

USE OF FORCE REPORT

A. Incident Information				
Date 5-8-18	Time 2229	Day of Week TUESDAY	Location BAR ANTICIPATION	INCIDENT NUMBER 18-8154
<u>Type of Incident</u> <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)				

Name (Last, First, Middle) HAWKINS NICHOLE T		Badge # 161	Sex F	Race W	Age 30	Injured (Y) / N	Killed Y / (N)
Rank PATROL	Duty assignment PATROL	Years of service 1 1/2		On-Duty (Y) / N		Uniform (Y) / N	



C1. Subject 1 (List only the person who was the subject of the use of force by the officer listed in Section 2.) Name (Last, First, Middle) LECERF CHRISTIAN		Sex M	Race W	Age 23	Weapon Y / N	Injured Y / N	Killed Y / N
<input checked="" type="checkbox"/> Under the Influence <input type="checkbox"/> Other unusual condition (specify)		Arrested Y / N		Charges DISORDERLY, ASSAULT, RESISTING			
<u>Subject's actions</u> (check all that apply) <input checked="" type="checkbox"/> Resisted police officer control <input type="checkbox"/> Physical threat/attack on officer or another <input type="checkbox"/> Threatened/attacked officer or another with blunt object <input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object <input type="checkbox"/> Threatened/attacked officer or another with motor vehicle <input type="checkbox"/> Threatened officer or another with firearm <input type="checkbox"/> Fired at officer or another <input type="checkbox"/> Other (specify)		<u>Officer's use of force toward this subject</u> (check all that apply) <input checked="" type="checkbox"/> Compliance hold <input checked="" 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)					
		Firearms Discharge <input type="checkbox"/> Intentional <input type="checkbox"/> Accidental Number of shots fired _____ Number of hits _____ (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 1.)						
Name (Last, First, Middle)	Sex	Race	Age	Weapon Y / N	Injured Y / N	Killed Y / N
<input type="checkbox"/> Under the Influence <input type="checkbox"/> Other unusual condition (specify)	Arrested Y / N		Charges			
<u>Subject's actions</u> (check all that apply)		<u>Officer's use of force toward this subject</u> (check all that apply)				
<input type="checkbox"/> Resisted police officer control <input type="checkbox"/> Physical threat/attack on officer or another <input type="checkbox"/> Threatened/attacked officer or another with blunt object <input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object <input type="checkbox"/> Threatened/attacked officer or another with motor vehicle <input type="checkbox"/> Threatened officer or another with firearm <input type="checkbox"/> Fired at officer or another <input type="checkbox"/> Other (specify)		<input type="checkbox"/> Compliance hold <input type="checkbox"/> Hands/wrists <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)				
		Firearms Discharge <input type="checkbox"/> Intentional <input type="checkbox"/> Accidental Number of shots fired _____ Number of hits _____ (Use 'UNK' if unknown)				

Signature: PO H. L. #161	Date: 5-8-18
Print Supervisor Name: Sgt. John GARRECHT 131	Supervisor Signature: Sgt. [Signature] 131

A. Incident Information

B. Officer Information

Signature:  #162	Date: 05/12/2018
Print Supervisor Name: SGT. LYNCH #137	Supervisor Signature:  #137

USE OF FORCE REPORT

A. Incident Information

Date	Time	Day of Week	Location	INCIDENT NUMBER
05/12/2018	22:49	Saturday	18TH AVE / OCEAN AVE	2018-8392
<u>Type of Incident</u> <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, Middle)		Badge #	Sex	Race	Age	Injured Y / (N)	Killed Y / (N)
WHITMAN, COREY S.		162	M	W	27	Y / (N)	Y / (N)
Rank	Duty assignment	Years of service	On-Duty (Y) / N		Uniform (Y) / N		
PATROLMAN	DJAIS POST	3					


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

C1. Subject 1 (List only the person who was the subject of the use of force by the officer listed in Section B.)							
Name (Last, First, Middle)		Sex	Race	Age	Weapon	Injured	Killed
FLYNN, CONNOR B.		M	W	24	Y / (N)	(Y) / N	Y / (N)
<input checked="" type="checkbox"/> Under the influence <input type="checkbox"/> Other unusual condition (specify)		Arrested		Charges			
		(Y) / N		2C:12-1A(1), 2C:33-2A(1), 2C:29-2A			
Subject's actions (check all that apply)		Officer's use of force toward this subject (check all that apply)					
<input checked="" type="checkbox"/> Resisted police officer control <input checked="" type="checkbox"/> Physical threat/attack on officer or another <input type="checkbox"/> Threatened/attacked officer or another with blunt object <input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object <input type="checkbox"/> Threatened/attacked officer or another with motor vehicle <input type="checkbox"/> Threatened officer or another with firearm <input type="checkbox"/> Fired at officer or another <input type="checkbox"/> Other (specify)		<input checked="" type="checkbox"/> Compliance hold <input checked="" 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)				Firearms Discharge <input type="checkbox"/> Intentional <input type="checkbox"/> Accidental Number of shots fired _____ Number of hits _____ (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.)

C2. Subject 2 (List only the person who was the subject of the use of force by the officer listed in Section C.1.)						
Name (Last, First, Middle)	Sex	Race	Age	Weapon Y / N	Injured Y / N	Killed Y / N
<input type="checkbox"/> Under the influence <input type="checkbox"/> Other unusual condition (specify)	Arrested Y / N		Charges			
<u>Subject's actions</u> (check all that apply)			<u>Officer's use of force toward this subject</u> (check all that apply)			
<input type="checkbox"/> Resisted police officer control <input type="checkbox"/> Physical threat/attack on officer or another <input type="checkbox"/> Threatened/attacked officer or another with blunt object <input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object <input type="checkbox"/> Threatened/attacked officer or another with motor vehicle <input type="checkbox"/> Threatened officer or another with firearm <input type="checkbox"/> Fired at officer or another <input type="checkbox"/> Other (specify)			<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)			
			Firearms Discharge <input type="checkbox"/> Intentional <input type="checkbox"/> Accidental Number of shots fired _____ Number of hits _____ (Use 'UNK' if unknown)			

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

Signature:  #162	Date: 05/12/2018
Print Supervisor Name: SGT. LYNCH #137	Supervisor Signature:

BELMAR POLICE DEPARTMENT

USE OF FORCE REPORT

A. Incident Information

Date 5/26/18	Time 8:30pm	Day of Week SATURDAY	Location 18th and OCEAN	INCIDENT NUMBER 18-9567
Type of Incident <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, Middle) SMITH, ELIJAH	Badge # 574	Sex M	Race B	Age	Injured Y/N	Killed Y/N
Rank SLEO II	Duty assignment PATROL	Years of service 2	On-Duty O/N	Uniform O/N		

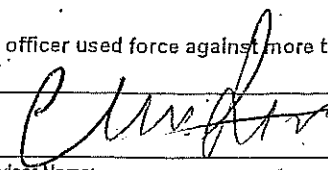
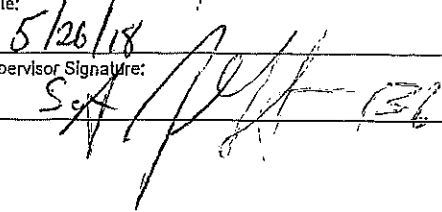
C1. Subject 1 (List only the person who was the subject of the use of force by the officer listed in Section B.)

Name (Last, First, Middle) QUINTANILLA, JAIRO A	Sex M	Race W	Age 24	Weapon Y/N	Injured Y/N	Killed Y/N
<input checked="" type="checkbox"/> Under the Influence <input type="checkbox"/> Other unusual condition (specify)	Arrested O/N	Charges RESISTING/DISORDERLY				
Subject's actions (check all that apply) <input checked="" type="checkbox"/> Resisted police officer control <input type="checkbox"/> Physical threat/attack on officer or another <input type="checkbox"/> Threatened/attacked officer or another with blunt object <input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object <input type="checkbox"/> Threatened/attacked officer or another with motor vehicle <input type="checkbox"/> Threatened officer or another with firearm <input type="checkbox"/> Fired at officer or another <input type="checkbox"/> Other (specify)				Officer's use of force toward this subject (check all that apply) <input checked="" type="checkbox"/> Compliance hold <input type="checkbox"/> Hands/wrists <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)		
				Firearms Discharge <input type="checkbox"/> Intentional <input type="checkbox"/> Accidental Number of shots fired _____ Number of hits _____ (Use 'UNK' if unknown)		

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

Name (Last, First, Middle)	Sex	Race	Age	Weapon Y/N	Injured Y/N	Killed Y/N
<input type="checkbox"/> Under the Influence <input type="checkbox"/> Other unusual condition (specify)	Arrested Y/N	Charges				
Subject's actions (check all that apply) <input type="checkbox"/> Resisted police officer control <input type="checkbox"/> Physical threat/attack on officer or another <input type="checkbox"/> Threatened/attacked officer or another with blunt object <input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object <input type="checkbox"/> Threatened/attacked officer or another with motor vehicle <input type="checkbox"/> Threatened officer or another with firearm <input type="checkbox"/> Fired at officer or another <input type="checkbox"/> Other (specify)				Officer's use of force toward this subject (check all that apply) <input type="checkbox"/> Compliance hold <input type="checkbox"/> Hands/wrists <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)		
				Firearms Discharge <input type="checkbox"/> Intentional <input type="checkbox"/> Accidental Number of shots fired _____ Number of hits _____ (Use 'UNK' if unknown)		

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

Signature: 	Date: 5/26/18
Print Supervisor Name: Sgt. John Garreco #136	Supervisor Signature: 

USE OF FORCE REPORT

Date 3/26/18	Time 8:30pm	Day of Week SATURDAY	Location 18th and OCEAN	INCIDENT NUMBER 18-9567
Type of Incident <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)				

Name (Last, First, Middle) BURKE, DAVID		Badge # 512	Sex M	Race W	Age 29	Injured Y <input checked="" type="checkbox"/>	Killed Y <input checked="" type="checkbox"/>
Rank SLEO II	Duty assignment PATROL	Years of service 2		On-Duty D <input checked="" type="checkbox"/> N		Uniform D <input checked="" type="checkbox"/> N	

Name (Last, First, Middle) QUINTANILLA, JAIRO A		Sex M	Race W	Age 24	Weapon Y/N	Injured Y/N	Killed Y/N
<input checked="" type="checkbox"/> Under the Influence <input type="checkbox"/> Other unusual condition (specify)		Arrested Y/N		Charges RESISTING/DISORDERLY			
Subject's actions (check all that apply) <input checked="" type="checkbox"/> Resisted police officer control <input type="checkbox"/> Physical threat/attack on officer or another <input type="checkbox"/> Threatened/attacked officer or another with blunt object <input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object <input type="checkbox"/> Threatened/attacked officer or another with motor vehicle <input type="checkbox"/> Threatened officer or another with firearm <input type="checkbox"/> Fired at officer or another <input type="checkbox"/> Other (specify)				Officer's use of force toward this subject (check all that apply) <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 of baton or other object <input type="checkbox"/> Canine <input type="checkbox"/> Other (specify)			
				Firearms Discharge <input type="checkbox"/> Intentional <input type="checkbox"/> Accidental Number of shots fired _____ Number of hits _____ (Use "UNK" if unknown)			

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

Signature: <u>SO BURKE #512</u>	Date: <u>5/26/18</u>
Print Supervisor Name: <u>Sgt. John Garrett 136</u>	Supervisor Signature: <u>Sgt. J. Garrett 136</u>

BELMAR POLICE DEPARTMENT

USE OF FORCE REPORT

A. Incident Information

Date 05/26/18	Time 10:17 pm	Day of Week Saturday	Location 15th Avenue and Main St.	INCIDENT NUMBER 18-9576
Type of Incident				
<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) <u>fleeing scene</u>				

B. Officer Information

Name (Last, First, Middle) Maseda, Michael Joseph	Badge # 528	Sex M	Race white	Age 22	Injured Y <input checked="" type="checkbox"/> N	Killed Y <input checked="" type="checkbox"/> N
Rank SLEO I I	Duty assignment Bike Patrol	Years of service 2	On-Duty <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Uniform <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		

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

Name (Last, First, Middle) Altamire Peter S.	Sex M	Race white	Age 24	Weapon Y <input checked="" type="checkbox"/> N	Injured Y <input checked="" type="checkbox"/> N	Killed Y <input checked="" type="checkbox"/> N
<input type="checkbox"/> Under the influence <input type="checkbox"/> Other unusual condition (specify)	Arrested <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		Charges 2C:29-1A / 2C:29-2A(1)			
Subject's actions (check all that apply)			Officer's use of force toward this subject (check all that apply)			
<input checked="" type="checkbox"/> Resisted police officer control <input type="checkbox"/> Physical threat/attack on officer or another <input type="checkbox"/> Threatened/attacked officer or another with blunt object <input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object <input type="checkbox"/> Threatened/attacked officer or another with motor vehicle <input type="checkbox"/> Threatened officer or another with firearm <input type="checkbox"/> Fired at officer or another <input type="checkbox"/> Other (specify)			<input checked="" type="checkbox"/> Compliance hold Firearms Discharge <input type="checkbox"/> Hands/fists <input type="checkbox"/> Intentional <input type="checkbox"/> Kicks/feet <input type="checkbox"/> Accidental <input type="checkbox"/> Chemical/natural agent <input type="checkbox"/> Strike/use baton or other object Number of shots fired _____ <input type="checkbox"/> Canine Number of hits _____ <input type="checkbox"/> Other (specify) (Use "UNK" if unknown)			

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

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

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

Signature: <u>Mia Maseda</u>	Date: <u>05/27/18</u>
Print Supervisor Name: <u>Sgt. John Gurech 126</u>	Supervisor Signature: <u>Sgt. [Signature] 126</u>

BELMAR POLICE DEPARTMENT

USE OF FORCE REPORT

A. Incident Information

Date <u>05/27/18</u>	Time <u>2332</u>	Day of Week <u>Sunday</u>	Location <u>1512 Main ST</u>	INCIDENT NUMBER <u>18-9754</u>
Type of Incident				
<input checked="" type="checkbox"/> Offense 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, Middle) <u>VOTTKE Joseph M</u>	Badge # <u>958</u>	Sex <u>M</u>	Race <u>W</u>	Age <u>47</u>	Injured <u>Y (N)</u>	Killed <u>Y (N)</u>
Rank <u>Sleo II</u>	Duty assignment <u>Patrol</u>	Years of service <u>5</u>	On-Duty <u>(Y) N</u>	Uniform <u>(Y) N</u>		

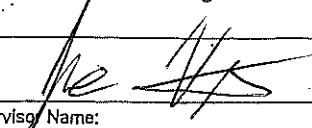
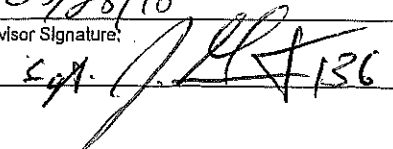
C1. Subject 1 (List only the person who was the subject of the use of force by the officer listed in Section B.)

Name (Last, First, Middle) <u>Verdoni Nicholas M</u>	Sex <u>M</u>	Race <u>W</u>	Age <u>21</u>	Weapon <u>Y (N)</u>	Injured <u>Y (N)</u>	Killed <u>Y (N)</u>
<input checked="" type="checkbox"/> Under the Influence <input type="checkbox"/> Other unusual condition (specify) <u>hyper-Active</u>		Arrested <u>(Y) N</u>		Charges <u>2C:33-2(4)1</u> <u>2C:29-2</u>		
Subject's actions (check all that apply)				Officer's use of force toward this subject (check all that apply)		
<input checked="" type="checkbox"/> Resisted police officer control <input type="checkbox"/> Physical threat/attack on officer or another <input type="checkbox"/> Threatened/attacked officer or another with blunt object <input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object <input type="checkbox"/> Threatened/attacked officer or another with motor vehicle <input type="checkbox"/> Threatened officer or another with firearm <input type="checkbox"/> Fired at officer or another <input type="checkbox"/> Other (specify)				<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)		
				Firearms Discharge <input type="checkbox"/> Intentional <input type="checkbox"/> Accidental Number of shots fired _____ Number of hits _____ (Use 'UNK' if unknown)		

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

Name (Last, First, Middle)	Sex	Race	Age	Weapon Y / N	Injured Y / N	Killed Y / N
<input type="checkbox"/> Under the Influence <input type="checkbox"/> Other unusual condition (specify)		Arrested Y / N		Charges		
Subject's actions (check all that apply)				Officer's use of force toward this subject (check all that apply)		
<input type="checkbox"/> Resisted police officer control <input type="checkbox"/> Physical threat/attack on officer or another <input type="checkbox"/> Threatened/attacked officer or another with blunt object <input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object <input type="checkbox"/> Threatened/attacked officer or another with motor vehicle <input type="checkbox"/> Threatened officer or another with firearm <input type="checkbox"/> Fired at officer or another <input type="checkbox"/> Other (specify)				<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)		
				Firearms Discharge <input type="checkbox"/> Intentional <input type="checkbox"/> Accidental Number of shots fired _____ Number of hits _____ (Use 'UNK' if unknown)		

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

Signature: 	Date: <u>05/28/18</u>
Print Supervisor Name: <u>Sgt. John Garrecht 136</u>	Supervisor Signature: 

BELMAR POLICE DEPARTMENT

USE OF FORCE REPORT

A. Incident Information

Date 05/27/18	Time 2332	Day of Week Sunday	Location 15th and Main St.	INCIDENT NUMBER 18-9754
Type of Incident				
<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, Middle) Caterra, Andrew, J	Badge # 520	Sex M	Race W	Age 24	Injured Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	Killed Y <input checked="" type="checkbox"/> N <input type="checkbox"/>
Rank SLEO 2	Duty assignment Patrol	Years of service 2	On-Duty Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	Uniform Y <input checked="" type="checkbox"/> N <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, Middle) Verdoni, Nicholas M	Sex M	Race W	Age 21	Weapon Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	Injured Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	Killed Y <input checked="" type="checkbox"/> N <input type="checkbox"/>
<input checked="" type="checkbox"/> Under the Influence <input type="checkbox"/> Other unusual condition (specify) hyper-active		Arrested Y <input checked="" type="checkbox"/> N <input type="checkbox"/>		Charges		
Subject's actions (check all that apply)				Officer's use of force toward this subject (check all that apply)		
<input checked="" type="checkbox"/> Resisted police officer control <input type="checkbox"/> Physical threat/attack on officer or another <input type="checkbox"/> Threatened/attacked officer or another with blunt object <input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object <input type="checkbox"/> Threatened/attacked officer or another with motor vehicle <input type="checkbox"/> Threatened officer or another with firearm <input type="checkbox"/> Fired at officer or another <input type="checkbox"/> Other (specify)				<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)		
				Firearms Discharge <input type="checkbox"/> Intentional <input type="checkbox"/> Accidental Number of shots fired _____ Number of hits _____ (Use 'UNK' if unknown)		

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

Name (Last, First, Middle)	Sex	Race	Age	Weapon Y <input type="checkbox"/> N <input type="checkbox"/>	Injured Y <input type="checkbox"/> N <input type="checkbox"/>	Killed Y <input type="checkbox"/> N <input type="checkbox"/>
<input type="checkbox"/> Under the Influence <input type="checkbox"/> Other unusual condition (specify)		Arrested Y <input type="checkbox"/> N <input type="checkbox"/>		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 <input type="checkbox"/> Physical threat/attack on officer or another <input type="checkbox"/> Threatened/attacked officer or another with blunt object <input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object <input type="checkbox"/> Threatened/attacked officer or another with motor vehicle <input type="checkbox"/> Threatened officer or another with firearm <input type="checkbox"/> Fired at officer or another <input type="checkbox"/> Other (specify)				<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)		
				Firearms Discharge <input type="checkbox"/> Intentional <input type="checkbox"/> Accidental Number of shots fired _____ Number of hits _____ (Use 'UNK' if unknown)		

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

Signature: 	Date: 05/28/18
Print Supervisor Name: Sgt. John Garlick 136	Supervisor Signature:

BELMAR POLICE DEPARTMENT

USE OF FORCE REPORT

A. Incident Information

Date 05/27/18	Time 2332	Day of Week Sunday	Location 15th and Main st	INCIDENT NUMBER 18-9754
Type of Incident <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, Middle) Maseda, Michael Joseph	Badge # 528	Sex M	Race W	Age 22	Injured Y (N)	Killed Y (N)
Rank SLEOT I	Duty assignment Bike Patrol	Years of service 2	On-Duty Y (N)	Uniform Y (N)		

