQC1: Hits: _____ Score: 0.0% HNQC: Hits: _____ Score: 0.0%

WEAPONS MALFUNCTIONS OR WEAPONS TAKEN OUT OF SERVICE

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☒ Location of Weapon: _____

Firearms Instructors Name: Michael Crowley #261

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: Raymond Byrne Date: 3/8/2017

Print Name: Raymond Byrne Firearms Instructor: Det Michael A. Crowley #261

**TEANECK POLICE DEPARTMENT
POLICE CARBINE QUALIFICATION RECORD**

Date: 3/8/2017

OFFICER & WEAPON

Rank: Police Officer Officer: Raymond Byrne Badge # 234
Target Type: [REDACTED] Range Location: [REDACTED]
[REDACTED] Serial #: [REDACTED]
Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Crowley #261

QUALIFICATION

PCQC: Hits: 54 Score: 90.0% PCQNC: Hits: 45 Score: 90.0%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____

Remedial Instruction: _____

Firearms Instructors Name: Michael Crowley #261

REMEDIAL QUALIFICATION

PCQC: Hits: _____ Score: 0.0% PCQNC: Hits: _____ Score: 0.0%

MALFUNCTIONS & WEAPONS MAINTENANCE

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☒ Weapon Location: _____

Firearms Instructors Name: Michael Crowley #261

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: Raymond Byrne Date: 3/8/2017
Print Name: Raymond Byrne Firearms Instructor: Det Michael A. Crowley #2

**TEANECK POLICE DEPARTMENT
HANDGUN QUALIFICATION RECORD**

Date: 3/24/2017

OFFICER & WEAPON

Rank: Police Officer Officer: Ross Burns Badge # 237
Target Type: [REDACTED] Range Location: [REDACTED]
Service Handgun: [REDACTED] Other Approved Handgun: _____
Serial #: [REDACTED] Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Crowley #261

QUALIFICATION

HQC1: Hits: 56 Score: 93.3% HNQC: Hits: 37 Score: 92.5%

Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____

Remedial Instruction: _____

Firearms Instructors Name: Michael Crowley #261

REMEDIAL QUALIFICATION

HQC1: Hits: _____ Score: 0.0% HNQC: Hits: _____ Score: 0.0%

WEAPONS MALFUNCTIONS OR WEAPONS TAKEN OUT OF SERVICE

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☒ Location of Weapon: _____

Firearms Instructors Name: Michael Crowley #261

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: RJB Date: 3/24/2017

Print Name: Ross Burns Firearms Instructor: Det Michael A. Crowley #261

**TEANECK POLICE DEPARTMENT
HANDGUN QUALIFICATION RECORD**

Date: 3/24/2017

OFFICER & WEAPON

Rank: [REDACTED] Officer: Ross Burns Badge # 237
Target Type: [REDACTED] Range Location: [REDACTED]
Service Handgun: [REDACTED] Other Approved Handgun: [REDACTED]
Serial #: [REDACTED] Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Crowley #261

QUALIFICATION

HQC1: Hits: 57 Score: 95.0% HNQC: Hits: 37 Score: 92.5%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____
Remedial Instruction: _____
Firearms Instructors Name: Michael Crowley #261

REMEDIAL QUALIFICATION

HQC1: Hits: _____ Score: 0.0% HNQC: Hits: _____ Score: 0.0%

WEAPONS MALFUNCTIONS OR WEAPONS TAKEN OUT OF SERVICE

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☒ Location of Weapon: _____

Firearms Instructors Name: Michael Crowley #261

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: [Signature] Date: 3/24/2017

Print Name: Ross Burns Firearms Instructor: [Signature] #261

**TEANECK POLICE DEPARTMENT
HANDGUN QUALIFICATION RECORD**

Date: 3/24/2017

OFFICER & WEAPON

Rank: Police Officer Officer: Ross Burns Badge # 237
Target Type: [REDACTED] Range Location: [REDACTED]
Service Handgun: [REDACTED] Other Approved Handgun: [REDACTED]
Serial #: [REDACTED] Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Crowley #261

QUALIFICATION

HQC1: Hits: 55 Score: 91.7% HNQC: Hits: 36 Score: 90.0%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____
Remedial Instruction: _____
Firearms Instructors Name: Michael Crowley #261

REMEDIAL QUALIFICATION

HQC1: Hits: _____ Score: 0.0% HNQC: Hits: _____ Score: 0.0%

WEAPONS MALFUNCTIONS OR WEAPONS TAKEN OUT OF SERVICE

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____
Was weapon taken out of service: Y ☐ N ☒ Location of Weapon: _____
Firearms Instructors Name: Michael Crowley #261

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature:  Date: 3/24/2017

Print Name: Ross Burns Firearms Instructor: 

**TEANECK POLICE DEPARTMENT
HANDGUN QUALIFICATION RECORD**

Date: 3/9/2017

OFFICER & WEAPON

Rank: Det. Lieutenant Officer: Andrew McGurr Badge # 241

Target Type: [REDACTED] Range Location: [REDACTED]

Service Handgun: [REDACTED] Other Approved Handgun: _____

Serial #: [REDACTED] Ammunition: [REDACTED] Caliber: [REDACTED]

Firearms Instructor: Michael Crowley #261

QUALIFICATION

HQC1: Hits: 58 Score: 96.7% HNQC: Hits: 38 Score: 95.0%

Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____

Remedial Instruction: _____

Firearms Instructors Name: Michael Crowley #261

REMEDIAL QUALIFICATION

HQC1: Hits: _____ Score: 0.0% HNQC: Hits: _____ Score: 0.0%

WEAPONS MALFUNCTIONS OR WEAPONS TAKEN OUT OF SERVICE

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☒ Location of Weapon: _____

Firearms Instructors Name: Michael Crowley #261

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: *D/Lt McGurr* Date: 3/9/2017

Print Name: Andrew McGurr Firearms Instructor: *Det. Michael A. Crowley #261*

**TEANECK POLICE DEPARTMENT
HANDGUN QUALIFICATION RECORD**

Date: 3/9/2017

OFFICER & WEAPON

Rank: Detective Officer: Rodney Ryland Badge # 242
Target Type: [REDACTED] Range Location: [REDACTED]
Service Handgun: [REDACTED] Other Approved Handgun: _____
Serial #: [REDACTED] Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Crowley #261

QUALIFICATION

HQC1: Hits: 52 Score: 86.7% HNQC: Hits: 40 Score: 100.0%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____
Remedial Instruction: _____
Firearms Instructors Name: Michael Crowley #261

REMEDIAL QUALIFICATION

HQC1: Hits: _____ Score: 0.0% HNQC: Hits: _____ Score: 0.0%

WEAPONS MALFUNCTIONS OR WEAPONS TAKEN OUT OF SERVICE

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____
Was weapon taken out of service: Y ☐ N ☒ Location of Weapon: _____
Firearms Instructors Name: Michael Crowley #261

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: Rodney Ryland Date: 3/9/2017

Print Name: Rodney Ryland Firearms Instructor: Det Michael A. Crowley #261

**TEANECK POLICE DEPARTMENT
HANDGUN QUALIFICATION RECORD**

Date: 3/9/17

OFFICER & WEAPON

Rank: Detective Officer: Rodney Ryland Badge # 242
Target Type: [REDACTED] Range Location: [REDACTED]
Service Handgun: [REDACTED] Other Approved Handgun: [REDACTED]
Serial #: [REDACTED] Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Eddy Lievano #259

QUALIFICATION

HQC1: Hits: 58 Score: 96.7% HNQC: Hits: 39 Score: 97.5%

Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____

Remedial Instruction: _____

Firearms Instructors Name: Eddy Lievano #259

REMEDIAL QUALIFICATION

HQC1: Hits: _____ Score: 0.0% HNQC: Hits: _____ Score: 0.0%

WEAPONS MALFUNCTIONS OR WEAPONS TAKEN OUT OF SERVICE

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☒ Location of Weapon: _____

Firearms Instructors Name: Eddy Lievano #259

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: Rodney Ryland Date: 3/9/17

Print Name: Rodney Ryland

Firearms Instructor: Eddy Lievano #259

**TEANECK POLICE DEPARTMENT
HANDGUN QUALIFICATION RECORD**

Date: 7/14/2017

OFFICER & WEAPON

Rank: Deputy Chief Officer: John Faggello Badge # 244

Target Type: [REDACTED] Range Location: [REDACTED]

Service Handgun: [REDACTED] Other Approved Handgun: _____

Serial #: [REDACTED] Ammunition: [REDACTED] Caliber: [REDACTED]

Firearms Instructor: Michael Crowley #261

QUALIFICATION

HQC1: Hits: 58 Score: 96.7% HNQC: Hits: 35 Score: 87.5%

Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____

Remedial Instruction: _____

Firearms Instructors Name: Michael Crowley #261

REMEDIAL QUALIFICATION

HQC1: Hits: _____ Score: 0.0% HNQC: Hits: _____ Score: 0.0%

WEAPONS MALFUNCTIONS OR WEAPONS TAKEN OUT OF SERVICE

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☒ Location of Weapon: _____

Firearms Instructors Name: Michael Crowley #261

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: John A. Faggello #244 Date: 7/14/2017

Print Name: John Faggello Firearms Instructor: Det Michael A. Crowley #2

**TEANECK POLICE DEPARTMENT
HANDGUN QUALIFICATION RECORD**

Date: 7/14/2017

OFFICER & WEAPON

Rank: Deputy Chief Officer: John Faggello Badge # 244
Target Type: [REDACTED] Range Location: [REDACTED]
Service Handgun: [REDACTED] Other Approved Handgun: [REDACTED]
Serial #: [REDACTED] Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Crowley #261

QUALIFICATION

HQC1: Hits: 57 Score: 95.0% HNQC: Hits: 38 Score: 95.0%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____

Remedial Instruction: _____
Firearms Instructors Name: Michael Crowley #261

REMEDIAL QUALIFICATION

HQC1: Hits: _____ Score: 0.0% HNQC: Hits: _____ Score: 0.0%

WEAPONS MALFUNCTIONS OR WEAPONS TAKEN OUT OF SERVICE

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☒ Location of Weapon: _____

Firearms Instructors Name: Michael Crowley #261

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: John Faggello Date: 7/14/2017

Print Name: John Faggello Firearms Instructor: Det Michael A Crowley #261

**TEANECK POLICE DEPARTMENT
HANDGUN QUALIFICATION RECORD**

Date: 07/14/2017

OFFICER & WEAPON

Rank: Deputy Chief Officer: John Faggello Badge # 244
Target Type: [REDACTED] Range Location: [REDACTED]
Service Handgun: [REDACTED] Other Approved Handgun: [REDACTED]
Serial #: [REDACTED] Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Thomas R. Finley #274

QUALIFICATION

HQC1: Hits: 55 Score: 91.7% HNQC: Hits: 36 Score: 90.0%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____
Remedial Instruction: _____
Firearms Instructors Name: Thomas R. Finley #274

REMEDIAL QUALIFICATION

HQC1: Hits: _____ Score: 0.0% HNQC: Hits: _____ Score: 0.0%

WEAPONS MALFUNCTIONS OR WEAPONS TAKEN OUT OF SERVICE

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☒ Location of Weapon: _____

Firearms Instructors Name: Thomas R. Finley #274

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: *John Faggello* Date: 07/14/2017

Print Name: John Faggello Firearms Instructor: Sgt. T. N. #274

**TEANECK POLICE DEPARTMENT
HANDGUN QUALIFICATION RECORD**

Date: 7/14/2017

OFFICER & WEAPON

Rank: Det. Captain Officer: Michael Ferrante Badge # 245
Target Type: [REDACTED] Range Location: [REDACTED]
Service Handgun: [REDACTED] Other Approved Handgun: _____
Serial #: [REDACTED] Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Crowley #261

QUALIFICATION

HQC1: Hits: 55 Score: 91.7% HNQC: Hits: 36 Score: 90.0%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____
Remedial Instruction: _____
Firearms Instructors Name: Michael Crowley #261

REMEDIAL QUALIFICATION

HQC1: Hits: _____ Score: 0.0% HNQC: Hits: _____ Score: 0.0%

WEAPONS MALFUNCTIONS OR WEAPONS TAKEN OUT OF SERVICE

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☒ Location of Weapon: _____
Firearms Instructors Name: Michael Crowley #261

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: Capt. Michael Ferrante Date: 7/14/2017
Print Name: Michael Ferrante Firearms Instructor: Det. Michael A. Crowley #2

**TEANECK POLICE DEPARTMENT
HANDGUN QUALIFICATION RECORD**

Date: 3/9/2017

OFFICER & WEAPON

Rank: Sergeant Officer: Paul Finkler Badge # 247
Target Type: [REDACTED] Range Location: [REDACTED]
Service Handgun: [REDACTED] Other Approved Handgun: [REDACTED]
Serial #: [REDACTED] Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Crowley #261

QUALIFICATION

HQC1: Hits: 50 Score: 83.3% HNQC: Hits: 34 Score: 85.0%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: [REDACTED]
Remedial Instruction: [REDACTED]
Firearms Instructors Name: Michael Crowley #261

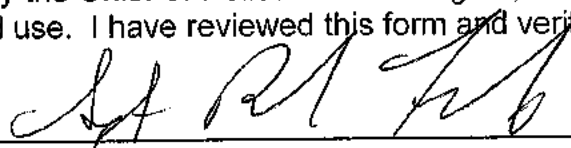
REMEDIAL QUALIFICATION

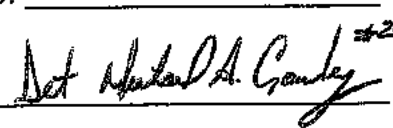
HQC1: Hits: [REDACTED] Score: 0.0% HNQC: Hits: [REDACTED] Score: 0.0%

WEAPONS MALFUNCTIONS OR WEAPONS TAKEN OUT OF SERVICE

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: [REDACTED]
[REDACTED]
Was weapon taken out of service: Y ☐ N ☒ Location of Weapon: [REDACTED]
Firearms Instructors Name: Michael Crowley #261

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature:  Date: 3/9/2017

Print Name: Paul Finkler Firearms Instructor:  #2

**TEANECK POLICE DEPARTMENT
HANDGUN QUALIFICATION RECORD**

Date: 3/9/2017

OFFICER & WEAPON

Rank: Police Officer Officer: Edward Hahn Badge #: 248
Target Type: [REDACTED] Range Location: [REDACTED]
Service Handgun: [REDACTED] Other Approved Handgun: _____
Serial #: [REDACTED] Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Crowley #261

QUALIFICATION

HQC1: Hits: 54 Score: 90.0% HNQC: Hits: 35 Score: 87.5%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____

Remedial Instruction: _____

Firearms Instructors Name: Michael Crowley #261

REMEDIAL QUALIFICATION

HQC1: Hits: _____ Score: 0.0% HNQC: Hits: _____ Score: 0.0%

WEAPONS MALFUNCTIONS OR WEAPONS TAKEN OUT OF SERVICE

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☒ Location of Weapon: _____

Firearms Instructors Name: Michael Crowley #261

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: [Signature] Date: 3/9/2017

Print Name: Edward Hahn Firearms Instructor: [Signature] #261

**TEANECK POLICE DEPARTMENT
HANDGUN QUALIFICATION RECORD**

Date: 7/7/2017

OFFICER & WEAPON

Rank: Police Officer Officer: Edward Hahn Badge # 248
Target Type: [REDACTED] Range Location: [REDACTED]
Service Handgun: [REDACTED] Other Approved Handgun: [REDACTED]
Serial #: [REDACTED] Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Crowley #261

QUALIFICATION

HQC1: Hits: 56 Score: 93.3% HNQC: Hits: 36 Score: 90.0%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____
Remedial Instruction: _____
Firearms Instructors Name: Michael Crowley #261

REMEDIAL QUALIFICATION

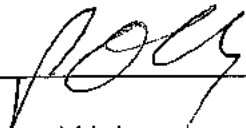
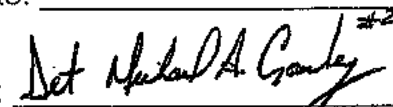
HQC1: Hits: _____ Score: 0.0% HNQC: Hits: _____ Score: 0.0%

WEAPONS MALFUNCTIONS OR WEAPONS TAKEN OUT OF SERVICE

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☒ Location of Weapon: _____
Firearms Instructors Name: Michael Crowley #261

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature:  Date: 7/7/2017
Print Name: Edward Hahn Firearms Instructor:  #261

**TEANECK POLICE DEPARTMENT
HANDGUN QUALIFICATION RECORD**

Date: 7/7/2017

OFFICER & WEAPON

Rank: Police Officer Officer: Edward Hahn Badge # 248
Target Type: [REDACTED] Range Location: [REDACTED]
Service Handgun: [REDACTED] Other Approved Handgun: [REDACTED]
Serial #: [REDACTED] Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Crowley #261

QUALIFICATION

HQC1: Hits: 55 Score: 91.7% HNQC: Hits: 35 Score: 87.5%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____
Remedial Instruction: _____
Firearms Instructors Name: Michael Crowley #261

REMEDIAL QUALIFICATION

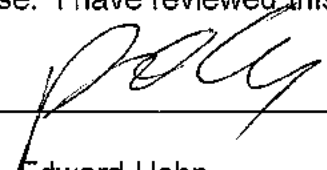
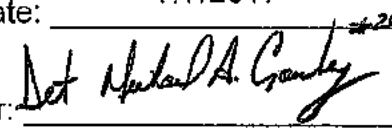
HQC1: Hits: _____ Score: 0.0% HNQC: Hits: _____ Score: 0.0%

WEAPONS MALFUNCTIONS OR WEAPONS TAKEN OUT OF SERVICE

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☒ Location of Weapon: _____
Firearms Instructors Name: Michael Crowley #261

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature:  Date: 7/7/2017
Print Name: Edward Hahn Firearms Instructor:  #261

Date: 3/8/2017

Rank: Sergeant Officer: Robert Mehnert Badge # 249

Target Type: Range Location:

Service Handgun: Other Approved Handgun:

Serial #: Ammunition: Caliber:

Firearms Instructor: Michael Crowley #261

HQC1: Hits: 53 Score: 88.3% HNQC: Hits: 37 Score: 92.5%

Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____

Remedial instruction:

Firearms Instructors Name: Michael Crowley #261

HQC1: Hits: _____ Score: 0.0% HNQC: Hits: _____ Score: 0.0%

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☒ Location of Weapon: _____

Firearms Instructors Name: Michael Crowley #261

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: *Det. Robert J. McInnis* Date: 3/8/2017

Print Name: Robert Mehnert Firearms Instructor: Det. Michael A. Conley

**TEANECK POLICE DEPARTMENT
POLICE CARBINE QUALIFICATION RECORD**

Date: 3/8/2017

OFFICER & WEAPON

Rank: Sergeant Officer: Robert Mehnert Badge # 249
Target Type: [REDACTED] Range Location: [REDACTED]
[REDACTED] Serial #: [REDACTED]
Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Crowley #261

QUALIFICATION

PCQC: Hits: 57 Score: 95.0% PCQNC: Hits: 48 Score: 96.0%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____

Remedial Instruction: _____

Firearms Instructors Name: Michael Crowley #261

REMEDIAL QUALIFICATION

PCQC: Hits: _____ Score: 0.0% PCQNC: Hits: _____ Score: 0.0%

MALFUNCTIONS & WEAPONS MAINTENANCE

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☒ Weapon Location: _____

Firearms Instructors Name: Michael Crowley #261

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: [Signature] Date: 3/8/2017

Print Name: Robert Mehnert

Firearms Instructor: [Signature] #261

**TEANECK POLICE DEPARTMENT
HANDGUN QUALIFICATION RECORD**

Date: 3/8/2017

OFFICER & WEAPON

Rank: Sergeant Officer: Michael Adomilli Badge # 251
Target Type: [REDACTED] Range Location: [REDACTED]
Service Handgun: [REDACTED] Other Approved Handgun: _____
Serial #: [REDACTED] Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Crowley #261

QUALIFICATION

HQC1: Hits: 54 Score: 90.0% HNQC: Hits: 38 Score: 95.0%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____
Remedial Instruction: _____
Firearms Instructors Name: Michael Crowley #261

REMEDIAL QUALIFICATION

HQC1: Hits: _____ Score: 0.0% HNQC: Hits: _____ Score: 0.0%

WEAPONS MALFUNCTIONS OR WEAPONS TAKEN OUT OF SERVICE

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☒ Location of Weapon: _____

Firearms Instructors Name: Michael Crowley #261

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: [Signature] Date: 3/8/2017

Print Name: Michael Adomilli

Firearms Instructor: [Signature] #261

**TEANECK POLICE DEPARTMENT
HANDGUN QUALIFICATION RECORD**

Date: 3/8/2017

OFFICER & WEAPON

Rank: Police Officer Officer: Jose Gonzalez Badge # 252
Target Type: [REDACTED] Range Location: [REDACTED]
Service Handgun: [REDACTED] Other Approved Handgun: _____
Serial #: [REDACTED] Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Crowley #261

QUALIFICATION

HQC1: Hits: 52 Score: 86.7% HNQC: Hits: 40 Score: 100.0%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____
Remedial Instruction: _____
Firearms Instructors Name: Michael Crowley #261

REMEDIAL QUALIFICATION

HQC1: Hits: _____ Score: 0.0% HNQC: Hits: _____ Score: 0.0%

WEAPONS MALFUNCTIONS OR WEAPONS TAKEN OUT OF SERVICE

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☒ Location of Weapon: _____

Firearms Instructors Name: Michael Crowley #261

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: *Jose Gonzalez* #252 Date: 3/8/2017

Print Name: Jose Gonzalez Firearms Instructor: *Det Michael A. Crowley* #261

**TEANECK POLICE DEPARTMENT
POLICE CARBINE QUALIFICATION RECORD**

Date: 3/8/2017

OFFICER & WEAPON

Rank: Police Officer Officer: Jose Gonzalez Badge # 252
Target Type: [REDACTED] Range Location: [REDACTED]
[REDACTED] Serial #: [REDACTED]
Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Crowley #261

QUALIFICATION

PCQC: Hits: 53 Score: 88.3% PCQNC: Hits: 44 Score: 88.0%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____
Remedial Instruction: _____
Firearms Instructors Name: Michael Crowley #261

REMEDIAL QUALIFICATION

PCQC: Hits: _____ Score: 0.0% PCQNC: Hits: _____ Score: 0.0%

MALFUNCTIONS & WEAPONS MAINTENANCE

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☒ Weapon Location: _____
Firearms Instructors Name: Michael Crowley #261

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: *RA [Signature] #252* Date: 3/8/2017

Print Name: Jose Gonzalez Firearms Instructor: *Det Michael A. Crowley #261*

Date: 3/10/2017

Rank: Sergeant _____ Officer: Kimberly Johnson _____ Badge # 253

Target Type: [REDACTED] Range Location: [REDACTED]

Service Handgun: [REDACTED] Other Approved Handgun: _____

Serial #: [REDACTED] Ammunition: [REDACTED] Caliber: [REDACTED]

Firearms Instructor: Michael Crowley #261

HQC1: Hits: 57 Score: 95.0% HNQC: Hits: 40 Score: 100.0%

Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____

Remedial Instruction:

Firearms Instructors Name: Michael Crowley #261

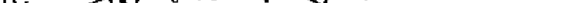
HQC1: Hits: _____ Score: 0.0% HNQC: Hits: _____ Score: 0.0%

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☒ Location of Weapon: _____

Firearms Instructors Name: Michael Crowley #261

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature:  Date: 3/10/2017

Print Name: Kimberly Johnson Firearms Instructor: Det. Richard A. Conley #261

**TEANECK POLICE DEPARTMENT
POLICE CARBINE QUALIFICATION RECORD**

Date: 3/10/2017

OFFICER & WEAPON

Rank: Sergeant Officer: Kimberly Johnson Badge # 253
Target Type: [REDACTED] Range Location: [REDACTED]
[REDACTED] Serial #: [REDACTED]
Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Crowley #261

QUALIFICATION

PCQC: Hits: 57 Score: 95.0% PCQNC: Hits: 49 Score: 98.0%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____
Remedial Instruction: _____
Firearms Instructors Name: Michael Crowley #261

REMEDIAL QUALIFICATION

PCQC: Hits: _____ Score: 0.0% PCQNC: Hits: _____ Score: 0.0%

MALFUNCTIONS & WEAPONS MAINTENANCE

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☒ Weapon Location: _____
Firearms Instructors Name: Michael Crowley #261

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: [Signature] Date: 3/10/2017
Print Name: Kimberly Johnson Firearms Instructor: [Signature] #261

**TEANECK POLICE DEPARTMENT
HANDGUN QUALIFICATION RECORD**

Date: 7/14/2017

OFFICER & WEAPON

Rank: Police Officer Officer: Saul Santiago Badge # 254
Target Type: [REDACTED] Range Location: [REDACTED]
Service Handgun: [REDACTED] Other Approved Handgun: _____
Serial #: [REDACTED] Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Crowley #261

QUALIFICATION

HQC1: Hits: 49 Score: 81.7% HNQC: Hits: 36 Score: 90.0%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____
Remedial Instruction: _____
Firearms Instructors Name: Michael Crowley #261

REMEDIAL QUALIFICATION

HQC1: Hits: _____ Score: 0.0% HNQC: Hits: _____ Score: 0.0%

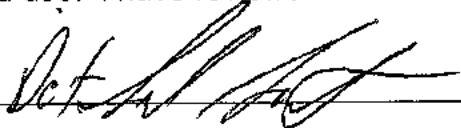
WEAPONS MALFUNCTIONS OR WEAPONS TAKEN OUT OF SERVICE

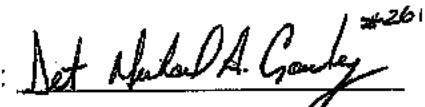
Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☒ Location of Weapon: _____

Firearms Instructors Name: Michael Crowley #261

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature:  Date: 7/14/2017

Print Name: Saul Santiago Firearms Instructor:  #261

**TEANECK POLICE DEPARTMENT
HANDGUN QUALIFICATION RECORD**

Date: 3/24/2017

OFFICER & WEAPON

Rank: Lieutenant Officer: Thomas Tully Badge # 255
Target Type: [REDACTED] Range Location: [REDACTED]
Service Handgun: [REDACTED] Other Approved Handgun: _____
Serial #: [REDACTED] Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Crowley #261

QUALIFICATION

HQC1: Hits: 60 Score: 100.0% HNQC: Hits: 40 Score: 100.0%

Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____

Remedial Instruction: _____

Firearms Instructors Name: Michael Crowley #261

REMEDIAL QUALIFICATION

HQC1: Hits: _____ Score: 0.0% HNQC: Hits: _____ Score: 0.0%

WEAPONS MALFUNCTIONS OR WEAPONS TAKEN OUT OF SERVICE

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☒ Location of Weapon: _____

Firearms Instructors Name: Michael Crowley #261

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: *Thomas Tully* #255 Date: 3/24/2017

Print Name: Thomas Tully

Firearms Instructor: *Det Michael A. Crowley #2*

**TEANECK POLICE DEPARTMENT
HANDGUN QUALIFICATION RECORD**

Date: 3/24/2017

OFFICER & WEAPON

Rank: Detective Officer: Harold Clark Badge #: 256

Target Type: [REDACTED] Range Location: [REDACTED]

Service Handgun: [REDACTED] Other Approved Handgun: _____

Serial #: [REDACTED] Ammunition: [REDACTED] Caliber: [REDACTED]

Firearms Instructor: Michael Crowley #261

QUALIFICATION

HQC1: Hits: 50 Score: 83.3% HNQC: Hits: 34 Score: 85.0%

Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____

Remedial Instruction: _____

Firearms Instructors Name: Michael Crowley #261

REMEDIAL QUALIFICATION

HQC1: Hits: _____ Score: 0.0% HNQC: Hits: _____ Score: 0.0%

WEAPONS MALFUNCTIONS OR WEAPONS TAKEN OUT OF SERVICE

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☒ Location of Weapon: _____

Firearms Instructors Name: Michael Crowley #261

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: [Signature] Date: 3/24/2017

Print Name: Harold Clark Firearms Instructor: Det Michael A. Crowley #2

Date: 2/3/2017

Rank: Detective _____ Officer: EDDY LIEVANO _____ Badge #: 259 _____

Target Type: _____ Range Location: _____

Service Handgun: _____ Other Approved Handgun: _____

Serial #: _____ Ammunition: _____ Caliber: _____

Firearms Instructor: Thomas R. Finley #274 _____

HQC1: Hits: 60 Score: 100.0% HNQC: Hits: 40 Score: 100.0%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____

Firearms Instructors Name: Thomas R. Finley #274

HQC1: Hits: _____ Score: 0.0% HNQC: Hits: _____ Score: 0.0%

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☒ Location of Weapon: _____

Firearms Instructors Name: Thomas R. Finley #274

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

correct.

Officers Signature: Det. P. K. O #259 Date: 2/3/2017

Print Name: EDDY LIEVANO Firearms Instructor: Sgt. MEX #2:

**TEANECK POLICE DEPARTMENT
HANDGUN QUALIFICATION RECORD**

Date: 2/3/2017

OFFICER & WEAPON

Rank: Detective Officer: EDDY LIEVANO Badge # 259
Target Type: [REDACTED] Range Location: [REDACTED]
Service Handgun: [REDACTED] Other Approved Handgun: [REDACTED]
Serial #: [REDACTED] Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Thomas R. Finley #274

QUALIFICATION

HQC1: Hits: 56 Score: 93.3% HNQC: Hits: 38 Score: 95.0%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____
Remedial Instruction: _____
Firearms Instructors Name: Thomas R. Finley #274

REMEDIAL QUALIFICATION

HQC1: Hits: _____ Score: 0.0% HNQC: Hits: _____ Score: 0.0%

WEAPONS MALFUNCTIONS OR WEAPONS TAKEN OUT OF SERVICE

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☒ Location of Weapon: _____

Firearms Instructors Name: Thomas R. Finley #274

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: Det. E. Lievano #259 Date: 2/3/2017

Print Name: EDDY LIEVANO Firearms Instructor: Sgt. M. J. #274

**TEANECK POLICE DEPARTMENT
HANDGUN QUALIFICATION RECORD**

Date: 2/3/2017

OFFICER & WEAPON

Rank: Detective Officer: EDDY LIEVANO Badge # 259
Target Type: [REDACTED] Range Location: [REDACTED]
Service Handgun: [REDACTED] Other Approved Handgun: [REDACTED]
Serial #: [REDACTED] Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Thomas R. Finley #274

QUALIFICATION

HQC1: Hits: 59 Score: 98.3% HNQC: Hits: 39 Score: 97.5%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____

Remedial Instruction: _____

Firearms Instructors Name: Thomas R. Finley #274

REMEDIAL QUALIFICATION

HQC1: Hits: _____ Score: 0.0% HNQC: Hits: _____ Score: 0.0%

WEAPONS MALFUNCTIONS OR WEAPONS TAKEN OUT OF SERVICE

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☒ Location of Weapon: _____

Firearms Instructors Name: Thomas R. Finley #274

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: Det. E. Lievano #259 Date: 2/3/2017

Print Name: EDDY LIEVANO Firearms Instructor: Sgt. M. J. #2

**TEANECK POLICE DEPARTMENT
HANDGUN QUALIFICATION RECORD**

Date: 3/8/2017

OFFICER & WEAPON

Rank: Police Officer Officer: Mark Adomilli Badge # 260

Target Type: [REDACTED] Range Location: [REDACTED]

Service Handgun: [REDACTED] Other Approved Handgun: _____

Serial #: [REDACTED] Ammunition: [REDACTED] Caliber: [REDACTED]

Firearms Instructor: Michael Crowley #261

QUALIFICATION

HQC1: Hits: 57 Score: 95.0% HNQC: Hits: 35 Score: 87.5%

Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____

Remedial Instruction: _____

Firearms Instructors Name: Michael Crowley #261

REMEDIAL QUALIFICATION

HQC1: Hits: _____ Score: 0.0% HNQC: Hits: _____ Score: 0.0%

WEAPONS MALFUNCTIONS OR WEAPONS TAKEN OUT OF SERVICE

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☒ Location of Weapon: _____

Firearms Instructors Name: Michael Crowley #261

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: *Mark Adomilli* Date: 3/8/2017

Print Name: Mark Adomilli Firearms Instructor: *Det. Michael A. Crowley #261*

**TEANECK POLICE DEPARTMENT
POLICE CARBINE QUALIFICATION RECORD**

Date: 3/8/2017

OFFICER & WEAPON

Rank: Police Officer Officer: Mark Adomilli Badge # 260
Target Type: [REDACTED] Range Location: [REDACTED]
[REDACTED] Serial #: [REDACTED]
Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Crowley #261

QUALIFICATION

PCQC: Hits: 55 Score: 91.7% PCQNC: Hits: 49 Score: 98.0%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____
Remedial Instruction: _____
Firearms Instructors Name: Michael Crowley #261

REMEDIAL QUALIFICATION

PCQC: Hits: _____ Score: 0.0% PCQNC: Hits: _____ Score: 0.0%

MALFUNCTIONS & WEAPONS MAINTENANCE

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☒ Weapon Location: _____
Firearms Instructors Name: Michael Crowley #261

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: Mark Adomilli Date: 3/8/2017

Print Name: Mark Adomilli Firearms Instructor: Det Michael A. Crowley #261

Date: 2/03/2017

Rank: Detective Officer: MICHAEL CROWLEY Badge # 261

Target Type: Range Location:

Service Handgun: Other Approved Handgun:

Serial #: Ammunition: Caliber:

Firearms Instructor: Thomas R. Finley #274

HQC1: Hits: 60 Score: 100.0% HNQC: Hits: 40 Score: 100.0%

Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____

Remedial Instruction: _____

Firearms Instructors Name: Thomas R. Finley #274

HQC1: Hits: _____ Score: 0.0% HNQC: Hits: _____ Score: 0.0%

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☒ Location of Weapon: _____

Firearms Instructors Name: Thomas R. Finley #274

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: Det Michael A. Conley Date: 2/03/2017

Print Name: MICHAEL CROWLEY Firearms Instructor Sgt. 7127

**TEANECK POLICE DEPARTMENT
HANDGUN QUALIFICATION RECORD**

Date: 02/03/2017

OFFICER & WEAPON

Rank: Detective Officer: Michael Crowley Badge # 261
Target Type: [REDACTED] Range Location: [REDACTED]
Service Handgun: [REDACTED] Other Approved Handgun: _____
Serial #: [REDACTED] Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Thomas R. Finley #274

QUALIFICATION

HQC1: Hits: 60 Score: 100.0% HNQC: Hits: 40 Score: 100.0%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____
Remedial Instruction: _____
Firearms Instructors Name: Thomas R. Finley #274

REMEDIAL QUALIFICATION

HQC1: Hits: _____ Score: 0.0% HNQC: Hits: _____ Score: 0.0%

WEAPONS MALFUNCTIONS OR WEAPONS TAKEN OUT OF SERVICE

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☒ Location of Weapon: _____

Firearms Instructors Name: Thomas R. Finley #274

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: *Det Michael A. Crowley #261* Date: 02/03/2017

Print Name: Michael Crowley Firearms Instructor: *Sgt. M. J. #274*

**TEANECK POLICE DEPARTMENT
POLICE CARBINE QUALIFICATION RECORD**

Date: 2/03/201

OFFICER & WEAPON

Rank: Detective Officer: MICHAEL CROWLEY Badge # 261
Target Type: [REDACTED] Range Location: [REDACTED]
[REDACTED] Serial #: [REDACTED]
Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Thomas R. Finley #274

QUALIFICATION

PCQC: Hits: 60 Score: 100.0% PCQNC: Hits: 50 Score: 100.0%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____
Remedial Instruction: _____
Firearms Instructors Name: Thomas R. Finley #274

REMEDIAL QUALIFICATION

PCQC: Hits: _____ Score: 0.0% PCQNC: Hits: _____ Score: 0.0%

MALFUNCTIONS & WEAPONS MAINTENANCE

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____
Was weapon taken out of service: Y ☐ N ☒ Weapon Location: _____
Firearms Instructors Name: Thomas R. Finley #274

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: *Det Michael D. Crowley* Date: 2/03/201

Print Name: MICHAEL CROWLEY Firearms Instructor: *Sgt. M. J. #27*

**TEANECK POLICE DEPARTMENT
HANDGUN QUALIFICATION RECORD**

Date: 3/9/2017

OFFICER & WEAPON

Rank: Police Officer Officer: Gregory Rucker Badge # 262
Target Type: [REDACTED] Range Location: [REDACTED]
Service Handgun: [REDACTED] Other Approved Handgun: _____
Serial #: [REDACTED] Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Crowley #261

QUALIFICATION

HQC1: Hits: 50 Score: 83.3% HNQC: Hits: 39 Score: 97.5%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____

Remedial Instruction: _____

Firearms Instructors Name: Michael Crowley #261

REMEDIAL QUALIFICATION

HQC1: Hits: _____ Score: 0.0% HNQC: Hits: _____ Score: 0.0%

WEAPONS MALFUNCTIONS OR WEAPONS TAKEN OUT OF SERVICE

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☒ Location of Weapon: _____

Firearms Instructors Name: Michael Crowley #261

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: Gregory Rucker Date: 3/9/2017

Print Name: Gregory Rucker

Firearms Instructor: Michael A. Crowley #261

Date: 7/14/2017

Rank: Lieutenant Officer: Tanya Balser Badge # 263

Target Type: [REDACTED] Range Location: [REDACTED]

Service Handgun: [REDACTED] Other Approved Handgun:

Serial #: [REDACTED] Ammunition: [REDACTED] Caliber: [REDACTED]

Firearms Instructor: Michael Crowley #261

HQC1: Hits: 53 Score: 88.3% HNQC: Hits: 36 Score: 90.0%

Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____

Remedial Instruction: _____

Firearms Instructors Name: Michael Crowley #261

HQC1: Hits: _____ Score: 0.0% HNQC: Hits: _____ Score: 0.0%

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☒ Location of Weapon: _____

Firearms Instructors Name: Michael Crowley #261

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: [Signature] Date: 7/14/2017

Print Name: Tanya Balser

Firearms Instructor: Det. Michael A. Gandy

Date: 7/14/17

Rank: Lieutenant Officer: Tanya Balser Badge # 263

Target Type: [REDACTED] Range Location: [REDACTED]

Service Handgun: [REDACTED] Other Approved Handgun: [REDACTED]

Serial #: [REDACTED] Ammunition: [REDACTED] Caliber: [REDACTED]

Firearms Instructor: Eddy Lievano #259

HQC1: Hits: 56 Score: 93.3% HNQC: Hits: 36 Score: 90.0%

Remedial Instruction: _____

Firearms Instructors Name: Eddy Lievano #259

HQC1: Hits: _____ Score: 0.0% HNQC: Hits: _____ Score: 0.0%

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☒ Location of Weapon: _____

Firearms Instructors Name: Eddy Lievano #259

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature:  Date: 7/14/17

Print Name: Tanya Balser Firearms Instructor: 

