

# USE OF FORCE

## A. Incident Information

|                                                |                                   |                                        |                                                       |                                       |
|------------------------------------------------|-----------------------------------|----------------------------------------|-------------------------------------------------------|---------------------------------------|
| Date<br>01/07/2017                             | Time<br>05:27                     | Day of Week<br>Sat                     | Location<br>393 BOULEVARD, ELMWOOD PARK NJ 07407      | Incident Number<br>I-2017-000853      |
| <input type="checkbox"/> Crime in progress     | <input type="checkbox"/> Domestic | <input type="checkbox"/> Other Dispute | <input checked="" type="checkbox"/> Suspicious Person | <input type="checkbox"/> Traffic Stop |
| <input type="checkbox"/> Other (Specify) _____ |                                   |                                        |                                                       |                                       |

## B. Officer Information

|                                                   |                                      |                        |                                                |                                                |                                     |                                    |
|---------------------------------------------------|--------------------------------------|------------------------|------------------------------------------------|------------------------------------------------|-------------------------------------|------------------------------------|
| Name (Last, First)<br>SERGEANT PETRONZI, NICHOLAS | Badge #<br>93                        | Sex<br>M               | Race<br>WHITE                                  | Age<br>44                                      | Injured<br><input type="checkbox"/> | Killed<br><input type="checkbox"/> |
| Rank<br>SERGEANT                                  | Duty Assignment<br>PATROL SUPERVISOR | Years of Service<br>16 | On Duty<br><input checked="" type="checkbox"/> | Uniform<br><input checked="" type="checkbox"/> |                                     |                                    |

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |          |                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                    |                                    |                                     |                                    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------|------------------------------------|
| Name (Last, First)<br>SANTIAGO, DAVID                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Sex<br>M | Race<br>WHITE                                   | Age<br>38                                                                                                                                                                                                                                                                                                                                                                                                          | Weapon<br><input type="checkbox"/> | Injured<br><input type="checkbox"/> | Killed<br><input type="checkbox"/> |
| <input checked="" type="checkbox"/> Under the influence                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |          | Arrested<br><input checked="" type="checkbox"/> |                                                                                                                                                                                                                                                                                                                                                                                                                    | Charges<br>AGGRAVATED ASSAULT      |                                     |                                    |
| <input type="checkbox"/> Other Unusual condition (specify) _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |          |                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                    |                                    |                                     |                                    |
| <b>Subjects actions</b> (check all that apply)<br><input checked="" type="checkbox"/> Resisted police officer control<br><input checked="" type="checkbox"/> Physical threat/attack on officer or another<br><input type="checkbox"/> Threatened/attacked officer or another with blunt object<br><input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object<br><input type="checkbox"/> Threatened/attacked officer or another with motor vehicle<br><input type="checkbox"/> Threatened officer or another with firearm<br><input type="checkbox"/> Fired at officer or another<br><input type="checkbox"/> Other (specify) _____ |          |                                                 | <b>Officer's use of force toward the subject</b> (check all that apply)<br><input checked="" type="checkbox"/> Compliance hold<br><input type="checkbox"/> Hands/fists<br><input type="checkbox"/> Kicks/feet<br><input type="checkbox"/> Chemical/natural agent<br><input type="checkbox"/> Strike/use baton or other object<br><input type="checkbox"/> Canine<br><input type="checkbox"/> Other (specify) _____ |                                    |                                     |                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |          |                                                 | Firearms Discharge<br><input type="checkbox"/> Intentional<br><input type="checkbox"/> Accidental<br>Number of shots fired<br>Number of hits<br>(Use 'UNK' if unknown)                                                                                                                                                                                                                                             |                                    |                                     |                                    |

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

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

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                      |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|
| Signature:<br>SGT [Signature] #93                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Date:<br>01/07/2017                  |
| (SUPERVISOR) I hereby certify that I have reviewed this Use of Force report for accuracy and completeness and have promptly addressed any issues as they may pertain to policy interpretation, training, weapons or equipment, or discipline. Recommendations to modify policy, apply remedial training beyond what can be performed by me, change weapons, equipment or tactics, or apply discipline beyond my capabilities shall be thoroughly documented and forwarded through the chain of command to the Chief of Police. |                                      |
| Supervisor Name:<br>LIEUTENANT BARONE, JOSEPH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Supervisor Signature:<br>[Signature] |

# USE OF FORCE

## A. Incident Information

|                                                                                                                                                                                                                                                                        |               |                    |                                             |                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|--------------------|---------------------------------------------|----------------------------------|
| Date<br>01/10/2017                                                                                                                                                                                                                                                     | Time<br>04:40 | Day of Week<br>Tue | Location<br>BROADWAY, ELMWOOD PARK NJ 07407 | Incident Number<br>I-2017-001231 |
| <input type="checkbox"/> Crime in progress <input type="checkbox"/> Domestic <input type="checkbox"/> Other Dispute <input type="checkbox"/> Suspicious Person <input type="checkbox"/> Traffic Stop<br><input checked="" type="checkbox"/> Other (Specify) <u>DWI</u> |               |                    |                                             |                                  |

## B. Officer Information

|                                                      |                           |          |               |                       |                                                |                                                |
|------------------------------------------------------|---------------------------|----------|---------------|-----------------------|------------------------------------------------|------------------------------------------------|
| Name (Last, First)<br>PATROL OFFICER KEENAN, CHARLES | Badge #<br>117            | Sex<br>M | Race<br>WHITE | Age<br>39             | Injured<br><input checked="" type="checkbox"/> | Killed<br><input type="checkbox"/>             |
| Rank<br>PATROL OFFICER                               | Duty Assignment<br>PATROL |          |               | Years of Service<br>3 | On Duty<br><input checked="" type="checkbox"/> | Uniform<br><input checked="" type="checkbox"/> |

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                             |                                    |                                                |                                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|------------------------------------|------------------------------------------------|------------------------------------|
| Name (Last, First)<br>BOWDEN, RASHOD C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Sex<br>M | Race<br>BLACK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Age<br>33                   | Weapon<br><input type="checkbox"/> | Injured<br><input checked="" type="checkbox"/> | Killed<br><input type="checkbox"/> |
| <input checked="" type="checkbox"/> Under the influence <u>DWI</u><br><input checked="" type="checkbox"/> Other Unusual condition (specify) _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |          | Arrested<br><input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Charges<br>RESISTING ARREST |                                    |                                                |                                    |
| <b>Subjects actions</b> (check all that apply)<br><input checked="" type="checkbox"/> Resisted police officer control<br><input checked="" type="checkbox"/> Physical threat/attack on officer or another<br><input type="checkbox"/> Threatened/attacked officer or another with blunt object<br><input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object<br><input type="checkbox"/> Threatened/attacked officer or another with motor vehicle<br><input type="checkbox"/> Threatened officer or another with firearm<br><input type="checkbox"/> Fired at officer or another<br><input checked="" type="checkbox"/> Other (specify) <u>BIT OFFICER'S RIGHT HAND</u> |          | <b>Officer's use of force toward the subject</b> (check all that apply)<br><div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Compliance hold<br/> <input checked="" type="checkbox"/> Hands/fists<br/> <input type="checkbox"/> Kicks/feet<br/> <input type="checkbox"/> Chemical/natural agent<br/> <input type="checkbox"/> Strike/use baton or other object<br/> <input type="checkbox"/> Canine<br/> <input type="checkbox"/> Other (specify) _____                         </div> <div> <b>Firearms Discharge</b><br/> <input type="checkbox"/> Intentional<br/> <input type="checkbox"/> Accidental<br/>                     Number of shots fired _____<br/>                     Number of hits _____<br/>                     (Use 'UNK' if unknown)                 </div> </div> |                             |                                    |                                                |                                    |

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

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

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|
| Signature:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Date:<br>01/10/2017   |
| (SUPERVISOR) I hereby certify that I have reviewed this Use of Force report for accuracy and completeness and have promptly addressed any issues as they may pertain to policy interpretation, training, weapons or equipment, or discipline. Recommendations to modify policy, apply remedial training beyond what can be performed by me, change weapons, equipment or tactics, or apply discipline beyond my capabilities shall be thoroughly documented and forwarded through the chain of command to the Chief of Police. |                       |
| Supervisor Name:<br>LIEUTENANT PENSARI, CHARLES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Supervisor Signature: |

# USE OF FORCE

## A. Incident Information

|                                                                                   |                                   |                                        |                                             |                                       |
|-----------------------------------------------------------------------------------|-----------------------------------|----------------------------------------|---------------------------------------------|---------------------------------------|
| Date<br>01/10/2017                                                                | Time<br>03:28                     | Day of Week<br>Tue                     | Location<br>BROADWAY, ELMWOOD PARK NJ 07407 | Incident Number<br>I-2017-001231      |
| <input type="checkbox"/> Crime in progress                                        | <input type="checkbox"/> Domestic | <input type="checkbox"/> Other Dispute | <input type="checkbox"/> Suspicious Person  | <input type="checkbox"/> Traffic Stop |
| <input checked="" type="checkbox"/> Other (Specify) <b>MOTOR VEHICLE ACCIDENT</b> |                                   |                                        |                                             |                                       |

## B. Officer Information

|                                                         |                                   |                        |                                                |                                                |                                     |                                    |
|---------------------------------------------------------|-----------------------------------|------------------------|------------------------------------------------|------------------------------------------------|-------------------------------------|------------------------------------|
| Name (Last, First)<br>PATROL OFFICER SCILLIERI, VINCENT | Badge #<br>90                     | Sex<br>M               | Race<br>WHITE                                  | Age<br>42                                      | Injured<br><input type="checkbox"/> | Killed<br><input type="checkbox"/> |
| Rank<br>PATROL OFFICER                                  | Duty Assignment<br>PATROL OFFICER | Years of Service<br>21 | On Duty<br><input checked="" type="checkbox"/> | Uniform<br><input checked="" type="checkbox"/> |                                     |                                    |

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |          |                                                                                                                                                                                                                                                                                                                                                                                                                    |                   |                                    |                                                |                                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|------------------------------------|------------------------------------------------|------------------------------------|
| Name (Last, First)<br>BOWDEN, RASHOD C.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Sex<br>M | Race<br>BLACK                                                                                                                                                                                                                                                                                                                                                                                                      | Age<br>33         | Weapon<br><input type="checkbox"/> | Injured<br><input checked="" type="checkbox"/> | Killed<br><input type="checkbox"/> |
| <input checked="" type="checkbox"/> Under the influence                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |          | Arrested<br><input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                    | Charges<br>D.W.I. |                                    |                                                |                                    |
| <input type="checkbox"/> Other Unusual condition (specify) _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |          |                                                                                                                                                                                                                                                                                                                                                                                                                    |                   |                                    |                                                |                                    |
| <b>Subjects actions</b> (check all that apply)<br><input checked="" type="checkbox"/> Resisted police officer control<br><input checked="" type="checkbox"/> Physical threat/attack on officer or another<br><input type="checkbox"/> Threatened/attacked officer or another with blunt object<br><input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object<br><input type="checkbox"/> Threatened/attacked officer or another with motor vehicle<br><input type="checkbox"/> Threatened officer or another with firearm<br><input type="checkbox"/> Fired at officer or another<br><input checked="" type="checkbox"/> Other (specify) <b>BIT FELLOW OFFICER</b> |          | <b>Officer's use of force toward the subject</b> (check all that apply)<br><input checked="" type="checkbox"/> Compliance hold<br><input type="checkbox"/> Hands/fists<br><input type="checkbox"/> Kicks/feet<br><input type="checkbox"/> Chemical/natural agent<br><input type="checkbox"/> Strike/use baton or other object<br><input type="checkbox"/> Canine<br><input type="checkbox"/> Other (specify) _____ |                   |                                    |                                                |                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |          | Firearms Discharge<br><input type="checkbox"/> Intentional<br><input type="checkbox"/> Accidental<br>Number of shots fired<br>Number of hits<br>(Use 'UNK' if unknown)                                                                                                                                                                                                                                             |                   |                                    |                                                |                                    |

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

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

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|
| Signature:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Date:<br>01/10/2017   |
| (SUPERVISOR) I hereby certify that I have reviewed this Use of Force report for accuracy and completeness and have promptly addressed any issues as they may pertain to policy interpretation, training, weapons or equipment, or discipline. Recommendations to modify policy, apply remedial training beyond what can be performed by me, change weapons, equipment or tactics, or apply discipline beyond my capabilities shall be thoroughly documented and forwarded through the chain of command to the Chief of Police. |                       |
| Supervisor Name:<br>LIEUTENANT PENSARI, CHARLES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Supervisor Signature: |

# USE OF FORCE

## A. Incident Information

|                                                                                                                                                                                                                                                                                                      |               |                    |                                             |                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|--------------------|---------------------------------------------|----------------------------------|
| Date<br>01/10/2017                                                                                                                                                                                                                                                                                   | Time<br>00:32 | Day of Week<br>Tue | Location<br>BROADWAY, ELMWOOD PARK NJ 07407 | Incident Number<br>I-2017-001231 |
| <input type="checkbox"/> Crime in progress <input type="checkbox"/> Domestic <input type="checkbox"/> Other Dispute <input type="checkbox"/> Suspicious Person <input type="checkbox"/> Traffic Stop<br><input checked="" type="checkbox"/> Other (Specify) <b>DWI / 1 CAR VEHICLE MVA INTO POLE</b> |               |                    |                                             |                                  |

## B. Officer Information

|                                                               |                                  |          |               |                         |                                                |                                                |
|---------------------------------------------------------------|----------------------------------|----------|---------------|-------------------------|------------------------------------------------|------------------------------------------------|
| Name (Last, First)<br><b>PATROL OFFICER CHIAVELLI, GERALD</b> | Badge #<br>87                    | Sex<br>M | Race<br>WHITE | Age<br>44               | Injured<br><input type="checkbox"/>            | Killed<br><input type="checkbox"/>             |
| Rank<br><b>PATROL OFFICER</b>                                 | Duty Assignment<br><b>PATROL</b> |          |               | Years of Service<br>18+ | On Duty<br><input checked="" type="checkbox"/> | Uniform<br><input checked="" type="checkbox"/> |

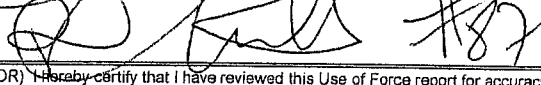
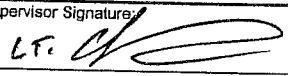
## C1. Subject 1 (List only the person who was the subject of the use of force by the officer listed in Section B.)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                          |                                    |                                     |                                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|------------------------------------|-------------------------------------|------------------------------------|
| Name (Last, First)<br><b>BOWDEN, RASHOD</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Sex<br>M | Race<br>BLACK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Age<br>33                | Weapon<br><input type="checkbox"/> | Injured<br><input type="checkbox"/> | Killed<br><input type="checkbox"/> |
| <input checked="" type="checkbox"/> Under the influence<br><input type="checkbox"/> Other Unusual condition (specify) _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |          | Arrested<br><input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Charges<br><b>D.W.I.</b> |                                    |                                     |                                    |
| <b>Subjects actions</b> (check all that apply)<br><input checked="" type="checkbox"/> Resisted police officer control<br><input checked="" type="checkbox"/> Physical threat/attack on officer or another<br><input type="checkbox"/> Threatened/attacked officer or another with blunt object<br><input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object<br><input type="checkbox"/> Threatened/attacked officer or another with motor vehicle<br><input type="checkbox"/> Threatened officer or another with firearm<br><input type="checkbox"/> Fired at officer or another<br><input checked="" type="checkbox"/> Other (specify) <b>ATTEMPTED TO BITE OFFICER</b> |          | <b>Officer's use of force toward the subject</b> (check all that apply)<br><input checked="" type="checkbox"/> Compliance hold<br><input type="checkbox"/> Hands/fists<br><input type="checkbox"/> Kicks/feet<br><input type="checkbox"/> Chemical/natural agent<br><input type="checkbox"/> Strike/use baton or other object<br><input type="checkbox"/> Canine<br><input type="checkbox"/> Other (specify) _____<br><br>Firearms Discharge<br><input type="checkbox"/> Intentional<br><input type="checkbox"/> Accidental<br>Number of shots fired _____<br>Number of hits _____<br>(Use 'UNK' if unknown) |                          |                                    |                                     |                                    |

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

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

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                            |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|
| Signature:                                                                                                                                                                                                                                                                                                                                                                                                                                  | Date:<br>01/10/2017                                                                                        |
| (SUPERVISOR) I hereby certify that I have reviewed this Use of Force report for accuracy and completeness and have promptly addressed any issues as they may pertain to policy interpretation, training, weapons or equipment, or discipline. Recommendations to modify policy, apply remedial training beyond what can be performed by me, change weapons, equipment or tactics, or apply discipline beyond my capabilities shall be thoroughly documented and forwarded through the chain of command to the Chief of Police. |                                                                                                            |
| Supervisor Name:<br><b>LIEUTENANT PENSARI, CHARLES</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Supervisor Signature:  |

# USE OF FORCE

## A. Incident Information

|                                                                                                                                                                                                                                                                        |               |                    |                                             |                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|--------------------|---------------------------------------------|----------------------------------|
| Date<br>01/10/2017                                                                                                                                                                                                                                                     | Time<br>01:43 | Day of Week<br>Tue | Location<br>BROADWAY, ELMWOOD PARK NJ 07407 | Incident Number<br>I-2017-001231 |
| <input type="checkbox"/> Crime in progress <input type="checkbox"/> Domestic <input type="checkbox"/> Other Dispute <input type="checkbox"/> Suspicious Person <input type="checkbox"/> Traffic Stop<br><input checked="" type="checkbox"/> Other (Specify) <u>DWI</u> |               |                    |                                             |                                  |

## B. Officer Information

|                                               |                               |                        |                                                |                                                |                                     |                                    |
|-----------------------------------------------|-------------------------------|------------------------|------------------------------------------------|------------------------------------------------|-------------------------------------|------------------------------------|
| Name (Last, First)<br>SERGEANT DRAING, ANDREW | Badge #<br>84                 | Sex<br>M               | Race<br>WHITE                                  | Age<br>47                                      | Injured<br><input type="checkbox"/> | Killed<br><input type="checkbox"/> |
| Rank<br>SERGEANT                              | Duty Assignment<br>SUPERVISOR | Years of Service<br>19 | On Duty<br><input checked="" type="checkbox"/> | Uniform<br><input checked="" type="checkbox"/> |                                     |                                    |

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                   |                                    |                                     |                                    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|------------------------------------|-------------------------------------|------------------------------------|
| Name (Last, First)<br>RASHOD, BOWDEN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Sex<br>M | Race<br>BLACK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Age<br>33         | Weapon<br><input type="checkbox"/> | Injured<br><input type="checkbox"/> | Killed<br><input type="checkbox"/> |
| <input checked="" type="checkbox"/> Under the influence<br><input type="checkbox"/> Other Unusual condition (specify) _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |          | Arrested<br><input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Charges<br>D.W.I. |                                    |                                     |                                    |
| <b>Subjects actions</b> (check all that apply)<br><input checked="" type="checkbox"/> Resisted police officer control<br><input checked="" type="checkbox"/> Physical threat/attack on officer or another<br><input type="checkbox"/> Threatened/attacked officer or another with blunt object<br><input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object<br><input type="checkbox"/> Threatened/attacked officer or another with motor vehicle<br><input type="checkbox"/> Threatened officer or another with firearm<br><input type="checkbox"/> Fired at officer or another<br><input checked="" type="checkbox"/> Other (specify) <u>BIT OFFICERS HAND</u> |          | <b>Officer's use of force toward the subject</b> (check all that apply)<br><input checked="" type="checkbox"/> Compliance hold<br><input checked="" type="checkbox"/> Hands/fists<br><input checked="" type="checkbox"/> Kicks/feet<br><input type="checkbox"/> Chemical/natural agent<br><input type="checkbox"/> Strike/use baton or other object<br><input type="checkbox"/> Canine<br><input type="checkbox"/> Other (specify) _____<br><br>Firearms Discharge<br><input type="checkbox"/> Intentional<br><input type="checkbox"/> Accidental<br>Number of shots fired _____<br>Number of hits _____<br>(Use 'UNK' if unknown) |                   |                                    |                                     |                                    |