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

Name (Last, First, Middle) Verdon, Nicholas M	Sex M	Race W	Age 21	Weapon Y (N)	Injured Y (N)	Killed Y (N)	
<input checked="" type="checkbox"/> Under the Influence <input type="checkbox"/> Other unusual condition (specify)	Arrested Y (N)	Charges 2633-2(a) 26:29-2					
Subject's actions (check all that apply) <input checked="" type="checkbox"/> Resisted police officer control <input type="checkbox"/> Physical threat/attack on officer or another <input type="checkbox"/> Threatened/attacked officer or another with blunt object <input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object <input type="checkbox"/> Threatened/attacked officer or another with motor vehicle <input type="checkbox"/> Threatened officer or another with firearm <input type="checkbox"/> Fired at officer or another <input type="checkbox"/> Other (specify)				Officer's use of force toward this subject (check all that apply) <input checked="" type="checkbox"/> Compliance hold Firearms Discharge <input type="checkbox"/> Hands/fists <input type="checkbox"/> Intentional <input type="checkbox"/> Kicks/feet <input type="checkbox"/> Accidental <input type="checkbox"/> Chemical/natural agent <input type="checkbox"/> Strike/use baton or other object Number of shots fired _____ <input type="checkbox"/> Canine Number of hits _____ <input type="checkbox"/> Other (specify) (Use 'UNK' if unknown)			

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

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

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

Signature: <i>Mr. Maseda</i>	Date: 05/28/18
Print Supervisor Name: Sgt. John Garrecht 136	Supervisor Signature: <i>Sgt. J. Garrecht 136</i>

BELMAR POLICE DEPARTMENT

USE OF FORCE REPORT

A. Incident Information

Date 5/27/18	Time 1:15 AM	Day of Week Sunday	Location Bar Anticipation	INCIDENT NUMBER 2018 - 9628
Type of Incident				
<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 type="checkbox"/> Other (specify) _____				

B. Officer Information

Name (Last, First, Middle) Lorusso, Dominick		Badge # 571	Sex M	Race WHT	Age 20	Injured Y/N	Killed Y/N
Rank S.L.E.O. II	Duty assignment Bar Anticipation	Years of service 1 Year	On-Duty Y/N	Uniform Y/N			

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

Name (Last, First, Middle) Kruse, Richard, K		Sex M	Race WHT	Age 23	Weapon Y/N	Injured Y/N	Killed Y/N
<input checked="" type="checkbox"/> Under the Influence <input type="checkbox"/> Other unusual condition (specify) _____		Arrested Y/N		Charges Defiant Trespassing			
Subject's actions (check all that apply)				Officer's use of force toward this subject (check all that apply)			
<input checked="" type="checkbox"/> Resisted police officer control <input type="checkbox"/> Physical threat/attack on officer or another <input type="checkbox"/> Threatened/attacked officer or another with blunt object <input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object <input type="checkbox"/> Threatened/attacked officer or another with motor vehicle <input type="checkbox"/> Threatened/attacked officer or another with firearm <input type="checkbox"/> Fired at officer or another <input type="checkbox"/> Other (specify) _____				<input checked="" type="checkbox"/> Compliance hold <input checked="" 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) _____			
				Firearms Discharge <input type="checkbox"/> Intentional <input type="checkbox"/> Accidental Number of shots fired _____ Number of hits _____ (Use 'UNK' if unknown)			

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

Name (Last, First, Middle)		Sex	Race	Age	Weapon Y/N	Injured Y/N	Killed Y/N
<input type="checkbox"/> Under the Influence <input type="checkbox"/> Other unusual condition (specify) _____		Arrested Y/N		Charges			
Subject's actions (check all that apply)				Officer's use of force toward this subject (check all that apply)			
<input type="checkbox"/> Resisted police officer control <input type="checkbox"/> Physical threat/attack on officer or another <input type="checkbox"/> Threatened/attacked officer or another with blunt object <input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object <input type="checkbox"/> Threatened/attacked officer or another with motor vehicle <input type="checkbox"/> Threatened/attacked officer or another with firearm <input type="checkbox"/> Fired at officer or another <input type="checkbox"/> Other (specify) _____				<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) _____			
				Firearms Discharge <input type="checkbox"/> Intentional <input type="checkbox"/> Accidental Number of shots fired _____ Number of hits _____ (Use 'UNK' if unknown)			

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

Signature: S.O. Dominick Lorusso	Date: 5/27/18
Print Supervisor Name: Sgt. John Garrecht 136	Supervisor Signature: Sgt. J. Garrecht 136

BELMAR POLICE DEPARTMENT

USE OF FORCE REPORT

A. Incident Information

1347-2018-000056

Date 05/30/18	Time 12:05	Day of Week TUESDAY	Location BAC ANTICIPATION	INCIDENT NUMBER 18-9981
Type of Incident				
<input type="checkbox"/> Crime in progress <input type="checkbox"/> Domestic <input checked="" type="checkbox"/> Other dispute <input type="checkbox"/> Suspicious person <input type="checkbox"/> Traffic stop <input checked="" type="checkbox"/> Other (specify)				

B. Officer Information

Name (Last, First, Middle) Smith ELIJAH Z	Badge # 574	Sex M	Race Black	Age 23	Injured Y/N	Killed Y/N
Rank SGT II	Duty assignment FOOT PATROL	Years of service 2	On-Duty Y/N	Uniform Y/N		

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

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

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

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

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

Signature: E. Smith 574	Date: 05/31/2018
Print Supervisor Name: [Signature]	Supervisor Signature: 5/31/18

BELMAR POLICE DEPARTMENT

USE OF FORCE REPORT

A. Incident Information

Date 6/3/18	Time 1:58 am	Day of Week Saturday	Location 18th + Surf Ave	INCIDENT NUMBER 18-10308
Type of Incident <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, Middle) Groome James E	Badge # 525	Sex M	Race W	Age 26	Injured Y/N	Killed Y/N
Rank SLEO II	Duty assignment 8th to 20th ocean B3+	Years of service 3	On-Duty Y/N	Uniform Y/N		

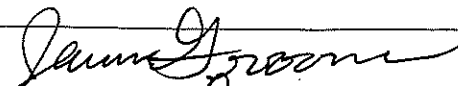
C1. Subject 1 (List only the person who was the subject of the use of force by the officer listed in Section B.)

Name (Last, First, Middle) Goudie, Kevin A	Sex M	Race W	Age 21	Weapon Y/N	Injured Y/N	Killed Y/N
<input type="checkbox"/> Under the Influence <input type="checkbox"/> Other unusual condition (specify)	Arrested Y/N	Charges 2C:29-1A				
Subject's actions (check all that apply) <input type="checkbox"/> Resisted police officer control <input type="checkbox"/> Physical threat/attack on officer or another <input type="checkbox"/> Threatened/attacked officer or another with blunt object <input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object <input type="checkbox"/> Threatened/attacked officer or another with motor vehicle <input type="checkbox"/> Threatened officer or another with firearm <input type="checkbox"/> Fired at officer or another <input checked="" type="checkbox"/> Other (specify) Fled scene				Officer's use of force toward this subject (check all that apply) <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) Firearms Discharge <input type="checkbox"/> Intentional <input type="checkbox"/> Accidental Number of shots fired _____ Number of hits _____ (Use 'UNK' if unknown)		

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

Name (Last, First, Middle)	Sex	Race	Age	Weapon Y/N	Injured Y/N	Killed Y/N
<input type="checkbox"/> Under the Influence <input type="checkbox"/> Other unusual condition (specify)	Arrested Y/N	Charges				
Subject's actions (check all that apply) <input type="checkbox"/> Resisted police officer control <input type="checkbox"/> Physical threat/attack on officer or another <input type="checkbox"/> Threatened/attacked officer or another with blunt object <input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object <input type="checkbox"/> Threatened/attacked officer or another with motor vehicle <input type="checkbox"/> Threatened officer or another with firearm <input type="checkbox"/> Fired at officer or another <input type="checkbox"/> Other (specify)				Officer's use of force toward this subject (check all that apply) <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) Firearms Discharge <input type="checkbox"/> Intentional <input type="checkbox"/> Accidental Number of shots fired _____ Number of hits _____ (Use 'UNK' if unknown)		

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

Signature: 	Date: 6/3/18
Print Supervisor Name: Sgt [Signature] #131	Supervisor Signature: [Signature] 5/31/18

BELMAR POLICE DEPARTMENT

USE OF FORCE REPORT

A. Incident Information

Date 06/03/18	Time 1:58am	Day of Week Sunday	Location 18th and Surf	INCIDENT NUMBER 18-10308
Type of Incident <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, Middle) Masada, Michael Joseph	Badge # 528	Sex M	Race white	Age 22	Injured Y / (N)	Killed Y / (N)
Rank SLEO I F	Duty assignment Patrol	Years of service 2	On-Duty (Y) / N	Uniform (Y) / N		

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

Name (Last, First, Middle) Goudie, Kevin A	Sex M	Race white	Age 21	Weapon Y / (N)	Injured Y / (N)	Killed Y / (N)
<input type="checkbox"/> Under the Influence <input type="checkbox"/> Other unusual condition (specify)	Arrested (Y) / N		Charges 2C:29-1A /			
Subject's actions (check all that apply) <input type="checkbox"/> Resisted police officer control <input type="checkbox"/> Physical threat/attack on officer or another <input type="checkbox"/> Threatened/attacked officer or another with blunt object <input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object <input type="checkbox"/> Threatened/attacked officer or another with motor vehicle <input type="checkbox"/> Threatened officer or another with firearm <input type="checkbox"/> Fired at officer or another <input checked="" type="checkbox"/> Other (specify) Fleed scene			Officer's use of force toward this subject (check all that apply) <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) Firearms Discharge <input type="checkbox"/> Intentional <input type="checkbox"/> Accidental Number of shots fired _____ Number of hits _____ (Use 'UNK' if unknown)			

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

Name (Last, First, Middle)	Sex	Race	Age	Weapon Y / N	Injured Y / N	Killed Y / N
<input type="checkbox"/> Under the Influence <input type="checkbox"/> Other unusual condition (specify)	Arrested Y / N		Charges			
Subject's actions (check all that apply) <input type="checkbox"/> Resisted police officer control <input type="checkbox"/> Physical threat/attack on officer or another <input type="checkbox"/> Threatened/attacked officer or another with blunt object <input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object <input type="checkbox"/> Threatened/attacked officer or another with motor vehicle <input type="checkbox"/> Threatened officer or another with firearm <input type="checkbox"/> Fired at officer or another <input type="checkbox"/> Other (specify)			Officer's use of force toward this subject (check all that apply) <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) Firearms Discharge <input type="checkbox"/> Intentional <input type="checkbox"/> Accidental Number of shots fired _____ Number of hits _____ (Use 'UNK' if unknown)			

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

Signature: Mike Masada	Date: 06/03/18
Print Supervisor Name: [Signature] #137	Supervisor Signature: 6/3/18

BELMAR POLICE DEPARTMENT

USE OF FORCE REPORT

A. Incident Information

Date 06/10/18	Time 2:56am	Day of Week SATURDAY	Location 17th AND SURF	INCIDENT NUMBER 18-10470
Type of Incident				
<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) EVADE BY FOOT				

B. Officer Information

Name (Last, First, Middle) SMITH ELIJAH Z	Badge # 574	Sex M	Race BLACK	Age 23	Injured Y/N	Killed Y/N
Rank SLEGT	Duty assignment FOOT PATROL	Years of service 1 YEAR	On-Duty Y/N	Uniform Y/N		

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

Name (Last, First, Middle) CAIAS LONG, MICHAEL	Sex M	Race WHITE	Age 25	Weapon Y/N	Injured Y/N	Killed Y/N
<input checked="" type="checkbox"/> Under the Influence <input type="checkbox"/> Other unusual condition (specify)		Arrested Y/N		Charges 2C:33-2A(1) 2C:29-1A		
Subject's actions (check all that apply)				Officer's use of force toward this subject (check all that apply)		
<input checked="" type="checkbox"/> Resisted police officer control <input type="checkbox"/> Physical threat/attack on officer or another <input type="checkbox"/> Threatened/attacked officer or another with blunt object <input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object <input type="checkbox"/> Threatened/attacked officer or another with motor vehicle <input type="checkbox"/> Threatened officer or another with firearm <input type="checkbox"/> Fired at officer or another <input checked="" type="checkbox"/> Other (specify)				<input checked="" type="checkbox"/> Compliance hold <input type="checkbox"/> Hands/wrists <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 checked="" type="checkbox"/> Other (specify) TACKLED		
				Firearms Discharge <input type="checkbox"/> Intentional <input type="checkbox"/> Accidental Number of shots fired _____ Number of hits _____ (Use 'UNK' if unknown)		

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

Name (Last, First, Middle)	Sex	Race	Age	Weapon Y/N	Injured Y/N	Killed Y/N
<input type="checkbox"/> Under the Influence <input type="checkbox"/> Other unusual condition (specify)		Arrested Y/N		Charges		
Subject's actions (check all that apply)				Officer's use of force toward this subject (check all that apply)		
<input type="checkbox"/> Resisted police officer control <input type="checkbox"/> Physical threat/attack on officer or another <input type="checkbox"/> Threatened/attacked officer or another with blunt object <input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object <input type="checkbox"/> Threatened/attacked officer or another with motor vehicle <input type="checkbox"/> Threatened officer or another with firearm <input type="checkbox"/> Fired at officer or another <input type="checkbox"/> Other (specify)				<input type="checkbox"/> Compliance hold <input type="checkbox"/> Hands/wrists <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)		
				Firearms Discharge <input type="checkbox"/> Intentional <input type="checkbox"/> Accidental Number of shots fired _____ Number of hits _____ (Use 'UNK' if unknown)		

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

Signature: E. Smith 574	Date: 06/10/2018
Print Supervisor Name: Sgt J. [Signature]	Supervisor Signature: 6/12/18

BELMAR POLICE DEPARTMENT

USE OF FORCE REPORT

A. Incident Information

Date 6-12-2018	Time 11:30pm	Day of Week Tuesday	Location 17th & Main St	INCIDENT NUMBER 18-11190
Type of Incident				
<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, Middle) Moskowitz Andrews	Badge # 590	Sex M	Race White	Age 22	Injured Y / <input checked="" type="checkbox"/>	Killed Y / <input checked="" type="checkbox"/>
Rank SLEO II	Duty assignment Lake Como Bike	Years of service	On-Duty <input checked="" type="checkbox"/> / N	Uniform <input checked="" type="checkbox"/> / N		

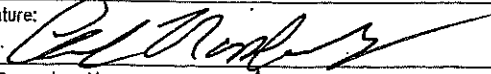
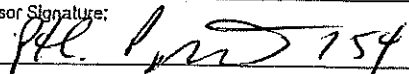
C1. Subject 1 (List only the person who was the subject of the use of force by the officer listed in Section B.)

Name (Last, First, Middle) Dinten Dylan Anthony	Sex M	Race Unknown	Age 22	Weapon Y / <input checked="" type="checkbox"/>	Injured Y / <input checked="" type="checkbox"/>	Killed Y / <input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Under the Influence <input type="checkbox"/> Other unusual condition (specify)		Arrested <input checked="" type="checkbox"/> / N		Charges 2C:29-2A(1) 2C:29-2A(1)		
Subject's actions (check all that apply)				Officer's use of force toward this subject (check all that apply)		
<input checked="" type="checkbox"/> Resisted police officer control <input type="checkbox"/> Physical threat/attack on officer or another <input type="checkbox"/> Threatened/attacked officer or another with blunt object <input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object <input type="checkbox"/> Threatened/attacked officer or another with motor vehicle <input type="checkbox"/> Threatened officer or another with firearm <input type="checkbox"/> Fired at officer or another <input type="checkbox"/> Other (specify)				<input checked="" type="checkbox"/> Compliance hold <input type="checkbox"/> Hands/wrists <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)		
				Firearms Discharge <input type="checkbox"/> Intentional <input type="checkbox"/> Accidental Number of shots fired _____ Number of hits _____ (Use 'UNK' if unknown)		

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

Name (Last, First, Middle)	Sex	Race	Age	Weapon Y / N	Injured Y / N	Killed Y / N
<input type="checkbox"/> Under the Influence <input type="checkbox"/> Other unusual condition (specify)		Arrested Y / N		Charges		
Subject's actions (check all that apply)				Officer's use of force toward this subject (check all that apply)		
<input type="checkbox"/> Resisted police officer control <input type="checkbox"/> Physical threat/attack on officer or another <input type="checkbox"/> Threatened/attacked officer or another with blunt object <input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object <input type="checkbox"/> Threatened/attacked officer or another with motor vehicle <input type="checkbox"/> Threatened officer or another with firearm <input type="checkbox"/> Fired at officer or another <input type="checkbox"/> Other (specify)				<input type="checkbox"/> Compliance hold <input type="checkbox"/> Hands/wrists <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)		
				Firearms Discharge <input type="checkbox"/> Intentional <input type="checkbox"/> Accidental Number of shots fired _____ Number of hits _____ (Use 'UNK' if unknown)		

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

Signature: 	Date: 6-13-2018
Print Supervisor Name: Ptl. Pappert 154	Supervisor Signature: 

BELMAR POLICE DEPARTMENT

USE OF FORCE REPORT

A. Incident Information

Date 06/12/18	Time 11:50 pm	Day of Week Tuesday	Location 17th Ave + Main St.	INCIDENT NUMBER 18-11190
Type of Incident <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 Other (specify) _____				

B. Officer Information

Name (Last, First, Middle) Caferra, Andrew J	Badge # 520	Sex M	Race WTF	Age 24	Injured Y/N	Killed Y/N
Rank SLEO 2	Duty assignment Lake Como Bike	Years of service 2	On-Duty Y/N	Uniform Y/N		

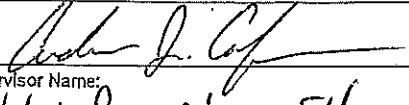

C1. Subject 1 (List only the person who was the subject of the use of force by the officer listed in Section B.)