**TEANECK POLICE DEPARTMENT
HANDGUN QUALIFICATION RECORD**

Date: 3/24/2017

OFFICER & WEAPON

Rank: Sergeant Officer: William Croonquist Badge # 266
Target Type: [REDACTED] Range Location: [REDACTED]
Service Handgun: [REDACTED] Other Approved Handgun: [REDACTED]
Serial #: [REDACTED] Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Crowley #261

QUALIFICATION

HQC1: Hits: 50 Score: 83.3% HNQC: Hits: 35 Score: 87.5%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: [REDACTED]
Remedial Instruction: [REDACTED]
Firearms Instructors Name: Michael Crowley #261

REMEDIAL QUALIFICATION

HQC1: Hits: [REDACTED] Score: 0.0% HNQC: Hits: [REDACTED] Score: 0.0%

WEAPONS MALFUNCTIONS OR WEAPONS TAKEN OUT OF SERVICE

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: [REDACTED]
[REDACTED]
Was weapon taken out of service: Y ☐ N ☒ Location of Weapon: [REDACTED]
Firearms Instructors Name: Michael Crowley #261

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: [Signature] Date: 3/24/2017

Print Name: William Croonquist Firearms Instructor: [Signature] #2

**TEANECK POLICE DEPARTMENT
HANDGUN QUALIFICATION RECORD**

Date: 3/10/2017

OFFICER & WEAPON

Rank: Police Officer Officer: Daniel Garcia Badge # 269

Target Type: [REDACTED] Range Location: [REDACTED]

Service Handgun: [REDACTED] Other Approved Handgun: _____

Serial #: [REDACTED] Ammunition: [REDACTED] Caliber: [REDACTED]

Firearms Instructor: Michael Crowley #261

QUALIFICATION

HQC1: Hits: 57 Score: 95.0% HNQC: Hits: 36 Score: 90.0%

Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____

Remedial Instruction: _____

Firearms Instructors Name: Michael Crowley #261

REMEDIAL QUALIFICATION

HQC1: Hits: _____ Score: 0.0% HNQC: Hits: _____ Score: 0.0%

WEAPONS MALFUNCTIONS OR WEAPONS TAKEN OUT OF SERVICE

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____

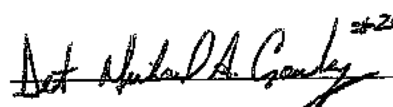
Was weapon taken out of service: Y ☐ N ☒ Location of Weapon: _____

Firearms Instructors Name: Michael Crowley #261

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature:  Date: 3/10/2017

Print Name: Daniel Garcia

Firearms Instructor:  #261

**TEANECK POLICE DEPARTMENT
HANDGUN QUALIFICATION RECORD**

Date: 7/7/2017

OFFICER & WEAPON

Rank: Police Officer Officer: Daniel Garcia Badge # 269
Target Type: [REDACTED] Range Location: [REDACTED]
Service Handgun: [REDACTED] Other Approved Handgun: [REDACTED]
Serial #: [REDACTED] Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Crowley #261

QUALIFICATION

HQC1: Hits: 57 Score: 95.0% HNQC: Hits: 37 Score: 92.5%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____

Remedial Instruction: _____

Firearms Instructors Name: Michael Crowley #261

REMEDIAL QUALIFICATION

HQC1: Hits: _____ Score: 0.0% HNQC: Hits: _____ Score: 0.0%

WEAPONS MALFUNCTIONS OR WEAPONS TAKEN OUT OF SERVICE

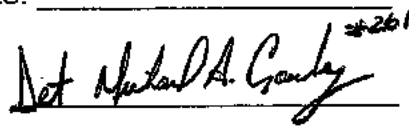
Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☒ Location of Weapon: _____

Firearms Instructors Name: Michael Crowley #261

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature:  Date: 7/7/2017

Print Name: Daniel Garcia Firearms Instructor: 

**TEANECK POLICE DEPARTMENT
HANDGUN QUALIFICATION RECORD**

Date: 7/7/2017

OFFICER & WEAPON

Rank: Police Officer Officer: Daniel Garcia Badge # 269

Target Type: [REDACTED] Range Location: [REDACTED]

Service Handgun: [REDACTED] Other Approved Handgun: [REDACTED]

Serial #: [REDACTED] Ammunition: [REDACTED] Caliber: [REDACTED]

Firearms Instructor: Michael Crowley #261

QUALIFICATION

HQC1: Hits: 56 Score: 93.3% HNQC: Hits: 36 Score: 90.0%

Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____

Remedial Instruction: _____

Firearms Instructors Name: Michael Crowley #261

REMEDIAL QUALIFICATION

HQC1: Hits: _____ Score: 0.0% HNQC: Hits: _____ Score: 0.0%

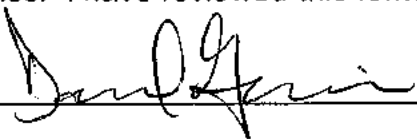
WEAPONS MALFUNCTIONS OR WEAPONS TAKEN OUT OF SERVICE

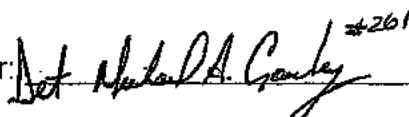
Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☒ Location of Weapon: _____

Firearms Instructors Name: Michael Crowley #261

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature:  Date: 7/7/2017

Print Name: Daniel Garcia Firearms Instructor:  #261

**TEANECK POLICE DEPARTMENT
HANDGUN QUALIFICATION RECORD**

Date: 2/3/2017

OFFICER & WEAPON

Rank: Police Officer Officer: THOMAS CARUSO Badge # 270

Target Type: [REDACTED] Range Location: [REDACTED]

Service Handgun: [REDACTED] Other Approved Handgun: _____

Serial #: [REDACTED] Ammunition: [REDACTED] Caliber: [REDACTED]

Firearms Instructor: Thomas R. Finley #274

QUALIFICATION

HQC1: Hits: 60 Score: 100.0% HNQC: Hits: 40 Score: 100.0%

Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____

Remedial Instruction: _____

Firearms Instructors Name: Thomas R. Finley #274

REMEDIAL QUALIFICATION

HQC1: Hits: _____ Score: 0.0% HNQC: Hits: _____ Score: 0.0%

WEAPONS MALFUNCTIONS OR WEAPONS TAKEN OUT OF SERVICE

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☒ Location of Weapon: _____

Firearms Instructors Name: Thomas R. Finley #274

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: [Signature] 270 Date: 2/3/2017

Print Name: THOMAS CARUSO Firearms Instructor: Sgt. M. J. #27

**TEANECK POLICE DEPARTMENT
POLICE CARBINE QUALIFICATION RECORD**

Date: 2/3/2017

OFFICER & WEAPON

Rank: Police Officer Officer: Thomas Caruso Badge # 270
Target Type: [REDACTED] Range Location: [REDACTED]
[REDACTED] Serial # [REDACTED]
Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Crowley #261

QUALIFICATION

PCQC: Hits: 60 Score: 100.0% PCQNC: Hits: 50 Score: 100.0%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____

Remedial Instruction: _____

Firearms Instructors Name: Michael Crowley #261

REMEDIAL QUALIFICATION

PCQC: Hits: _____ Score: 0.0% PCQNC: Hits: _____ Score: 0.0%

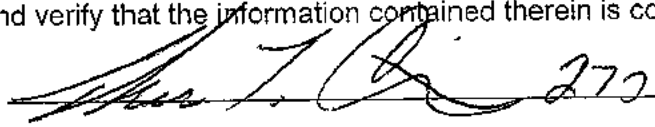
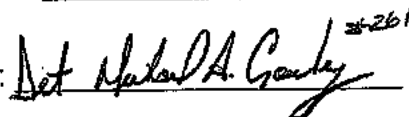
MALFUNCTIONS & WEAPONS MAINTENANCE

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☒ Weapon Location: _____

Firearms Instructors Name: Michael Crowley #261

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature:  Date: 2/3/2017
Print Name: Thomas Caruso Firearms Instructor: 

**TEANECK POLICE DEPARTMENT
HANDGUN QUALIFICATION RECORD**

Date: 2/3/2017

OFFICER & WEAPON

Rank: Police Officer Officer: THOMAS CARUSO Badge # 270
Target Type: [REDACTED] Range Location: [REDACTED]
Service Handgun: [REDACTED] Other Approved Handgun: [REDACTED]
Serial #: [REDACTED] Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Eddy Lievano #259

QUALIFICATION

HQC1: Hits: 59 Score: 98.3% HNQC: Hits: 39 Score: 97.5%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____
Remedial Instruction: _____
Firearms Instructors Name: Eddy Lievano #259

REMEDIAL QUALIFICATION

HQC1: Hits: _____ Score: 0.0% HNQC: Hits: _____ Score: 0.0%

WEAPONS MALFUNCTIONS OR WEAPONS TAKEN OUT OF SERVICE

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____
Was weapon taken out of service: Y ☐ N ☒ Location of Weapon: _____
Firearms Instructors Name: Eddy Lievano #259

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: [Signature] Date: 2/3/2017

Print Name: THOMAS CARUSO Firearms Instructor: [Signature] #259

**TEANECK POLICE DEPARTMENT
HANDGUN QUALIFICATION RECORD**

Date: 2/3/2017

OFFICER & WEAPON

Rank: Police Officer Officer: THOMAS CARUSO Badge # 270
Target Type: [REDACTED] Range Location: [REDACTED]
Service Handgun: [REDACTED] Other Approved Handgun: [REDACTED]
Serial #: [REDACTED] Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Eddy Lievano #259

QUALIFICATION

HQC1: Hits: 59 Score: 98.3% HNQC: Hits: 40 Score: 100.0%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____

Remedial Instruction: _____

Firearms Instructors Name: Eddy Lievano #259

REMEDIAL QUALIFICATION

HQC1: Hits: _____ Score: 0.0% HNQC: Hits: _____ Score: 0.0%

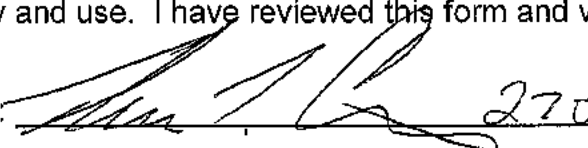
WEAPONS MALFUNCTIONS OR WEAPONS TAKEN OUT OF SERVICE

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☒ Location of Weapon: _____

Firearms Instructors Name: Eddy Lievano #259

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature:  270 Date: 2/3/2017

Print Name: THOMAS CARUSO Firearms Instructor: Det.  #259

**TEANECK POLICE DEPARTMENT
HANDGUN QUALIFICATION RECORD**

Date: 2/3/2017

OFFICER & WEAPON

Rank: Police Officer Officer: THOMAS CARUSO Badge # 270

Target Type: [REDACTED] Range Location: [REDACTED]

Service Handgun: [REDACTED] Other Approved Handgun: [REDACTED]

Serial #: [REDACTED] Ammunition: [REDACTED] Caliber: [REDACTED]

Firearms Instructor: Eddy Lievano #259

QUALIFICATION

HQC1: Hits: 60 Score: 100.0% HNQC: Hits: 40 Score: 100.0%

Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____

Remedial Instruction: _____

Firearms Instructors Name: Eddy Lievano #259

REMEDIAL QUALIFICATION

HQC1: Hits: _____ Score: 0.0% HNQC: Hits: _____ Score: 0.0%

WEAPONS MALFUNCTIONS OR WEAPONS TAKEN OUT OF SERVICE

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☒ Location of Weapon: _____

Firearms Instructors Name: Eddy Lievano #259

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: [Signature] 270 Date: 2/3/2017

Print Name: THOMAS CARUSO Firearms Instructor: [Signature] #259

Date: 3/10/2017

Rank: Sergeant Officer: Patrick Forrest Badge # 271

Target Type: Range Location:

Service Handgun: Other Approved Handgun:

Serial #: Ammunition: Caliber:

Firearms Instructor: Michael Crowley #261

HQC1: Hits: 59 Score: 98.3% HNQC: Hits: 40 Score: 100.0%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____

Firearms Instructors Name: Michael Crowley #261

HQC1: Hits: _____ Score: 0.0% HNQC: Hits: _____ Score: 0.0%

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☒ Location of Weapon: _____

Firearms Instructors Name: Michael Crowley #261

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: [Signature] Date: 3/10/2017

Print Name: Patrick Forrest Firearms Instructor: Det. Marcus R. Jones

**TEANECK POLICE DEPARTMENT
POLICE CARBINE QUALIFICATION RECORD**

Date: 3/10/2017

OFFICER & WEAPON

Rank: Sergeant Officer: Patrick Forrest Badge # 271
Target Type: [REDACTED] Range Location: [REDACTED]
[REDACTED] Serial #: [REDACTED]
Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Crowley #261

QUALIFICATION

PCQC: Hits: 60 Score: 100.0% PCQNC: Hits: 50 Score: 100.0%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____
Remedial Instruction: _____
Firearms Instructors Name: Michael Crowley #261

REMEDIAL QUALIFICATION

PCQC: Hits: _____ Score: 0.0% PCQNC: Hits: _____ Score: 0.0%

MALFUNCTIONS & WEAPONS MAINTENANCE

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☒ Weapon Location: _____
Firearms Instructors Name: Michael Crowley #261

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: *Patrick Forrest* #271 Date: 3/10/2017
Print Name: Patrick Forrest Firearms Instructor: *Det Michael A. Crowley* #261

**TEANECK POLICE DEPARTMENT
HANDGUN QUALIFICATION RECORD**

Date: 3/8/2017

OFFICER & WEAPON

Rank: Sergeant Officer: John Garland Badge # 272
Target Type: [REDACTED] Range Location: [REDACTED]
Service Handgun: [REDACTED] Other Approved Handgun: _____
Serial #: [REDACTED] Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Crowley #261

QUALIFICATION

HQC1: Hits: 59 Score: 98.3% HNQC: Hits: 40 Score: 100.0%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____
Remedial Instruction: _____
Firearms Instructors Name: Michael Crowley #261

REMEDIAL QUALIFICATION

HQC1: Hits: _____ Score: 0.0% HNQC: Hits: _____ Score: 0.0%

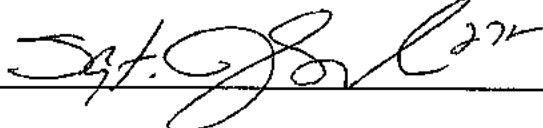
WEAPONS MALFUNCTIONS OR WEAPONS TAKEN OUT OF SERVICE

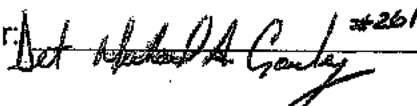
Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☒ Location of Weapon: _____

Firearms Instructors Name: Michael Crowley #261

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature:  Date: 3/8/2017

Print Name: John Garland Firearms Instructor:  #261

**TEANECK POLICE DEPARTMENT
POLICE CARBINE QUALIFICATION RECORD**

Date: 3/8/2017

OFFICER & WEAPON

Rank: Sergeant Officer: John GARland Badge # 272
Target Type: [REDACTED] Range Location: [REDACTED]
[REDACTED] Serial #: [REDACTED]
Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Crowley #261

QUALIFICATION

PCQC: Hits: 57 Score: 95.0% PCQNC: Hits: 47 Score: 94.0%

Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____

Remedial Instruction: _____

Firearms Instructors Name: Michael Crowley #261

REMEDIAL QUALIFICATION

PCQC: Hits: _____ Score: 0.0% PCQNC: Hits: _____ Score: 0.0%

MALFUNCTIONS & WEAPONS MAINTENANCE

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☒ Weapon Location: _____

Firearms Instructors Name: Michael Crowley #261

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: [Signature] Date: 3/8/2017

Print Name: John GARland Firearms Instructor: Det Michael A. Crowley #261

**TEANECK POLICE DEPARTMENT
HANDGUN QUALIFICATION RECORD**

Date: 7/7/2017

OFFICER & WEAPON

Rank: Sergeant Officer: John Garland Badge # 272
Target Type: [REDACTED] Range Location: [REDACTED]
Service Handgun: [REDACTED] Other Approved Handgun: [REDACTED]
Serial #: [REDACTED] Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Crowley #261

QUALIFICATION

HQC1: Hits: 55 Score: 91.7% HNQC: Hits: 37 Score: 92.5%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____

Remedial Instruction: _____

Firearms Instructors Name: Michael Crowley #261

REMEDIAL QUALIFICATION

HQC1: Hits: _____ Score: 0.0% HNQC: Hits: _____ Score: 0.0%

WEAPONS MALFUNCTIONS OR WEAPONS TAKEN OUT OF SERVICE

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☒ Location of Weapon: _____

Firearms Instructors Name: Michael Crowley #261

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: [Signature] Date: 7/7/2017

Print Name: John Garland Firearms Instructor: Det Michael A. Crowley #261

**TEANECK POLICE DEPARTMENT
HANDGUN QUALIFICATION RECORD**

Date: 02/03/2017

OFFICER & WEAPON

Rank: Sergeant Officer: Thomas R. Finley Badge # 274
Target Type: [REDACTED] Range Location: [REDACTED]
Service Handgun: [REDACTED] Other Approved Handgun: _____
Serial #: [REDACTED] Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Crowley #261

QUALIFICATION

HQC1: Hits: 60 Score: 100.0% HNQC: Hits: 40 Score: 100.0%

Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____

Remedial Instruction: _____

Firearms Instructors Name: Michael Crowley #261

REMEDIAL QUALIFICATION

HQC1: Hits: _____ Score: 0.0% HNQC: Hits: _____ Score: 0.0%

WEAPONS MALFUNCTIONS OR WEAPONS TAKEN OUT OF SERVICE

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☒ Location of Weapon: _____

Firearms Instructors Name: Michael Crowley #261

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: Sgt. T. R. Finley #274 Date: 02/03/2017

Print Name: Thomas R. Finley Firearms Instructor: Det. Michael A. Crowley #261

**TEANECK POLICE DEPARTMENT
POLICE CARBINE QUALIFICATION RECORD**

Date: 2/3/2017

OFFICER & WEAPON

Rank: Sergeant Officer: Thomas Finley Badge # 274
Target Type: [REDACTED] Range Location: [REDACTED]
[REDACTED] Serial #: [REDACTED]
Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Crowley #261

QUALIFICATION

PCQC: Hits: 60 Score: 100.0% PCQNC: Hits: 50 Score: 100.0%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____
Remedial Instruction: _____
Firearms Instructors Name: Michael Crowley #261

REMEDIAL QUALIFICATION

PCQC: Hits: _____ Score: 0.0% PCQNC: Hits: _____ Score: 0.0%

MALFUNCTIONS & WEAPONS MAINTENANCE

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☒ Weapon Location: _____
Firearms Instructors Name: Michael Crowley #261

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: Sgt. T. Finley #274 Date: 2/3/2017
Print Name: Thomas Finley Firearms Instructor: Det. Michael A. Crowley #261

**TEANECK POLICE DEPARTMENT
HANDGUN QUALIFICATION RECORD**

Date: 3/9/2017

OFFICER & WEAPON

Rank: Det. Sergeant Officer: Zoraida Martinez Badge # 277
Target Type: [REDACTED] Range Location: [REDACTED]
Service Handgun: [REDACTED] Other Approved Handgun: _____
Serial #: [REDACTED] Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Crowley #261

QUALIFICATION

HQC1: Hits: 51 Score: 85.0% HNQC: Hits: 35 Score: 87.5%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____

Remedial Instruction: _____

Firearms Instructors Name: Michael Crowley #261

REMEDIAL QUALIFICATION

HQC1: Hits: _____ Score: 0.0% HNQC: Hits: _____ Score: 0.0%

WEAPONS MALFUNCTIONS OR WEAPONS TAKEN OUT OF SERVICE

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____

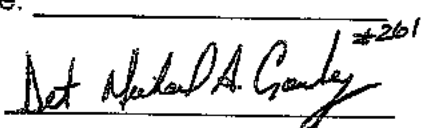
Was weapon taken out of service: Y ☐ N ☒ Location of Weapon: _____

Firearms Instructors Name: Michael Crowley #261

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature:  #277 Date: 3/9/2017

Print Name: Zoraida Martinez

Firearms Instructor:  #261

**TEANECK POLICE DEPARTMENT
HANDGUN QUALIFICATION RECORD**

Date: 3/24/2017

OFFICER & WEAPON

Rank: Sergeant Officer: Jeanette Williams Badge # 278
Target Type: [REDACTED] Range Location: [REDACTED]
Service Handgun: [REDACTED] Other Approved Handgun: _____
Serial #: [REDACTED] Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Crowley #261

QUALIFICATION

HQC1: Hits: 48 Score: 80.0% HNQC: Hits: 32 Score: 80.0%

Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____

Remedial Instruction: _____

Firearms Instructors Name: Michael Crowley #261

REMEDIAL QUALIFICATION

HQC1: Hits: _____ Score: 0.0% HNQC: Hits: _____ Score: 0.0%

WEAPONS MALFUNCTIONS OR WEAPONS TAKEN OUT OF SERVICE

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☒ Location of Weapon: _____

Firearms Instructors Name: Michael Crowley #261

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: *SJH* Date: 3/24/2017

Print Name: Jeanette Williams Firearms Instructor: *Det Michael A. Crowley #261*

**TEANECK POLICE DEPARTMENT
HANDGUN QUALIFICATION RECORD**

Date: 2/3/2017

OFFICER & WEAPON

Rank: Police Officer Officer: Michael Danenza Badge # 279
Target Type: [REDACTED] Range Location: [REDACTED]
Service Handgun: [REDACTED] Other Approved Handgun: _____
Serial #: [REDACTED] Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Thomas R. Finley #274

QUALIFICATION

HQC1: Hits: 58 Score: 96.7% HNQC: Hits: 39 Score: 97.5%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____
Remedial Instruction: _____
Firearms Instructors Name: Thomas R. Finley #274

REMEDIAL QUALIFICATION

HQC1: Hits: _____ Score: 0.0% HNQC: Hits: _____ Score: 0.0%

WEAPONS MALFUNCTIONS OR WEAPONS TAKEN OUT OF SERVICE

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____
Was weapon taken out of service: Y ☐ N ☒ Location of Weapon: _____
Firearms Instructors Name: Thomas R. Finley #274

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: [Signature] #279 Date: 2/3/2017

Print Name: Michael Danenza Firearms Instructor: Sgt. M. J. #274

**TEANECK POLICE DEPARTMENT
POLICE CARBINE QUALIFICATION RECORD**

Date: 2/3/2017

OFFICER & WEAPON

Rank: Police Officer

Officer: Michael Danenza

Badge # 279

Target Type: [REDACTED]

Range Location: [REDACTED]

Serial #: [REDACTED]

Ammunition: [REDACTED]

Caliber: [REDACTED]

Firearms Instructor: Michael Crowley #261

QUALIFICATION

PCQC: Hits: 55

Score: 91.7%

PCQNC: Hits: 46

Score: 92.0%

Remedial Needed: Y ☐ N ☒

If "YES", Remedial Date: _____

Remedial Instruction: _____

Firearms Instructors Name: Michael Crowley #261

REMEDIAL QUALIFICATION

PCQC: Hits: _____ Score: 0.0%

PCQNC: Hits: _____ Score: 0.0%

MALFUNCTIONS & WEAPONS MAINTENANCE

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☒ Weapon Location: _____

Firearms Instructors Name: Michael Crowley #261

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: P.O. Danenza

Date: 2/3/2017

Print Name: _____

Michael Danenza

Firearms Instructor: Det. Michael A. Crowley #261

**TEANECK POLICE DEPARTMENT
HANDGUN QUALIFICATION RECORD**

Date: 3/8/2017

OFFICER & WEAPON

Rank: Police Officer Officer: Arno Peters Badge # 280

Target Type: [REDACTED] Range Location: [REDACTED]

Service Handgun: [REDACTED] Other Approved Handgun: _____

Serial #: [REDACTED] Ammunition: [REDACTED] Caliber: [REDACTED]

Firearms Instructor: Michael Crowley #261

QUALIFICATION

HQC1: Hits: 50 Score: 83.3% HNQC: Hits: 38 Score: 95.0%

Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____

Remedial Instruction: _____

Firearms Instructors Name: Michael Crowley #261

REMEDIAL QUALIFICATION

HQC1: Hits: _____ Score: 0.0% HNQC: Hits: _____ Score: 0.0%

WEAPONS MALFUNCTIONS OR WEAPONS TAKEN OUT OF SERVICE

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☒ Location of Weapon: _____

Firearms Instructors Name: Michael Crowley #261

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: *Arno Peters #280* Date: 3/8/2017

Print Name: Arno Peters Firearms Instructor: *Det Michael A. Crowley #261*

**TEANECK POLICE DEPARTMENT
POLICE CARBINE QUALIFICATION RECORD**

Date: 3/8/2017

OFFICER & WEAPON

Rank: Police Officer Officer: Arno Peters Badge # 280
Target Type: [REDACTED] Range Location: [REDACTED]
[REDACTED] Serial #: [REDACTED]
Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Crowley #261

QUALIFICATION

PCQC: Hits: 58 Score: 96.7% PCQNC: Hits: 49 Score: 98.0%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____
Remedial Instruction: _____
Firearms Instructors Name: Michael Crowley #261

REMEDIAL QUALIFICATION

PCQC: Hits: _____ Score: 0.0% PCQNC: Hits: _____ Score: 0.0%

MALFUNCTIONS & WEAPONS MAINTENANCE

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☒ Weapon Location: _____
Firearms Instructors Name: Michael Crowley #261

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: *Arno Peters* Date: 3/8/2017

Print Name: Arno Peters Firearms Instructor: *Det Michael A. Crowley #261*

**TEANECK POLICE DEPARTMENT
HANDGUN QUALIFICATION RECORD**

Date: 7/14/2017

OFFICER & WEAPON

Rank: Lieutenant Officer: Kenneth Egbert Badge # 281
Target Type: [REDACTED] Range Location: [REDACTED]
Service Handgun: [REDACTED] Other Approved Handgun: _____
Serial #: [REDACTED] Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Crowley #261

QUALIFICATION

HQC1: Hits: 58 Score: 96.7% HNQC: Hits: 35 Score: 87.5%

Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____

Remedial Instruction: _____

Firearms Instructors Name: Michael Crowley #261

REMEDIAL QUALIFICATION

HQC1: Hits: _____ Score: 0.0% HNQC: Hits: _____ Score: 0.0%

WEAPONS MALFUNCTIONS OR WEAPONS TAKEN OUT OF SERVICE

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☒ Location of Weapon: _____

Firearms Instructors Name: Michael Crowley #261

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: *Kenn Egbert* Date: 7/14/2017

Print Name: Kenneth Egbert Firearms Instructor: *Det Michael A. Crowley #261*

**TEANECK POLICE DEPARTMENT
HANDGUN QUALIFICATION RECORD**

Date: 3/9/2017

OFFICER & WEAPON

Rank: Police Officer Officer: William Brittingham Badge # 283
Target Type: [REDACTED] Range Location: [REDACTED]
Service Handgun: [REDACTED] Other Approved Handgun: _____
Serial #: [REDACTED] Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Crowley #261

QUALIFICATION

HQC1: Hits: 54 Score: 90.0% HNQC: Hits: 38 Score: 95.0%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____

Remedial Instruction: _____

Firearms Instructors Name: Michael Crowley #261

REMEDIAL QUALIFICATION

HQC1: Hits: _____ Score: 0.0% HNQC: Hits: _____ Score: 0.0%

WEAPONS MALFUNCTIONS OR WEAPONS TAKEN OUT OF SERVICE

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☒ Location of Weapon: _____

Firearms Instructors Name: Michael Crowley #261

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: [Signature] Date: 3/9/2017

Print Name: William Brittingham

Firearms Instructor: [Signature] #261

**TEANECK POLICE DEPARTMENT
POLICE CARBINE QUALIFICATION RECORD**

Date: 3/9/2017

OFFICER & WEAPON

Rank: Police Officer Officer: William Brittingham Badge # 283
Target Type: [REDACTED] Range Location: [REDACTED]
[REDACTED] Serial #: [REDACTED]
Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Crowley #261

QUALIFICATION

PCQC: Hits: 59 Score: 98.3% PCQNC: Hits: 50 Score: 100.0%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____
Remedial Instruction: _____
Firearms Instructors Name: Michael Crowley #261

REMEDIAL QUALIFICATION

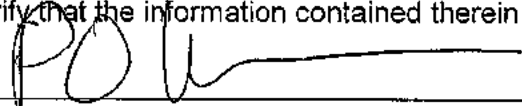
PCQC: Hits: _____ Score: 0.0% PCQNC: Hits: _____ Score: 0.0%

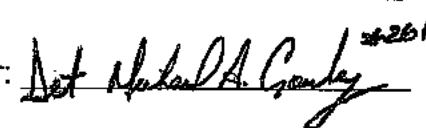
MALFUNCTIONS & WEAPONS MAINTENANCE

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☒ Weapon Location: _____
Firearms Instructors Name: Michael Crowley #261

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature:  Date: 3/9/2017

Print Name: William Brittingham Firearms Instructor:  #261

**TEANECK POLICE DEPARTMENT
HANDGUN QUALIFICATION RECORD**

Date: 3/9/17

OFFICER & WEAPON

Rank: Police Officer Officer: William Brittingham Badge # 283
Target Type: [REDACTED] Range Location: [REDACTED]
Service Handgun: [REDACTED] Other Approved Handgun: [REDACTED]
Serial #: [REDACTED] Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Eddy Lievano #259

QUALIFICATION

HQC1: Hits: 60 Score: 100.0% HNQC: Hits: 40 Score: 100.0%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____
Remedial Instruction: _____
Firearms Instructors Name: Eddy Lievano #259

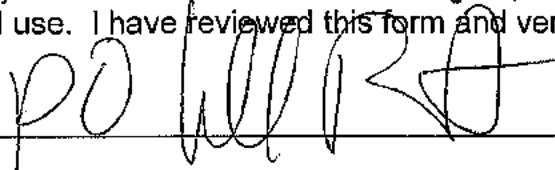
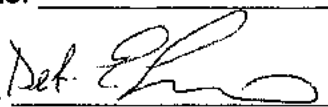
REMEDIAL QUALIFICATION

HQC1: Hits: _____ Score: 0.0% HNQC: Hits: _____ Score: 0.0%

WEAPONS MALFUNCTIONS OR WEAPONS TAKEN OUT OF SERVICE

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____
Was weapon taken out of service: Y ☐ N ☒ Location of Weapon: _____
Firearms Instructors Name: Eddy Lievano #259

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature:  Date: 3/9/17
Print Name: William Brittingham Firearms Instructor: Det.  #259

**TEANECK POLICE DEPARTMENT
HANDGUN QUALIFICATION RECORD**

Date: 3/8/2017

OFFICER & WEAPON

Rank: Police Officer Officer: John Noguerras Badge # 284
Target Type: [REDACTED] Range Location: [REDACTED]
Service Handgun: [REDACTED] Other Approved Handgun: _____
Serial #: [REDACTED] Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Crowley #261

QUALIFICATION

HQC1: Hits: 52 Score: 86.7% HNQC: Hits: 34 Score: 85.0%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____

Remedial Instruction: _____

Firearms Instructors Name: Michael Crowley #261

REMEDIAL QUALIFICATION

HQC1: Hits: _____ Score: 0.0% HNQC: Hits: _____ Score: 0.0%

WEAPONS MALFUNCTIONS OR WEAPONS TAKEN OUT OF SERVICE

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☒ Location of Weapon: _____

Firearms Instructors Name: Michael Crowley #261

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: [Signature] Date: 3/8/2017

Print Name: John Noguerras Firearms Instructor: [Signature] #261

**TEANECK POLICE DEPARTMENT
POLICE CARBINE QUALIFICATION RECORD**

Date: 3/8/2017

OFFICER & WEAPON

Rank: Police Officer Officer: John Noguerras Badge # 284
Target Type: [REDACTED] Range Location: [REDACTED]
[REDACTED] Serial #: [REDACTED]
Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Crowley #261

QUALIFICATION

PCQC: Hits: 57 Score: 95.0% PCQNC: Hits: 47 Score: 94.0%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____
Remedial Instruction: _____
Firearms Instructors Name: Michael Crowley #261

REMEDIAL QUALIFICATION

PCQC: Hits: _____ Score: 0.0% PCQNC: Hits: _____ Score: 0.0%

MALFUNCTIONS & WEAPONS MAINTENANCE

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☒ Weapon Location: _____
Firearms Instructors Name: Michael Crowley #261

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: [Signature] Date: 3/8/2017

Print Name: John Noguerras Firearms Instructor: [Signature] #261

**TEANECK POLICE DEPARTMENT
HANDGUN QUALIFICATION RECORD**

Date: 3/24/2017

OFFICER & WEAPON

Rank: Police Officer Officer: Sara Quant Badge # 285
Target Type: [REDACTED] Range Location: [REDACTED]
Service Handgun: [REDACTED] Other Approved Handgun: _____
Serial #: [REDACTED] Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Crowley #261

QUALIFICATION

HQC1: Hits: 50 Score: 83.3% HNQC: Hits: 34 Score: 85.0%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____
Remedial Instruction: _____
Firearms Instructors Name: Michael Crowley #261

REMEDIAL QUALIFICATION

HQC1: Hits: _____ Score: 0.0% HNQC: Hits: _____ Score: 0.0%

WEAPONS MALFUNCTIONS OR WEAPONS TAKEN OUT OF SERVICE

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☒ Location of Weapon: _____
Firearms Instructors Name: Michael Crowley #261

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: *P.O. Sara Quant* Date: 3/24/2017

Print Name: Sara Quant Firearms Instructor: *Det Michael A. Crowley #261*

Date: 3/24/2017

Rank: Sergeant Officer: Robert Harvey Badge # 286

Target Type: [REDACTED] Range Location: [REDACTED]

Service Handgun: [REDACTED] Other Approved Handgun: [REDACTED]

Serial #: [REDACTED] Ammunition: [REDACTED] Caliber: [REDACTED]

Firearms Instructor: Michael Crowley #261

HQC1: Hits: 50 Score: 83.3% HNQC: Hits: 35 Score: 87.5%

Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____

Remedial Instruction: _____

Firearms Instructors Name: Michael Crowley #261

HQC1: Hits: _____ Score: 0.0% HNQC: Hits: _____ Score: 0.0%

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☒ Location of Weapon: _____

Firearms Instructors Name: Michael Crowley #261

Officers Signature: [Signature] #286 Date: 3/24/2017

Print Name: Robert Harvey Firearms Instructor: Det. Michael A. Gentry #261

**TEANECK POLICE DEPARTMENT
POLICE CARBINE QUALIFICATION RECORD**

Date: 3/24/2017

OFFICER & WEAPON

Rank: Sergeant Officer: Robert Harvey Badge # 286
Target Type: [REDACTED] Range Location: [REDACTED]
[REDACTED] Serial #: [REDACTED]
Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Crowley #261

QUALIFICATION

PCQC: Hits: 56 Score: 93.3% PCQNC: Hits: 46 Score: 92.0%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____
Remedial Instruction: _____
Firearms Instructors Name: Michael Crowley #261

REMEDIAL QUALIFICATION

PCQC: Hits: _____ Score: 0.0% PCQNC: Hits: _____ Score: 0.0%

MALFUNCTIONS & WEAPONS MAINTENANCE

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☒ Weapon Location: _____
Firearms Instructors Name: Michael Crowley #261

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: [Signature] 2286 Date: 3/24/2017
Print Name: Robert Harvey Firearms Instructor: Det. Michael A. Crowley #261

**TEANECK POLICE DEPARTMENT
HANDGUN QUALIFICATION RECORD**

Date: 3/10/2017

OFFICER & WEAPON

Rank: Detective Officer: Christopher Buscavage Badge # 287
Target Type: [REDACTED] Range Location: [REDACTED]
Service Handgun: [REDACTED] Other Approved Handgun: _____
Serial #: [REDACTED] Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Crowley #261

QUALIFICATION

HQC1: Hits: 54 Score: 90.0% HNQC: Hits: 36 Score: 90.0%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____
Remedial Instruction: _____
Firearms Instructors Name: Michael Crowley #261

REMEDIAL QUALIFICATION

HQC1: Hits: _____ Score: 0.0% HNQC: Hits: _____ Score: 0.0%

WEAPONS MALFUNCTIONS OR WEAPONS TAKEN OUT OF SERVICE

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☒ Location of Weapon: _____
Firearms Instructors Name: Michael Crowley #261

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: [Signature] Date: 3/10/2017
Print Name: Christopher Buscavage Firearms Instructor: Det Michael A. Crowley #261

**TEANECK POLICE DEPARTMENT
HANDGUN QUALIFICATION RECORD**

Date: 3/8/2017

OFFICER & WEAPON

Rank: Lieutenant Officer: Scott Tesser Badge # 288
Target Type: [REDACTED] Range Location: [REDACTED]
Service Handgun: [REDACTED] Other Approved Handgun: _____
Serial #: [REDACTED] Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Crowley #261

QUALIFICATION

HQC1: Hits: 53 Score: 88.3% HNQC: Hits: 35 Score: 87.5%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____
Remedial Instruction: _____
Firearms Instructors Name: Michael Crowley #261

REMEDIAL QUALIFICATION

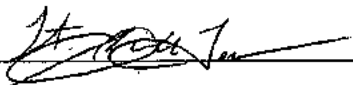
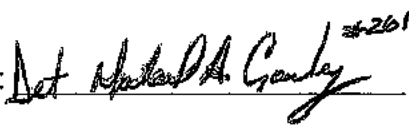
HQC1: Hits: _____ Score: 0.0% HNQC: Hits: _____ Score: 0.0%

WEAPONS MALFUNCTIONS OR WEAPONS TAKEN OUT OF SERVICE

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☒ Location of Weapon: _____
Firearms Instructors Name: Michael Crowley #261

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature:  Date: 3/8/2017
Print Name: Scott Tesser Firearms Instructor:  #261

**TEANECK POLICE DEPARTMENT
HANDGUN QUALIFICATION RECORD**

Date: 7/14/2017

OFFICER & WEAPON

Rank: Detective Officer: Edward Kazmierczak Badge # 289
Target Type: [REDACTED] Range Location: [REDACTED]
Service Handgun: [REDACTED] Other Approved Handgun: _____
Serial #: [REDACTED] Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Crowley #261

QUALIFICATION

HQC1: Hits: 51 Score: 85.0% HNQC: Hits: 35 Score: 87.5%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____
Remedial Instruction: _____
Firearms Instructors Name: Michael Crowley #261

REMEDIAL QUALIFICATION

HQC1: Hits: _____ Score: 0.0% HNQC: Hits: _____ Score: 0.0%

WEAPONS MALFUNCTIONS OR WEAPONS TAKEN OUT OF SERVICE

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____
Was weapon taken out of service: Y ☐ N ☒ Location of Weapon: _____
Firearms Instructors Name: Michael Crowley #261

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: [Signature] Date: 7/14/2017
Print Name: Edward Kazmierczak Firearms Instructor: [Signature] #261

