

TOMS RIVER POLICE DEPARTMENT USE OF FORCE REPORT

A. Incident Information

Date 01/06/2019	Time 1730	Day of Week Sunday	Location [REDACTED] Rd	CASE NUMBER 19-001026
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) Burkhardt, Paul Christopher	Badge # 238	Sex M	Race W	Age 54	Injured (Y / N) N	Killed (Y / N) N
Rank Cpl.	Duty Assignment Patrol	Years of Service 26	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 F	Race W	Age 48	Weapon(Y / N) N	Injured(Y / N) N	Killed(Y / N) N
<input checked="" type="checkbox"/> Under the influence <input type="checkbox"/> Other unusual condition (specify)	Arrested (Y/N)	Charges				
Suspect'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 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 _____ [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 <input type="checkbox"/> Other unusual condition (specify)	Arrested (Y/N)	Charges				
Suspect'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 _____ [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: 	Date: 01/06/2019
Print Supervisor Name: Sgt. C. McDowell	Supervisor Signature:

TOMS RIVER POLICE DEPARTMENT USE OF FORCE REPORT

A. Incident Information

Date 01/06/2019	Time 0027 *	Day of Week SUNDAY	Location 255 OAK AVE, TOMS RIVER, NJ 08763	CASE NUMBER 19-00915
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) JAIL				

B. Officer Information

Name (last, First, Middle) DIAZ, JOSE, MANUAL	Badge # 4633	Sex M	Race W	Age 26	Injured (Y / N)	Killed (Y / N)
Rank BOOKING OFFICER	Duty Assignment JAIL	Years of Service 2	On Duty (Y / N)	Uniform (Y / N)		

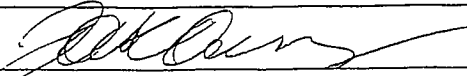
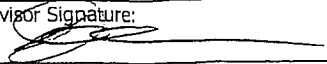
C1. Subject 1 (List only the person who was the subject of the use of force by the officer listed in section B.)

Name (last, First, Middle) GRULLON, RAFAEL	Sex M	Race W	Age 40	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 39:4-50				
Suspect'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 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				
Suspect'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: 01/06/19
Print Supervisor Name: Sgt. S. Duncan #305	Supervisor Signature: 



ORIGINAL

TOMS RIVER POLICE DEPARTMENT USE OF FORCE REPORT

A. Incident Information

Date 01/06/2019	Time 0027	Day of Week SUNDAY	Location 255 OAK AVE, TOMS RIVER, NJ 08753	CASE NUMBER 19-00915
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) JAIL				

B. Officer Information

Name (last, First, Middle) THEOBOLD, MATTHEW, PAUL	Badge # 4625	Sex M	Race W	Age 23	Injured (Y / N)	Killed (Y / N)
Rank BOOKING OFFICER	Duty Assignment JAIL	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) GRULLON, RAFAEL	Sex M	Race W	Age 40	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 39:4-50				
Suspect'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 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)	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: 01/06/19
Print Supervisor Name: SPT S. Duncan #503	Supervisor Signature:

TOMS RIVER POLICE DEPARTMENT USE OF FORCE REPORT

A. Incident Information

Date 01/14/2019	Time 1252	Day of Week MONDAY	Location [REDACTED]	CASE NUMBER 19-02357
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 SCREENING				

B. Officer Information

Name (last, First, Middle) COLLINE, JAMES, M		Badge # 420	Sex M	Race W	Age 30	Injured (Y / N) N	Killed (Y / N) N
Rank PATROLMAN	Duty Assignment PATROL	Years of Service 3	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 M	Race W	Age 62	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:	Date: 1/14/19
Print Supervisor Name: SGT. SERMARINI #309	Supervisor Signature: [Signature] 309

ORIGINAL
TOMS RIVER POLICE DEPARTMENT
USE OF FORCE REPORT

A. Incident Information

Date 01/14/2019	Time 1252	Day of Week MONDAY	Location [REDACTED]	CASE NUMBER 19-02357
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 SCREENING				

B. Officer Information

Name (last, First, Middle) RAHNER, ROBERT, J		Badge # 411	Sex M	Race W	Age 31	Injured (Y / N) N	Killed (Y / N) N
Rank PATROLMAN	Duty Assignment PATROL	Years of Service 3	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 M	Race W	Age 62	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: <i>[Signature]</i> #411	Date: 1/14/19
Print Supervisor Name: SGT. SERMARINI #309	Supervisor Signature: <i>[Signature]</i> 309