Name (Last, First, Middle) Urso, Nicholas, W	Sex M	Race WTF	Age 22	Weapon Y/N	Injured Y/N	Killed Y/N
<input checked="" type="checkbox"/> Under the Influence <input type="checkbox"/> Other unusual condition (specify) _____		Arrested Y/N		Charges 2C:33-2A(1) 3-4.7 2C:29-2A(1)		
Subject's actions (check all that apply) <input checked="" type="checkbox"/> Resisted police officer control <input type="checkbox"/> Physical threat/attack on officer or another <input type="checkbox"/> Threatened/attacked officer or another with blunt object <input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object <input type="checkbox"/> Threatened/attacked officer or another with motor vehicle <input type="checkbox"/> Threatened officer or another with firearm <input type="checkbox"/> Fired at officer or another <input type="checkbox"/> Other (specify) _____				Officer's use of force toward this subject (check all that apply) <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) _____ Firearms Discharge <input type="checkbox"/> Intentional <input type="checkbox"/> Accidental Number of shots fired _____ Number of hits _____ (Use 'UNK' if unknown)		

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

Name (Last, First, Middle)	Sex	Race	Age	Weapon Y/N	Injured Y/N	Killed Y/N
<input type="checkbox"/> Under the Influence <input type="checkbox"/> Other unusual condition (specify) _____		Arrested Y/N		Charges		
Subject's actions (check all that apply) <input type="checkbox"/> Resisted police officer control <input type="checkbox"/> Physical threat/attack on officer or another <input type="checkbox"/> Threatened/attacked officer or another with blunt object <input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object <input type="checkbox"/> Threatened/attacked officer or another with motor vehicle <input type="checkbox"/> Threatened officer or another with firearm <input type="checkbox"/> Fired at officer or another <input type="checkbox"/> Other (specify) _____				Officer's use of force toward this subject (check all that apply) <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) _____ Firearms Discharge <input type="checkbox"/> Intentional <input type="checkbox"/> Accidental Number of shots fired _____ Number of hits _____ (Use 'UNK' if unknown)		

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

Signature: 	Date: 06/13/18
Print Supervisor Name: Pt. Poppert 154	Supervisor Signature: 

BELMAR POLICE DEPARTMENT

USE OF FORCE REPORT

A. Incident Information

Date 6/12/2018	Time 2215	Day of Week Tuesday	Location Bar Anticipation	INCIDENT NUMBER 18-11174
Type of Incident <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 Other (specify) _____				

B. Officer Information

Name (Last, First, Middle) Moslovitz, Andrew S	Badge # 590	Sex M	Race White	Age 22	Injured Y / N	Killed Y / N
Rank SLEO II	Duty assignment Lake Como Bike	Years of service	On-Duty Y / N	Uniform O / N		

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

Name (Last, First, Middle) Punch Nkosi O	Sex M	Race Black	Age 22	Weapon Y / N	Injured Y / N	Killed Y / N
<input checked="" type="checkbox"/> Under the Influence <input type="checkbox"/> Other unusual condition (specify) _____	Arrested Y / N	Charges 2C:33-2A(1) 2C:29-2A(1) 2016-915				
Subject's actions (check all that apply) <input checked="" type="checkbox"/> Resisted police officer control <input type="checkbox"/> Physical threat/attack on officer or another <input type="checkbox"/> Threatened/attacked officer or another with blunt object <input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object <input type="checkbox"/> Threatened/attacked officer or another with motor vehicle <input type="checkbox"/> Threatened officer or another with firearm <input type="checkbox"/> Fired at officer or another <input type="checkbox"/> Other (specify) _____		Officer's use of force toward this subject (check all that apply) <input checked="" type="checkbox"/> Compliance hold <input type="checkbox"/> Hands/wrists <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) _____ Firearms Discharge <input type="checkbox"/> Intentional <input type="checkbox"/> Accidental Number of shots fired _____ Number of hits _____ (Use 'UNK' if unknown)				

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

Name (Last, First, Middle)	Sex	Race	Age	Weapon Y / N	Injured Y / N	Killed Y / N
<input type="checkbox"/> Under the Influence <input type="checkbox"/> Other unusual condition (specify) _____	Arrested Y / N	Charges				
Subject's actions (check all that apply) <input type="checkbox"/> Resisted police officer control <input type="checkbox"/> Physical threat/attack on officer or another <input type="checkbox"/> Threatened/attacked officer or another with blunt object <input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object <input type="checkbox"/> Threatened/attacked officer or another with motor vehicle <input type="checkbox"/> Threatened officer or another with firearm <input type="checkbox"/> Fired at officer or another <input type="checkbox"/> Other (specify) _____		Officer's use of force toward this subject (check all that apply) <input type="checkbox"/> Compliance hold <input type="checkbox"/> Hands/wrists <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) _____ Firearms Discharge <input type="checkbox"/> Intentional <input type="checkbox"/> Accidental Number of shots fired _____ Number of hits _____ (Use 'UNK' if unknown)				

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

Signature: 	Date: 6-13-2018
Print Supervisor Name: Det. Capt. R. A. 130	Supervisor Signature: 

BELMAR POLICE DEPARTMENT

USE OF FORCE REPORT

A. Incident Information

Date 6/23/18	Time 2205	Day of Week Saturday	Location Green Street	INCIDENT NUMBER 18-12181
Type of Incident <input type="checkbox"/> Crime in progress <input type="checkbox"/> Domestic <input checked="" type="checkbox"/> Other dispute <input type="checkbox"/> Suspicious person <input type="checkbox"/> Traffic stop <input type="checkbox"/> Other (specify)				

B. Officer Information

Name (Last, First, Middle) DeFeo, Joseph R.	Badge # 15547	Sex M	Race White	Age 21	Injured Y/N	Killed Y/N
Rank SLEO II	Duty assignment Foot Patrol	Years of service Newly Appointed	On-Duty 81N	Uniform 81N		

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

Name (Last, First, Middle) Blazer, Joseph C.	Sex M	Race White	Age 33	Weapon Y/N	Injured Y/N	Killed Y/N
<input checked="" type="checkbox"/> Under the Influence <input type="checkbox"/> Other unusual condition (specify)	Arrested Y/N	Charges Disorderly Conduct, Simple Assault, Resisting Arrest				
Subject's actions (check all that apply) <input checked="" type="checkbox"/> Resisted police officer control <input type="checkbox"/> Physical threat/attack on officer or another <input type="checkbox"/> Threatened/attacked officer or another with blunt object <input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object <input type="checkbox"/> Threatened/attacked officer or another with motor vehicle <input type="checkbox"/> Threatened officer or another with firearm <input type="checkbox"/> Fired at officer or another <input type="checkbox"/> Other (specify)			Officer's use of force toward this subject (check all that apply) <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)			
			Firearms Discharge <input type="checkbox"/> Intentional <input type="checkbox"/> Accidental Number of shots fired _____ Number of hits _____ (Use 'UNK' if unknown)			

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

Name (Last, First, Middle)	Sex	Race	Age	Weapon Y/N	Injured Y/N	Killed Y/N
<input type="checkbox"/> Under the Influence <input type="checkbox"/> Other unusual condition (specify)	Arrested Y/N	Charges				
Subject's actions (check all that apply) <input type="checkbox"/> Resisted police officer control <input type="checkbox"/> Physical threat/attack on officer or another <input type="checkbox"/> Threatened/attacked officer or another with blunt object <input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object <input type="checkbox"/> Threatened/attacked officer or another with motor vehicle <input type="checkbox"/> Threatened officer or another with firearm <input type="checkbox"/> Fired at officer or another <input type="checkbox"/> Other (specify)			Officer's use of force toward this subject (check all that apply) <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)			
			Firearms Discharge <input type="checkbox"/> Intentional <input type="checkbox"/> Accidental Number of shots fired _____ Number of hits _____ (Use 'UNK' if unknown)			

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

Signature: Joseph R. DeFeo	Date: 6/23/18
Print Supervisor Name: Sergeant Todd Lee	Supervisor Signature: SAT Lee #143

COPY

BELMAR POLICE DEPARTMENT

USE OF FORCE REPORT

A. Incident Information

Date 6/23/18	Time 2205	Day of Week Saturday	Location Green Street	INCIDENT NUMBER 18-12181
Type of Incident				
<input type="checkbox"/> Crime in progress <input type="checkbox"/> Domestic <input checked="" type="checkbox"/> Other dispute <input type="checkbox"/> Suspicious person <input type="checkbox"/> Traffic stop <input type="checkbox"/> Other (specify)				

B. Officer Information

Name (Last, First, Middle) Burton, Anthony	Badge # 539	Sex M	Race White	Age	Injured Y/N	Killed Y/N
Rank SCEO II	Duty assignment Foot Patrol	Years of service Newly Appointed	On-Duty O/N	Uniform O/N		

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

Name (Last, First, Middle) Blazer, Joseph R.	Sex F	Race White	Age 33	Weapon Y/N	Injured Y/N	Killed Y/N
<input checked="" type="checkbox"/> Under the influence <input type="checkbox"/> Other unusual condition (specify)		Arrested O/N	Charges Disorderly conduct Simple Assault, Resisting Arrest			
Subject's actions (check all that apply)			Officer's use of force toward this subject (check all that apply)			
<input checked="" type="checkbox"/> Resisted police officer control <input checked="" type="checkbox"/> Physical threat/attack on officer or another <input type="checkbox"/> Threatened/attacked officer or another with blunt object <input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object <input type="checkbox"/> Threatened/attacked officer or another with motor vehicle <input type="checkbox"/> Threatened officer or another with firearm <input type="checkbox"/> Fired at officer or another <input type="checkbox"/> Other (specify)			<input checked="" type="checkbox"/> Compliance hold <input type="checkbox"/> Hands/wrists <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)			
			Firearms Discharge <input type="checkbox"/> Intentional <input type="checkbox"/> Accidental Number of shots fired _____ Number of hits _____ (Use 'UNK' if unknown)			

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

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

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

Signature: E. Burton	Date: 6/23/18
Print Supervisor Name: Sergeant Todd Lee	Supervisor Signature: Sgt Todd Lee #143

COPY

BELMAR POLICE DEPARTMENT

USE OF FORCE REPORT

A. Incident Information

Date 6/23/18	Time 2330	Day of Week SATURDAY	Location 1ST AVE AND A ST	INCIDENT NUMBER 18-12206
Type of Incident: <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, Middle) MAXU, Julian	Badge # 589	Sex M	Race B	Age 25	Injured Y / 0	Killed Y / 0
Rank SLEO II	Duty assignment PATROL	Years of service 21	On-Duty 0 N	Uniform Y 0		


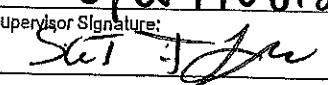
C1. Subject 1 (List only the person who was the subject of the use of force by the officer listed in Section B.)

Name (Last, First, Middle) WILM, CHRISTOPHER, T	Sex M	Race W	Age 24	Weapon Y / 0	Injured Y / 0	Killed Y / 0
<input type="checkbox"/> Under the Influence <input type="checkbox"/> Other unusual condition (specify) _____	Arrested Y N	Charges DISORDERLY CONDUCT				
Subject's actions (check all that apply) <input checked="" type="checkbox"/> Resisted police officer control <input type="checkbox"/> Physical threat/attack on officer or another <input type="checkbox"/> Threatened/attacked officer or another with blunt object <input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object <input type="checkbox"/> Threatened/attacked officer or another with motor vehicle <input type="checkbox"/> Threatened officer or another with firearm <input type="checkbox"/> Fired at officer or another <input type="checkbox"/> Other (specify) _____			Officer's use of force toward this subject (check all that apply) <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) _____			
			Firearms Discharge <input type="checkbox"/> Intentional <input type="checkbox"/> Accidental Number of shots fired _____ Number of hits _____ (Use "UNK" if unknown)			

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

Name (Last, First, Middle)	Sex	Race	Age	Weapon Y / N	Injured Y / N	Killed Y / N
<input type="checkbox"/> Under the Influence <input type="checkbox"/> Other unusual condition (specify) _____	Arrested Y / N	Charges				
Subject's actions (check all that apply) <input type="checkbox"/> Resisted police officer control <input type="checkbox"/> Physical threat/attack on officer or another <input type="checkbox"/> Threatened/attacked officer or another with blunt object <input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object <input type="checkbox"/> Threatened/attacked officer or another with motor vehicle <input type="checkbox"/> Threatened officer or another with firearm <input type="checkbox"/> Fired at officer or another <input type="checkbox"/> Other (specify) _____			Officer's use of force toward this subject (check all that apply) <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) _____			
			Firearms Discharge <input type="checkbox"/> Intentional <input type="checkbox"/> Accidental Number of shots fired _____ Number of hits _____ (Use "UNK" if unknown)			

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

Signature: 	Date: 6/24/2018
Print Supervisor Name: Sgt. J. Maxu	Supervisor Signature: 

COPY

BELMAR POLICE DEPARTMENT
USE OF FORCE REPORT

A. Incident Information

Date 06-24-18	Time 2330	Day of Week SUNDAY	Location 15th Ave / A St	INCIDENT NUMBER 18-12205
Type of Incident <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 checked="" type="checkbox"/> Other (specify) Foot Pursuit				

B. Officer Information

Name (Last, First, Middle) SMITH, EYAN, Z	Badge # 574	Sex M	Race BLACK	Age 23	Injured Y/N	Killed Y/N
Rank SLEO II	Duty assignment FOOT PATROL	Years of service 2 MONTHS	On-Duty Y/N	Uniform Y/N		

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

Name (Last, First, Middle) WILM CHRISTOPHER T	Sex M	Race WHITE	Age 25	Weapon Y/N	Injured Y/N	Killed Y/N
<input type="checkbox"/> Under the Influence <input type="checkbox"/> Other unusual condition (specify)	Arrested Y/N		Charges 2C:33-2(a) 16-26 2C:29-1A			
Subject's actions (check all that apply) <input checked="" type="checkbox"/> Resisted police officer control <input type="checkbox"/> Physical threat/attack on officer or another <input type="checkbox"/> Threatened/attacked officer or another with blunt object <input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object <input type="checkbox"/> Threatened/attacked officer or another with motor vehicle <input type="checkbox"/> Threatened officer or another with firearm <input type="checkbox"/> Fired at officer or another <input type="checkbox"/> Other (specify)			Officer's use of force toward this subject (check all that apply) <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)			
			Firearms Discharge <input type="checkbox"/> Intentional <input type="checkbox"/> Accidental Number of shots fired _____ Number of hits _____ (Use 'UNK' if unknown)			

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

Name (Last, First, Middle)	Sex	Race	Age	Weapon Y/N	Injured Y/N	Killed Y/N
<input type="checkbox"/> Under the Influence <input type="checkbox"/> Other unusual condition (specify)	Arrested Y/N		Charges			
Subject's actions (check all that apply) <input type="checkbox"/> Resisted police officer control <input type="checkbox"/> Physical threat/attack on officer or another <input type="checkbox"/> Threatened/attacked officer or another with blunt object <input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object <input type="checkbox"/> Threatened/attacked officer or another with motor vehicle <input type="checkbox"/> Threatened officer or another with firearm <input type="checkbox"/> Fired at officer or another <input type="checkbox"/> Other (specify)			Officer's use of force toward this subject (check all that apply) <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)			
			Firearms Discharge <input type="checkbox"/> Intentional <input type="checkbox"/> Accidental Number of shots fired _____ Number of hits _____ (Use 'UNK' if unknown)			

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

Signature: E. Smith	Date: 06/24/18
Print Supervisor Name: Sgt. T. Lee #143	Supervisor Signature: Sgt. T. Lee #143

COPY

BELMAR POLICE DEPARTMENT

USE OF FORCE REPORT

A. Incident Information

Date 06/30/18	Time 2333	Day of Week SATURDAY	Location 18th + OCEAN AVE	INCIDENT NUMBER 18-12909
Type of Incident				
<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) DISORDERLY				

B. Officer Information

Name (Last, First, Middle) SMITH ELIJAH LOE	Badge # 574	Sex M	Race BLK	Age 23	Injured Y/N	Killed Y/N
Rank SLEO II	Duty assignment FOOT PATROL	Years of service 1 YEAR	On-Duty Y/N	Uniform Y/N		

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

Name (Last, First, Middle) PINO C. SALVATORE	Sex M	Race WHITE	Age 21	Weapon Y/N	Injured Y/N	Killed Y/N
<input type="checkbox"/> Under the Influence <input type="checkbox"/> Other unusual condition (specify)		Arrested Y/N	Charges 2C:33-2A(1) 16-2G 2C:29-2A(1)			
Subject's actions (check all that apply)		Officer's use of force toward this subject (check all that apply)				
<input checked="" type="checkbox"/> Resisted police officer control <input type="checkbox"/> Physical threat/attack on officer or another <input type="checkbox"/> Threatened/attacked officer or another with blunt object <input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object <input type="checkbox"/> Threatened/attacked officer or another with motor vehicle <input type="checkbox"/> Threatened officer or another with firearm <input type="checkbox"/> Fired at officer or another <input type="checkbox"/> Other (specify)		<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)				
		Firearms Discharge <input type="checkbox"/> Intentional <input type="checkbox"/> Accidental Number of shots fired _____ Number of hits _____ (Use 'UNK' if unknown)				

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

Name (Last, First, Middle)	Sex	Race	Age	Weapon Y / N	Injured Y / N	Killed Y / N
<input type="checkbox"/> Under the Influence <input type="checkbox"/> Other unusual condition (specify)		Arrested Y / N	Charges			
Subject's actions (check all that apply)		Officer's use of force toward this subject (check all that apply)				
<input type="checkbox"/> Resisted police officer control <input type="checkbox"/> Physical threat/attack on officer or another <input type="checkbox"/> Threatened/attacked officer or another with blunt object <input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object <input type="checkbox"/> Threatened/attacked officer or another with motor vehicle <input type="checkbox"/> Threatened officer or another with firearm <input type="checkbox"/> Fired at officer or another <input type="checkbox"/> Other (specify)		<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)				
		Firearms Discharge <input type="checkbox"/> Intentional <input type="checkbox"/> Accidental Number of shots fired _____ Number of hits _____ (Use 'UNK' if unknown)				

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

Signature: E. Smith	Date: 06/30/18
Print Supervisor Name: Det. Capt. Thomas Cox	Supervisor Signature: Det. Capt. Thomas Cox

BELMAR POLICE DEPARTMENT

USE OF FORCE REPORT

A. Incident Information

Date 07/01/2018	Time 1:20 A	Day of Week Sunday	Location 16th and Main	INCIDENT NUMBER 18-12931
Type of Incident <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. Officer Information

Name (Last, First, Middle) Jeffries, Jeremy	Badge # 988	Sex M	Race W	Age 22	Injured Y/N	Killed Y/N
Rank SLEO II	Duty assignment Walking Patrol	Years of service 5	On-Duty (Y) N	Uniform (Y) N		

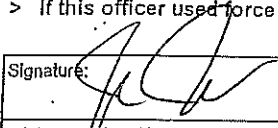

C1. Subject 1 (List only the person who was the subject of the use of force by the officer listed in Section B.)

Name (Last, First, Middle) Mohipatra Pransy	Sex M	Race Asian	Age 25	Weapon Y/N	Injured Y/N	Killed Y/N
<input type="checkbox"/> Under the Influence <input type="checkbox"/> Other unusual condition (specify)	Arrested (Y) N	Charges 2C:33-2A(1)/2C:29-2				
Subject's actions (check all that apply) <input checked="" type="checkbox"/> Resisted police officer control <input type="checkbox"/> Physical threat/attack on officer or another <input type="checkbox"/> Threatened/attacked officer or another with blunt object <input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object <input type="checkbox"/> Threatened/attacked officer or another with motor vehicle <input type="checkbox"/> Threatened officer or another with firearm <input type="checkbox"/> Fired at officer or another <input type="checkbox"/> Other (specify)		Officer's use of force toward this subject (check all that apply) <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)				
		Firearms Discharge <input type="checkbox"/> Intentional <input type="checkbox"/> Accidental Number of shots fired _____ Number of hits _____ (Use 'UNK' if unknown)				

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

Name (Last, First, Middle)	Sex	Race	Age	Weapon Y / N	Injured Y / N	Killed Y / N
<input type="checkbox"/> Under the Influence <input type="checkbox"/> Other unusual condition (specify)	Arrested Y / N	Charges				
Subject's actions (check all that apply) <input type="checkbox"/> Resisted police officer control <input type="checkbox"/> Physical threat/attack on officer or another <input type="checkbox"/> Threatened/attacked officer or another with blunt object <input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object <input type="checkbox"/> Threatened/attacked officer or another with motor vehicle <input type="checkbox"/> Threatened officer or another with firearm <input type="checkbox"/> Fired at officer or another <input type="checkbox"/> Other (specify)		Officer's use of force toward this subject (check all that apply) <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)				
		Firearms Discharge <input type="checkbox"/> Intentional <input type="checkbox"/> Accidental Number of shots fired _____ Number of hits _____ (Use 'UNK' if unknown)				

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

Signature: 	Date: 07/05/2018
Print Supervisor Name: Det. Capt. Thomas Cox #150	Supervisor Signature: 

BELMAR POLICE DEPARTMENT

USE OF FORCE REPORT

A. Incident Information

Date 07/01/18	Time 1:20 a	Day of Week Sunday	Location 16th and Main	INCIDENT NUMBER 18-12931
Type of Incident				
<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) (Summons being issued)				

B. Officer Information

Name (Last, First, Middle) Maseda, Michael Joseph	Badge # 528	Sex M	Race White	Age 22	Injured Y/N	Killed Y/N
Rank SLEO I I	Duty assignment Bike Patrol	Years of service 2	On-Duty (Y) N	Uniform (Y) N		

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

Name (Last, First, Middle) Mohapatra Pranoy	Sex M	Race Asian	Age 25	Weapon Y/N	Injured Y/N	Killed Y/N
<input type="checkbox"/> Under the influence <input type="checkbox"/> Other unusual condition (specify)	Arrested (Y) N	Charges 2C'33-2A(1) / 25:25-2				
Subject's actions (check all that apply)				Officer's use of force toward this subject (check all that apply)		
<input checked="" type="checkbox"/> Resisted police officer control <input type="checkbox"/> Physical threat/attack on officer or another <input type="checkbox"/> Threatened/attacked officer or another with blunt object <input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object <input type="checkbox"/> Threatened/attacked officer or another with motor vehicle <input type="checkbox"/> Threatened officer or another with firearm <input type="checkbox"/> Fired at officer or another <input type="checkbox"/> Other (specify)				<input type="checkbox"/> Compliance hold Firearms Discharge <input type="checkbox"/> Hands/wrists <input type="checkbox"/> Intentional <input type="checkbox"/> Kicks/feet <input type="checkbox"/> Accidental <input type="checkbox"/> Chemical/natural agent <input type="checkbox"/> Strike/use baton or other object Number of shots fired _____ <input type="checkbox"/> Canine Number of hits _____ <input checked="" type="checkbox"/> Other (specify) (Double leg takedown) (Use 'UNK' if unknown)		

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

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

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

Signature: Mike Maseda	Date: 07/01/18
Print Supervisor Name: Det. Capt. Thomas Cox #100	Supervisor Signature: Det. Capt. Thomas Cox #100

BELMAR POLICE DEPARTMENT

USE OF FORCE REPORT

A. Incident Information

Date 7/1/2018	Time 0118	Day of Week Sunday	Location Bar Anticipation	INCIDENT NUMBER 18-12930
Type of Incident <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, Middle) Moslowitz, Andrew	Badge # 590	Sex M	Race White	Age 23	Injured Y/N	Killed Y/N
Rank SLEO II	Duty assignment Uniform Patrol	Years of service 1	On-Duty Y/N	Uniform Y/N		

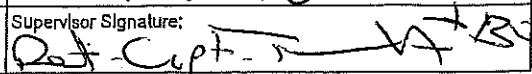
C1. Subject 1 (List only the person who was the subject of the use of force by the officer listed in Section B.)