**TEANECK POLICE DEPARTMENT
HANDGUN QUALIFICATION RECORD**

Date: 3/9/2017

OFFICER & WEAPON

Rank: Police Officer Officer: Justin Rodriguez Badge # 292
Target Type: [REDACTED] Range Location: [REDACTED]
Service Handgun: [REDACTED] Other Approved Handgun: _____
Serial #: [REDACTED] Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Crowley #261

QUALIFICATION

HQC1: Hits: 53 Score: 88.3% HNQC: Hits: 34 Score: 85.0%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____
Remedial Instruction: _____
Firearms Instructors Name: Michael Crowley #261

REMEDIAL QUALIFICATION

HQC1: Hits: _____ Score: 0.0% HNQC: Hits: _____ Score: 0.0%

WEAPONS MALFUNCTIONS OR WEAPONS TAKEN OUT OF SERVICE

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____
Was weapon taken out of service: Y ☐ N ☒ Location of Weapon: _____
Firearms Instructors Name: Michael Crowley #261

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: P.O. J. Rodriguez #292 Date: 3/9/2017

Print Name: Justin Rodriguez Firearms Instructor: Det. Michael A. Crowley #261

Date: 2/3/2017

Rank: Police Officer Officer: GLENN COLEY Badge # 293

Target Type: [REDACTED] Range Location: [REDACTED]

Service Handgun: [REDACTED] Other Approved Handgun: [REDACTED]

Serial #: [REDACTED] Ammunition: [REDACTED] Caliber: [REDACTED]

Firearms Instructor: Thomas R. Finley #274

HQC1: Hits: 51 Score: 85.0% HNQC: Hits: 36 Score: 90.0%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____

Firearms Instructors Name: Thomas R. Finley #274

HQC1: Hits: _____ Score: 0.0% HNQC: Hits: _____ Score: 0.0%

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☒ Location of Weapon: _____

Firearms Instructors Name: Thomas R. Finley #274

Officers Signature: _____ Date: 2/3/2017

Print Name: GLENN COLEY

Firearms Instructor:

Sgt. M. J. #21

**TEANECK POLICE DEPARTMENT
POLICE CARBINE QUALIFICATION RECORD**

Date: 2/3/2017

OFFICER & WEAPON

Rank: Police Officer Officer: Glenn Coley Badge # 293
Target Type: [REDACTED] Range Location: [REDACTED]
[REDACTED] Serial #: [REDACTED]
Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Thomas R. Finley #274

QUALIFICATION

PCQC: Hits: 54 Score: 90.0% PCQNC: Hits: 45 Score: 90.0%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____
Remedial Instruction: _____
Firearms Instructors Name: Thomas R. Finley #274

REMEDIAL QUALIFICATION

PCQC: Hits: _____ Score: 0.0% PCQNC: Hits: _____ Score: 0.0%

MALFUNCTIONS & WEAPONS MAINTENANCE

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☒ Weapon Location: _____
Firearms Instructors Name: Thomas R. Finley #274

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: [Signature] Date: 2/3/2017

Print Name: Glenn Coley Firearms Instructor: Sgt. T. A. [Signature] #274

**TEANECK POLICE DEPARTMENT
HANDGUN QUALIFICATION RECORD**

Date: 3/24/2017

OFFICER & WEAPON

Rank: Lieutenant Officer: Seth Kriegel Badge # 294
Target Type: [REDACTED] Range Location: [REDACTED]
Service Handgun: [REDACTED] Other Approved Handgun: _____
Serial #: [REDACTED] Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Crowley #261

QUALIFICATION

HQC1: Hits: 60 Score: 100.0% HNQC: Hits: 39 Score: 97.5%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____

Remedial Instruction: _____
Firearms Instructors Name: Michael Crowley #261

REMEDIAL QUALIFICATION

HQC1: Hits: _____ Score: 0.0% HNQC: Hits: _____ Score: 0.0%

WEAPONS MALFUNCTIONS OR WEAPONS TAKEN OUT OF SERVICE

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☒ Location of Weapon: _____

Firearms Instructors Name: Michael Crowley #261

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: *Seth Kriegel* #294 Date: 3/24/2017

Print Name: Seth Kriegel Firearms Instructor: *Det Michael A Crowley* #261

**TEANECK POLICE DEPARTMENT
HANDGUN QUALIFICATION RECORD**

Date: 02/03/2017

OFFICER & WEAPON

Rank: Det. Sergeant Officer: George Molina Badge # 295
Target Type: [REDACTED] Range Location: [REDACTED]
Service Handgun: [REDACTED] Other Approved Handgun: _____
Serial #: [REDACTED] Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Thomas R. Finley #274

QUALIFICATION

HQC1: Hits: 60 Score: 100.0% HNQC: Hits: 40 Score: 100.0%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____

Remedial Instruction: _____

Firearms Instructors Name: Thomas R. Finley #274

REMEDIAL QUALIFICATION

HQC1: Hits: _____ Score: 0.0% HNQC: Hits: _____ Score: 0.0%

WEAPONS MALFUNCTIONS OR WEAPONS TAKEN OUT OF SERVICE

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☒ Location of Weapon: _____

Firearms Instructors Name: Thomas R. Finley #274

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: D/Sgt. XYL 295 Date: 02/03/2017

Print Name: George Molina Firearms Instructor: Sgt. M.D. #274

**TEANECK POLICE DEPARTMENT
POLICE CARBINE QUALIFICATION RECORD**

Date: 2/3/2017

OFFICER & WEAPON

Rank: Det. Sergeant Officer: George Molina Badge # 295
Target Type: [REDACTED] Range Location: [REDACTED]
Serial #: [REDACTED]
Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Thomas R. Finley #274

QUALIFICATION

PCQC: Hits: 60 Score: 100.0% PCQNC: Hits: 50 Score: 100.0%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____
Remedial Instruction: _____
Firearms Instructors Name: Thomas R. Finley #274

REMEDIAL QUALIFICATION

PCQC: Hits: _____ Score: 0.0% PCQNC: Hits: _____ Score: 0.0%

MALFUNCTIONS & WEAPONS MAINTENANCE

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____
Was weapon taken out of service: Y ☐ N ☒ Weapon Location: _____
Firearms Instructors Name: Thomas R. Finley #274

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: D/Sgt. Xyl Date: 2/3/2017
Print Name: George Molina Firearms Instructor: Sgt. M. O. #274

**TEANECK POLICE DEPARTMENT
HANDGUN QUALIFICATION RECORD**

Date: 02/03/2017

OFFICER & WEAPON

Rank: Police Officer Officer: Michael Chaloub Badge # 296
Target Type: [REDACTED] Range Location: [REDACTED]
Service Handgun: [REDACTED] Other Approved Handgun: _____
Serial #: [REDACTED] Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Thomas R. Finley #274

QUALIFICATION

HQC1: Hits: 60 Score: 100.0% HNQC: Hits: 40 Score: 100.0%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____

Remedial Instruction: _____

Firearms Instructors Name: Thomas R. Finley #274

REMEDIAL QUALIFICATION

HQC1: Hits: _____ Score: 0.0% HNQC: Hits: _____ Score: 0.0%

WEAPONS MALFUNCTIONS OR WEAPONS TAKEN OUT OF SERVICE

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☒ Location of Weapon: _____

Firearms Instructors Name: Thomas R. Finley #274

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: [Signature] #296 Date: 02/03/2017

Print Name: Michael Chaloub Firearms Instructor: Sgt. M. Z. #274

**TEANECK POLICE DEPARTMENT
POLICE CARBINE QUALIFICATION RECORD**

Date: 2/3/2017

OFFICER & WEAPON

Rank: Police Officer Officer: Michael Chaloub Badge # 296
Target Type: [REDACTED] Range Location: [REDACTED]
[REDACTED] Serial #: [REDACTED]
Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Thomas R. Finley #274

QUALIFICATION

PCQC: Hits: 60 Score: 100.0% PCQNC: Hits: 50 Score: 100.0%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____
Remedial Instruction: _____
Firearms Instructors Name: Thomas R. Finley #274

REMEDIAL QUALIFICATION

PCQC: Hits: _____ Score: 0.0% PCQNC: Hits: _____ Score: 0.0%

MALFUNCTIONS & WEAPONS MAINTENANCE

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☒ Weapon Location: _____
Firearms Instructors Name: Thomas R. Finley #274

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: [Signature] 296 Date: 2/3/2017

Print Name: Michael Chaloub Firearms Instructor: Sgt. 712 #274

Date: 3/24/2017

Rank: Police Officer Officer: Percy West Badge #: 299

Target Type: [REDACTED] Range Location: [REDACTED]

Service Handgun: [REDACTED] Other Approved Handgun:

Serial #: [REDACTED] Ammunition: [REDACTED] Caliber: [REDACTED]

Firearms Instructor: Michael Crowley #261

HQC1: Hits: 48 Score: 80.0% HNQC: Hits: 33 Score: 82.5%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____

Firearms Instructors Name: Michael Crowley #261

HQC1: Hits: _____ Score: 0.0% HNQC: Hits: _____ Score: 0.0%

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☒ Location of Weapon: _____

Firearms Instructors Name: Michael Crowley #261

Officers Signature:  Date: 3/24/2017

Print Name: Percy West Firearms Instructor: Det. Michael A. Conley

**TEANECK POLICE DEPARTMENT
POLICE CARBINE QUALIFICATION RECORD**

Date: 3/24/2017

OFFICER & WEAPON

Rank: Police Officer Officer: Percy West Badge # 299
Target Type: [REDACTED] Range Location: [REDACTED]
Serial #: [REDACTED]
Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Crowley #261

QUALIFICATION

PCQC: Hits: 51 Score: 85.0% PCQNC: Hits: 45 Score: 90.0%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____
Remedial Instruction: _____
Firearms Instructors Name: Michael Crowley #261

REMEDIAL QUALIFICATION

PCQC: Hits: _____ Score: 0.0% PCQNC: Hits: _____ Score: 0.0%

MALFUNCTIONS & WEAPONS MAINTENANCE

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____
Was weapon taken out of service: Y ☐ N ☒ Weapon Location: _____
Firearms Instructors Name: Michael Crowley #261

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: *Percy West* Date: 3/24/2017

Print Name: Percy West Firearms Instructor: *Det Michael A. Crowley #261*

**TEANECK POLICE DEPARTMENT
HANDGUN QUALIFICATION RECORD**

Date: 3/8/2017

OFFICER & WEAPON

Rank: Police Officer Officer: Robert Gloria Badge # 300
Target Type: [REDACTED] Range Location: [REDACTED]
Service Handgun: [REDACTED] Other Approved Handgun: [REDACTED]
Serial #: [REDACTED] Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Crowley #261

QUALIFICATION

HQC1: Hits: 54 Score: 90.0% HNQC: Hits: 34 Score: 85.0%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: [REDACTED]
Remedial Instruction: [REDACTED]
Firearms Instructors Name: Michael Crowley #261

REMEDIAL QUALIFICATION

HQC1: Hits: [REDACTED] Score: 0.0% HNQC: Hits: [REDACTED] Score: 0.0%

WEAPONS MALFUNCTIONS OR WEAPONS TAKEN OUT OF SERVICE

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: [REDACTED]
[REDACTED]
Was weapon taken out of service: Y ☐ N ☒ Location of Weapon: [REDACTED]
Firearms Instructors Name: Michael Crowley #261

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: Robert Gloria #300 Date: 3/8/2017
Print Name: Robert Gloria Firearms Instructor: Det Michael A. Crowley #261

**TEANECK POLICE DEPARTMENT
POLICE CARBINE QUALIFICATION RECORD**

Date: 3/8/2017

OFFICER & WEAPON

Rank: Police Officer Officer: Robert Gloria Badge # 300
Target Type: [REDACTED] Range Location: [REDACTED]
[REDACTED] Serial #: [REDACTED]
Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Crowley #261

QUALIFICATION

PCQC: Hits: 54 Score: 90.0% PCQNC: Hits: 45 Score: 90.0%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____
Remedial Instruction: _____
Firearms Instructors Name: Michael Crowley #261

REMEDIAL QUALIFICATION

PCQC: Hits: _____ Score: 0.0% PCQNC: Hits: _____ Score: 0.0%

MALFUNCTIONS & WEAPONS MAINTENANCE

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☒ Weapon Location: _____
Firearms Instructors Name: Michael Crowley #261

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: Robert Gloria #300 Date: 3/8/2017

Print Name: Robert Gloria Firearms Instructor: Det Michael A. Crowley #261

Date: 7/14/2017

Rank: Detective Officer: Gabriel Santiago Badge # 301

Target Type: [REDACTED] Range Location: [REDACTED]

Service Handgun: [REDACTED] Other Approved Handgun: _____

Serial #: [REDACTED] Ammunition: [REDACTED] Caliber: [REDACTED]

Firearms Instructor: Michael Crowley #261

HQC1: Hits: 58 Score: 96.7% HNQC: Hits: 40 Score: 100.0%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____

Firearms Instructors Name: Michael Crowley #261

HQC1: Hits: Score: 0.0% HNQC: Hits: Score: 0.0%

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☒ Location of Weapon: _____

Firearms Instructors Name: Michael Crowley #261

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: _____ Date: 7/14/2017

Print Name: Gabriel Santiago Firearms Instructor: Det. Michael A. Conway

**TEANECK POLICE DEPARTMENT
HANDGUN QUALIFICATION RECORD**

Date: 7/14/2017

OFFICER & WEAPON

Rank: Detective Officer: Gabriel Santiago Badge # 301
Target Type: [REDACTED] Range Location: [REDACTED]
Service Handgun: [REDACTED] Other Approved Handgun: [REDACTED]
Serial #: [REDACTED] Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Eddy Lievano #259

QUALIFICATION

HQC1: Hits: 59 Score: 98.3% HNQC: Hits: 39 Score: 97.5%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____
Remedial Instruction: _____
Firearms Instructors Name: Eddy Lievano #259

REMEDIAL QUALIFICATION

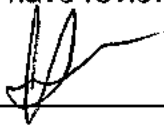
HQC1: Hits: _____ Score: 0.0% HNQC: Hits: _____ Score: 0.0%

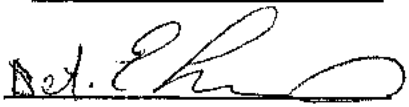
WEAPONS MALFUNCTIONS OR WEAPONS TAKEN OUT OF SERVICE

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☒ Location of Weapon: _____
Firearms Instructors Name: Eddy Lievano #259

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature:  Date: 7/14/2017

Print Name: Gabriel Santiago Firearms Instructor: 

**TEANECK POLICE DEPARTMENT
HANDGUN QUALIFICATION RECORD**

Date: 7/14/2017

OFFICER & WEAPON

Rank: Detective Officer: Gabriel Santiago Badge # 301
Target Type: [REDACTED] Range Location: [REDACTED]
Service Handgun: [REDACTED] Other Approved Handgun: [REDACTED]
Serial #: [REDACTED] Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Eddy Lievano #259

QUALIFICATION

HQC1: Hits: 57 Score: 95.0% HNQC: Hits: 35 Score: 87.5%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____

Remedial Instruction: _____
Firearms Instructors Name: Eddy Lievano #259

REMEDIAL QUALIFICATION

HQC1: Hits: _____ Score: 0.0% HNQC: Hits: _____ Score: 0.0%

WEAPONS MALFUNCTIONS OR WEAPONS TAKEN OUT OF SERVICE

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☒ Location of Weapon: _____

Firearms Instructors Name: Eddy Lievano #259

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature:  Date: 7/14/2017

Print Name: Gabriel Santiago Firearms Instructor: Det. E. Lievano

**TEANECK POLICE DEPARTMENT
HANDGUN QUALIFICATION RECORD**

Date: 7/14/2017

OFFICER & WEAPON

Rank: Det. Sergeant Officer: Gabriel Santiago Badge # 301
Target Type: [REDACTED] Range Location: [REDACTED]
Service Handgun: [REDACTED] Other Approved Handgun: [REDACTED]
Serial #: [REDACTED] Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Crowley #261

QUALIFICATION

HQC1: Hits: 58 Score: 96.7% HNQC: Hits: 40 Score: 100.0%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____
Remedial Instruction: _____
Firearms Instructors Name: Michael Crowley #261

REMEDIAL QUALIFICATION

HQC1: Hits: _____ Score: 0.0% HNQC: Hits: _____ Score: 0.0%

WEAPONS MALFUNCTIONS OR WEAPONS TAKEN OUT OF SERVICE

Did weapon malfunction during training: Y ☐ N ☐ If "YES", describe malfunction: _____
Was weapon taken out of service: Y ☐ N ☐ Location of Weapon: _____
Firearms Instructors Name: Michael Crowley #261

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: [Signature] Date: 7/14/2017

Print Name: Gabriel Santiago Firearms Instructor: Det. Michael A. Crowley #261

**TEANECK POLICE DEPARTMENT
HANDGUN QUALIFICATION RECORD**

Date: 3/24/2017

OFFICER & WEAPON

Rank: Police Officer Officer: Jason Hosey Badge # 302
Target Type: [REDACTED] Range Location: [REDACTED]
Service Handgun: [REDACTED] Other Approved Handgun: [REDACTED]
Serial #: [REDACTED] Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Crowley #261

QUALIFICATION

HQC1: Hits: 56 Score: 93.3% HNQC: Hits: 34 Score: 85.0%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: [REDACTED]

Remedial Instruction: [REDACTED]

Firearms Instructors Name: Michael Crowley #261

REMEDIAL QUALIFICATION

HQC1: Hits: [REDACTED] Score: 0.0% HNQC: Hits: [REDACTED] Score: 0.0%

WEAPONS MALFUNCTIONS OR WEAPONS TAKEN OUT OF SERVICE

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: [REDACTED]

Was weapon taken out of service: Y ☐ N ☒ Location of Weapon: [REDACTED]

Firearms Instructors Name: Michael Crowley #261

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: P.O. J. Hosey Date: 3/24/2017

Print Name: Jason Hosey Firearms Instructor: Det. Michael A. Crowley #261

**TEANECK POLICE DEPARTMENT
POLICE CARBINE QUALIFICATION RECORD**

Date: 3/24/2017

OFFICER & WEAPON

Rank: Police Officer Officer: Jason Hosey Badge # 302
Target Type: [REDACTED] Range Location: [REDACTED]
[REDACTED] Serial #: [REDACTED]
Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Crowley #261

QUALIFICATION

PCQC: Hits: 59 Score: 98.3% PCQNC: Hits: 49 Score: 98.0%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____
Remedial Instruction: _____
Firearms Instructors Name: Michael Crowley #261

REMEDIAL QUALIFICATION

PCQC: Hits: _____ Score: 0.0% PCQNC: Hits: _____ Score: 0.0%

MALFUNCTIONS & WEAPONS MAINTENANCE

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☒ Weapon Location: _____
Firearms Instructors Name: Michael Crowley #261

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: P.O. J. Hosey Date: 3/24/2017

Print Name: Jason Hosey Firearms Instructor: Det. Michael A. Crowley #261

**TEANECK POLICE DEPARTMENT
HANDGUN QUALIFICATION RECORD**

Date: 3/10/2017

OFFICER & WEAPON

Rank: Sergeant Officer: Michael Moliere Badge # 304
Target Type: [REDACTED] Range Location: [REDACTED]
Service Handgun: [REDACTED] Other Approved Handgun: _____
Serial #: [REDACTED] Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Crowley #261

QUALIFICATION

HQC1: Hits: 48 Score: 80.0% HNQC: Hits: 40 Score: 100.0%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____

Remedial Instruction: _____
Firearms Instructors Name: Michael Crowley #261

REMEDIAL QUALIFICATION

HQC1: Hits: _____ Score: 0.0% HNQC: Hits: _____ Score: 0.0%

WEAPONS MALFUNCTIONS OR WEAPONS TAKEN OUT OF SERVICE

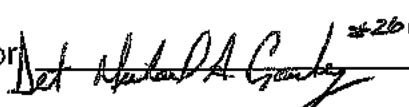
Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☒ Location of Weapon: _____

Firearms Instructors Name: Michael Crowley #261

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature:  #304 Date: 3/10/2017

Print Name: Michael Moliere Firearms Instructor:  #261

**TEANECK POLICE DEPARTMENT
HANDGUN QUALIFICATION RECORD**

Date: 3/10/2017

OFFICER & WEAPON

Rank: Police Officer Officer: Lamon Meeks Badge # 305
Target Type: [REDACTED] Range Location: [REDACTED]
Service Handgun: [REDACTED] Other Approved Handgun: _____
Serial #: [REDACTED] Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Crowley #261

QUALIFICATION

HQC1: Hits: 51 Score: 85.0% HNQC: Hits: 34 Score: 85.0%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____

Remedial Instruction: _____
Firearms Instructors Name: Michael Crowley #261

REMEDIAL QUALIFICATION

HQC1: Hits: _____ Score: 0.0% HNQC: Hits: _____ Score: 0.0%

WEAPONS MALFUNCTIONS OR WEAPONS TAKEN OUT OF SERVICE

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☒ Location of Weapon: _____

Firearms Instructors Name: Michael Crowley #261

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: [Signature] #305 Date: 3/10/2017
Print Name: Lamon Meeks Firearms Instructor: [Signature] #261

**TEANECK POLICE DEPARTMENT
POLICE CARBINE QUALIFICATION RECORD**

Date: 3/10/2017

OFFICER & WEAPON

Rank: Police Officer Officer: Lamon Meeks Badge # 305
Target Type: [REDACTED] Range Location: [REDACTED]
[REDACTED] Serial #: [REDACTED]
Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Crowley #261

QUALIFICATION

PCQC: Hits: 59 Score: 98.3% PCQNC: Hits: 50 Score: 100.0%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____
Remedial Instruction: _____
Firearms Instructors Name: Michael Crowley #261

REMEDIAL QUALIFICATION

PCQC: Hits: _____ Score: 0.0% PCQNC: Hits: _____ Score: 0.0%

MALFUNCTIONS & WEAPONS MAINTENANCE

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____
Was weapon taken out of service: Y ☐ N ☒ Weapon Location: _____
Firearms Instructors Name: Michael Crowley #261

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: [Signature] #305 Date: 3/10/2017
Print Name: Lamon Meeks Firearms Instructor: [Signature] #261

Date: 3/24/2017

Rank: Police Officer Officer: Randy Morales Badge # 306
Target Type: [REDACTED] Range Location: [REDACTED]
Service Handgun: [REDACTED] Other Approved Handgun: _____
Serial #: [REDACTED] Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Crowley #261

HQC1: Hits: 53 Score: 88.3% HNQC: Hits: 37 Score: 92.5%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____

Remedial Instruction: _____

Firearms Instructors Name: Michael Crowley #261 _____

HQC1: Hits: _____ Score: 0.0% HNQC: Hits: _____ Score: 0.0%

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☒ Location of Weapon: _____

Firearms Instructors Name: Michael Crowley #261

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: _____ Date: 3/24/2017

Print Name: Randy Morales Firearms Instructor: Det. Michael A. Conley #261

**TEANECK POLICE DEPARTMENT
POLICE CARBINE QUALIFICATION RECORD**

Date: 3/24/2017

OFFICER & WEAPON

Rank: Police Officer Officer: Randy Morales Badge # 306
Target Type: [REDACTED] Range Location: [REDACTED]
[REDACTED] Serial #: [REDACTED]
Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Crowley #261

QUALIFICATION

PCQC: Hits: 59 Score: 98.3% PCQNC: Hits: 50 Score: 100.0%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____
Remedial Instruction: _____
Firearms Instructors Name: Michael Crowley #261

REMEDIAL QUALIFICATION

PCQC: Hits: _____ Score: 0.0% PCQNC: Hits: _____ Score: 0.0%

MALFUNCTIONS & WEAPONS MAINTENANCE

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☒ Weapon Location: _____
Firearms Instructors Name: Michael Crowley #261

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: [Signature] Date: 3/24/2017

Print Name: Randy Morales Firearms Instructor: Det Michael A. Crowley #261

**TEANECK POLICE DEPARTMENT
HANDGUN QUALIFICATION RECORD**

Date: 7/14/2017

OFFICER & WEAPON

Rank: Detective Officer: Ronald Boswell Badge # 308
Target Type: [REDACTED] Range Location: [REDACTED]
Service Handgun: [REDACTED] Other Approved Handgun: [REDACTED]
Serial #: [REDACTED] Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Crowley #261

QUALIFICATION

HQC1: Hits: 49 Score: 81.7% HNQC: Hits: 35 Score: 87.5%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: [REDACTED]

Remedial Instruction: [REDACTED]

Firearms Instructors Name: Michael Crowley #261

REMEDIAL QUALIFICATION

HQC1: Hits: [REDACTED] Score: 0.0% HNQC: Hits: [REDACTED] Score: 0.0%

WEAPONS MALFUNCTIONS OR WEAPONS TAKEN OUT OF SERVICE

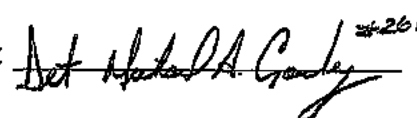
Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: [REDACTED]

Was weapon taken out of service: Y ☐ N ☒ Location of Weapon: [REDACTED]

Firearms Instructors Name: Michael Crowley #261

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature:  Date: 7/14/2017

Print Name: Ronald Boswell Firearms Instructor:  #261

**TEANECK POLICE DEPARTMENT
HANDGUN QUALIFICATION RECORD**

Date: 3/24/2017

OFFICER & WEAPON

Rank: Sergeant Officer: Gregory Wright Badge # 309
Target Type: [REDACTED] Range Location: [REDACTED]
Service Handgun: [REDACTED] Other Approved Handgun: _____
Serial #: [REDACTED] Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Crowley #261

QUALIFICATION

HQC1: Hits: 49 Score: 81.7% HNQC: Hits: 32 Score: 80.0%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____
Remedial Instruction: _____
Firearms Instructors Name: Michael Crowley #261

REMEDIAL QUALIFICATION

HQC1: Hits: _____ Score: 0.0% HNQC: Hits: _____ Score: 0.0%

WEAPONS MALFUNCTIONS OR WEAPONS TAKEN OUT OF SERVICE

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____
Was weapon taken out of service: Y ☐ N ☒ Location of Weapon: _____
Firearms Instructors Name: Michael Crowley #261

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: Sgt. Gregory Wright #309 Date: 3/24/2017
Print Name: Gregory Wright Firearms Instructor: Det. Michael A. Crowley #261

**TEANECK POLICE DEPARTMENT
HANDGUN QUALIFICATION RECORD**

Date: 3/9/2017

OFFICER & WEAPON

Rank: Detective Officer: Stephen Ramirez Badge # 310
Target Type: [REDACTED] Range Location: [REDACTED]
Service Handgun: [REDACTED] Other Approved Handgun: _____
Serial #: [REDACTED] Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Crowley #261

QUALIFICATION

HQC1: Hits: 51 Score: 85.0% HNQC: Hits: 37 Score: 92.5%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____
Remedial Instruction: _____
Firearms Instructors Name: Michael Crowley #261

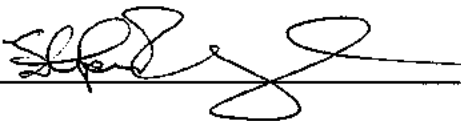
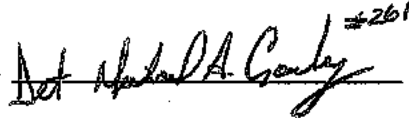
REMEDIAL QUALIFICATION

HQC1: Hits: _____ Score: 0.0% HNQC: Hits: _____ Score: 0.0%

WEAPONS MALFUNCTIONS OR WEAPONS TAKEN OUT OF SERVICE

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____
Was weapon taken out of service: Y ☐ N ☒ Location of Weapon: _____
Firearms Instructors Name: Michael Crowley #261

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature:  Date: 3/9/2017
Print Name: Stephen Ramirez Firearms Instructor:  #261

**TEANECK POLICE DEPARTMENT
HANDGUN QUALIFICATION RECORD**

Date: 7/7/2017

OFFICER & WEAPON

Rank: Detective Officer: Stephen Ramirez Badge #: 310
Target Type: [REDACTED] Range Location: [REDACTED]
Service Handgun: [REDACTED] Other Approved Handgun: [REDACTED]
Serial #: [REDACTED] Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Crowley #261

QUALIFICATION

HQC1: Hits: 56 Score: 93.3% HNQC: Hits: 38 Score: 95.0%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____
Remedial Instruction: _____
Firearms Instructors Name: Michael Crowley #261

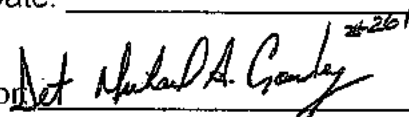
REMEDIAL QUALIFICATION

HQC1: Hits: _____ Score: 0.0% HNQC: Hits: _____ Score: 0.0%

WEAPONS MALFUNCTIONS OR WEAPONS TAKEN OUT OF SERVICE

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____
Was weapon taken out of service: Y ☐ N ☒ Location of Weapon: _____
Firearms Instructors Name: Michael Crowley #261

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature:  Date: 7/7/2017
Print Name: Stephen Ramirez Firearms Instructor: 

**TEANECK POLICE DEPARTMENT
HANDGUN QUALIFICATION RECORD**

Date: 7/7/2017

OFFICER & WEAPON

Rank: Detective Officer: Michael Sunga Badge # 311
Target Type: [REDACTED] Range Location: [REDACTED]
Service Handgun: [REDACTED] Other Approved Handgun: _____
Serial #: [REDACTED] Ammunition: [REDACTED] Caliber: .40
Firearms Instructor: Michael Crowley #261

QUALIFICATION

HQC1: Hits: 56 Score: 93.3% HNQC: Hits: 36 Score: 90.0%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____
Remedial Instruction: _____
Firearms Instructors Name: Michael Crowley #261

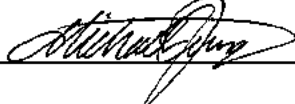
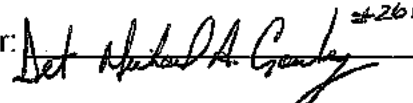
REMEDIAL QUALIFICATION

HQC1: Hits: _____ Score: 0.0% HNQC: Hits: _____ Score: 0.0%

WEAPONS MALFUNCTIONS OR WEAPONS TAKEN OUT OF SERVICE

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____
Was weapon taken out of service: Y ☐ N ☒ Location of Weapon: _____
Firearms Instructors Name: Michael Crowley #261

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature:  Date: 7/7/2017
Print Name: Michael Sunga Firearms Instructor:  #261

**TEANECK POLICE DEPARTMENT
HANDGUN QUALIFICATION RECORD**

Date: 7/7/2017

OFFICER & WEAPON

Rank: Police Officer Officer: Daniel Dalessio Badge #: 314

Target Type: [REDACTED] Range Location: [REDACTED]

Service Handgun: [REDACTED] Other Approved Handgun: _____

Serial #: [REDACTED] Ammunition: [REDACTED] Caliber: [REDACTED]

Firearms Instructor: Michael Crowley #261

QUALIFICATION

HQC1: Hits: 53 Score: 88.3% HNQC: Hits: 36 Score: 90.0%

Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____

Remedial Instruction: _____

Firearms Instructors Name: Michael Crowley #261

REMEDIAL QUALIFICATION

HQC1: Hits: _____ Score: 0.0% HNQC: Hits: _____ Score: 0.0%

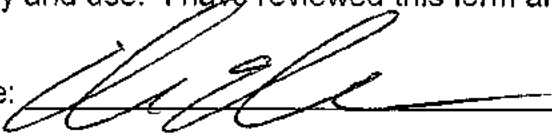
WEAPONS MALFUNCTIONS OR WEAPONS TAKEN OUT OF SERVICE

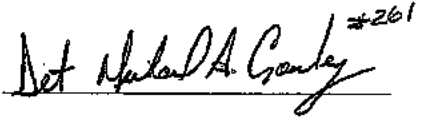
Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☒ Location of Weapon: _____

Firearms Instructors Name: Michael Crowley #261

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature:  Date: 7/7/2017

Print Name: Daniel Dalessio Firearms Instructor:  #261

**TEANECK POLICE DEPARTMENT
POLICE CARBINE QUALIFICATION RECORD**

Date: 7/7/2017

OFFICER & WEAPON

Rank: Police Officer Officer: Daniel Dalessio Badge # 314
Target Type: [REDACTED] Range Location: [REDACTED]
[REDACTED] Serial #: [REDACTED]
Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Crowley #261

QUALIFICATION

PCQC: Hits: 58 Score: 96.7% PCQNC: Hits: 48 Score: 96.0%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____
Remedial Instruction: _____
Firearms Instructors Name: Michael Crowley #261

REMEDIAL QUALIFICATION

PCQC: Hits: _____ Score: 0.0% PCQNC: Hits: _____ Score: 0.0%

MALFUNCTIONS & WEAPONS MAINTENANCE

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☒ Weapon Location: _____
Firearms Instructors Name: Michael Crowley #261

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: [Signature] Date: 7/7/2017
Print Name: Daniel Dalessio Firearms Instructor: Det Michael A. Crowley #261

**TEANECK POLICE DEPARTMENT
HANDGUN QUALIFICATION RECORD**

Date: 7/7/2017

OFFICER & WEAPON

Rank: Police Officer Officer: Daniel Dalessio Badge #: 314
Target Type: [REDACTED] Range Location: [REDACTED]
Service Handgun: [REDACTED] Other Approved Handgun: [REDACTED]
Serial #: [REDACTED] Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Crowley #261

QUALIFICATION

HQC1: Hits: 53 Score: 88.3% HNQC: Hits: 35 Score: 87.5%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____
Remedial Instruction: _____
Firearms Instructors Name: Michael Crowley #261

REMEDIAL QUALIFICATION

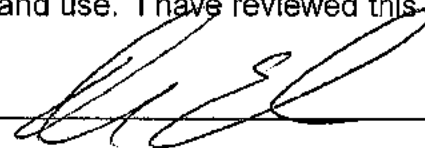
HQC1: Hits: _____ Score: 0.0% HNQC: Hits: _____ Score: 0.0%

WEAPONS MALFUNCTIONS OR WEAPONS TAKEN OUT OF SERVICE

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☒ Location of Weapon: _____
Firearms Instructors Name: Michael Crowley #261

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature:  Date: 7/7/2017
Print Name: Daniel Dalessio Firearms Instructor:  #261

**TEANECK POLICE DEPARTMENT
HANDGUN QUALIFICATION RECORD**

Date: 7/7/2017

OFFICER & WEAPON

Rank: Detective Officer: Angel Pagan Badge # 315
Target Type: [REDACTED] Range Location: [REDACTED]
Service Handgun: [REDACTED] Other Approved Handgun: [REDACTED]
Serial #: [REDACTED] Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Crowley #261

QUALIFICATION

HQC1: Hits: 53 Score: 88.3% HNQC: Hits: 35 Score: 87.5%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: [REDACTED]

Remedial Instruction: [REDACTED]

Firearms Instructors Name: Michael Crowley #261

REMEDIAL QUALIFICATION

HQC1: Hits: [REDACTED] Score: 0.0% HNQC: Hits: [REDACTED] Score: 0.0%

WEAPONS MALFUNCTIONS OR WEAPONS TAKEN OUT OF SERVICE

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: [REDACTED]

Was weapon taken out of service: Y ☐ N ☒ Location of Weapon: [REDACTED]

Firearms Instructors Name: Michael Crowley #261

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: [Signature] #315 Date: 7/7/2017

Print Name: Angel Pagan Firearms Instructor: [Signature] #261

**TEANECK POLICE DEPARTMENT
HANDGUN QUALIFICATION RECORD**

Date: 3/24/2017

OFFICER & WEAPON

Rank: Police Officer Officer: Craig Luebeck Badge # 316
Target Type: [REDACTED] Range Location: [REDACTED]
Service Handgun: [REDACTED] Other Approved Handgun: [REDACTED]
Serial #: [REDACTED] Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Crowley #261

QUALIFICATION

HQC1: Hits: 53 Score: 88.3% HNQC: Hits: 36 Score: 90.0%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____

Remedial Instruction: _____
Firearms Instructors Name: Michael Crowley #261

REMEDIAL QUALIFICATION

HQC1: Hits: _____ Score: 0.0% HNQC: Hits: _____ Score: 0.0%

WEAPONS MALFUNCTIONS OR WEAPONS TAKEN OUT OF SERVICE

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☒ Location of Weapon: _____

Firearms Instructors Name: Michael Crowley #261

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: [Signature] Date: 3/24/2017

Print Name: Craig Luebeck Firearms Instructor: [Signature] #261

**TEANECK POLICE DEPARTMENT
POLICE CARBINE QUALIFICATION RECORD**

Date: 3/24/2017

OFFICER & WEAPON

Rank: Police Officer Officer: Craig Luebeck Badge # 316
Target Type: [REDACTED] Range Location: [REDACTED]
[REDACTED] Serial #: [REDACTED]
Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Crowley #261

QUALIFICATION

PCQC: Hits: 60 Score: 100.0% PCQNC: Hits: 50 Score: 100.0%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____
Remedial Instruction: _____
Firearms Instructors Name: Michael Crowley #261

REMEDIAL QUALIFICATION

PCQC: Hits: _____ Score: 0.0% PCQNC: Hits: _____ Score: 0.0%

MALFUNCTIONS & WEAPONS MAINTENANCE

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____
Was weapon taken out of service: Y ☐ N ☒ Weapon Location: _____
Firearms Instructors Name: Michael Crowley #261

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: [Signature] Date: 3/24/2017
Print Name: Craig Luebeck Firearms Instructor: [Signature] #261

Date: 7/14/2017

Rank: Detective Officer: Kevin Brennan Badge # 317

Target Type: [REDACTED] Range Location: [REDACTED]

Service Handgun: [REDACTED] Other Approved Handgun: _____

Serial #: [REDACTED] Ammunition: [REDACTED] Caliber [REDACTED]

Firearms Instructor: Michael Crowley #261

HQC1: Hits: 49 Score: 81.7% HNQC: Hits: 35 Score: 87.5%

Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date:

Remedial Instruction:

Firearms Instructors Name: Michael Crowley #261

HQC1: Hits: _____ Score: 0.0% HNQC: Hits: _____ Score: 0.0%

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction:

Was weapon taken out of service: Y ☐ N ☒ Location of Weapon: _____

Firearms Instructors Name: Michael Crowley #261

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: [Signature] Date: 7/14/2017

Print Name: Kevin Brennan

Firearms Instructor: Det Michael A. Gandy #26

**TEANECK POLICE DEPARTMENT
HANDGUN QUALIFICATION RECORD**

Date: 3/24/2017

OFFICER & WEAPON

Rank: Police Officer Officer: Victoria Suarez Badge # 320
Target Type: [REDACTED] Range Location: [REDACTED]
Service Handgun: [REDACTED] Other Approved Handgun: _____
Serial #: [REDACTED] Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Crowley #261

QUALIFICATION

HQC1: Hits: 48 Score: 80.0% HNQC: Hits: 35 Score: 87.5%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____

Remedial Instruction: _____
Firearms Instructors Name: Michael Crowley #261

REMEDIAL QUALIFICATION

HQC1: Hits: _____ Score: 0.0% HNQC: Hits: _____ Score: 0.0%

WEAPONS MALFUNCTIONS OR WEAPONS TAKEN OUT OF SERVICE

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☒ Location of Weapon: _____

Firearms Instructors Name: Michael Crowley #261

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: P.O. V. Suarez Date: 3/24/2017