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

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

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| Signature:<br>                                                                                                                                                                                                                                                                                                                                                                                                                              | Date:<br>01/10/2017                                                                                           |
| (SUPERVISOR) I hereby certify that I have reviewed this Use of Force report for accuracy and completeness and have promptly addressed any issues as they may pertain to policy interpretation, training, weapons or equipment, or discipline. Recommendations to modify policy, apply remedial training beyond what can be performed by me, change weapons, equipment or tactics, or apply discipline beyond my capabilities shall be thoroughly documented and forwarded through the chain of command to the Chief of Police. |                                                                                                               |
| Supervisor Name:<br>LIEUTENANT PENSARI, CHARLES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Supervisor Signature:<br> |

# USE OF FORCE

## A. Incident Information

|                                                                                                                                                                                                                                                                                           |               |                    |                                             |                                  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|--------------------|---------------------------------------------|----------------------------------|
| Date<br>01/10/2017                                                                                                                                                                                                                                                                        | Time<br>00:32 | Day of Week<br>Tue | Location<br>BROADWAY, ELMWOOD PARK NJ 07407 | Incident Number<br>I-2017-001231 |
| <input type="checkbox"/> Crime in progress <input type="checkbox"/> Domestic <input type="checkbox"/> Other Dispute <input type="checkbox"/> Suspicious Person <input type="checkbox"/> Traffic Stop<br><input checked="" type="checkbox"/> Other (Specify) <b>MOTOR VEHICLE ACCIDENT</b> |               |                    |                                             |                                  |

## B. Officer Information

|                                                    |                                   |                        |                                                |                                                |                                     |                                    |
|----------------------------------------------------|-----------------------------------|------------------------|------------------------------------------------|------------------------------------------------|-------------------------------------|------------------------------------|
| Name (Last, First)<br>PATROL OFFICER QUINN, JOSEPH | Badge #<br>112                    | Sex<br>M               | Race<br>WHITE                                  | Age<br>45                                      | Injured<br><input type="checkbox"/> | Killed<br><input type="checkbox"/> |
| Rank<br>PATROL OFFICER                             | Duty Assignment<br>PATROL OFFICER | Years of Service<br>18 | On Duty<br><input checked="" type="checkbox"/> | Uniform<br><input checked="" type="checkbox"/> |                                     |                                    |

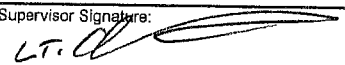
## C1. Subject 1 (List only the person who was the subject of the use of force by the officer listed in Section B.)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                   |                                    |                                                |                                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|------------------------------------|------------------------------------------------|------------------------------------|
| Name (Last, First)<br>BOWDEN, RASHOD C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Sex<br>M | Race<br>BLACK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Age<br>33         | Weapon<br><input type="checkbox"/> | Injured<br><input checked="" type="checkbox"/> | Killed<br><input type="checkbox"/> |
| <input checked="" type="checkbox"/> Under the influence<br><input type="checkbox"/> Other Unusual condition (specify) _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |          | Arrested<br><input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Charges<br>D.W.I. |                                    |                                                |                                    |
| <b>Subjects actions</b> (check all that apply)<br><input checked="" type="checkbox"/> Resisted police officer control<br><input checked="" type="checkbox"/> Physical threat/attack on officer or another<br><input type="checkbox"/> Threatened/attacked officer or another with blunt object<br><input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object<br><input type="checkbox"/> Threatened/attacked officer or another with motor vehicle<br><input type="checkbox"/> Threatened officer or another with firearm<br><input type="checkbox"/> Fired at officer or another<br><input checked="" type="checkbox"/> Other (specify) <b>ATTEMPTED TO BITE OFFICER</b> |          | <b>Officer's use of force toward the subject</b> (check all that apply)<br><input checked="" type="checkbox"/> Compliance hold<br><input type="checkbox"/> Hands/fists<br><input type="checkbox"/> Kicks/feet<br><input type="checkbox"/> Chemical/natural agent<br><input type="checkbox"/> Strike/use baton or other object<br><input type="checkbox"/> Canine<br><input type="checkbox"/> Other (specify) _____<br><br>Firearms Discharge<br><input type="checkbox"/> Intentional<br><input type="checkbox"/> Accidental<br>Number of shots fired _____<br>Number of hits _____<br>(Use 'UNK' if unknown) |                   |                                    |                                                |                                    |

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

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

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| Signature:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Date:<br>01/10/2017                                                                                           |
| (SUPERVISOR) I hereby certify that I have reviewed this Use of Force report for accuracy and completeness and have promptly addressed any issues as they may pertain to policy interpretation, training, weapons or equipment, or discipline. Recommendations to modify policy, apply remedial training beyond what can be performed by me, change weapons, equipment or tactics, or apply discipline beyond my capabilities shall be thoroughly documented and forwarded through the chain of command to the Chief of Police. |                                                                                                               |
| Supervisor Name:<br>LIEUTENANT PENSARI, CHARLES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Supervisor Signature:<br> |

# USE OF FORCE

## A. Incident Information

|                                                                                                                                                                                                                                                                   |               |                    |                                                      |                                  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|--------------------|------------------------------------------------------|----------------------------------|
| Date<br>02/02/2017                                                                                                                                                                                                                                                | Time<br>19:04 | Day of Week<br>Thu | Location<br>21 MIDLAND AVENUE, ELMWOOD PARK NJ 07407 | Incident Number<br>I-2017-004433 |
| <input checked="" type="checkbox"/> Crime in progress <input type="checkbox"/> Domestic <input type="checkbox"/> Other Dispute <input type="checkbox"/> Suspicious Person <input type="checkbox"/> Traffic Stop<br><input type="checkbox"/> Other (Specify) _____ |               |                    |                                                      |                                  |

## B. Officer Information

|                                                      |                                    |                       |                                                |                                                |                                     |                                    |
|------------------------------------------------------|------------------------------------|-----------------------|------------------------------------------------|------------------------------------------------|-------------------------------------|------------------------------------|
| Name (Last, First)<br>PATROL OFFICER KEENAN, CHARLES | Badge #<br>117                     | Sex<br>M              | Race<br>WHITE                                  | Age<br>40                                      | Injured<br><input type="checkbox"/> | Killed<br><input type="checkbox"/> |
| Rank<br>PATROL OFFICER                               | Duty Assignment<br>PATROL DIVISION | Years of Service<br>3 | On Duty<br><input checked="" type="checkbox"/> | Uniform<br><input checked="" type="checkbox"/> |                                     |                                    |

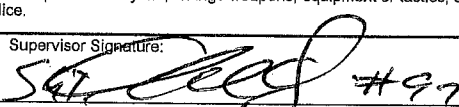
## C1. Subject 1 (List only the person who was the subject of the use of force by the officer listed in Section B.)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                    |                                               |                                     |                                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-----------------------------------------------|-------------------------------------|------------------------------------|
| Name (Last, First)<br>VELEZ, GABRIEL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Sex<br>M | Race<br>WHITE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Age<br>33          | Weapon<br><input checked="" type="checkbox"/> | Injured<br><input type="checkbox"/> | Killed<br><input type="checkbox"/> |
| <input type="checkbox"/> Under the influence<br><input type="checkbox"/> Other Unusual condition (specify) _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |          | Arrested<br><input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Charges<br>ROBBERY |                                               |                                     |                                    |
| <b>Subjects actions</b> (check all that apply)<br><input checked="" type="checkbox"/> Resisted police officer control<br><input type="checkbox"/> Physical threat/attack on officer or another<br><input type="checkbox"/> Threatened/attacked officer or another with blunt object<br><input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object<br><input type="checkbox"/> Threatened/attacked officer or another with motor vehicle<br><input type="checkbox"/> Threatened officer or another with firearm<br><input type="checkbox"/> Fired at officer or another<br><input type="checkbox"/> Other (specify) _____ |          | <b>Officer's use of force toward the subject</b> (check all that apply)<br><input checked="" type="checkbox"/> Compliance hold<br><input type="checkbox"/> Hands/fists<br><input type="checkbox"/> Kicks/feet<br><input type="checkbox"/> Chemical/natural agent<br><input type="checkbox"/> Strike/use baton or other object<br><input type="checkbox"/> Canine<br><input type="checkbox"/> Other (specify) _____<br>Firearms Discharge<br><input type="checkbox"/> Intentional<br><input type="checkbox"/> Accidental<br>Number of shots fired _____<br>Number of hits _____<br>(Use 'UNK' if unknown) |                    |                                               |                                     |                                    |

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

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

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|
| Signature:<br>                                                                                                                                                                                                                                                                                                                                                                                                                               | Date:<br>02/03/2017                                                                                               |
| (SUPERVISOR) I hereby certify that I have reviewed this Use of Force report for accuracy and completeness and have promptly addressed any issues as they may pertain to policy interpretation, training, weapons or equipment, or discipline. Recommendations to modify policy, apply remedial training beyond what can be performed by me, change weapons, equipment or tactics, or apply discipline beyond my capabilities shall be thoroughly documented and forwarded through the chain of command to the Chief of Police. |                                                                                                                   |
| Supervisor Name:<br>SERGEANT KEMPE, MICHAEL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Supervisor Signature:<br> #97 |

# USE OF FORCE

## A. Incident Information

|                                                                                                                                                                                                                                                                   |               |                    |                                                      |                                  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|--------------------|------------------------------------------------------|----------------------------------|
| Date<br>02/02/2017                                                                                                                                                                                                                                                | Time<br>19:04 | Day of Week<br>Thu | Location<br>21 MIDLAND AVENUE, ELMWOOD PARK NJ 07407 | Incident Number<br>I-2017-004433 |
| <input checked="" type="checkbox"/> Crime in progress <input type="checkbox"/> Domestic <input type="checkbox"/> Other Dispute <input type="checkbox"/> Suspicious Person <input type="checkbox"/> Traffic Stop<br><input type="checkbox"/> Other (Specify) _____ |               |                    |                                                      |                                  |

## B. Officer Information

|                                                    |                                    |          |               |                       |                                                |                                                |
|----------------------------------------------------|------------------------------------|----------|---------------|-----------------------|------------------------------------------------|------------------------------------------------|
| Name (Last, First)<br>PATROL OFFICER NICHOLS, RYAN | Badge #<br>118                     | Sex<br>M | Race<br>WHITE | Age<br>23             | Injured<br><input type="checkbox"/>            | Killed<br><input type="checkbox"/>             |
| Rank<br>PATROL OFFICER                             | Duty Assignment<br>PATROL DIVISION |          |               | Years of Service<br>3 | On Duty<br><input checked="" type="checkbox"/> | Uniform<br><input checked="" type="checkbox"/> |

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                    |                                               |                                     |                                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-----------------------------------------------|-------------------------------------|------------------------------------|
| Name (Last, First)<br>VELEZ, GABRIEL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Sex<br>M | Race<br>WHITE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Age<br>33          | Weapon<br><input checked="" type="checkbox"/> | Injured<br><input type="checkbox"/> | Killed<br><input type="checkbox"/> |
| <input type="checkbox"/> Under the influence<br><input type="checkbox"/> Other Unusual condition (specify) _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |          | Arrested<br><input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Charges<br>ROBBERY |                                               |                                     |                                    |
| <b>Subjects actions</b> (check all that apply)<br><input checked="" type="checkbox"/> Resisted police officer control<br><input type="checkbox"/> Physical threat/attack on officer or another<br><input type="checkbox"/> Threatened/attacked officer or another with blunt object<br><input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object<br><input type="checkbox"/> Threatened/attacked officer or another with motor vehicle<br><input type="checkbox"/> Threatened officer or another with firearm<br><input type="checkbox"/> Fired at officer or another<br><input type="checkbox"/> Other (specify) _____ |          | <b>Officer's use of force toward the subject</b> (check all that apply)<br><input checked="" type="checkbox"/> Compliance hold<br><input type="checkbox"/> Hands/fists<br><input type="checkbox"/> Kicks/feet<br><input type="checkbox"/> Chemical/natural agent<br><input type="checkbox"/> Strikes/use baton or other object<br><input type="checkbox"/> Canine<br><input type="checkbox"/> Other (specify) _____<br><div style="float: right;">           Firearms Discharge<br/> <input type="checkbox"/> Intentional<br/> <input type="checkbox"/> Accidental<br/>           Number of shots fired _____<br/>           Number of hits _____<br/>           (Use 'UNK' if unknown)         </div> |                    |                                               |                                     |                                    |

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |         |                                    |                                     |                                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|------------------------------------|-------------------------------------|------------------------------------|
| Name (Last, First)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Sex | Race                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Age     | Weapon<br><input type="checkbox"/> | Injured<br><input type="checkbox"/> | Killed<br><input type="checkbox"/> |
| <input type="checkbox"/> Under the influence<br><input type="checkbox"/> Other Unusual condition (specify) _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |     | Arrested<br><input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Charges |                                    |                                     |                                    |
| <b>Subjects actions</b> (check all that apply)<br><input type="checkbox"/> Resisted police officer control<br><input type="checkbox"/> Physical threat/attack on officer or another<br><input type="checkbox"/> Threatened/attacked officer or another with blunt object<br><input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object<br><input type="checkbox"/> Threatened/attacked officer or another with motor vehicle<br><input type="checkbox"/> Threatened officer or another with firearm<br><input type="checkbox"/> Fired at officer or another<br><input type="checkbox"/> Other (specify) _____ |     | <b>Officer's use of force toward subject</b> (check all that apply)<br><input type="checkbox"/> Compliance hold<br><input type="checkbox"/> Hands/fists<br><input type="checkbox"/> Kicks/feet<br><input type="checkbox"/> Chemical/natural agent<br><input type="checkbox"/> Strike/use baton or other object<br><input type="checkbox"/> Canine<br><input type="checkbox"/> Other (specify) _____<br><div style="float: right;">           Firearms Discharge<br/> <input type="checkbox"/> Intentional<br/> <input type="checkbox"/> Accidental<br/>           Number of shots fired _____<br/>           Number of hits _____<br/>           (Use 'UNK' if unknown)         </div> |         |                                    |                                     |                                    |

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                              |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| Signature: <i>PO Dr M... #119</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Date:<br>02/03/2017                          |
| (SUPERVISOR) I hereby certify that I have reviewed this Use of Force report for accuracy and completeness and have promptly addressed any issues as they may pertain to policy interpretation, training, weapons or equipment, or discipline. Recommendations to modify policy, apply remedial training beyond what can be performed by me, change weapons, equipment or tactics, or apply discipline beyond my capabilities shall be thoroughly documented and forwarded through the chain of command to the Chief of Police. |                                              |
| Supervisor Name:<br>SERGEANT KEMPE, MICHAEL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Supervisor Signature: <i>[Signature] #87</i> |

# USE OF FORCE

## A. Incident Information

|                                                                                                                                                                                                                                                                   |               |                    |                                                      |                                  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|--------------------|------------------------------------------------------|----------------------------------|
| Date<br>02/02/2017                                                                                                                                                                                                                                                | Time<br>19:04 | Day of Week<br>Thu | Location<br>21 MIDLAND AVENUE, ELMWOOD PARK NJ 07407 | Incident Number<br>I-2017-004433 |
| <input checked="" type="checkbox"/> Crime in progress <input type="checkbox"/> Domestic <input type="checkbox"/> Other Dispute <input type="checkbox"/> Suspicious Person <input type="checkbox"/> Traffic Stop<br><input type="checkbox"/> Other (Specify) _____ |               |                    |                                                      |                                  |

## B. Officer Information

|                                                         |                                    |          |               |                        |                                                |                                                |
|---------------------------------------------------------|------------------------------------|----------|---------------|------------------------|------------------------------------------------|------------------------------------------------|
| Name (Last, First)<br>PATROL OFFICER SCILLIERI, VINCENT | Badge #<br>90                      | Sex<br>M | Race<br>WHITE | Age<br>41              | Injured<br><input type="checkbox"/>            | Killed<br><input type="checkbox"/>             |
| Rank<br>PATROL OFFICER                                  | Duty Assignment<br>PATROL DIVISION |          |               | Years of Service<br>22 | On Duty<br><input checked="" type="checkbox"/> | Uniform<br><input checked="" type="checkbox"/> |

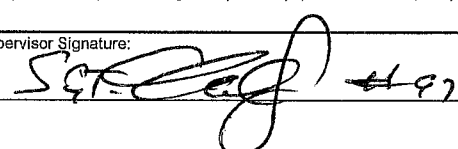
### C1. Subject 1 (List only the person who was the subject of the use of force by the officer listed in Section B.)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |          |                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                               |                                     |                                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|-------------------------------------|------------------------------------|
| Name (Last, First)<br>VELEZ, GABRIEL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Sex<br>M | Race<br>WHITE                                   | Age<br>33                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Weapon<br><input checked="" type="checkbox"/> | Injured<br><input type="checkbox"/> | Killed<br><input type="checkbox"/> |
| <input type="checkbox"/> Under the influence<br><input type="checkbox"/> Other Unusual condition (specify) _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |          | Arrested<br><input checked="" type="checkbox"/> | Charges<br>ROBBERY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                               |                                     |                                    |
| <b>Subjects actions</b> (check all that apply)<br><input checked="" type="checkbox"/> Resisted police officer control<br><input type="checkbox"/> Physical threat/attack on officer or another<br><input type="checkbox"/> Threatened/attacked officer or another with blunt object<br><input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object<br><input type="checkbox"/> Threatened/attacked officer or another with motor vehicle<br><input type="checkbox"/> Threatened officer or another with firearm<br><input type="checkbox"/> Fired at officer or another<br><input type="checkbox"/> Other (specify) _____ |          |                                                 | <b>Officer's use of force toward the subject</b> (check all that apply)<br><input checked="" type="checkbox"/> Compliance hold<br><input type="checkbox"/> Hands/fists<br><input type="checkbox"/> Kicks/feet<br><input type="checkbox"/> Chemical/natural agent<br><input type="checkbox"/> Strike/use baton or other object<br><input type="checkbox"/> Canine<br><input type="checkbox"/> Other (specify) _____<br><div style="margin-top: 10px;">           Firearms Discharge<br/> <input type="checkbox"/> Intentional<br/> <input type="checkbox"/> Accidental<br/>           Number of shots fired _____<br/>           Number of hits _____<br/>           (Use 'UNK' if unknown)         </div> |                                               |                                     |                                    |

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |     |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                    |                                     |                                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|--------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------|------------------------------------|
| Name (Last, First)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Sex | Race                                 | Age                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Weapon<br><input type="checkbox"/> | Injured<br><input type="checkbox"/> | Killed<br><input type="checkbox"/> |
| <input type="checkbox"/> Under the influence<br><input type="checkbox"/> Other Unusual condition (specify) _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |     | Arrested<br><input type="checkbox"/> | Charges                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                    |                                     |                                    |
| <b>Subjects actions</b> (check all that apply)<br><input type="checkbox"/> Resisted police officer control<br><input type="checkbox"/> Physical threat/attack on officer or another<br><input type="checkbox"/> Threatened/attacked officer or another with blunt object<br><input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object<br><input type="checkbox"/> Threatened/attacked officer or another with motor vehicle<br><input type="checkbox"/> Threatened officer or another with firearm<br><input type="checkbox"/> Fired at officer or another<br><input type="checkbox"/> Other (specify) _____ |     |                                      | <b>Officer's use of force toward subject</b> (check all that apply)<br><input type="checkbox"/> Compliance hold<br><input type="checkbox"/> Hands/fists<br><input type="checkbox"/> Kicks/feet<br><input type="checkbox"/> Chemical/natural agent<br><input type="checkbox"/> Strike/use baton or other object<br><input type="checkbox"/> Canine<br><input type="checkbox"/> Other (specify) _____<br><div style="margin-top: 10px;">           Firearms Discharge<br/> <input type="checkbox"/> Intentional<br/> <input type="checkbox"/> Accidental<br/>           Number of shots fired _____<br/>           Number of hits _____<br/>           (Use 'UNK' if unknown)         </div> |                                    |                                     |                                    |

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                            |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|
| Signature:                                                                                                                                                                                                                                                                                                                                                                                                                                  | Date:<br>02/03/2017                                                                                        |
| (SUPERVISOR) I hereby certify that I have reviewed this Use of Force report for accuracy and completeness and have promptly addressed any issues as they may pertain to policy interpretation, training, weapons or equipment, or discipline. Recommendations to modify policy, apply remedial training beyond what can be performed by me, change weapons, equipment or tactics, or apply discipline beyond my capabilities shall be thoroughly documented and forwarded through the chain of command to the Chief of Police. |                                                                                                            |
| Supervisor Name:<br>SERGEANT KEMPE, MICHAEL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Supervisor Signature:  |