Name (Last, First, Middle) Impratore Luke H	Sex M	Race White	Age 23	Weapon Y/N	Injured Y/N	Killed Y/N
<input checked="" type="checkbox"/> Under the Influence <input type="checkbox"/> Other unusual condition (specify)	Arrested Y/N		Charges 2C:33-2A(1) 2C:29-2A(1)			
Subject's actions (check all that apply) <input checked="" type="checkbox"/> Resisted police officer control <input type="checkbox"/> Physical threat/attack on officer or another <input type="checkbox"/> Threatened/attacked officer or another with blunt object <input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object <input type="checkbox"/> Threatened/attacked officer or another with motor vehicle <input type="checkbox"/> Threatened officer or another with firearm <input type="checkbox"/> Fired at officer or another <input type="checkbox"/> Other (specify)			Officer's use of force toward this subject (check all that apply) <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) <div style="float: right;"> Firearms Discharge <input type="checkbox"/> Intentional <input type="checkbox"/> Accidental Number of shots fired _____ Number of hits _____ (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, Middle)	Sex	Race	Age	Weapon Y/N	Injured Y/N	Killed Y/N
<input type="checkbox"/> Under the Influence <input type="checkbox"/> Other unusual condition (specify)	Arrested Y/N		Charges			
Subject's actions (check all that apply) <input type="checkbox"/> Resisted police officer control <input type="checkbox"/> Physical threat/attack on officer or another <input type="checkbox"/> Threatened/attacked officer or another with blunt object <input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object <input type="checkbox"/> Threatened/attacked officer or another with motor vehicle <input type="checkbox"/> Threatened officer or another with firearm <input type="checkbox"/> Fired at officer or another <input type="checkbox"/> Other (specify)			Officer's use of force toward this subject (check all that apply) <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) <div style="float: right;"> Firearms Discharge <input type="checkbox"/> Intentional <input type="checkbox"/> Accidental Number of shots fired _____ Number of hits _____ (Use 'UNK' if unknown) </div>			

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

Signature: 	Date: 7-1-2018
Print Supervisor Name: Det. Capt. Thomas Cox	Supervisor Signature: 

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A. Incident Information				
Date	Time	Day of Week	Location	INCIDENT NUMBER
7/1/2018	0118	Sunday	Bar Anticipation	18-12930
Type of Incident				
<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) _____				

Name (Last, First, Middle) Stapleton, Ryan S		Badge # 531	Sex M	Race W	Age 31	Injured Y <input checked="" type="radio"/> N <input type="radio"/>	Killed Y <input type="radio"/> N <input checked="" type="radio"/>
Rank SLEO II	Duty assignment Uniform Patrol	Years of service 3	On-Duty <input checked="" type="radio"/> Y <input type="radio"/> N		Uniform <input checked="" type="radio"/> Y <input type="radio"/> N		

Name (Last, First, Middle) Imperatore, Luke H.		Sex M	Race W	Age 23	Weapon Y/N	Injured Y/N	Killed Y/N
<input checked="" type="checkbox"/> Under the Influence <input type="checkbox"/> Other unusual condition (specify)		Arrested Y/N		Charges 2C:33-2A(1) 2C:29-2A(1)			
<u>Subject's actions</u> (check all that apply)		<u>Officer's use of force toward this subject</u> (check all that apply)					
<input checked="" type="checkbox"/> Resisted police officer control <input type="checkbox"/> Physical threat/attack on officer or another <input type="checkbox"/> Threatened/attacked officer or another with blunt object <input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object <input type="checkbox"/> Threatened/attacked officer or another with motor vehicle <input type="checkbox"/> Threatened officer or another with firearm <input type="checkbox"/> Fired at officer or another <input type="checkbox"/> Other (specify)		<input checked="" type="checkbox"/> Compliance hold <input type="checkbox"/> Hands/lists <input type="checkbox"/> Kicks/feet <input type="checkbox"/> Chemical/natural agent <input type="checkbox"/> Strike/use of baton or other object <input type="checkbox"/> Canine <input type="checkbox"/> Other (specify)				Firearms Discharge <input type="checkbox"/> Intentional <input type="checkbox"/> Accidental Number of shots fired _____ Number of hits _____ (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 C1.)						
Name (Last, First, Middle)	Sex	Race	Age	Weapon Y / N	Injured Y / N	Killed Y / N
<input type="checkbox"/> Under the Influence <input type="checkbox"/> Other unusual condition (specify)	Arrested Y / N		Charges			
<u>Subject's actions</u> (check all that apply) <input type="checkbox"/> Resisted police officer control <input type="checkbox"/> Physical threat/attack on officer or another <input type="checkbox"/> Threatened/attacked officer or another with blunt object <input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object <input type="checkbox"/> Threatened/attacked officer or another with motor vehicle <input type="checkbox"/> Threatened officer or another with firearm <input type="checkbox"/> Fired at officer or another <input type="checkbox"/> Other (specify)	<u>Officer's use of force toward this subject</u> (check all that apply) <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Compliance hold <input type="checkbox"/> Hands/wrists <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) </div> <div> <input type="checkbox"/> Firearms Discharge <input type="checkbox"/> Intentional <input type="checkbox"/> Accidental Number of shots fired _____ Number of hits _____ (Use 'UNK' if unknown) </div> </div>					

Signature: <i>Ryan Steplecki</i>	Date: 7/1/2018
Print Supervisor Name: Det. Capt. Thomas Cox	Supervisor Signature: <i>Det. Capt. Thomas Cox</i> 7/1/18

BELMAR POLICE DEPARTMENT

USE OF FORCE REPORT

A. Incident Information

Date 7/1/18	Time 0201	Day of Week Sunday	Location 1801 Ocean Avenue	INCIDENT NUMBER 18-12940
Type of Incident <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, Middle) Spectemini Peter J	Badge # 159	Sex M	Race W	Age 30	Injured Y/N	Killed Y/N
Rank Patrolman	Duty assignment Bar Post	Years of service 2	On-Duty Y/N	Uniform Y/N		

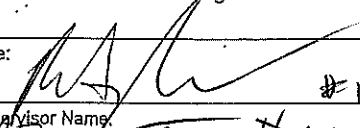


C1. Subject 1 (List only the person who was the subject of the use of force by the officer listed in Section B.)

Name (Last, First, Middle) Cardinal Alexandra	Sex F	Race W	Age 22	Weapon Y/N	Injured Y/N	Killed Y/N
<input checked="" type="checkbox"/> Under the Influence <input type="checkbox"/> Other unusual condition (specify)	Arrested Y/N	Charges NC 33-2(A), NC 29-2(A)				
Subject's actions (check all that apply) <input checked="" type="checkbox"/> Resisted police officer control <input type="checkbox"/> Physical threat/attack on officer or another <input type="checkbox"/> Threatened/attacked officer or another with blunt object <input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object <input type="checkbox"/> Threatened/attacked officer or another with motor vehicle <input type="checkbox"/> Threatened officer or another with firearm <input type="checkbox"/> Fired at officer or another <input type="checkbox"/> Other (specify)				Officer's use of force toward this subject (check all that apply) <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)		
				Firearms Discharge <input type="checkbox"/> Intentional <input type="checkbox"/> Accidental Number of shots fired _____ Number of hits _____ (Use 'UNK' if unknown)		

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

Name (Last, First, Middle) —	Sex —	Race —	Age —	Weapon Y/N	Injured Y/N	Killed Y/N
<input type="checkbox"/> Under the Influence <input type="checkbox"/> Other unusual condition (specify)	Arrested Y/N	Charges				
Subject's actions (check all that apply) <input type="checkbox"/> Resisted police officer control <input type="checkbox"/> Physical threat/attack on officer or another <input type="checkbox"/> Threatened/attacked officer or another with blunt object <input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object <input type="checkbox"/> Threatened/attacked officer or another with motor vehicle <input type="checkbox"/> Threatened officer or another with firearm <input type="checkbox"/> Fired at officer or another <input type="checkbox"/> Other (specify)				Officer's use of force toward this subject (check all that apply) <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)		
				Firearms Discharge <input type="checkbox"/> Intentional <input type="checkbox"/> Accidental Number of shots fired _____ Number of hits _____ (Use 'UNK' if unknown)		

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

Signature:  #159	Date: 7/1/18
Print Supervisor Name:  #155	Supervisor Signature:  155

BELMAR POLICE DEPARTMENT

USE OF FORCE REPORT

A. Incident Information

Date 07/03/18	Time 2053	Day of Week Tuesday	Location 703 16th Ave	INCIDENT NUMBER 18-13758
Type of Incident				
<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) TRESPASSING				

B. Officer Information

Name (Last, First, Middle) JONES JR, KEVIN E	Badge # 157	Sex M	Race B	Age 31	Injured Y/N	Killed Y/N
Rank PATROLMAN	Duty assignment PATROL	Years of service 12	On-Duty (Y) N	Uniform (Y) N		

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

Name (Last, First, Middle) GALL, GRANARLO	Sex M	Race W	Age 31	Weapon Y/N	Injured Y/N	Killed Y/N
<input type="checkbox"/> Under the Influence <input type="checkbox"/> Other unusual condition (specify)	Arrested (Y) N	Charges 2C:18-3B, 2016-915				
Subject's actions (check all that apply)				Officer's use of force toward this subject (check all that apply)		
<input checked="" type="checkbox"/> Resisted police officer control <input type="checkbox"/> Physical threat/attack on officer or another <input type="checkbox"/> Threatened/attacked officer or another with blunt object <input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object <input type="checkbox"/> Threatened/attacked officer or another with motor vehicle <input type="checkbox"/> Threatened officer or another with firearm <input type="checkbox"/> Fired at officer or another <input type="checkbox"/> Other (specify)				<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)		
				Firearms Discharge <input type="checkbox"/> Intentional <input type="checkbox"/> Accidental Number of shots fired _____ Number of hits _____ (Use 'UNK' if unknown)		

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

Name (Last, First, Middle)	Sex	Race	Age	Weapon Y/N	Injured Y/N	Killed Y/N
<input type="checkbox"/> Under the Influence <input type="checkbox"/> Other unusual condition (specify)	Arrested Y/N	Charges				
Subject's actions (check all that apply)				Officer's use of force toward this subject (check all that apply)		
<input type="checkbox"/> Resisted police officer control <input type="checkbox"/> Physical threat/attack on officer or another <input type="checkbox"/> Threatened/attacked officer or another with blunt object <input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object <input type="checkbox"/> Threatened/attacked officer or another with motor vehicle <input type="checkbox"/> Threatened officer or another with firearm <input type="checkbox"/> Fired at officer or another <input type="checkbox"/> Other (specify)				<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)		
				Firearms Discharge <input type="checkbox"/> Intentional <input type="checkbox"/> Accidental Number of shots fired _____ Number of hits _____ (Use 'UNK' if unknown)		

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

Signature: [Signature] 157	Date: 07-03-18
Print Supervisor Name: Det. Capt. Thomas [Signature] 137	Supervisor Signature: [Signature] 137

BELMAR POLICE DEPARTMENT

USE OF FORCE REPORT

A. Incident Information

Date 7-7-18	Time 2351	Day of Week Saturday	Location 605 16th Ave	INCIDENT NUMBER 18-13832
Type of Incident <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, Middle) Groome, James, E	Badge # 525	Sex M	Race W	Age 26	Injured Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	Killed Y <input type="checkbox"/> N <input checked="" type="checkbox"/>
Rank SLEO II	Duty assignment Lake Como Bk	Years of service 3	On-Duty Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	Uniform Y <input checked="" type="checkbox"/> N <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, Middle) Cavanaugh, Michael, J	Sex M	Race W	Age 22	Weapon Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	Injured Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	Killed Y <input type="checkbox"/> N <input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Under the influence <input type="checkbox"/> Other unusual condition (specify)	Arrested Y <input checked="" type="checkbox"/> N <input type="checkbox"/>		Charges Obstruction			
Subject's actions (check all that apply) <input checked="" type="checkbox"/> Resisted police officer control <input type="checkbox"/> Physical threat/attack on officer or another <input type="checkbox"/> Threatened/attacked officer or another with blunt object <input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object <input type="checkbox"/> Threatened/attacked officer or another with motor vehicle <input type="checkbox"/> Threatened officer or another with firearm <input type="checkbox"/> Fired at officer or another <input type="checkbox"/> Other (specify)			Officer's use of force toward this subject (check all that apply) <input type="checkbox"/> Compliance hold Firearms Discharge <input checked="" type="checkbox"/> Hands/fists <input type="checkbox"/> Intentional <input type="checkbox"/> Kicks/feet <input type="checkbox"/> Accidental <input type="checkbox"/> Chemical/natural agent <input type="checkbox"/> Strike/use baton or other object Number of shots fired _____ <input type="checkbox"/> Canine Number of hits _____ <input type="checkbox"/> Other (specify) (Use 'UNK' if unknown)			

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

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

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

Signature: <i>James E Groome</i>	Date: 7-8-18
Print Supervisor Name: Det Capt Thomas Cox	Supervisor Signature: <i>Det Capt Thomas Cox</i>

BELMAR POLICE DEPARTMENT

USE OF FORCE REPORT

A. Incident Information

Date 07-08-18	Time 2:30 A	Day of Week Saturday	Location 17th and Ocean	INCIDENT NUMBER 18-13868
Type of Incident <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, Middle) Maseda, Michael, Joseph	Badge # 528	Sex M	Race W	Age 22	Injured Y (N)	Killed Y (N)
Rank SLEO II	Duty assignment uniformed bike patrol	Years of service 3	On-Duty QIN	Uniform QIN		

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

Name (Last, First, Middle) Kosic Arman	Sex M	Race W	Age 23	Weapon Y (N)	Injured Y (N)	Killed Y (N)
<input checked="" type="checkbox"/> Under the influence <input type="checkbox"/> Other unusual condition (specify)	Arrested QIN	Charges 2C:33-2A(1) 2C:12-1A(1) 2C:29-1A				
Subject's actions (check all that apply) <input type="checkbox"/> Resisted police officer control <input type="checkbox"/> Physical threat/attack on officer or another <input type="checkbox"/> Threatened/attacked officer or another with blunt object <input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object <input type="checkbox"/> Threatened/attacked officer or another with motor vehicle <input type="checkbox"/> Threatened officer or another with firearm <input type="checkbox"/> Fired at officer or another <input type="checkbox"/> Other (specify)		Officer's use of force toward this subject (check all that apply) <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) <div style="float: right;"> Firearms Discharge <input type="checkbox"/> Intentional <input type="checkbox"/> Accidental Number of shots fired _____ Number of hits _____ (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, Middle)	Sex	Race	Age	Weapon Y / N	Injured Y / N	Killed Y / N
<input type="checkbox"/> Under the influence <input type="checkbox"/> Other unusual condition (specify)	Arrested Y / N	Charges				
Subject's actions (check all that apply) <input type="checkbox"/> Resisted police officer control <input type="checkbox"/> Physical threat/attack on officer or another <input type="checkbox"/> Threatened/attacked officer or another with blunt object <input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object <input type="checkbox"/> Threatened/attacked officer or another with motor vehicle <input type="checkbox"/> Threatened officer or another with firearm <input type="checkbox"/> Fired at officer or another <input type="checkbox"/> Other (specify)		Officer's use of force toward this subject (check all that apply) <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) <div style="float: right;"> Firearms Discharge <input type="checkbox"/> Intentional <input type="checkbox"/> Accidental Number of shots fired _____ Number of hits _____ (Use 'UNK' if unknown) </div>				

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

Signature: Mike Maseda	Date: 07-08-18
Print Supervisor Name: Sgt. John Garrecht 136	Supervisor Signature: Sgt. J. H. 136

BELMAR POLICE DEPARTMENT

USE OF FORCE REPORT

A. Incident Information

Date 07-08-18	Time 2:30 A	Day of Week Sat.	Location 17th and Ocean	INCIDENT NUMBER 18-13868
Type of Incident				
<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, Middle) Satterfield, Joshua, A	Badge # 511	Sex M	Race W	Age 29	Injured Y/N	Killed Y/N
Rank Special officer 2	Duty assignment Uniformed bike patrol	Years of service 3	On-Duty 0/N	Uniform 0/N		

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

Name (Last, First, Middle) Kosic Arman	Sex M	Race W	Age 23	Weapon Y/N	Injured Y/N	Killed Y/N
<input checked="" type="checkbox"/> Under the Influence <input type="checkbox"/> Other unusual condition (specify)		Arrested 0/N		Charges 2C:12-1A(1), 2C:33-2A(1), 2C:29-1A		
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 <input type="checkbox"/> Physical threat/attack on officer or another <input type="checkbox"/> Threatened/attacked officer or another with blunt object <input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object <input type="checkbox"/> Threatened/attacked officer or another with motor vehicle <input type="checkbox"/> Threatened officer or another with firearm <input type="checkbox"/> Fired at officer or another <input type="checkbox"/> Other (specify)				<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)		
				Firearms Discharge <input type="checkbox"/> Intentional <input type="checkbox"/> Accidental Number of shots fired _____ Number of hits _____ (Use 'UNK' if unknown)		

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

Name (Last, First, Middle)	Sex	Race	Age	Weapon Y/N	Injured Y/N	Killed Y/N
<input type="checkbox"/> Under the Influence <input type="checkbox"/> Other unusual condition (specify)		Arrested Y/N		Charges		
Subject's actions (check all that apply)				Officer's use of force toward this subject (check all that apply)		
<input type="checkbox"/> Resisted police officer control <input type="checkbox"/> Physical threat/attack on officer or another <input type="checkbox"/> Threatened/attacked officer or another with blunt object <input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object <input type="checkbox"/> Threatened/attacked officer or another with motor vehicle <input type="checkbox"/> Threatened officer or another with firearm <input type="checkbox"/> Fired at officer or another <input type="checkbox"/> Other (specify)				<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)		
				Firearms Discharge <input type="checkbox"/> Intentional <input type="checkbox"/> Accidental Number of shots fired _____ Number of hits _____ (Use 'UNK' if unknown)		

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

Signature: Josh Satterfield	Date: 07-08-18
Print Supervisor Name: Sgt. John Garrecht 136	Supervisor Signature: Sgt. J. Garrecht 136

BELMAR POLICE DEPARTMENT

USE OF FORCE REPORT

A. Incident Information

Date 07/13/18	Time 2326	Day of Week FRIDAY	Location BELMAR P.D.	INCIDENT NUMBER 18-14349
Type of Incident				
<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) PRISONER PROCESSING				

B. Officer Information

Name (Last, First, Middle) BOHRMAN, PHILIP G.	Badge # 158	Sex M	Race W	Age 36	Injured Y/N	Killed Y/N
Rank PATROL	Duty assignment PATROL	Years of service 13	On-Duty Y/N	Uniform Y/N		

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

Name (Last, First, Middle) MORRELL, NODA, JOSEPH	Sex M	Race W	Age 21	Weapon Y/N	Injured Y/N	Killed Y/N
<input checked="" type="checkbox"/> Under the Influence <input type="checkbox"/> Other unusual condition (specify)		Arrested Y/N		Charges RESISTING / AGG ASSAULT		
Subject's actions (check all that apply)				Officer's use of force toward this subject (check all that apply)		
<input checked="" type="checkbox"/> Resisted police officer control <input checked="" type="checkbox"/> Physical threat/attack on officer or another <input type="checkbox"/> Threatened/attacked officer or another with blunt object <input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object <input type="checkbox"/> Threatened/attacked officer or another with motor vehicle <input type="checkbox"/> Threatened officer or another with firearm <input type="checkbox"/> Fired at officer or another <input type="checkbox"/> Other (specify)				<input checked="" type="checkbox"/> Compliance hold <input type="checkbox"/> Hands/fists <input checked="" type="checkbox"/> Kicks/feet <input checked="" type="checkbox"/> Chemical/natural agent <input type="checkbox"/> Strike/use baton or other object <input type="checkbox"/> Canine <input type="checkbox"/> Other (specify)		
				Firearms Discharge <input type="checkbox"/> Intentional <input type="checkbox"/> Accidental Number of shots fired _____ Number of hits _____ (Use 'UNK' if unknown)		