Print Name: Victoria Suarez

Firearms Instructor: Det. Michael A. Crowley #261

**TEANECK POLICE DEPARTMENT
POLICE CARBINE QUALIFICATION RECORD**

Date: 3/24/2017

OFFICER & WEAPON

Rank: Police Officer Officer: Victoria Suarez Badge # 320
Target Type: [REDACTED] Range Location: [REDACTED]
[REDACTED] Serial # [REDACTED]
Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Crowley #261

QUALIFICATION

PCQC: Hits: 53 Score: 88.3% PCQNC: Hits: 42 Score: 84.0%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____

Remedial Instruction: _____

Firearms Instructors Name: Michael Crowley #261

REMEDIAL QUALIFICATION

PCQC: Hits: _____ Score: 0.0% PCQNC: Hits: _____ Score: 0.0%

MALFUNCTIONS & WEAPONS MAINTENANCE

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☒ Weapon Location: _____

Firearms Instructors Name: Michael Crowley #261

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: P.O. V. Suarez Date: 3/24/2017

Print Name: Victoria Suarez Firearms Instructor: Det Michael A. Crowley #261

**TEANECK POLICE DEPARTMENT
HANDGUN QUALIFICATION RECORD**

Date: 3/10/2017

OFFICER & WEAPON

Rank: Police Officer Officer: Robert Diaz Badge # 321
Target Type: [REDACTED] Range Location: [REDACTED]
Service Handgun: [REDACTED] Other Approved Handgun: _____
Serial #: [REDACTED] Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Crowley #261

QUALIFICATION

HQC1: Hits: 56 Score: 93.3% HNQC: Hits: 34 Score: 85.0%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____
Remedial Instruction: _____
Firearms Instructors Name: Michael Crowley #261

REMEDIAL QUALIFICATION

HQC1: Hits: _____ Score: 0.0% HNQC: Hits: _____ Score: 0.0%

WEAPONS MALFUNCTIONS OR WEAPONS TAKEN OUT OF SERVICE

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☒ Location of Weapon: _____
Firearms Instructors Name: Michael Crowley #261

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: [Signature] Date: 3/10/2017

Print Name: Robert Diaz Firearms Instructor: Det. Michael A. Crowley #261

**TEANECK POLICE DEPARTMENT
POLICE CARBINE QUALIFICATION RECORD**

Date: 3/10/2017

OFFICER & WEAPON

Rank: Police Officer Officer: Robert Diaz Badge # 321
Target Type: [REDACTED] Range Location: [REDACTED]
[REDACTED] Serial #: [REDACTED]
Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Crowley #261

QUALIFICATION

PCQC: Hits: 60 Score: 100.0% PCQNC: Hits: 50 Score: 100.0%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____
Remedial Instruction: _____
Firearms Instructors Name: Michael Crowley #261

REMEDIAL QUALIFICATION

PCQC: Hits: _____ Score: 0.0% PCQNC: Hits: _____ Score: 0.0%

MALFUNCTIONS & WEAPONS MAINTENANCE

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☒ Weapon Location: _____
Firearms Instructors Name: Michael Crowley #261

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: [Signature] Date: 3/10/2017
Print Name: Robert Diaz Firearms Instructor: Det Michael A. Crowley #261

**TEANECK POLICE DEPARTMENT
HANDGUN QUALIFICATION RECORD**

Date: 3/8/2017

OFFICER & WEAPON

Rank: Police Officer Officer: Richard Factor Badge # 324

Target Type: [REDACTED] Range Location: [REDACTED]

Service Handgun: [REDACTED] Other Approved Handgun: _____

Serial #: [REDACTED] Ammunition: [REDACTED] Caliber: [REDACTED]

Firearms Instructor: Michael Crowley #261

QUALIFICATION

HQC1: Hits: 60 Score: 100.0% HNQC: Hits: 40 Score: 100.0%

Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____

Remedial Instruction: _____

Firearms Instructors Name: Michael Crowley #261

REMEDIAL QUALIFICATION

HQC1: Hits: _____ Score: 0.0% HNQC: Hits: _____ Score: 0.0%

WEAPONS MALFUNCTIONS OR WEAPONS TAKEN OUT OF SERVICE

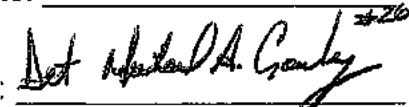
Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☒ Location of Weapon: _____

Firearms Instructors Name: Michael Crowley #261

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature:  324 Date: 3/8/2017

Print Name: Richard Factor Firearms Instructor:  #261

**TEANECK POLICE DEPARTMENT
POLICE CARBINE QUALIFICATION RECORD**

Date: 3/8/2017

OFFICER & WEAPON

Rank: Police Officer Officer: Richard Factor Badge # 324
Target Type: [REDACTED] Range Location: [REDACTED]
[REDACTED] Serial #: [REDACTED]
Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Crowley #261

QUALIFICATION

PCQC: Hits: 60 Score: 100.0% PCQNC: Hits: 50 Score: 100.0%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____
Remedial Instruction: _____
Firearms Instructors Name: Michael Crowley #261

REMEDIAL QUALIFICATION

PCQC: Hits: _____ Score: 0.0% PCQNC: Hits: _____ Score: 0.0%

MALFUNCTIONS & WEAPONS MAINTENANCE

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____
Was weapon taken out of service: Y ☐ N ☒ Weapon Location: _____
Firearms Instructors Name: Michael Crowley #261

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: [Signature] Date: 3/8/2017
Print Name: Richard Factor Firearms Instructor: Det Michael A. Crowley #261

**TEANECK POLICE DEPARTMENT
HANDGUN QUALIFICATION RECORD**

Date: 3/24/2017

OFFICER & WEAPON

Rank: Police Officer Officer: Steven Batista Badge # 325
Target Type: [REDACTED] Range Location: [REDACTED]
Service Handgun: [REDACTED] Other Approved Handgun: _____
Serial #: [REDACTED] Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Crowley #261

QUALIFICATION

HQC1: Hits: 52 Score: 86.7% HNQC: Hits: 32 Score: 80.0%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____

Remedial Instruction: _____

Firearms Instructors Name: Michael Crowley #261

REMEDIAL QUALIFICATION

HQC1: Hits: _____ Score: 0.0% HNQC: Hits: _____ Score: 0.0%

WEAPONS MALFUNCTIONS OR WEAPONS TAKEN OUT OF SERVICE

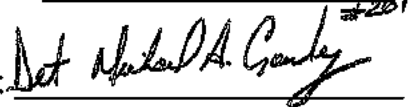
Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☒ Location of Weapon: _____

Firearms Instructors Name: Michael Crowley #261

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature:  #325 Date: 3/24/2017

Print Name: Steven Batista Firearms Instructor:  #261

**TEANECK POLICE DEPARTMENT
HANDGUN QUALIFICATION RECORD**

Date: 7/7/2017

OFFICER & WEAPON

Rank: Detective Officer: Charles Antinori Badge # 326
Target Type: [REDACTED] Range Location: [REDACTED]
Service Handgun: [REDACTED] Other Approved Handgun: _____
Serial #: [REDACTED] Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Crowley #261

QUALIFICATION

HQC1: Hits: 53 Score: 88.3% HNQC: Hits: 34 Score: 85.0%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____
Remedial Instruction: _____
Firearms Instructors Name: Michael Crowley #261

REMEDIAL QUALIFICATION

HQC1: Hits: _____ Score: 0.0% HNQC: Hits: _____ Score: 0.0%

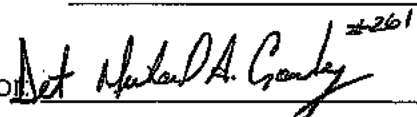
WEAPONS MALFUNCTIONS OR WEAPONS TAKEN OUT OF SERVICE

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____
Was weapon taken out of service: Y ☐ N ☒ Location of Weapon: _____
Firearms Instructors Name: Michael Crowley #261

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature:  Date: 7/7/2017

Print Name: Charles Antinori

Firearms Instructor: 

**TEANECK POLICE DEPARTMENT
HANDGUN QUALIFICATION RECORD**

Date: 3/10/2017

OFFICER & WEAPON

Rank: Police Officer Officer: Constantinos Skoufas Badge # 327
Target Type: [REDACTED] Range Location: [REDACTED]
Service Handgun: [REDACTED] Other Approved Handgun: _____
Serial #: [REDACTED] Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Crowley #261

QUALIFICATION

HQC1: Hits: 53 Score: 88.3% HNQC: Hits: 39 Score: 97.5%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____
Remedial Instruction: _____
Firearms Instructors Name: Michael Crowley #261

REMEDIAL QUALIFICATION

HQC1: Hits: _____ Score: 0.0% HNQC: Hits: _____ Score: 0.0%

WEAPONS MALFUNCTIONS OR WEAPONS TAKEN OUT OF SERVICE

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____
Was weapon taken out of service: Y ☐ N ☒ Location of Weapon: _____
Firearms Instructors Name: Michael Crowley #261

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: PO P.C.S. #327 Date: 3/10/2017

Print Name: Constantinos Skoufas

Firearms Instructor: Det Michael A. Crowley #261

**TEANECK POLICE DEPARTMENT
POLICE CARBINE QUALIFICATION RECORD**

Date: 3/10/2017

OFFICER & WEAPON

Rank: Police Officer Officer: Constantinos Skoufas Badge # 327
Target Type: [REDACTED] Range Location: [REDACTED]
[REDACTED] Serial #: [REDACTED]
Ammunition: [REDACTED] Caliber: .40
Firearms Instructor: Michael Crowley #261

QUALIFICATION

PCQC: Hits: 59 Score: 98.3% PCQNC: Hits: 49 Score: 98.0%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____
Remedial Instruction: _____
Firearms Instructors Name: Michael Crowley #261

REMEDIAL QUALIFICATION

PCQC: Hits: _____ Score: 0.0% PCQNC: Hits: _____ Score: 0.0%

MALFUNCTIONS & WEAPONS MAINTENANCE

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☒ Weapon Location: _____
Firearms Instructors Name: Michael Crowley #261

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: PO CS [Signature] #327 Date: 3/10/2017
Print Name: Constantinos Skoufas Firearms Instructor: Det Michael A. Crowley #261

**TEANECK POLICE DEPARTMENT
HANDGUN QUALIFICATION RECORD**

Date: 3/10/2017

OFFICER & WEAPON

Rank: Police Officer Officer: Adam Lohsen Badge # 328
Target Type: [REDACTED] Range Location: [REDACTED]
Service Handgun: [REDACTED] Other Approved Handgun: _____
Serial #: [REDACTED] Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Crowley #261

QUALIFICATION

HQC1: Hits: 58 Score: 96.7% HNQC: Hits: 39 Score: 97.5%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____

Remedial Instruction: _____
Firearms Instructors Name: Michael Crowley #261

REMEDIAL QUALIFICATION

HQC1: Hits: _____ Score: 0.0% HNQC: Hits: _____ Score: 0.0%

WEAPONS MALFUNCTIONS OR WEAPONS TAKEN OUT OF SERVICE

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☒ Location of Weapon: _____

Firearms Instructors Name: Michael Crowley #261

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: PO. Adam Lohsen #328 Date: 3/10/2017

Print Name: Adam Lohsen

Firearms Instructor: Det. Michael A. Crowley #261

**TEANECK POLICE DEPARTMENT
POLICE CARBINE QUALIFICATION RECORD**

Date: 3/10/2017

OFFICER & WEAPON

Rank: Police Officer Officer: Adam Lohsen Badge # 328
Target Type: [REDACTED] Range Location: [REDACTED]
Serial #: [REDACTED]
Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Crowley #261

QUALIFICATION

PCQC: Hits: 59 Score: 98.3% PCQNC: Hits: 49 Score: 98.0%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____
Remedial Instruction: _____
Firearms Instructors Name: Michael Crowley #261

REMEDIAL QUALIFICATION

PCQC: Hits: _____ Score: 0.0% PCQNC: Hits: _____ Score: 0.0%

MALFUNCTIONS & WEAPONS MAINTENANCE

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____
Was weapon taken out of service: Y ☐ N ☒ Weapon Location: _____
Firearms Instructors Name: Michael Crowley #261

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: *Adam Lohsen* #328 Date: 3/10/2017
Print Name: Adam Lohsen Firearms Instructor: *Det Michael A. Crowley #261*

**TEANECK POLICE DEPARTMENT
HANDGUN QUALIFICATION RECORD**

Date: 3/10/2017

OFFICER & WEAPON

Rank: Police Officer Officer: Philip Apreda Badge # 330
Target Type: [REDACTED] Range Location: [REDACTED]
Service Handgun: [REDACTED] Other Approved Handgun: _____
Serial #: [REDACTED] Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Crowley #261

QUALIFICATION

HQC1: Hits: 55 Score: 91.7% HNQC: Hits: 37 Score: 92.5%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____

Remedial Instruction: _____
Firearms Instructors Name: Michael Crowley #261

REMEDIAL QUALIFICATION

HQC1: Hits: _____ Score: 0.0% HNQC: Hits: _____ Score: 0.0%

WEAPONS MALFUNCTIONS OR WEAPONS TAKEN OUT OF SERVICE

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☒ Location of Weapon: _____

Firearms Instructors Name: Michael Crowley #261

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: _____

Date: 3/10/2017

Print Name: _____

Philip Apreda

Firearms Instructor: _____

Det. Michael A. Crowley #261

**TEANECK POLICE DEPARTMENT
POLICE CARBINE QUALIFICATION RECORD**

Date: 3/10/2017

OFFICER & WEAPON

Rank: Police Officer Officer: Philip Apreda Badge # 330
Target Type: [REDACTED] Range Location: [REDACTED]
[REDACTED] Serial #: [REDACTED]
Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Crowley #261

QUALIFICATION

PCQC: Hits: 56 Score: 93.3% PCQNC: Hits: 46 Score: 92.0%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____

Remedial Instruction: _____

Firearms Instructors Name: Michael Crowley #261

REMEDIAL QUALIFICATION

PCQC: Hits: _____ Score: 0.0% PCQNC: Hits: _____ Score: 0.0%

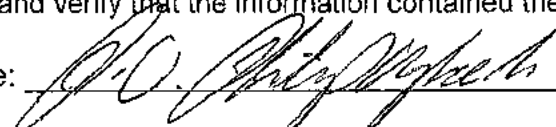
MALFUNCTIONS & WEAPONS MAINTENANCE

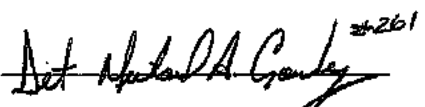
Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☒ Weapon Location: _____

Firearms Instructors Name: Michael Crowley #261

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature:  Date: 3/10/2017

Print Name: Philip Apreda Firearms Instructor:  #261

Date: 3/10/2017

Rank: Police Officer Officer: Michael Ayala Badge # 332

Target Type: [REDACTED] Range Location: [REDACTED]

Service Handgun: [REDACTED] Other Approved Handgun: _____

Serial #: [REDACTED] Ammunition: [REDACTED] Caliber: [REDACTED]

Firearms Instructor: Michael Crowley #261

HQC1: Hits: 58 Score: 96.7% HNQC: Hits: 39 Score: 97.5%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____

Remedial Instruction: _____

Firearms Instructors Name: Michael Crowley #261

HQC1: Hits: _____ Score: 0.0% HNQC: Hits: _____ Score: 0.0%

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____

Was weapon taken out of service: Y N ☒ Location of Weapon: _____

Firearms Instructors Name: Michael Crowley #261

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: PO M Lopez #332 Date: 3/10/2017

Print Name: Michael Ayala Firearms Instructor: Det. Michael A. Conley

**TEANECK POLICE DEPARTMENT
POLICE CARBINE QUALIFICATION RECORD**

Date: 3/10/2017

OFFICER & WEAPON

Rank: Police Officer Officer: Michael Ayala Badge # 332
Target Type: [REDACTED] Range Location: [REDACTED]
[REDACTED] Serial #: [REDACTED]
Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Crowley #261

QUALIFICATION

PCQC: Hits: 58 Score: 96.7% PCQNC: Hits: 48 Score: 96.0%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____
Remedial Instruction: _____
Firearms Instructors Name: Michael Crowley #261

REMEDIAL QUALIFICATION

PCQC: Hits: _____ Score: 0.0% PCQNC: Hits: _____ Score: 0.0%

MALFUNCTIONS & WEAPONS MAINTENANCE

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____
Was weapon taken out of service: Y ☐ N ☒ Weapon Location: _____
Firearms Instructors Name: Michael Crowley #261

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: PO M Ayala #332 Date: 3/10/2017
Print Name: Michael Ayala Firearms Instructor: Det Michael A. Gandy #261

**TEANECK POLICE DEPARTMENT
HANDGUN QUALIFICATION RECORD**

Date: 7/14/17

OFFICER & WEAPON

Rank: Police Officer Officer: Michael Ayala Badge # 332
Target Type: [REDACTED] Range Location: [REDACTED]
Service Handgun: [REDACTED] Other Approved Handgun: [REDACTED]
Serial #: [REDACTED] Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Eddy Lievano #259

QUALIFICATION

HQC1: Hits: 59 Score: 98.3% HNQC: Hits: 38 Score: 95.0%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: [REDACTED]
Remedial Instruction: [REDACTED]
Firearms Instructors Name: Eddy Lievano #259

REMEDIAL QUALIFICATION

HQC1: Hits: [REDACTED] Score: 0.0% HNQC: Hits: [REDACTED] Score: 0.0%

WEAPONS MALFUNCTIONS OR WEAPONS TAKEN OUT OF SERVICE

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: [REDACTED]
[REDACTED]
Was weapon taken out of service: Y ☐ N ☒ Location of Weapon: [REDACTED]
Firearms Instructors Name: Eddy Lievano #259

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: PO M Ayala #332 Date: 7/14/17

Print Name: Michael Ayala Firearms Instructor: Det. [Signature]

**TEANECK POLICE DEPARTMENT
HANDGUN QUALIFICATION RECORD**

Date: 3/10/2017

OFFICER & WEAPON

Rank: Police Officer Officer: James Lynch Badge # 336

Target Type: FBI "Q" Range Location: [REDACTED]

Service Handgun: [REDACTED] Other Approved Handgun: _____

Serial #: [REDACTED] Ammunition: [REDACTED] Caliber: [REDACTED]

Firearms Instructor: Michael Crowley #261

QUALIFICATION

HQC1: Hits: 58 Score: 96.7% HNQC: Hits: 38 Score: 95.0%

Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____

Remedial Instruction: _____

Firearms Instructors Name: Michael Crowley #261

REMEDIAL QUALIFICATION

HQC1: Hits: _____ Score: 0.0% HNQC: Hits: _____ Score: 0.0%

WEAPONS MALFUNCTIONS OR WEAPONS TAKEN OUT OF SERVICE

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☒ Location of Weapon: _____

Firearms Instructors Name: Michael Crowley #261

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: *James Lynch* #336 Date: 3/10/2017

Print Name: James Lynch Firearms Instructor: *Det Michael A. Crowley* #261

**TEANECK POLICE DEPARTMENT
POLICE CARBINE QUALIFICATION RECORD**

Date: 3/10/2017

OFFICER & WEAPON

Rank: Police Officer Officer: James Lynch Badge # 336
Target Type: [REDACTED] Range Location: [REDACTED]
Serial #: [REDACTED]
Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Crowley #261

QUALIFICATION

PCQC: Hits: 59 Score: 98.3% PCQNC: Hits: 49 Score: 98.0%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____
Remedial Instruction: _____
Firearms Instructors Name: Michael Crowley #261

REMEDIAL QUALIFICATION

PCQC: Hits: _____ Score: 0.0% PCQNC: Hits: _____ Score: 0.0%

MALFUNCTIONS & WEAPONS MAINTENANCE

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____
Was weapon taken out of service: Y ☐ N ☒ Weapon Location: _____
Firearms Instructors Name: Michael Crowley #261

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: *James Lynch* Date: 3/10/2017
Print Name: James Lynch Firearms Instructor: *Det Michael A Crowley #261*

**TEANECK POLICE DEPARTMENT
HANDGUN QUALIFICATION RECORD**

Date: 2/3/2017

OFFICER & WEAPON

Rank: Police Officer Officer: PATRICK POWERS Badge # 337
Target Type: [REDACTED] Range Location: [REDACTED]
Service Handgun: [REDACTED] Other Approved Handgun: [REDACTED]
Serial #: [REDACTED] Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Thomas R. Finley #274

QUALIFICATION

HQC1: Hits: 59 Score: 98.3% HNQC: Hits: 38 Score: 95.0%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: [REDACTED]
Remedial Instruction: [REDACTED]
Firearms Instructors Name: Thomas R. Finley #274

REMEDIAL QUALIFICATION

HQC1: Hits: [REDACTED] Score: 0.0% HNQC: Hits: [REDACTED] Score: 0.0%

WEAPONS MALFUNCTIONS OR WEAPONS TAKEN OUT OF SERVICE

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: [REDACTED]
[REDACTED]
Was weapon taken out of service: Y ☐ N ☒ Location of Weapon: [REDACTED]
Firearms Instructors Name: Thomas R. Finley #274

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: P.O. Patrick Powers #337 Date: 2/3/2017

Print Name: PATRICK POWERS Firearms Instructor: Sgt. M. J. #274

**TEANECK POLICE DEPARTMENT
POLICE CARBINE QUALIFICATION RECORD**

Date: 2/3/2017

OFFICER & WEAPON

Rank: Police Officer Officer: Patrick Powers Badge # 337
Target Type: [REDACTED] Range Location: [REDACTED]
Serial #: [REDACTED]
Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Thomas R. Finley #274

QUALIFICATION

PCQC: Hits: 59 Score: 98.3% PCQNC: Hits: 49 Score: 98.0%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____
Remedial Instruction: _____
Firearms Instructors Name: Thomas R. Finley #274

REMEDIAL QUALIFICATION

PCQC: Hits: _____ Score: 0.0% PCQNC: Hits: _____ Score: 0.0%

MALFUNCTIONS & WEAPONS MAINTENANCE

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____
Was weapon taken out of service: Y ☐ N ☒ Weapon Location: _____
Firearms Instructors Name: Thomas R. Finley #274

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: P.O. Powers #337 Date: 2/3/2017

Print Name: Patrick Powers Firearms Instructor: Det. Michael A. Gandy #261

Date: 2/3/2017

Rank: Police Officer Officer: STEPHEN MORENA JR. Badge # 338

Target Type: [REDACTED] Range Location: [REDACTED]

Service Handgun: [REDACTED] Other Approved Handgun: _____

Serial #: [REDACTED] Ammunition: [REDACTED] Caliber: [REDACTED]

Firearms Instructor: Thomas R. Finley #274

HQC1: Hits: 51 Score: 85.0% HNQC: Hits: 36 Score: 90.0%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____

Remedial Instruction:

Firearms Instructors Name: Thomas R. Finley #274

HQC1: Hits: _____ Score: 0.0% HNQC: Hits: _____ Score: 0.0%

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☒ Location of Weapon: _____

Firearms Instructors Name: Thomas R. Finley #274

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: [Signature] Date: 2/3/2017

Print Name: STEPHEN MORENA JR. Firearms Instructor: Sgt. JAD #271

**TEANECK POLICE DEPARTMENT
POLICE CARBINE QUALIFICATION RECORD**

Date: 2/3/2017

OFFICER & WEAPON

Rank: Police Officer Officer: Stephen Morena Badge # 338
Target Type: [REDACTED] Range Location: [REDACTED]
[REDACTED] Serial #: [REDACTED]
Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Crowley #261

QUALIFICATION

PCQC: Hits: 55 Score: 91.7% PCQNC: Hits: 46 Score: 92.0%

Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____

Remedial Instruction: _____

Firearms Instructors Name: Michael Crowley #261

REMEDIAL QUALIFICATION

PCQC: Hits: _____ Score: 0.0% PCQNC: Hits: _____ Score: 0.0%

MALFUNCTIONS & WEAPONS MAINTENANCE

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☒ Weapon Location: _____

Firearms Instructors Name: Michael Crowley #261

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: [Signature] Date: 2/3/2017

Print Name: Stephen Morena Firearms Instructor: [Signature] #261

**TEANECK POLICE DEPARTMENT
POLICE CARBINE QUALIFICATION RECORD**

Date: 2/3/2017

OFFICER & WEAPON

Rank: Police Officer Officer: Stephen Morena Badge # 338
Target Type: [REDACTED] Range Location: [REDACTED]
[REDACTED] Serial #: [REDACTED]
Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Crowley #261

QUALIFICATION

PCQC: Hits: 55 Score: 91.7% PCQNC: Hits: 46 Score: 92.0%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____
Remedial Instruction: _____
Firearms Instructors Name: Michael Crowley #261

REMEDIAL QUALIFICATION

PCQC: Hits: _____ Score: 0.0% PCQNC: Hits: _____ Score: 0.0%

MALFUNCTIONS & WEAPONS MAINTENANCE

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☒ Weapon Location: _____
Firearms Instructors Name: Michael Crowley #261

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: [Signature] Date: 2/3/2017
Print Name: Stephen Morena Firearms Instructor: [Signature] #261

**TEANECK POLICE DEPARTMENT
HANDGUN QUALIFICATION RECORD**

Date: 2/3/2017

OFFICER & WEAPON

Rank: Police Officer Officer: STEPHEN MORENA JR. Badge # 338
Target Type: [REDACTED] Range Location: [REDACTED]
Service Handgun: [REDACTED] Other Approved Handgun: [REDACTED]
Serial #: [REDACTED] Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Eddy Lievano #259

QUALIFICATION

HQC1: Hits: 57 Score: 95.0% HNQC: Hits: 38 Score: 95.0%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____

Remedial Instruction: _____

Firearms Instructors Name: Eddy Lievano #259

REMEDIAL QUALIFICATION

HQC1: Hits: _____ Score: 0.0% HNQC: Hits: _____ Score: 0.0%

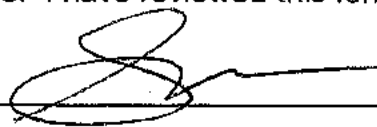
WEAPONS MALFUNCTIONS OR WEAPONS TAKEN OUT OF SERVICE

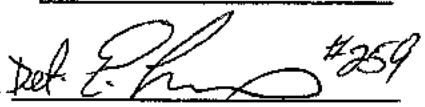
Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☒ Location of Weapon: _____

Firearms Instructors Name: Eddy Lievano #259

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature:  Date: 2/3/2017

Print Name: STEPHEN MORENA JR. Firearms Instructor:  #259

Date: 2/3/2017

Rank: Police Officer Officer: JAMES HOOVER Badge # 339

Target Type: [REDACTED] Range Location: [REDACTED]

Service Handgun: [REDACTED] Other Approved Handgun: [REDACTED]

Serial #: [REDACTED] Ammunition: [REDACTED] Caliber: [REDACTED]

Firearms Instructor: Thomas R. Finley #274

HQC1: Hits: 55 Score: 91.7% HNQC: Hits: 38 Score: 95.0%

Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____

Remedial Instruction:_____

Firearms Instructors Name: Thomas R. Finley #274

HQC1: Hits: _____ Score: 0.0% HNQC: Hits: _____ Score: 0.0%

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☒ Location of Weapon: _____

Firearms Instructors Name: Thomas R. Finley #274

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: P.O. [Signature] #339 Date: 2/3/2017

Print Name: JAMES HOOVER Firearms Instructor: Sgt. TAD #274

**TEANECK POLICE DEPARTMENT
POLICE CARBINE QUALIFICATION RECORD**

Date: 2/3/2017

OFFICER & WEAPON

Rank: Police Officer Officer: James Hoover Badge #: 339
Target Type: [REDACTED] Range Location: [REDACTED]
[REDACTED] Serial #: [REDACTED]
Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Thomas R. Finley #274

QUALIFICATION

PCQC: Hits: 57 Score: 95.0% PCQNC: Hits: 47 Score: 94.0%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____
Remedial Instruction: _____
Firearms Instructors Name: Thomas R. Finley #274

REMEDIAL QUALIFICATION

PCQC: Hits: _____ Score: 0.0% PCQNC: Hits: _____ Score: 0.0%

MALFUNCTIONS & WEAPONS MAINTENANCE

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☒ Weapon Location: _____
Firearms Instructors Name: Thomas R. Finley #274

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: [Signature] #339 Date: 2/3/2017
Print Name: James Hoover Firearms Instructor: [Signature] #261

**TEANECK POLICE DEPARTMENT
HANDGUN QUALIFICATION RECORD**

Date: 2/3/2017

OFFICER & WEAPON

Rank: Police Officer Officer: JAMES HOOVER Badge #: 339
Target Type: [REDACTED] Range Location: [REDACTED]
Service Handgun: [REDACTED] Other Approved Handgun: [REDACTED]
Serial #: [REDACTED] Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Eddy Lievano #259

QUALIFICATION

HQC1: Hits: 56 Score: 93.3% HNQC: Hits: 37 Score: 92.5%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____

Remedial Instruction: _____

Firearms Instructors Name: Eddy Lievano #259

REMEDIAL QUALIFICATION

HQC1: Hits: _____ Score: 0.0% HNQC: Hits: _____ Score: 0.0%

WEAPONS MALFUNCTIONS OR WEAPONS TAKEN OUT OF SERVICE

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☒ Location of Weapon: _____

Firearms Instructors Name: Eddy Lievano #259

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: [Signature] #339

Date: 2/3/2017

Print Name: JAMES HOOVER

Firearms Instructor: [Signature] #259

**TEANECK POLICE DEPARTMENT
HANDGUN QUALIFICATION RECORD**

Date: 3/10/2017

OFFICER & WEAPON

Rank: Police Officer Officer: [REDACTED] Badge # 340

Target Type: [REDACTED] Range Location: [REDACTED]

Service Handgun: [REDACTED] Other Approved Handgun: _____

Serial #: [REDACTED] Ammunition: [REDACTED] Caliber: [REDACTED]

Firearms Instructor: _____ Michael Crowley #261

QUALIFICATION

HQC1: Hits: 49 Score: 81.7% HNQC: Hits: 37 Score: 92.5%

Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____

Remedial Instruction: _____

Firearms Instructors Name: Michael Crowley #261

REMEDIAL QUALIFICATION

HQC1: Hits: _____ Score: 0.0% HNQC: Hits: _____ Score: 0.0%

WEAPONS MALFUNCTIONS OR WEAPONS TAKEN OUT OF SERVICE

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☒ Location of Weapon: _____

Firearms Instructors Name: Michael Crowley #261

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: [Signature] Date: 3/10/2017

Print Name: Jon-Ryan Meyer Firearms Instructor: Det Michael A. Crowley #261

**TEANECK POLICE DEPARTMENT
POLICE CARBINE QUALIFICATION RECORD**

Date: 3/10/2017

OFFICER & WEAPON

Rank: Police Officer Officer: Jon-Ryan Meyer Badge # 340
Target Type: [REDACTED] Range Location: [REDACTED]
[REDACTED] Serial #: [REDACTED]
Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Crowley #261

QUALIFICATION

PCQC: Hits: 53 Score: 88.3% PCQNC: Hits: 45 Score: 90.0%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____
Remedial Instruction: _____
Firearms Instructors Name: Michael Crowley #261

REMEDIAL QUALIFICATION

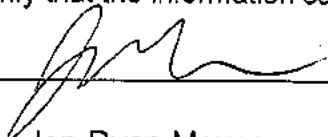
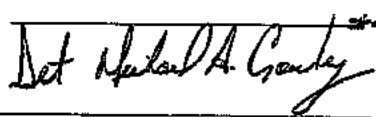
PCQC: Hits: _____ Score: 0.0% PCQNC: Hits: _____ Score: 0.0%

MALFUNCTIONS & WEAPONS MAINTENANCE

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☒ Weapon Location: _____
Firearms Instructors Name: Michael Crowley #261

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature:  Date: 3/10/2017
Print Name: Jon-Ryan Meyer Firearms Instructor:  #261

**TEANECK POLICE DEPARTMENT
HANDGUN QUALIFICATION RECORD**

Date: 2/3/2017

OFFICER & WEAPON

Rank: Police Officer Officer: PATRICK HAASE Badge # 341
Target Type: [REDACTED] Range Location: [REDACTED]
Service Handgun: [REDACTED] Other Approved Handgun: _____
Serial #: [REDACTED] Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Thomas R. Finley #274

QUALIFICATION

HQC1: Hits: 58 Score: 96.7% HNQC: Hits: 37 Score: 92.5%

Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____

Remedial Instruction: _____

Firearms Instructors Name: Thomas R. Finley #274

REMEDIAL QUALIFICATION

HQC1: Hits: _____ Score: 0.0% HNQC: Hits: _____ Score: 0.0%

WEAPONS MALFUNCTIONS OR WEAPONS TAKEN OUT OF SERVICE

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☒ Location of Weapon: _____

Firearms Instructors Name: Thomas R. Finley #274

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: P. Haase 341 Date: 2/3/2017

Print Name: PATRICK HAASE Firearms Instructor: Sgt. M. J. #274

**TEANECK POLICE DEPARTMENT
POLICE CARBINE QUALIFICATION RECORD**

Date: 2/3/2017

OFFICER & WEAPON

Rank: Police Officer Officer: Patrick Haase Badge # 341
Target Type: [REDACTED] Range Location: [REDACTED]
[REDACTED] Serial #: [REDACTED]
Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Thomas R. Finley #274

QUALIFICATION

PCQC: Hits: 58 Score: 96.7% PCQNC: Hits: 50 Score: 100.0%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____
Remedial Instruction: _____
Firearms Instructors Name: Thomas R. Finley #274

REMEDIAL QUALIFICATION

PCQC: Hits: _____ Score: 0.0% PCQNC: Hits: _____ Score: 0.0%

MALFUNCTIONS & WEAPONS MAINTENANCE

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☒ Weapon Location: _____
Firearms Instructors Name: Thomas R. Finley #274

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: Patrick Haase 341 Date: 2/3/2017

Print Name: Patrick Haase Firearms Instructor: Sgt. M. J. #274

**TEANECK POLICE DEPARTMENT
HANDGUN QUALIFICATION RECORD**

Date: 2/3/2017

OFFICER & WEAPON

Rank: Police Officer Officer: PATRICK HAASE Badge #: 341
Target Type: [REDACTED] Range Location: [REDACTED]
Service Handgun: [REDACTED] Other Approved Handgun: [REDACTED]
Serial #: [REDACTED] Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Eddy Lievano #259

QUALIFICATION

HQC1: Hits: 57 Score: 95.0% HNQC: Hits: 36 Score: 90.0%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____

Remedial Instruction: _____
Firearms Instructors Name: Eddy Lievano #259

REMEDIAL QUALIFICATION

HQC1: Hits: _____ Score: 0.0% HNQC: Hits: _____ Score: 0.0%

WEAPONS MALFUNCTIONS OR WEAPONS TAKEN OUT OF SERVICE

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☒ Location of Weapon: _____

Firearms Instructors Name: Eddy Lievano #259

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: P. Haase 341 Date: 2/3/2017
Print Name: PATRICK HAASE Firearms Instructor: Det. J.R. [Signature] #259

**TEANECK POLICE DEPARTMENT
HANDGUN QUALIFICATION RECORD**

Date: 3/10/2017

OFFICER & WEAPON

Rank: Police Officer Officer: John Thornton Badge # 342
Target Type: [REDACTED] Range Location: [REDACTED]
Service Handgun: [REDACTED] Other Approved Handgun: _____
Serial #: [REDACTED] Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Crowley #261

QUALIFICATION

HQC1: Hits: 57 Score: 95.0% HNQC: Hits: 38 Score: 95.0%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____

Remedial Instruction: _____
Firearms Instructors Name: Michael Crowley #261

REMEDIAL QUALIFICATION

HQC1: Hits: _____ Score: 0.0% HNQC: Hits: _____ Score: 0.0%

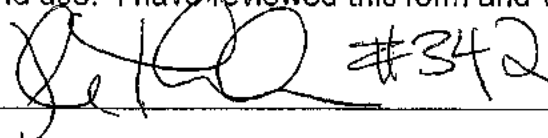
WEAPONS MALFUNCTIONS OR WEAPONS TAKEN OUT OF SERVICE

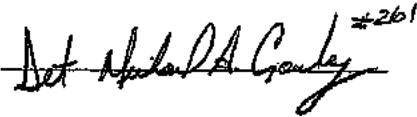
Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☒ Location of Weapon: _____

Firearms Instructors Name: Michael Crowley #261

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature:  #342 Date: 3/10/2017

Print Name: John Thornton Firearms Instructor:  #261

**TEANECK POLICE DEPARTMENT
POLICE CARBINE QUALIFICATION RECORD**

Date: 3/10/2017

OFFICER & WEAPON

Rank: Police Officer Officer: John Thornton Badge # 342
Target Type: [REDACTED] Range Location: [REDACTED]
[REDACTED] Serial #: [REDACTED]
Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Thomas R. Finley #274

QUALIFICATION

PCQC: Hits: 58 Score: 96.7% PCQNC: Hits: 50 Score: 100.0%

Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____

Remedial Instruction: _____

Firearms Instructors Name: Thomas R. Finley #274

REMEDIAL QUALIFICATION

PCQC: Hits: _____ Score: 0.0% PCQNC: Hits: _____ Score: 0.0%

MALFUNCTIONS & WEAPONS MAINTENANCE

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☒ Weapon Location: _____

Firearms Instructors Name: Thomas R. Finley #274

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: [Signature] #342 Date: 3/10/2017

Print Name: John Thornton Firearms Instructor: Det. Michael A. Gandy #261

**TEANECK POLICE DEPARTMENT
HANDGUN QUALIFICATION RECORD**

Date: 3/10/2017

OFFICER & WEAPON

Rank: Police Officer Officer: Babajide Olamiju Badge # 343
Target Type: [REDACTED] Range Location: [REDACTED]
Service Handgun: [REDACTED] Other Approved Handgun: _____
Serial #: [REDACTED] Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Crowley #261

QUALIFICATION

HQC1: Hits: 52 Score: 86.7% HNQC: Hits: 34 Score: 85.0%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____

Remedial Instruction: _____
Firearms Instructors Name: Michael Crowley #261

REMEDIAL QUALIFICATION

HQC1: Hits: _____ Score: 0.0% HNQC: Hits: _____ Score: 0.0%

WEAPONS MALFUNCTIONS OR WEAPONS TAKEN OUT OF SERVICE

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☒ Location of Weapon: _____

Firearms Instructors Name: Michael Crowley #261

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: [Signature] #343 Date: 3/10/2017

Print Name: Babajide Olamiju Firearms Instructor: Det Michael A. Crowley #261

**TEANECK POLICE DEPARTMENT
POLICE CARBINE QUALIFICATION RECORD**

Date: 3/24/2017

OFFICER & WEAPON

Rank: Police Officer Officer: Babajide Olamiju Badge # 343
Target Type: [REDACTED] Range Location: [REDACTED]
[REDACTED] Serial #: [REDACTED]
Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Crowley #261

