Paula Geletei

From: James Armstrong <opra+request-3269-fbff8967@requests.opramachine.com>
Sent: Tuesday, December 18, 2018 6:12 PM
To: Paula Geletei
Subject: OPRA request - Equipment Inventory Sheets, ACPD

Dear Atlantic City,

This is a request for public records made under OPRA and the common law right of access. I am not required to fill an official form. Please acknowledge receipt of this message.
Records requested:

1. Equipment Inventory Receipt Form for Equipment returned to the Atlantic City Police Department from former Sergeant Chris Barber and Officers David and Michael Trivers. This form is accomplished by police personal upon retirement or termination. The form is titled "Equipment Inventory Receipt Form".

Yours faithfully,

James Armstrong

Please use deliver records electronically via email to the below UNIQUE address for all replies to this request:
opra+request-3269-fbff8967@requests.opramachine.com

Is pgeletei@cityofatlanticcity.org the wrong address for OPRA requests to Atlantic City? If so, please contact us using this form:
https://opramachine.com/change_request/new?body=atlantic_city

View this OPRA request & responses online:
https://opramachine.com/request/equipment_inventory_sheets_acpd

Please note that in some cases publication of requests and responses will be delayed.

If you find this service useful as an OPRA custodian, please ask your web manager to link to us from your organisation's website.

EQUIPMENT INVENTORY RECEIPT FORM

All personnel issuing, receiving, returning, swapping, or inventorying agency owned property or personally owned equipment will sign this receipt. Your signature will acknowledge that all checked items were issued, received, returned, swapped, or inventoried in operating condition. If agency owned property or personally owned equipment is anything other than in operating condition, agency Rules and Regulations 3:4.5 Damage - Inoperative Property or Equipment and our Agency Property policy shall be followed. When conducting an inventory, checking the numbered boxes below represents that you possess the item. Officers not possessing numbered items 1, 2, 3, (5 if applicable), and 9-23 **MUST** immediately submit a report to their supervisor to arrange for replacement. Use the "Comments" area to describe personally owned equipment.

The following checked numbered items were (Check One): ☐ Issued to ☒ Returned by ☐ Inventoried by

☐ Swapped with the following named employee (Print Name and ID #): Sergeant Christopher Barber #519

ACTION ☐ HIRE ☒ RETIREMENT ☐ INJURY ☐ LEAVE OF ABSENCE ☐ TERMINAL LEAVE
☐ SUSPENSION ☐ TERMINATION ☐ INVENTORY
☐ OTHER (Reason): _____

1) ☒ 1st Issued Weapon Make: Glock Model: 17 Gen4 Serial #: BCVM889

2) ☒ Magazines (# of Magazines): 3 3) ☒ Ammunition (# of Rounds): 52 4) ☐ Trigger Lock

5) ☐ 2nd Issued Weapon Make: _____ Model: _____ Serial #: _____

6) ☐ Magazines (# of Magazines): _____ 7) ☐ Ammunition (# of Rounds): _____ 8) ☐ Trigger Lock

9) ☐ Impact Weapon Make: _____ Model: _____

10) ☐ Oleoresin Capsicum Spray 11) ☒ Holster Type: Safariland Duty & _____

Comments: Duty weapon returned in Glock box along with flashlight

12) ☒ Identification / Sledge Card Card #: 36044 13) ☐ Breast Badge 14) ☐ Hat Badge

15) ☐ Ballistic Vest Make: _____ Front Serial #: _____ Back Serial #: _____

16) ☒ Portable Radio Serial #: 700250/ Spare 12 17) ☒ Portable Radio Charger Serial #: 1123632880

18) ☐ Class A Uniform 19) ☐ Class B Uniform 20) ☐ Whistle 21) ☐ Handcuffs 22) ☐ Flashlight

23) ☐ ANSI Class II Traffic Vest 24) ☐ Vehicle VIN #: _____ Registration #: _____

25) ☐ Satellite Phone #: _____ 26) ☐ Cell Phone #: _____

27) ☐ Key(s) Key Number(s): _____

28) ☐ Other: _____

Check One: ☐ Received By ☒ Returned By ☐ Inventoried By ☐ Swapped Item(s) _____ for _____

