

Lacey Twp POLICE DEPARTMENT  
USE OF FORCE REPORT

**A. Incident Information**

Date 8/19/17	Time 1959	Day of Week Saturday	Location [Redacted] Deerhead Lake Dr	INCIDENT NUMBER 17-26016
Type of Incident				
<input type="checkbox"/> Crime in progress <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Other dispute <input type="checkbox"/> Suspicious person <input type="checkbox"/> Traffic stop <input type="checkbox"/> Other (specify)				

**B. Officer Information**

Name (Last, First, Middle) Keefe, Scott R.	Badge # 97	Sex M	Race W	Age 30	Injured Y/N	Killed Y/N
Rank Ptl.	Duty assignment Patrol	Years of service 4	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) [Redacted]	Sex F	Race W	Age 19	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:11-1A(i) / 2C:29-2A(i)			
<b>Subject's actions</b> (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)			<b>Officer's use of force toward this subject</b> (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			
<b>Subject's actions</b> (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)			<b>Officer's use of force toward this subject</b> (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] #97	Date: 8/19/17
Print Supervisor Name: SGT. ROBERT SURTEES #72	Supervisor Signature: [Signature]

Lacey TWP POLICE DEPARTMENT  
USE OF FORCE REPORT

**A. Incident Information**

Date <b>8/29/17</b>	Time <b>1315</b>	Day of Week <b>Tuesday</b>	Location <b>Brown St / Clairemont Ave Lanier Harbor</b>	INCIDENT NUMBER <b>17-27175</b>
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): <b>Schaffer, Noah</b>	Badge # <b>84</b>	Sex <b>M</b>	Race <b>C</b>	Age <b>39</b>	Injured <b>Y/N</b>	Killed <b>Y/N</b>
Rank <b>PR</b>	Duty assignment: <b>Patrol</b>	Years of service <b>12</b>	On-Duty <b>O/N</b>	Uniform <b>O/N</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): [REDACTED]	Sex <b>M</b>	Race <b>C</b>	Age <b>15</b>	Weapon <b>Y/N</b>	Injured <b>Y/N</b>	Killed <b>Y/N</b>		
<input type="checkbox"/> Under the influence	Arrested <b>Y/N</b>	Charges						
<input checked="" type="checkbox"/> Other unusual condition (specify):								
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: <u>1</u> Number of Hits: <u>1</u> [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): [REDACTED]	Sex <b>F</b>	Race <b>C</b>	Age <b>17</b>	Weapon <b>Y/N</b>	Injured <b>Y/N</b>	Killed <b>Y/N</b>		
<input type="checkbox"/> Under the influence	Arrested <b>O/N</b>	Charges <b>Obstruction 2C 29-1</b>						
<input checked="" type="checkbox"/> Other unusual condition (specify):								
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 <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: <u>1</u> Number of Hits: <u>1</u> [Use 'UNK' if unknown]	

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

Signature: <b>PR Noel Schell</b>	Date: <b>8/29/17</b>
Print Supervisor Name: <b>Sgt Michael Eden</b>	Supervisor Signature: <b>Sgt MOC #53</b>



Lacey Twp POLICE DEPARTMENT  
USE OF FORCE REPORT

**A. Incident Information**

Date 8-29-17	Time 1315 hrs	Day of Week Tuesday	Location [Redacted] Roadmore Av Lanoka Harbor	INCIDENT NUMBER 17-27175
Type of Incident:				
<input type="checkbox"/> Crime in progress		<input type="checkbox"/> Domestic		<input type="checkbox"/> Traffic stop
<input checked="" type="checkbox"/> Other (specify):		<input type="checkbox"/> Other dispute		
<input type="checkbox"/> Suspicious person				

**B. Officer Information**

Name (Last, First, Middle) Nick, Darrell P	Badge # 80	Sex M	Race Wt	Age 38	Injured Y (N)	Killed Y (N)
Rank Patrolman	Duty assignment Patrol	Years of service 14	On-Duty Y (N)	Uniform Y (N)		

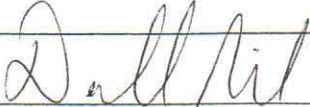

**C1. Subject 1** (List only the person who was the subject of the use of force by the officer listed in Section B.)

Name (Last, First, Middle) [Redacted]	Sex M	Race Wt	Age 15	Weapon Y (N)	Injured Y (K)	Killed Y (N)
<input type="checkbox"/> Under the influence	Arrested Y (N)	Charges N/A				
<input type="checkbox"/> Other unusual condition (specify):						
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"/> Compliance hold			
<input type="checkbox"/> Physical threat/attack on officer or another			<input type="checkbox"/> Hands/fists			
<input type="checkbox"/> Threatened/attacked officer or another with blunt object			<input type="checkbox"/> Kicks/feet			
<input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object			<input type="checkbox"/> Chemical/natural agent			
<input type="checkbox"/> Threatened/attacked officer or another with motor vehicle			<input type="checkbox"/> Strike/use baton or other object			
<input type="checkbox"/> Threatened officer or another with firearm			<input type="checkbox"/> Canine			
<input type="checkbox"/> Fired at officer or another			Number of Shots Fired _____			
<input type="checkbox"/> Other (specify):			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	Arrested Y/N	Charges				
<input type="checkbox"/> Other unusual condition (specify):						
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"/> Compliance hold			
<input type="checkbox"/> Physical threat/attack on officer or another			<input type="checkbox"/> Hands/fists			
<input type="checkbox"/> Threatened/attacked officer or another with blunt object			<input type="checkbox"/> Kicks/feet			
<input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object			<input type="checkbox"/> Chemical/natural agent			
<input type="checkbox"/> Threatened/attacked officer or another with motor vehicle			<input type="checkbox"/> Strike/use baton or other object			
<input type="checkbox"/> Threatened officer or another with firearm			<input type="checkbox"/> Canine			
<input type="checkbox"/> Fired at officer or another			Number of Shots Fired _____			
<input type="checkbox"/> Other (specify):			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: 8-29-17
Print Supervisor Name: Sgt. Michael Eden	Supervisor Signature:  #589