QUALIFICATION

PCQC: Hits: 52 Score: 86.7% PCQNC: Hits: 48 Score: 96.0%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____
Remedial Instruction: _____
Firearms Instructors Name: Michael Crowley #261

REMEDIAL QUALIFICATION

PCQC: Hits: _____ Score: 0.0% PCQNC: Hits: _____ Score: 0.0%

MALFUNCTIONS & WEAPONS MAINTENANCE

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☒ Weapon Location: _____
Firearms Instructors Name: Michael Crowley #261

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: [Signature] #343 Date: 3/24/2017

Print Name: Babajide Olamiju Firearms Instructor: [Signature] #261

**TEANECK POLICE DEPARTMENT
HANDGUN QUALIFICATION RECORD**

Date: 10/27/2017

OFFICER & WEAPON

Rank: _____ Officer: Matthew Pterski Badge # S2
Target Type: [REDACTED] Range Location: [REDACTED]
Service Handgun: [REDACTED] Other Approved Handgun: _____
Serial #: [REDACTED] Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Chaloub #296

QUALIFICATION

HQC1: Hits: 52 Score: 86.7% HNQC: Hits: 32 Score: 80.0%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____
Remedial Instruction: _____
Firearms Instructors Name: Michael Chaloub #296

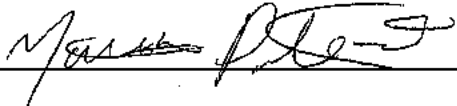
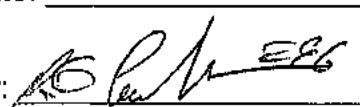
REMEDIAL QUALIFICATION

HQC1: Hits: _____ Score: 0.0% HNQC: Hits: _____ Score: 0.0%

WEAPONS MALFUNCTIONS OR WEAPONS TAKEN OUT OF SERVICE

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____
Was weapon taken out of service: Y ☐ N ☒ Location of Weapon: _____
Firearms Instructors Name: Michael Chaloub #296

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature:  Date: 10/27/2017
Print Name: Matthew Pterski Firearms Instructor: 

**TEANECK POLICE DEPARTMENT
HANDGUN QUALIFICATION RECORD**

Date: 10/26/2017

OFFICER & WEAPON

Rank: Captain Officer: Kenneth Croonquist Badge # 199
Target Type: [REDACTED] Range Location: [REDACTED]
Service Handgun: [REDACTED] Other Approved Handgun: _____
Serial #: [REDACTED] Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Chaloub #296

QUALIFICATION

HQC1: Hits: 59 Score: 98.3% HNQC: Hits: 40 Score: 100.0%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____

Remedial Instruction: _____

Firearms Instructors Name: Michael Chaloub #296

REMEDIAL QUALIFICATION

HQC1: Hits: _____ Score: 0.0% HNQC: Hits: _____ Score: 0.0%

WEAPONS MALFUNCTIONS OR WEAPONS TAKEN OUT OF SERVICE

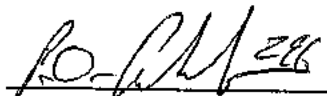
Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☒ Location of Weapon: _____

Firearms Instructors Name: Michael Chaloub #296

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature:  Date: 10/26/2017

Print Name: Kenneth Croonquist Firearms Instructor: 

**TEANECK POLICE DEPARTMENT
HANDGUN QUALIFICATION RECORD**

Date: 7/28/2017

OFFICER & WEAPON

Rank: Detective Officer: Thomas Melvin Badge # 219
Target Type: [REDACTED] Range Location: [REDACTED]
Service Handgun: [REDACTED] Other Approved Handgun: _____
Serial #: [REDACTED] Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Crowley #261

QUALIFICATION

HQC1: Hits: 60 Score: 100.0% HNQC: Hits: 40 Score: 100.0%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____

Remedial Instruction: _____

Firearms Instructors Name: Michael Crowley #261

REMEDIAL QUALIFICATION

HQC1: Hits: _____ Score: 0.0% HNQC: Hits: _____ Score: 0.0%

WEAPONS MALFUNCTIONS OR WEAPONS TAKEN OUT OF SERVICE

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☒ Location of Weapon: _____

Firearms Instructors Name: Michael Crowley #261

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: Det Thomas P. Melvin 219 Date: 7/28/2017

Print Name: Thomas Melvin Firearms Instructor: Det Michael A. Crowley #261

**TEANECK POLICE DEPARTMENT
HANDGUN QUALIFICATION RECORD**

Date: 10/25/2017

OFFICER & WEAPON

Rank: Lieutenant Officer: Christopher Kurschner Badge # 220
Target Type: [REDACTED] Range Location: [REDACTED]
Service Handgun: [REDACTED] Other Approved Handgun: _____
Serial #: [REDACTED] Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Chaloub #296

QUALIFICATION

HQC1: Hits: 55 Score: 91.7% HNQC: Hits: 35 Score: 87.5%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____

Remedial Instruction: _____

Firearms Instructors Name: Michael Chaloub #296

REMEDIAL QUALIFICATION

HQC1: Hits: _____ Score: 0.0% HNQC: Hits: _____ Score: 0.0%

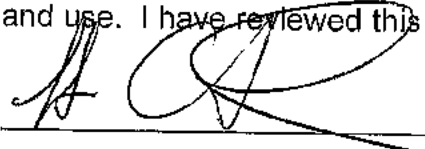
WEAPONS MALFUNCTIONS OR WEAPONS TAKEN OUT OF SERVICE

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☒ Location of Weapon: _____

Firearms Instructors Name: Michael Chaloub #296

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature:  Date: 10/25/2017

Print Name: Christopher Kurschner Firearms Instructor:  #296

**TEANECK POLICE DEPARTMENT
HANDGUN QUALIFICATION RECORD**

Date: 10/26/2017

OFFICER & WEAPON

Rank: Captain Officer: Mark Distler Badge # 221
Target Type: [REDACTED] Range Location: [REDACTED]
Service Handgun: [REDACTED] Other Approved Handgun: _____
Serial #: [REDACTED] Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Chaloub #296

QUALIFICATION

HQC1: Hits: 54 Score: 90.0% HNQC: Hits: 38 Score: 95.0%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____

Remedial Instruction: _____
Firearms Instructors Name: Michael Chaloub #296

REMEDIAL QUALIFICATION

HQC1: Hits: _____ Score: 0.0% HNQC: Hits: _____ Score: 0.0%

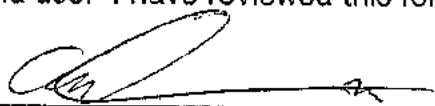
WEAPONS MALFUNCTIONS OR WEAPONS TAKEN OUT OF SERVICE

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☒ Location of Weapon: _____

Firearms Instructors Name: Michael Chaloub #296

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature:  Date: 10/26/2017

Print Name: Mark Distler Firearms Instructor:  296

**TEANECK POLICE DEPARTMENT
HANDGUN QUALIFICATION RECORD**

Date: 10/25/2017

OFFICER & WEAPON

Rank: Det. Sergeant Officer: Harry Harrison Badge # 222
Target Type: [REDACTED] Range Location: [REDACTED]
Service Handgun: [REDACTED] Other Approved Handgun: _____
Serial #: [REDACTED] Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Chaloub #296

QUALIFICATION

HQC1: Hits: 56 Score: 93.3% HNQC: Hits: 38 Score: 95.0%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____

Remedial Instruction: _____

Firearms Instructors Name: Michael Chaloub #296

REMEDIAL QUALIFICATION

HQC1: Hits: _____ Score: 0.0% HNQC: Hits: _____ Score: 0.0%

WEAPONS MALFUNCTIONS OR WEAPONS TAKEN OUT OF SERVICE

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☒ Location of Weapon: _____

Firearms Instructors Name: Michael Chaloub #296

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: *Harry Harrison* Date: 10/25/2017

Print Name: Harry Harrison Firearms Instructor: *Michael Chaloub #296*

**TEANECK POLICE DEPARTMENT
HANDGUN QUALIFICATION RECORD**

Date: 10/26/2017

OFFICER & WEAPON

Rank: Chief Officer: Glenn O'Reilly Badge # 231
Target Type: [REDACTED] Range Location: [REDACTED]
Service Handgun: [REDACTED] Other Approved Handgun: _____
Serial #: [REDACTED] Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Chaloub #296

QUALIFICATION

HQC1: Hits: 57 Score: 95.0% HNQC: Hits: 37 Score: 92.5%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____
Remedial Instruction: _____
Firearms Instructors Name: Michael Chaloub #296

REMEDIAL QUALIFICATION

HQC1: Hits: _____ Score: 0.0% HNQC: Hits: _____ Score: 0.0%

WEAPONS MALFUNCTIONS OR WEAPONS TAKEN OUT OF SERVICE

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____
Was weapon taken out of service: Y ☐ N ☒ Location of Weapon: _____
Firearms Instructors Name: Michael Chaloub #296

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: *Glenn O'Reilly* Date: 10/26/2017
Print Name: Glenn O'Reilly Firearms Instructor: *[Signature]* 296

**TEANECK POLICE DEPARTMENT
HANDGUN QUALIFICATION RECORD**

Date: 9/14/2017

OFFICER & WEAPON

Rank: Police Officer Officer: Joseph Careccio Badge # 232
Target Type: [REDACTED] Range Location: [REDACTED]
Service Handgun: [REDACTED] Other Approved Handgun: _____
Serial #: [REDACTED] Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Chaloub #296

QUALIFICATION

HQC1: Hits: 52 Score: 86.7% HNQC: Hits: 35 Score: 87.5%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____

Remedial Instruction: _____

Firearms Instructors Name: Michael Chaloub #296

REMEDIAL QUALIFICATION

HQC1: Hits: _____ Score: 0.0% HNQC: Hits: _____ Score: 0.0%

WEAPONS MALFUNCTIONS OR WEAPONS TAKEN OUT OF SERVICE

Did weapon malfunction during training: Y ☐ N ☐ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☐ Location of Weapon: _____

Firearms Instructors Name: Michael Chaloub #296

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: [Signature] 232 Date: 9/14/2017

Print Name: Joseph Careccio Firearms Instructor: [Signature] 296

**TEANECK POLICE DEPARTMENT
POLICE CARBINE QUALIFICATION RECORD**

Date: 9/14/2017

OFFICER & WEAPON

Rank: Police Officer Officer: Joseph Careccio Badge # 232
Target Type: [REDACTED] Range Location: [REDACTED]
Serial #: [REDACTED]
Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Chaloub #296

QUALIFICATION

PCQC: Hits: 53 Score: 88.3% PCQNC: Hits: 45 Score: 90.0%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: [REDACTED]
Remedial Instruction: [REDACTED]
Firearms Instructors Name: Michael Chaloub #296

REMEDIAL QUALIFICATION

PCQC: Hits: [REDACTED] Score: 0.0% PCQNC: Hits: [REDACTED] Score: 0.0%

MALFUNCTIONS & WEAPONS MAINTENANCE

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: [REDACTED]

Was weapon taken out of service: Y ☐ N ☒ Weapon Location: [REDACTED]

Firearms Instructors Name: Michael Chaloub #296

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: [Signature] 232 Date: 9/14/2017

Print Name: Joseph Careccio Firearms Instructor: [Signature] 296

**TEANECK POLICE DEPARTMENT
HANDGUN QUALIFICATION RECORD**

Date: 9/15/2017

OFFICER & WEAPON

Rank: Police Officer Officer: Gregory Kerrison Badge # 233
Target Type: [REDACTED] Range Location: [REDACTED]
Service Handgun: [REDACTED] Other Approved Handgun: _____
Serial #: [REDACTED] Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Chaloub #296

QUALIFICATION

HQC1: Hits: 58 Score: 96.7% HNQC: Hits: 36 Score: 90.0%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____

Remedial Instruction: _____
Firearms Instructors Name: Michael Chaloub #296

REMEDIAL QUALIFICATION

HQC1: Hits: _____ Score: 0.0% HNQC: Hits: _____ Score: 0.0%

WEAPONS MALFUNCTIONS OR WEAPONS TAKEN OUT OF SERVICE

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☒ Location of Weapon: _____

Firearms Instructors Name: Michael Chaloub #296

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: Po. Gregory Kerrison Date: 9/15/2017
Print Name: Gregory Kerrison Firearms Instructor: P. Chaloub

**TEANECK POLICE DEPARTMENT
HANDGUN QUALIFICATION RECORD**

Date: 10/26/2017

OFFICER & WEAPON

Rank: Police Officer Officer: Ross Burns Badge #: 237
Target Type: [REDACTED] Range Location: [REDACTED]
Service Handgun: [REDACTED] Other Approved Handgun: _____
Serial #: [REDACTED] Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Chaloub #296

QUALIFICATION

HQC1: Hits: 57 Score: 95.0% HNQC: Hits: 37 Score: 92.5%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____
Remedial Instruction: _____
Firearms Instructors Name: Michael Chaloub #296

REMEDIAL QUALIFICATION

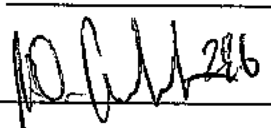
HQC1: Hits: _____ Score: 0.0% HNQC: Hits: _____ Score: 0.0%

WEAPONS MALFUNCTIONS OR WEAPONS TAKEN OUT OF SERVICE

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☒ Location of Weapon: _____
Firearms Instructors Name: Michael Chaloub #296

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature:  Date: 10/26/2017
Print Name: Ross Burns Firearms Instructor: 

**TEANECK POLICE DEPARTMENT
HANDGUN QUALIFICATION RECORD**

Date: 9/8/2017

OFFICER & WEAPON

Rank: Det. Lieutenant Officer: Andrew McGurr Badge # 241
Target Type: [REDACTED] Range Location: [REDACTED]
Service Handgun: [REDACTED] Other Approved Handgun: _____
Serial #: [REDACTED] Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Chaloub #296

QUALIFICATION

HQC1: Hits: 57 Score: 95.0% HNQC: Hits: 38 Score: 95.0%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____

Remedial Instruction: _____

Firearms Instructors Name: Michael Chaloub #296

REMEDIAL QUALIFICATION

HQC1: Hits: _____ Score: 0.0% HNQC: Hits: _____ Score: 0.0%

WEAPONS MALFUNCTIONS OR WEAPONS TAKEN OUT OF SERVICE

Did weapon malfunction during training: Y ☐ N ☐ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☐ Location of Weapon: _____

Firearms Instructors Name: Michael Chaloub #296

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: D/Lt Andrew McGurr Date: 9/8/2017

Print Name: Andrew McGurr Firearms Instructor: [Signature]

**TEANECK POLICE DEPARTMENT
HANDGUN QUALIFICATION RECORD**

Date: 9/13/2017

OFFICER & WEAPON

Rank: Detective Officer: [REDACTED] Badge # 242
Target Type: [REDACTED] Range Location: [REDACTED]
Service Handgun: [REDACTED] Other Approved Handgun: _____
Serial #: [REDACTED] Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Chaloub #296

QUALIFICATION

HQC1: Hits: 50 Score: 83.3% HNQC: Hits: 34 Score: 85.0%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____

Remedial Instruction: _____
Firearms Instructors Name: Michael Chaloub #296

REMEDIAL QUALIFICATION

HQC1: Hits: _____ Score: 0.0% HNQC: Hits: _____ Score: 0.0%

WEAPONS MALFUNCTIONS OR WEAPONS TAKEN OUT OF SERVICE

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☒ Location of Weapon: _____

Firearms Instructors Name: Michael Chaloub #296

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: Rodney Ryland Date: 9/13/2017

Print Name: Rodney Ryland Firearms Instructor: [Signature] 296

**TEANECK POLICE DEPARTMENT
HANDGUN QUALIFICATION RECORD**

Date: 10/26/2017

OFFICER & WEAPON

Rank: Deputy Chief Officer: John Faggello Badge #: 244
Target Type: [REDACTED] Range Location: [REDACTED]
Service Handgun: [REDACTED] Other Approved Handgun: _____
Serial #: [REDACTED] Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Chaloub #296

QUALIFICATION

HQC1: Hits: 57 Score: 95.0% HNQC: Hits: 38 Score: 95.0%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____

Remedial Instruction: _____
Firearms Instructors Name: Michael Chaloub #296

REMEDIAL QUALIFICATION

HQC1: Hits: _____ Score: 0.0% HNQC: Hits: _____ Score: 0.0%

WEAPONS MALFUNCTIONS OR WEAPONS TAKEN OUT OF SERVICE

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☒ Location of Weapon: _____

Firearms Instructors Name: Michael Chaloub #296

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: John A. Faggello Date: 10/26/2017

Print Name: John Faggello Firearms Instructor: [Signature]

**TEANECK POLICE DEPARTMENT
HANDGUN QUALIFICATION RECORD**

Date: 10/26/2017

OFFICER & WEAPON

Rank: Deputy Chief Officer: John Faggello Badge # 244
Target Type: [REDACTED] Range Location: [REDACTED]
Service Handgun: [REDACTED] Other Approved Handgun: [REDACTED]
Serial #: [REDACTED] Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Eddy Lievano #259

QUALIFICATION

HQC1: Hits: 60 Score: 100.0% HNQC: Hits: 40 Score: 100.0%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____

Remedial Instruction: _____
Firearms Instructors Name: Eddy Lievano #259

REMEDIAL QUALIFICATION

HQC1: Hits: _____ Score: 0.0% HNQC: Hits: _____ Score: 0.0%

WEAPONS MALFUNCTIONS OR WEAPONS TAKEN OUT OF SERVICE

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☒ Location of Weapon: _____

Firearms Instructors Name: Eddy Lievano #259

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: John Faggello #244 Date: 10/26/2017

Print Name: John Faggello Firearms Instructor: [Signature]

**TEANECK POLICE DEPARTMENT
HANDGUN QUALIFICATION RECORD**

Date: 10/25/2017

OFFICER & WEAPON

Rank: Captain Officer: Michael Ferrante Badge # 245
Target Type: [REDACTED] Range Location: [REDACTED]
Service Handgun: [REDACTED] Other Approved Handgun: _____
Serial #: [REDACTED] Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Chaloub #296

QUALIFICATION

HQC1: Hits: 60 Score: 100.0% HNQC: Hits: 36 Score: 90.0%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____

Remedial Instruction: _____
Firearms Instructors Name: Michael Chaloub #296

REMEDIAL QUALIFICATION

HQC1: Hits: _____ Score: 0.0% HNQC: Hits: _____ Score: 0.0%

WEAPONS MALFUNCTIONS OR WEAPONS TAKEN OUT OF SERVICE

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☒ Location of Weapon: _____

Firearms Instructors Name: Michael Chaloub #296

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: Capt. Michael Ferrante Date: 10/25/2017

Print Name: Michael Ferrante Firearms Instructor: [Signature]

**TEANECK POLICE DEPARTMENT
HANDGUN QUALIFICATION RECORD**

Date: 9/8/2017

OFFICER & WEAPON

Rank: Sergeant Officer: Paul Finkler Badge # 247
Target Type: [REDACTED] Range Location: [REDACTED]
Service Handgun: [REDACTED] Other Approved Handgun: _____
Serial #: [REDACTED] Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Chaloub #296

QUALIFICATION

HQC1: Hits: 51 Score: 85.0% HNQC: Hits: 34 Score: 85.0%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____

Remedial Instruction: _____

Firearms Instructors Name: Michael Chaloub #296

REMEDIAL QUALIFICATION

HQC1: Hits: _____ Score: 0.0% HNQC: Hits: _____ Score: 0.0%

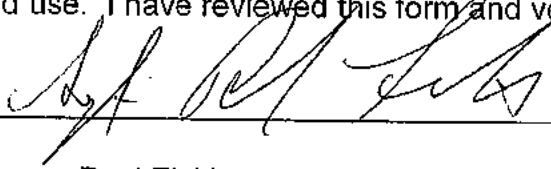
WEAPONS MALFUNCTIONS OR WEAPONS TAKEN OUT OF SERVICE

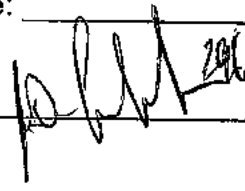
Did weapon malfunction during training: Y ☐ N ☐ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☐ Location of Weapon: _____

Firearms Instructors Name: Michael Chaloub #296

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature:  Date: 9/8/2017

Print Name: Paul Finkler Firearms Instructor: 

**TEANECK POLICE DEPARTMENT
HANDGUN QUALIFICATION RECORD**

Date: 10/27/2017

OFFICER & WEAPON

Rank: Police Officer Officer: Edward Hahn Badge # 248
Target Type: [REDACTED] Range Location: [REDACTED]
Service Handgun: [REDACTED] Other Approved Handgun: _____
Serial #: [REDACTED] Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Chaloub #296

QUALIFICATION

HQC1: Hits: 56 Score: 93.3% HNQC: Hits: 34 Score: 85.0%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____

Remedial Instruction: _____

Firearms Instructors Name: Michael Chaloub #296

REMEDIAL QUALIFICATION

HQC1: Hits: _____ Score: 0.0% HNQC: Hits: _____ Score: 0.0%

WEAPONS MALFUNCTIONS OR WEAPONS TAKEN OUT OF SERVICE

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☒ Location of Weapon: _____

Firearms Instructors Name: Michael Chaloub #296

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: [Signature] Date: 10/27/2017

Print Name: Edward Hahn Firearms Instructor: [Signature]

**TEANECK POLICE DEPARTMENT
HANDGUN QUALIFICATION RECORD**

Date: 10/27/2017

OFFICER & WEAPON

Rank: Sergeant Officer: Robert Mehnert Badge # 249
Target Type: [REDACTED] Range Location: [REDACTED]
Service Handgun: [REDACTED] Other Approved Handgun: _____
Serial #: [REDACTED] Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Chaloub #296

QUALIFICATION

HQC1: Hits: 52 Score: 86.7% HNQC: Hits: 35 Score: 87.5%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____

Remedial Instruction: _____

Firearms Instructors Name: Michael Chaloub #296

REMEDIAL QUALIFICATION

HQC1: Hits: _____ Score: 0.0% HNQC: Hits: _____ Score: 0.0%

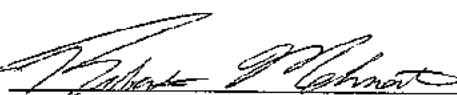
WEAPONS MALFUNCTIONS OR WEAPONS TAKEN OUT OF SERVICE

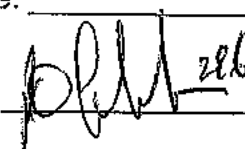
Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☒ Location of Weapon: _____

Firearms Instructors Name: Michael Chaloub #296

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature:  Date: 10/27/2017

Print Name: Robert Mehnert Firearms Instructor:  296

**TEANECK POLICE DEPARTMENT
POLICE CARBINE QUALIFICATION RECORD**

Date: 10/27/2017

OFFICER & WEAPON

Rank: Sergeant Officer: Robert Mehnert Badge # 249
Target Type: [REDACTED] Range Location: _____
[REDACTED] Serial #: [REDACTED]
Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Chaloub #296

QUALIFICATION

PCQC: Hits: 54 Score: 90.0% PCQNC: Hits: 49 Score: 98.0%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____
Remedial Instruction: _____
Firearms Instructors Name: Michael Chaloub #296

REMEDIAL QUALIFICATION

PCQC: Hits: _____ Score: 0.0% PCQNC: Hits: _____ Score: 0.0%

MALFUNCTIONS & WEAPONS MAINTENANCE

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☒ Weapon Location: _____
Firearms Instructors Name: Michael Chaloub #296

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: *Robert Mehnert* Date: 10/27/2017
Print Name: Robert Mehnert Firearms Instructor: *[Signature]* 296

**TEANECK POLICE DEPARTMENT
HANDGUN QUALIFICATION RECORD**

Date: 10/25/2017

OFFICER & WEAPON

Rank: Sergeant Officer: Michael Adomilli Badge # 251
Target Type: [REDACTED] Range Location: [REDACTED]
Service Handgun: [REDACTED] Other Approved Handgun: _____
Serial #: [REDACTED] Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Chaloub #296

QUALIFICATION

HQC1: Hits: 54 Score: 90.0% HNQC: Hits: 35 Score: 87.5%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____

Remedial Instruction: _____
Firearms Instructors Name: Michael Chaloub #296

REMEDIAL QUALIFICATION

HQC1: Hits: _____ Score: 0.0% HNQC: Hits: _____ Score: 0.0%

WEAPONS MALFUNCTIONS OR WEAPONS TAKEN OUT OF SERVICE

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☒ Location of Weapon: _____

Firearms Instructors Name: Michael Chaloub #296

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: [Signature] #251 Date: 10/25/2017

Print Name: Michael Adomilli Firearms Instructor: [Signature] #296

Date: 9/6/2017

Rank: Police Officer Officer: Jose Gonzalez Badge # 252
Target Type: [REDACTED] Range Location: [REDACTED]
Service Handgun: [REDACTED] Other Approved Handgun: _____
Serial #: [REDACTED] Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Chaloub #296

HQC1: Hits: 53 Score: 88.3% HNQC: Hits: 34 Score: 85.0%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date:

Remedial Instruction: _____

Firearms Instructors Name: Michael Chaloub #296

HQC1: Hits: _____ Score: 0.0% HNQC: Hits: _____ Score: 0.0%

Did weapon malfunction during training: Y ☐ N ☐ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☐ Location of Weapon: _____

Firearms Instructors Name: Michael Chaloub #296

Officers Signature: P. J. S. #252 Date: 9/6/2017

Print Name: Jose Gonzalez Firearms Instructor: [Signature]

**TEANECK POLICE DEPARTMENT
POLICE CARBINE QUALIFICATION RECORD**

Date: 9/6/2017

OFFICER & WEAPON

Rank: Police Officer Officer: Jose Gonzalez Badge #: 252
Target Type: [REDACTED] Range Location: [REDACTED]
Serial #: [REDACTED]
Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Chaloub #296

QUALIFICATION

PCQC: Hits: 53 Score: 88.3% PCQNC: Hits: 41 Score: 82.0%

Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____

Remedial Instruction: _____

Firearms Instructors Name: Michael Chaloub #296

REMEDIAL QUALIFICATION

PCQC: Hits: _____ Score: 0.0% PCQNC: Hits: _____ Score: 0.0%

MALFUNCTIONS & WEAPONS MAINTENANCE

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☒ Weapon Location: _____

Firearms Instructors Name: Michael Chaloub #296

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: [Signature] Date: 9/6/2017

Print Name: Jose Gonzalez Firearms Instructor: [Signature]

Date: 9/14/2017

Rank: Sergeant Officer: Kimberly Johnson Badge # 253

Target Type: [REDACTED] Range Location: [REDACTED]

Service Handgun: [REDACTED] Other Approved Handgun: [REDACTED]

Serial #: [REDACTED] Ammunition: [REDACTED] Caliber: [REDACTED]

Firearms Instructor: Michael Chaloub #296

HQC1: Hits: 55 Score: 91.7% HNQC: Hits: 40 Score: 100.0%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____

Remedial Instruction: _____

Firearms Instructors Name: Michael Chaloub #296

HQC1: Hits: _____ Score: 0.0% HNQC: Hits: _____ Score: 0.0%

Did weapon malfunction during training: Y ☐ N ☐ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☐ Location of Weapon: _____

Firearms Instructors Name: Michael Chaloub #296

Officers Signature: [Signature] Date: 9/14/2017

Print Name: Kimberly Johnson Firearms Instructor: [Signature] 296

**TEANECK POLICE DEPARTMENT
POLICE CARBINE QUALIFICATION RECORD**

Date: 9/14/2017

OFFICER & WEAPON

Rank: Sergeant Officer: Kimberly Johnson Badge # 253
Target Type: [REDACTED] Range Location: [REDACTED]
Serial #: [REDACTED]
Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Chaloub #296

QUALIFICATION

PCQC: Hits: 54 Score: 90.0% PCQNC: Hits: 48 Score: 96.0%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____
Remedial Instruction: _____
Firearms Instructors Name: Michael Chaloub #296

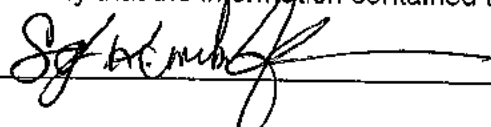
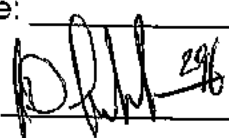
REMEDIAL QUALIFICATION

PCQC: Hits: _____ Score: 0.0% PCQNC: Hits: _____ Score: 0.0%

MALFUNCTIONS & WEAPONS MAINTENANCE

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____
Was weapon taken out of service: Y ☐ N ☒ Weapon Location: _____
Firearms Instructors Name: Michael Chaloub #296

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature:  Date: 9/14/2017
Print Name: Kimberly Johnson Firearms Instructor: 

**TEANECK POLICE DEPARTMENT
HANDGUN QUALIFICATION RECORD**

Date: 10/25/2017

OFFICER & WEAPON

Rank: Detective Officer: Saul Santiago Badge # 254
Target Type: [REDACTED] Range Location: [REDACTED]
Service Handgun: [REDACTED] Other Approved Handgun: [REDACTED]
Serial #: [REDACTED] Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Chaloub #296

QUALIFICATION

HQC1: Hits: 49 Score: 81.7% HNQC: Hits: 38 Score: 95.0%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: [REDACTED]

Remedial Instruction: [REDACTED]
Firearms Instructors Name: Michael Chaloub #296

REMEDIAL QUALIFICATION

HQC1: Hits: [REDACTED] Score: 0.0% HNQC: Hits: [REDACTED] Score: 0.0%

WEAPONS MALFUNCTIONS OR WEAPONS TAKEN OUT OF SERVICE

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: [REDACTED]

Was weapon taken out of service: Y ☐ N ☒ Location of Weapon: [REDACTED]

Firearms Instructors Name: Michael Chaloub #296

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: [Signature] Date: 10/25/2017

Print Name: Saul Santiago Firearms Instructor: [Signature] 286

**TEANECK POLICE DEPARTMENT
HANDGUN QUALIFICATION RECORD**

Date: 9/13/2017

OFFICER & WEAPON

Rank: Lieutenant Officer: Thomas Tully Badge # 255
Target Type: [REDACTED] Range Location: [REDACTED]
Service Handgun: [REDACTED] Other Approved Handgun: _____
Serial #: [REDACTED] Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Chaloub #296

QUALIFICATION

HQC1: Hits: 58 Score: 96.7% HNQC: Hits: 40 Score: 100.0%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____

Remedial Instruction: _____
Firearms Instructors Name: Michael Chaloub #296

REMEDIAL QUALIFICATION

HQC1: Hits: _____ Score: 0.0% HNQC: Hits: _____ Score: 0.0%

WEAPONS MALFUNCTIONS OR WEAPONS TAKEN OUT OF SERVICE

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☒ Location of Weapon: _____

Firearms Instructors Name: Michael Chaloub #296

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: St Thomas Tully Date: 9/13/2017

Print Name: Thomas Tully Firearms Instructor: [Signature] 296

**TEANECK POLICE DEPARTMENT
POLICE CARBINE QUALIFICATION RECORD**

Date: 9/13/2017

OFFICER & WEAPON

Rank: Lieutenant

Officer: Thomas Tully

Badge # 255

Target Type: [REDACTED]

Range Location: [REDACTED]

Serial #: [REDACTED]

Ammunition: [REDACTED]

Caliber: [REDACTED]

Firearms Instructor: Michael Chaloub #296

QUALIFICATION

PCQC: Hits: 60

Score: 100.0%

PCQNC: Hits: 50

Score: 100.0%

Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: [REDACTED]

Remedial Instruction: [REDACTED]

Firearms Instructors Name: Michael Chaloub #296

REMEDIAL QUALIFICATION

PCQC: Hits: [REDACTED]

Score: 0.0%

PCQNC: Hits: [REDACTED]

Score: 0.0%

MALFUNCTIONS & WEAPONS MAINTENANCE

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: [REDACTED]

Was weapon taken out of service: Y ☐ N ☒ Weapon Location: [REDACTED]

Firearms Instructors Name: Michael Chaloub #296

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: Thomas Tully

Date: 9/13/2017

Print Name: Thomas Tully

Firearms Instructor: Michael Chaloub #296

**TEANECK POLICE DEPARTMENT
HANDGUN QUALIFICATION RECORD**

Date: 09/13/2017

OFFICER & WEAPON

Rank: Lieutenant Officer: Thomas Tully Badge # 255
Target Type: [REDACTED] Range Location: [REDACTED]
Service Handgun: [REDACTED] Other Approved Handgun: [REDACTED]
Serial #: [REDACTED] Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Thomas R. Finley #274

QUALIFICATION

HQC1: Hits: 60 Score: 100.0% HNQC: Hits: 40 Score: 100.0%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____

Remedial Instruction: _____

Firearms Instructors Name: Thomas R. Finley #274

REMEDIAL QUALIFICATION

HQC1: Hits: _____ Score: 0.0% HNQC: Hits: _____ Score: 0.0%

WEAPONS MALFUNCTIONS OR WEAPONS TAKEN OUT OF SERVICE

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☒ Location of Weapon: _____

Firearms Instructors Name: Thomas R. Finley #274

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: Thomas Tully #255 Date: 09/13/2017

Print Name: Thomas Tully Firearms Instructor: Sgt. TRF #274

**TEANECK POLICE DEPARTMENT
HANDGUN QUALIFICATION RECORD**

Date: 9/8/2017

OFFICER & WEAPON

Rank: Detective Officer: Harold Clark Badge # 256
Target Type: [REDACTED] Range Location: [REDACTED]
Service Handgun: [REDACTED] Other Approved Handgun: _____
Serial #: [REDACTED] Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Chaloub #296

QUALIFICATION

HQC1: Hits: 50 Score: 83.3% HNQC: Hits: 34 Score: 85.0%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____

Remedial Instruction: _____

Firearms Instructors Name: Michael Chaloub #296

REMEDIAL QUALIFICATION

HQC1: Hits: _____ Score: 0.0% HNQC: Hits: _____ Score: 0.0%

WEAPONS MALFUNCTIONS OR WEAPONS TAKEN OUT OF SERVICE

Did weapon malfunction during training: Y ☐ N ☐ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☐ Location of Weapon: _____

Firearms Instructors Name: Michael Chaloub #296

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: [Signature] Date: 9/8/2017

Print Name: Harold Clark Firearms Instructor: [Signature]

**TEANECK POLICE DEPARTMENT
HANDGUN QUALIFICATION RECORD**

Date: 9/6/2017

OFFICER & WEAPON

Rank: Lieutenant Officer: Douglas Alcott Badge # 258
Target Type: [REDACTED] Range Location: [REDACTED]
Service Handgun: [REDACTED] Other Approved Handgun: _____
Serial #: [REDACTED] Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Chaloub #296

QUALIFICATION

HQC1: Hits: 60 Score: 100.0% HNQC: Hits: 40 Score: 100.0%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____

Remedial Instruction: _____

Firearms Instructors Name: Michael Chaloub #296

REMEDIAL QUALIFICATION

HQC1: Hits: _____ Score: 0.0% HNQC: Hits: _____ Score: 0.0%

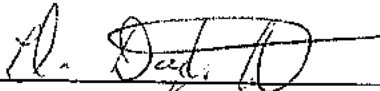
WEAPONS MALFUNCTIONS OR WEAPONS TAKEN OUT OF SERVICE

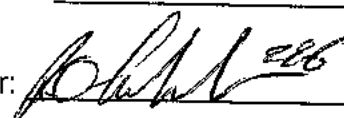
Did weapon malfunction during training: Y ☐ N ☐ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☐ Location of Weapon: _____

Firearms Instructors Name: Michael Chaloub #296

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature:  Date: 9/6/2017

Print Name: Douglas Alcott Firearms Instructor: 

**TEANECK POLICE DEPARTMENT
POLICE CARBINE QUALIFICATION RECORD**

Date: 2/3/2017

OFFICER & WEAPON

Rank: Detective Officer: Eddy Lievano Badge #: 259
Target Type: [REDACTED] Range Location: [REDACTED]
[REDACTED] Serial #: [REDACTED]
Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Crowley #261

QUALIFICATION

PCQC: Hits: 60 Score: 100.0% PCQNC: Hits: 50 Score: 100.0%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____
Remedial Instruction: _____
Firearms Instructors Name: Michael Crowley #261

REMEDIAL QUALIFICATION

PCQC: Hits: _____ Score: 0.0% PCQNC: Hits: _____ Score: 0.0%

MALFUNCTIONS & WEAPONS MAINTENANCE

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____
Was weapon taken out of service: Y ☐ N ☒ Weapon Location: _____
Firearms Instructors Name: Michael Crowley #261

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: [Signature] Date: 2/3/2017

Print Name: Eddy Lievano Firearms Instructor: [Signature] #261

**TEANECK POLICE DEPARTMENT
HANDGUN QUALIFICATION RECORD**

Date: 9/6/2017

OFFICER & WEAPON

Rank: Police Officer Officer: Mark Adomilli Badge # 260
Target Type: [REDACTED] Range Location: [REDACTED]
Service Handgun: [REDACTED] Other Approved Handgun: _____
Serial #: [REDACTED] Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Chaloub #296

QUALIFICATION

HQC1: Hits: 53 Score: 88.3% HNQC: Hits: 34 Score: 85.0%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____

Remedial Instruction: _____

Firearms Instructors Name: Michael Chaloub #296

REMEDIAL QUALIFICATION

HQC1: Hits: _____ Score: 0.0% HNQC: Hits: _____ Score: 0.0%

WEAPONS MALFUNCTIONS OR WEAPONS TAKEN OUT OF SERVICE

Did weapon malfunction during training: Y ☐ N ☐ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☐ Location of Weapon: _____

Firearms Instructors Name: Michael Chaloub #296

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: Mark Adomilli #260 Date: 9/6/2017

Print Name: Mark Adomilli Firearms Instructor: [Signature] #296

**TEANECK POLICE DEPARTMENT
POLICE CARBINE QUALIFICATION RECORD**

Date: 9/6/2017

OFFICER & WEAPON

Rank: Police Officer Officer: Mark Adomilli Badge # 260
Target Type: [REDACTED] Range Location: [REDACTED]
Serial #: [REDACTED]
Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Chaloub #296

QUALIFICATION

PCQC: Hits: 55 Score: 91.7% PCQNC: Hits: 50 Score: 100.0%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____
Remedial Instruction: _____
Firearms Instructors Name: Michael Chaloub #296

REMEDIAL QUALIFICATION

PCQC: Hits: _____ Score: 0.0% PCQNC: Hits: _____ Score: 0.0%

MALFUNCTIONS & WEAPONS MAINTENANCE

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____
Was weapon taken out of service: Y ☐ N ☒ Weapon Location: _____
Firearms Instructors Name: Michael Chaloub #296

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: Mark Adomilli #260 Date: 9/6/2017

Print Name: Mark Adomilli Firearms Instructor: [Signature] #296

**TEANECK POLICE DEPARTMENT
HANDGUN QUALIFICATION RECORD**

Date: 7/28/2017

OFFICER & WEAPON

Rank: Detective Officer: Michael Crowley Badge # 261
Target Type: [REDACTED] Range Location: [REDACTED]
Service Handgun: [REDACTED] Other Approved Handgun: _____
Serial #: [REDACTED] Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Thomas R. Finley #274