(Signature): SGT Christopher Barber #519 Date: 10/31/17

Check One: ☐ Issued By ☒ Received By ☐ Form Reviewed By ☐ Swapped Item(s) _____ for _____

(Print Name): Annese Parks (Signature) AKPark #734 Date: 10/31/17

Comments: _____

UPON SEPARATION FROM THE DEPARTMENT THE BELOW AREA IS TO BE USED FOR FINAL DISPOSITION OF ALL DEPARTMENT ISSUED EQUIPMENT WITHIN THE ARMORY, SUPPLY OFFICE AND RADIO SHOP.

I, _____, received the following numbered items _____

from _____ (Print) _____ (Signature and Badge # of Armory Officer) Date: _____

I, _____, received the following numbered items _____

from _____ (Print) _____ (Signature and Badge # of Supply Office Officer) Date: _____

I, _____, received the following numbered items _____

from _____ (Print) _____ (Signature of Accepting Radio Shop Employee) Date: _____

(Revised 12/19/12)

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The following checked numbered items were (Check One): ☐ Issued to ☒ Returned by ☐ Inventoried by

☐ Swapped with the following named employee (Print Name and ID #): M. Trivers #525

ACTION ☐ HIRE ☐ RETIREMENT ☐ INJURY ☐ LEAVE OF ABSENCE ☐ TERMINAL LEAVE
☐ SUSPENSION ☐ TERMINATION ☐ INVENTORY
☐ OTHER (Reason):

1) ☒ 1st Issued Weapon Make: GLOCK Model: 34 Gen 4 MOS Serial #: ACHD490

2) ☒ Magazines (# of Magazines): 7 3) ☒ Ammunition (# of Rounds): 86 4) ☒ Trigger Lock

5) ☒ 2nd Issued Weapon Make: COLT Model: M4 Commando Serial #: A0200433

6) ☒ Magazines (# of Magazines): 4 7) ☒ Ammunition (# of Rounds): _____ 8) ☐ Trigger Lock

9) ☐ Impact Weapon Make: _____ Model: _____

10) ☒ Oleoresin Capsicum Spray 11) ☒ Holster Type: SWAT Duty & SWAT Class A

Comments: Includes Safariland TLR-1 HL weapon light, Web gear

12) ☐ Identification / Sledge Card Card #: _____ 13) ☒ Breast Badge 14) ☒ Hat Badge

15) ☒ Ballistic Vest Make: Point Blank Front Serial #: 12000058639 Back Serial #: XXXXXX320

16) ☒ Portable Radio Serial #: 326ACC1083 17) ☒ Portable Radio Charger Serial #: Bayou 8297 MK101

18) ☒ Class A Uniform 19) ☐ Class B Uniform 20) ☐ Whistle 21) ☐ Handcuffs 22) ☐ Flashlight

23) ☐ ANSI Class II Traffic Vest 24) ☐ Vehicle VIN #: _____ Registration #: _____

25) ☐ Satellite Phone #: _____ 26) ☐ Cell Phone #: _____

27) ☐ Key(s) Key Number(s): _____

28) ☒ Other: RAD detector / Tazer #22003 w/2 cartridges, Leather Gear

Check One: ☐ Received By ☒ Returned By ☐ Inventoried By ☐ Swapped Item(s) _____ for _____

(Signature): Ofc. Michael Trivers #525 Date: 15 JUN 2017

Check One: ☐ Issued By ☒ Received By ☐ Form Reviewed By ☐ Swapped Item(s) _____ for _____

(Print Name): Ofc. James Hurley #352 (Signature) _____ Date: 15 JUN 2017

Comments: _____

UPON SEPARATION FROM THE DEPARTMENT THE BELOW AREA IS TO BE USED FOR FINAL DISPOSITION OF ALL DEPARTMENT ISSUED EQUIPMENT WITHIN THE ARMORY, SUPPLY OFFICE AND RADIO SHOP.