# USE OF FORCE

## A. Incident Information

|                                                                                                                                                                                                                                                                   |               |                    |                                                      |                                  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|--------------------|------------------------------------------------------|----------------------------------|
| Date<br>02/02/2017                                                                                                                                                                                                                                                | Time<br>19:04 | Day of Week<br>Thu | Location<br>21 MIDLAND AVENUE, ELMWOOD PARK NJ 07407 | Incident Number<br>I-2017-004433 |
| <input checked="" type="checkbox"/> Crime in progress <input type="checkbox"/> Domestic <input type="checkbox"/> Other Dispute <input type="checkbox"/> Suspicious Person <input type="checkbox"/> Traffic Stop<br><input type="checkbox"/> Other (Specify) _____ |               |                    |                                                      |                                  |

## B. Officer Information

|                                                      |                                           |          |               |                        |                                                |                                                |
|------------------------------------------------------|-------------------------------------------|----------|---------------|------------------------|------------------------------------------------|------------------------------------------------|
| Name (Last, First)<br><b>SERGEANT KEMPE, MICHAEL</b> | Badge #<br>97                             | Sex<br>M | Race<br>WHITE | Age<br>38              | Injured<br><input type="checkbox"/>            | Killed<br><input type="checkbox"/>             |
| Rank<br><b>SERGEANT</b>                              | Duty Assignment<br><b>PATROL DIVISION</b> |          |               | Years of Service<br>12 | On Duty<br><input checked="" type="checkbox"/> | Uniform<br><input checked="" type="checkbox"/> |

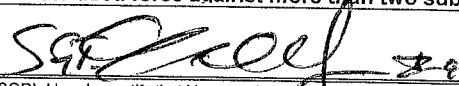
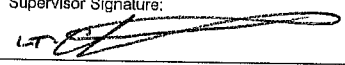
### C1. Subject 1 (List only the person who was the subject of the use of force by the officer listed in Section B.)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                           |                                               |                                     |                                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|-----------------------------------------------|-------------------------------------|------------------------------------|
| Name (Last, First)<br><b>VELEZ, GABRIEL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Sex<br>M | Race<br>WHITE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Age<br>33                 | Weapon<br><input checked="" type="checkbox"/> | Injured<br><input type="checkbox"/> | Killed<br><input type="checkbox"/> |
| <input type="checkbox"/> Under the influence<br><input type="checkbox"/> Other Unusual condition (specify) _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |          | Arrested<br><input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Charges<br><b>ROBBERY</b> |                                               |                                     |                                    |
| <b>Subjects actions</b> (check all that apply)<br><input checked="" type="checkbox"/> Resisted police officer control<br><input type="checkbox"/> Physical threat/attack on officer or another<br><input type="checkbox"/> Threatened/attacked officer or another with blunt object<br><input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object<br><input type="checkbox"/> Threatened/attacked officer or another with motor vehicle<br><input type="checkbox"/> Threatened officer or another with firearm<br><input type="checkbox"/> Fired at officer or another<br><input type="checkbox"/> Other (specify) _____ |          | <b>Officer's use of force toward the subject</b> (check all that apply)<br><input checked="" type="checkbox"/> Compliance hold<br><input type="checkbox"/> Hands/fists<br><input type="checkbox"/> Kicks/feet<br><input type="checkbox"/> Chemical/natural agent<br><input type="checkbox"/> Strike/use baton or other object<br><input type="checkbox"/> Canine<br><input type="checkbox"/> Other (specify) _____<br><div style="margin-top: 10px;">           Firearms Discharge<br/> <input type="checkbox"/> Intentional<br/> <input type="checkbox"/> Accidental<br/>           Number of shots fired _____<br/>           Number of hits _____<br/>           (Use 'UNK' if unknown)         </div> |                           |                                               |                                     |                                    |

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |         |                                    |                                     |                                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|------------------------------------|-------------------------------------|------------------------------------|
| Name (Last, First)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Sex | Race                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Age     | Weapon<br><input type="checkbox"/> | Injured<br><input type="checkbox"/> | Killed<br><input type="checkbox"/> |
| <input type="checkbox"/> Under the influence<br><input type="checkbox"/> Other Unusual condition (specify) _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |     | Arrested<br><input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Charges |                                    |                                     |                                    |
| <b>Subjects actions</b> (check all that apply)<br><input type="checkbox"/> Resisted police officer control<br><input type="checkbox"/> Physical threat/attack on officer or another<br><input type="checkbox"/> Threatened/attacked officer or another with blunt object<br><input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object<br><input type="checkbox"/> Threatened/attacked officer or another with motor vehicle<br><input type="checkbox"/> Threatened officer or another with firearm<br><input type="checkbox"/> Fired at officer or another<br><input type="checkbox"/> Other (specify) _____ |     | <b>Officer's use of force toward subject</b> (check all that apply)<br><input type="checkbox"/> Compliance hold<br><input type="checkbox"/> Hands/fists<br><input type="checkbox"/> Kicks/feet<br><input type="checkbox"/> Chemical/natural agent<br><input type="checkbox"/> Strike/use baton or other object<br><input type="checkbox"/> Canine<br><input type="checkbox"/> Other (specify) _____<br><div style="margin-top: 10px;">           Firearms Discharge<br/> <input type="checkbox"/> Intentional<br/> <input type="checkbox"/> Accidental<br/>           Number of shots fired _____<br/>           Number of hits _____<br/>           (Use 'UNK' if unknown)         </div> |         |                                    |                                     |                                    |

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                            |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|
| Signature:                                                                                                                                                                                                                                                                                                                                                                                                                                  | Date:<br>02/03/2017                                                                                        |
| (SUPERVISOR) I hereby certify that I have reviewed this Use of Force report for accuracy and completeness and have promptly addressed any issues as they may pertain to policy interpretation, training, weapons or equipment, or discipline. Recommendations to modify policy, apply remedial training beyond what can be performed by me, change weapons, equipment or tactics, or apply discipline beyond my capabilities shall be thoroughly documented and forwarded through the chain of command to the Chief of Police. |                                                                                                            |
| Supervisor Name:<br><b>LIEUTENANT PENSARI, CHARLES</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Supervisor Signature:  |

# USE OF FORCE

## A. Incident Information

|                                                                                                                                                                                                                                                                   |               |                    |                                                      |                                  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|--------------------|------------------------------------------------------|----------------------------------|
| Date<br>02/02/2017                                                                                                                                                                                                                                                | Time<br>19:04 | Day of Week<br>Thu | Location<br>21 MIDLAND AVENUE, ELMWOOD PARK NJ 07407 | Incident Number<br>I-2017-004433 |
| <input checked="" type="checkbox"/> Crime in progress <input type="checkbox"/> Domestic <input type="checkbox"/> Other Dispute <input type="checkbox"/> Suspicious Person <input type="checkbox"/> Traffic Stop<br><input type="checkbox"/> Other (Specify) _____ |               |                    |                                                      |                                  |

## B. Officer Information

|                                                        |                                    |                        |               |           |                                                |                                                |
|--------------------------------------------------------|------------------------------------|------------------------|---------------|-----------|------------------------------------------------|------------------------------------------------|
| Name (Last, First)<br>PATROL OFFICER CHIAVELLI, GERALD | Badge #<br>87                      | Sex<br>M               | Race<br>WHITE | Age<br>44 | Injured<br><input type="checkbox"/>            | Killed<br><input type="checkbox"/>             |
| Rank<br>PATROL OFFICER                                 | Duty Assignment<br>PATROL DIVISION | Years of Service<br>18 |               |           | On Duty<br><input checked="" type="checkbox"/> | Uniform<br><input checked="" type="checkbox"/> |

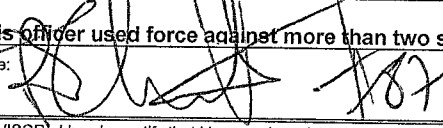
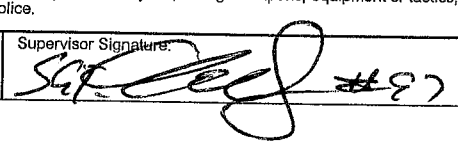
## C1. Subject 1 (List only the person who was the subject of the use of force by the officer listed in Section B.)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                    |                                               |                                     |                                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-----------------------------------------------|-------------------------------------|------------------------------------|
| Name (Last, First)<br>VELEZ, GABRIEL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Sex<br>M | Race<br>WHITE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Age<br>33          | Weapon<br><input checked="" type="checkbox"/> | Injured<br><input type="checkbox"/> | Killed<br><input type="checkbox"/> |
| <input type="checkbox"/> Under the influence<br><input type="checkbox"/> Other Unusual condition (specify) _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |          | Arrested<br><input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Charges<br>ROBBERY |                                               |                                     |                                    |
| <b>Subjects actions</b> (check all that apply)<br><input checked="" type="checkbox"/> Resisted police officer control<br><input type="checkbox"/> Physical threat/attack on officer or another<br><input type="checkbox"/> Threatened/attacked officer or another with blunt object<br><input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object<br><input type="checkbox"/> Threatened/attacked officer or another with motor vehicle<br><input type="checkbox"/> Threatened officer or another with firearm<br><input type="checkbox"/> Fired at officer or another<br><input type="checkbox"/> Other (specify) _____ |          | <b>Officer's use of force toward the subject</b> (check all that apply)<br><input checked="" type="checkbox"/> Compliance hold<br><input type="checkbox"/> Hands/fists<br><input type="checkbox"/> Kicks/feet<br><input type="checkbox"/> Chemical/natural agent<br><input type="checkbox"/> Strike/use baton or other object<br><input type="checkbox"/> Canine<br><input type="checkbox"/> Other (specify) _____<br>Firearms Discharge<br><input type="checkbox"/> Intentional<br><input type="checkbox"/> Accidental<br>Number of shots fired _____<br>Number of hits _____<br>(Use 'UNK' if unknown) |                    |                                               |                                     |                                    |

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

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

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| Signature:<br>                                                                                                                                                                                                                                                                                                                                                                                                                              | Date:<br>02/03/2017                                                                                           |
| (SUPERVISOR) I hereby certify that I have reviewed this Use of Force report for accuracy and completeness and have promptly addressed any issues as they may pertain to policy interpretation, training, weapons or equipment, or discipline. Recommendations to modify policy, apply remedial training beyond what can be performed by me, change weapons, equipment or tactics, or apply discipline beyond my capabilities shall be thoroughly documented and forwarded through the chain of command to the Chief of Police. |                                                                                                               |
| Supervisor Name:<br>SERGEANT KEMPE, MICHAEL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Supervisor Signature:<br> |

# USE OF FORCE

## A. Incident Information

|                                                                                                                                                                                                                                                                                                                 |               |                    |                                                 |                                  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|--------------------|-------------------------------------------------|----------------------------------|
| Date<br>04/18/2017                                                                                                                                                                                                                                                                                              | Time<br>01:45 | Day of Week<br>Tue | Location<br>GROVE STREET, ELMWOOD PARK NJ 07407 | Incident Number<br>I-2017-014228 |
| <input type="checkbox"/> Crime in progress <input type="checkbox"/> Domestic <input type="checkbox"/> Other Dispute <input type="checkbox"/> Suspicious Person <input type="checkbox"/> Traffic Stop<br><input checked="" type="checkbox"/> Other (Specify)             EMOTIONALLY DISTURBER PERSON / DOMESTIC |               |                    |                                                 |                                  |

## B. Officer Information

|                                               |                                      |          |               |                        |                                                |                                     |
|-----------------------------------------------|--------------------------------------|----------|---------------|------------------------|------------------------------------------------|-------------------------------------|
| Name (Last, First)<br>LIEUTENANT HARRIS, JOHN | Badge #<br>74                        | Sex<br>M | Race<br>WHITE | Age<br>49              | Injured<br><input type="checkbox"/>            | Killed<br><input type="checkbox"/>  |
| Rank<br>LIEUTENANT                            | Duty Assignment<br>PATROL SUPERVISOR |          |               | Years of Service<br>28 | On Duty<br><input checked="" type="checkbox"/> | Uniform<br><input type="checkbox"/> |

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |          |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                               |                                    |                                     |                                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|--------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------|------------------------------------|
| Name (Last, First)<br>[REDACTED]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Sex<br>M | Race<br>WHITE                        | Age<br>48                                                                                                                                                                                                                                                                                                                                                                                                                     | Weapon<br><input type="checkbox"/> | Injured<br><input type="checkbox"/> | Killed<br><input type="checkbox"/> |
| <input type="checkbox"/> Under the influence<br><input type="checkbox"/> Other Unusual condition (specify) _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |          | Arrested<br><input type="checkbox"/> | Charges                                                                                                                                                                                                                                                                                                                                                                                                                       |                                    |                                     |                                    |
| <b>Subjects actions</b> (check all that apply)<br><input checked="" type="checkbox"/> Resisted police officer control<br><input type="checkbox"/> Physical threat/attack on officer or another<br><input type="checkbox"/> Threatened/attacked officer or another with blunt object<br><input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object<br><input type="checkbox"/> Threatened/attacked officer or another with motor vehicle<br><input type="checkbox"/> Threatened officer or another with firearm<br><input type="checkbox"/> Fired at officer or another<br><input type="checkbox"/> Other (specify) _____ |          |                                      | <b>Officer's use of force toward the subject</b> (check all that apply)<br><input checked="" type="checkbox"/> Compliance hold<br><input checked="" type="checkbox"/> Hands/fists<br><input type="checkbox"/> Kicks/feet<br><input type="checkbox"/> Chemical/natural agent<br><input type="checkbox"/> Strike/use baton or other object<br><input type="checkbox"/> Canine<br><input type="checkbox"/> Other (specify) _____ |                                    |                                     |                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |          |                                      | Firearms Discharge<br><input type="checkbox"/> Intentional<br><input type="checkbox"/> Accidental<br>Number of shots fired _____<br>Number of hits _____<br>(Use 'UNK' if unknown)                                                                                                                                                                                                                                            |                                    |                                     |                                    |

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

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

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|
| Signature:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Date:<br>04/18/2017   |
| (SUPERVISOR) I hereby certify that I have reviewed this Use of Force report for accuracy and completeness and have promptly addressed any issues as they may pertain to policy interpretation, training, weapons or equipment, or discipline. Recommendations to modify policy, apply remedial training beyond what can be performed by me, change weapons, equipment or tactics, or apply discipline beyond my capabilities shall be thoroughly documented and forwarded through the chain of command to the Chief of Police. |                       |
| Supervisor Name:<br>CAPTAIN THORPE, FRANK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Supervisor Signature: |

# USE OF FORCE

## A. Incident Information

|                                                                                                                                                                                                                                                                   |               |                    |                                                |                                  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|--------------------|------------------------------------------------|----------------------------------|
| Date<br>02/05/2017                                                                                                                                                                                                                                                | Time<br>09:30 | Day of Week<br>Sun | Location<br>58 BROADWAY, ELMWOOD PARK NJ 07407 | Incident Number<br>I-2017-004786 |
| <input checked="" type="checkbox"/> Crime in progress <input type="checkbox"/> Domestic <input type="checkbox"/> Other Dispute <input type="checkbox"/> Suspicious Person <input type="checkbox"/> Traffic Stop<br><input type="checkbox"/> Other (Specify) _____ |               |                    |                                                |                                  |

## B. Officer Information

|                                                      |                                             |                |          |               |                         |                                                |                                                |
|------------------------------------------------------|---------------------------------------------|----------------|----------|---------------|-------------------------|------------------------------------------------|------------------------------------------------|
| Name (Last, First)<br>PATROL OFFICER HARTMANN, KEITH |                                             | Badge #<br>107 | Sex<br>M | Race<br>WHITE | Age<br>33               | Injured<br><input type="checkbox"/>            | Killed<br><input type="checkbox"/>             |
| Rank<br>PATROL OFFICER                               | Duty Assignment<br>PATROL OFFICER IN CHARGE |                |          |               | Years of Service<br>7.5 | On Duty<br><input checked="" type="checkbox"/> | Uniform<br><input checked="" type="checkbox"/> |

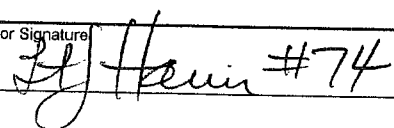
## C1. Subject 1 (List only the person who was the subject of the use of force by the officer listed in Section B.)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                        |           |                                    |                                                |                                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|-----------|------------------------------------|------------------------------------------------|------------------------------------|
| Name (Last, First)<br>MR SIMPSON, JEFFREY QUINN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | Sex<br>M                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Race<br>BLACK          | Age<br>51 | Weapon<br><input type="checkbox"/> | Injured<br><input checked="" type="checkbox"/> | Killed<br><input type="checkbox"/> |
| <input type="checkbox"/> Under the influence<br><input type="checkbox"/> Other Unusual condition (specify) _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | Arrested<br><input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Charges<br>SHOPLIFTING |           |                                    |                                                |                                    |
| <b>Subjects actions</b> (check all that apply)<br><input checked="" type="checkbox"/> Resisted police officer control<br><input type="checkbox"/> Physical threat/attack on officer or another<br><input type="checkbox"/> Threatened/attacked officer or another with blunt object<br><input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object<br><input type="checkbox"/> Threatened/attacked officer or another with motor vehicle<br><input type="checkbox"/> Threatened officer or another with firearm<br><input type="checkbox"/> Fired at officer or another<br><input type="checkbox"/> Other (specify) _____ |  | <b>Officer's use of force toward the subject</b> (check all that apply)<br><div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Compliance hold<br/> <input type="checkbox"/> Hands/fists<br/> <input type="checkbox"/> Kicks/feet<br/> <input type="checkbox"/> Chemical/natural agent<br/> <input type="checkbox"/> Strike/use baton or other object<br/> <input type="checkbox"/> Canine<br/> <input checked="" type="checkbox"/> Other (specify) TACKLE SUSPECT         </div> <div>           Firearms Discharge<br/> <input type="checkbox"/> Intentional<br/> <input type="checkbox"/> Accidental<br/>           Number of shots fired _____<br/>           Number of hits _____<br/>           (Use 'UNK' if unknown)         </div> </div> |                        |           |                                    |                                                |                                    |

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

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

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------|
| Signature: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | Date:<br>02/05/2017                                                                                               |
| (SUPERVISOR) I hereby certify that I have reviewed this Use of Force report for accuracy and completeness and have promptly addressed any issues as they may pertain to policy interpretation, training, weapons or equipment, or discipline. Recommendations to modify policy, apply remedial training beyond what can be performed by me, change weapons, equipment or tactics, or apply discipline beyond my capabilities shall be thoroughly documented and forwarded through the chain of command to the Chief of Police. |  |                                                                                                                   |
| Supervisor Name:<br>LIEUTENANT HARRIS, JOHN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | Supervisor Signature:<br> #74 |

# USE OF FORCE

## A. Incident Information

|                                                                                                                                                                                                                                                                                 |               |                    |                                          |                                  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|--------------------|------------------------------------------|----------------------------------|
| Date<br>02/06/2017                                                                                                                                                                                                                                                              | Time<br>18:26 | Day of Week<br>Mon | Location<br>JAN CT, ELMWOOD PARK BORO NJ | Incident Number<br>I-2017-004917 |
| <input type="checkbox"/> Crime in progress <input type="checkbox"/> Domestic <input type="checkbox"/> Other Dispute <input type="checkbox"/> Suspicious Person <input type="checkbox"/> Traffic Stop<br><input checked="" type="checkbox"/> Other (Specify)    911 HANG UP/ EDP |               |                    |                                          |                                  |

## B. Officer Information

|                                                        |                           |                        |                 |                                                |                                                |                                    |
|--------------------------------------------------------|---------------------------|------------------------|-----------------|------------------------------------------------|------------------------------------------------|------------------------------------|
| Name (Last, First)<br>PATROL OFFICER FINN, CHRISTOPHER | Badge #<br>111            | Sex<br>M               | Race<br>UNKNOWN | Age<br>46                                      | Injured<br><input type="checkbox"/>            | Killed<br><input type="checkbox"/> |
| Rank<br>PATROL OFFICER                                 | Duty Assignment<br>PATROL | Years of Service<br>17 |                 | On Duty<br><input checked="" type="checkbox"/> | Uniform<br><input checked="" type="checkbox"/> |                                    |