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

Name (Last, First, Middle)	Sex	Race	Age	Weapon Y / N	Injured Y / N	Killed Y / N
<input type="checkbox"/> Under the Influence <input type="checkbox"/> Other unusual condition (specify)		Arrested Y / N		Charges		
Subject's actions (check all that apply)				Officer's use of force toward this subject (check all that apply)		
<input type="checkbox"/> Resisted police officer control <input type="checkbox"/> Physical threat/attack on officer or another <input type="checkbox"/> Threatened/attacked officer or another with blunt object <input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object <input type="checkbox"/> Threatened/attacked officer or another with motor vehicle <input type="checkbox"/> Threatened officer or another with firearm <input type="checkbox"/> Fired at officer or another <input type="checkbox"/> Other (specify)				<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)		
				Firearms Discharge <input type="checkbox"/> Intentional <input type="checkbox"/> Accidental Number of shots fired _____ Number of hits _____ (Use 'UNK' if unknown)		

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

Signature: P.A.P. BA158	Date: 07/13/18
Print Supervisor Name: Sgt. GREGORY DESSERICH #144	Supervisor Signature:

BELMAR POLICE DEPARTMENT

USE OF FORCE REPORT

A. Incident Information

Date 07/13/2018	Time 2326	Day of Week 6	Location Belmar PO HQ	INCIDENT NUMBER 2018-14349
Type of Incident				
<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) Booking and detention				

B. Officer Information

Name (Last, First, Middle) Allen, Michael R.	Badge # 150	Sex M	Race W	Age 37	Injured Y/N	Killed Y/N
Rank Patrolman	Duty assignment Patrol	Years of service 12	On-Duty Y/N	Uniform Y/N		

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

Name (Last, First, Middle) Morrelio-Noda, Joseph M	Sex M	Race W	Age 21	Weapon Y/N	Injured Y/N	Killed Y/N
<input checked="" type="checkbox"/> Under the Influence <input type="checkbox"/> Other unusual condition (specify)		Arrested Y/N		Charges DisCon, Resisting, Assault		
Subject's actions (check all that apply)				Officer's use of force toward this subject (check all that apply)		
<input checked="" type="checkbox"/> Resisted police officer control <input checked="" type="checkbox"/> Physical threat/attack on officer or another <input type="checkbox"/> Threatened/attacked officer or another with blunt object <input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object <input type="checkbox"/> Threatened/attacked officer or another with motor vehicle <input type="checkbox"/> Threatened officer or another with firearm <input type="checkbox"/> Fired at officer or another <input type="checkbox"/> Other (specify)				<input checked="" type="checkbox"/> Compliance hold <input checked="" type="checkbox"/> Hands/fists <input type="checkbox"/> Kicks/feet <input checked="" type="checkbox"/> Chemical/natural agent <input type="checkbox"/> Strike/use baton or other object <input type="checkbox"/> Canine <input type="checkbox"/> Other (specify)		
				Firearms Discharge <input type="checkbox"/> Intentional <input type="checkbox"/> Accidental Number of shots fired _____ Number of hits _____ (Use 'UNK' if unknown)		

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

Name (Last, First, Middle)	Sex	Race	Age	Weapon Y/N	Injured Y/N	Killed Y/N
<input type="checkbox"/> Under the Influence <input type="checkbox"/> Other unusual condition (specify)		Arrested Y/N		Charges		
Subject's actions (check all that apply)				Officer's use of force toward this subject (check all that apply)		
<input type="checkbox"/> Resisted police officer control <input type="checkbox"/> Physical threat/attack on officer or another <input type="checkbox"/> Threatened/attacked officer or another with blunt object <input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object <input type="checkbox"/> Threatened/attacked officer or another with motor vehicle <input type="checkbox"/> Threatened officer or another with firearm <input type="checkbox"/> Fired at officer or another <input type="checkbox"/> Other (specify)				<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)		
				Firearms Discharge <input type="checkbox"/> Intentional <input type="checkbox"/> Accidental Number of shots fired _____ Number of hits _____ (Use 'UNK' if unknown)		

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

Signature: PO. A #150	Date: 07/14/2018
Print Supervisor Name: Sgt. Gregory Earl Desserich #144	Supervisor Signature: Sgt. G. Desserich 144

A. Incident information

B. Officer Information

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

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

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

Signature: <i>ATZ [Signature]</i>	Date: <i>7/13/18</i>
Print-Supervisor-Name: <i>Sgt. Greg. JESSERICH #144</i>	Supervisor Signature: <i>Sgt. [Signature] #144</i>

BELMAR POLICE DEPARTMENT

USE OF FORCE REPORT

A. Incident Information

Date 7/13/18	Time 23:26	Day of Week FRIDAY	Location BELMAR POLICE HQ	INCIDENT NUMBER 18-14349
Type of Incident				
<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) PROCESSING PRISONER				

B. Officer Information

Name (Last, First, Middle) DESSERICH, GREGORY E.	Badge # 144	Sex M	Race W	Age 43	Injured Y (N)	Killed Y (N)
Rank SERGEANT	Duty assignment PATROL	Years of service 16	On-Duty Y (N)	Uniform Y (N)		

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

Name (Last, First, Middle) MORRELL NOVA, JOSEPH	Sex M	Race W	Age 21	Weapon Y (N)	Injured Y (N)	Killed Y (N)
<input checked="" type="checkbox"/> Under the Influence <input type="checkbox"/> Other unusual condition (specify)		Arrested Y (N)		Charges RESISTING - AGG. ASSAULT		
Subject's actions (check all that apply)				Officer's use of force toward this subject (check all that apply)		
<input checked="" type="checkbox"/> Resisted police officer control <input checked="" type="checkbox"/> Physical threat/attack on officer or another <input type="checkbox"/> Threatened/attacked officer or another with blunt object <input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object <input type="checkbox"/> Threatened/attacked officer or another with motor vehicle <input type="checkbox"/> Threatened officer or another with firearm <input type="checkbox"/> Fired at officer or another <input type="checkbox"/> Other (specify)				<input checked="" type="checkbox"/> Compliance hold <input type="checkbox"/> Hands/fists <input checked="" 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)		
				Firearms Discharge <input type="checkbox"/> Intentional <input type="checkbox"/> Accidental Number of shots fired _____ Number of hits _____ (Use 'UNK' if unknown)		

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

Name (Last, First, Middle) N/A	Sex	Race	Age	Weapon Y / N	Injured Y / N	Killed Y / N
<input type="checkbox"/> Under the Influence <input type="checkbox"/> Other unusual condition (specify)		Arrested Y / N		Charges		
Subject's actions (check all that apply)				Officer's use of force toward this subject (check all that apply)		
<input type="checkbox"/> Resisted police officer control <input type="checkbox"/> Physical threat/attack on officer or another <input type="checkbox"/> Threatened/attacked officer or another with blunt object <input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object <input type="checkbox"/> Threatened/attacked officer or another with motor vehicle <input type="checkbox"/> Threatened officer or another with firearm <input type="checkbox"/> Fired at officer or another <input type="checkbox"/> Other (specify)				<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)		
				Firearms Discharge <input type="checkbox"/> Intentional <input type="checkbox"/> Accidental Number of shots fired _____ Number of hits _____ (Use 'UNK' if unknown)		

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

Signature: Sgt G. Desserich 144	Date: 7/13/18
Print Supervisor Name: Sgt GREG DESSERICH #144	Supervisor Signature: Sgt G. Desserich 144

Signature: PTL T. YEE #164	Date: 7/21/18
Print Supervisor Name: D/L Michael Campbell 147	Supervisor Signature: D/L Michael Campbell 147

BELMAR POLICE DEPARTMENT

USE OF FORCE REPORT

A. Incident Information

Date 7/21/14	Time 19:34	Day of Week Saturday	Location 1801 Ocean Ave	INCIDENT NUMBER 18-15141
Type of Incident <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, Middle) Yee, Michael	Badge # 152	Sex M	Race A	Age 33	Injured Y / N	Killed Y / (N)
Rank Detective	Duty assignment DJAIS	Years of service 7 1/2 yrs	On-Duty (Y) / N	Uniform (Y) / N		

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

Name (Last, First, Middle) King, James P.	Sex M	Race W	Age 25	Weapon Y / (N)	Injured (Y) / N	Killed Y / (N)
<input checked="" type="checkbox"/> Under the influence HBD <input type="checkbox"/> Other unusual condition (specify)	Arrested (Y) / N		Charges 2C:33-2a(1), 2C:29-1a, 2C:29-2a(1)			
Subject's actions (check all that apply) <input checked="" type="checkbox"/> Resisted police officer control <input checked="" type="checkbox"/> Physical threat/attack on officer or another <input type="checkbox"/> Threatened/attacked officer or another with blunt object <input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object <input type="checkbox"/> Threatened/attacked officer or another with motor vehicle <input type="checkbox"/> Threatened officer or another with firearm <input type="checkbox"/> Fired at officer or another <input type="checkbox"/> Other (specify)			Officer's use of force toward this subject (check all that apply) <input checked="" type="checkbox"/> Compliance hold <input checked="" type="checkbox"/> Hands/wrists <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) <div style="float: right; text-align: right;"> Firearms Discharge <input type="checkbox"/> Intentional <input type="checkbox"/> Accidental Number of shots fired _____ Number of hits _____ (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, Middle)	Sex	Race	Age	Weapon Y / N	Injured Y / N	Killed Y / N
<input type="checkbox"/> Under the influence <input type="checkbox"/> Other unusual condition (specify)	Arrested Y / N		Charges			
Subject's actions (check all that apply) <input type="checkbox"/> Resisted police officer control <input type="checkbox"/> Physical threat/attack on officer or another <input type="checkbox"/> Threatened/attacked officer or another with blunt object <input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object <input type="checkbox"/> Threatened/attacked officer or another with motor vehicle <input type="checkbox"/> Threatened officer or another with firearm <input type="checkbox"/> Fired at officer or another <input type="checkbox"/> Other (specify)			Officer's use of force toward this subject (check all that apply) <input type="checkbox"/> Compliance hold <input type="checkbox"/> Hands/wrists <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) <div style="float: right; text-align: right;"> Firearms Discharge <input type="checkbox"/> Intentional <input type="checkbox"/> Accidental Number of shots fired _____ Number of hits _____ (Use 'UNK' if unknown) </div>			

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

Signature: Det. [Signature] 152	Date: 7/21/18
Print Supervisor Name: Det. Capt. Thomas Cox #130	Supervisor Signature: Det. Capt. [Signature] #130

BELMAR POLICE DEPARTMENT

USE OF FORCE REPORT

A. Incident Information

Date 7/28/18	Time 2343	Day of Week Saturday	Location Pat. Anticipation	INCIDENT NUMBER 18-15791
Type of Incident				
<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, Middle) Edwards, Matthew, Bruce	Badge # 503	Sex M	Race W	Age 33	Injured Y/N	Killed Y/N
Rank SLEO II	Duty assignment Patrol	Years of service 3	On-Duty Y/N	Uniform Y/N		

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

Name (Last, First, Middle) Christian, Zachary J	Sex M	Race W	Age 22	Weapon Y/N	Injured Y/N	Killed Y/N
<input checked="" type="checkbox"/> Under the Influence <input type="checkbox"/> Other unusual condition (specify)		Arrested Y/N		Charges Dis Con, Def Tres, Res Arrest		
Subject's actions (check all that apply)				Officer's use of force toward this subject (check all that apply)		
<input checked="" type="checkbox"/> Resisted police officer control <input type="checkbox"/> Physical threat/attack on officer or another <input type="checkbox"/> Threatened/attacked officer or another with blunt object <input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object <input type="checkbox"/> Threatened/attacked officer or another with motor vehicle <input type="checkbox"/> Threatened officer or another with firearm <input type="checkbox"/> Fired at officer or another <input type="checkbox"/> Other (specify)				<input type="checkbox"/> Compliance hold <input checked="" type="checkbox"/> Hands/wrists <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)		
				Firearms Discharge <input type="checkbox"/> Intentional <input type="checkbox"/> Accidental Number of shots fired _____ Number of hits _____ (Use 'UNK' if unknown)		

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

Name (Last, First, Middle)	Sex	Race	Age	Weapon Y/N	Injured Y/N	Killed Y/N
<input type="checkbox"/> Under the Influence <input type="checkbox"/> Other unusual condition (specify)		Arrested Y/N		Charges		
Subject's actions (check all that apply)				Officer's use of force toward this subject (check all that apply)		
<input type="checkbox"/> Resisted police officer control <input type="checkbox"/> Physical threat/attack on officer or another <input type="checkbox"/> Threatened/attacked officer or another with blunt object <input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object <input type="checkbox"/> Threatened/attacked officer or another with motor vehicle <input type="checkbox"/> Threatened officer or another with firearm <input type="checkbox"/> Fired at officer or another <input type="checkbox"/> Other (specify)				<input type="checkbox"/> Compliance hold <input type="checkbox"/> Hands/wrists <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)		
				Firearms Discharge <input type="checkbox"/> Intentional <input type="checkbox"/> Accidental Number of shots fired _____ Number of hits _____ (Use 'UNK' if unknown)		

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

Signature: 	Date: 7/28/18
Print Supervisor Name: SA Chris Lynch 137	Supervisor Signature:

BELMAR POLICE DEPARTMENT

USE OF FORCE REPORT

A. Incident Information

Date 7/28/18	Time 0057	Day of Week Sat	Location Bar Anticipation	INCIDENT NUMBER 18-15636
Type of Incident				
<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, Middle) Yee, Michael	Badge # 152	Sex m	Race A	Age 33	Injured Y (N)	Killed Y (N)
Rank Detective	Duty assignment Bar Anticipation	Years of service 7 1/2 yrs	On-Duty (N)	Uniform (N)		

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

Name (Last, First, Middle) Petrozziello, Louis	Sex m	Race w	Age 21	Weapon Y (N)	Injured Y (N)	Killed Y (N)
<input checked="" type="checkbox"/> Under the Influence HBD <input type="checkbox"/> Other unusual condition (specify)	Arrested (N)	Charges 2C:33-26(1), 2C:29-1A, 2C:33-3B, 2C:29-2a(1)				
Subject's actions (check all that apply)				Officer's use of force toward this subject (check all that apply)		
<input checked="" type="checkbox"/> Resisted police officer control <input type="checkbox"/> Physical threat/attack on officer or another <input type="checkbox"/> Threatened/attacked officer or another with blunt object <input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object <input type="checkbox"/> Threatened/attacked officer or another with motor vehicle <input type="checkbox"/> Threatened officer or another with firearm <input type="checkbox"/> Fired at officer or another <input type="checkbox"/> Other (specify)				<input checked="" type="checkbox"/> Compliance hold <input checked="" type="checkbox"/> Hands/wrists <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)		
				Firearms Discharge <input type="checkbox"/> Intentional <input type="checkbox"/> Accidental Number of shots fired _____ Number of hits _____ (Use 'UNK' if unknown)		

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

Name (Last, First, Middle)	Sex	Race	Age	Weapon Y / N	Injured Y / N	Killed Y / N
<input type="checkbox"/> Under the Influence <input type="checkbox"/> Other unusual condition (specify)	Arrested X / N	Charges				
Subject's actions (check all that apply)				Officer's use of force toward this subject (check all that apply)		
<input type="checkbox"/> Resisted police officer control <input type="checkbox"/> Physical threat/attack on officer or another <input type="checkbox"/> Threatened/attacked officer or another with blunt object <input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object <input type="checkbox"/> Threatened/attacked officer or another with motor vehicle <input type="checkbox"/> Threatened officer or another with firearm <input type="checkbox"/> Fired at officer or another <input type="checkbox"/> Other (specify)				<input type="checkbox"/> Compliance hold <input type="checkbox"/> Hands/wrists <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)		
				Firearms Discharge <input type="checkbox"/> Intentional <input type="checkbox"/> Accidental Number of shots fired _____ Number of hits _____ (Use 'UNK' if unknown)		

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

Signature: Det [Signature] 152	Date: 7/28/18
Print Supervisor Name: Sgt C. Lynch 137	Supervisor Signature: [Signature]

BELMAR POLICE DEPARTMENT

USE OF FORCE REPORT

A. Incident Information

Date 07/28/18	Time 0657	Day of Week SAT	Location Bar Anticipation	INCIDENT NUMBER 18-15636
Type of Incident <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, Middle) Poppert, Brian, E.	Badge # 154	Sex M	Race W	Age 28	Injured Y (N)	Killed Y (N)
Rank Patrolman	Duty assignment Bar Anticipation	Years of service 5 years	On-Duty (Y) N	Uniform (Y) N		

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

Name (Last, First, Middle) Petrozziello, Louis	Sex M	Race W	Age 21	Weapon Y (N)	Injured Y (N)	Killed Y (N)
<input checked="" type="checkbox"/> Under the Influence HBD <input type="checkbox"/> Other unusual condition (specify)	Arrested (Y) N	Charges 2C:29-24(1) 2C:33-24(1) 2C:29-1A 2C:18-3d				
Subject's actions (check all that apply) <input checked="" type="checkbox"/> Resisted police officer control <input type="checkbox"/> Physical threat/attack on officer or another <input type="checkbox"/> Threatened/attacked officer or another with blunt object <input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object <input type="checkbox"/> Threatened/attacked officer or another with motor vehicle <input type="checkbox"/> Threatened officer or another with firearm <input type="checkbox"/> Fired at officer or another <input type="checkbox"/> Other (specify)			Officer's use of force toward this subject (check all that apply) <input checked="" type="checkbox"/> Compliance hold <input checked="" type="checkbox"/> Hands/wrists <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)			
			Firearms Discharge <input type="checkbox"/> Intentional <input type="checkbox"/> Accidental Number of shots fired _____ Number of hits _____ (Use 'UNK' if unknown)			

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

Name (Last, First, Middle)	Sex	Race	Age	Weapon Y / N	Injured Y / N	Killed Y / N
<input type="checkbox"/> Under the Influence <input type="checkbox"/> Other unusual condition (specify)	Arrested Y / N	Charges				
Subject's actions (check all that apply) <input type="checkbox"/> Resisted police officer control <input type="checkbox"/> Physical threat/attack on officer or another <input type="checkbox"/> Threatened/attacked officer or another with blunt object <input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object <input type="checkbox"/> Threatened/attacked officer or another with motor vehicle <input type="checkbox"/> Threatened officer or another with firearm <input type="checkbox"/> Fired at officer or another <input type="checkbox"/> Other (specify)			Officer's use of force toward this subject (check all that apply) <input type="checkbox"/> Compliance hold <input type="checkbox"/> Hands/wrists <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)			
			Firearms Discharge <input type="checkbox"/> Intentional <input type="checkbox"/> Accidental Number of shots fired _____ Number of hits _____ (Use 'UNK' if unknown)			

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

Signature: Att. Poppert	Date: 07/28/18
Print Supervisor Name: Sgt. C. Lynch 137	Supervisor Signature: Chiper

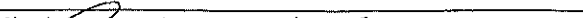

USE OF FORCE REPORT

Date 7-31-2018	Time 22:30	Day of Week Tuesday	Location Bar Anticipation	INCIDENT NUMBER 18-16119
<u>Type of Incident</u> <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)				

Name (Last, First, Middle) Moslovitz, Andrew, S		Badge # 590	Sex M	Race W	Age 23	Injured Y <input checked="" type="radio"/> N	Killed Y <input checked="" type="radio"/> N
Rank SLEO II	Duty assignment	Years of service 1		On-Duty <input checked="" type="radio"/> Y <input type="radio"/> N		Uniform <input checked="" type="radio"/> Y <input type="radio"/> N	