I, Jennifer Self, received the following numbered items _____

from M. Trivers (Print) . Ofc. M. Trivers (Signature and Badge # of Armory Officer) Date: 6-15-17

I, _____, received the following numbered items _____

from _____ (Print) . _____ (Signature and Badge # of Supply Office Officer) Date: _____

I, _____, received the following numbered items _____

from _____ (Print) . _____ (Signature of Accepting Radio Shop Employee) Date: _____

(Revised 12/19/12)

Seif, Jennifer

From: Hurley, James
Sent: Thursday, June 15, 2017 9:17 AM
To: Miller, Charles
Cc: Shick, George; Leon, Edward; Sarkos, James; Ruark, Charlene; Seif, Jennifer; Parks, Annese; Lawler, Julia
Subject: Weapons & Gear Returned

Sir,

On this date, I have personally received the following items from Ofc. M. Trivers #525:

- Glock 34 Gen 4 MOS serial # ACHD490
  - Including Streamlight TLR1-HL weapon light
- Colt M4 Commando serial # A0200433
  - Including EOTech sight
  - Including weapon light system
- Axon Taser CED model X2 serial # 22003
  - Including 2 cartiges
- RAD detector
- Additional SWAT gear (placed into SWAT Supply room)

06/15/17	GLOCK	34Gen4MOS	ACHD490	Trivers,M	Armory (NAFU)	JH
06/15/17	COLT	M4 Commando	A0200433	Trivers,M	SWAT Armory (NAFU)	JH

Handgun, including weapon light (TLR-1HL)and holsters, 7 magazines and 86 duty rounds, were placed into the Armory in a NAFU (Not Authorized For Use) status.

Colt M4 Commando w/ EOTech and Taser were placed into the SWAT Armory.

Weapons 16, weapons transactions, and 2017 Training Master were updated to reflect this change.

Respectfully Submitted,

Officer James Hurley
Atlantic City Police Department
Support Services Division / Training Unit / SWAT
1100 North Albany Avenue
Atlantic City, NJ 08401
Office: 609.347.5477
Fax: 609.347.5609
Cell: 609.204.3894
Email: JHurley@ACPolice.org

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The following checked numbered items were (Check One): ☐ Issued to ☒ Returned by ☐ Inventoried by

☐ Swapped with the following named employee (Print Name and ID #): DAVE TRIVERS #524

ACTION ☐ HIRE ☐ RETIREMENT ☐ INJURY ☐ LEAVE OF ABSENCE ☐ TERMINAL LEAVE
☐ SUSPENSION ☐ TERMINATION ☐ INVENTORY
☐ OTHER (Reason): _____

1) ☐ 1st Issued Weapon Make: _____ Model: _____ Serial #: _____

2) ☐ Magazines (# of Magazines): _____ 3) ☐ Ammunition (# of Rounds): _____ 4) ☐ Trigger Lock

5) ☐ 2nd Issued Weapon Make: _____ Model: _____ Serial #: _____

6) ☐ Magazines (# of Magazines): _____ 7) ☐ Ammunition (# of Rounds): _____ 8) ☐ Trigger Lock

9) ☐ Impact Weapon Make: _____ Model: _____

10) ☐ Oleoresin Capsicum Spray 11) ☐ Holster Type: _____ & _____

Comments: _____

12) ☒ Identification / Sledge Card Card #: 3549311341189-2A 13) ☒ Breast Badge 14) ☒ Hat Badge

15) ☒ Ballistic Vest Make: GH ARMOUR Front Serial #: S1124433 Back Serial #: S1124434

16) ☒ Portable Radio Serial #: 326ACC0986 17) ☒ Portable Radio Charger Serial #: 37767308518267MK20

18) ☒ Class A Uniform 19) ☒ Class B Uniform 20) ☐ Whistle 21) ☐ Handcuffs 22) ☐ Flashlight

23) ☐ ANSI Class II Traffic Vest 24) ☐ Vehicle VIN: _____ Registration #: _____

25) ☐ Satellite Phone #: _____ 26) ☐ Cell Phone #: _____

27) ☐ Key(s) Key Number(s): _____

28) ☐ Other: _____

Check One: ☐ Received By ☒ Returned By ☐ Inventoried By ☐ Swapped Item(s) _____ for _____

(Signature): A. Trivers / A. Trivers Date: 3/14/17

Check One: ☐ Issued By ☒ Received By ☐ Form Reviewed By ☐ Swapped Item(s) _____ for _____

(Print Name): Annese Parks (Signature) A. Parks Date: 3/14/17

Comments: _____

UPON SEPARATION FROM THE DEPARTMENT THE BELOW AREA IS TO BE USED FOR FINAL DISPOSITION OF ALL DEPARTMENT ISSUED EQUIPMENT WITHIN THE ARMORY, SUPPLY OFFICE AND RADIO SHOP.