QUALIFICATION

HQC1: Hits: 58 Score: 96.7% HNQC: Hits: 40 Score: 100.0%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____

Remedial Instruction: _____

Firearms Instructors Name: Thomas R. Finley #274

REMEDIAL QUALIFICATION

HQC1: Hits: _____ Score: 0.0% HNQC: Hits: _____ Score: 0.0%

WEAPONS MALFUNCTIONS OR WEAPONS TAKEN OUT OF SERVICE

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☒ Location of Weapon: _____

Firearms Instructors Name: Thomas R. Finley #274

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: *Det Michael A. Crowley #261* Date: 7/28/2017

Print Name: Michael Crowley Firearms Instructor: *Sgt. M J #274*

**TEANECK POLICE DEPARTMENT
HANDGUN QUALIFICATION RECORD**

Date: 7/28/2017

OFFICER & WEAPON

Rank: Detective Officer: Michael Crowley Badge # 261
Target Type: [REDACTED] Range Location: [REDACTED]
Service Handgun: [REDACTED] Other Approved Handgun: _____
Serial #: [REDACTED] Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Thomas R. Finley #274

QUALIFICATION

HQC1: Hits: 60 Score: 100.0% HNQC: Hits: 40 Score: 100.0%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____

Remedial Instruction: _____

Firearms Instructors Name: Thomas R. Finley #274

REMEDIAL QUALIFICATION

HQC1: Hits: _____ Score: 0.0% HNQC: Hits: _____ Score: 0.0%

WEAPONS MALFUNCTIONS OR WEAPONS TAKEN OUT OF SERVICE

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☒ Location of Weapon: _____

Firearms Instructors Name: Thomas R. Finley #274

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: *Det Michael A. Crowley #261* Date: 7/28/2017

Print Name: Michael Crowley Firearms Instructor: Sgt. T.A. #274

**TEANECK POLICE DEPARTMENT
HANDGUN QUALIFICATION RECORD**

Date: 9/15/2017

OFFICER & WEAPON

Rank: Police Officer Officer: Gregory Rucker Badge # 262
Target Type: [REDACTED] Range Location: [REDACTED]
Service Handgun: [REDACTED] Other Approved Handgun: _____
Serial #: [REDACTED] Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Chaloub #296

QUALIFICATION

HQC1: Hits: 52 Score: 86.7% HNQC: Hits: 38 Score: 95.0%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____

Remedial Instruction: _____
Firearms Instructors Name: Michael Chaloub #296

REMEDIAL QUALIFICATION

HQC1: Hits: _____ Score: 0.0% HNQC: Hits: _____ Score: 0.0%

WEAPONS MALFUNCTIONS OR WEAPONS TAKEN OUT OF SERVICE

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☒ Location of Weapon: _____

Firearms Instructors Name: Michael Chaloub #296

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: Gregory Rucker 262 Date: 9/15/2017

Print Name: Gregory Rucker Firearms Instructor: Michael Chaloub #296

**TEANECK POLICE DEPARTMENT
HANDGUN QUALIFICATION RECORD**

Date: 10/26/2017

OFFICER & WEAPON

Rank: Lieutenant Officer: Tanya Balser Badge # 263

Target Type: [REDACTED] Range Location: [REDACTED]

Service Handgun: [REDACTED] Other Approved Handgun: _____

Serial #: [REDACTED] Ammunition: [REDACTED] Caliber: [REDACTED]

Firearms Instructor: Michael Chaloub #296

QUALIFICATION

HQC1: Hits: 54 Score: 90.0% HNQC: Hits: 38 Score: 95.0%

Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____

Remedial Instruction: _____

Firearms Instructors Name: Michael Chaloub #296

REMEDIAL QUALIFICATION

HQC1: Hits: _____ Score: 0.0% HNQC: Hits: _____ Score: 0.0%

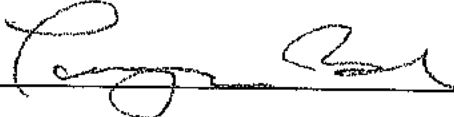
WEAPONS MALFUNCTIONS OR WEAPONS TAKEN OUT OF SERVICE

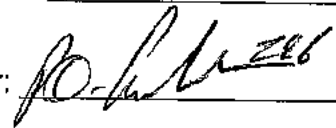
Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☒ Location of Weapon: _____

Firearms Instructors Name: Michael Chaloub #296

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature:  Date: 10/26/2017

Print Name: Tanya Balser Firearms Instructor: 

**TEANECK POLICE DEPARTMENT
HANDGUN QUALIFICATION RECORD**

Date: 10/26/2017

OFFICER & WEAPON

Rank: Lieutenant Officer: Tanya Balser Badge #: 263
Target Type: [REDACTED] Range Location: [REDACTED]
Service Handgun: [REDACTED] Other Approved Handgun: [REDACTED]
Serial #: [REDACTED] Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Eddy Lievano #259

QUALIFICATION

HQC1: Hits: 54 Score: 90.0% HNQC: Hits: 37 Score: 92.5%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____

Remedial Instruction: _____
Firearms Instructors Name: Eddy Lievano #259

REMEDIAL QUALIFICATION

HQC1: Hits: _____ Score: 0.0% HNQC: Hits: _____ Score: 0.0%

WEAPONS MALFUNCTIONS OR WEAPONS TAKEN OUT OF SERVICE

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☒ Location of Weapon: _____

Firearms Instructors Name: Eddy Lievano #259

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: Tanya Balser Date: 10/26/2017

Print Name: Tanya Balser Firearms Instructor: E. Lievano

**TEANECK POLICE DEPARTMENT
HANDGUN QUALIFICATION RECORD**

Date: 9/13/2017

OFFICER & WEAPON

Rank: Sergeant Officer: William Croonquist Badge # 266
Target Type: [REDACTED] Range Location: [REDACTED]
Service Handgun: [REDACTED] Other Approved Handgun: _____
Serial #: [REDACTED] Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Chaloub #296

QUALIFICATION

HQC1: Hits: 51 Score: 85.0% HNQC: Hits: 39 Score: 97.5%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____

Remedial Instruction: _____

Firearms Instructors Name: Michael Chaloub #296

REMEDIAL QUALIFICATION

HQC1: Hits: _____ Score: 0.0% HNQC: Hits: _____ Score: 0.0%

WEAPONS MALFUNCTIONS OR WEAPONS TAKEN OUT OF SERVICE

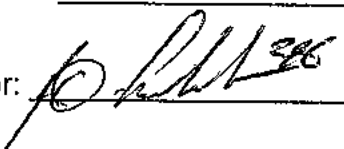
Did weapon malfunction during training: Y ☐ N ☐ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☐ Location of Weapon: _____

Firearms Instructors Name: Michael Chaloub #296

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature:  Date: 9/13/2017

Print Name: William Croonquist Firearms Instructor: 

**TEANECK POLICE DEPARTMENT
POLICE CARBINE QUALIFICATION RECORD**

Date: 9/13/2017

OFFICER & WEAPON

Rank: Sergeant Officer: William Croonquist Badge # 266
Target Type: [REDACTED] Range Location: [REDACTED]
Serial #: [REDACTED]
Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Chaloub #296

QUALIFICATION

PCQC: Hits: 54 Score: 90.0% PCQNC: Hits: 50 Score: 100.0%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____

Remedial Instruction: _____

Firearms Instructors Name: Michael Chaloub #296

REMEDIAL QUALIFICATION

PCQC: Hits: _____ Score: 0.0% PCQNC: Hits: _____ Score: 0.0%

MALFUNCTIONS & WEAPONS MAINTENANCE

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☒ Weapon Location: _____

Firearms Instructors Name: Michael Chaloub #296

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: [Signature] 266 Date: 9/13/2017

Print Name: William Croonquist Firearms Instructor: [Signature]

**TEANECK POLICE DEPARTMENT
HANDGUN QUALIFICATION RECORD**

Date: 10/27/2017

OFFICER & WEAPON

Rank: Police Officer Officer: Daniel Garcia Badge # 269
Target Type: [REDACTED] Range Location: [REDACTED]
Service Handgun: [REDACTED] Other Approved Handgun: _____
Serial #: [REDACTED] Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Chaloub #296

QUALIFICATION

HQC1: Hits: 51 Score: 85.0% HNQC: Hits: 32 Score: 80.0%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____

Remedial Instruction: _____
Firearms Instructors Name: Michael Chaloub #296

REMEDIAL QUALIFICATION

HQC1: Hits: _____ Score: 0.0% HNQC: Hits: _____ Score: 0.0%

WEAPONS MALFUNCTIONS OR WEAPONS TAKEN OUT OF SERVICE

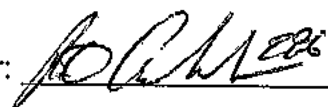
Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☒ Location of Weapon: _____

Firearms Instructors Name: Michael Chaloub #296

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature:  Date: 10/27/2017

Print Name: Daniel Garcia Firearms Instructor: 

**TEANECK POLICE DEPARTMENT
HANDGUN QUALIFICATION RECORD**

Date: 10/27/2017

OFFICER & WEAPON

Rank: Police Officer Officer: Thomas Caruso Badge #: 270
Target Type: [REDACTED] Range Location: [REDACTED]
Service Handgun: [REDACTED] Other Approved Handgun: _____
Serial #: [REDACTED] Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Chaloub #296

QUALIFICATION

HQC1: Hits: 60 Score: 100.0% HNQC: Hits: 40 Score: 100.0%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____

Remedial Instruction: _____
Firearms Instructors Name: Michael Chaloub #296

REMEDIAL QUALIFICATION

HQC1: Hits: _____ Score: 0.0% HNQC: Hits: _____ Score: 0.0%

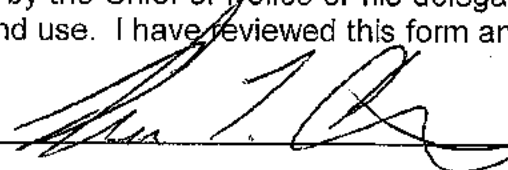
WEAPONS MALFUNCTIONS OR WEAPONS TAKEN OUT OF SERVICE

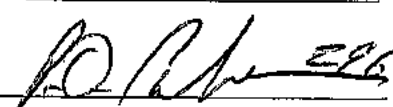
Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☒ Location of Weapon: _____

Firearms Instructors Name: Michael Chaloub #296

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature:  Date: 10/27/2017

Print Name: Thomas Caruso Firearms Instructor: 

**TEANECK POLICE DEPARTMENT
POLICE CARBINE QUALIFICATION RECORD**

Date: 10/27/2017

OFFICER & WEAPON

Rank: Police Officer Officer: Thomas Caruso Badge # 270
Target Type: [REDACTED] Range Location: [REDACTED]
Serial #: [REDACTED]
Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Chaloub #296

QUALIFICATION

PCQC: Hits: 59 Score: 98.3% PCQNC: Hits: 49 Score: 98.0%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____
Remedial Instruction: _____
Firearms Instructors Name: Michael Chaloub #296

REMEDIAL QUALIFICATION

PCQC: Hits: _____ Score: 0.0% PCQNC: Hits: _____ Score: 0.0%

MALFUNCTIONS & WEAPONS MAINTENANCE

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____
Was weapon taken out of service: Y ☐ N ☒ Weapon Location: _____
Firearms Instructors Name: Michael Chaloub #296

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: [Signature] Date: 10/27/2017

Print Name: Thomas Caruso Firearms Instructor: [Signature]

**TEANECK POLICE DEPARTMENT
HANDGUN QUALIFICATION RECORD**

Date: 9/14/2017

OFFICER & WEAPON

Rank: Sergeant Officer: Patrick Forrest Badge # 271
Target Type: [REDACTED] Range Location: [REDACTED]
Service Handgun: [REDACTED] Other Approved Handgun: _____
Serial #: [REDACTED] Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Chaloub #296

QUALIFICATION

HQC1: Hits: 60 Score: 100.0% HNQC: Hits: 39 Score: 97.5%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____
Remedial Instruction: _____
Firearms Instructors Name: Michael Chaloub #296

REMEDIAL QUALIFICATION

HQC1: Hits: _____ Score: 0.0% HNQC: Hits: _____ Score: 0.0%

WEAPONS MALFUNCTIONS OR WEAPONS TAKEN OUT OF SERVICE

Did weapon malfunction during training: Y ☐ N ☐ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☐ Location of Weapon: _____
Firearms Instructors Name: Michael Chaloub #296

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: *Sgt Patrick Forrest #271* Date: 9/14/2017
Print Name: Patrick Forrest Firearms Instructor: *[Signature] #296*

**TEANECK POLICE DEPARTMENT
POLICE CARBINE QUALIFICATION RECORD**

Date: 9/14/2017

OFFICER & WEAPON

Rank: Sergeant Officer: Patrick Forrest Badge # 271
Target Type: [REDACTED] Range Location: [REDACTED]
Serial #: [REDACTED]
Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Chaloub #296

QUALIFICATION

PCQC: Hits: 57 Score: 95.0% PCQNC: Hits: 48 Score: 96.0%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: [REDACTED]
Remedial Instruction: [REDACTED]
Firearms Instructors Name: Michael Chaloub #296

REMEDIAL QUALIFICATION

PCQC: Hits: [REDACTED] Score: 0.0% PCQNC: Hits: [REDACTED] Score: 0.0%

MALFUNCTIONS & WEAPONS MAINTENANCE

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: [REDACTED]
Was weapon taken out of service: Y ☐ N ☒ Weapon Location: [REDACTED]
Firearms Instructors Name: Michael Chaloub #296

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: [Signature] # 271 Date: 9/14/2017
Print Name: Patrick Forrest Firearms Instructor: [Signature] 296

**TEANECK POLICE DEPARTMENT
HANDGUN QUALIFICATION RECORD**

Date: 9/6/2017

OFFICER & WEAPON

Rank: Sergeant Officer: John Garland Badge # 272
Target Type: [REDACTED] Range Location: [REDACTED]
Service Handgun: [REDACTED] Other Approved Handgun: _____
Serial #: [REDACTED] Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Chaloub #296

QUALIFICATION

HQC1: Hits: 58 Score: 96.7% HNQC: Hits: 37 Score: 92.5%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____
Remedial Instruction: _____
Firearms Instructors Name: Michael Chaloub #296

REMEDIAL QUALIFICATION

HQC1: Hits: _____ Score: 0.0% HNQC: Hits: _____ Score: 0.0%

WEAPONS MALFUNCTIONS OR WEAPONS TAKEN OUT OF SERVICE

Did weapon malfunction during training: Y ☐ N ☐ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☐ Location of Weapon: _____
Firearms Instructors Name: Michael Chaloub #296

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: Sgt. J. Garland #272 Date: 9/6/2017
Print Name: John Garland Firearms Instructor: [Signature]

**TEANECK POLICE DEPARTMENT
POLICE CARBINE QUALIFICATION RECORD**

Date: 9/6/2017

OFFICER & WEAPON

Rank: Sergeant Officer: John Garland Badge # 272
Target Type: [REDACTED] Range Location: _____
Serial #: [REDACTED]
Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Chaloub #296

QUALIFICATION

PCQC: Hits: 59 Score: 98.3% PCQNC: Hits: 46 Score: 92.0%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____
Remedial Instruction: _____
Firearms Instructors Name: Michael Chaloub #296

REMEDIAL QUALIFICATION

PCQC: Hits: _____ Score: 0.0% PCQNC: Hits: _____ Score: 0.0%

MALFUNCTIONS & WEAPONS MAINTENANCE

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____
Was weapon taken out of service: Y ☐ N ☒ Weapon Location: _____
Firearms Instructors Name: Michael Chaloub #296

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: [Signature] Date: 9/6/2017
Print Name: John Garland Firearms Instructor: [Signature]

**TEANECK POLICE DEPARTMENT
HANDGUN QUALIFICATION RECORD**

Date: 7/28/2017

OFFICER & WEAPON

Rank: Sergeant Officer: Thomas Finley Badge # 274
Target Type: [REDACTED] Range Location: [REDACTED]
Service Handgun: [REDACTED] Other Approved Handgun: _____
Serial #: [REDACTED] Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Crowley #261

QUALIFICATION

HQC1: Hits: 60 Score: 100.0% HNQC: Hits: 40 Score: 100.0%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____
Remedial Instruction: _____
Firearms Instructors Name: Michael Crowley #261

REMEDIAL QUALIFICATION

HQC1: Hits: _____ Score: 0.0% HNQC: Hits: _____ Score: 0.0%

WEAPONS MALFUNCTIONS OR WEAPONS TAKEN OUT OF SERVICE

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☒ Location of Weapon: _____
Firearms Instructors Name: Michael Crowley #261

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: Sgt. T. Finley #274 Date: 7/28/2017
Print Name: Thomas Finley Firearms Instructor: Det. Michael A. Crowley #261

**TEANECK POLICE DEPARTMENT
HANDGUN QUALIFICATION RECORD**

Date: 9/13/2017

OFFICER & WEAPON

Rank: Det. Sergeant Officer: Zoraida Martinez Badge # 277
Target Type: [REDACTED] Range Location: [REDACTED]
Service Handgun: [REDACTED] Other Approved Handgun: _____
Serial #: [REDACTED] Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Chaloub #296

QUALIFICATION

HQC1: Hits: 52 Score: 86.7% HNQC: Hits: 36 Score: 90.0%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____
Remedial Instruction: _____
Firearms Instructors Name: Michael Chaloub #296

REMEDIAL QUALIFICATION

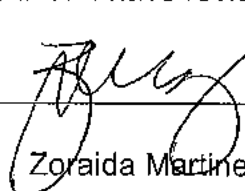
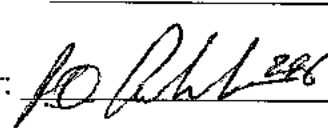
HQC1: Hits: _____ Score: 0.0% HNQC: Hits: _____ Score: 0.0%

WEAPONS MALFUNCTIONS OR WEAPONS TAKEN OUT OF SERVICE

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☒ Location of Weapon: _____
Firearms Instructors Name: Michael Chaloub #296

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature:  Date: 9/13/2017
Print Name: Zoraida Martinez Firearms Instructor: 

**TEANECK POLICE DEPARTMENT
HANDGUN QUALIFICATION RECORD**

Date: 9/7/2017

OFFICER & WEAPON

Rank: Sergeant Officer: Jeanette Williams Badge # 278
Target Type: [REDACTED] Range Location: [REDACTED]
Service Handgun: [REDACTED] Other Approved Handgun: _____
Serial #: [REDACTED] Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Chaloub #296

QUALIFICATION

HQC1: Hits: 49 Score: 81.7% HNQC: Hits: 34 Score: 85.0%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____
Remedial Instruction: _____
Firearms Instructors Name: Michael Chaloub #296

REMEDIAL QUALIFICATION

HQC1: Hits: _____ Score: 0.0% HNQC: Hits: _____ Score: 0.0%

WEAPONS MALFUNCTIONS OR WEAPONS TAKEN OUT OF SERVICE

Did weapon malfunction during training: Y ☐ N ☐ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☐ Location of Weapon: _____
Firearms Instructors Name: Michael Chaloub #296

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: Sgt [Signature] 278 Date: 9/7/2017
Print Name: Jeanette Williams Firearms Instructor: [Signature]

**TEANECK POLICE DEPARTMENT
POLICE CARBINE QUALIFICATION RECORD**

Date: 9/7/2017

OFFICER & WEAPON

Rank: Sergeant Officer: Jeanette Williams Badge # 278
Target Type: [REDACTED] Range Location: _____
Serial #: [REDACTED]
Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Chaloub #296

QUALIFICATION

PCQC: Hits: 52 Score: 86.7% PCQNC: Hits: 45 Score: 90.0%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____

Remedial Instruction: _____

Firearms Instructors Name: Michael Chaloub #296

REMEDIAL QUALIFICATION

PCQC: Hits: _____ Score: 0.0% PCQNC: Hits: _____ Score: 0.0%

MALFUNCTIONS & WEAPONS MAINTENANCE

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☒ Weapon Location: _____

Firearms Instructors Name: Michael Chaloub #296

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: SJH 278 Date: 9/7/2017

Print Name: Jeanette Williams Firearms Instructor: [Signature]

**TEANECK POLICE DEPARTMENT
HANDGUN QUALIFICATION RECORD**

Date: 9/7/2017

OFFICER & WEAPON

Rank: Police Officer Officer: Michael Danenza Badge # 279
Target Type: [REDACTED] Range Location: [REDACTED]
Service Handgun: [REDACTED] Other Approved Handgun: _____
Serial #: [REDACTED] Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Chaloub #296

QUALIFICATION

HQC1: Hits: 56 Score: 93.3% HNQC: Hits: 35 Score: 87.5%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____

Remedial Instruction: _____
Firearms Instructors Name: Michael Chaloub #296

REMEDIAL QUALIFICATION

HQC1: Hits: _____ Score: 0.0% HNQC: Hits: _____ Score: 0.0%

WEAPONS MALFUNCTIONS OR WEAPONS TAKEN OUT OF SERVICE

Did weapon malfunction during training: Y ☐ N ☐ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☐ Location of Weapon: _____

Firearms Instructors Name: Michael Chaloub #296

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: P.O. MD [Signature] Date: 9/7/2017

Print Name: Michael Danenza Firearms Instructor: [Signature]

**TEANECK POLICE DEPARTMENT
POLICE CARBINE QUALIFICATION RECORD**

Date: 9/7/2017

OFFICER & WEAPON

Rank: Police Officer Officer: Michael Danenza Badge # 279
Target Type: [REDACTED] Range Location: [REDACTED]
Serial #: [REDACTED]
Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Chaloub #296

QUALIFICATION

PCQC: Hits: 58 Score: 96.7% PCQNC: Hits: 46 Score: 92.0%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____

Remedial Instruction: _____

Firearms Instructors Name: Michael Chaloub #296

REMEDIAL QUALIFICATION

PCQC: Hits: _____ Score: 0.0% PCQNC: Hits: _____ Score: 0.0%

MALFUNCTIONS & WEAPONS MAINTENANCE

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☒ Weapon Location: _____

Firearms Instructors Name: Michael Chaloub #296

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: P.O. MD [Signature] Date: 9/7/2017

Print Name: Michael Danenza Firearms Instructor: [Signature]

**TEANECK POLICE DEPARTMENT
HANDGUN QUALIFICATION RECORD**

Date: 10/27/2017

OFFICER & WEAPON

Rank: Police Officer Officer: Arno Peters Badge # 280
Target Type: [REDACTED] Range Location: [REDACTED]
Service Handgun: [REDACTED] Other Approved Handgun: _____
Serial #: [REDACTED] Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Chaloub #296

QUALIFICATION

HQC1: Hits: 51 Score: 85.0% HNQC: Hits: 34 Score: 85.0%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____
Remedial Instruction: _____
Firearms Instructors Name: Michael Chaloub #296

REMEDIAL QUALIFICATION

HQC1: Hits: _____ Score: 0.0% HNQC: Hits: _____ Score: 0.0%

WEAPONS MALFUNCTIONS OR WEAPONS TAKEN OUT OF SERVICE

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☒ Location of Weapon: _____
Firearms Instructors Name: Michael Chaloub #296

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: PO. Arno Peters #280 Date: 10/27/2017

Print Name: Arno Peters Firearms Instructor: [Signature]

**TEANECK POLICE DEPARTMENT
POLICE CARBINE QUALIFICATION RECORD**

Date: 10/27/2017

OFFICER & WEAPON

Rank: Police Officer Officer: Arno Peters Badge # 280
Target Type: [REDACTED] Range Location: [REDACTED]
Serial #: [REDACTED]
Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Chaloub #296

QUALIFICATION

PCQC: Hits: 60 Score: 100.0% PCQNC: Hits: 45 Score: 90.0%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____
Remedial Instruction: _____
Firearms Instructors Name: Michael Chaloub #296

REMEDIAL QUALIFICATION

PCQC: Hits: _____ Score: 0.0% PCQNC: Hits: _____ Score: 0.0%

MALFUNCTIONS & WEAPONS MAINTENANCE

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____
Was weapon taken out of service: Y ☐ N ☒ Weapon Location: _____
Firearms Instructors Name: Michael Chaloub #296

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: P.O. Arno Peters Date: 10/27/2017
Print Name: Arno Peters Firearms Instructor: [Signature]

**TEANECK POLICE DEPARTMENT
HANDGUN QUALIFICATION RECORD**

Date: 9/7/2017

OFFICER & WEAPON

Rank: Lieutenant Officer: Kenneth Egbert Badge # 281
Target Type: [REDACTED] Range Location: [REDACTED]
Service Handgun: [REDACTED] Other Approved Handgun: _____
Serial #: [REDACTED] Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Chaloub #296

QUALIFICATION

HQC1: Hits: 58 Score: 96.7% HNQC: Hits: 37 Score: 92.5%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____

Remedial Instruction: _____

Firearms Instructors Name: Michael Chaloub #296

REMEDIAL QUALIFICATION

HQC1: Hits: _____ Score: 0.0% HNQC: Hits: _____ Score: 0.0%

WEAPONS MALFUNCTIONS OR WEAPONS TAKEN OUT OF SERVICE

Did weapon malfunction during training: Y ☐ N ☐ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☐ Location of Weapon: _____

Firearms Instructors Name: Michael Chaloub #296

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: Lt. K. Egbert #281 Date: 9/7/2017

Print Name: Kenneth Egbert Firearms Instructor: [Signature]

**TEANECK POLICE DEPARTMENT
POLICE CARBINE QUALIFICATION RECORD**

Date: 9/7/2017

OFFICER & WEAPON

Rank: Lieutenant Officer: Kenneth Egbert Badge # 281
Target Type: [REDACTED] Range Location: [REDACTED]
Serial #: [REDACTED]
Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Chaloub #296

QUALIFICATION

PCQC: Hits: 60 Score: 100.0% PCQNC: Hits: 50 Score: 100.0%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____

Remedial Instruction: _____

Firearms Instructors Name: Michael Chaloub #296

REMEDIAL QUALIFICATION

PCQC: Hits: _____ Score: 0.0% PCQNC: Hits: _____ Score: 0.0%

MALFUNCTIONS & WEAPONS MAINTENANCE

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☒ Weapon Location: _____

Firearms Instructors Name: Michael Chaloub #296

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: K. Egbert #281 Date: 9/7/2017

Print Name: Kenneth Egbert Firearms Instructor: [Signature] #296

**TEANECK POLICE DEPARTMENT
HANDGUN QUALIFICATION RECORD**

Date: 9/8/2017

OFFICER & WEAPON

Rank: Police Officer Officer: William Brittingham Badge # 283
Target Type: [REDACTED] Range Location: [REDACTED]
Service Handgun: [REDACTED] Other Approved Handgun: _____
Serial #: [REDACTED] Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Chaloub #296

QUALIFICATION

HQC1: Hits: 52 Score: 86.7% HNQC: Hits: 35 Score: 87.5%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____

Remedial Instruction: _____

Firearms Instructors Name: Michael Chaloub #296

REMEDIAL QUALIFICATION

HQC1: Hits: _____ Score: 0.0% HNQC: Hits: _____ Score: 0.0%

WEAPONS MALFUNCTIONS OR WEAPONS TAKEN OUT OF SERVICE

Did weapon malfunction during training: Y ☐ N ☐ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☐ Location of Weapon: _____

Firearms Instructors Name: Michael Chaloub #296

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: PO William Brittingham Date: 9/8/2017

Print Name: William Brittingham Firearms Instructor: Michael Chaloub #296

**TEANECK POLICE DEPARTMENT
HANDGUN QUALIFICATION RECORD**

Date: 9/6/2017

OFFICER & WEAPON

Rank: Police Officer Officer: John Noguerras Badge # 284
Target Type: [REDACTED] Range Location: [REDACTED]
Service Handgun: [REDACTED] Other Approved Handgun: _____
Serial #: [REDACTED] Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Chaloub #296

QUALIFICATION

HQC1: Hits: 50 Score: 83.3% HNQC: Hits: 34 Score: 85.0%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____

Remedial Instruction: _____

Firearms Instructors Name: Michael Chaloub #296

REMEDIAL QUALIFICATION

HQC1: Hits: _____ Score: 0.0% HNQC: Hits: _____ Score: 0.0%

WEAPONS MALFUNCTIONS OR WEAPONS TAKEN OUT OF SERVICE

Did weapon malfunction during training: Y ☐ N ☐ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☐ Location of Weapon: _____

Firearms Instructors Name: Michael Chaloub #296

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: [Signature] Date: 9/6/2017

Print Name: John Noguerras Firearms Instructor: [Signature]

**TEANECK POLICE DEPARTMENT
POLICE CARBINE QUALIFICATION RECORD**

Date: 9/6/2017

OFFICER & WEAPON

Rank: Police Officer Officer: John Noguerras Badge # 284
Target Type: [REDACTED] Range Location: [REDACTED]
[REDACTED] Serial #: [REDACTED]
Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Chaloub #296

QUALIFICATION

PCQC: Hits: 56 Score: 93.3% PCQNC: Hits: 47 Score: 94.0%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____
Remedial Instruction: _____
Firearms Instructors Name: Michael Chaloub #296

REMEDIAL QUALIFICATION

PCQC: Hits: _____ Score: 0.0% PCQNC: Hits: _____ Score: 0.0%

MALFUNCTIONS & WEAPONS MAINTENANCE

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☒ Weapon Location: _____
Firearms Instructors Name: Michael Chaloub #296

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: [Signature] Date: 9/6/2017
Print Name: John Noguerras Firearms Instructor: [Signature]

**TEANECK POLICE DEPARTMENT
POLICE CARBINE QUALIFICATION RECORD**

Date: 9/8/2017

OFFICER & WEAPON

Rank: Police Officer Officer: Sara Quant Badge # 285
Target Type: [REDACTED] Range Location: [REDACTED]
Serial #: [REDACTED]
Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Chaloub #296

QUALIFICATION

PCQC: Hits: 50 Score: 83.3% PCQNC: Hits: 42 Score: 84.0%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____

Remedial Instruction: _____

Firearms Instructors Name: Michael Chaloub #296

REMEDIAL QUALIFICATION

PCQC: Hits: _____ Score: 0.0% PCQNC: Hits: _____ Score: 0.0%

MALFUNCTIONS & WEAPONS MAINTENANCE

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☒ Weapon Location: _____

Firearms Instructors Name: Michael Chaloub #296

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: Sara Quant Date: 9/8/2017

Print Name: Sara Quant Firearms Instructor: Michael Chaloub #296

**TEANECK POLICE DEPARTMENT
HANDGUN QUALIFICATION RECORD**

Date: 9/8/2017

OFFICER & WEAPON

Rank: Police Officer Officer: Sara Quant Badge #: 285
Target Type: [REDACTED] Range Location: [REDACTED]
Service Handgun: [REDACTED] Other Approved Handgun: _____
Serial #: [REDACTED] Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Chaloub #296

QUALIFICATION

HQC1: Hits: 50 Score: 83.3% HNQC: Hits: 34 Score: 85.0%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____

Remedial Instruction: _____
Firearms Instructors Name: Michael Chaloub #296

REMEDIAL QUALIFICATION

HQC1: Hits: _____ Score: 0.0% HNQC: Hits: _____ Score: 0.0%

WEAPONS MALFUNCTIONS OR WEAPONS TAKEN OUT OF SERVICE

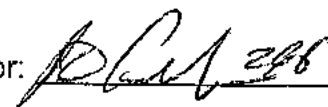
Did weapon malfunction during training: Y ☐ N ☐ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☐ Location of Weapon: _____

Firearms Instructors Name: Michael Chaloub #296

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature:  Date: 9/8/2017

Print Name: Sara Quant Firearms Instructor: 

**TEANECK POLICE DEPARTMENT
HANDGUN QUALIFICATION RECORD**

Date: 9/5/2017

OFFICER & WEAPON

Rank: Sergeant Officer: Robert Harvey Badge # 286
Target Type: [REDACTED] Range Location: [REDACTED]
Service Handgun: [REDACTED] Other Approved Handgun: [REDACTED]
Serial #: [REDACTED] Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Crowley #261

QUALIFICATION

HQC1: Hits: 52 Score: 86.7% HNQC: Hits: 34 Score: 85.0%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____

Remedial Instruction: _____

Firearms Instructors Name: Michael Crowley #261

REMEDIAL QUALIFICATION

HQC1: Hits: _____ Score: 0.0% HNQC: Hits: _____ Score: 0.0%

WEAPONS MALFUNCTIONS OR WEAPONS TAKEN OUT OF SERVICE

Did weapon malfunction during training: Y ☐ N ☐ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☐ Location of Weapon: _____

Firearms Instructors Name: Michael Crowley #261

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: [Signature] Date: 9/5/2017

Print Name: Robert Harvey Firearms Instructor: [Signature] #261

**TEANECK POLICE DEPARTMENT
POLICE CARBINE QUALIFICATION RECORD**

Date: 9/5/2017

OFFICER & WEAPON

Rank: Sergeant Officer: Robert Harvey Badge # 286
Target Type: [REDACTED] Range Location: [REDACTED]
Serial #: [REDACTED]
Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Chaloub #296

QUALIFICATION

PCQC: Hits: 57 Score: 95.0% PCQNC: Hits: 48 Score: 96.0%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____
Remedial Instruction: _____
Firearms Instructors Name: Michael Chaloub #296

REMEDIAL QUALIFICATION

PCQC: Hits: _____ Score: 0.0% PCQNC: Hits: _____ Score: 0.0%

MALFUNCTIONS & WEAPONS MAINTENANCE

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____
Was weapon taken out of service: Y ☐ N ☒ Weapon Location: _____
Firearms Instructors Name: Michael Chaloub #296

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: [Signature] Date: 9/5/2017
Print Name: Robert Harvey Firearms Instructor: [Signature]

**TEANECK POLICE DEPARTMENT
HANDGUN QUALIFICATION RECORD**

Date: 9/15/2017

OFFICER & WEAPON

Rank: Detective Officer: Christopher Buscavage Badge # 287
Target Type: [REDACTED] Range Location: [REDACTED]
Service Handgun: [REDACTED] Other Approved Handgun: _____
Serial #: [REDACTED] Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Chaloub #296

QUALIFICATION

HQC1: Hits: 53 Score: 88.3% HNQC: Hits: 38 Score: 95.0%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____

Remedial Instruction: _____

Firearms Instructors Name: Michael Chaloub #296

REMEDIAL QUALIFICATION

HQC1: Hits: _____ Score: 0.0% HNQC: Hits: _____ Score: 0.0%

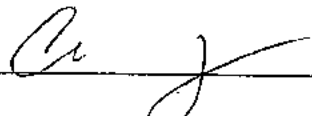
WEAPONS MALFUNCTIONS OR WEAPONS TAKEN OUT OF SERVICE

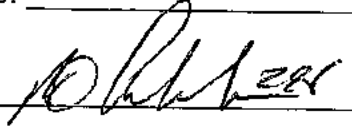
Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☒ Location of Weapon: _____

Firearms Instructors Name: Michael Chaloub #296

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature:  Date: 9/15/2017

Print Name: Christopher Buscavage Firearms Instructor: 

**TEANECK POLICE DEPARTMENT
HANDGUN QUALIFICATION RECORD**

Date: 9/14/2017

OFFICER & WEAPON

Rank: Lieutenant Officer: Scott Tesser Badge # 288
Target Type: [REDACTED] Range Location: [REDACTED]
Service Handgun: [REDACTED] Other Approved Handgun: [REDACTED]
Serial #: [REDACTED] Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Chaloub #296

QUALIFICATION

HQC1: Hits: 52 Score: 86.7% HNQC: Hits: 36 Score: 90.0%

Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: [REDACTED]

Remedial Instruction: [REDACTED]

Firearms Instructors Name: Michael Chaloub #296

REMEDIAL QUALIFICATION

HQC1: Hits: [REDACTED] Score: 0.0% HNQC: Hits: [REDACTED] Score: 0.0%

WEAPONS MALFUNCTIONS OR WEAPONS TAKEN OUT OF SERVICE

Did weapon malfunction during training: Y ☐ N ☐ If "YES", describe malfunction: [REDACTED]

Was weapon taken out of service: Y ☐ N ☐ Location of Weapon: [REDACTED]

Firearms Instructors Name: Michael Chaloub #296

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature:  Date: 9/14/2017

Print Name: Scott Tesser Firearms Instructor: 

**TEANECK POLICE DEPARTMENT
HANDGUN QUALIFICATION RECORD**

Date: 9/15/2017

OFFICER & WEAPON

Rank: Detective Officer: Edward Kazmierczak Badge # 289
Target Type: [REDACTED] Range Location: [REDACTED]
Service Handgun: [REDACTED] Other Approved Handgun: _____
Serial #: [REDACTED] Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Chaloub #296

QUALIFICATION

HQC1: Hits: 56 Score: 93.3% HNQC: Hits: 40 Score: 100.0%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____

Remedial Instruction: _____

Firearms Instructors Name: Michael Chaloub #296

REMEDIAL QUALIFICATION

HQC1: Hits: _____ Score: 0.0% HNQC: Hits: _____ Score: 0.0%

WEAPONS MALFUNCTIONS OR WEAPONS TAKEN OUT OF SERVICE

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☒ Location of Weapon: _____

Firearms Instructors Name: Michael Chaloub #296

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: Edward Kazmierczak #289 Date: 9/15/2017

Print Name: Edward Kazmierczak Firearms Instructor: [Signature]

**TEANECK POLICE DEPARTMENT
HANDGUN QUALIFICATION RECORD**

Date: 10/25/2017

OFFICER & WEAPON

Rank: Police Officer Officer: Justin Rodriguez Badge # 292
Target Type: [REDACTED] Range Location: [REDACTED]
Service Handgun: [REDACTED] Other Approved Handgun: _____
Serial #: [REDACTED] Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Chaloub #296

QUALIFICATION

HQC1: Hits: 50 Score: 83.3% HNQC: Hits: 34 Score: 85.0%

Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____

Remedial Instruction: _____

Firearms Instructors Name: Michael Chaloub #296

REMEDIAL QUALIFICATION

HQC1: Hits: _____ Score: 0.0% HNQC: Hits: _____ Score: 0.0%

WEAPONS MALFUNCTIONS OR WEAPONS TAKEN OUT OF SERVICE

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☒ Location of Weapon: _____

Firearms Instructors Name: Michael Chaloub #296

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: P.O. J. Rodriguez #292 Date: 10/25/2017

Print Name: Justin Rodriguez Firearms Instructor: [Signature]

Date: 9/7/2017

Rank: Police Officer Officer: Glenn Coley Badge # 293

Target Type: [REDACTED] Range Location: [REDACTED]

Service Handgun: [REDACTED] Other Approved Handgun:

Serial #: [REDACTED] Ammunition: [REDACTED] Caliber: [REDACTED]

Firearms Instructor: Michael Chaloub #296

HQC1: Hits: 49 Score: 81.7% HNQC: Hits: 33 Score: 82.5%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____