Name (Last, First, Middle) Parikh Akash J		Sex M	Race	Age 22	Weapon Y (N)	Injured Y (N)	Killed Y (N)
<input type="checkbox"/> Under the Influence <input type="checkbox"/> Other unusual condition (specify)		Arrested N		Charges 2C:29-1A			
<u>Subject's actions</u> (check all that apply)				<u>Officer's use of force toward this subject</u> (check all that apply)			
<input type="checkbox"/> Resisted police officer control <input type="checkbox"/> Physical threat/attack on officer or another <input type="checkbox"/> Threatened/attacked officer or another with blunt object <input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object <input type="checkbox"/> Threatened/attacked officer or another with motor vehicle <input type="checkbox"/> Threatened officer or another with firearm <input type="checkbox"/> Fired at officer or another <input type="checkbox"/> Other (specify)				<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)			
				Firearms Discharge <input type="checkbox"/> Intentional <input type="checkbox"/> Accidental Number of shots fired _____ Number of hits _____ (Use 'UNK' if unknown)			

Name (Last, First, Middle)		Sex	Race	Age	Weapon Y / N	Injured Y / N	Killed Y / N
<input type="checkbox"/> Under the Influence <input type="checkbox"/> Other unusual condition (specify)		Arrested Y / N		Charges			
<u>Subject's actions</u> (check all that apply)				<u>Officer's use of force toward this subject</u> (check all that apply)			
<input type="checkbox"/> Resisted police officer control <input type="checkbox"/> Physical threat/attack on officer or another <input type="checkbox"/> Threatened/attacked officer or another with blunt object <input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object <input type="checkbox"/> Threatened/attacked officer or another with motor vehicle <input type="checkbox"/> Threatened officer or another with firearm <input type="checkbox"/> Fired at officer or another <input type="checkbox"/> Other (specify)				<input type="checkbox"/> Compliance hold <input type="checkbox"/> Hands/wrists <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)			
				Firearms Discharge <input type="checkbox"/> Intentional <input type="checkbox"/> Accidental Number of shots fired _____ Number of hits _____ (Use 'UNK' if unknown)			

Signature: 	Date: 7-31-2018
Print Supervisor Name: Sgt. RYAN NOLAN	Supervisor Signature:  #148

USE OF FORCE REPORT

Date 8/12/18	Time 1911	Day of Week Sunday	Location 1801 Ocean Ave	INCIDENT NUMBER 18-17209
Type of Incident				
<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)				

Name (Last, First, Middle) Yee, Michael		Badge # 152	Sex M	Race A	Age 33	Injured Y / (N)	Killed Y / (N)
Rank Detective	Duty assignment DJAIS	Years of service 7 1/2 yrs		On-Duty 0 / N	Uniform Y / N		

Name (Last, First, Middle) Sebastiano, Michael		Sex M	Race W	Age 21	Weapon Y / N	Injured Y / N	Killed Y / N
<input checked="" type="checkbox"/> Under the Influence <input type="checkbox"/> Other unusual condition (specify)		Arrested Y / N		Charges			
<u>Subject's actions</u> (check all that apply)		<u>Officer's use of force toward this subject</u> (check all that apply)					
<input checked="" type="checkbox"/> Resisted police officer control <input checked="" type="checkbox"/> Physical threat/attack on officer or another <input type="checkbox"/> Threatened/attacked officer or another with blunt object <input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object <input type="checkbox"/> Threatened/attacked officer or another with motor vehicle <input type="checkbox"/> Threatened officer or another with firearm <input type="checkbox"/> Fired at officer or another <input type="checkbox"/> Other (specify)		<input checked="" type="checkbox"/> Compliance hold <input checked="" type="checkbox"/> Hands/fists <input type="checkbox"/> Kicks/feet <input type="checkbox"/> Chemical/natural agent <input type="checkbox"/> Strike/use of baton or other object <input type="checkbox"/> Canine <input type="checkbox"/> Other (specify)					
		Firearms Discharge <input type="checkbox"/> Intentional <input type="checkbox"/> Accidental Number of shots fired _____ Number of hits _____ (Use "UNK" if unknown)					

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

Signature: <i>Det. [Signature]</i> 152	Date: 8/12/18
Print Supervisor Name: Det. Capt. Thomas Cox #130	Supervisor Signature: <i>Det. Capt. [Signature]</i> #130

BELMAR POLICE DEPARTMENT

USE OF FORCE REPORT

A. Incident Information

Date 8/12/18	Time 0128	Day of Week Sunday	Location 1801 Ocean Ave	INCIDENT NUMBER 18-17153
Type of Incident <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, Middle) Yee, Michael	Badge # 152	Sex M	Race A	Age 33	Injured Y/N	Killed Y/N
Rank Detective	Duty assignment DJAIS	Years of service 7 1/2 yrs	On-Duty Y/N	Uniform Y/N		

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

Name (Last, First, Middle) Autiero, Brandon	Sex M	Race 22	Age 	Weapon Y/N	Injured Y/N	Killed Y/N
<input checked="" type="checkbox"/> Under the Influence HBD <input type="checkbox"/> Other unusual condition (specify)	Arrested Y/N	Charges Disorderly, Resisting, Trespass				
Subject's actions (check all that apply) <input checked="" type="checkbox"/> Resisted police officer control <input type="checkbox"/> Physical threat/attack on officer or another <input type="checkbox"/> Threatened/attacked officer or another with blunt object <input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object <input type="checkbox"/> Threatened/attacked officer or another with motor vehicle <input type="checkbox"/> Threatened officer or another with firearm <input type="checkbox"/> Fired at officer or another <input type="checkbox"/> Other (specify)		Officer's use of force toward this subject (check all that apply) <input checked="" type="checkbox"/> Compliance hold <input checked="" type="checkbox"/> Hands/wrists <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)				
		Firearms Discharge <input type="checkbox"/> Intentional <input type="checkbox"/> Accidental Number of shots fired _____ Number of hits _____ (Use 'UNK' if unknown)				

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

Name (Last, First, Middle)	Sex	Race	Age	Weapon Y/N	Injured Y/N	Killed Y/N
<input type="checkbox"/> Under the Influence <input type="checkbox"/> Other unusual condition (specify)	Arrested Y/N	Charges				
Subject's actions (check all that apply) <input type="checkbox"/> Resisted police officer control <input type="checkbox"/> Physical threat/attack on officer or another <input type="checkbox"/> Threatened/attacked officer or another with blunt object <input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object <input type="checkbox"/> Threatened/attacked officer or another with motor vehicle <input type="checkbox"/> Threatened officer or another with firearm <input type="checkbox"/> Fired at officer or another <input type="checkbox"/> Other (specify)		Officer's use of force toward this subject (check all that apply) <input type="checkbox"/> Compliance hold <input type="checkbox"/> Hands/wrists <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)				
		Firearms Discharge <input type="checkbox"/> Intentional <input type="checkbox"/> Accidental Number of shots fired _____ Number of hits _____ (Use 'UNK' if unknown)				

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

Signature: Det. [Signature] 152	Date: 8/13/18
Print Supervisor Name: Det. Capt. James Cox #130	Supervisor Signature: Det. Capt. [Signature] #130

BELMAR POLICE DEPARTMENT

USE OF FORCE REPORT

A. Incident Information

Date 8/12/18	Time 0230	Day of Week Sunday	Location 15th + Main	INCIDENT NUMBER 18-17158
Type of Incident				
<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 type="checkbox"/> Other (specify)				

B. Officer Information

Name (Last, First, Middle) Jeffries, Jeremy, P		Badge # 908	Sex M	Race W	Age 23	Injured Y <input checked="" type="checkbox"/>	Killed Y <input checked="" type="checkbox"/>
Rank SLEO II	Duty assignment Patrol	Years of service 5	On-Duty N <input checked="" type="checkbox"/>	Uniform N <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, Middle) Mimesh, William A		Sex M	Race W	Age 25	Weapon Y <input checked="" type="checkbox"/>	Injured Y <input checked="" type="checkbox"/>	Killed Y <input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Under the Influence <input type="checkbox"/> Other unusual condition (specify)		Arrested N <input checked="" type="checkbox"/>		Charges 2C:33-2A(1) / 2C:29-2A(1)			
Subject's actions (check all that apply)				Officer's use of force toward this subject (check all that apply)			
<input checked="" type="checkbox"/> Resisted police officer control <input type="checkbox"/> Physical threat/attack on officer or another <input type="checkbox"/> Threatened/attacked officer or another with blunt object <input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object <input type="checkbox"/> Threatened/attacked officer or another with motor vehicle <input type="checkbox"/> Threatened officer or another with firearm <input type="checkbox"/> Fired at officer or another <input type="checkbox"/> Other (specify)				<input checked="" type="checkbox"/> Compliance hold <input checked="" type="checkbox"/> Hands/wrists <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)			
				Firearms Discharge <input type="checkbox"/> Intentional <input type="checkbox"/> Accidental Number of shots fired 0 Number of hits 0 (Use 'UNK' if unknown)			

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

Name (Last, First, Middle)		Sex	Race	Age	Weapon Y / N	Injured Y / N	Killed Y / N
<input type="checkbox"/> Under the Influence <input type="checkbox"/> Other unusual condition (specify)		Arrested Y / N		Charges			
Subject's actions (check all that apply)				Officer's use of force toward this subject (check all that apply)			
<input type="checkbox"/> Resisted police officer control <input type="checkbox"/> Physical threat/attack on officer or another <input type="checkbox"/> Threatened/attacked officer or another with blunt object <input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object <input type="checkbox"/> Threatened/attacked officer or another with motor vehicle <input type="checkbox"/> Threatened officer or another with firearm <input type="checkbox"/> Fired at officer or another <input type="checkbox"/> Other (specify)				<input type="checkbox"/> Compliance hold <input type="checkbox"/> Hands/wrists <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)			
				Firearms Discharge <input type="checkbox"/> Intentional <input type="checkbox"/> Accidental Number of shots fired _____ Number of hits _____ (Use 'UNK' if unknown)			

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

Signature: 	Date: 8/12/2018
Print Supervisor Name: SA [Signature] #137	Supervisor Signature: 8/12/18

BELMAR POLICE DEPARTMENT

USE OF FORCE REPORT

A. Incident Information

Date 08/12/13	Time 0230	Day of Week Sunday	Location 15th and Main	INCIDENT NUMBER 18-17158
Type of Incident <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 type="checkbox"/> Other (specify)				

B. Officer Information

Name (Last, First, Middle) Redy, Tyler, C.	Badge # 592	Sex M	Race W	Age 25	Injured Y/N	Killed Y/N
Rank SLEO II	Duty assignment Patrol	Years of service 3 months	On-Duty Y/N	Uniform Y/N		

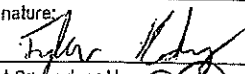

C1. Subject 1 (List only the person who was the subject of the use of force by the officer listed in Section B.)

Name (Last, First, Middle) Mumish, William A	Sex M	Race W	Age 25	Weapon Y/N	Injured Y/N	Killed Y/N
<input type="checkbox"/> Under the Influence <input type="checkbox"/> Other unusual condition (specify)	Arrested Y/N	Charges 2C:33-2A(1) / 2C:29-2A(1)				
Subject's actions (check all that apply) <input checked="" type="checkbox"/> Resisted police officer control <input type="checkbox"/> Physical threat/attack on officer or another <input type="checkbox"/> Threatened/attacked officer or another with blunt object <input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object <input type="checkbox"/> Threatened/attacked officer or another with motor vehicle <input type="checkbox"/> Threatened officer or another with firearm <input type="checkbox"/> Fired at officer or another <input type="checkbox"/> Other (specify)		Officer's use of force toward this subject (check all that apply) <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) Firearms Discharge <input type="checkbox"/> Intentional <input type="checkbox"/> Accidental Number of shots fired 0 Number of hits 0 (Use 'UNK' if unknown)				

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

Name (Last, First, Middle)	Sex	Race	Age	Weapon Y/N	Injured Y/N	Killed Y/N
<input type="checkbox"/> Under the Influence <input type="checkbox"/> Other unusual condition (specify)	Arrested Y/N	Charges				
Subject's actions (check all that apply) <input type="checkbox"/> Resisted police officer control <input type="checkbox"/> Physical threat/attack on officer or another <input type="checkbox"/> Threatened/attacked officer or another with blunt object <input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object <input type="checkbox"/> Threatened/attacked officer or another with motor vehicle <input type="checkbox"/> Threatened officer or another with firearm <input type="checkbox"/> Fired at officer or another <input type="checkbox"/> Other (specify)		Officer's use of force toward this subject (check all that apply) <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) Firearms Discharge <input type="checkbox"/> Intentional <input type="checkbox"/> Accidental Number of shots fired _____ Number of hits _____ (Use 'UNK' if unknown)				

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

Signature: 	Date: 08/12/13
Print Supervisor Name: 	Supervisor Signature: Chris Lynch

BELMAR POLICE DEPARTMENT

USE OF FORCE REPORT

A. Incident Information

Date 8/14/18	Time 2232	Day of Week Tuesday	Location Bar Anticipation	INCIDENT NUMBER 18-17400
Type of Incident <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. Officer Information

Name (Last, First, Middle) Groome James E	Badge # 525	Sex M	Race W	Age 26	Injured Y / N	Killed Y / N
Rank SLEO II	Duty assignment Patrol	Years of service 2	On-Duty Y / N	Uniform Y / N		

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

Name (Last, First, Middle) Krause Brett D	Sex M	Race W	Age 21	Weapon Y / N	Injured Y / N	Killed Y / N	
<input checked="" type="checkbox"/> Under the Influence <input type="checkbox"/> Other unusual condition (specify)	Arrested Y / N	Charges 2C:33-2A(1)					
Subject's actions (check all that apply) <input checked="" type="checkbox"/> Resisted police officer control <input type="checkbox"/> Physical threat/attack on officer or another <input type="checkbox"/> Threatened/attacked officer or another with blunt object <input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object <input type="checkbox"/> Threatened/attacked officer or another with motor vehicle <input type="checkbox"/> Threatened officer or another with firearm <input type="checkbox"/> Fired at officer or another <input type="checkbox"/> Other (specify)				Officer's use of force toward this subject (check all that apply) <input checked="" type="checkbox"/> Compliance hold <input type="checkbox"/> Hands/wrists <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)			
				Firearms Discharge <input type="checkbox"/> Intentional <input type="checkbox"/> Accidental Number of shots fired _____ Number of hits _____ (Use 'UNK' if unknown)			

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

Name (Last, First, Middle)	Sex	Race	Age	Weapon Y / N	Injured Y / N	Killed Y / N
<input type="checkbox"/> Under the Influence <input type="checkbox"/> Other unusual condition (specify)	Arrested Y / N	Charges				
Subject's actions (check all that apply) <input type="checkbox"/> Resisted police officer control <input type="checkbox"/> Physical threat/attack on officer or another <input type="checkbox"/> Threatened/attacked officer or another with blunt object <input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object <input type="checkbox"/> Threatened/attacked officer or another with motor vehicle <input type="checkbox"/> Threatened officer or another with firearm <input type="checkbox"/> Fired at officer or another <input type="checkbox"/> Other (specify)				Officer's use of force toward this subject (check all that apply) <input type="checkbox"/> Compliance hold <input type="checkbox"/> Hands/wrists <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)		
				Firearms Discharge <input type="checkbox"/> Intentional <input type="checkbox"/> Accidental Number of shots fired _____ Number of hits _____ (Use 'UNK' if unknown)		

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

Signature: 	Date: 8/14/18
Print Supervisor Name: SAT. T. LEF	Supervisor Signature: 

USE OF FORCE REPORT



Date 8-14-18	Time 2232	Day of Week TUESDAY	Location 703-16 TH AVE	INCIDENT NUMBER 18-17400
Type of Incident <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)				

Name (Last, First, Middle)	Badge #	Sex	Race	Age	Injured	Killed
JONES JR, KEVIN E.	157	M	W	31	Y <input checked="" type="checkbox"/>	Y <input checked="" type="checkbox"/>
Rank	Duty assignment	Years of service	On-Duty	Uniform		
PATROLMAN	PATROL	13	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N		

Name (Last, First, Middle) KRAUSE, BRETT		Sex M	Race W	Age	Weapon Y (N)	Injured Y (N)	Killed Y (N)
<input checked="" type="checkbox"/> Under the Influence <input type="checkbox"/> Other unusual condition (specify)		Arrested (Y) / N		Charges 20-33 - 20 (1)			
<u>Subject's actions</u> (check all that apply)				<u>Officer's use of force toward this subject</u> (check all that apply)			
<input checked="" type="checkbox"/> Resisted police officer control <input type="checkbox"/> Physical threat/attack on officer or another <input type="checkbox"/> Threatened/attacked officer or another with blunt object <input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object <input type="checkbox"/> Threatened/attacked officer or another with motor vehicle <input type="checkbox"/> Threatened officer or another with firearm <input type="checkbox"/> Fired at officer or another <input type="checkbox"/> Other (specify)				<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)			
				Firearms Discharge <input type="checkbox"/> Intentional <input type="checkbox"/> Accidental Number of shots fired _____ Number of hits _____ (Use 'UNK' if unknown)			

Name (Last, First, Middle)	Sex	Race	Age	Weapon Y / N	Injured Y / N	Killed Y / N
<input type="checkbox"/> Under the Influence <input type="checkbox"/> Other unusual condition (specify)	Arrested Y / N		Charges			
<u>Subject's actions</u> (check all that apply)			<u>Officer's use of force toward this subject</u> (check all that apply)			
<input type="checkbox"/> Resisted police officer control <input type="checkbox"/> Physical threat/attack on officer or another <input type="checkbox"/> Threatened/attacked officer or another with blunt object <input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object <input type="checkbox"/> Threatened/attacked officer or another with motor vehicle <input type="checkbox"/> Threatened officer or another with firearm <input type="checkbox"/> Fired at officer or another <input type="checkbox"/> Other (specify)			<input type="checkbox"/> Compliance hold <input type="checkbox"/> Hands/wrists <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)			
			Firearms Discharge <input type="checkbox"/> Intentional <input type="checkbox"/> Accidental Number of shots fired _____ Number of hits _____ (Use "UNK" if unknown)			

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

Signature: 	Date: 08-16-18
Print Supervisor Name: S. T. LEE	Supervisor Signature:  #MD

BELMAR POLICE DEPARTMENT

USE OF FORCE REPORT

A. Incident Information

Date 8/14/18	Time 2232	Day of Week TUESDAY	Location BAR. ANTICIPATION	INCIDENT NUMBER 18-17400
Type of Incident				
<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. Officer Information

Name (Last, First, Middle) BURKE, DAVID E	Badge # 512	Sex M	Race W	Age 29	Injured Y <input checked="" type="checkbox"/>	Killed Y <input checked="" type="checkbox"/>
Rank SLEO II	Duty assignment PATROL	Years of service 3	On-Duty OIN	Uniform OIN		

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

Name (Last, First, Middle) KRAUSE, BRETT, D.	Sex M	Race W	Age 21	Weapon Y <input checked="" type="checkbox"/>	Injured Y <input checked="" type="checkbox"/>	Killed Y <input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Under the Influence <input type="checkbox"/> Other unusual condition (specify)	Arrested OIN	Charges 2C: 33-2A(1)				
Subject's actions (check all that apply)				Officer's use of force toward this subject (check all that apply)		
<input checked="" type="checkbox"/> Resisted police officer control <input type="checkbox"/> Physical threat/attack on officer or another <input type="checkbox"/> Threatened/attacked officer or another with blunt object <input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object <input type="checkbox"/> Threatened/attacked officer or another with motor vehicle <input type="checkbox"/> Threatened officer or another with firearm <input type="checkbox"/> Fired at officer or another <input type="checkbox"/> Other (specify)				<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)		
				Firearms Discharge <input type="checkbox"/> Intentional <input type="checkbox"/> Accidental Number of shots fired _____ Number of hits _____ (Use 'UNK' if unknown)		

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

Name (Last, First, Middle)	Sex	Race	Age	Weapon Y / N	Injured Y / N	Killed Y / N
<input type="checkbox"/> Under the Influence <input type="checkbox"/> Other unusual condition (specify)	Arrested Y / N	Charges				
Subject's actions (check all that apply)				Officer's use of force toward this subject (check all that apply)		
<input type="checkbox"/> Resisted police officer control <input type="checkbox"/> Physical threat/attack on officer or another <input type="checkbox"/> Threatened/attacked officer or another with blunt object <input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object <input type="checkbox"/> Threatened/attacked officer or another with motor vehicle <input type="checkbox"/> Threatened officer or another with firearm <input type="checkbox"/> Fired at officer or another <input type="checkbox"/> Other (specify)				<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)		
				Firearms Discharge <input type="checkbox"/> Intentional <input type="checkbox"/> Accidental Number of shots fired _____ Number of hits _____ (Use 'UNK' if unknown)		

