

LACEY TWP. POLICE DEPARTMENT
USE OF FORCE REPORT

A. Incident Information

Date 9/4/17	Time 2138	Day of Week MONDAY	Location BEACH BL	INCIDENT NUMBER 2017-27809
Type of Incident:				
<input type="checkbox"/> Crime in progress		<input checked="" type="checkbox"/> Domestic		<input type="checkbox"/> Suspicious person
<input type="checkbox"/> Other (specify)		<input type="checkbox"/> Other dispute		<input type="checkbox"/> Traffic stop

B. Officer Information

Name (Last, First, Middle) VERWEY, MICHAEL, C		Badge # 98	Sex M	Race W	Age 33	Injured Y/N	Killed Y/N
Rank PATROLMAN	Duty assignment PATROL	Years of service 13	On-Duty O/N	Uniform O/N			


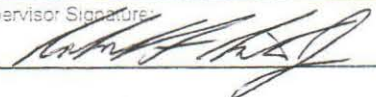
C1. Subject 1 (List only the person who was the subject of the use of force by the officer listed in Section B.)

Name (Last, First, Middle) [REDACTED]		Sex F	Race B	Age 22	Weapon Y/N	Injured Y/N	Killed Y/N
<input type="checkbox"/> Under the influence		Arrested O/N		Charges 2C:12-3a, 2C:29-2a, 2C:17-3a			
<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 checked="" 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: 9/4/17
Print Supervisor Name: SGT. ROBERT SURTEES 72	Supervisor Signature: 

Lacey Twp POLICE DEPARTMENT
USE OF FORCE REPORT

A. Incident Information

Date 9/4/17	Time 21:38	Day of Week Monday	Location [Redacted] Beach Bl	INCIDENT NUMBER 17-27809
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) LEE, JASON, STEVEN	Badge # 99	Sex M	Race W	Age 32	Injured Y (M)	Killed Y (N)
Rank Patrolman	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) [Redacted]	Sex F	Race B	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 Y (N)	Charges 2C:17-3a 2C:12-3a 2C:29-2c			
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 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: 99	Date: 9/4/17
Print Supervisor Name: SGT. ROBERT SURTEES 72	Supervisor Signature:

LACEY TOWNSHIP POLICE DEPARTMENT
USE OF FORCE REPORT

APPENDIX A

A. Incident Information

Date <u>9/22/17</u>	Time <u>2156</u>	Day of Week <u>FRIDAY</u>	Location <u>LAKE BARNEGAT DR N AND STEUBEN AV</u>	INCIDENT NUMBER <u>17-29587</u>
Type of Incident				
<input type="checkbox"/> Crime in progress <input type="checkbox"/> Domestic <input type="checkbox"/> Other dispute <input checked="" type="checkbox"/> Suspicious person <input type="checkbox"/> Traffic stop <input type="checkbox"/> Other (specify)				

B. Officer Information

Name (Last, First, Middle) <u>SURTEES, JR, ROBERT F.</u>	Badge # <u>72</u>	Sex <u>M</u>	Race <u>W</u>	Age <u>45</u>	Injured <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Killed <input type="checkbox"/> Y <input checked="" type="checkbox"/> N
Rank <u>SERGEANT</u>	Duty assignment <u>PATROL</u>	Years of service <u>17</u>	On-Duty <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Uniform <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		

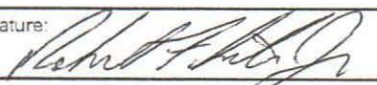
C1. Subject 1 (List only the person who was the subject of the use of force by the officer listed in Section B.)

Name (Last, First, Middle) <u>MANIACI, KURT</u>	Sex <u>M</u>	Race <u>W</u>	Age <u>24</u>	Weapon <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Injured <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Killed <input type="checkbox"/> 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 <u>AGG. ASSAULT, RESISTING OBSTRUCTION</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 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 Firearms Discharge <input checked="" 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)			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: 	Date: <u>9/22/17</u>
Print Supervisor Name: <u>LT. VINCENT MEEHAN</u>	Supervisor Signature: 

7/2001

Lacey Township POLICE DEPARTMENT
USE OF FORCE REPORT

A. Incident Information

Date: 9/22/17	Time: 2158 hrs	Day of Week: Friday	Location: Lake Barnegat Dr / Steven Av	INCIDENT NUMBER: 17-29587
Type of Incident:				
<input type="checkbox"/> Crime in progress	<input type="checkbox"/> Domestic	<input type="checkbox"/> Other dispute	<input checked="" type="checkbox"/> Suspicious person	<input type="checkbox"/> Traffic stop
<input type="checkbox"/> Other (specify):				

B. Officer Information

Name (Last, First, Middle): Dalziel, Jesse, Vincent		Badge #: 104	Sex: M	Race: W	Age: 30	Injured: <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Killed: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N
Rank: Officer	Duty assignment: Patrol	Years of service: 1 year 11 months	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): Maniaci, Kurt M		Sex: M	Race: W	Age: 24	Weapon: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Injured: <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Killed: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N
<input checked="" type="checkbox"/> Under the influence		Arrested: <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		Charges: 2C:12-1B(5)A - 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"/> Compliance hold			
<input checked="" type="checkbox"/> Physical threat/attack on officer or another				<input type="checkbox"/> Firearms Discharge			
<input type="checkbox"/> Threatened/attacked officer or another with blunt object				<input checked="" type="checkbox"/> Hands/fists			
<input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object				<input type="checkbox"/> Intentional			
<input type="checkbox"/> Threatened/attacked officer or another with motor vehicle				<input type="checkbox"/> Accidental			
<input type="checkbox"/> Threatened/attacked officer or another with firearm				<input type="checkbox"/> Chemical/natural agent			
<input type="checkbox"/> Threatened officer or another with firearm				<input type="checkbox"/> Strike/use baton or other object			
<input type="checkbox"/> Fired at officer or another				Number of Shots Fired: _____			
<input type="checkbox"/> Other (specify):				<input type="checkbox"/> Canine			
				Number of Hits: _____			
				[Use 'UNK' if unknown]			
				<input type="checkbox"/> Other (specify):			