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |           |                                    |                                     |                                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------------------------------|-------------------------------------|------------------------------------|
| Name (Last, First)<br>[REDACTED]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Sex<br>F | Race<br>WHITE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Age<br>31 | Weapon<br><input type="checkbox"/> | Injured<br><input type="checkbox"/> | Killed<br><input type="checkbox"/> |
| <input type="checkbox"/> Under the influence<br><input checked="" type="checkbox"/> Other Unusual condition (specify)    REFUSED TO SPEAK LOCKED HERSELF IN BATHROOM                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |          | Arrested<br><input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Charges   |                                    |                                     |                                    |
| <b>Subjects actions</b> (check all that apply)<br><input checked="" type="checkbox"/> Resisted police officer control<br><input type="checkbox"/> Physical threat/attack on officer or another<br><input type="checkbox"/> Threatened/attacked officer or another with blunt object<br><input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object<br><input type="checkbox"/> Threatened/attacked officer or another with motor vehicle<br><input type="checkbox"/> Threatened officer or another with firearm<br><input type="checkbox"/> Fired at officer or another<br><input type="checkbox"/> Other (specify) |          | <b>Officer's use of force toward the subject</b> (check all that apply)<br><input checked="" type="checkbox"/> Compliance hold<br><input type="checkbox"/> Hands/fists<br><input type="checkbox"/> Kicks/feet<br><input type="checkbox"/> Chemical/natural agent<br><input type="checkbox"/> Strike/use baton or other object<br><input type="checkbox"/> Canine<br><input checked="" type="checkbox"/> Other (specify)    HAND CUFFS<br><div style="float: right;">           Firearms Discharge<br/> <input type="checkbox"/> Intentional<br/> <input type="checkbox"/> Accidental<br/>           Number of shots fired<br/>           Number of hits<br/>           (Use 'UNK' if unknown)         </div> |           |                                    |                                     |                                    |

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |         |                                    |                                     |                                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|------------------------------------|-------------------------------------|------------------------------------|
| Name (Last, First)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Sex | Race                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Age     | Weapon<br><input type="checkbox"/> | Injured<br><input type="checkbox"/> | Killed<br><input type="checkbox"/> |
| <input type="checkbox"/> Under the influence<br><input type="checkbox"/> Other Unusual condition (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |     | Arrested<br><input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Charges |                                    |                                     |                                    |
| <b>Subjects actions</b> (check all that apply)<br><input type="checkbox"/> Resisted police officer control<br><input type="checkbox"/> Physical threat/attack on officer or another<br><input type="checkbox"/> Threatened/attacked officer or another with blunt object<br><input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object<br><input type="checkbox"/> Threatened/attacked officer or another with motor vehicle<br><input type="checkbox"/> Threatened officer or another with firearm<br><input type="checkbox"/> Fired at officer or another<br><input type="checkbox"/> Other (specify) |     | <b>Officer's use of force toward subject</b> (check all that apply)<br><input type="checkbox"/> Compliance hold<br><input type="checkbox"/> Hands/fists<br><input type="checkbox"/> Kicks/feet<br><input type="checkbox"/> Chemical/natural agent<br><input type="checkbox"/> Strike/use baton or other object<br><input type="checkbox"/> Canine<br><input type="checkbox"/> Other (specify)<br><div style="float: right;">           Firearms Discharge<br/> <input type="checkbox"/> Intentional<br/> <input type="checkbox"/> Accidental<br/>           Number of shots fired<br/>           Number of hits<br/>           (Use 'UNK' if unknown)         </div> |         |                                    |                                     |                                    |

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|
| Signature:<br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Date:<br>02/06/2017          |
| (SUPERVISOR) I hereby certify that I have reviewed this Use of Force report for accuracy and completeness and have promptly addressed any issues as they may pertain to policy interpretation, training, weapons or equipment, or discipline. Recommendations to modify policy, apply remedial training beyond what can be performed by me, change weapons, equipment or tactics, or apply discipline beyond my capabilities shall be thoroughly documented and forwarded through the chain of command to the Chief of Police. |                              |
| Supervisor Name:<br>SERGEANT PETRONZI, NICHOLAS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Supervisor Signature:<br>#93 |

# USE OF FORCE

## A. Incident Information

|                                                                                                                                                                                                                                                                   |               |                    |                                                         |                                  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|--------------------|---------------------------------------------------------|----------------------------------|
| Date<br>02/10/2017                                                                                                                                                                                                                                                | Time<br>12:05 | Day of Week<br>Fri | Location<br>GILBERT AVENUE/SPEIDEL AVENUE, ELMWOOD PARK | Incident Number<br>I-2017-005399 |
| <input type="checkbox"/> Crime in progress <input type="checkbox"/> Domestic <input type="checkbox"/> Other Dispute <input type="checkbox"/> Suspicious Person <input checked="" type="checkbox"/> Traffic Stop<br><input type="checkbox"/> Other (Specify) _____ |               |                    |                                                         |                                  |

## B. Officer Information

|                                                      |                           |          |               |                       |                                                |                                                |
|------------------------------------------------------|---------------------------|----------|---------------|-----------------------|------------------------------------------------|------------------------------------------------|
| Name (Last, First)<br>PATROL OFFICER MEDRANO, ELISEO | Badge #<br>115            | Sex<br>M | Race<br>WHITE | Age<br>31             | Injured<br><input checked="" type="checkbox"/> | Killed<br><input type="checkbox"/>             |
| Rank<br>PATROL OFFICER                               | Duty Assignment<br>PATROL |          |               | Years of Service<br>7 | On Duty<br><input checked="" type="checkbox"/> | Uniform<br><input checked="" type="checkbox"/> |

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                        |                                    |                                                |                                    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|------------------------------------|------------------------------------------------|------------------------------------|
| Name (Last, First)<br>[REDACTED] UNK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Sex<br>M | Race<br>WHITE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Age<br>42                                              | Weapon<br><input type="checkbox"/> | Injured<br><input checked="" type="checkbox"/> | Killed<br><input type="checkbox"/> |
| <input type="checkbox"/> Under the influence<br><input checked="" type="checkbox"/> Other Unusual condition (specify) <b>EMOTIONALLY DISTURBED</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |          | Arrested<br><input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Charges<br><b>AGGRAVATED ASSAULT ON POLICE OFFICER</b> |                                    |                                                |                                    |
| <b>Subjects actions</b> (check all that apply)<br><input checked="" type="checkbox"/> Resisted police officer control<br><input type="checkbox"/> Physical threat/attack on officer or another<br><input type="checkbox"/> Threatened/attacked officer or another with blunt object<br><input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object<br><input type="checkbox"/> Threatened/attacked officer or another with motor vehicle<br><input type="checkbox"/> Threatened officer or another with firearm<br><input type="checkbox"/> Fired at officer or another<br><input checked="" type="checkbox"/> Other (specify) _____ |          | <b>Officer's use of force toward the subject</b> (check all that apply)<br><input checked="" type="checkbox"/> Compliance hold<br><input checked="" type="checkbox"/> Hands/fists<br><input type="checkbox"/> Kicks/feet<br><input type="checkbox"/> Chemical/natural agent<br><input type="checkbox"/> Strike/use baton or other object<br><input type="checkbox"/> Canine<br><input type="checkbox"/> Other (specify) _____<br><div style="margin-top: 10px;">           Firearms Discharge<br/> <input type="checkbox"/> Intentional<br/> <input type="checkbox"/> Accidental<br/>           Number of shots fired _____<br/>           Number of hits _____<br/>           (Use 'UNK' if unknown)         </div> |                                                        |                                    |                                                |                                    |

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |         |                                    |                                     |                                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|------------------------------------|-------------------------------------|------------------------------------|
| Name (Last, First)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Sex | Race                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Age     | Weapon<br><input type="checkbox"/> | Injured<br><input type="checkbox"/> | Killed<br><input type="checkbox"/> |
| <input type="checkbox"/> Under the influence<br><input type="checkbox"/> Other Unusual condition (specify) _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |     | Arrested<br><input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Charges |                                    |                                     |                                    |
| <b>Subjects actions</b> (check all that apply)<br><input type="checkbox"/> Resisted police officer control<br><input type="checkbox"/> Physical threat/attack on officer or another<br><input type="checkbox"/> Threatened/attacked officer or another with blunt object<br><input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object<br><input type="checkbox"/> Threatened/attacked officer or another with motor vehicle<br><input type="checkbox"/> Threatened officer or another with firearm<br><input type="checkbox"/> Fired at officer or another<br><input type="checkbox"/> Other (specify) _____ |     | <b>Officer's use of force toward subject</b> (check all that apply)<br><input type="checkbox"/> Compliance hold<br><input type="checkbox"/> Hands/fists<br><input type="checkbox"/> Kicks/feet<br><input type="checkbox"/> Chemical/natural agent<br><input type="checkbox"/> Strike/use baton or other object<br><input type="checkbox"/> Canine<br><input type="checkbox"/> Other (specify) _____<br><div style="margin-top: 10px;">           Firearms Discharge<br/> <input type="checkbox"/> Intentional<br/> <input type="checkbox"/> Accidental<br/>           Number of shots fired _____<br/>           Number of hits _____<br/>           (Use 'UNK' if unknown)         </div> |         |                                    |                                     |                                    |

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|
| Signature:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Date: 2/10/17         |
| (SUPERVISOR) I hereby certify that I have reviewed this Use of Force report for accuracy and completeness and have promptly addressed any issues as they may pertain to policy interpretation, training, weapons or equipment, or discipline. Recommendations to modify policy, apply remedial training beyond what can be performed by me, change weapons, equipment or tactics, or apply discipline beyond my capabilities shall be thoroughly documented and forwarded through the chain of command to the Chief of Police. |                       |
| Supervisor Name:<br>SERGEANT KEMPE, MICHAEL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Supervisor Signature: |

# USE OF FORCE

## A. Incident Information

|                                                                                                                                                                                                                 |               |                    |                                                         |                                  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|--------------------|---------------------------------------------------------|----------------------------------|
| Date<br>02/10/2017                                                                                                                                                                                              | Time<br>08:36 | Day of Week<br>Fri | Location<br>GILBERT AVENUE/SPEIDEL AVENUE, ELMWOOD PARK | Incident Number<br>I-2017-005399 |
| <input type="checkbox"/> Crime in progress <input type="checkbox"/> Domestic <input type="checkbox"/> Other Dispute <input type="checkbox"/> Suspicious Person <input checked="" type="checkbox"/> Traffic Stop |               |                    |                                                         |                                  |
| <input type="checkbox"/> Other (Specify) _____                                                                                                                                                                  |               |                    |                                                         |                                  |

## B. Officer Information

|                                                        |                           |                       |               |           |                                                |                                                |
|--------------------------------------------------------|---------------------------|-----------------------|---------------|-----------|------------------------------------------------|------------------------------------------------|
| Name (Last, First)<br>PATROL OFFICER YATES, BERNADETTE | Badge #<br>119            | Sex<br>F              | Race<br>BLACK | Age<br>28 | Injured<br><input type="checkbox"/>            | Killed<br><input type="checkbox"/>             |
| Rank<br>PATROL OFFICER                                 | Duty Assignment<br>PATROL | Years of Service<br>8 |               |           | On Duty<br><input checked="" type="checkbox"/> | Uniform<br><input checked="" type="checkbox"/> |

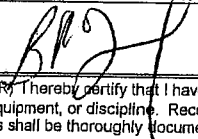
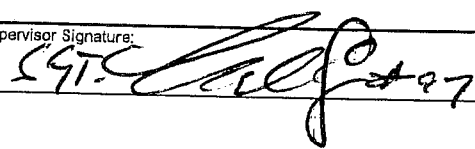
## C1. Subject 1 (List only the person who was the subject of the use of force by the officer listed in Section B.)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |          |                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                    |                                    |                                                |                                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|------------------------------------------------|------------------------------------|
| Name (Last, First)<br>[REDACTED]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Sex<br>M | Race<br>WHITE                                   | Age<br>42                                                                                                                                                                                                                                                                                                                                                                                                          | Weapon<br><input type="checkbox"/> | Injured<br><input checked="" type="checkbox"/> | Killed<br><input type="checkbox"/> |
| <input type="checkbox"/> Under the influence<br><input type="checkbox"/> Other Unusual condition (specify) _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |          | Arrested<br><input checked="" type="checkbox"/> | Charges<br>RESISTING ARREST                                                                                                                                                                                                                                                                                                                                                                                        |                                    |                                                |                                    |
| <b>Subjects actions</b> (check all that apply)<br><input checked="" type="checkbox"/> Resisted police officer control<br><input type="checkbox"/> Physical threat/attack on officer or another<br><input type="checkbox"/> Threatened/attacked officer or another with blunt object<br><input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object<br><input type="checkbox"/> Threatened/attacked officer or another with motor vehicle<br><input type="checkbox"/> Threatened officer or another with firearm<br><input type="checkbox"/> Fired at officer or another<br><input type="checkbox"/> Other (specify) _____ |          |                                                 | <b>Officer's use of force toward the subject</b> (check all that apply)<br><input checked="" type="checkbox"/> Compliance hold<br><input type="checkbox"/> Hands/fists<br><input type="checkbox"/> Kicks/feet<br><input type="checkbox"/> Chemical/natural agent<br><input type="checkbox"/> Strike/use baton or other object<br><input type="checkbox"/> Canine<br><input type="checkbox"/> Other (specify) _____ |                                    |                                                |                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |          |                                                 | Firearms Discharge<br><input type="checkbox"/> Intentional<br><input type="checkbox"/> Accidental<br>Number of shots fired _____<br>Number of hits _____<br>(Use 'UNK' if unknown)                                                                                                                                                                                                                                 |                                    |                                                |                                    |

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

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

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| Signature:<br>                                                                                                                                                                                                                                                                                                                                                                                                                              | Date:<br>02/10/2017                                                                                           |
| (SUPERVISOR) I hereby certify that I have reviewed this Use of Force report for accuracy and completeness and have promptly addressed any issues as they may pertain to policy interpretation, training, weapons or equipment, or discipline. Recommendations to modify policy, apply remedial training beyond what can be performed by me, change weapons, equipment or tactics, or apply discipline beyond my capabilities shall be thoroughly documented and forwarded through the chain of command to the Chief of Police. |                                                                                                               |
| Supervisor Name:<br>SERGEANT KEMPE, MICHAEL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Supervisor Signature:<br> |

# USE OF FORCE

## A. Incident Information

|                                                                                                                                                                                                                                                                                                   |               |                    |                                                 |                                  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|--------------------|-------------------------------------------------|----------------------------------|
| Date<br>02/22/2017                                                                                                                                                                                                                                                                                | Time<br>22:21 | Day of Week<br>Wed | Location<br>100 BROADWAY, ELMWOOD PARK NJ 07407 | Incident Number<br>I-2017-006949 |
| <input type="checkbox"/> Crime in progress <input type="checkbox"/> Domestic <input type="checkbox"/> Other Dispute <input type="checkbox"/> Suspicious Person <input type="checkbox"/> Traffic Stop<br><input checked="" type="checkbox"/> Other (Specify) <u>EDP UNDER THE INFLUENCE OF PCP</u> |               |                    |                                                 |                                  |

## B. Officer Information

|                                                       |                                |                        |                                                |                                                |                                     |                                    |
|-------------------------------------------------------|--------------------------------|------------------------|------------------------------------------------|------------------------------------------------|-------------------------------------|------------------------------------|
| Name (Last, First)<br>PATROL OFFICER MARTINEZ, DANIEL | Badge #<br>116                 | Sex<br>M               | Race<br>UNKNOWN                                | Age<br>34                                      | Injured<br><input type="checkbox"/> | Killed<br><input type="checkbox"/> |
| Rank<br>PATROL OFFICER                                | Duty Assignment<br>A-1, PATROL | Years of Service<br>11 | On Duty<br><input checked="" type="checkbox"/> | Uniform<br><input checked="" type="checkbox"/> |                                     |                                    |

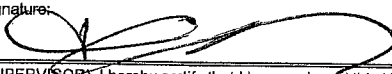
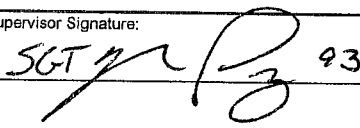
## C1. Subject 1 (List only the person who was the subject of the use of force by the officer listed in Section B.)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |           |                                    |                                     |                                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------------------------------|-------------------------------------|------------------------------------|
| Name (Last, First)<br>[REDACTED]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Sex<br>M | Race<br>BLACK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Age<br>32 | Weapon<br><input type="checkbox"/> | Injured<br><input type="checkbox"/> | Killed<br><input type="checkbox"/> |
| <input checked="" type="checkbox"/> Under the influence<br><input type="checkbox"/> Other Unusual condition (specify) _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |          | Arrested<br><input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Charges   |                                    |                                     |                                    |
| <b>Subjects actions</b> (check all that apply)<br><input checked="" type="checkbox"/> Resisted police officer control<br><input type="checkbox"/> Physical threat/attack on officer or another<br><input type="checkbox"/> Threatened/attacked officer or another with blunt object<br><input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object<br><input type="checkbox"/> Threatened/attacked officer or another with motor vehicle<br><input type="checkbox"/> Threatened officer or another with firearm<br><input type="checkbox"/> Fired at officer or another<br><input type="checkbox"/> Other (specify) _____ |          | <b>Officer's use of force toward the subject</b> (check all that apply)<br><input checked="" type="checkbox"/> Compliance hold<br><input type="checkbox"/> Hands/fists<br><input type="checkbox"/> Kicks/feet<br><input type="checkbox"/> Chemical/natural agent<br><input type="checkbox"/> Strike/use baton or other object<br><input type="checkbox"/> Canine<br><input type="checkbox"/> Other (specify) _____<br><div style="text-align: right;">           Firearms Discharge<br/> <input type="checkbox"/> Intentional<br/> <input type="checkbox"/> Accidental<br/>           Number of shots fired _____<br/>           Number of hits _____<br/>           (Use 'UNK' if unknown)         </div> |           |                                    |                                     |                                    |

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |         |                                    |                                     |                                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|------------------------------------|-------------------------------------|------------------------------------|
| Name (Last, First)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Sex | Race                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Age     | Weapon<br><input type="checkbox"/> | Injured<br><input type="checkbox"/> | Killed<br><input type="checkbox"/> |
| <input type="checkbox"/> Under the influence<br><input type="checkbox"/> Other Unusual condition (specify) _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |     | Arrested<br><input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Charges |                                    |                                     |                                    |
| <b>Subjects actions</b> (check all that apply)<br><input type="checkbox"/> Resisted police officer control<br><input type="checkbox"/> Physical threat/attack on officer or another<br><input type="checkbox"/> Threatened/attacked officer or another with blunt object<br><input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object<br><input type="checkbox"/> Threatened/attacked officer or another with motor vehicle<br><input type="checkbox"/> Threatened officer or another with firearm<br><input type="checkbox"/> Fired at officer or another<br><input type="checkbox"/> Other (specify) _____ |     | <b>Officer's use of force toward subject</b> (check all that apply)<br><input type="checkbox"/> Compliance hold<br><input type="checkbox"/> Hands/fists<br><input type="checkbox"/> Kicks/feet<br><input type="checkbox"/> Chemical/natural agent<br><input type="checkbox"/> Strike/use baton or other object<br><input type="checkbox"/> Canine<br><input type="checkbox"/> Other (specify) _____<br><div style="text-align: right;">           Firearms Discharge<br/> <input type="checkbox"/> Intentional<br/> <input type="checkbox"/> Accidental<br/>           Number of shots fired _____<br/>           Number of hits _____<br/>           (Use 'UNK' if unknown)         </div> |         |                                    |                                     |                                    |

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|
| Signature:<br>                                                                                                                                                                                                                                                                                                                                                                                                                               | Date:<br>2-22-17                                                                                                 |
| (SUPERVISOR) I hereby certify that I have reviewed this Use of Force report for accuracy and completeness and have promptly addressed any issues as they may pertain to policy interpretation, training, weapons or equipment, or discipline. Recommendations to modify policy, apply remedial training beyond what can be performed by me, change weapons, equipment or tactics, or apply discipline beyond my capabilities shall be thoroughly documented and forwarded through the chain of command to the Chief of Police. |                                                                                                                  |
| Supervisor Name:<br>SERGEANT PETRONZI, NICHOLAS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Supervisor Signature:<br> 93 |

# USE OF FORCE

## A. Incident Information

|                                                                                                                                                                                                                                                                   |                      |                           |                                                    |                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|---------------------------|----------------------------------------------------|-----------------------------------------|
| Date<br><b>04/27/2017</b>                                                                                                                                                                                                                                         | Time<br><b>16:48</b> | Day of Week<br><b>Thu</b> | Location<br><b>BROADWAY, ELMWOOD PARK NJ 07407</b> | Incident Number<br><b>I-2017-015337</b> |
| <input type="checkbox"/> Crime in progress <input type="checkbox"/> Domestic <input type="checkbox"/> Other Dispute <input type="checkbox"/> Suspicious Person <input checked="" type="checkbox"/> Traffic Stop<br><input type="checkbox"/> Other (Specify) _____ |                      |                           |                                                    |                                         |