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

Signature: 	Date: 8/14/18
Print Supervisor Name: SGT. T. LEE	Supervisor Signature: #143

BELMAR POLICE DEPARTMENT

USE OF FORCE REPORT

A. Incident Information

Date 8/18/18	Time 2015	Day of Week Sat	Location Bar A	INCIDENT NUMBER 18-17767
Type of Incident <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, Middle) Steneck, Anthony, D	Badge # 155	Sex M	Race W	Age 25	Injured Y/N	Killed Y/N
Rank PR	Duty assignment PR	Years of service 5	On-Duty ON	Uniform ON		

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

Name (Last, First, Middle) Nilemiz, Nicole	Sex F	Race W	Age 26	Weapon Y/N	Injured Y/N	Killed Y/N
<input type="checkbox"/> Under the Influence <input type="checkbox"/> Other unusual condition (specify)	Arrested ON		Charges			
Subject's actions (check all that apply) <input checked="" type="checkbox"/> Resisted police officer control <input type="checkbox"/> Physical threat/attack on officer or another <input type="checkbox"/> Threatened/attacked officer or another with blunt object <input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object <input type="checkbox"/> Threatened/attacked officer or another with motor vehicle <input type="checkbox"/> Threatened officer or another with firearm <input type="checkbox"/> Fired at officer or another <input type="checkbox"/> Other (specify)				Officer's use of force toward this subject (check all that apply) <input checked="" type="checkbox"/> Compliance hold <input type="checkbox"/> Hands/wrists <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)		
				Firearms Discharge <input type="checkbox"/> Intentional <input type="checkbox"/> Accidental Number of shots fired _____ Number of hits _____ (Use 'UNK' if unknown)		

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

Name (Last, First, Middle)	Sex	Race	Age	Weapon Y / N	Injured Y / N	Killed Y / N
<input type="checkbox"/> Under the Influence <input type="checkbox"/> Other unusual condition (specify)	Arrested Y / N		Charges			
Subject's actions (check all that apply) <input type="checkbox"/> Resisted police officer control <input type="checkbox"/> Physical threat/attack on officer or another <input type="checkbox"/> Threatened/attacked officer or another with blunt object <input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object <input type="checkbox"/> Threatened/attacked officer or another with motor vehicle <input type="checkbox"/> Threatened officer or another with firearm <input type="checkbox"/> Fired at officer or another <input type="checkbox"/> Other (specify)				Officer's use of force toward this subject (check all that apply) <input type="checkbox"/> Compliance hold <input type="checkbox"/> Hands/wrists <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)		
				Firearms Discharge <input type="checkbox"/> Intentional <input type="checkbox"/> Accidental Number of shots fired _____ Number of hits _____ (Use 'UNK' if unknown)		

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

Signature: PR 155	Date: 8/20/18
Print Supervisor Name: Det. Capt. T. 4730	Supervisor Signature: D/Capt. Thomas Cox

USE OF CHEMICAL IRRITANT REPORT

DATE: 8/18/18 TIME: 23:28 CASE NO.: 18-17788

LOCATION: Bar Anticipation

SUBJECT'S NAME: Joseph A. Vivola Jr SEX: M RACE: W DOB: 9/28/96

ADDRESS: 500 Elton Adelphia Rd

TYPE OF INCIDENT: Resisting Arrest

CHARGE(S): Disorderly, Obstruction, Resisting, Trespass, Noise, Int. w/ business

CHEMICAL IRRITANT TYPE & MANUFACTURER: Sabre Red Crossfire

CHEMICAL EFFECT: ☒ IMMOBILIZED SUBJECT ☐ NO EFFECT

PERMITTED TO WASH: ☒ YES ☐ NO ☐ REFUSED

INJURY TO SUBJECT: NO

HOSPITAL: —

DOCTOR: —

INJURY TO OFFICER: NO

WITNESSES:

Det M. Yee ¹⁵²

601 Main St Belmar NJ

732-681-3715

NAME

ADDRESS

PHONE

NAME

ADDRESS

PHONE

OTHER RELATED REPORTS: See report

OFFICER(S) USING CHEMICAL IRRITANT:

NAME: PH. Steneck ID# 155 UNIT/SQUAD: —

NAME: — ID# — UNIT/SQUAD: —

SUMMARY OF INCIDENT:

Accused resisted arrest which lead PH Steneck to use a chemical irritant. We were then able to effect the arrest a short time after.

INVESTIGATING SUPERVISOR: Det. Capt. [Signature] 130

USE OF FORCE REPORT

Date 8/18/18	Time 23:28	Day of Week Saturday	Location Bar Anticipation	INCIDENT NUMBER 18-17788
Type of Incident <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)				

Name (Last, First, Middle) Yee, Michael		Badge # 152	Sex M	Race A	Age 33	Injured Y <input checked="" type="checkbox"/> N	Killed Y <input checked="" type="checkbox"/> N
Rank Detective	Duty assignment Detective	Years of service 7 1/2		On-Duty Y <input checked="" type="checkbox"/> N		Uniform Y <input checked="" type="checkbox"/> N	

Name (Last, First, Middle) Vivola, Joseph A. Jr.		Sex M	Race W	Age 21	Weapon Y (N)	Injured Y (N)	Killed Y (N)
<input checked="" type="checkbox"/> Under the Influence HSD <input type="checkbox"/> Other unusual condition (specify)		Arrested (Y) / N		Charges			
<u>Subject's actions</u> (check all that apply) <input checked="" type="checkbox"/> Resisted police officer control <input type="checkbox"/> Physical threat/attack on officer or another <input type="checkbox"/> Threatened/attacked officer or another with blunt object <input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object <input type="checkbox"/> Threatened/attacked officer or another with motor vehicle <input type="checkbox"/> Threatened officer or another with firearm <input type="checkbox"/> Fired at officer or another <input type="checkbox"/> Other (specify)				<u>Officer's use of force toward this subject</u> (check all that apply) <input checked="" type="checkbox"/> Compliance hold <input checked="" 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)			
				Firearms Discharge <input type="checkbox"/> Intentional <input type="checkbox"/> Accidental Number of shots fired _____ Number of hits _____ (Use 'UNK' if unknown)			

Name (Last, First, Middle)	Sex	Race	Age	Weapon Y / N	Injured Y / N	Killed Y / N
<input type="checkbox"/> Under the Influence <input type="checkbox"/> Other unusual condition (specify)	Arrested Y / N		Charges			
<u>Subject's actions</u> (check all that apply)			<u>Officer's use of force toward this subject</u> (check all that apply)			
<input type="checkbox"/> Resisted police officer control <input type="checkbox"/> Physical threat/attack on officer or another <input type="checkbox"/> Threatened/attacked officer or another with blunt object <input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object <input type="checkbox"/> Threatened/attacked officer or another with motor vehicle <input type="checkbox"/> Threatened officer or another with firearm <input type="checkbox"/> Fired at officer or another <input type="checkbox"/> Other (specify)			<input type="checkbox"/> Compliance hold <input type="checkbox"/> Hands/wrists <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)			
			Firearms Discharge <input type="checkbox"/> Intentional <input type="checkbox"/> Accidental Number of shots fired _____ Number of hits _____ (Use "UNK" if unknown)			

Signature: Det. [Signature] 152	Date: 8/18/15
Print Supervisor Name: Det. Capt. Thomas Cox +130	Supervisor Signature: Det. Capt. [Signature] LA +130

BELMAR POLICE DEPARTMENT

USE OF FORCE REPORT

A. Incident Information

Date 8/18/18	Time 2328	Day of Week Sat	Location Bar A	INCIDENT NUMBER 18-17758
Type of Incident <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, Middle) Steneck, Anthony D	Badge # 155	Sex M	Race W	Age 25	Injured Y <input checked="" type="checkbox"/>	Killed Y <input checked="" type="checkbox"/>
Rank PTL	Duty assignment PTL	Years of service 5	On-Duty Y <input checked="" type="checkbox"/> N	Uniform Y <input checked="" type="checkbox"/> N		

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

Name (Last, First, Middle) Vivolo, Joseph A JR	Sex M	Race W	Age 21	Weapon Y <input checked="" type="checkbox"/>	Injured Y <input checked="" type="checkbox"/>	Killed Y <input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Under the Influence <input type="checkbox"/> Other unusual condition (specify)	Arrested Y <input checked="" type="checkbox"/> N	Charges				
Subject's actions (check all that apply) <input checked="" type="checkbox"/> Resisted police officer control <input type="checkbox"/> Physical threat/attack on officer or another <input type="checkbox"/> Threatened/attacked officer or another with blunt object <input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object <input type="checkbox"/> Threatened/attacked officer or another with motor vehicle <input type="checkbox"/> Threatened officer or another with firearm <input type="checkbox"/> Fired at officer or another <input type="checkbox"/> Other (specify)				Officer's use of force toward this subject (check all that apply) <input type="checkbox"/> Compliance hold Firearms Discharge <input type="checkbox"/> Hands/fists <input type="checkbox"/> Intentional <input type="checkbox"/> Kicks/feet <input type="checkbox"/> Accidental <input checked="" type="checkbox"/> Chemical/natural agent <input type="checkbox"/> Strike/use baton or other object Number of shots fired _____ <input type="checkbox"/> Canine Number of hits _____ <input type="checkbox"/> Other (specify) (Use 'UNK' if unknown)		

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

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

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

Signature: [Signature] 155	Date: 8/18/18
Print Supervisor Name: Det. Capt. Thomas Cox RD	Supervisor Signature: [Signature] 130

BELMAR POLICE DEPARTMENT

USE OF FORCE REPORT

A. Incident Information

Date 8/21/18	Time 2200	Day of Week Tuesday	Location Bar Anticipation	INCIDENT NUMBER 18-18032
Type of Incident				
<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, Middle) Marion, Kevin, Thomas	Badge # 507	Sex M	Race W	Age 27	Injured Y <input checked="" type="checkbox"/> N	Killed Y <input checked="" type="checkbox"/> N
Rank SLEO II	Duty assignment Patrol	Years of service 3 years	On-Duty <input checked="" type="checkbox"/> N	Uniform <input checked="" type="checkbox"/> N		

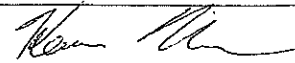
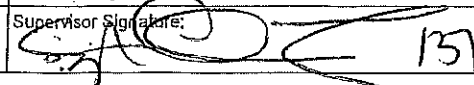
C1. Subject 1 (List only the person who was the subject of the use of force by the officer listed in Section B.)

Name (Last, First, Middle) Ray, Connor, W	Sex M	Race W	Age 21	Weapon Y <input checked="" type="checkbox"/> N	Injured Y <input checked="" type="checkbox"/> N	Killed Y <input checked="" type="checkbox"/> N
<input checked="" type="checkbox"/> Under the influence <input type="checkbox"/> Other unusual condition (specify)		Arrested <input checked="" type="checkbox"/> N		Charges Trespassing, resisting		
Subject's actions (check all that apply)				Officer's use of force toward this subject (check all that apply)		
<input checked="" type="checkbox"/> Resisted police officer control <input type="checkbox"/> Physical threat/attack on officer or another <input type="checkbox"/> Threatened/attacked officer or another with blunt object <input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object <input type="checkbox"/> Threatened/attacked officer or another with motor vehicle <input type="checkbox"/> Threatened officer or another with firearm <input type="checkbox"/> Fired at officer or another <input type="checkbox"/> Other (specify)				<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)		
				Firearms Discharge <input type="checkbox"/> Intentional <input type="checkbox"/> Accidental Number of shots fired _____ Number of hits _____ (Use 'UNK' if unknown)		

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

Name (Last, First, Middle)	Sex	Race	Age	Weapon	Injured	Killed
				Y / N	Y / N	Y / N
<input type="checkbox"/> Under the influence <input type="checkbox"/> Other unusual condition (specify)		Arrested Y / N		Charges		
Subject's actions (check all that apply)				Officer's use of force toward this subject (check all that apply)		
<input type="checkbox"/> Resisted police officer control <input type="checkbox"/> Physical threat/attack on officer or another <input type="checkbox"/> Threatened/attacked officer or another with blunt object <input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object <input type="checkbox"/> Threatened/attacked officer or another with motor vehicle <input type="checkbox"/> Threatened officer or another with firearm <input type="checkbox"/> Fired at officer or another <input type="checkbox"/> Other (specify)				<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)		
				Firearms Discharge <input type="checkbox"/> Intentional <input type="checkbox"/> Accidental Number of shots fired _____ Number of hits _____ (Use 'UNK' if unknown)		

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

Signature: 	Date: 8/22/18
Print Supervisor Name: Sgt Chris Lynch	Supervisor Signature:  151

BELMAR POLICE DEPARTMENT

USE OF FORCE REPORT

A. Incident Information

Date 8/21/18	Time 2200	Day of Week Tuesday	Location Bar Anticipation	INCIDENT NUMBER 18-18032
Type of Incident				
<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, Middle) Hymah Helen	Badge # 566	Sex M	Race W	Age 23	Injured Y/N	Killed Y/N
Rank SLT II	Duty assignment Patrol	Years of service 2 yrs	On-Duty Y/N	Uniform Y/N		

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

Name (Last, First, Middle) Ray, Connor W	Sex M	Race W	Age 21	Weapon Y/N	Injured Y/N	Killed Y/N
<input checked="" type="checkbox"/> Under the influence <input type="checkbox"/> Other unusual condition (specify)		Arrested Y/N		Charges 2C:18-3 2C:29-2		
Subject's actions (check all that apply)				Officer's use of force toward this subject (check all that apply)		
<input checked="" type="checkbox"/> Resisted police officer control <input type="checkbox"/> Physical threat/attack on officer or another <input type="checkbox"/> Threatened/attacked officer or another with blunt object <input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object <input type="checkbox"/> Threatened/attacked officer or another with motor vehicle <input type="checkbox"/> Threatened officer or another with firearm <input type="checkbox"/> Fired at officer or another <input type="checkbox"/> Other (specify)				<input checked="" type="checkbox"/> Compliance hold <input type="checkbox"/> Hands/wrists <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)		
				Firearms Discharge <input type="checkbox"/> Intentional <input type="checkbox"/> Accidental Number of shots fired _____ Number of hits _____ (Use 'UNK' if unknown)		

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

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

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

Signature: Sgt. James 566	Date: 8/24/18
Print Supervisor Name: Sgt. Chris Lynch 137	Supervisor Signature: Sgt. Chris Lynch

BELMAR POLICE DEPARTMENT

USE OF FORCE REPORT

A. Incident Information

Date 8/21/18	Time 2200	Day of Week Tuesday	Location Bar Anticipation	INCIDENT NUMBER 18-18032
Type of Incident <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, Middle) Lynch Christopher R	Badge # 566	Sex M	Race W	Age 46	Injured Y / <input checked="" type="checkbox"/> N	Killed Y / <input checked="" type="checkbox"/> N
Rank Sgt.	Duty assignment Bar Anticipation	Years of service 25	On-Duty <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Uniform <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		

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

Name (Last, First, Middle) Ray, Connor W	Sex M	Race W	Age 21	Weapon Y / <input checked="" type="checkbox"/> N	Injured <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Killed Y / <input checked="" type="checkbox"/> N
<input checked="" type="checkbox"/> Under the influence <input type="checkbox"/> Other unusual condition (specify)		Arrested <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Charges 2C 18-3 2C 29-2			
Subject's actions (check all that apply) <input checked="" type="checkbox"/> Resisted police officer control <input type="checkbox"/> Physical threat/attack on officer or another <input type="checkbox"/> Threatened/attacked officer or another with blunt object <input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object <input type="checkbox"/> Threatened/attacked officer or another with motor vehicle <input type="checkbox"/> Threatened officer or another with firearm <input type="checkbox"/> Fired at officer or another <input type="checkbox"/> Other (specify)			Officer's use of force toward this subject (check all that apply) <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) Firearms Discharge <input type="checkbox"/> Intentional <input type="checkbox"/> Accidental Number of shots fired _____ Number of hits _____ (Use 'UNK' if unknown)			

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

Name (Last, First, Middle)	Sex	Race	Age	Weapon Y / N	Injured Y / N	Killed Y / N
<input type="checkbox"/> Under the influence <input type="checkbox"/> Other unusual condition (specify)		Arrested <input type="checkbox"/> Y <input type="checkbox"/> N	Charges			
Subject's actions (check all that apply) <input type="checkbox"/> Resisted police officer control <input type="checkbox"/> Physical threat/attack on officer or another <input type="checkbox"/> Threatened/attacked officer or another with blunt object <input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object <input type="checkbox"/> Threatened/attacked officer or another with motor vehicle <input type="checkbox"/> Threatened officer or another with firearm <input type="checkbox"/> Fired at officer or another <input type="checkbox"/> Other (specify)			Officer's use of force toward this subject (check all that apply) <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) Firearms Discharge <input type="checkbox"/> Intentional <input type="checkbox"/> Accidental Number of shots fired _____ Number of hits _____ (Use 'UNK' if unknown)			

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

Signature:	Date: 8/21/18
Print Supervisor Name: Sgt. Chris Lynch 137	Supervisor Signature: [Signature] #137

BELMAR POLICE DEPARTMENT

USE OF FORCE REPORT

A. Incident Information

Date 8/19/18	Time 4:36A	Day of Week Sunday	Location 99. 12th Avenue	INCIDENT NUMBER 18-17824
Type of Incident <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, Middle) Speckman Peter J	Badge # 159	Sex M	Race W	Age 30	Injured Y (N)	Killed Y (N)
Rank Patrolman	Duty assignment Patrol	Years of service 2	On-Duty Y (N)	Uniform Y (N)		

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

Name (Last, First, Middle) Bruns Randy D	Sex M	Race W	Age 35	Weapon Y (N)	Injured Y (N)	Killed Y (N)
<input checked="" type="checkbox"/> Under the Influence <input type="checkbox"/> Other unusual condition (specify)		Arrested Y (N)		Charges 2C:18-3B, 2C:29-2A(1)		
Subject's actions (check all that apply) <input checked="" type="checkbox"/> Resisted police officer control <input type="checkbox"/> Physical threat/attack on officer or another <input type="checkbox"/> Threatened/attacked officer or another with blunt object <input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object <input type="checkbox"/> Threatened/attacked officer or another with motor vehicle <input type="checkbox"/> Threatened officer or another with firearm <input type="checkbox"/> Fired at officer or another <input type="checkbox"/> Other (specify)				Officer's use of force toward this subject (check all that apply) <input checked="" type="checkbox"/> Compliance hold <input checked="" 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)		
				Firearms Discharge <input type="checkbox"/> Intentional <input type="checkbox"/> Accidental Number of shots fired _____ Number of hits _____ (Use 'UNK' if unknown)		

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

Name (Last, First, Middle) _____	Sex -	Race -	Age -	Weapon Y / N	Injured Y / N	Killed Y / N
<input type="checkbox"/> Under the Influence <input type="checkbox"/> Other unusual condition (specify)		Arrested Y / N		Charges _____		
Subject's actions (check all that apply) <input type="checkbox"/> Resisted police officer control <input type="checkbox"/> Physical threat/attack on officer or another <input type="checkbox"/> Threatened/attacked officer or another with blunt object <input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object <input type="checkbox"/> Threatened/attacked officer or another with motor vehicle <input type="checkbox"/> Threatened officer or another with firearm <input type="checkbox"/> Fired at officer or another <input type="checkbox"/> Other (specify)				Officer's use of force toward this subject (check all that apply) <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)		
				Firearms Discharge <input type="checkbox"/> Intentional <input type="checkbox"/> Accidental Number of shots fired _____ Number of hits _____ (Use 'UNK' if unknown)		

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

Signature: #159	Date: 8/19/18
Print Supervisor Name: SAT Todd LEE	Supervisor Signature: SAT #143

BELMAR POLICE DEPARTMENT

USE OF FORCE REPORT

A. Incident Information

Date 8/25/18	Time 11:33p	Day of Week Saturday	Location 18th & Ocean Ave	INCIDENT NUMBER 18-18406
Type of Incident				
<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, Middle) Yee, Michael	Badge # 152	Sex M	Race A	Age 33	Injured Y/N	Killed Y/N
Rank Detective	Duty assignment DJAIS	Years of service 7 1/2	On-Duty (Y) N	Uniform (Y) N		

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

Name (Last, First, Middle) Desai, Davel	Sex M	Race A	Age 24	Weapon Y/N	Injured Y/N	Killed Y/N
<input checked="" type="checkbox"/> Under the Influence <input type="checkbox"/> Other unusual condition (specify)		Arrested (Y) N	Charges Disorderly Conduct			
Subject's actions (check all that apply)			Officer's use of force toward this subject (check all that apply)			
<input checked="" type="checkbox"/> Resisted police officer control <input type="checkbox"/> Physical threat/attack on officer or another <input type="checkbox"/> Threatened/attacked officer or another with blunt object <input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object <input type="checkbox"/> Threatened/attacked officer or another with motor vehicle <input type="checkbox"/> Threatened officer or another with firearm <input type="checkbox"/> Fired at officer or another <input type="checkbox"/> Other (specify)			<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)			
			Firearms Discharge <input type="checkbox"/> Intentional <input type="checkbox"/> Accidental Number of shots fired _____ Number of hits _____ (Use 'UNK' if unknown)			

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

Name (Last, First, Middle)	Sex	Race	Age	Weapon Y / N	Injured Y / N	Killed Y / N
<input type="checkbox"/> Under the Influence <input type="checkbox"/> Other unusual condition (specify)		Arrested Y / N	Charges			
Subject's actions (check all that apply)			Officer's use of force toward this subject (check all that apply)			
<input type="checkbox"/> Resisted police officer control <input type="checkbox"/> Physical threat/attack on officer or another <input type="checkbox"/> Threatened/attacked officer or another with blunt object <input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object <input type="checkbox"/> Threatened/attacked officer or another with motor vehicle <input type="checkbox"/> Threatened officer or another with firearm <input type="checkbox"/> Fired at officer or another <input type="checkbox"/> Other (specify)			<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)			
			Firearms Discharge <input type="checkbox"/> Intentional <input type="checkbox"/> Accidental Number of shots fired _____ Number of hits _____ (Use 'UNK' if unknown)			

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

Signature: Det [Signature] 152	Date: 9/13/18
Print Supervisor Name: Det. Capt. Thomas Cox 130	Supervisor Signature: Det. Capt. [Signature] 130

BELMAR POLICE DEPARTMENT

USE OF FORCE REPORT

A. Incident Information

Date 8/25/2018	Time 11:33	Day of Week Saturday	Location 18th & Ocean Ave	INCIDENT NUMBER 13-13406
Type of Incident <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, Middle) Moskowitz Andrew S.	Badge # 590	Sex M	Race W	Age 23	Injured Y <input checked="" type="checkbox"/> N	Killed Y <input checked="" type="checkbox"/> N
Rank SLEO FF	Duty assignment Patrol	Years of service 1	On-Duty <input checked="" type="checkbox"/> N	Uniform <input checked="" type="checkbox"/> N		

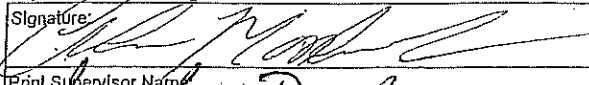
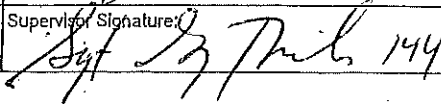
C1. Subject 1 (List only the person who was the subject of the use of force by the officer listed in Section B.)