I, _____, received the following numbered items _____

from _____ _____ Date: _____
(Print) (Signature and Badge # of Armory Officer)

I, _____, received the following numbered items _____

from _____ _____ Date: _____
(Print) (Signature and Badge # of Supply Office Officer)

I, _____, received the following numbered items _____

from _____ _____ Date: _____
(Print) (Signature of Accepting Radio Shop Employee)

(Revised 12/19/12)

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The following checked numbered items were (Check One): ☐ Issued to ☒ Returned by ☐ Inventoried by

☐ Swapped with the following named employee (Print Name and ID #): David Trivers #524

ACTION ☐ HIRE ☒ RETIREMENT ☐ INJURY ☐ LEAVE OF ABSENCE ☐ TERMINAL LEAVE
☐ SUSPENSION ☐ TERMINATION ☐ INVENTORY
☐ OTHER (Reason): _____

1) ☒ 1st Issued Weapon Make: Glock Model: 17Gen4 Serial #: BCVM813

2) ☒ Magazines (# of Magazines): 3 3) ☒ Ammunition (# of Rounds): 52 4) ☒ Trigger Lock

5) ☐ 2nd Issued Weapon Make: _____ Model: _____ Serial #: _____

6) ☐ Magazines (# of Magazines): _____ 7) ☐ Ammunition (# of Rounds): _____ 8) ☐ Trigger Lock

9) ☐ Impact Weapon Make: _____ Model: _____

10) ☒ Oleoresin Capsicum Spray 11) ☒ Holster Type: Safariland Duty 7000 series & Safariland Class A 6000

Comments: Streamlight TLR-1HL weapon light

12) ☐ Identification / Sledge Card Card #: _____ 13) ☐ Breast Badge 14) ☐ Hat Badge

15) ☐ Ballistic Vest Make: _____ Front Serial #: _____ Back Serial #: _____

16) ☐ Portable Radio Serial #: _____ 17) ☐ Portable Radio Charger Serial #: _____

18) ☐ Class A Uniform 19) ☐ Class B Uniform 20) ☐ Whistle 21) ☐ Handcuffs 22) ☐ Flashlight

23) ☐ ANSI Class II Traffic Vest 24) ☐ Vehicle VIN #: _____ Registration #: _____

25) ☐ Satellite Phone #: _____ 26) ☐ Cell Phone #: _____

27) ☐ Key(s) Key Number(s): _____

28) ☐ Other: _____

Check One: ☐ Received By ☒ Returned By ☐ Inventoried By ☐ Swapped Item(s) _____ for _____

(Signature): _____ Date: 3/14/17

Check One: ☐ Issued By ☒ Received By ☐ Form Reviewed By ☐ Swapped Item(s) _____ for _____

(Print Name): JJ LaLancler (Signature) _____ Date: 3/14/17

Comments: _____

UPON SEPARATION FROM THE DEPARTMENT THE BELOW AREA IS TO BE USED FOR FINAL DISPOSITION OF ALL DEPARTMENT ISSUED EQUIPMENT WITHIN THE ARMORY SUPPLY OFFICE AND RADIO SHOP.

I, _____, received the following numbered items _____

from _____ . _____ Date: _____
(Print) (Signature and Badge # of Armory Officer)

I, _____, received the following numbered items _____

from _____ . _____ Date: _____
(Print) (Signature and Badge # of Supply Office Officer)

I, _____, received the following numbered items _____

from _____ . _____ Date: _____
(Print) (Signature of Accepting Radio Shop Employee)

(Revised 12/19/12)