TOMS RIVER POLICE DEPARTMENT USE OF FORCE REPORT

A. Incident Information

Date	Time	Day of Week	Location	CASE NUMBER
01/23/2019	16:18	Wednesday	GSP Ramp 9S to GSPS	19-04129
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)	Badge #	Sex	Race	Age	Injured (Y / N)	Killed (Y / N)
Zangara, Kyle A.	395	M	W	29	N	N
Rank	Duty Assignment	Years of Service	On Duty (Y / N)	Uniform (Y / N)		
Patrolman	Patrol	5	Y	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)	Sex	Race	Age	Weapon(Y / N)	Injured(Y / N)	Killed(Y / N)
Howard Jr., Timothy, L	M	W	45	N	N	N
<input type="checkbox"/> Under the influence <input type="checkbox"/> Other unusual condition (specify)	Arrested (Y/N)	Charges				
	Y	Resisting Arrest, Trespassing, Obstruction				
Suspect'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				
Suspect'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: #395	Date: 01-23-2019
Print Supervisor Name: Lt. M. Miller #268	Supervisor Signature: #268

TOMS RIVER POLICE DEPARTMENT USE OF FORCE REPORT

A. Incident Information

Date 01/23/2019	Time 16:18	Day of Week Wednesday	Location GSP Ramp 9S to GSPS	CASE NUMBER 19-04129
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) Gashlin, Ryan E.	Badge # 398	Sex M	Race W	Age 32	Injured (Y / N) N	Killed (Y / N) N
Rank Patrolman	Duty Assignment Patrol	Years of Service 4	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) Howard Jr., Timothy, L	Sex M	Race W	Age 45	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) Y	Charges Resisting Arrest, Trespassing, Obstruction				
Suspect'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				
Suspect'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: 398	Date: 01-23-2019
Print Supervisor Name: Lt. M. Miller #268	Supervisor Signature: 268

TOMS RIVER POLICE DEPARTMENT USE OF FORCE REPORT

A. Incident Information

Date	Time	Day of Week	Location	CASE NUMBER
01/23/2019	16:18	Wednesday	GSP Ramp 9S to GSPS	19-04129
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)	Badge #	Sex	Race	Age	Injured (Y / N)	Killed (Y / N)
Moschella, Frank, A.	369	M	W	31	N	N
Rank	Duty Assignment	Years of Service	On Duty (Y / N)	Uniform (Y / N)		
Patrolman	Patrol	8	Y	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)	Sex	Race	Age	Weapon(Y / N)	Injured(Y / N)	Killed (Y / N)
Howard Jr., Timothy, L	M	W	45	N	N	N
<input type="checkbox"/> Under the influence <input type="checkbox"/> Other unusual condition (specify)	Arrested (Y/N)	Charges				
	Y	Resisting Arrest, Trespassing, Obstruction				
Suspect'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				
Suspect'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: #369	Date: 01-23-2019
Print Supervisor Name: Lt. M. Miller #268	Supervisor Signature: #268

**TOMS RIVER POLICE DEPARTMENT
USE OF FORCE REPORT**

A. Incident Information

Date 01.23.2019	Time 1618	Day of Week Wednesday	Location GSP Ramp 9S to GSPS	INCIDENT NUMBER 19-04129
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) McDowell, Christopher D.	Badge # 312	Sex M	Race W	Age 49	Injured N	Killed N
Rank Sgt.	Duty Assignment Operations	Years of Service 18	On-Duty Yes	Uniform Yes		

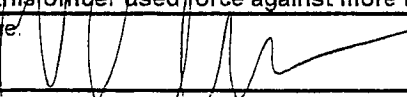
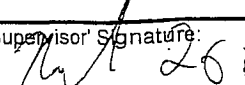
C1. Subject 1 (List only the person who was the subject of the use of force by the officer listed in Section B.)