## B. Officer Information

|                                                              |                                                      |                 |                      |                               |                                                |                                     |
|--------------------------------------------------------------|------------------------------------------------------|-----------------|----------------------|-------------------------------|------------------------------------------------|-------------------------------------|
| Name (Last, First)<br><b>PATROL OFFICER PRELICH, MICHAEL</b> | Badge #<br><b>105</b>                                | Sex<br><b>M</b> | Race<br><b>WHITE</b> | Age<br><b>44</b>              | Injured<br><input type="checkbox"/>            | Killed<br><input type="checkbox"/>  |
| Rank<br><b>PATROL OFFICER</b>                                | Duty Assignment<br><b>NARCOTICS ENFORCEMENT UNIT</b> |                 |                      | Years of Service<br><b>11</b> | On Duty<br><input checked="" type="checkbox"/> | Uniform<br><input type="checkbox"/> |

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                    |                                    |                                     |                                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|------------------------------------|-------------------------------------|------------------------------------|
| Name (Last, First)<br><b>GREENE, THOMAS ANDREW</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Sex<br><b>M</b> | Race<br><b>WHITE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Age<br><b>21</b>                   | Weapon<br><input type="checkbox"/> | Injured<br><input type="checkbox"/> | Killed<br><input type="checkbox"/> |
| <input checked="" type="checkbox"/> Under the influence<br><input type="checkbox"/> Other Unusual condition (specify) _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 | Arrested<br><input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Charges<br><b>RESISTING ARREST</b> |                                    |                                     |                                    |
| <b>Subjects actions</b> (check all that apply)<br><input checked="" type="checkbox"/> Resisted police officer control<br><input type="checkbox"/> Physical threat/attack on officer or another<br><input type="checkbox"/> Threatened/attacked officer or another with blunt object<br><input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object<br><input type="checkbox"/> Threatened/attacked officer or another with motor vehicle<br><input type="checkbox"/> Threatened officer or another with firearm<br><input type="checkbox"/> Fired at officer or another<br><input type="checkbox"/> Other (specify) _____ |                 | <b>Officer's use of force toward the subject</b> (check all that apply)<br><input checked="" type="checkbox"/> Compliance hold<br><input checked="" type="checkbox"/> Hands/fists<br><input type="checkbox"/> Kicks/feet<br><input type="checkbox"/> Chemical/natural agent<br><input type="checkbox"/> Strike/use baton or other object<br><input type="checkbox"/> Canine<br><input type="checkbox"/> Other (specify) _____<br><div style="text-align: right;">           Firearms Discharge<br/> <input type="checkbox"/> Intentional<br/> <input type="checkbox"/> Accidental<br/>           Number of shots fired _____<br/>           Number of hits _____<br/>           (Use 'UNK' if unknown)         </div> |                                    |                                    |                                     |                                    |

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |         |                                    |                                     |                                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|------------------------------------|-------------------------------------|------------------------------------|
| Name (Last, First)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Sex | Race                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Age     | Weapon<br><input type="checkbox"/> | Injured<br><input type="checkbox"/> | Killed<br><input type="checkbox"/> |
| <input type="checkbox"/> Under the influence<br><input type="checkbox"/> Other Unusual condition (specify) _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |     | Arrested<br><input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Charges |                                    |                                     |                                    |
| <b>Subjects actions</b> (check all that apply)<br><input type="checkbox"/> Resisted police officer control<br><input type="checkbox"/> Physical threat/attack on officer or another<br><input type="checkbox"/> Threatened/attacked officer or another with blunt object<br><input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object<br><input type="checkbox"/> Threatened/attacked officer or another with motor vehicle<br><input type="checkbox"/> Threatened officer or another with firearm<br><input type="checkbox"/> Fired at officer or another<br><input type="checkbox"/> Other (specify) _____ |     | <b>Officer's use of force toward subject</b> (check all that apply)<br><input type="checkbox"/> Compliance hold<br><input type="checkbox"/> Hands/fists<br><input type="checkbox"/> Kicks/feet<br><input type="checkbox"/> Chemical/natural agent<br><input type="checkbox"/> Strike/use baton or other object<br><input type="checkbox"/> Canine<br><input type="checkbox"/> Other (specify) _____<br><div style="text-align: right;">           Firearms Discharge<br/> <input type="checkbox"/> Intentional<br/> <input type="checkbox"/> Accidental<br/>           Number of shots fired _____<br/>           Number of hits _____<br/>           (Use 'UNK' if unknown)         </div> |         |                                    |                                     |                                    |

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|
| Signature:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Date:                 |
| (SUPERVISOR) I hereby certify that I have reviewed this Use of Force report for accuracy and completeness and have promptly addressed any issues as they may pertain to policy interpretation, training, weapons or equipment, or discipline. Recommendations to modify policy, apply remedial training beyond what can be performed by me, change weapons, equipment or tactics, or apply discipline beyond my capabilities shall be thoroughly documented and forwarded through the chain of command to the Chief of Police. |                       |
| Supervisor Name:<br><b>LIEUTENANT KASSAI, MICHAEL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Supervisor Signature: |

# USE OF FORCE

## A. Incident Information

|                                                                                                                                                                                                      |               |                    |                                                 |                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|--------------------|-------------------------------------------------|----------------------------------|
| Date<br>06/22/2017                                                                                                                                                                                   | Time<br>23:56 | Day of Week<br>Wed | Location<br>100 BROADWAY, ELMWOOD PARK NJ 07407 | Incident Number<br>I-2017-006949 |
| <input type="checkbox"/> Crime in progress <input type="checkbox"/> Domestic <input type="checkbox"/> Other Dispute <input type="checkbox"/> Suspicious Person <input type="checkbox"/> Traffic Stop |               |                    |                                                 |                                  |
| <input checked="" type="checkbox"/> Other (Specify)                     EDP UNDER THE INFLUENCE OF PCP                                                                                               |               |                    |                                                 |                                  |

## B. Officer Information

|                                                       |                                   |          |               |                        |                                                |                                                |
|-------------------------------------------------------|-----------------------------------|----------|---------------|------------------------|------------------------------------------------|------------------------------------------------|
| Name (Last, First)<br>PATROL OFFICER JOHNSON, MICHAEL | Badge #<br>113                    | Sex<br>M | Race<br>BLACK | Age<br>40              | Injured<br><input type="checkbox"/>            | Killed<br><input type="checkbox"/>             |
| Rank<br>PATROL OFFICER                                | Duty Assignment<br>PATROL OFFICER |          |               | Years of Service<br>12 | On Duty<br><input checked="" type="checkbox"/> | Uniform<br><input checked="" type="checkbox"/> |

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |          |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                    |                                     |                                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|--------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------|------------------------------------|
| Name (Last, First)<br>[REDACTED]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Sex<br>M | Race<br>BLACK                        | Age<br>32                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Weapon<br><input type="checkbox"/> | Injured<br><input type="checkbox"/> | Killed<br><input type="checkbox"/> |
| <input checked="" type="checkbox"/> Under the influence<br><input type="checkbox"/> Other Unusual condition (specify) _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |          | Arrested<br><input type="checkbox"/> | Charges                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                    |                                     |                                    |
| <b>Subjects actions</b> (check all that apply)<br><input checked="" type="checkbox"/> Resisted police officer control<br><input type="checkbox"/> Physical threat/attack on officer or another<br><input type="checkbox"/> Threatened/attacked officer or another with blunt object<br><input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object<br><input type="checkbox"/> Threatened/attacked officer or another with motor vehicle<br><input type="checkbox"/> Threatened officer or another with firearm<br><input type="checkbox"/> Fired at officer or another<br><input type="checkbox"/> Other (specify) _____ |          |                                      | <b>Officer's use of force toward the subject</b> (check all that apply)<br><input checked="" type="checkbox"/> Compliance hold<br><input type="checkbox"/> Hands/fists<br><input type="checkbox"/> Kicks/feet<br><input type="checkbox"/> Chemical/natural agent<br><input type="checkbox"/> Strike/use baton or other object<br><input type="checkbox"/> Canine<br><input type="checkbox"/> Other (specify) _____ <div style="margin-top: 10px;">                     Firearms Discharge<br/> <input type="checkbox"/> Intentional<br/> <input type="checkbox"/> Accidental<br/>                     Number of shots fired _____<br/>                     Number of hits _____<br/>                     (Use 'UNK' if unknown)                 </div> |                                    |                                     |                                    |

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |     |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                    |                                     |                                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|--------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------|------------------------------------|
| Name (Last, First)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Sex | Race                                 | Age                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Weapon<br><input type="checkbox"/> | Injured<br><input type="checkbox"/> | Killed<br><input type="checkbox"/> |
| <input type="checkbox"/> Under the influence<br><input type="checkbox"/> Other Unusual condition (specify) _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |     | Arrested<br><input type="checkbox"/> | Charges                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                    |                                     |                                    |
| <b>Subjects actions</b> (check all that apply)<br><input type="checkbox"/> Resisted police officer control<br><input type="checkbox"/> Physical threat/attack on officer or another<br><input type="checkbox"/> Threatened/attacked officer or another with blunt object<br><input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object<br><input type="checkbox"/> Threatened/attacked officer or another with motor vehicle<br><input type="checkbox"/> Threatened officer or another with firearm<br><input type="checkbox"/> Fired at officer or another<br><input type="checkbox"/> Other (specify) _____ |     |                                      | <b>Officer's use of force toward subject</b> (check all that apply)<br><input type="checkbox"/> Compliance hold<br><input type="checkbox"/> Hands/fists<br><input type="checkbox"/> Kicks/feet<br><input type="checkbox"/> Chemical/natural agent<br><input type="checkbox"/> Strike/use baton or other object<br><input type="checkbox"/> Canine<br><input type="checkbox"/> Other (specify) _____ <div style="margin-top: 10px;">                     Firearms Discharge<br/> <input type="checkbox"/> Intentional<br/> <input type="checkbox"/> Accidental<br/>                     Number of shots fired _____<br/>                     Number of hits _____<br/>                     (Use 'UNK' if unknown)                 </div> |                                    |                                     |                                    |

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|
| Signature:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Date:<br>02/22/2017   |
| (SUPERVISOR) I hereby certify that I have reviewed this Use of Force report for accuracy and completeness and have promptly addressed any issues as they may pertain to policy interpretation, training, weapons or equipment, or discipline. Recommendations to modify policy, apply remedial training beyond what can be performed by me, change weapons, equipment or tactics, or apply discipline beyond my capabilities shall be thoroughly documented and forwarded through the chain of command to the Chief of Police. |                       |
| Supervisor Name:<br>SERGEANT PETRONZI, NICHOLAS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Supervisor Signature: |

# USE OF FORCE

## A. Incident Information

|                                                                                                                                                                                                                                                                                                   |               |                    |                                                 |                                  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|--------------------|-------------------------------------------------|----------------------------------|
| Date<br>02/23/2017                                                                                                                                                                                                                                                                                | Time<br>07:07 | Day of Week<br>Wed | Location<br>100 BROADWAY, ELMWOOD PARK NJ 07407 | Incident Number<br>I-2017-006949 |
| <input type="checkbox"/> Crime in progress <input type="checkbox"/> Domestic <input type="checkbox"/> Other Dispute <input type="checkbox"/> Suspicious Person <input type="checkbox"/> Traffic Stop<br><input checked="" type="checkbox"/> Other (Specify) <b>EDP UNDER THE INFLUENCE OF PCP</b> |               |                    |                                                 |                                  |

## B. Officer Information

|                                                             |                                          |          |               |                       |                                                |                                                |
|-------------------------------------------------------------|------------------------------------------|----------|---------------|-----------------------|------------------------------------------------|------------------------------------------------|
| Name (Last, First)<br><b>PATROLMAN MIRANDA, CHRISTOPHER</b> | Badge #<br>122                           | Sex<br>M | Race<br>WHITE | Age<br>27             | Injured<br><input type="checkbox"/>            | Killed<br><input type="checkbox"/>             |
| Rank<br><b>PATROLMAN</b>                                    | Duty Assignment<br><b>STORE SECURITY</b> |          |               | Years of Service<br>3 | On Duty<br><input checked="" type="checkbox"/> | Uniform<br><input checked="" type="checkbox"/> |

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |           |                                    |                                     |                                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------------------------------|-------------------------------------|------------------------------------|
| Name (Last, First)<br><b>[REDACTED]</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Sex<br>M | Race<br>BLACK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Age<br>32 | Weapon<br><input type="checkbox"/> | Injured<br><input type="checkbox"/> | Killed<br><input type="checkbox"/> |
| <input checked="" type="checkbox"/> Under the influence <b>PCP</b><br><input type="checkbox"/> Other Unusual condition (specify) _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |          | Arrested<br><input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Charges   |                                    |                                     |                                    |
| <b>Subjects actions</b> (check all that apply)<br><input checked="" type="checkbox"/> Resisted police officer control<br><input type="checkbox"/> Physical threat/attack on officer or another<br><input type="checkbox"/> Threatened/attacked officer or another with blunt object<br><input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object<br><input type="checkbox"/> Threatened/attacked officer or another with motor vehicle<br><input type="checkbox"/> Threatened officer or another with firearm<br><input type="checkbox"/> Fired at officer or another<br><input type="checkbox"/> Other (specify) _____ |          | <b>Officer's use of force toward the subject</b> (check all that apply)<br><input checked="" type="checkbox"/> Compliance hold<br><input type="checkbox"/> Hands/fists<br><input type="checkbox"/> Kicks/feet<br><input type="checkbox"/> Chemical/natural agent<br><input type="checkbox"/> Strike/use baton or other object<br><input type="checkbox"/> Canine<br><input type="checkbox"/> Other (specify) _____<br><div style="float: right; text-align: right;">                     Firearms Discharge<br/> <input type="checkbox"/> Intentional<br/> <input type="checkbox"/> Accidental<br/>                     Number of shots fired _____<br/>                     Number of hits _____<br/>                     (Use 'UNK' if unknown)                 </div> |           |                                    |                                     |                                    |

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |         |                                    |                                     |                                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|------------------------------------|-------------------------------------|------------------------------------|
| Name (Last, First)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Sex | Race                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Age     | Weapon<br><input type="checkbox"/> | Injured<br><input type="checkbox"/> | Killed<br><input type="checkbox"/> |
| <input type="checkbox"/> Under the influence<br><input type="checkbox"/> Other Unusual condition (specify) _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |     | Arrested<br><input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Charges |                                    |                                     |                                    |
| <b>Subjects actions</b> (check all that apply)<br><input type="checkbox"/> Resisted police officer control<br><input type="checkbox"/> Physical threat/attack on officer or another<br><input type="checkbox"/> Threatened/attacked officer or another with blunt object<br><input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object<br><input type="checkbox"/> Threatened/attacked officer or another with motor vehicle<br><input type="checkbox"/> Threatened officer or another with firearm<br><input type="checkbox"/> Fired at officer or another<br><input type="checkbox"/> Other (specify) _____ |     | <b>Officer's use of force toward subject</b> (check all that apply)<br><input type="checkbox"/> Compliance hold<br><input type="checkbox"/> Hands/fists<br><input type="checkbox"/> Kicks/feet<br><input type="checkbox"/> Chemical/natural agent<br><input type="checkbox"/> Strike/use baton or other object<br><input type="checkbox"/> Canine<br><input type="checkbox"/> Other (specify) _____<br><div style="float: right; text-align: right;">                     Firearms Discharge<br/> <input type="checkbox"/> Intentional<br/> <input type="checkbox"/> Accidental<br/>                     Number of shots fired _____<br/>                     Number of hits _____<br/>                     (Use 'UNK' if unknown)                 </div> |         |                                    |                                     |                                    |

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|
| Signature:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Date:<br>02/23/2017   |
| (SUPERVISOR) I hereby certify that I have reviewed this Use of Force report for accuracy and completeness and have promptly addressed any issues as they may pertain to policy interpretation, training, weapons or equipment, or discipline. Recommendations to modify policy, apply remedial training beyond what can be performed by me, change weapons, equipment or tactics, or apply discipline beyond my capabilities shall be thoroughly documented and forwarded through the chain of command to the Chief of Police. |                       |
| Supervisor Name:<br><b>LIEUTENANT BARONE, JOSEPH</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Supervisor Signature: |

# USE OF FORCE

## A. Incident Information

|                                                                                                                                                                                                      |               |                    |                                                   |                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|--------------------|---------------------------------------------------|----------------------------------|
| Date<br>05/14/2017                                                                                                                                                                                   | Time<br>02:13 | Day of Week<br>Sun | Location<br>ORCHARD STREET, ELMWOOD PARK NJ 07407 | Incident Number<br>I-2017-017338 |
| <input type="checkbox"/> Crime in progress <input type="checkbox"/> Domestic <input type="checkbox"/> Other Dispute <input type="checkbox"/> Suspicious Person <input type="checkbox"/> Traffic Stop |               |                    |                                                   |                                  |
| <input checked="" type="checkbox"/> Other (Specify) <b>ASSAULT IN PROGRESS</b>                                                                                                                       |               |                    |                                                   |                                  |

## B. Officer Information

|                                                       |                                   |          |               |                        |                                                |                                                |
|-------------------------------------------------------|-----------------------------------|----------|---------------|------------------------|------------------------------------------------|------------------------------------------------|
| Name (Last, First)<br>PATROL OFFICER MARTINEZ, DANIEL | Badge #<br>116                    | Sex<br>M | Race<br>WHITE | Age<br>34              | Injured<br><input type="checkbox"/>            | Killed<br><input type="checkbox"/>             |
| Rank<br>PATROL OFFICER                                | Duty Assignment<br>PATROL OFFICER |          |               | Years of Service<br>10 | On Duty<br><input checked="" type="checkbox"/> | Uniform<br><input checked="" type="checkbox"/> |

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |           |                                    |                                                |                                    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------------------------------|------------------------------------------------|------------------------------------|
| Name (Last, First)<br><div style="background-color: black; width: 100px; height: 1.2em;"></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Sex<br>M | Race<br>WHITE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Age<br>29 | Weapon<br><input type="checkbox"/> | Injured<br><input checked="" type="checkbox"/> | Killed<br><input type="checkbox"/> |
| <input checked="" type="checkbox"/> Under the influence<br><input type="checkbox"/> Other Unusual condition (specify) _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |          | Arrested<br><input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Charges   |                                    |                                                |                                    |
| <b>Subjects actions</b> (check all that apply)<br><input checked="" type="checkbox"/> Resisted police officer control<br><input checked="" type="checkbox"/> Physical threat/attack on officer or another<br><input type="checkbox"/> Threatened/attacked officer or another with blunt object<br><input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object<br><input type="checkbox"/> Threatened/attacked officer or another with motor vehicle<br><input type="checkbox"/> Threatened officer or another with firearm<br><input type="checkbox"/> Fired at officer or another<br><input type="checkbox"/> Other (specify) _____ |          | <b>Officer's use of force toward the subject</b> (check all that apply)<br><input checked="" type="checkbox"/> Compliance hold<br><input checked="" type="checkbox"/> Hands/fists<br><input type="checkbox"/> Kicks/feet<br><input type="checkbox"/> Chemical/natural agent<br><input type="checkbox"/> Strike/use baton or other object<br><input type="checkbox"/> Canine<br><input checked="" type="checkbox"/> Other (specify) <b>SUSPECT BLEEDING FROM HAND PRIOR ARRIVAL BEGAN TO FLAIL HIS ARMS SPILLING BLOOD WHILE TRYING TO RENDER FIRST AID</b> |           |                                    |                                                |                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |          | Firearms Discharge<br><input type="checkbox"/> Intentional<br><input type="checkbox"/> Accidental<br>Number of shots fired _____<br>Number of hits _____<br>(Use 'UNK' if unknown)                                                                                                                                                                                                                                                                                                                                                                         |           |                                    |                                                |                                    |

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

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

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                            |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|
| Signature:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Date:<br>05/14/2017        |
| (SUPERVISOR) I hereby certify that I have reviewed this Use of Force report for accuracy and completeness and have promptly addressed any issues as they may pertain to policy interpretation, training, weapons or equipment, or discipline. Recommendations to modify policy, apply remedial training beyond what can be performed by me, change weapons, equipment or tactics, or apply discipline beyond my capabilities shall be thoroughly documented and forwarded through the chain of command to the Chief of Police. |                            |
| Supervisor Name:<br>LIEUTENANT BARONE, JOSEPH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Supervisor Signature:  #81 |

# USE OF FORCE

## A. Incident Information

|                                                                                                                                                                                                                                                                                                            |               |                    |                                                 |                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|--------------------|-------------------------------------------------|----------------------------------|
| Date<br>04/18/2017                                                                                                                                                                                                                                                                                         | Time<br>01:45 | Day of Week<br>Tue | Location<br>GROVE STREET, ELMWOOD PARK NJ 07407 | Incident Number<br>I-2017-014228 |
| <input type="checkbox"/> Crime in progress <input type="checkbox"/> Domestic <input type="checkbox"/> Other Dispute <input type="checkbox"/> Suspicious Person <input type="checkbox"/> Traffic Stop<br><input checked="" type="checkbox"/> Other (Specify) <b>EMOTIONALLY DISTURBER PERSON / DOMESTIC</b> |               |                    |                                                 |                                  |

## B. Officer Information

|                                                      |                                             |                        |                                                |                                     |                                     |                                    |
|------------------------------------------------------|---------------------------------------------|------------------------|------------------------------------------------|-------------------------------------|-------------------------------------|------------------------------------|
| Name (Last, First)<br><b>LIEUTENANT HARRIS, JOHN</b> | Badge #<br>74                               | Sex<br>M               | Race<br>WHITE                                  | Age<br>49                           | Injured<br><input type="checkbox"/> | Killed<br><input type="checkbox"/> |
| Rank<br><b>LIEUTENANT</b>                            | Duty Assignment<br><b>PATROL SUPERVISOR</b> | Years of Service<br>28 | On Duty<br><input checked="" type="checkbox"/> | Uniform<br><input type="checkbox"/> |                                     |                                    |

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |          |                                                                                                                                                                                                                                                                                                                                                                                                                               |           |                                    |                                     |                                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------------------------------|-------------------------------------|------------------------------------|
| Name (Last, First)<br>[REDACTED]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Sex<br>M | Race<br>WHITE                                                                                                                                                                                                                                                                                                                                                                                                                 | Age<br>48 | Weapon<br><input type="checkbox"/> | Injured<br><input type="checkbox"/> | Killed<br><input type="checkbox"/> |
| <input type="checkbox"/> Under the influence<br><input type="checkbox"/> Other Unusual condition (specify) _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |          | Arrested<br><input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                          | Charges   |                                    |                                     |                                    |
| <b>Subjects actions</b> (check all that apply)<br><input checked="" type="checkbox"/> Resisted police officer control<br><input type="checkbox"/> Physical threat/attack on officer or another<br><input type="checkbox"/> Threatened/attacked officer or another with blunt object<br><input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object<br><input type="checkbox"/> Threatened/attacked officer or another with motor vehicle<br><input type="checkbox"/> Threatened officer or another with firearm<br><input type="checkbox"/> Fired at officer or another<br><input type="checkbox"/> Other (specify) _____ |          | <b>Officer's use of force toward the subject</b> (check all that apply)<br><input checked="" type="checkbox"/> Compliance hold<br><input checked="" type="checkbox"/> Hands/fists<br><input type="checkbox"/> Kicks/feet<br><input type="checkbox"/> Chemical/natural agent<br><input type="checkbox"/> Strike/use baton or other object<br><input type="checkbox"/> Canine<br><input type="checkbox"/> Other (specify) _____ |           |                                    |                                     |                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |          | Firearms Discharge<br><input type="checkbox"/> Intentional<br><input type="checkbox"/> Accidental<br>Number of shots fired _____<br>Number of hits _____<br>(Use 'UNK' if unknown)                                                                                                                                                                                                                                            |           |                                    |                                     |                                    |

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

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

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|
| Signature:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Date:<br>04/18/2017   |
| (SUPERVISOR) I hereby certify that I have reviewed this Use of Force report for accuracy and completeness and have promptly addressed any issues as they may pertain to policy interpretation, training, weapons or equipment, or discipline. Recommendations to modify policy, apply remedial training beyond what can be performed by me, change weapons, equipment or tactics, or apply discipline beyond my capabilities shall be thoroughly documented and forwarded through the chain of command to the Chief of Police. |                       |
| Supervisor Name:<br><b>CAPTAIN THORPE, FRANK</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Supervisor Signature: |

# USE OF FORCE

## A. Incident Information

|                                                                                                                                                                                                                                                                   |               |                    |                                                         |                                  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|--------------------|---------------------------------------------------------|----------------------------------|
| Date<br>07/29/2017                                                                                                                                                                                                                                                | Time<br>19:08 | Day of Week<br>Sat | Location<br>ELMWOOD PARK POLICE - 182 MARKET STREET, EI | Incident Number<br>I-2017-026424 |
| <input type="checkbox"/> Crime in progress <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Other Dispute <input type="checkbox"/> Suspicious Person <input type="checkbox"/> Traffic Stop<br><input type="checkbox"/> Other (Specify) _____ |               |                    |                                                         |                                  |

## B. Officer Information

|                                                      |                                            |          |               |                         |                                                |                                                |
|------------------------------------------------------|--------------------------------------------|----------|---------------|-------------------------|------------------------------------------------|------------------------------------------------|
| Name (Last, First)<br>PATROL OFFICER KEENAN, CHARLES | Badge #<br>117                             | Sex<br>M | Race<br>WHITE | Age<br>40               | Injured<br><input type="checkbox"/>            | Killed<br><input type="checkbox"/>             |
| Rank<br>PATROL OFFICER                               | Duty Assignment<br>UNIFORM PATROL DIVISION |          |               | Years of Service<br>3.5 | On Duty<br><input checked="" type="checkbox"/> | Uniform<br><input checked="" type="checkbox"/> |

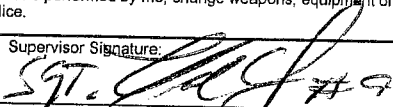
## C1. Subject 1 (List only the person who was the subject of the use of force by the officer listed in Section B.)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                        |                                    |                                     |                                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------------------------|-------------------------------------|------------------------------------|
| Name (Last, First)<br>NUNEZ, JAYCOB B                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Sex<br>M | Race<br>WHITE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Age<br>19              | Weapon<br><input type="checkbox"/> | Injured<br><input type="checkbox"/> | Killed<br><input type="checkbox"/> |
| <input type="checkbox"/> Under the influence<br><input type="checkbox"/> Other Unusual condition (specify) _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |          | Arrested<br><input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Charges<br>OBSTRUCTION |                                    |                                     |                                    |
| <b>Subjects actions</b> (check all that apply)<br><input checked="" type="checkbox"/> Resisted police officer control<br><input type="checkbox"/> Physical threat/attack on officer or another<br><input type="checkbox"/> Threatened/attacked officer or another with blunt object<br><input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object<br><input type="checkbox"/> Threatened/attacked officer or another with motor vehicle<br><input type="checkbox"/> Threatened officer or another with firearm<br><input type="checkbox"/> Fired at officer or another<br><input checked="" type="checkbox"/> Other (specify) <u>ATTEMPTED TO ASSAULT DV VICTI</u> |          | <b>Officer's use of force toward the subject</b> (check all that apply)<br><input checked="" type="checkbox"/> Compliance hold<br><input checked="" type="checkbox"/> Hands/fists<br><input type="checkbox"/> Kicks/feet<br><input type="checkbox"/> Chemical/natural agent<br><input type="checkbox"/> Strike/use baton or other object<br><input type="checkbox"/> Canine<br><input type="checkbox"/> Other (specify) _____<br>Firearms Discharge<br><input type="checkbox"/> Intentional<br><input type="checkbox"/> Accidental<br>Number of shots fired _____<br>Number of hits _____<br>(Use 'UNK' if unknown) |                        |                                    |                                     |                                    |

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

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

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|
| Signature:<br> #117                                                                                                                                                                                                                                                                                                                                                                                                                          | Date:<br>07/29/2017                                                                                               |
| (SUPERVISOR) I hereby certify that I have reviewed this Use of Force report for accuracy and completeness and have promptly addressed any issues as they may pertain to policy interpretation, training, weapons or equipment, or discipline. Recommendations to modify policy, apply remedial training beyond what can be performed by me, change weapons, equipment or tactics, or apply discipline beyond my capabilities shall be thoroughly documented and forwarded through the chain of command to the Chief of Police. |                                                                                                                   |
| Supervisor Name:<br>SERGEANT KEMPE, MICHAEL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Supervisor Signature:<br> #97 |

# USE OF FORCE

## A. Incident Information

|                                                                                                                                                                                                                                                                   |               |                    |                                                         |                                  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|--------------------|---------------------------------------------------------|----------------------------------|
| Date<br>07/29/2017                                                                                                                                                                                                                                                | Time<br>19:08 | Day of Week<br>Sat | Location<br>ELMWOOD PARK POLICE - 182 MARKET STREET, EI | Incident Number<br>I-2017-026424 |
| <input type="checkbox"/> Crime in progress <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Other Dispute <input type="checkbox"/> Suspicious Person <input type="checkbox"/> Traffic Stop<br><input type="checkbox"/> Other (Specify) _____ |               |                    |                                                         |                                  |

## B. Officer Information

|                                                    |                                            |          |               |                        |                                                |                                                |
|----------------------------------------------------|--------------------------------------------|----------|---------------|------------------------|------------------------------------------------|------------------------------------------------|
| Name (Last, First)<br>PATROL OFFICER QUINN, JOSEPH | Badge #<br>112                             | Sex<br>M | Race<br>WHITE | Age<br>45              | Injured<br><input type="checkbox"/>            | Killed<br><input type="checkbox"/>             |
| Rank<br>PATROL OFFICER                             | Duty Assignment<br>UNIFORM PATROL DIVISION |          |               | Years of Service<br>18 | On Duty<br><input checked="" type="checkbox"/> | Uniform<br><input checked="" type="checkbox"/> |

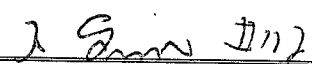
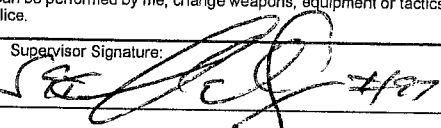
## C1. Subject 1 (List only the person who was the subject of the use of force by the officer listed in Section B.)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                        |                                    |                                     |                                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------------------------|-------------------------------------|------------------------------------|
| Name (Last, First)<br>NUNEZ, JAYCOB B                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Sex<br>M | Race<br>WHITE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Age<br>19              | Weapon<br><input type="checkbox"/> | Injured<br><input type="checkbox"/> | Killed<br><input type="checkbox"/> |
| <input type="checkbox"/> Under the influence<br><input type="checkbox"/> Other Unusual condition (specify) _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |          | Arrested<br><input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Charges<br>OBSTRUCTION |                                    |                                     |                                    |
| <b>Subjects actions</b> (check all that apply)<br><input checked="" type="checkbox"/> Resisted police officer control<br><input type="checkbox"/> Physical threat/attack on officer or another<br><input type="checkbox"/> Threatened/attacked officer or another with blunt object<br><input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object<br><input type="checkbox"/> Threatened/attacked officer or another with motor vehicle<br><input type="checkbox"/> Threatened officer or another with firearm<br><input type="checkbox"/> Fired at officer or another<br><input checked="" type="checkbox"/> Other (specify) <b>ATTEMPTED TO ASSAULT DV VICTI</b> |          | <b>Officer's use of force toward the subject</b> (check all that apply)<br><input checked="" type="checkbox"/> Compliance hold<br><input checked="" type="checkbox"/> Hands/fists<br><input type="checkbox"/> Kicks/feet<br><input type="checkbox"/> Chemical/natural agent<br><input type="checkbox"/> Strike/use baton or other object<br><input type="checkbox"/> Canine<br><input type="checkbox"/> Other (specify) _____<br>Firearms Discharge<br><input type="checkbox"/> Intentional<br><input type="checkbox"/> Accidental<br>Number of shots fired _____<br>Number of hits _____<br>(Use 'UNK' if unknown) |                        |                                    |                                     |                                    |

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

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

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| Signature:<br>                                                                                                                                                                                                                                                                                                                                                                                                                              | Date:<br>07/30/2017                                                                                           |
| (SUPERVISOR) I hereby certify that I have reviewed this Use of Force report for accuracy and completeness and have promptly addressed any issues as they may pertain to policy interpretation, training, weapons or equipment, or discipline. Recommendations to modify policy, apply remedial training beyond what can be performed by me, change weapons, equipment or tactics, or apply discipline beyond my capabilities shall be thoroughly documented and forwarded through the chain of command to the Chief of Police. |                                                                                                               |
| Supervisor Name:<br>SERGEANT KEMPE, MICHAEL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Supervisor Signature:<br> |

# USE OF FORCE

## A. Incident Information

|                                                                                                                                                                                                                                                                   |               |                    |                                                         |                                  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|--------------------|---------------------------------------------------------|----------------------------------|
| Date<br>07/29/2017                                                                                                                                                                                                                                                | Time<br>19:08 | Day of Week<br>Sat | Location<br>ELMWOOD PARK POLICE - 182 MARKET STREET, EI | Incident Number<br>I-2017-026424 |
| <input type="checkbox"/> Crime in progress <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Other Dispute <input type="checkbox"/> Suspicious Person <input type="checkbox"/> Traffic Stop<br><input type="checkbox"/> Other (Specify) _____ |               |                    |                                                         |                                  |

## B. Officer Information

|                                                         |                                              |          |               |                        |                                                |                                                |
|---------------------------------------------------------|----------------------------------------------|----------|---------------|------------------------|------------------------------------------------|------------------------------------------------|
| Name (Last, First)<br>PATROL OFFICER SCILLIERI, VINCENT | Badge #<br>90                                | Sex<br>M | Race<br>WHITE | Age<br>42              | Injured<br><input type="checkbox"/>            | Killed<br><input type="checkbox"/>             |
| Rank<br>PATROL OFFICER                                  | Duty Assignment<br>UNIFORMED PATROL DIVISION |          |               | Years of Service<br>23 | On Duty<br><input checked="" type="checkbox"/> | Uniform<br><input checked="" type="checkbox"/> |

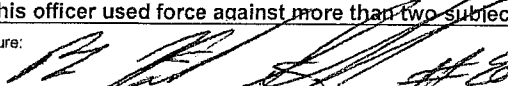
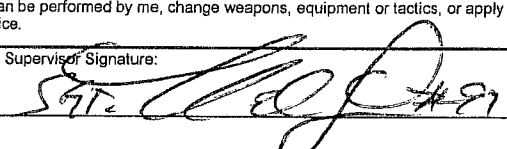
## C1. Subject 1 (List only the person who was the subject of the use of force by the officer listed in Section B.)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                        |                                    |                                     |                                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------------------------|-------------------------------------|------------------------------------|
| Name (Last, First)<br>NUNEZ, JAYCOB B                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Sex<br>M | Race<br>WHITE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Age<br>19              | Weapon<br><input type="checkbox"/> | Injured<br><input type="checkbox"/> | Killed<br><input type="checkbox"/> |
| <input type="checkbox"/> Under the influence<br><input type="checkbox"/> Other Unusual condition (specify) _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |          | Arrested<br><input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Charges<br>OBSTRUCTION |                                    |                                     |                                    |
| <b>Subjects actions</b> (check all that apply)<br><input checked="" type="checkbox"/> Resisted police officer control<br><input type="checkbox"/> Physical threat/attack on officer or another<br><input type="checkbox"/> Threatened/attacked officer or another with blunt object<br><input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object<br><input type="checkbox"/> Threatened/attacked officer or another with motor vehicle<br><input type="checkbox"/> Threatened officer or another with firearm<br><input type="checkbox"/> Fired at officer or another<br><input checked="" type="checkbox"/> Other (specify) <u>ATTEMPTED TO ASSAULT DV VICTI</u> |          | <b>Officer's use of force toward the subject</b> (check all that apply)<br><input checked="" type="checkbox"/> Compliance hold <input type="checkbox"/> Firearms Discharge<br><input checked="" type="checkbox"/> Hands/fists <input type="checkbox"/> Intentional<br><input type="checkbox"/> Kicks/feet <input type="checkbox"/> Accidental<br><input type="checkbox"/> Chemical/natural agent    Number of shots fired _____<br><input type="checkbox"/> Strike/use baton or other object    Number of hits _____<br><input type="checkbox"/> Canine    (Use 'UNK' if unknown)<br><input type="checkbox"/> Other (specify) _____ |                        |                                    |                                     |                                    |

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

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

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| Signature:<br>                                                                                                                                                                                                                                                                                                                                                                                                                              | Date:<br>07/29/2017                                                                                           |
| (SUPERVISOR) I hereby certify that I have reviewed this Use of Force report for accuracy and completeness and have promptly addressed any issues as they may pertain to policy interpretation, training, weapons or equipment, or discipline. Recommendations to modify policy, apply remedial training beyond what can be performed by me, change weapons, equipment or tactics, or apply discipline beyond my capabilities shall be thoroughly documented and forwarded through the chain of command to the Chief of Police. |                                                                                                               |
| Supervisor Name:<br>SERGEANT KEMPE, MICHAEL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Supervisor Signature:<br> |

# USE OF FORCE

## A. Incident Information

|                                                                                                                                                                                                      |               |                    |                                                     |                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|--------------------|-----------------------------------------------------|----------------------------------|
| Date<br>08/12/2017                                                                                                                                                                                   | Time<br>23:16 | Day of Week<br>Sat | Location<br>176 PALSA AVENUE, ELMWOOD PARK NJ 07407 | Incident Number<br>I-2017-028085 |
| <input type="checkbox"/> Crime in progress <input type="checkbox"/> Domestic <input type="checkbox"/> Other Dispute <input type="checkbox"/> Suspicious Person <input type="checkbox"/> Traffic Stop |               |                    |                                                     |                                  |
| <input checked="" type="checkbox"/> Other (Specify) <b>LARGE FIGHT</b>                                                                                                                               |               |                    |                                                     |                                  |

## B. Officer Information

|                                                              |                           |          |               |                        |                                                |                                     |
|--------------------------------------------------------------|---------------------------|----------|---------------|------------------------|------------------------------------------------|-------------------------------------|
| Name (Last, First)<br><b>PATROL OFFICER MARTINEZ, DANIEL</b> | Badge #<br>116            | Sex<br>M | Race<br>WHITE | Age<br>35              | Injured<br><input type="checkbox"/>            | Killed<br><input type="checkbox"/>  |
| Rank<br>PATROL OFFICER                                       | Duty Assignment<br>PATROL |          |               | Years of Service<br>12 | On Duty<br><input checked="" type="checkbox"/> | Uniform<br><input type="checkbox"/> |

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                                    |                                     |                                    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|------------------------------------|-------------------------------------|------------------------------------|
| Name (Last, First)<br>ALKHODARY, JAY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Sex<br>M | Race<br>WHITE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Age<br>24                     | Weapon<br><input type="checkbox"/> | Injured<br><input type="checkbox"/> | Killed<br><input type="checkbox"/> |
| <input checked="" type="checkbox"/> Under the influence<br><input type="checkbox"/> Other Unusual condition (specify) _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |          | Arrested<br><input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Charges<br>DISORDERLY CONDUCT |                                    |                                     |                                    |
| <b>Subjects actions</b> (check all that apply)<br><input type="checkbox"/> Resisted police officer control<br><input type="checkbox"/> Physical threat/attack on officer or another<br><input type="checkbox"/> Threatened/attacked officer or another with blunt object<br><input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object<br><input type="checkbox"/> Threatened/attacked officer or another with motor vehicle<br><input type="checkbox"/> Threatened officer or another with firearm<br><input type="checkbox"/> Fired at officer or another<br><input checked="" type="checkbox"/> Other (specify) <b>FIGHTING REFUSED TO STOP</b> |          | <b>Officer's use of force toward the subject</b> (check all that apply)<br><div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Compliance hold<br/> <input type="checkbox"/> Hands/fists<br/> <input type="checkbox"/> Kicks/feet<br/> <input checked="" type="checkbox"/> Chemical/natural agent<br/> <input type="checkbox"/> Strike/use baton or other object<br/> <input type="checkbox"/> Canine<br/> <input type="checkbox"/> Other (specify) _____         </div> <div>           Firearms Discharge<br/> <input type="checkbox"/> Intentional<br/> <input type="checkbox"/> Accidental<br/>           Number of shots fired _____<br/>           Number of hits _____<br/>           (Use 'UNK' if unknown)         </div> </div> |                               |                                    |                                     |                                    |

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

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

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|
| Signature:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Date:                     |
| (SUPERVISOR) I hereby certify that I have reviewed this Use of Force report for accuracy and completeness and have promptly addressed any issues as they may pertain to policy interpretation, training, weapons or equipment, or discipline. Recommendations to modify policy, apply remedial training beyond what can be performed by me, change weapons, equipment or tactics, or apply discipline beyond my capabilities shall be thoroughly documented and forwarded through the chain of command to the Chief of Police. |                           |
| Supervisor Name:<br>LIEUTENANT PENSARI, CHARLES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Supervisor Signature:<br> |