Remedial Instruction: _____

Firearms Instructors Name: _____ Michael Chaloub #296

HQC1: Hits: _____ Score: 0.0% HNQC: Hits: _____ Score: 0.0%

Did weapon malfunction during training: Y ☐ N ☐ If "YES", describe malfunction:

Was weapon taken out of service:	Y	N	Location of Weapon:
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Firearms Instructors Name: Michael Chaloub #296

Officers Signature: [Signature] Date: 9/7/2017

Print Name: Glenn Coley Firearms Instructor: 

**TEANECK POLICE DEPARTMENT
POLICE CARBINE QUALIFICATION RECORD**

Date: 9/7/2017

OFFICER & WEAPON

Rank: Police Officer Officer: Glenn Coley Badge # 293
Target Type: [REDACTED] Range Location: [REDACTED]
Serial #: [REDACTED]
Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Chaloub #296

QUALIFICATION

PCQC: Hits: 54 Score: 90.0% PCQNC: Hits: 45 Score: 90.0%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____
Remedial Instruction: _____
Firearms Instructors Name: Michael Chaloub #296

REMEDIAL QUALIFICATION

PCQC: Hits: _____ Score: 0.0% PCQNC: Hits: _____ Score: 0.0%

MALFUNCTIONS & WEAPONS MAINTENANCE

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____
Was weapon taken out of service: Y ☐ N ☒ Weapon Location: _____
Firearms Instructors Name: Michael Chaloub #296

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: [Signature] Date: 9/7/2017

Print Name: Glenn Coley Firearms Instructor: [Signature]

**TEANECK POLICE DEPARTMENT
HANDGUN QUALIFICATION RECORD**

Date: 9/8/2017

OFFICER & WEAPON

Rank: Det. Lieutenant Officer: Seth Kriegel Badge # 294
Target Type: [REDACTED] Range Location: [REDACTED]
Service Handgun: [REDACTED] Other Approved Handgun: _____
Serial #: [REDACTED] Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Chaloub #296

QUALIFICATION

HQC1: Hits: 55 Score: 91.7% HNQC: Hits: 39 Score: 97.5%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____
Remedial Instruction: _____
Firearms Instructors Name: Michael Chaloub #296

REMEDIAL QUALIFICATION

HQC1: Hits: _____ Score: 0.0% HNQC: Hits: _____ Score: 0.0%

WEAPONS MALFUNCTIONS OR WEAPONS TAKEN OUT OF SERVICE

Did weapon malfunction during training: Y ☐ N ☐ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☐ Location of Weapon: _____
Firearms Instructors Name: Michael Chaloub #296

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: Seth Kriegel #294 Date: 9/8/2017
Print Name: Seth Kriegel Firearms Instructor: [Signature]

**TEANECK POLICE DEPARTMENT
HANDGUN QUALIFICATION RECORD**

Date: 9/15/2017

OFFICER & WEAPON

Rank: Det. Sergeant Officer: George Molina Badge # 295
Target Type: [REDACTED] Range Location: [REDACTED]
Service Handgun: [REDACTED] Other Approved Handgun: _____
Serial #: [REDACTED] Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Chaloub #296

QUALIFICATION

HQC1: Hits: 60 Score: 100.0% HNQC: Hits: 40 Score: 100.0%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____
Remedial Instruction: _____
Firearms Instructors Name: Michael Chaloub #296

REMEDIAL QUALIFICATION

HQC1: Hits: _____ Score: 0.0% HNQC: Hits: _____ Score: 0.0%

WEAPONS MALFUNCTIONS OR WEAPONS TAKEN OUT OF SERVICE

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☒ Location of Weapon: _____
Firearms Instructors Name: Michael Chaloub #296

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: D/Sgt. X YL 295 Date: 9/15/2017
Print Name: George Molina Firearms Instructor: [Signature] 296

**TEANECK POLICE DEPARTMENT
POLICE CARBINE QUALIFICATION RECORD**

Date: 9/15/2017

OFFICER & WEAPON

Rank: Det. Sergeant Officer: George Molina Badge # 295
Target Type: [REDACTED] Range Location: [REDACTED]
Serial #: [REDACTED]
Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Chaloub #296

QUALIFICATION

PCQC: Hits: 60 Score: 100.0% PCQNC: Hits: 50 Score: 100.0%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____

Remedial Instruction: _____

Firearms Instructors Name: Michael Chaloub #296

REMEDIAL QUALIFICATION

PCQC: Hits: _____ Score: 0.0% PCQNC: Hits: _____ Score: 0.0%

MALFUNCTIONS & WEAPONS MAINTENANCE

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☒ Weapon Location: _____

Firearms Instructors Name: Michael Chaloub #296

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: D Sgt. [Signature] 295 Date: 9/15/2017

Print Name: George Molina Firearms Instructor: [Signature] 296

**TEANECK POLICE DEPARTMENT
HANDGUN QUALIFICATION RECORD**

Date: 7/28/2017

OFFICER & WEAPON

Rank: Police Officer Officer: Michael Chaloub Badge # 296
Target Type: [REDACTED] Range Location: [REDACTED]
Service Handgun: [REDACTED] Other Approved Handgun: _____
Serial #: [REDACTED] Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Crowley #261

QUALIFICATION

HQC1: Hits: 60 Score: 100.0% HNQC: Hits: 40 Score: 100.0%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____

Remedial Instruction: _____
Firearms Instructors Name: Michael Crowley #261

REMEDIAL QUALIFICATION

HQC1: Hits: _____ Score: 0.0% HNQC: Hits: _____ Score: 0.0%

WEAPONS MALFUNCTIONS OR WEAPONS TAKEN OUT OF SERVICE

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☒ Location of Weapon: _____

Firearms Instructors Name: Michael Crowley #261

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: *Michael Chaloub* 296 Date: 7/28/2017

Print Name: Michael Chaloub

Firearms Instructor: *Det. Michael A. Crowley #261*

**TEANECK POLICE DEPARTMENT
HANDGUN QUALIFICATION RECORD**

Date: 9/5/2017

OFFICER & WEAPON

Rank: Lieutenant Officer: Kevin Marrero Badge #: 297

Target Type: [REDACTED] Range Location: [REDACTED]

Service Handgun: [REDACTED] Other Approved Handgun: [REDACTED]

Serial #: [REDACTED] Ammunition: [REDACTED] Caliber: [REDACTED]

Firearms Instructor: Michael Crowley #261

QUALIFICATION

HQC1: Hits: 60 Score: 100.0% HNQC: Hits: 40 Score: 100.0%

Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____

Remedial Instruction: _____

Firearms Instructors Name: Michael Crowley #261

REMEDIAL QUALIFICATION

HQC1: Hits: _____ Score: 0.0% HNQC: Hits: _____ Score: 0.0%

WEAPONS MALFUNCTIONS OR WEAPONS TAKEN OUT OF SERVICE

Did weapon malfunction during training: Y ☐ N ☐ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☐ Location of Weapon: _____

Firearms Instructors Name: Michael Crowley #261

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: [Signature] Date: 9/5/2017

Print Name: Kevin Marrero

Firearms Instructor: [Signature] #261

**TEANECK POLICE DEPARTMENT
POLICE CARBINE QUALIFICATION RECORD**

Date: 9/5/2017

OFFICER & WEAPON

Rank: Lieutenant Officer: Kevin Marrero Badge # 297
Target Type: [REDACTED] Range Location: [REDACTED]
Serial #: [REDACTED]
Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Chaloub #296

QUALIFICATION

PCQC: Hits: 60 Score: 100.0% PCQNC: Hits: 50 Score: 100.0%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: [REDACTED]
Remedial Instruction: [REDACTED]
Firearms Instructors Name: Michael Chaloub #296

REMEDIAL QUALIFICATION

PCQC: Hits: [REDACTED] Score: 0.0% PCQNC: Hits: [REDACTED] Score: 0.0%

MALFUNCTIONS & WEAPONS MAINTENANCE

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: [REDACTED]
Was weapon taken out of service: Y ☐ N ☒ Weapon Location: [REDACTED]
Firearms Instructors Name: Michael Chaloub #296

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: [Signature] Date: 9/5/2017

Print Name: Kevin Marrero Firearms Instructor: [Signature]

Date: 9/13/2017

Rank: Police Officer Officer: Percy West Badge # 299

Target Type: [REDACTED] Range Location: [REDACTED]

Service Handgun: [REDACTED] Other Approved Handgun: [REDACTED]

Serial #: [REDACTED] Ammunition: [REDACTED] Caliber: [REDACTED]

Firearms Instructor: Michael Chaloub #296

HQC1: Hits: 50 Score: 83.3% HNQC: Hits: 33 Score: 82.5%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____

Firearms Instructors Name: Michael Chaloub #296

HQC1: Hits: _____ Score: 0.0% HNQC: Hits: _____ Score: 0.0%

Did weapon malfunction during training: Y ☐ N ☐ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☐ Location of Weapon: _____

Firearms Instructors Name: Michael Chaloub #296

Officers Signature: R. B. [Signature] Date: 9/13/2017

Print Name: Percy West Firearms Instructor: [Signature]

**TEANECK POLICE DEPARTMENT
POLICE CARBINE QUALIFICATION RECORD**

Date: 9/13/2017

OFFICER & WEAPON

Rank: Police Officer Officer: Percy West Badge # 299
Target Type: [REDACTED] Range Location: [REDACTED]
[REDACTED] Serial #: [REDACTED]
Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Chaloub #296

QUALIFICATION

PCQC: Hits: 56 Score: 93.3% PCQNC: Hits: 44 Score: 88.0%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____
Remedial Instruction: _____
Firearms Instructors Name: Michael Chaloub #296

REMEDIAL QUALIFICATION

PCQC: Hits: _____ Score: 0.0% PCQNC: Hits: _____ Score: 0.0%

MALFUNCTIONS & WEAPONS MAINTENANCE

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☒ Weapon Location: _____
Firearms Instructors Name: Michael Chaloub #296

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: Percy West Date: 9/13/2017
Print Name: Percy West Firearms Instructor: Michael Chaloub #296

**TEANECK POLICE DEPARTMENT
HANDGUN QUALIFICATION RECORD**

Date: 10/25/2017

OFFICER & WEAPON

Rank: Detective Officer: Gabriel Santiago Badge # 301
Target Type: [REDACTED] Range Location: [REDACTED]
Service Handgun: [REDACTED] Other Approved Handgun: [REDACTED]
Serial #: [REDACTED] Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Chaloub #296

QUALIFICATION

HQC1: Hits: 57 Score: 95.0% HNQC: Hits: 40 Score: 100.0%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____

Remedial Instruction: _____
Firearms Instructors Name: Michael Chaloub #296

REMEDIAL QUALIFICATION

HQC1: Hits: _____ Score: 0.0% HNQC: Hits: _____ Score: 0.0%

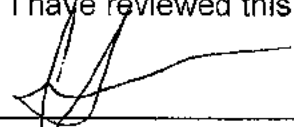
WEAPONS MALFUNCTIONS OR WEAPONS TAKEN OUT OF SERVICE

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☒ Location of Weapon: _____

Firearms Instructors Name: Michael Chaloub #296

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature:  Date: 10/25/2017

Print Name: Gabriel Santiago Firearms Instructor: 

**TEANECK POLICE DEPARTMENT
POLICE CARBINE QUALIFICATION RECORD**

Date: 10/25/2017

OFFICER & WEAPON

Rank: Detective Officer: Gabriel Santiago Badge # 301
Target Type: [REDACTED] Range Location: [REDACTED]
[REDACTED] Serial #: [REDACTED]
Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Chaloub #296

QUALIFICATION

PCQC: Hits: 60 Score: 100.0% PCQNC: Hits: 50 Score: 100.0%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____
Remedial Instruction: _____
Firearms Instructors Name: Michael Chaloub #296

REMEDIAL QUALIFICATION

PCQC: Hits: _____ Score: 0.0% PCQNC: Hits: _____ Score: 0.0%

MALFUNCTIONS & WEAPONS MAINTENANCE

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☒ Weapon Location: _____
Firearms Instructors Name: Michael Chaloub #296

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: [Signature] Date: 10/25/2017

Print Name: Gabriel Santiago Firearms Instructor: [Signature] #296

**TEANECK POLICE DEPARTMENT
HANDGUN QUALIFICATION RECORD**

Date: 9/14/2017

OFFICER & WEAPON

Rank: Police Officer Officer: Jason Hosey Badge # 302
Target Type: [REDACTED] Range Location: [REDACTED]
Service Handgun: [REDACTED] Other Approved Handgun: _____
Serial #: [REDACTED] Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Chaloub #296

QUALIFICATION

HQC1: Hits: 54 Score: 90.0% HNQC: Hits: 35 Score: 87.5%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____

Remedial Instruction: _____
Firearms Instructors Name: Michael Chaloub #296

REMEDIAL QUALIFICATION

HQC1: Hits: _____ Score: 0.0% HNQC: Hits: _____ Score: 0.0%

WEAPONS MALFUNCTIONS OR WEAPONS TAKEN OUT OF SERVICE

Did weapon malfunction during training: Y ☐ N ☐ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☐ Location of Weapon: _____

Firearms Instructors Name: Michael Chaloub #296

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: PO Jason Hosey #302 Date: 9/14/2017

Print Name: Jason Hosey Firearms Instructor: Michael Chaloub #296

**TEANECK POLICE DEPARTMENT
POLICE CARBINE QUALIFICATION RECORD**

Date: 9/14/2017

OFFICER & WEAPON

Rank: Police Officer Officer: Jason Hosey Badge # 302
Target Type: [REDACTED] Range Location: [REDACTED]
[REDACTED] Serial #: [REDACTED]
Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Chaloub #296

QUALIFICATION

PCQC: Hits: 57 Score: 95.0% PCQNC: Hits: 45 Score: 90.0%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____

Remedial Instruction: _____

Firearms Instructors Name: Michael Chaloub #296

REMEDIAL QUALIFICATION

PCQC: Hits: _____ Score: 0.0% PCQNC: Hits: _____ Score: 0.0%

MALFUNCTIONS & WEAPONS MAINTENANCE

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☒ Weapon Location: _____

Firearms Instructors Name: Michael Chaloub #296

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: P.O. [Signature] #302 Date: 9/14/2017

Print Name: Jason Hosey Firearms Instructor: P.O. [Signature] #296

**TEANECK POLICE DEPARTMENT
HANDGUN QUALIFICATION RECORD**

Date: 9/15/2017

OFFICER & WEAPON

Rank: Det. Sergeant Officer: Michael Moliere Badge # 304
Target Type: [REDACTED] Range Location: [REDACTED]
Service Handgun: [REDACTED] Other Approved Handgun: _____
Serial #: [REDACTED] Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Chaloub #296

QUALIFICATION

HQC1: Hits: 58 Score: 96.7% HNQC: Hits: 40 Score: 100.0%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____

Remedial Instruction: _____

Firearms Instructors Name: Michael Chaloub #296

REMEDIAL QUALIFICATION

HQC1: Hits: _____ Score: 0.0% HNQC: Hits: _____ Score: 0.0%

WEAPONS MALFUNCTIONS OR WEAPONS TAKEN OUT OF SERVICE

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☒ Location of Weapon: _____

Firearms Instructors Name: Michael Chaloub #296

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: D/S Moliere Date: 9/15/2017

Print Name: Michael Moliere Firearms Instructor: [Signature] #296

**TEANECK POLICE DEPARTMENT
POLICE CARBINE QUALIFICATION RECORD**

Date: 9/7/2017

OFFICER & WEAPON

Rank: Police Officer Officer: Lamon Meeks Badge # 305
Target Type: [REDACTED] Range Location: [REDACTED]
Serial #: [REDACTED]
Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Chaloub #296

QUALIFICATION

PCQC: Hits: 58 Score: 96.7% PCQNC: Hits: 45 Score: 90.0%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: [REDACTED]
Remedial Instruction: [REDACTED]
Firearms Instructors Name: Michael Chaloub #296

REMEDIAL QUALIFICATION

PCQC: Hits: [REDACTED] Score: 0.0% PCQNC: Hits: [REDACTED] Score: 0.0%

MALFUNCTIONS & WEAPONS MAINTENANCE

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: [REDACTED]
Was weapon taken out of service: Y ☐ N ☒ Weapon Location: [REDACTED]
Firearms Instructors Name: Michael Chaloub #296

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: [Signature] #305 Date: 9/7/2017
Print Name: Lamon Meeks Firearms Instructor: [Signature] #296

**TEANECK POLICE DEPARTMENT
HANDGUN QUALIFICATION RECORD**

Date: 9/7/2017

OFFICER & WEAPON

Rank: Police Officer Officer: Lamon Meeks Badge # 305
Target Type: [REDACTED] Range Location: [REDACTED]
Service Handgun: [REDACTED] Other Approved Handgun: _____
Serial #: [REDACTED] Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Chaloub #296

QUALIFICATION

HQC1: Hits: 53 Score: 88.3% HNQC: Hits: 37 Score: 92.5%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____
Remedial Instruction: _____
Firearms Instructors Name: Michael Chaloub #296

REMEDIAL QUALIFICATION

HQC1: Hits: _____ Score: 0.0% HNQC: Hits: _____ Score: 0.0%

WEAPONS MALFUNCTIONS OR WEAPONS TAKEN OUT OF SERVICE

Did weapon malfunction during training: Y ☐ N ☐ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☐ Location of Weapon: _____
Firearms Instructors Name: Michael Chaloub #296

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: *[Signature]* #305 Date: 9/7/2017

Print Name: Lamon Meeks Firearms Instructor: *[Signature]* #296

**TEANECK POLICE DEPARTMENT
HANDGUN QUALIFICATION RECORD**

Date: 9/8/2017

OFFICER & WEAPON

Rank: Police Officer Officer: Randy Morales Badge #: 306
Target Type: [REDACTED] Range Location: [REDACTED]
Service Handgun: [REDACTED] Other Approved Handgun: _____
Serial #: [REDACTED] Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Chaloub #296

QUALIFICATION

HQC1: Hits: 55 Score: 91.7% HNQC: Hits: 37 Score: 92.5%

Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____

Remedial Instruction: _____

Firearms Instructors Name: Michael Chaloub #296

REMEDIAL QUALIFICATION

HQC1: Hits: _____ Score: 0.0% HNQC: Hits: _____ Score: 0.0%

WEAPONS MALFUNCTIONS OR WEAPONS TAKEN OUT OF SERVICE

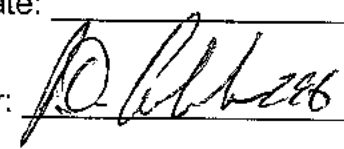
Did weapon malfunction during training: Y ☐ N ☐ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☐ Location of Weapon: _____

Firearms Instructors Name: Michael Chaloub #296

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature:  Date: 9/8/2017

Print Name: Randy Morales Firearms Instructor: 

**TEANECK POLICE DEPARTMENT
HANDGUN QUALIFICATION RECORD**

Date: 9/15/2017

OFFICER & WEAPON

Rank: Detective Officer: Ronald Boswell Badge # 308
Target Type: [REDACTED] Range Location: [REDACTED]
Service Handgun: [REDACTED] Other Approved Handgun: _____
Serial #: [REDACTED] Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Chaloub #296

QUALIFICATION

HQC1: Hits: 54 Score: 90.0% HNQC: Hits: 39 Score: 97.5%

Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____

Remedial Instruction: _____

Firearms Instructors Name: Michael Chaloub #296

REMEDIAL QUALIFICATION

HQC1: Hits: _____ Score: 0.0% HNQC: Hits: _____ Score: 0.0%

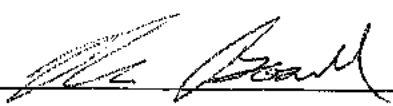
WEAPONS MALFUNCTIONS OR WEAPONS TAKEN OUT OF SERVICE

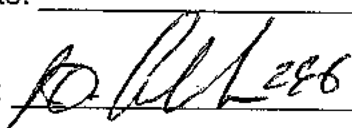
Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☒ Location of Weapon: _____

Firearms Instructors Name: Michael Chaloub #296

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature:  Date: 9/15/2017

Print Name: Ronald Boswell Firearms Instructor: 

**TEANECK POLICE DEPARTMENT
HANDGUN QUALIFICATION RECORD**

Date: 9/7/2017

OFFICER & WEAPON

Rank: Sergeant Officer: Gregory Wright Badge # 309
Target Type: [REDACTED] Range Location: [REDACTED]
Service Handgun: [REDACTED] Other Approved Handgun: _____
Serial #: [REDACTED] Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Chaloub #296

QUALIFICATION

HQC1: Hits: 50 Score: 83.3% HNQC: Hits: 32 Score: 80.0%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____

Remedial Instruction: _____

Firearms Instructors Name: Michael Chaloub #296

REMEDIAL QUALIFICATION

HQC1: Hits: _____ Score: 0.0% HNQC: Hits: _____ Score: 0.0%

WEAPONS MALFUNCTIONS OR WEAPONS TAKEN OUT OF SERVICE

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☒ Location of Weapon: _____

Firearms Instructors Name: Michael Chaloub #296

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: Sgt. Gregory Wright #309 Date: 9/7/2017

Print Name: Gregory Wright Firearms Instructor: [Signature]

**TEANECK POLICE DEPARTMENT
POLICE CARBINE QUALIFICATION RECORD**

Date: 9/7/2017

OFFICER & WEAPON

Rank: Sergeant Officer: Gregory Wright Badge # 309
Target Type: [REDACTED] Range Location: [REDACTED]
[REDACTED] Serial #: [REDACTED]
Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Chaloub #296

QUALIFICATION

PCQC: Hits: 56 Score: 93.3% PCQNC: Hits: 48 Score: 96.0%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____

Remedial Instruction: _____

Firearms Instructors Name: Michael Chaloub #296

REMEDIAL QUALIFICATION

PCQC: Hits: _____ Score: 0.0% PCQNC: Hits: _____ Score: 0.0%

MALFUNCTIONS & WEAPONS MAINTENANCE

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☒ Weapon Location: _____

Firearms Instructors Name: Michael Chaloub #296

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: Sgt. Gregory Wright #309 Date: 9/7/2017

Print Name: Gregory Wright Firearms Instructor: [Signature] #296

Date: 9/8/2017

Rank: Detective Officer: Steve Ramirez Badge # 310

Target Type: [REDACTED] Range Location: [REDACTED]

Service Handgun: [REDACTED] Other Approved Handgun: [REDACTED]

Serial #: [REDACTED] Ammunition: [REDACTED] Caliber: [REDACTED]

Firearms Instructor: Michael Chaloub #296

HQC1: Hits: 50 Score: 83.3% HNQC: Hits: 37 Score: 92.5%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____

Remedial Instruction: _____

Firearms Instructors Name: Michael Chaloub #296

HQC1: Hits: _____ Score: 0.0% HNQC: Hits: _____ Score: 0.0%

Did weapon malfunction during training: Y ☐ N ☐ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☐ Location of Weapon: _____

Firearms Instructors Name: Michael Chaloub #296

Officers Signature: [Signature] Date: 9/8/2017

Print Name: Steve Ramirez Firearms Instructor: D. J. 246

**TEANECK POLICE DEPARTMENT
HANDGUN QUALIFICATION RECORD**

Date: 9/13/2017

OFFICER & WEAPON

Rank: Detective Officer: Michael Sunga Badge # 311
Target Type: [REDACTED] Range Location: [REDACTED]
Service Handgun: [REDACTED] Other Approved Handgun: _____
Serial #: [REDACTED] Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Chaloub #296

QUALIFICATION

HQC1: Hits: 50 Score: 83.3% HNQC: Hits: 37 Score: 92.5%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____

Remedial Instruction: _____

Firearms Instructors Name: Michael Chaloub #296

REMEDIAL QUALIFICATION

HQC1: Hits: _____ Score: 0.0% HNQC: Hits: _____ Score: 0.0%

WEAPONS MALFUNCTIONS OR WEAPONS TAKEN OUT OF SERVICE

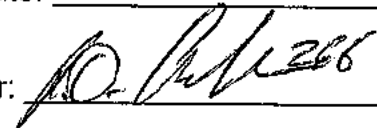
Did weapon malfunction during training: Y ☐ N ☐ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☐ Location of Weapon: _____

Firearms Instructors Name: Michael Chaloub #296

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature:  Date: 9/13/2017

Print Name: Michael Sunga Firearms Instructor: 

**TEANECK POLICE DEPARTMENT
POLICE CARBINE QUALIFICATION RECORD**

Date: 9/13/2017

OFFICER & WEAPON

Rank: Detective Officer: Michael Sunga Badge # 311
Target Type: [REDACTED] Range Location: [REDACTED]
Serial #: [REDACTED]
Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Chaloub #296

QUALIFICATION

PCQC: Hits: 56 Score: 93.3% PCQNC: Hits: 46 Score: 92.0%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: [REDACTED]
Remedial Instruction: [REDACTED]
Firearms Instructors Name: Michael Chaloub #296

REMEDIAL QUALIFICATION

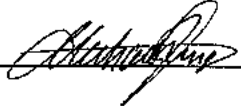
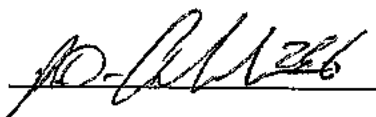
PCQC: Hits: [REDACTED] Score: 0.0% PCQNC: Hits: [REDACTED] Score: 0.0%

MALFUNCTIONS & WEAPONS MAINTENANCE

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: [REDACTED]

Was weapon taken out of service: Y ☐ N ☒ Weapon Location: [REDACTED]
Firearms Instructors Name: Michael Chaloub #296

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature:  Date: 9/13/2017
Print Name: Michael Sunga Firearms Instructor: 

**TEANECK POLICE DEPARTMENT
HANDGUN QUALIFICATION RECORD**

Date: 10/25/2017

OFFICER & WEAPON

Rank: Police Officer Officer: Daniel Dalessic Badge #: 314
Target Type: [REDACTED] Range Location: [REDACTED]
Service Handgun: [REDACTED] Other Approved Handgun: _____
Serial #: [REDACTED] Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Chaloub #296

QUALIFICATION

HQC1: Hits: 50 Score: 83.3% HNQC: Hits: 35 Score: 87.5%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____
Remedial Instruction: _____
Firearms Instructors Name: Michael Chaloub #296

REMEDIAL QUALIFICATION

HQC1: Hits: _____ Score: 0.0% HNQC: Hits: _____ Score: 0.0%

WEAPONS MALFUNCTIONS OR WEAPONS TAKEN OUT OF SERVICE

Did weapon malfunction during training: Y ☐ N ☐ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☐ Location of Weapon: _____
Firearms Instructors Name: Michael Chaloub #296

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature:  Date: 10/25/2017
Print Name: Daniel Dalession Firearms Instructor: 

**TEANECK POLICE DEPARTMENT
POLICE CARBINE QUALIFICATION RECORD**

Date: 10/25/2017

OFFICER & WEAPON

Rank: Police Officer Officer: Daniel Dalessio Badge # 314
Target Type: [REDACTED] Range Location: [REDACTED]
Serial #: [REDACTED]
Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Chaloub #296

QUALIFICATION

PCQC: Hits: 53 Score: 88.3% PCQNC: Hits: 44 Score: 88.0%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____
Remedial Instruction: _____
Firearms Instructors Name: Michael Chaloub #296

REMEDIAL QUALIFICATION

PCQC: Hits: _____ Score: 0.0% PCQNC: Hits: _____ Score: 0.0%

MALFUNCTIONS & WEAPONS MAINTENANCE

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____
Was weapon taken out of service: Y ☐ N ☒ Weapon Location: _____
Firearms Instructors Name: Michael Chaloub #296

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: [Signature] Date: 10/25/2017
Print Name: Daniel Dalessio Firearms Instructor: [Signature] #296

**TEANECK POLICE DEPARTMENT
HANDGUN QUALIFICATION RECORD**

Date: 9/13/2017

OFFICER & WEAPON

Rank: Detective Officer: Angel Pagan Badge # 315
Target Type: [REDACTED] Range Location: [REDACTED]
Service Handgun: [REDACTED] Other Approved Handgun: _____
Serial #: [REDACTED] Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Chaloub #296

QUALIFICATION

HQC1: Hits: 50 Score: 83.3% HNQC: Hits: 32 Score: 80.0%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____
Remedial Instruction: _____
Firearms Instructors Name: Michael Chaloub #296

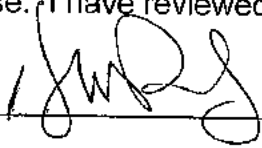
REMEDIAL QUALIFICATION

HQC1: Hits: _____ Score: 0.0% HNQC: Hits: _____ Score: 0.0%

WEAPONS MALFUNCTIONS OR WEAPONS TAKEN OUT OF SERVICE

Did weapon malfunction during training: Y ☐ N ☐ If "YES", describe malfunction: _____
Was weapon taken out of service: Y ☐ N ☐ Location of Weapon: _____
Firearms Instructors Name: Michael Chaloub #296

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature:  315 Date: 9/13/2017
Print Name: Angel Pagan Firearms Instructor: 

**TEANECK POLICE DEPARTMENT
HANDGUN QUALIFICATION RECORD**

Date: 9/13/2017

OFFICER & WEAPON

Rank: Police Officer Officer: Craig Luebeck Badge #: 316
Target Type: [REDACTED] Range Location: [REDACTED]
Service Handgun: [REDACTED] Other Approved Handgun: _____
Serial #: [REDACTED] Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Chaloub #296

QUALIFICATION

HQC1: Hits: 50 Score: 83.3% HNQC: Hits: 34 Score: 85.0%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____

Remedial Instruction: _____
Firearms Instructors Name: Michael Chaloub #296

REMEDIAL QUALIFICATION

HQC1: Hits: _____ Score: 0.0% HNQC: Hits: _____ Score: 0.0%

WEAPONS MALFUNCTIONS OR WEAPONS TAKEN OUT OF SERVICE

Did weapon malfunction during training: Y ☐ N ☐ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☐ Location of Weapon: _____

Firearms Instructors Name: Michael Chaloub #296

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: [Signature] H716 Date: 9/13/2017

Print Name: Craig Luebeck Firearms Instructor: [Signature] #296

**TEANECK POLICE DEPARTMENT
POLICE CARBINE QUALIFICATION RECORD**

Date: 9/13/2017

OFFICER & WEAPON

Rank: Police Officer Officer: Craig Luebeck Badge # 316
Target Type: [REDACTED] Range Location: [REDACTED]
Serial #: [REDACTED]
Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Chaloub #296

QUALIFICATION

PCQC: Hits: 58 Score: 96.7% PCQNC: Hits: 50 Score: 100.0%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: [REDACTED]

Remedial Instruction: [REDACTED]

Firearms Instructors Name: Michael Chaloub #296

REMEDIAL QUALIFICATION

PCQC: Hits: [REDACTED] Score: 0.0% PCQNC: Hits: [REDACTED] Score: 0.0%

MALFUNCTIONS & WEAPONS MAINTENANCE

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: [REDACTED]

Was weapon taken out of service: Y ☐ N ☒ Weapon Location: [REDACTED]

Firearms Instructors Name: Michael Chaloub #296

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: [Signature] Date: 9/13/2017

Print Name: Craig Luebeck Firearms Instructor: [Signature]

**TEANECK POLICE DEPARTMENT
HANDGUN QUALIFICATION RECORD**

Date: 9/15/2017

OFFICER & WEAPON

Rank: Detective Officer: Kevin Brennan Badge # 317
Target Type: [REDACTED] Range Location: [REDACTED]
Service Handgun: [REDACTED] Other Approved Handgun: _____
Serial #: [REDACTED] Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Crowley #261

QUALIFICATION

HQC1: Hits: 55 Score: 91.7% HNQC: Hits: 37 Score: 92.5%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____
Remedial Instruction: _____
Firearms Instructors Name: Michael Crowley #261

REMEDIAL QUALIFICATION

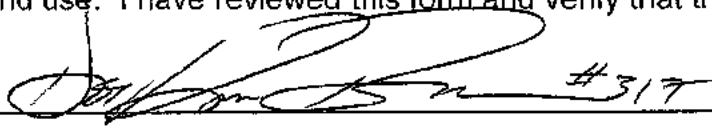
HQC1: Hits: _____ Score: 0.0% HNQC: Hits: _____ Score: 0.0%

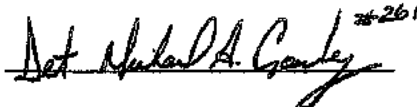
WEAPONS MALFUNCTIONS OR WEAPONS TAKEN OUT OF SERVICE

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☒ Location of Weapon: _____
Firearms Instructors Name: Michael Crowley #261

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature:  #317 Date: 9/15/2017

Print Name: Kevin Brennan Firearms Instructor:  #261

**TEANECK POLICE DEPARTMENT
HANDGUN QUALIFICATION RECORD**

Date: 9/13/2017

OFFICER & WEAPON

Rank: Police Officer Officer: Victoria Suarez Badge # 320
Target Type: [REDACTED] Range Location: [REDACTED]
Service Handgun: [REDACTED] Other Approved Handgun: _____
Serial #: [REDACTED] Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Chaloub #296

QUALIFICATION

HQC1: Hits: 50 Score: 83.3% HNQC: Hits: 36 Score: 90.0%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____

Remedial Instruction: _____
Firearms Instructors Name: Michael Chaloub #296

REMEDIAL QUALIFICATION

HQC1: Hits: _____ Score: 0.0% HNQC: Hits: _____ Score: 0.0%

WEAPONS MALFUNCTIONS OR WEAPONS TAKEN OUT OF SERVICE

Did weapon malfunction during training: Y ☐ N ☐ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☐ Location of Weapon: _____

Firearms Instructors Name: Michael Chaloub #296

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: PO. V. Suarez #320 Date: 9/13/2017

Print Name: Victoria Suarez Firearms Instructor: [Signature]

**TEANECK POLICE DEPARTMENT
POLICE CARBINE QUALIFICATION RECORD**

Date: 9/13/2017

OFFICER & WEAPON

Rank: Police Officer Officer: Victoria Suarez Badge # 320
Target Type: [REDACTED] Range Location: [REDACTED]
Serial #: [REDACTED]
Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Chaloub #296

QUALIFICATION

PCQC: Hits: 56 Score: 93.3% PCQNC: Hits: 44 Score: 88.0%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____
Remedial Instruction: _____
Firearms Instructors Name: Michael Chaloub #296

REMEDIAL QUALIFICATION

PCQC: Hits: _____ Score: 0.0% PCQNC: Hits: _____ Score: 0.0%

MALFUNCTIONS & WEAPONS MAINTENANCE

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____
Was weapon taken out of service: Y ☐ N ☒ Weapon Location: _____
Firearms Instructors Name: Michael Chaloub #296

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: PO. V-Suarez #320 Date: 9/13/2017
Print Name: Victoria Suarez Firearms Instructor: [Signature] #296

**TEANECK POLICE DEPARTMENT
HANDGUN QUALIFICATION RECORD**

Date: 9/5/2017

OFFICER & WEAPON

Rank: Police Officer Officer: Robert Diaz Badge #: 321
Target Type: [REDACTED] Range Location: [REDACTED]
Service Handgun: [REDACTED] Other Approved Handgun: [REDACTED]
Serial #: [REDACTED] Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Crowley #261

QUALIFICATION

HQC1: Hits: 53 Score: 88.3% HNQC: Hits: 37 Score: 92.5%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____

Remedial Instruction: _____

Firearms Instructors Name: Michael Crowley #261

REMEDIAL QUALIFICATION

HQC1: Hits: _____ Score: 0.0% HNQC: Hits: _____ Score: 0.0%

WEAPONS MALFUNCTIONS OR WEAPONS TAKEN OUT OF SERVICE

Did weapon malfunction during training: Y ☐ N ☐ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☐ Location of Weapon: _____

Firearms Instructors Name: Michael Crowley #261

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: *Robert Diaz* #321 Date: 9/5/2017

Print Name: Robert Diaz Firearms Instructor: *Det Michael A. Crowley* #261

**TEANECK POLICE DEPARTMENT
POLICE CARBINE QUALIFICATION RECORD**

Date: 9/5/2017

OFFICER & WEAPON

Rank: Police Officer Officer: Robert Diaz Badge # 321
Target Type: [REDACTED] Range Location: [REDACTED]
Serial #: [REDACTED]
Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Chaloub #296

QUALIFICATION

PCQC: Hits: 57 Score: 95.0% PCQNC: Hits: 48 Score: 96.0%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____
Remedial Instruction: _____
Firearms Instructors Name: Michael Chaloub #296

REMEDIAL QUALIFICATION

PCQC: Hits: _____ Score: 0.0% PCQNC: Hits: _____ Score: 0.0%

MALFUNCTIONS & WEAPONS MAINTENANCE

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____
Was weapon taken out of service: Y ☐ N ☒ Weapon Location: _____
Firearms Instructors Name: Michael Chaloub #296

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: *Robert Diaz* Date: 9/5/2017
Print Name: Robert Diaz Firearms Instructor: *Michael Chaloub #296*

**TEANECK POLICE DEPARTMENT
HANDGUN QUALIFICATION RECORD**

Date: 3/10/2017

OFFICER & WEAPON

Rank: Detective Officer: Darrah Quinn Badge # 323
Target Type: [REDACTED] Range Location: [REDACTED]
Service Handgun: [REDACTED] Other Approved Handgun: _____
Serial #: [REDACTED] Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Crowley #261

QUALIFICATION

HQC1: Hits: 58 Score: 96.7% HNQC: Hits: 36 Score: 90.0%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____

Remedial Instruction: _____

Firearms Instructors Name: Michael Crowley #261

REMEDIAL QUALIFICATION

HQC1: Hits: _____ Score: 0.0% HNQC: Hits: _____ Score: 0.0%

WEAPONS MALFUNCTIONS OR WEAPONS TAKEN OUT OF SERVICE

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☒ Location of Weapon: _____

Firearms Instructors Name: Michael Crowley #261

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: [Signature] Date: 3/10/2017

Print Name: Darrah Quinn Firearms Instructor: Det Michael A. Crowley #261

**TEANECK POLICE DEPARTMENT
POLICE CARBINE QUALIFICATION RECORD**

Date: 3/10/2017

OFFICER & WEAPON

Rank: Detective Officer: Darrah Quinn Badge #: 323
Target Type: [REDACTED] Range Location: [REDACTED]
[REDACTED] Serial #: [REDACTED]
Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Crowley #261

QUALIFICATION

PCQC: Hits: 60 Score: 100.0% PCQNC: Hits: 50 Score: 100.0%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____

Remedial Instruction: _____

Firearms Instructors Name: Michael Crowley #261

REMEDIAL QUALIFICATION

PCQC: Hits: _____ Score: 0.0% PCQNC: Hits: _____ Score: 0.0%

MALFUNCTIONS & WEAPONS MAINTENANCE

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☒ Weapon Location: _____

Firearms Instructors Name: Michael Crowley #261

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: [Signature] Date: 3/10/2017
Print Name: Darrah Quinn Firearms Instructor: Det Michael A. Crowley #261