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

Name (Last, First, 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"/> Firearms Discharge			
<input type="checkbox"/> Threatened/attacked officer or another with blunt object				<input type="checkbox"/> Intentional			
<input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object				<input type="checkbox"/> Accidental			
<input type="checkbox"/> Threatened/attacked officer or another with motor vehicle				<input type="checkbox"/> Chemical/natural agent			
<input type="checkbox"/> Threatened/attacked officer or another with firearm				<input type="checkbox"/> Strike/use baton or other object			
<input type="checkbox"/> Threatened officer or another with firearm				Number of Shots Fired: _____			
<input type="checkbox"/> Fired at officer or another				Number of Hits: _____			
<input type="checkbox"/> Other (specify):				[Use 'UNK' if unknown]			
				<input type="checkbox"/> Other (specify):			

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

Signature: #104	Date: 9/22/17
Print Supervisor Name:	Supervisor Signature:

LACEY TOWNSHIP POLICE DEPARTMENT
USE OF FORCE REPORT

A. Incident Information

Date 09/22/2017	Time 2158	Day of Week FRIDAY	Location LAKE BALNEGAT N/STUBEN	INCIDENT NUMBER 207-29587
Type of Incident:				
<input type="checkbox"/> Crime in progress	<input type="checkbox"/> Domestic	<input type="checkbox"/> Other dispute	<input checked="" type="checkbox"/> Suspicious person	<input type="checkbox"/> Traffic stop
<input type="checkbox"/> Other (specify)				

B. Officer Information

Name (Last, First, Middle) EWART, ADAM R	Badge # 92	Sex M	Race W	Age 36	Injured Y <input checked="" type="checkbox"/>	Killed Y <input checked="" type="checkbox"/>
Rank POLICE OFFICER	Duty assignment Patrol	Years of service 10	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) MANJACI, KURT M	Sex M	Race W	Age 24	Weapon Y <input checked="" type="checkbox"/>	Injured <input checked="" type="checkbox"/> N	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:12-1B(S)(A), 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 checked="" type="checkbox"/> Compliance hold	Firearms Discharge				
<input checked="" type="checkbox"/> Physical threat/attack on officer or another	<input checked="" type="checkbox"/> Hands/fists	<input type="checkbox"/> Intentional				
<input type="checkbox"/> Threatened/attacked officer or another with blunt object	<input type="checkbox"/> Kicks/feet	<input type="checkbox"/> Accidental				
<input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object	<input type="checkbox"/> Chemical/natural agent	Number of Shots Fired _____				
<input type="checkbox"/> Threatened/attacked officer or another with motor vehicle	<input type="checkbox"/> Strike/use baton or other object	Number of Hits _____				
<input type="checkbox"/> Threatened officer or another with firearm	<input type="checkbox"/> Canine	[Use 'UNK' if unknown]				
<input type="checkbox"/> Fired at officer or another	<input type="checkbox"/> Other (specify)					
<input type="checkbox"/> Other (specify)						

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

Name (Last, First, 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"/> Compliance hold	Firearms Discharge				
<input type="checkbox"/> Physical threat/attack on officer or another	<input type="checkbox"/> Hands/fists	<input type="checkbox"/> Intentional				
<input type="checkbox"/> Threatened/attacked officer or another with blunt object	<input type="checkbox"/> Kicks/feet	<input type="checkbox"/> Accidental				
<input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object	<input type="checkbox"/> Chemical/natural agent	Number of Shots Fired _____				
<input type="checkbox"/> Threatened/attacked officer or another with motor vehicle	<input type="checkbox"/> Strike/use baton or other object	Number of Hits _____				
<input type="checkbox"/> Threatened officer or another with firearm	<input type="checkbox"/> Canine	[Use 'UNK' if unknown]				
<input type="checkbox"/> Fired at officer or another	<input type="checkbox"/> Other (specify)					
<input type="checkbox"/> Other (specify)						

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

Signature:  92	Date: 09/22/2017
Print Supervisor Name:	Supervisor Signature:

Lacey Township POLICE DEPARTMENT
USE OF FORCE REPORT

A. Incident Information

Date 9/22/17	Time 2:58	Day of Week Friday	Location Lake Ramapat / Stucken Ave	INCIDENT NUMBER 17-29587
Type of Incident:				
<input type="checkbox"/> Crime in progress <input type="checkbox"/> Domestic <input type="checkbox"/> Other dispute <input checked="" type="checkbox"/> Suspicious person <input type="checkbox"/> Traffic stop <input type="checkbox"/> Other (specify)				

B. Officer Information

Name (Last, First, Middle) Meyler, Christopher, M	Badge # 102	Sex M	Race W	Age 28	Injured 0/N	Killed Y/0
Rank Officer	Duty assignment Patrol	Years of service 3 years	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) Maniaci, Kurt M	Sex M	Race W	Age 24	Weapon 0	Injured 0/N	Killed Y/0
<input checked="" type="checkbox"/> Under the influence <input type="checkbox"/> Other unusual condition (specify)		Arrested 0/N	Charges 2c: 12-1B(5)A			
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: 	Date: 9/22/17
Print Supervisor Name:	Supervisor Signature: