

TOMS RIVER POLICE DEPARTMENT
USE OF FORCE REPORT

Incident Information

Date 07/01/2018	Time 0021	Day of Week Sunday	Location Toms River Municipal Jail	CASE NUMBER 18-38722
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) Transport				

B. Officer Information

Name (last, First, Middle) Moschella, Frank, Anthony		Badge # 369	Sex M	Race W	Age 31	Injured (Y / N) N	Killed (Y / N) N
Rank Patrolman	Duty Assignment Patrol	Years of Service 7	On Duty (Y / N) Y	Uniform (Y / N) Y			

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) Webber, Douglas, R		Sex M	Race W	Age 33	Weapon(Y / N) N	Injured(Y / N) Y	Killed(Y / N) N
<input checked="" type="checkbox"/> Under the influence <input type="checkbox"/> Other unusual condition (specify)		Arrested (Y/N) Y		Charges 2C:29-1, 2C:29-2, 2C:12-1b5a			
Suspect'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 checked="" type="checkbox"/> Other (specify) [Use 'UNK' if unknown]					

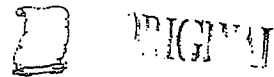
C2. Subject 2 (List only the person who was the subject of the use of force by the officer listed in section B.)

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			
Suspect'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: 	Date: 07/01/2018
Print Supervisor Name: #369	Supervisor Signature:

TOMS RIVER POLICE DEPARTMENT USE OF FORCE REPORT



A. Incident Information

Date 10/03/2018	Time 1710	Day of Week Wednesday	Location Claridge Ct	CASE NUMBER 18-58903
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) PESS Evaluation				

B. Officer Information

Name (last, First, Middle) Moschella, Frank, A	Badge # 369	Sex M	Race W	Age 31	Injured (Y / N) N	Killed (Y / N) N
Rank Patrolman	Duty Assignment Patrol	Years of Service 7	On Duty (Y / N) Y	Uniform (Y / N) Y		

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 [REDACTED]	Race [REDACTED]	Age 27	Weapon(Y / N) N	Injured(Y / N) N	Killed(Y / N) N
<input type="checkbox"/> Under the influence <input type="checkbox"/> Other unusual condition (specify)		Arrested (Y/N) N		Charges N/A		
Suspect'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		
Suspect'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: #312	Date: 10/03/2018
Print Supervisor Name: Sgt. McDowell #312	Supervisor Signature: 313

TOMS RIVER POLICE DEPARTMENT USE OF FORCE REPORT

A. Incident Information

Date 10/29/2018	Time 1755	Day of Week Monday	Location MMCS; 600 River Ave, Lakewood NJ 08701	CASE NUMBER 18-64055
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) PESS Evaluation				

B. Officer Information

Name (last, First, Middle) Moschella, Frank, A		Badge # 369	Sex M	Race W	Age 31	Injured (Y / N) N	Killed (Y / N) N
Rank Patrolman	Duty Assignment Patrol	Years of Service 7	On Duty (Y / N) Y	Uniform (Y / N) Y			

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 P-	Race W	Age 26	Weapon(Y / N) N	Injured(Y / N) Y	Killed(Y / N) N
<input checked="" type="checkbox"/> Under the influence <input type="checkbox"/> Other unusual condition (specify)		Arrested (Y/N) N	Charges N/A			
Suspect's Actions (check all that apply) <ul style="list-style-type: none"> <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) <ul style="list-style-type: none"> <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		Number of shots fired _____		Number of hits _____
		<input type="checkbox"/> Intentional <input type="checkbox"/> Accidental		[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			
Suspect's Actions (check all that apply) <ul style="list-style-type: none"> <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) <ul style="list-style-type: none"> <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		Number of shots fired _____		Number of hits _____
		<input type="checkbox"/> Intentional <input type="checkbox"/> Accidental		[Use 'UNK' if unknown]		

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

Signature: #369	Date: 10/29/2018
Print Supervisor Name: Sgt. Martucci #347	Supervisor Signature: #347