**TEANECK POLICE DEPARTMENT
HANDGUN QUALIFICATION RECORD**

Date: 9/14/2017

OFFICER & WEAPON

Rank: Police Officer Officer: Steven Batista Badge #: 325
Target Type: [REDACTED] Range Location: [REDACTED]
Service Handgun: [REDACTED] Other Approved Handgun: _____
Serial #: [REDACTED] Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Chaloub #296

QUALIFICATION

HQC1: Hits: 48 Score: 80.0% HNQC: Hits: 38 Score: 95.0%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____

Remedial Instruction: _____
Firearms Instructors Name: Michael Chaloub #296

REMEDIAL QUALIFICATION

HQC1: Hits: _____ Score: 0.0% HNQC: Hits: _____ Score: 0.0%

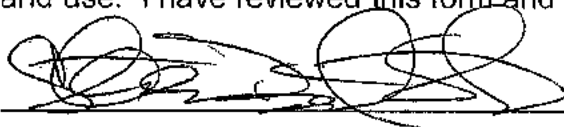
WEAPONS MALFUNCTIONS OR WEAPONS TAKEN OUT OF SERVICE

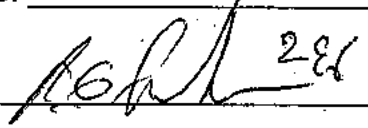
Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☒ Location of Weapon: _____

Firearms Instructors Name: Michael Chaloub #296

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature:  Date: 9/14/2017

Print Name: Steven Batista Firearms Instructor: 

**TEANECK POLICE DEPARTMENT
POLICE CARBINE QUALIFICATION RECORD**

Date: 3/24/2017

OFFICER & WEAPON

Rank: Police Officer Officer: Steven Batista Badge # 325
Target Type: [REDACTED] Range Location: [REDACTED]
[REDACTED] Serial #: [REDACTED]
Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Crowley #261

QUALIFICATION

PCQC: Hits: 55 Score: 91.7% PCQNC: Hits: 45 Score: 90.0%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____
Remedial Instruction: _____
Firearms Instructors Name: Michael Crowley #261

REMEDIAL QUALIFICATION

PCQC: Hits: _____ Score: 0.0% PCQNC: Hits: _____ Score: 0.0%

MALFUNCTIONS & WEAPONS MAINTENANCE

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____
Was weapon taken out of service: Y ☐ N ☒ Weapon Location: _____
Firearms Instructors Name: Michael Crowley #261

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: [Signature] Date: 3/24/2017
Print Name: Steven Batista Firearms Instructor: Det Michael A. Crowley #261

**TEANECK POLICE DEPARTMENT
HANDGUN QUALIFICATION RECORD**

Date: 10/27/2017

OFFICER & WEAPON

Rank: Detective Officer: Charles Antinori Badge # 326
Target Type: [REDACTED] Range Location: [REDACTED]
Service Handgun: [REDACTED] Other Approved Handgun: _____
Serial #: [REDACTED] Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Chaloub #296

QUALIFICATION

HQC1: Hits: 52 Score: 86.7% HNQC: Hits: 33 Score: 82.5%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____

Remedial Instruction: _____

Firearms Instructors Name: Michael Chaloub #296

REMEDIAL QUALIFICATION

HQC1: Hits: _____ Score: 0.0% HNQC: Hits: _____ Score: 0.0%

WEAPONS MALFUNCTIONS OR WEAPONS TAKEN OUT OF SERVICE

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☒ Location of Weapon: _____

Firearms Instructors Name: Michael Chaloub #296

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature:  Date: 10/27/2017

Print Name: Charles Antinori Firearms Instructor: 

**TEANECK POLICE DEPARTMENT
HANDGUN QUALIFICATION RECORD**

Date: 10/25/2017

OFFICER & WEAPON

Rank: Police Officer Officer: Constantinos Skoufas Badge # 327
Target Type: [REDACTED] Range Location: [REDACTED]
Service Handgun: [REDACTED] Other Approved Handgun: _____
Serial #: [REDACTED] Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Chaloub #296

QUALIFICATION

HQC1: Hits: 55 Score: 91.7% HNQC: Hits: 34 Score: 85.0%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____
Remedial Instruction: _____
Firearms Instructors Name: Michael Chaloub #296

REMEDIAL QUALIFICATION

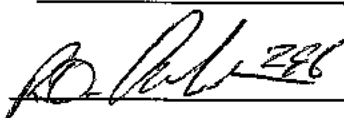
HQC1: Hits: _____ Score: 0.0% HNQC: Hits: _____ Score: 0.0%

WEAPONS MALFUNCTIONS OR WEAPONS TAKEN OUT OF SERVICE

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____
Was weapon taken out of service: Y ☐ N ☒ Location of Weapon: _____
Firearms Instructors Name: Michael Chaloub #296

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature:  Date: 10/25/2017

Print Name: Constantinos Skoufas Firearms Instructor: 

**TEANECK POLICE DEPARTMENT
POLICE CARBINE QUALIFICATION RECORD**

Date: 10/25/2017

OFFICER & WEAPON

Rank: Police Officer Officer: Constantinos Skoufas Badge # 327
Target Type: [REDACTED] Range Location: [REDACTED]
Serial #: [REDACTED]
Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Chaloub #296

QUALIFICATION

PCQC: Hits: 56 Score: 93.3% PCQNC: Hits: 49 Score: 98.0%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____

Remedial Instruction: _____

Firearms Instructors Name: Michael Chaloub #296

REMEDIAL QUALIFICATION

PCQC: Hits: _____ Score: 0.0% PCQNC: Hits: _____ Score: 0.0%

MALFUNCTIONS & WEAPONS MAINTENANCE

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☒ Weapon Location: _____

Firearms Instructors Name: Michael Chaloub #296

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: [Signature] Date: 10/25/2017

Print Name: Constantinos Skoufas Firearms Instructor: [Signature]

**TEANECK POLICE DEPARTMENT
HANDGUN QUALIFICATION RECORD**

Date: 9/5/2017

OFFICER & WEAPON

Rank: Police Officer Officer: Adam Lohsen Badge # 328
Target Type: [REDACTED] Range Location: [REDACTED]
Service Handgun: [REDACTED] Other Approved Handgun: [REDACTED]
Serial #: [REDACTED] Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Crowley #261

QUALIFICATION

HQC1: Hits: 57 Score: 95.0% HNQC: Hits: 39 Score: 97.5%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____

Remedial Instruction: _____

Firearms Instructors Name: Michael Crowley #261

REMEDIAL QUALIFICATION

HQC1: Hits: _____ Score: 0.0% HNQC: Hits: _____ Score: 0.0%

WEAPONS MALFUNCTIONS OR WEAPONS TAKEN OUT OF SERVICE

Did weapon malfunction during training: Y ☐ N ☐ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☐ Location of Weapon: _____

Firearms Instructors Name: Michael Crowley #261

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: PO. Adam Lohsen #328 Date: 9/5/2017

Print Name: Adam Lohsen Firearms Instructor: Det. Michael A. Crowley #261

**TEANECK POLICE DEPARTMENT
POLICE CARBINE QUALIFICATION RECORD**

Date: 9/5/2017

OFFICER & WEAPON

Rank: Police Officer Officer: Adam Lohsen Badge # 328
Target Type: [REDACTED] Range Location: [REDACTED]
Serial #: [REDACTED]
Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Chaloub #296

QUALIFICATION

PCQC: Hits: 58 Score: 96.7% PCQNC: Hits: 49 Score: 98.0%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____
Remedial Instruction: _____
Firearms Instructors Name: Michael Chaloub #296

REMEDIAL QUALIFICATION

PCQC: Hits: _____ Score: 0.0% PCQNC: Hits: _____ Score: 0.0%

MALFUNCTIONS & WEAPONS MAINTENANCE

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____
Was weapon taken out of service: Y ☐ N ☒ Weapon Location: _____
Firearms Instructors Name: Michael Chaloub #296

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: Adam Lohsen #328 Date: 9/5/2017
Print Name: Adam Lohsen Firearms Instructor: Michael Chaloub #296

**TEANECK POLICE DEPARTMENT
HANDGUN QUALIFICATION RECORD**

Date: 9/5/2017

OFFICER & WEAPON

Rank: Police Officer Officer: Philip Apreda Badge # 330
Target Type: [REDACTED] Range Location: [REDACTED]
Service Handgun: [REDACTED] Other Approved Handgun: [REDACTED]
Serial #: [REDACTED] Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Crowley #261

QUALIFICATION

HQC1: Hits: 56 Score: 93.3% HNQC: Hits: 33 Score: 82.5%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____

Remedial Instruction: _____
Firearms Instructors Name: Michael Crowley #261

REMEDIAL QUALIFICATION

HQC1: Hits: _____ Score: 0.0% HNQC: Hits: _____ Score: 0.0%

WEAPONS MALFUNCTIONS OR WEAPONS TAKEN OUT OF SERVICE

Did weapon malfunction during training: Y ☐ N ☐ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☐ Location of Weapon: _____

Firearms Instructors Name: Michael Crowley #261

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: *Philip Apreda* #330 Date: 9/5/2017
Print Name: Philip Apreda Firearms Instructor: *Det. Michael A. Crowley* #261

**TEANECK POLICE DEPARTMENT
POLICE CARBINE QUALIFICATION RECORD**

Date: 9/5/2017

OFFICER & WEAPON

Rank: Police Officer Officer: Philip Aprea Badge # 330
Target Type: [REDACTED] Range Location: [REDACTED]
Serial #: [REDACTED]
Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Chaloub #296

QUALIFICATION

PCQC: Hits: 56 Score: 93.3% PCQNC: Hits: 47 Score: 94.0%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____
Remedial Instruction: _____
Firearms Instructors Name: Michael Chaloub #296

REMEDIAL QUALIFICATION

PCQC: Hits: _____ Score: 0.0% PCQNC: Hits: _____ Score: 0.0%

MALFUNCTIONS & WEAPONS MAINTENANCE

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☒ Weapon Location: _____

Firearms Instructors Name: Michael Chaloub #296

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: *Philip Aprea* #330 Date: 9/5/2017

Print Name: Philip Aprea Firearms Instructor: *Michael Chaloub*

**TEANECK POLICE DEPARTMENT
HANDGUN QUALIFICATION RECORD**

Date: 9/14/2017

OFFICER & WEAPON

Rank: Police Officer Officer: Michael Ayala Badge # 332
Target Type: [REDACTED] Range Location: [REDACTED]
Service Handgun: [REDACTED] Other Approved Handgun: _____
Serial #: [REDACTED] Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Chaloub #296

QUALIFICATION

HQC1: Hits: 58 Score: 96.7% HNQC: Hits: 40 Score: 100.0%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____

Remedial Instruction: _____

Firearms Instructors Name: Michael Chaloub #296

REMEDIAL QUALIFICATION

HQC1: Hits: _____ Score: 0.0% HNQC: Hits: _____ Score: 0.0%

WEAPONS MALFUNCTIONS OR WEAPONS TAKEN OUT OF SERVICE

Did weapon malfunction during training: Y ☐ N ☐ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☐ Location of Weapon: _____

Firearms Instructors Name: Michael Chaloub #296

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: PO M Ayala #332 Date: 9/14/2017

Print Name: Michael Ayala Firearms Instructor: [Signature]

**TEANECK POLICE DEPARTMENT
POLICE CARBINE QUALIFICATION RECORD**

Date: 9/14/2017

OFFICER & WEAPON

Rank: Police Officer Officer: Michael Ayala Badge # 332
Target Type: [REDACTED] Range Location: [REDACTED]
Serial #: [REDACTED]
Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Chaloub #296

QUALIFICATION

PCQC: Hits: 56 Score: 93.3% PCQNC: Hits: 49 Score: 98.0%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____
Remedial Instruction: _____
Firearms Instructors Name: Michael Chaloub #296

REMEDIAL QUALIFICATION

PCQC: Hits: _____ Score: 0.0% PCQNC: Hits: _____ Score: 0.0%

MALFUNCTIONS & WEAPONS MAINTENANCE

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____
Was weapon taken out of service: Y ☐ N ☒ Weapon Location: _____
Firearms Instructors Name: Michael Chaloub #296

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: PO M Ayala #332 Date: 9/14/2017

Print Name: Michael Ayala Firearms Instructor: PO M Chaloub #296

**TEANECK POLICE DEPARTMENT
HANDGUN QUALIFICATION RECORD**

Date: 10/26/2017

OFFICER & WEAPON

Rank: Police Officer Officer: James Lynch Badge # 336
Target Type: [REDACTED] Range Location: [REDACTED]
Service Handgun: [REDACTED] Other Approved Handgun: _____
Serial #: [REDACTED] Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Chaloub #296

QUALIFICATION

HQC1: Hits: 54 Score: 90.0% HNQC: Hits: 38 Score: 95.0%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____

Remedial Instruction: _____

Firearms Instructors Name: Michael Chaloub #296

REMEDIAL QUALIFICATION

HQC1: Hits: _____ Score: 0.0% HNQC: Hits: _____ Score: 0.0%

WEAPONS MALFUNCTIONS OR WEAPONS TAKEN OUT OF SERVICE

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☒ Location of Weapon: _____

Firearms Instructors Name: Michael Chaloub #296

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: *James Lynch* #336 Date: 10/26/2017

Print Name: James Lynch Firearms Instructor: *Michael Chaloub* #296

**TEANECK POLICE DEPARTMENT
POLICE CARBINE QUALIFICATION RECORD**

Date: 10/26/2017

OFFICER & WEAPON

Rank: Police Officer Officer: James Lynch Badge # 336
Target Type: [REDACTED] Range Location: [REDACTED]
[REDACTED] Serial #: [REDACTED]
Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Chaloub #296

QUALIFICATION

PCQC: Hits: 57 Score: 95.0% PCQNC: Hits: 50 Score: 100.0%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____
Remedial Instruction: _____
Firearms Instructors Name: Michael Chaloub #296

REMEDIAL QUALIFICATION

PCQC: Hits: _____ Score: 0.0% PCQNC: Hits: _____ Score: 0.0%

MALFUNCTIONS & WEAPONS MAINTENANCE

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☒ Weapon Location: _____
Firearms Instructors Name: Michael Chaloub #296

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: P.O. Lynch #336 Date: 10/26/2017
Print Name: James Lynch Firearms Instructor: [Signature] #296

**TEANECK POLICE DEPARTMENT
HANDGUN QUALIFICATION RECORD**

Date: 9/7/2017

OFFICER & WEAPON

Rank: Police Officer Officer: Patrick Powers Badge # 337
Target Type: [REDACTED] Range Location: [REDACTED]
Service Handgun: [REDACTED] Other Approved Handgun: _____
Serial #: [REDACTED] Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Chaloub #296

QUALIFICATION

HQC1: Hits: 54 Score: 90.0% HNQC: Hits: 38 Score: 95.0%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____

Remedial Instruction: _____

Firearms Instructors Name: Michael Chaloub #296

REMEDIAL QUALIFICATION

HQC1: Hits: _____ Score: 0.0% HNQC: Hits: _____ Score: 0.0%

WEAPONS MALFUNCTIONS OR WEAPONS TAKEN OUT OF SERVICE

Did weapon malfunction during training: Y ☐ N ☐ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☐ Location of Weapon: _____

Firearms Instructors Name: Michael Chaloub #296

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: P.O. Patrick Powers #337 Date: 9/7/2017

Print Name: Patrick Powers Firearms Instructor: [Signature] #296

**TEANECK POLICE DEPARTMENT
POLICE CARBINE QUALIFICATION RECORD**

Date: 9/7/2017

OFFICER & WEAPON

Rank: Police Officer Officer: Patrick Powers Badge # 337
Target Type: [REDACTED] Range Location: [REDACTED]
Serial #: [REDACTED]
Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Chaloub #296

QUALIFICATION

PCQC: Hits: 58 Score: 96.7% PCQNC: Hits: 50 Score: 100.0%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____

Remedial Instruction: _____

Firearms Instructors Name: Michael Chaloub #296

REMEDIAL QUALIFICATION

PCQC: Hits: _____ Score: 0.0% PCQNC: Hits: _____ Score: 0.0%

MALFUNCTIONS & WEAPONS MAINTENANCE

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☒ Weapon Location: _____

Firearms Instructors Name: Michael Chaloub #296

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: PO Patrick Powers #337 Date: 9/7/2017

Print Name: Patrick Powers Firearms Instructor: Michael Chaloub #296

Date: 9/7/2017

Rank: Police Officer Officer: Stephen Morena Badge # 338

Target Type: [REDACTED] Range Location: [REDACTED]

Service Handgun: [REDACTED] Other Approved Handgun: _____

Serial #: [REDACTED] Ammunition: [REDACTED] Caliber: [REDACTED]

Firearms Instructor: Michael Chaloub #296

HQC1: Hits: 54 Score: 90.0% HNQC: Hits: 36 Score: 90.0%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____

Remedial Instruction: _____

Firearms Instructors Name: Michael Chaloub #296

HQC1: Hits: _____ Score: 0.0% HNQC: Hits: _____ Score: 0.0%

Did weapon malfunction during training: Y ☐ N ☐ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☐ Location of Weapon: _____

Firearms Instructors Name: Michael Chaloub #296

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: _____ Date: 9/7/2017

Print Name: Stephen Morena Firearms Instructor: [Signature] 296

**TEANECK POLICE DEPARTMENT
POLICE CARBINE QUALIFICATION RECORD**

Date: 9/7/2017

OFFICER & WEAPON

Rank: Police Officer Officer: Stephan Morena Badge # 338
Target Type: [REDACTED] Range Location: [REDACTED]
Serial #: [REDACTED]
Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Chaloub #296

QUALIFICATION

PCQC: Hits: 58 Score: 96.7% PCQNC: Hits: 50 Score: 100.0%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____
Remedial Instruction: _____
Firearms Instructors Name: Michael Chaloub #296

REMEDIAL QUALIFICATION

PCQC: Hits: _____ Score: 0.0% PCQNC: Hits: _____ Score: 0.0%

MALFUNCTIONS & WEAPONS MAINTENANCE

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____
Was weapon taken out of service: Y ☐ N ☒ Weapon Location: _____
Firearms Instructors Name: Michael Chaloub #296

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: [Signature] Date: 9/7/2017
Print Name: Stephan Morena Firearms Instructor: [Signature]

**TEANECK POLICE DEPARTMENT
POLICE CARBINE QUALIFICATION RECORD**

Date: 9/7/2017

OFFICER & WEAPON

Rank: Police Officer Officer: James Hoover Badge # 339
Target Type: [REDACTED] Range Location: [REDACTED]
Serial #: [REDACTED]
Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Chaloub #296

QUALIFICATION

PCQC: Hits: 58 Score: 96.7% PCQNC: Hits: 50 Score: 100.0%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____
Remedial Instruction: _____
Firearms Instructors Name: Michael Chaloub #296

REMEDIAL QUALIFICATION

PCQC: Hits: _____ Score: 0.0% PCQNC: Hits: _____ Score: 0.0%

MALFUNCTIONS & WEAPONS MAINTENANCE

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____
Was weapon taken out of service: Y ☐ N ☒ Weapon Location: _____
Firearms Instructors Name: Michael Chaloub #296

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: [Signature] #339 Date: 9/7/2017
Print Name: James Hoover Firearms Instructor: [Signature] #296

Date: 9/7/2017

Rank: Police Officer Officer: James Hoover Badge # 339
Target Type: [REDACTED] Range Location: [REDACTED]
Service Handgun: [REDACTED] Other Approved Handgun: _____
Serial #: [REDACTED] Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Chaloub #296

HQC1: Hits: 57 Score: 95.0% HNQC: Hits: 35 Score: 87.5%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____

Remedial Instruction: _____

Firearms Instructors Name: Michael Chaloub #296

HQC1: Hits: _____ Score: 0.0% HNQC: Hits: _____ Score: 0.0%

Did weapon malfunction during training: Y ☐ N ☐ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☐ Location of Weapon: _____

Firearms Instructors Name: Michael Chaloub #296

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: P.O. [Signature] #339 Date: 9/7/2017

Print Name: James Hoover Firearms Instructor: [Signature]

**TEANECK POLICE DEPARTMENT
HANDGUN QUALIFICATION RECORD**

Date: 9/14/2017

OFFICER & WEAPON

Rank: Police Officer Officer: Jon-Ryan Meyer Badge # 340
Target Type: [REDACTED] Range Location: [REDACTED]
Service Handgun: [REDACTED] Other Approved Handgun: _____
Serial #: [REDACTED] Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Chaloub #296

QUALIFICATION

HQC1: Hits: 48 Score: 80.0% HNQC: Hits: 38 Score: 95.0%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____

Remedial Instruction: _____

Firearms Instructors Name: Michael Chaloub #296

REMEDIAL QUALIFICATION

HQC1: Hits: _____ Score: 0.0% HNQC: Hits: _____ Score: 0.0%

WEAPONS MALFUNCTIONS OR WEAPONS TAKEN OUT OF SERVICE

Did weapon malfunction during training: Y ☐ N ☐ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☐ Location of Weapon: _____

Firearms Instructors Name: Michael Chaloub #296

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature:  Date: 9/14/2017

Print Name: Jon-Ryan Meyer Firearms Instructor: 

**TEANECK POLICE DEPARTMENT
POLICE CARBINE QUALIFICATION RECORD**

Date: 9/14/2017

OFFICER & WEAPON

Rank: Police Officer Officer: Jon-Ryan Meyer Badge # 340
Target Type: [REDACTED] Range Location: [REDACTED]
Serial #: [REDACTED]
Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Chaloub #296

QUALIFICATION

PCQC: Hits: 50 Score: 83.3% PCQNC: Hits: 46 Score: 92.0%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____
Remedial Instruction: _____
Firearms Instructors Name: Michael Chaloub #296

REMEDIAL QUALIFICATION

PCQC: Hits: _____ Score: 0.0% PCQNC: Hits: _____ Score: 0.0%

MALFUNCTIONS & WEAPONS MAINTENANCE

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☒ Weapon Location: _____

Firearms Instructors Name: Michael Chaloub #296

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: *Jon-Ryan Meyer* Date: 9/14/2017

Print Name: Jon-Ryan Meyer Firearms Instructor: *Michael Chaloub #296*

**TEANECK POLICE DEPARTMENT
HANDGUN QUALIFICATION RECORD**

Date: 10/25/2017

OFFICER & WEAPON

Rank: Police Officer Officer: Patrick Haase Badge # 341
Target Type: [REDACTED] Range Location: [REDACTED]
Service Handgun: [REDACTED] Other Approved Handgun: _____
Serial #: [REDACTED] Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Chaloub #296

QUALIFICATION

HQC1: Hits: 56 Score: 93.3% HNQC: Hits: 38 Score: 95.0%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____

Remedial Instruction: _____

Firearms Instructors Name: Michael Chaloub #296

REMEDIAL QUALIFICATION

HQC1: Hits: _____ Score: 0.0% HNQC: Hits: _____ Score: 0.0%

WEAPONS MALFUNCTIONS OR WEAPONS TAKEN OUT OF SERVICE

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☒ Location of Weapon: _____

Firearms Instructors Name: Michael Chaloub #296

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: P. Haase 341 Date: 10/25/2017

Print Name: Patrick Haase Firearms Instructor: [Signature] 296

**TEANECK POLICE DEPARTMENT
POLICE CARBINE QUALIFICATION RECORD**

Date: 10/25/2017

OFFICER & WEAPON

Rank: Police Officer Officer: Patrick Haase Badge # 341
Target Type: [REDACTED] Range Location: [REDACTED]
Serial #: [REDACTED]
Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Chaloub #296

QUALIFICATION

PCQC: Hits: 57 Score: 95.0% PCQNC: Hits: 49 Score: 98.0%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: [REDACTED]

Remedial Instruction: [REDACTED]

Firearms Instructors Name: Michael Chaloub #296

REMEDIAL QUALIFICATION

PCQC: Hits: [REDACTED] Score: 0.0% PCQNC: Hits: [REDACTED] Score: 0.0%

MALFUNCTIONS & WEAPONS MAINTENANCE

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: [REDACTED]

Was weapon taken out of service: Y ☐ N ☒ Weapon Location: [REDACTED]

Firearms Instructors Name: Michael Chaloub #296

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: [Signature] 341 Date: 10/25/2017

Print Name: Patrick Haase Firearms Instructor: [Signature] 296

**TEANECK POLICE DEPARTMENT
POLICE CARBINE QUALIFICATION RECORD**

Date: 9/7/2017

OFFICER & WEAPON

Rank: Police Officer Officer: John Thornton Badge # 342
Target Type: [REDACTED] Range Location: _____
Serial #: [REDACTED]
Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Chaloub #296

QUALIFICATION

PCQC: Hits: 60 Score: 100.0% PCQNC: Hits: 50 Score: 100.0%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____

Remedial Instruction: _____

Firearms Instructors Name: Michael Chaloub #296

REMEDIAL QUALIFICATION

PCQC: Hits: _____ Score: 0.0% PCQNC: Hits: _____ Score: 0.0%

MALFUNCTIONS & WEAPONS MAINTENANCE

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☒ Weapon Location: _____

Firearms Instructors Name: Michael Chaloub #296

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: [Signature] #342 Date: 9/7/2017

Print Name: John Thornton Firearms Instructor: [Signature] #296

**TEANECK POLICE DEPARTMENT
HANDGUN QUALIFICATION RECORD**

Date: 9/7/2017

OFFICER & WEAPON

Rank: Police Officer Officer: John Thornton Badge # 342
Target Type: [REDACTED] Range Location: [REDACTED]
Service Handgun: [REDACTED] Other Approved Handgun: _____
Serial #: [REDACTED] Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Chaloub #296

QUALIFICATION

HQC1: Hits: 53 Score: 88.3% HNQC: Hits: 38 Score: 95.0%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____

Remedial Instruction: _____

Firearms Instructors Name: Michael Chaloub #296

REMEDIAL QUALIFICATION

HQC1: Hits: _____ Score: 0.0% HNQC: Hits: _____ Score: 0.0%

WEAPONS MALFUNCTIONS OR WEAPONS TAKEN OUT OF SERVICE

Did weapon malfunction during training: Y ☐ N ☐ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☐ Location of Weapon: _____

Firearms Instructors Name: Michael Chaloub #296

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: [Signature] #342 Date: 9/7/2017

Print Name: John Thornton Firearms Instructor: [Signature] #296

**TEANECK POLICE DEPARTMENT
HANDGUN QUALIFICATION RECORD**

Date: 9/5/2017

OFFICER & WEAPON

Rank: Police Officer Officer: Babajide Olamiju Badge #: 343
Target Type: [REDACTED] Range Location: [REDACTED]
Service Handgun: [REDACTED] Other Approved Handgun: [REDACTED]
Serial #: [REDACTED] Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Crowley #261

QUALIFICATION

HQC1: Hits: 50 Score: 83.3% HNQC: Hits: 35 Score: 87.5%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____

Remedial Instruction: _____

Firearms Instructors Name: Michael Crowley #261

REMEDIAL QUALIFICATION

HQC1: Hits: _____ Score: 0.0% HNQC: Hits: _____ Score: 0.0%

WEAPONS MALFUNCTIONS OR WEAPONS TAKEN OUT OF SERVICE

Did weapon malfunction during training: Y ☐ N ☐ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☐ Location of Weapon: _____

Firearms Instructors Name: Michael Crowley #261

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: [Signature] Date: 9/5/2017

Print Name: Babajide Olamiju Firearms Instructor: Det Michael A. Crowley #261

**TEANECK POLICE DEPARTMENT
POLICE CARBINE QUALIFICATION RECORD**

Date: 9/5/2017

OFFICER & WEAPON

Rank: Police Officer Officer: Babajide Olamiju Badge # 343
Target Type: [REDACTED] Range Location: [REDACTED]
Serial #: [REDACTED]
Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Chaloub #296

QUALIFICATION

PCQC: Hits: 55 Score: 91.7% PCQNC: Hits: 46 Score: 92.0%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____

Remedial Instruction: _____

Firearms Instructors Name: Michael Chaloub #296

REMEDIAL QUALIFICATION

PCQC: Hits: _____ Score: 0.0% PCQNC: Hits: _____ Score: 0.0%

MALFUNCTIONS & WEAPONS MAINTENANCE

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☒ Weapon Location: _____

Firearms Instructors Name: Michael Chaloub #296

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: [Signature] Date: 9/5/2017

Print Name: Babajide Olamiju Firearms Instructor: [Signature] #296

**TEANECK POLICE DEPARTMENT
HANDGUN QUALIFICATION RECORD**

Date: 9/7/2017

OFFICER & WEAPON

Rank: Police Officer Officer: Michael Spann Badge # 344
Target Type: [REDACTED] Range Location: [REDACTED]
Service Handgun: [REDACTED] Other Approved Handgun: _____
Serial #: [REDACTED] Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Chaloub #296

QUALIFICATION

HQC1: Hits: 54 Score: 90.0% HNQC: Hits: 36 Score: 90.0%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____

Remedial Instruction: _____

Firearms Instructors Name: Michael Chaloub #296

REMEDIAL QUALIFICATION

HQC1: Hits: _____ Score: 0.0% HNQC: Hits: _____ Score: 0.0%

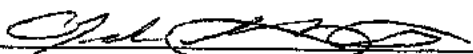
WEAPONS MALFUNCTIONS OR WEAPONS TAKEN OUT OF SERVICE

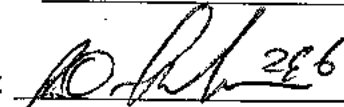
Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☒ Location of Weapon: _____

Firearms Instructors Name: Michael Chaloub #296

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature:  Date: 9/7/2017

Print Name: Michael Spann Firearms Instructor: 

**TEANECK POLICE DEPARTMENT
POLICE CARBINE QUALIFICATION RECORD**

Date: 9/7/2017

OFFICER & WEAPON

Rank: Police Officer Officer: Michael Spann Badge # 344
Target Type: [REDACTED] Range Location: [REDACTED]
Serial #: [REDACTED]
Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Chaloub #296

QUALIFICATION

PCQC: Hits: 60 Score: 100.0% PCQNC: Hits: 50 Score: 100.0%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____

Remedial Instruction: _____

Firearms Instructors Name: Michael Chaloub #296

REMEDIAL QUALIFICATION

PCQC: Hits: _____ Score: 0.0% PCQNC: Hits: _____ Score: 0.0%

MALFUNCTIONS & WEAPONS MAINTENANCE

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☒ Weapon Location: _____

Firearms Instructors Name: Michael Chaloub #296

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: [Signature] Date: 9/7/2017

Print Name: Michael Spann Firearms Instructor: [Signature]

**TEANECK POLICE DEPARTMENT
HANDGUN QUALIFICATION RECORD**

Date: 10/26/2017

OFFICER & WEAPON

Rank: Police Officer Officer: Victoria Kellman Badge # 345
Target Type: [REDACTED] Range Location: [REDACTED]
Service Handgun: [REDACTED] Other Approved Handgun: _____
Serial #: [REDACTED] Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Chaloub #296

QUALIFICATION

HQC1: Hits: 48 Score: 80.0% HNQC: Hits: 39 Score: 97.5%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____

Remedial Instruction: _____
Firearms Instructors Name: Michael Chaloub #296

REMEDIAL QUALIFICATION

HQC1: Hits: _____ Score: 0.0% HNQC: Hits: _____ Score: 0.0%

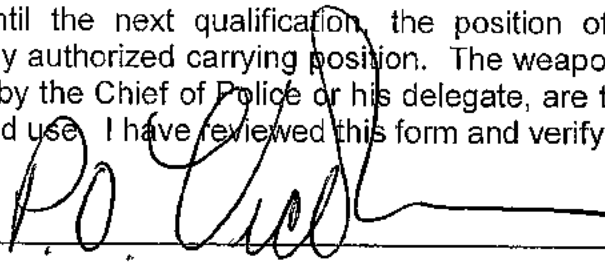
WEAPONS MALFUNCTIONS OR WEAPONS TAKEN OUT OF SERVICE

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☒ Location of Weapon: _____

Firearms Instructors Name: Michael Chaloub #296

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature:  Date: 10/26/2017

Print Name: Victoria Kellman Firearms Instructor: 

**TEANECK POLICE DEPARTMENT
POLICE CARBINE QUALIFICATION RECORD**

Date: 10/26/2017

OFFICER & WEAPON

Rank: Police Officer Officer: Victoria Kellman Badge # 345
Target Type: [REDACTED] Range Location: [REDACTED]
Serial #: [REDACTED]
Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Chaloub #296

QUALIFICATION

PCQC: Hits: 48 Score: 80.0% PCQNC: Hits: 46 Score: 92.0%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____
Remedial Instruction: _____
Firearms Instructors Name: Michael Chaloub #296

REMEDIAL QUALIFICATION

PCQC: Hits: _____ Score: 0.0% PCQNC: Hits: _____ Score: 0.0%

MALFUNCTIONS & WEAPONS MAINTENANCE

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____
Was weapon taken out of service: Y ☐ N ☒ Weapon Location: _____
Firearms Instructors Name: Michael Chaloub #296

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: [Signature] Date: 10/26/2017

Print Name: Victoria Kellman Firearms Instructor: [Signature] #296

**TEANECK POLICE DEPARTMENT
HANDGUN QUALIFICATION RECORD**

Date: 9/14/2017

OFFICER & WEAPON

Rank: Police Officer Officer: Dmitri Rueger Badge # 346
Target Type: [REDACTED] Range Location: [REDACTED]
Service Handgun: [REDACTED] Other Approved Handgun: [REDACTED]
Serial #: [REDACTED] Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Chaloub #296

QUALIFICATION

HQC1: Hits: 49 Score: 81.7% HNQC: Hits: 32 Score: 80.0%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: [REDACTED]

Remedial Instruction: [REDACTED]

Firearms Instructors Name: Michael Chaloub #296

REMEDIAL QUALIFICATION

HQC1: Hits: [REDACTED] Score: 0.0% HNQC: Hits: [REDACTED] Score: 0.0%

WEAPONS MALFUNCTIONS OR WEAPONS TAKEN OUT OF SERVICE

Did weapon malfunction during training: Y ☐ N ☐ If "YES", describe malfunction: [REDACTED]

Was weapon taken out of service: Y ☐ N ☐ Location of Weapon: [REDACTED]

Firearms Instructors Name: Michael Chaloub #296

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: P.O. Rueger #346 Date: 9/14/2017

Print Name: Dmitri Rueger Firearms Instructor: [Signature]

**TEANECK POLICE DEPARTMENT
POLICE CARBINE QUALIFICATION RECORD**

Date: 9/14/2017

OFFICER & WEAPON

Rank: Police Officer Officer: Dmitri Rueger Badge # 346
Target Type: [REDACTED] Range Location: [REDACTED]
[REDACTED] Serial #: [REDACTED]
Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Chaloub #296

QUALIFICATION

PCQC: Hits: 58 Score: 96.7% PCQNC: Hits: 48 Score: 96.0%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____
Remedial Instruction: _____
Firearms Instructors Name: Michael Chaloub #296

REMEDIAL QUALIFICATION

PCQC: Hits: _____ Score: 0.0% PCQNC: Hits: _____ Score: 0.0%

MALFUNCTIONS & WEAPONS MAINTENANCE

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☒ Weapon Location: _____
Firearms Instructors Name: Michael Chaloub #296

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: P.O. Rueger #346 Date: 9/14/2017
Print Name: Dmitri Rueger Firearms Instructor: P.O. Chaloub #296

**TEANECK POLICE DEPARTMENT
HANDGUN QUALIFICATION RECORD**

Date: 10/25/2017

OFFICER & WEAPON

Rank: Police Officer Officer: Wesley Drinker Badge # 347
Target Type: [REDACTED] Range Location: [REDACTED]
Service Handgun: [REDACTED] Other Approved Handgun: _____
Serial #: [REDACTED] Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Chaloub #296

QUALIFICATION

HQC1: Hits: 54 Score: 90.0% HNQC: Hits: 38 Score: 95.0%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____

Remedial Instruction: _____

Firearms Instructors Name: Michael Chaloub #296

REMEDIAL QUALIFICATION

HQC1: Hits: _____ Score: 0.0% HNQC: Hits: _____ Score: 0.0%

WEAPONS MALFUNCTIONS OR WEAPONS TAKEN OUT OF SERVICE

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____

Was weapon taken out of service: Y ☐ N ☒ Location of Weapon: _____

Firearms Instructors Name: Michael Chaloub #296

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: W. Drinker #347

Date: 10/25/2017

Print Name: Wesley Drinker

Firearms Instructor: [Signature]

**TEANECK POLICE DEPARTMENT
HANDGUN QUALIFICATION RECORD**

Date: 9/6/2017

OFFICER & WEAPON

Rank: Police Officer Officer: Daniel Antinori Badge # 351
Target Type: [REDACTED] Range Location: [REDACTED]
Service Handgun: [REDACTED] Other Approved Handgun: [REDACTED]
Serial #: [REDACTED] Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Chaloub #296

QUALIFICATION

HQC1: Hits: 54 Score: 90.0% HNQC: Hits: 38 Score: 95.0%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: [REDACTED]

Remedial Instruction: [REDACTED]
Firearms Instructors Name: Michael Chaloub #296

REMEDIAL QUALIFICATION

HQC1: Hits: [REDACTED] Score: 0.0% HNQC: Hits: [REDACTED] Score: 0.0%

WEAPONS MALFUNCTIONS OR WEAPONS TAKEN OUT OF SERVICE

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: [REDACTED]

Was weapon taken out of service: Y ☐ N ☒ Location of Weapon: [REDACTED]

Firearms Instructors Name: Michael Chaloub #296

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: [Signature] #351 Date: 9/6/2017

Print Name: Daniel Antinori Firearms Instructor: [Signature] #296

**TEANECK POLICE DEPARTMENT
POLICE CARBINE QUALIFICATION RECORD**

Date: 9/6/2017

OFFICER & WEAPON

Rank: Police Officer Officer: Daniel Antinori Badge # 351
Target Type: [REDACTED] Range Location: [REDACTED]
Serial #: [REDACTED]
Ammunition: [REDACTED] Caliber: [REDACTED]
Firearms Instructor: Michael Chaloub #296

QUALIFICATION

PCQC: Hits: 56 Score: 93.3% PCQNC: Hits: 43 Score: 86.0%
Remedial Needed: Y ☐ N ☒ If "YES", Remedial Date: _____
Remedial Instruction: _____
Firearms Instructors Name: Michael Chaloub #296

REMEDIAL QUALIFICATION

PCQC: Hits: _____ Score: 0.0% PCQNC: Hits: _____ Score: 0.0%

MALFUNCTIONS & WEAPONS MAINTENANCE

Did weapon malfunction during training: Y ☐ N ☒ If "YES", describe malfunction: _____
Was weapon taken out of service: Y ☐ N ☒ Weapon Location: _____
Firearms Instructors Name: Michael Chaloub #296

I understand that until the next qualification, the position of the holster on my body during this qualification is the only authorized carrying position. The weapons and holsters that I have trained with, or holsters approved by the Chief of Police or his delegate, are the only weapons and holsters that I am authorized to carry and use. I have reviewed this form and verify that the information contained therein is correct.

Officers Signature: [Signature] #351 Date: 9/6/2017
Print Name: Daniel Antinori Firearms Instructor: [Signature] #296