# USE OF FORCE REPORT ELMWOOD PARK POLICE DEPT.

Page 1 of 1

## A. Incident Information

|                                            |                                          |                                                   |                                                        |                                       |
|--------------------------------------------|------------------------------------------|---------------------------------------------------|--------------------------------------------------------|---------------------------------------|
| Date<br><b>08/25/2017</b>                  | Time<br><b>21:14</b>                     | Day of Week<br><b>Friday</b>                      | Location<br><b>memorial dr, Elmwood Park, NJ 07407</b> | INCIDENT NUMBER<br><b>2017-029634</b> |
| Type of Incident                           |                                          |                                                   |                                                        |                                       |
| <input type="checkbox"/> Crime in Progress | <input type="checkbox"/> Domestic        | <input checked="" type="checkbox"/> Mental Health | <input type="checkbox"/> Suspicious Person             | <input type="checkbox"/> Traffic Stop |
| <input type="checkbox"/> Other Dispute     | <input type="checkbox"/> Other (specify) |                                                   |                                                        |                                       |
| <input type="checkbox"/> Vehicle Pursuit   |                                          |                                                   |                                                        |                                       |

## B. Officer / Investigator Information

|                                                         |                                             |                                         |                 |                      |                     |                     |
|---------------------------------------------------------|---------------------------------------------|-----------------------------------------|-----------------|----------------------|---------------------|---------------------|
| Name (Last, First, Middle)<br><b>PETRONZI, NICHOLAS</b> |                                             | Badge #<br><b>93</b>                    | Sex<br><b>M</b> | Race<br><b>White</b> | Injured<br><b>N</b> | Killed<br><b>N</b>  |
| Rank<br><b>SGT.</b>                                     | Duty Assignment<br><b>PATROL SUPERVISOR</b> | Years / Mo. of Service<br><b>18 yrs</b> |                 | Age<br><b>44</b>     | On-Duty<br><b>Y</b> | Uniform<br><b>Y</b> |

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                      |                                                                                                                                                                                                                                                                                                                                                                                                   |                  |                                                                                                                                                                                  |                     |                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|
| Name (Last, First, Middle)<br><b>[REDACTED]</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | Sex<br><b>M</b>      | Race<br><b>White</b>                                                                                                                                                                                                                                                                                                                                                                              | Age<br><b>56</b> | Weapon<br><b>Y</b>                                                                                                                                                               | Injured<br><b>N</b> | Killed<br><b>N</b> |
| <input checked="" type="checkbox"/> Under the Influence<br><input type="checkbox"/> Other Unusual Condition (specify)                                                                                                                                                                                                                                                                                                                                                                                                                              |  | Arrested<br><b>N</b> | Charges<br><b>No Charges</b>                                                                                                                                                                                                                                                                                                                                                                      |                  |                                                                                                                                                                                  |                     |                    |
| Subject's Actions (check all that apply)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                      | Officer's use of force toward this subject                                                                                                                                                                                                                                                                                                                                                        |                  | (check all that apply)                                                                                                                                                           |                     |                    |
| <input type="checkbox"/> Resisted police officer control<br><input type="checkbox"/> Physical threat / attack on officer or another<br><input type="checkbox"/> Threatened / attacked officer or another with blunt object<br><input type="checkbox"/> Threatened / attacked officer or another with knife / cutting object<br><input type="checkbox"/> Threatened / attached officer or another with motor vehicle<br><input type="checkbox"/> Threatened officer or another with firearm<br><input type="checkbox"/> Fired at officer or another |  |                      | <input type="checkbox"/> Compliance hold<br><input type="checkbox"/> Hands / fists<br><input type="checkbox"/> Kicks / feet<br><input checked="" type="checkbox"/> Chemical / natural agent<br><input type="checkbox"/> Strike / use baton or other object<br><input type="checkbox"/> Canine<br><input type="checkbox"/> Conducted Electrical Weapon<br><input type="checkbox"/> Other (specify) |                  | Firearms Discharge<br><input type="checkbox"/> Intentional<br><input type="checkbox"/> Accidental<br>Number of Shots Fired _____<br>Number of Hits _____<br>(Use UNK if unknown) |                     |                    |
| <input checked="" type="checkbox"/> Other (specify)<br><b>EDP was Carrying a 13" knife</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                      |                                                                                                                                                                                                                                                                                                                                                                                                   |                  |                                                                                                                                                                                  |                     |                    |

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

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

|                                                    |                                                  |
|----------------------------------------------------|--------------------------------------------------|
| Officer's Signature:<br><b>SGT [Signature] 93</b>  | Date:<br><b>08/25/2017</b>                       |
| Print Supervisor Name:<br><b>LT. JOSEPH BARONE</b> | Supervisor's Signature:<br><b>[Signature] 81</b> |

# USE OF FORCE

## A. Incident Information

|                                                                                                                                                                                                                                                                                |               |                    |                                                 |                                  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|--------------------|-------------------------------------------------|----------------------------------|
| Date<br>08/31/2017                                                                                                                                                                                                                                                             | Time<br>08:46 | Day of Week<br>Thu | Location<br>180 BROADWAY, ELMWOOD PARK NJ 07407 | Incident Number<br>I-2017-030332 |
| <input type="checkbox"/> Crime in progress <input type="checkbox"/> Domestic <input type="checkbox"/> Other Dispute <input type="checkbox"/> Suspicious Person <input type="checkbox"/> Traffic Stop<br><input checked="" type="checkbox"/> Other (Specify) <b>SHOPLIFTING</b> |               |                    |                                                 |                                  |

## B. Officer Information

|                                                      |                                                       |          |               |                               |                                     |                                                |
|------------------------------------------------------|-------------------------------------------------------|----------|---------------|-------------------------------|-------------------------------------|------------------------------------------------|
| Name (Last, First)<br>PATROL OFFICER MEDRANO, ELISEO | Badge #<br>115                                        | Sex<br>M | Race<br>WHITE | Age<br>31                     | Injured<br><input type="checkbox"/> | Killed<br><input type="checkbox"/>             |
| Rank<br>PATROL OFFICER                               | Duty Assignment<br>WELLS FARGO SECURITY, 115 BROADWAY |          |               | Years of Service<br>2YR 8 MOS | On Duty<br><input type="checkbox"/> | Uniform<br><input checked="" type="checkbox"/> |

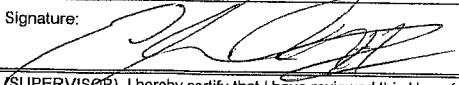
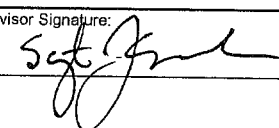
## C1. Subject 1 (List only the person who was the subject of the use of force by the officer listed in Section B.)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                               |                                    |                                     |                                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|------------------------------------|-------------------------------------|------------------------------------|
| Name (Last, First)<br>HARAKANDI, FRED R                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Sex<br>M | Race<br>BLACK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Age<br>19                     | Weapon<br><input type="checkbox"/> | Injured<br><input type="checkbox"/> | Killed<br><input type="checkbox"/> |
| <input type="checkbox"/> Under the influence<br><input checked="" type="checkbox"/> Other Unusual condition (specify) <b>POSSESSION OF HYPO SYRINGE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |          | Arrested<br><input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Charges<br><b>SHOPLIFTING</b> |                                    |                                     |                                    |
| <b>Subjects actions</b> (check all that apply)<br><input checked="" type="checkbox"/> Resisted police officer control<br><input type="checkbox"/> Physical threat/attack on officer or another<br><input type="checkbox"/> Threatened/attacked officer or another with blunt object<br><input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object<br><input type="checkbox"/> Threatened/attacked officer or another with motor vehicle<br><input type="checkbox"/> Threatened officer or another with firearm<br><input type="checkbox"/> Fired at officer or another<br><input checked="" type="checkbox"/> Other (specify) <b>FOOT PURSUIT</b> |          | <b>Officer's use of force toward the subject</b> (check all that apply)<br><input checked="" type="checkbox"/> Compliance hold<br><input checked="" type="checkbox"/> Hands/fists<br><input type="checkbox"/> Kicks/feet<br><input type="checkbox"/> Chemical/natural agent<br><input type="checkbox"/> Strike/use baton or other object<br><input type="checkbox"/> Canine<br><input type="checkbox"/> Other (specify) _____<br><br>Firearms Discharge<br><input type="checkbox"/> Intentional<br><input type="checkbox"/> Accidental<br>Number of shots fired _____<br>Number of hits _____<br>(Use 'UNK' if unknown) |                               |                                    |                                     |                                    |

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

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

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| Signature:<br>                                                                                                                                                                                                                                                                                                                                                                                                                               | Date:<br>08/31/2017                                                                                           |
| (SUPERVISOR) I hereby certify that I have reviewed this Use of Force report for accuracy and completeness and have promptly addressed any issues as they may pertain to policy interpretation, training, weapons or equipment, or discipline. Recommendations to modify policy, apply remedial training beyond what can be performed by me, change weapons, equipment or tactics, or apply discipline beyond my capabilities shall be thoroughly documented and forwarded through the chain of command to the Chief of Police. |                                                                                                               |
| Supervisor Name:<br>SERGEANT SUDOL, JEFF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Supervisor Signature:<br> |

# USE OF FORCE

## A. Incident Information

|                                                                                                                                                                                                                                                                                |               |                    |                                                 |                                  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|--------------------|-------------------------------------------------|----------------------------------|
| Date<br>08/31/2017                                                                                                                                                                                                                                                             | Time<br>11:44 | Day of Week<br>Thu | Location<br>180 BROADWAY, ELMWOOD PARK NJ 07407 | Incident Number<br>I-2017-030332 |
| <input type="checkbox"/> Crime in progress <input type="checkbox"/> Domestic <input type="checkbox"/> Other Dispute <input type="checkbox"/> Suspicious Person <input type="checkbox"/> Traffic Stop<br><input checked="" type="checkbox"/> Other (Specify) <b>SHOPLIFTING</b> |               |                    |                                                 |                                  |

## B. Officer Information

|                                                        |                               |          |               |                            |                                                |                                                |
|--------------------------------------------------------|-------------------------------|----------|---------------|----------------------------|------------------------------------------------|------------------------------------------------|
| Name (Last, First)<br>PATROL OFFICER DIMOVSKI, NIKOLCE | Badge #<br>123                | Sex<br>M | Race<br>WHITE | Age<br>27                  | Injured<br><input type="checkbox"/>            | Killed<br><input type="checkbox"/>             |
| Rank<br>PATROL OFFICER                                 | Duty Assignment<br>PATROL 1-B |          |               | Years of Service<br>1MONTH | On Duty<br><input checked="" type="checkbox"/> | Uniform<br><input checked="" type="checkbox"/> |

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                               |                                    |                                     |                                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|------------------------------------|-------------------------------------|------------------------------------|
| Name (Last, First)<br>HARAKANDI, FRED R                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Sex<br>M | Race<br>BLACK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Age<br>29                     | Weapon<br><input type="checkbox"/> | Injured<br><input type="checkbox"/> | Killed<br><input type="checkbox"/> |
| <input type="checkbox"/> Under the influence<br><input checked="" type="checkbox"/> Other Unusual condition (specify) <b>POSSESSION OF HYPO SYRINGE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |          | Arrested<br><input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Charges<br><b>SHOPLIFTING</b> |                                    |                                     |                                    |
| <b>Subjects actions</b> (check all that apply)<br><input checked="" type="checkbox"/> Resisted police officer control<br><input type="checkbox"/> Physical threat/attack on officer or another<br><input type="checkbox"/> Threatened/attacked officer or another with blunt object<br><input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object<br><input type="checkbox"/> Threatened/attacked officer or another with motor vehicle<br><input type="checkbox"/> Threatened officer or another with firearm<br><input type="checkbox"/> Fired at officer or another<br><input checked="" type="checkbox"/> Other (specify) <b>FOOT PURSUIT</b> |          | <b>Officer's use of force toward the subject</b> (check all that apply)<br><input checked="" type="checkbox"/> Compliance hold<br><input checked="" type="checkbox"/> Hands/fists<br><input type="checkbox"/> Kicks/feet<br><input type="checkbox"/> Chemical/natural agent<br><input type="checkbox"/> Strike/use baton or other object<br><input type="checkbox"/> Canine<br><input type="checkbox"/> Other (specify) _____<br><div style="margin-top: 10px;"> Firearms Discharge<br/> <input type="checkbox"/> Intentional<br/> <input type="checkbox"/> Accidental<br/> Number of shots fired _____<br/> Number of hits _____<br/> (Use 'UNK' if unknown) </div> |                               |                                    |                                     |                                    |

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |         |                                    |                                     |                                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|------------------------------------|-------------------------------------|------------------------------------|
| Name (Last, First)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Sex | Race                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Age     | Weapon<br><input type="checkbox"/> | Injured<br><input type="checkbox"/> | Killed<br><input type="checkbox"/> |
| <input type="checkbox"/> Under the influence<br><input type="checkbox"/> Other Unusual condition (specify) _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |     | Arrested<br><input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Charges |                                    |                                     |                                    |
| <b>Subjects actions</b> (check all that apply)<br><input type="checkbox"/> Resisted police officer control<br><input type="checkbox"/> Physical threat/attack on officer or another<br><input type="checkbox"/> Threatened/attacked officer or another with blunt object<br><input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object<br><input type="checkbox"/> Threatened/attacked officer or another with motor vehicle<br><input type="checkbox"/> Threatened officer or another with firearm<br><input type="checkbox"/> Fired at officer or another<br><input type="checkbox"/> Other (specify) _____ |     | <b>Officer's use of force toward subject</b> (check all that apply)<br><input type="checkbox"/> Compliance hold<br><input type="checkbox"/> Hands/fists<br><input type="checkbox"/> Kicks/feet<br><input type="checkbox"/> Chemical/natural agent<br><input type="checkbox"/> Strike/use baton or other object<br><input type="checkbox"/> Canine<br><input type="checkbox"/> Other (specify) _____<br><div style="margin-top: 10px;"> Firearms Discharge<br/> <input type="checkbox"/> Intentional<br/> <input type="checkbox"/> Accidental<br/> Number of shots fired _____<br/> Number of hits _____<br/> (Use 'UNK' if unknown) </div> |         |                                    |                                     |                                    |

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|
| Signature:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Date:<br>08/31/2017   |
| (SUPERVISOR) I hereby certify that I have reviewed this Use of Force report for accuracy and completeness and have promptly addressed any issues as they may pertain to policy interpretation, training, weapons or equipment, or discipline. Recommendations to modify policy, apply remedial training beyond what can be performed by me, change weapons, equipment or tactics, or apply discipline beyond my capabilities shall be thoroughly documented and forwarded through the chain of command to the Chief of Police. |                       |
| Supervisor Name:<br>SERGEANT SUDOL, JEFF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Supervisor Signature: |

# USE OF FORCE

## A. Incident Information

|                                                                                                                                                                                                                                                                |               |                    |                                                  |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|--------------------|--------------------------------------------------|----------------------------------|
| Date<br>09/12/2017                                                                                                                                                                                                                                             | Time<br>22:21 | Day of Week<br>Tue | Location<br>108 BOULEVARD, ELMWOOD PARK NJ 07407 | Incident Number<br>I-2017-031991 |
| <input checked="" type="checkbox"/> Crime in progress <input type="checkbox"/> Domestic <input type="checkbox"/> Other Dispute <input type="checkbox"/> Suspicious Person <input type="checkbox"/> Traffic Stop <input type="checkbox"/> Other (Specify) _____ |               |                    |                                                  |                                  |

## B. Officer Information

|                                                        |                                        |                        |                                                |                                                |                                     |                                    |
|--------------------------------------------------------|----------------------------------------|------------------------|------------------------------------------------|------------------------------------------------|-------------------------------------|------------------------------------|
| Name (Last, First)<br>PATROL OFFICER CHIAVELLI, GERALD | Badge #<br>87                          | Sex<br>M               | Race<br>WHITE                                  | Age<br>45                                      | Injured<br><input type="checkbox"/> | Killed<br><input type="checkbox"/> |
| Rank<br>PATROL OFFICER                                 | Duty Assignment<br>PATROL / NORTH EAST | Years of Service<br>20 | On Duty<br><input checked="" type="checkbox"/> | Uniform<br><input checked="" type="checkbox"/> |                                     |                                    |

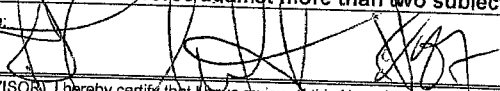
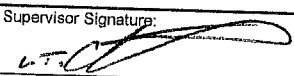
## C1. Subject 1 (List only the person who was the subject of the use of force by the officer listed in Section B.)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                  |                                    |                                     |                                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|------------------------------------|-------------------------------------|------------------------------------|
| Name (Last, First)<br>MCCLAM, QUASHAWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Sex<br>M | Race<br>BLACK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Age<br>24        | Weapon<br><input type="checkbox"/> | Injured<br><input type="checkbox"/> | Killed<br><input type="checkbox"/> |
| <input type="checkbox"/> Under the influence<br><input type="checkbox"/> Other Unusual condition (specify) _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |          | Arrested<br><input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Charges<br>THEFT |                                    |                                     |                                    |
| <b>Subjects actions</b> (check all that apply)<br><input checked="" type="checkbox"/> Resisted police officer control<br><input type="checkbox"/> Physical threat/attack on officer or another<br><input type="checkbox"/> Threatened/attacked officer or another with blunt object<br><input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object<br><input type="checkbox"/> Threatened/attacked officer or another with motor vehicle<br><input type="checkbox"/> Threatened officer or another with firearm<br><input type="checkbox"/> Fired at officer or another<br><input type="checkbox"/> Other (specify) _____ |          | <b>Officer's use of force toward the subject</b> (check all that apply)<br><input checked="" type="checkbox"/> Compliance hold<br><input type="checkbox"/> Hands/fists<br><input type="checkbox"/> Kicks/feet<br><input type="checkbox"/> Chemical/natural agent<br><input type="checkbox"/> Strike/use baton or other object<br><input type="checkbox"/> Canine<br><input type="checkbox"/> Other (specify) _____<br>Firearms Discharge<br><input type="checkbox"/> Intentional<br><input type="checkbox"/> Accidental<br>Number of shots fired _____<br>Number of hits _____<br>(Use 'UNK' if unknown) |                  |                                    |                                     |                                    |

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

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

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                            |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|
| Signature:                                                                                                                                                                                                                                                                                                                                                                                                                                  | Date:<br>09/12/2017                                                                                        |
| (SUPERVISOR) I hereby certify that I have reviewed this Use of Force report for accuracy and completeness and have promptly addressed any issues as they may pertain to policy interpretation, training, weapons or equipment, or discipline. Recommendations to modify policy, apply remedial training beyond what can be performed by me, change weapons, equipment or tactics, or apply discipline beyond my capabilities shall be thoroughly documented and forwarded through the chain of command to the Chief of Police. |                                                                                                            |
| Supervisor Name:<br>LIEUTENANT PENSARI, CHARLES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Supervisor Signature:  |

# USE OF FORCE

## A. Incident Information

|                                                                                                                                                                                                                                                                                                         |               |                    |                                                        |                                  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|--------------------|--------------------------------------------------------|----------------------------------|
| Date<br>10/11/2017                                                                                                                                                                                                                                                                                      | Time<br>14:52 | Day of Week<br>Wed | Location<br>ELMWOOD PARK MEMORIAL JR-SR .HIGH SCHOOL - | Incident Number<br>I-2017-035664 |
| <input type="checkbox"/> Crime in progress <input type="checkbox"/> Domestic <input type="checkbox"/> Other Dispute <input type="checkbox"/> Suspicious Person <input type="checkbox"/> Traffic Stop<br><input checked="" type="checkbox"/> Other (Specify) <b>NON COMPLIANT/OUT OF CONTROL STUDENT</b> |               |                    |                                                        |                                  |

## B. Officer Information

|                                                               |                                                     |                       |                                                |                                                |                                     |                                    |
|---------------------------------------------------------------|-----------------------------------------------------|-----------------------|------------------------------------------------|------------------------------------------------|-------------------------------------|------------------------------------|
| Name (Last, First)<br>SPECIAL POLICE OFFICER 2 UTTEL, MICHAEL | Badge #<br>SSO4                                     | Sex<br>M              | Race<br>WHITE                                  | Age<br>49                                      | Injured<br><input type="checkbox"/> | Killed<br><input type="checkbox"/> |
| Rank<br>SPECIAL POLICE OFFICER                                | Duty Assignment<br>SCHOOL RESOURCE/SECURITY OFFICER | Years of Service<br>2 | On Duty<br><input checked="" type="checkbox"/> | Uniform<br><input checked="" type="checkbox"/> |                                     |                                    |