Name (Last, First, Middle) Desai Daryl P	Sex M	Race N	Age 24	Weapon Y <input checked="" type="checkbox"/> N	Injured Y <input checked="" type="checkbox"/> N	Killed Y <input checked="" type="checkbox"/> N
<input checked="" type="checkbox"/> Under the Influence <input type="checkbox"/> Other unusual condition (specify)	Arrested <input checked="" type="checkbox"/> N	Charges 2C:33-2A(1)				
Subject's actions (check all that apply) <input checked="" type="checkbox"/> Resisted police officer control <input type="checkbox"/> Physical threat/attack on officer or another <input type="checkbox"/> Threatened/attacked officer or another with blunt object <input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object <input type="checkbox"/> Threatened/attacked officer or another with motor vehicle <input type="checkbox"/> Threatened officer or another with firearm <input type="checkbox"/> Fired at officer or another <input type="checkbox"/> Other (specify)			Officer's use of force toward this subject (check all that apply) <input checked="" type="checkbox"/> Compliance hold <input type="checkbox"/> Hands/wrists <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)			
			Firearms Discharge <input type="checkbox"/> Intentional <input type="checkbox"/> Accidental Number of shots fired _____ Number of hits _____ (Use 'UNK' if unknown)			

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

Name (Last, First, Middle)	Sex	Race	Age	Weapon Y <input type="checkbox"/> N	Injured Y <input type="checkbox"/> N	Killed Y <input type="checkbox"/> N
<input type="checkbox"/> Under the Influence <input type="checkbox"/> Other unusual condition (specify)	Arrested Y <input type="checkbox"/> N	Charges				
Subject's actions (check all that apply) <input type="checkbox"/> Resisted police officer control <input type="checkbox"/> Physical threat/attack on officer or another <input type="checkbox"/> Threatened/attacked officer or another with blunt object <input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object <input type="checkbox"/> Threatened/attacked officer or another with motor vehicle <input type="checkbox"/> Threatened officer or another with firearm <input type="checkbox"/> Fired at officer or another <input type="checkbox"/> Other (specify)			Officer's use of force toward this subject (check all that apply) <input type="checkbox"/> Compliance hold <input type="checkbox"/> Hands/wrists <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)			
			Firearms Discharge <input type="checkbox"/> Intentional <input type="checkbox"/> Accidental Number of shots fired _____ Number of hits _____ (Use 'UNK' if unknown)			

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

Signature: 	Date: 8-25-2018
Print Supervisor Name: Sgt. Greg Desslich 144	Supervisor Signature: 

BELMAR POLICE DEPARTMENT

USE OF FORCE REPORT

A. Incident Information

Date: <u>8/26/18</u>	Time: <u>0056</u>	Day of Week: <u>Sunday</u>	Location: <u>OTers</u>	INCIDENT NUMBER: <u>18-18416</u>
Type of Incident: <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) <u>Disorderly Conduct</u>				

B. Officer Information

Name (Last, First, Middle): <u>Moran, Kevin, Thomas</u>	Badge #: <u>527</u>	Sex: <u>M</u>	Race: <u>W</u>	Age: <u>27</u>	Injured: <u>Y (N)</u>	Killed: <u>Y (N)</u>
Rank: <u>SLEUT</u>	Duty assignment: <u>Patrol</u>	Years of service: <u>3</u>	On-Duty: <u>(Y) N</u>	Uniform: <u>(Y) N</u>		

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

Name (Last, First, Middle): <u>Onukwugha, Ihuwag, C.</u>	Sex: <u>M</u>	Race: <u>B</u>	Age: <u>23</u>	Weapon: <u>Y (N)</u>	Injured: <u>Y (N)</u>	Killed: <u>Y (N)</u>
<input checked="" type="checkbox"/> Under the influence <u>Alcohol</u> <input type="checkbox"/> Other unusual condition (specify) _____		Arrested: <u>(Y) N</u>		Charges: <u>Disorderly Conduct</u>		
Subject's actions (check all that apply) <input checked="" type="checkbox"/> Resisted police officer control <input type="checkbox"/> Physical threat/attack on officer or another <input type="checkbox"/> Threatened/attacked officer or another with blunt object <input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object <input type="checkbox"/> Threatened/attacked officer or another with motor vehicle <input type="checkbox"/> Threatened officer or another with firearm <input type="checkbox"/> Fired at officer or another <input type="checkbox"/> Other (specify) _____				Officer's use of force toward this subject (check all that apply) <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) _____ Firearms Discharge: <input type="checkbox"/> Intentional <input type="checkbox"/> Accidental Number of shots fired: _____ Number of hits: _____ (Use 'UNK' if unknown)		

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

Name (Last, First, Middle):	Sex:	Race:	Age:	Weapon: <u>Y / N</u>	Injured: <u>Y / N</u>	Killed: <u>Y / N</u>
<input type="checkbox"/> Under the influence <input type="checkbox"/> Other unusual condition (specify) _____		Arrested: <u>Y / N</u>		Charges:		
Subject's actions (check all that apply) <input type="checkbox"/> Resisted police officer control <input type="checkbox"/> Physical threat/attack on officer or another <input type="checkbox"/> Threatened/attacked officer or another with blunt object <input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object <input type="checkbox"/> Threatened/attacked officer or another with motor vehicle <input type="checkbox"/> Threatened officer or another with firearm <input type="checkbox"/> Fired at officer or another <input type="checkbox"/> Other (specify) _____				Officer's use of force toward this subject (check all that apply) <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) _____ Firearms Discharge: <input type="checkbox"/> Intentional <input type="checkbox"/> Accidental Number of shots fired: _____ Number of hits: _____ (Use 'UNK' if unknown)		

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

Signature: <u>[Signature]</u>	Date: <u>8/26/18</u>
Print Supervisor Name: <u>Sgt Greg Desserich #144</u>	Supervisor Signature: <u>[Signature] #144</u>

BELMAR POLICE DEPARTMENT

USE OF FORCE REPORT

A. Incident Information

Date <u>08/26/18</u>	Time <u>0140</u>	Day of Week <u>Sunday</u>	Location <u>1801 Ocean Ave</u>	INCIDENT NUMBER <u>18-18417</u>
Type of Incident				
<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, Middle) <u>Vosko Joseph M</u>	Badge # <u>958</u>	Sex <u>M</u>	Race <u>W</u>	Age <u>48</u>	Injured <u>Y (N)</u>	Killed <u>Y (N)</u>
Rank <u>SLEO II</u>	Duty assignment <u>Patrol</u>	Years of service <u>5 1/2</u>	On-Duty <u>(Y) N</u>	Uniform <u>(Y) N</u>		

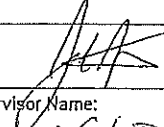
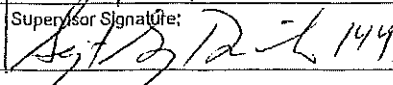
C1. Subject 1 (List only the person who was the subject of the use of force by the officer listed in Section B.)

Name (Last, First, Middle) <u>Pottichen Edward J 3rd</u>	Sex <u>M</u>	Race <u>W</u>	Age <u>26</u>	Weapon <u>Y (N)</u>	Injured <u>Y (N)</u>	Killed <u>Y (N)</u>
<input checked="" type="checkbox"/> Under the Influence <input type="checkbox"/> Other unusual condition (specify) _____		Arrested <u>(Y) N</u>		Charges <u>2C:33-29</u> <u>2C:29-2</u>		
Subject's actions (check all that apply)				Officer's use of force toward this subject (check all that apply)		
<input checked="" type="checkbox"/> Resisted police officer control <input type="checkbox"/> Physical threat/attack on officer or another <input type="checkbox"/> Threatened/attacked officer or another with blunt object <input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object <input type="checkbox"/> Threatened/attacked officer or another with motor vehicle <input type="checkbox"/> Threatened officer or another with firearm <input type="checkbox"/> Fired at officer or another <input type="checkbox"/> Other (specify) _____				<input checked="" type="checkbox"/> Compliance hold <input type="checkbox"/> Hands/wrists <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) _____ Firearms Discharge <input type="checkbox"/> Intentional <input type="checkbox"/> Accidental Number of shots fired _____ Number of hits _____ (Use 'UNK' if unknown)		

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

Name (Last, First, Middle)	Sex	Race	Age	Weapon <u>Y / N</u>	Injured <u>Y / N</u>	Killed <u>Y / N</u>
<input type="checkbox"/> Under the Influence <input type="checkbox"/> Other unusual condition (specify) _____		Arrested <u>Y / N</u>		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 <input type="checkbox"/> Physical threat/attack on officer or another <input type="checkbox"/> Threatened/attacked officer or another with blunt object <input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object <input type="checkbox"/> Threatened/attacked officer or another with motor vehicle <input type="checkbox"/> Threatened officer or another with firearm <input type="checkbox"/> Fired at officer or another <input type="checkbox"/> Other (specify) _____				<input type="checkbox"/> Compliance hold <input type="checkbox"/> Hands/wrists <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) _____ Firearms Discharge <input type="checkbox"/> Intentional <input type="checkbox"/> Accidental Number of shots fired _____ Number of hits _____ (Use 'UNK' if unknown)		

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

Signature: 	Date: <u>08/26/18</u>
Print Supervisor Name: <u>SGT Dessarich #144</u>	Supervisor Signature: 

BELMAR POLICE DEPARTMENT

USE OF FORCE REPORT

A. Incident Information

Date 8/29/18	Time 0139A	Day of Week Wed	Location 1300 block Main	INCIDENT NUMBER 18-18724
Type of Incident <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, Middle) Morton, Kevin, Thomas	Badge # 527	Sex M	Race W	Age 27	Injured Y (N)	Killed Y (N)
Rank Sgt. IT	Duty assignment Patrol	Years of service 3	On-Duty Y (N)	Uniform Y (N)		

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

Name (Last, First, Middle) Clayton, Tyler, C	Sex M	Race W	Age 22	Weapon Y (N)	Injured Y (N)	Killed Y (N)	
<input checked="" type="checkbox"/> Under the influence <input type="checkbox"/> Other unusual condition (specify)	Arrested Y (N)	Charges (Crime, Misdemeanor, Felony, Resisting, Defiant, Disobey)					
Subject's actions (check all that apply) <input checked="" type="checkbox"/> Resisted police officer control <input type="checkbox"/> Physical threat/attack on officer or another <input type="checkbox"/> Threatened/attacked officer or another with blunt object <input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object <input type="checkbox"/> Threatened/attacked officer or another with motor vehicle <input type="checkbox"/> Threatened officer or another with firearm <input type="checkbox"/> Fired at officer or another <input type="checkbox"/> Other (specify)				Officer's use of force toward this subject (check all that apply) <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)			
				Firearms Discharge <input type="checkbox"/> Intentional <input type="checkbox"/> Accidental Number of shots fired _____ Number of hits _____ (Use 'UNK' if unknown)			

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

Name (Last, First, Middle) _____	Sex	Race	Age	Weapon Y / N	Injured Y / N	Killed Y / N
<input type="checkbox"/> Under the influence <input type="checkbox"/> Other unusual condition (specify)	Arrested Y / N	Charges				
Subject's actions (check all that apply) <input type="checkbox"/> Resisted police officer control <input type="checkbox"/> Physical threat/attack on officer or another <input type="checkbox"/> Threatened/attacked officer or another with blunt object <input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object <input type="checkbox"/> Threatened/attacked officer or another with motor vehicle <input type="checkbox"/> Threatened officer or another with firearm <input type="checkbox"/> Fired at officer or another <input type="checkbox"/> Other (specify)				Officer's use of force toward this subject (check all that apply) <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)		
				Firearms Discharge <input type="checkbox"/> Intentional <input type="checkbox"/> Accidental Number of shots fired _____ Number of hits _____ (Use 'UNK' if unknown)		

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

Signature:	Date: 8/29/18
Print Supervisor Name: Sgt. John Garrecht	Supervisor Signature:

BELMAR POLICE DEPARTMENT

USE OF FORCE REPORT

A. Incident Information

Date 9/4/18	Time 0142	Day of Week Tues	Location 18th Ave / Surf	INCIDENT NUMBER 18-19338
Type of Incident				
<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, Middle) Yee, Michael	Badge # 152	Sex M	Race A	Age 33	Injured Y / N	Killed Y / N
Rank Detective	Duty assignment DJAIS	Years of service 7 1/2 yrs	On-Duty Y / N	Uniform Y / N		

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

Name (Last, First, Middle) Jones, Quwan	Sex M	Race B	Age 36	Weapon Y / N	Injured Y / N	Killed Y / N
<input checked="" type="checkbox"/> Under the Influence <input type="checkbox"/> Other unusual condition (specify)	Arrested Y / N		Charges Obstruction/Resisting/Disorderly			
Subject's actions (check all that apply)				Officer's use of force toward this subject (check all that apply)		
<input checked="" type="checkbox"/> Resisted police officer control <input checked="" type="checkbox"/> Physical threat/attack on officer or another <input type="checkbox"/> Threatened/attacked officer or another with blunt object <input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object <input type="checkbox"/> Threatened/attacked officer or another with motor vehicle <input type="checkbox"/> Threatened officer or another with firearm <input type="checkbox"/> Fired at officer or another <input type="checkbox"/> Other (specify)				<input checked="" type="checkbox"/> Compliance hold <input checked="" 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)		
				Firearms Discharge <input type="checkbox"/> Intentional <input type="checkbox"/> Accidental Number of shots fired _____ Number of hits _____ (Use 'UNK' if unknown)		

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

Name (Last, First, Middle)	Sex	Race	Age	Weapon Y / N	Injured Y / N	Killed Y / N
<input type="checkbox"/> Under the Influence <input type="checkbox"/> Other unusual condition (specify)	Arrested Y / N		Charges			
Subject's actions (check all that apply)				Officer's use of force toward this subject (check all that apply)		
<input type="checkbox"/> Resisted police officer control <input type="checkbox"/> Physical threat/attack on officer or another <input type="checkbox"/> Threatened/attacked officer or another with blunt object <input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object <input type="checkbox"/> Threatened/attacked officer or another with motor vehicle <input type="checkbox"/> Threatened officer or another with firearm <input type="checkbox"/> Fired at officer or another <input type="checkbox"/> Other (specify)				<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)		
				Firearms Discharge <input type="checkbox"/> Intentional <input type="checkbox"/> Accidental Number of shots fired _____ Number of hits _____ (Use 'UNK' if unknown)		

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

Signature: Det M Yee 152	Date: 9/4/18
Print Supervisor Name: Sgt. Greg Dessovich #144	Supervisor Signature: Sgt. B. Pich 144

BELMAR POLICE DEPARTMENT
USE OF FORCE REPORT

A. Incident Information

Date 9/4/18	Time 0142	Day of Week Tues	Location 18th Ave / Surf Ave	INCIDENT NUMBER 18-19388
Type of Incident <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, Middle) Lieb, Erik	Badge # 151	Sex M	Race W	Age 38	Injured Y / N	Killed Y / N
Rank Patrolman	Duty assignment DJAIS	Years of service 7 1/2	On-Duty Y / N	Uniform Y / N		

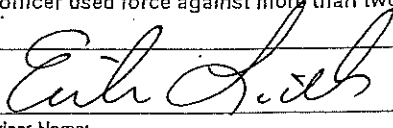
C1. Subject 1 (List only the person who was the subject of the use of force by the officer listed in Section B.)

Name (Last, First, Middle) Jones, Qwan	Sex M	Race B	Age 36	Weapon Y / N	Injured Y / N	Killed Y / N
<input checked="" type="checkbox"/> Under the Influence <input type="checkbox"/> Other unusual condition (specify)	Arrested Y / N		Charges Obstruction / Resisting / Disorderly			
Subject's actions (check all that apply) <input checked="" type="checkbox"/> Resisted police officer control <input checked="" type="checkbox"/> Physical threat/attack on officer or another <input type="checkbox"/> Threatened/attacked officer or another with blunt object <input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object <input type="checkbox"/> Threatened/attacked officer or another with motor vehicle <input type="checkbox"/> Threatened officer or another with firearm <input type="checkbox"/> Fired at officer or another <input type="checkbox"/> Other (specify)			Officer's use of force toward this subject (check all that apply) <input checked="" type="checkbox"/> Compliance hold <input checked="" type="checkbox"/> Hands/wrists <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)			
			Firearms Discharge <input type="checkbox"/> Intentional <input type="checkbox"/> Accidental Number of shots fired _____ Number of hits _____ (Use 'UNK' if unknown)			

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

Name (Last, First, Middle)	Sex	Race	Age	Weapon Y / N	Injured Y / N	Killed Y / N
<input type="checkbox"/> Under the Influence <input type="checkbox"/> Other unusual condition (specify)	Arrested Y / N		Charges			
Subject's actions (check all that apply) <input type="checkbox"/> Resisted police officer control <input type="checkbox"/> Physical threat/attack on officer or another <input type="checkbox"/> Threatened/attacked officer or another with blunt object <input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object <input type="checkbox"/> Threatened/attacked officer or another with motor vehicle <input type="checkbox"/> Threatened officer or another with firearm <input type="checkbox"/> Fired at officer or another <input type="checkbox"/> Other (specify)			Officer's use of force toward this subject (check all that apply) <input type="checkbox"/> Compliance hold <input type="checkbox"/> Hands/wrists <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)			
			Firearms Discharge <input type="checkbox"/> Intentional <input type="checkbox"/> Accidental Number of shots fired _____ Number of hits _____ (Use 'UNK' if unknown)			

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

Signature: 	Date: 9-4-2018
Print Supervisor Name: Sgt Greg Personick #144	Supervisor Signature: 