Name (Last, First, Middle) Howard Jr., Timothy L	Sex M	Race W	Age 45	Weapon N	Injured N	Killed N
<input type="checkbox"/> Under the Influence <input type="checkbox"/> Other Unusual Condition (specify)		Arrested Y	Charges Trespassing, Obstruction, Resist			
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"/> 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 <input type="checkbox"/> Canine <input type="checkbox"/> Other (specify)			
			Number of Shots Fired _____ Number of Hits _____ (Use UNK if unknown)			

C2. Subject 2

Name (Last, First, Middle)	Sex	Race	Age	Weapon	Injured	Killed
<input type="checkbox"/> Under the Influence <input type="checkbox"/> Other Unusual Condition (specify)		Arrested	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"/> 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 <input type="checkbox"/> Canine <input type="checkbox"/> Other (specify)			
			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: 1.23.19
(SUPERVISOR) I hereby certify that I have reviewed this Use of Force report for accuracy and completeness and have promptly address any issues as they may pertain to policy interpretation, training, weapons or equipment, or discipline. Recommendations to modify policy; apply remedial training beyond what can be performed by me; change weapons, equipment or tactics; or apply discipline beyond my capabilities shall be thoroughly documented and forwarded through the chain of command to the Chief of Police.	
Print Supervisor Name: Lt. M. Miller #268	Supervisor Signature: 

TOMS RIVER POLICE DEPARTMENT USE OF FORCE REPORT

A. Incident Information

Date 01/31/2019	Time 0832	Day of Week Thursday	Location [REDACTED] Toms River, NJ	CASE NUMBER 19-05623
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 Screening				

B. Officer Information

Name (last, First, Middle) Sutter, Samantha, J	Badge # 383	Sex F	Race W	Age 36	Injured (Y / N) N	Killed (Y / N) N
Rank Ptl.	Duty Assignment Patrol	Years of Service 6	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 F	Race W	Age 13	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)	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				
Suspect'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: <i>[Signature]</i> #383	Date: 01/31/2019
Print Supervisor Name: <i>[Signature]</i> #294	Supervisor Signature: <i>[Signature]</i> #294

TOMS RIVER POLICE DEPARTMENT USE OF FORCE REPORT

A. Incident Information

Date 01/31/2019	Time 08:32	Day of Week Thursday	Location [REDACTED], Toms River, NJ	CASE NUMBER 19-05623
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				

B. Officer Information

Name (last, First, Middle) Kowalczyk, Krzysztof	Badge # 387	Sex M	Race W	Age 34	Injured (Y / N) N	Killed (Y / N) N
Rank Patrolman	Duty Assignment Patrol	Years of Service 11	On Duty (Y / N) Y	Uniform (Y / N) Y		

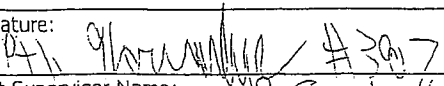
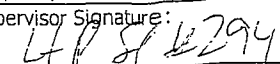
C1. Subject 1 (List only the person who was the subject of the use of force by the officer listed in section B.)

Name (last, First, Middle) [REDACTED]	Sex F	Race W	Age 13	Weapon(Y / N) N	Injured(Y / N) N	Killed(Y / N) N
<input type="checkbox"/> Under the influence <input checked="" type="checkbox"/> Other unusual condition (specify)	Arrested (Y/N) N	Charges PESS				
Suspect'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				
Suspect'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:  #3917	Date: 01/31/2019
Print Supervisor Name: Lt. P. Sundack #294	Supervisor Signature:  #294

TOMS RIVER POLICE DEPARTMENT USE OF FORCE REPORT

A. Incident Information

Date 01/31/2019	Time 0832	Day of Week Thursday	Location [REDACTED] Toms River, NJ	CASE NUMBER 19-05623
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 Screening				

B. Officer Information

Name (last, First, Middle) Spiecker, Eric		Badge # 384	Sex M	Race W	Age 33	Injured (Y / N) N	Killed (Y / N) N
Rank Ptl.	Duty Assignment Patrol	Years of Service 6	On Duty (Y / N) Y	Uniform (Y / N) Y			

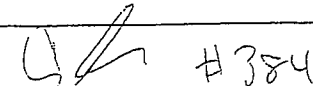

C1. Subject 1 (List only the person who was the subject of the use of force by the officer listed in section B.)

Name (last, First, Middle) [REDACTED]	Sex F	Race W	Age 13	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 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 _____ [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 <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 _____ [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:  #384	Date: 01/31/2019
Print Supervisor Name: Lt P. Sandwick #2914	Supervisor Signature:  #2914