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                      |                                    |                                     |                                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|------------------------------------|-------------------------------------|------------------------------------|
| Name (Last, First)<br>[REDACTED]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Sex<br>F | Race<br>BLACK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Age<br>15                            | Weapon<br><input type="checkbox"/> | Injured<br><input type="checkbox"/> | Killed<br><input type="checkbox"/> |
| <input type="checkbox"/> Under the influence <b>EDP</b><br><input checked="" type="checkbox"/> Other Unusual condition (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |          | Arrested<br><input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Charges<br><b>AGGRAVATED ASSAULT</b> |                                    |                                     |                                    |
| <b>Subjects actions</b> (check all that apply)<br><input checked="" type="checkbox"/> Resisted police officer control<br><input type="checkbox"/> Physical threat/attack on officer or another<br><input type="checkbox"/> Threatened/attacked officer or another with blunt object<br><input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object<br><input type="checkbox"/> Threatened/attacked officer or another with motor vehicle<br><input type="checkbox"/> Threatened officer or another with firearm<br><input type="checkbox"/> Fired at officer or another<br><input checked="" type="checkbox"/> Other (specify) <b>SPIT DIRECTLY IN OFFICERS FAC</b> |          | <b>Officer's use of force toward the subject</b> (check all that apply)<br><input checked="" type="checkbox"/> Compliance hold <input type="checkbox"/> Hands/fists <input type="checkbox"/> Kicks/feet <input type="checkbox"/> Chemical/natural agent <input type="checkbox"/> Strike/use baton or other object <input type="checkbox"/> Canine <input type="checkbox"/> Other (specify)<br><input type="checkbox"/> Firearms Discharge<br><input type="checkbox"/> Intentional <input type="checkbox"/> Accidental<br>Number of shots fired<br>Number of hits<br>(Use 'UNK' if unknown) |                                      |                                    |                                     |                                    |

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

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

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                             |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|
| Signature:<br><i>S.S.O. Michael Uttel</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Date:<br>10/11/2017                         |
| (SUPERVISOR) I hereby certify that I have reviewed this Use of Force report for accuracy and completeness and have promptly addressed any issues as they may pertain to policy interpretation, training, weapons or equipment, or discipline. Recommendations to modify policy, apply remedial training beyond what can be performed by me, change weapons, equipment or tactics, or apply discipline beyond my capabilities shall be thoroughly documented and forwarded through the chain of command to the Chief of Police. |                                             |
| Supervisor Name:<br>SERGEANT SUDOL, JEFF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Supervisor Signature:<br><i>[Signature]</i> |

# USE OF FORCE

## A. Incident Information

|                                                                                                                                                                                                                                                                |               |                    |                                                 |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|--------------------|-------------------------------------------------|----------------------------------|
| Date<br>11/26/2017                                                                                                                                                                                                                                             | Time<br>22:50 | Day of Week<br>Sun | Location<br>GROVE STREET, ELMWOOD PARK NJ 07407 | Incident Number<br>I-2017-041984 |
| <input type="checkbox"/> Crime in progress <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Other Dispute <input type="checkbox"/> Suspicious Person <input type="checkbox"/> Traffic Stop <input type="checkbox"/> Other (Specify) _____ |               |                    |                                                 |                                  |

## B. Officer Information

|                                                    |                           |                          |                                                |                                                |                                     |                                    |
|----------------------------------------------------|---------------------------|--------------------------|------------------------------------------------|------------------------------------------------|-------------------------------------|------------------------------------|
| Name (Last, First)<br>PATROL OFFICER QUINN, JOSEPH | Badge #<br>112            | Sex<br>M                 | Race<br>WHITE                                  | Age<br>46                                      | Injured<br><input type="checkbox"/> | Killed<br><input type="checkbox"/> |
| Rank<br>PATROL OFFICER                             | Duty Assignment<br>PATROL | Years of Service<br>17.5 | On Duty<br><input checked="" type="checkbox"/> | Uniform<br><input checked="" type="checkbox"/> |                                     |                                    |

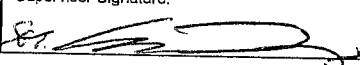
## C1. Subject 1 (List only the person who was the subject of the use of force by the officer listed in Section B.)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |          |                                                                                                                                                                                                                                                                                                                                                                                                                    |                           |                                    |                                     |                                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|------------------------------------|-------------------------------------|------------------------------------|
| Name (Last, First)<br>QYMYRI, EDMOND                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Sex<br>M | Race<br>WHITE                                                                                                                                                                                                                                                                                                                                                                                                      | Age<br>49                 | Weapon<br><input type="checkbox"/> | Injured<br><input type="checkbox"/> | Killed<br><input type="checkbox"/> |
| <input checked="" type="checkbox"/> Under the influence<br><input type="checkbox"/> Other Unusual condition (specify) _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |          | Arrested<br><input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                    | Charges<br>SIMPLE ASSAULT |                                    |                                     |                                    |
| <b>Subjects actions</b> (check all that apply)<br><input checked="" type="checkbox"/> Resisted police officer control<br><input type="checkbox"/> Physical threat/attack on officer or another<br><input type="checkbox"/> Threatened/attacked officer or another with blunt object<br><input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object<br><input type="checkbox"/> Threatened/attacked officer or another with motor vehicle<br><input type="checkbox"/> Threatened officer or another with firearm<br><input type="checkbox"/> Fired at officer or another<br><input type="checkbox"/> Other (specify) _____ |          | <b>Officer's use of force toward the subject</b> (check all that apply)<br><input checked="" type="checkbox"/> Compliance hold<br><input type="checkbox"/> Hands/fists<br><input type="checkbox"/> Kicks/feet<br><input type="checkbox"/> Chemical/natural agent<br><input type="checkbox"/> Strike/use baton or other object<br><input type="checkbox"/> Canine<br><input type="checkbox"/> Other (specify) _____ |                           |                                    |                                     |                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |          | Firearms Discharge<br><input type="checkbox"/> Intentional<br><input type="checkbox"/> Accidental<br>Number of shots fired _____<br>Number of hits _____<br>(Use 'UNK' if unknown)                                                                                                                                                                                                                                 |                           |                                    |                                     |                                    |

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

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

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|
| Signature:<br>                                                                                                                                                                                                                                                                                                                                                                                                                              | Date:<br>11/27/2017                                                                                               |
| (SUPERVISOR) I hereby certify that I have reviewed this Use of Force report for accuracy and completeness and have promptly addressed any issues as they may pertain to policy interpretation, training, weapons or equipment, or discipline. Recommendations to modify policy, apply remedial training beyond what can be performed by me, change weapons, equipment or tactics, or apply discipline beyond my capabilities shall be thoroughly documented and forwarded through the chain of command to the Chief of Police. |                                                                                                                   |
| Supervisor Name:<br>SERGEANT DRAING, ANDREW                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Supervisor Signature:<br> #84 |

# USE OF FORCE

## A. Incident Information

|                                                                                                                                                                                                                                                                   |               |                    |                                                 |                                  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|--------------------|-------------------------------------------------|----------------------------------|
| Date<br>11/26/2017                                                                                                                                                                                                                                                | Time<br>22:50 | Day of Week<br>Sun | Location<br>GROVE STREET, ELMWOOD PARK NJ 07407 | Incident Number<br>I-2017-041984 |
| <input type="checkbox"/> Crime in progress <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Other Dispute <input type="checkbox"/> Suspicious Person <input type="checkbox"/> Traffic Stop<br><input type="checkbox"/> Other (Specify) _____ |               |                    |                                                 |                                  |

## B. Officer Information

|                                                        |                                      |                        |                                                |                                                |                                     |                                    |
|--------------------------------------------------------|--------------------------------------|------------------------|------------------------------------------------|------------------------------------------------|-------------------------------------|------------------------------------|
| Name (Last, First)<br>PATROL OFFICER CHIAVELLI, GERALD | Badge #<br>87                        | Sex<br>M               | Race<br>WHITE                                  | Age<br>45                                      | Injured<br><input type="checkbox"/> | Killed<br><input type="checkbox"/> |
| Rank<br>PATROL OFFICER                                 | Duty Assignment<br>NORTH EAST PATROL | Years of Service<br>19 | On Duty<br><input checked="" type="checkbox"/> | Uniform<br><input checked="" type="checkbox"/> |                                     |                                    |

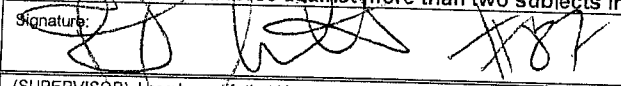
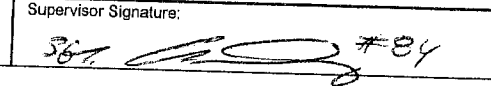
## C1. Subject 1 (List only the person who was the subject of the use of force by the officer listed in Section B.)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                           |                                    |                                     |                                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|------------------------------------|-------------------------------------|------------------------------------|
| Name (Last, First)<br>QYMYRI, EDMOND                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Sex<br>M | Race<br>WHITE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Age<br>49                 | Weapon<br><input type="checkbox"/> | Injured<br><input type="checkbox"/> | Killed<br><input type="checkbox"/> |
| <input checked="" type="checkbox"/> Under the influence<br><input type="checkbox"/> Other Unusual condition (specify) _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |          | Arrested<br><input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Charges<br>SIMPLE ASSAULT |                                    |                                     |                                    |
| <b>Subjects actions</b> (check all that apply)<br><input checked="" type="checkbox"/> Resisted police officer control<br><input type="checkbox"/> Physical threat/attack on officer or another<br><input type="checkbox"/> Threatened/attacked officer or another with blunt object<br><input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object<br><input type="checkbox"/> Threatened/attacked officer or another with motor vehicle<br><input type="checkbox"/> Threatened officer or another with firearm<br><input type="checkbox"/> Fired at officer or another<br><input type="checkbox"/> Other (specify) _____ |          | <b>Officer's use of force toward the subject</b> (check all that apply)<br><input checked="" type="checkbox"/> Compliance hold<br><input type="checkbox"/> Hands/fists<br><input type="checkbox"/> Kicks/feet<br><input type="checkbox"/> Chemical/natural agent<br><input type="checkbox"/> Strike/use baton or other object<br><input type="checkbox"/> Canine<br><input type="checkbox"/> Other (specify) _____<br>Firearms Discharge:<br><input type="checkbox"/> Intentional<br><input type="checkbox"/> Accidental<br>Number of shots fired _____<br>Number of hits _____<br>(Use 'UNK' if unknown) |                           |                                    |                                     |                                    |

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

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

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| Signature:<br>                                                                                                                                                                                                                                                                                                                                                                                                                               | Date:<br>11/27/2017                                                                                           |
| (SUPERVISOR) I hereby certify that I have reviewed this Use of Force report for accuracy and completeness and have promptly addressed any issues as they may pertain to policy interpretation, training, weapons or equipment, or discipline. Recommendations to modify policy, apply remedial training beyond what can be performed by me, change weapons, equipment or tactics, or apply discipline beyond my capabilities shall be thoroughly documented and forwarded through the chain of command to the Chief of Police. |                                                                                                               |
| Supervisor Name:<br>SERGEANT DRAING, ANDREW                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Supervisor Signature:<br> |

# USE OF FORCE

## A. Incident Information

|                                                                                                                                                                                                                                                                   |               |                    |                                                 |                                  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|--------------------|-------------------------------------------------|----------------------------------|
| Date<br>11/27/2017                                                                                                                                                                                                                                                | Time<br>22:55 | Day of Week<br>Sun | Location<br>GROVE STREET, ELMWOOD PARK NJ 07407 | Incident Number<br>I-2017-041984 |
| <input type="checkbox"/> Crime in progress <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Other Dispute <input type="checkbox"/> Suspicious Person <input type="checkbox"/> Traffic Stop<br><input type="checkbox"/> Other (Specify) _____ |               |                    |                                                 |                                  |

## B. Officer Information

|                                              |                               |          |               |                        |                                     |                                     |
|----------------------------------------------|-------------------------------|----------|---------------|------------------------|-------------------------------------|-------------------------------------|
| Name (Last, First)<br>SERGEANT DRAIN, ANDREW | Badge #<br>84                 | Sex<br>M | Race<br>WHITE | Age<br>48              | Injured<br><input type="checkbox"/> | Killed<br><input type="checkbox"/>  |
| Rank<br>SERGEANT                             | Duty Assignment<br>SUPERVISOR |          |               | Years of Service<br>20 | On Duty<br><input type="checkbox"/> | Uniform<br><input type="checkbox"/> |

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                           |                                    |                                     |                                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|------------------------------------|-------------------------------------|------------------------------------|
| Name (Last, First)<br>EDMOND, QYMYRI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Sex<br>M | Race<br>WHITE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Age<br>49                 | Weapon<br><input type="checkbox"/> | Injured<br><input type="checkbox"/> | Killed<br><input type="checkbox"/> |
| <input checked="" type="checkbox"/> Under the influence     ALCOHOL<br><input type="checkbox"/> Other Unusual condition (specify) _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |          | Arrested<br><input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Charges<br>SIMPLE ASSAULT |                                    |                                     |                                    |
| <b>Subjects actions</b> (check all that apply)<br><input checked="" type="checkbox"/> Resisted police officer control<br><input type="checkbox"/> Physical threat/attack on officer or another<br><input type="checkbox"/> Threatened/attacked officer or another with blunt object<br><input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object<br><input type="checkbox"/> Threatened/attacked officer or another with motor vehicle<br><input type="checkbox"/> Threatened officer or another with firearm<br><input type="checkbox"/> Fired at officer or another<br><input type="checkbox"/> Other (specify) _____ |          | <b>Officer's use of force toward the subject</b> (check all that apply)<br><input checked="" type="checkbox"/> Compliance hold     Firearms Discharge<br><input type="checkbox"/> Hands/fists <input type="checkbox"/> Intentional<br><input type="checkbox"/> Kicks/feet <input type="checkbox"/> Accidental<br><input type="checkbox"/> Chemical/natural agent<br><input type="checkbox"/> Strike/use baton or other object<br><input type="checkbox"/> Canine<br>Number of shots fired _____<br>Number of hits _____<br>(Use 'UNK' if unknown)<br><input type="checkbox"/> Other (specify) _____ |                           |                                    |                                     |                                    |

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

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

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|
| Signature:<br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Date:<br>11/27/2017       |
| (SUPERVISOR) I hereby certify that I have reviewed this Use of Force report for accuracy and completeness and have promptly addressed any issues as they may pertain to policy interpretation, training, weapons or equipment, or discipline. Recommendations to modify policy, apply remedial training beyond what can be performed by me, change weapons, equipment or tactics, or apply discipline beyond my capabilities shall be thoroughly documented and forwarded through the chain of command to the Chief of Police. |                           |
| Supervisor Name:<br>SERGEANT DRAIN, ANDREW                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Supervisor Signature:<br> |

# USE OF FORCE

## A. Incident Information

|                                                                                                                                                                                                                                                                   |               |             |                                                    |                                  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-------------|----------------------------------------------------|----------------------------------|
| Date<br>11/27/2017                                                                                                                                                                                                                                                | Time<br>02:44 | Day of Week | Location<br>90 GROVE STREET, ELMWOOD PARK NJ 07407 | Incident Number<br>I-2017-041984 |
| <input type="checkbox"/> Crime in progress <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Other Dispute <input type="checkbox"/> Suspicious Person <input type="checkbox"/> Traffic Stop<br><input type="checkbox"/> Other (Specify) _____ |               |             |                                                    |                                  |

## B. Officer Information

|                                                      |                                      |          |               |                          |                                                |                                     |
|------------------------------------------------------|--------------------------------------|----------|---------------|--------------------------|------------------------------------------------|-------------------------------------|
| Name (Last, First)<br>PATROL OFFICER KEENAN, CHARLES | Badge #<br>117                       | Sex<br>M | Race<br>WHITE | Age<br>40                | Injured<br><input type="checkbox"/>            | Killed<br><input type="checkbox"/>  |
| Rank<br>PATROL OFFICER                               | Duty Assignment<br>NORTH WEST PATROL |          |               | Years of Service<br>3YRS | On Duty<br><input checked="" type="checkbox"/> | Uniform<br><input type="checkbox"/> |

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                              |                                    |                                     |                                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|------------------------------------|-------------------------------------|------------------------------------|
| Name (Last, First)<br>QYMYRI, EDMOND                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Sex<br>M | Race<br>WHITE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Age<br>49                    | Weapon<br><input type="checkbox"/> | Injured<br><input type="checkbox"/> | Killed<br><input type="checkbox"/> |
| <input checked="" type="checkbox"/> Under the influence<br><input type="checkbox"/> Other Unusual condition (specify) _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |          | Arrested<br><input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Charges<br>DOMESTIC VIOLENCE |                                    |                                     |                                    |
| <b>Subjects actions</b> (check all that apply)<br><input checked="" type="checkbox"/> Resisted police officer control<br><input type="checkbox"/> Physical threat/attack on officer or another<br><input type="checkbox"/> Threatened/attacked officer or another with blunt object<br><input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object<br><input type="checkbox"/> Threatened/attacked officer or another with motor vehicle<br><input type="checkbox"/> Threatened officer or another with firearm<br><input type="checkbox"/> Fired at officer or another<br><input type="checkbox"/> Other (specify) _____ |          | <b>Officer's use of force toward the subject</b> (check all that apply)<br><input checked="" type="checkbox"/> Compliance hold<br><input type="checkbox"/> Hands/fists<br><input type="checkbox"/> Kicks/feet<br><input type="checkbox"/> Chemical/natural agent<br><input type="checkbox"/> Strike/use baton or other object<br><input type="checkbox"/> Canine<br><input type="checkbox"/> Other (specify) _____<br><div style="margin-top: 10px;">           Firearms Discharge<br/> <input type="checkbox"/> Intentional<br/> <input type="checkbox"/> Accidental<br/>           Number of shots fired _____<br/>           Number of hits _____<br/>           (Use 'UNK' if unknown)         </div> |                              |                                    |                                     |                                    |

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |         |                                    |                                     |                                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|------------------------------------|-------------------------------------|------------------------------------|
| Name (Last, First)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Sex | Race                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Age     | Weapon<br><input type="checkbox"/> | Injured<br><input type="checkbox"/> | Killed<br><input type="checkbox"/> |
| <input type="checkbox"/> Under the influence<br><input type="checkbox"/> Other Unusual condition (specify) _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |     | Arrested<br><input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Charges |                                    |                                     |                                    |
| <b>Subjects actions</b> (check all that apply)<br><input checked="" type="checkbox"/> Resisted police officer control<br><input type="checkbox"/> Physical threat/attack on officer or another<br><input type="checkbox"/> Threatened/attacked officer or another with blunt object<br><input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object<br><input type="checkbox"/> Threatened/attacked officer or another with motor vehicle<br><input type="checkbox"/> Threatened officer or another with firearm<br><input type="checkbox"/> Fired at officer or another<br><input type="checkbox"/> Other (specify) _____ |     | <b>Officer's use of force toward subject</b> (check all that apply)<br><input checked="" type="checkbox"/> Compliance hold<br><input type="checkbox"/> Hands/fists<br><input type="checkbox"/> Kicks/feet<br><input type="checkbox"/> Chemical/natural agent<br><input type="checkbox"/> Strike/use baton or other object<br><input type="checkbox"/> Canine<br><input type="checkbox"/> Other (specify) _____<br><div style="margin-top: 10px;">           Firearms Discharge<br/> <input type="checkbox"/> Intentional<br/> <input type="checkbox"/> Accidental<br/>           Number of shots fired _____<br/>           Number of hits _____<br/>           (Use 'UNK' if unknown)         </div> |         |                                    |                                     |                                    |

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                            |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|
| Signature:  #117                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Date:<br>11/27/2017        |
| (SUPERVISOR) I hereby certify that I have reviewed this Use of Force report for accuracy and completeness and have promptly addressed any issues as they may pertain to policy interpretation, training, weapons or equipment, or discipline. Recommendations to modify policy, apply remedial training beyond what can be performed by me, change weapons, equipment or tactics, or apply discipline beyond my capabilities shall be thoroughly documented and forwarded through the chain of command to the Chief of Police. |                            |
| Supervisor Name:<br>SERGEANT DRAIN, ANDREW                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Supervisor Signature:  #84 |