

ATTACHMENT A
 COUNTY OF BERGEN
 USE OF FORCE REPORT

INCIDENT NUMBER: 19-20127

A. Incident Information

Date: 10/02/19	Time: 14:08	Day of Week: Wednesday	Location: 401 Avalon Dr. Apt. 4401, Wood-
Type of Incident: <input type="checkbox"/> Crime in Progress <input type="checkbox"/> Suspicious Person <input type="checkbox"/> Other Type of Call (Specify:)		<input type="checkbox"/> Domestic <input type="checkbox"/> Traffic Violation <input checked="" type="checkbox"/> Other Dispute	Type of Person: <input type="checkbox"/> Under the Influence <input type="checkbox"/> Other Unusual Condition (Specify:)

B. Suspect(s) Information (only those persons who were subjects of police use of force)

Name,(Last, First, Middle)	Arrest?	Charge(s)	Sex	Race	Age	Weapon?	Susp. Injured?	Hospital?
[REDACTED]	No		M	Hisp	17	No	No	Yes

(Check Yes for injury / hospital resulting from police use of force)

C. Level of Suspect(s) Resistance (check all that apply)

Suspect...	Suspect #1	Suspect #2	Suspect #3
...resisted Police Officer control	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...physical threat / attack on Police Officer	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...threatened / attacked Police Officer with blunt object	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...threatened / attacked Police Officer with Knife/Cutting object	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...threatened / attacked Police Officer with motor vehicle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...threatened Police Officer with firearm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...fired at Police Officer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...Other (Specify:)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D. Type of Force Used (check all that apply)

Type of Force Used: <input checked="" type="checkbox"/> Compliance Hold <input type="checkbox"/> Chemical/Natural Agent <input type="checkbox"/> Strike/Use Baton or Other Object <input checked="" type="checkbox"/> Other Force Specify: lifted off ground placed	<input checked="" type="checkbox"/> Hands/Fists <input type="checkbox"/> Kicks/Feet <input type="checkbox"/> Canine	Firearms Discharge: Number of Shots Fired: Number of Hits: [Use "UNK" if unknown]
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E. Officer Information

Name,(Last, First, Middle)	Badge #	On-Duty?	Uniform?	Officer Injured?	Taken to Hospital?
[REDACTED]	[REDACTED]	Yes	Yes	No	No
Signature:			Police Officer Assignment:		
Print Supervisor Name: [REDACTED]			Supervisor Signature:		

**ATTACHMENT A
COUNTY OF BERGEN
USE OF FORCE REPORT**

INCIDENT NUMBER: 19-14987

A. Incident Information

Date: 07/25/19	Time: 21:08	Day of Week: Thursday	Location:
Type of Incident:	<input type="checkbox"/> Crime in Progress <input type="checkbox"/> Suspicious Person <input type="checkbox"/> Other Type of Call (Specify: _____)	<input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Traffic Violation <input type="checkbox"/> Other Dispute	Type of Person: <input type="checkbox"/> Under the Influence <input type="checkbox"/> Other Unusual Condition (Specify: _____)

B. Suspect(s) Information (only those persons who were subjects of police use of force)

Name,(Last, First, Middle)	Arrest?	Charge(s)	Sex	Race	Age	Weapon?	Susp. Injured?	Hospital?
[REDACTED]	Yes	2C:12-1B(1)	M	Cauc	54	No	No	No

(Check Yes for injury / hospital resulting from police use of force)

C. Level of Suspect(s) Resistance (check all that apply)

Suspect...	Suspect #1	Suspect #2	Suspect #3
...resisted Police Officer control	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...physical threat / attack on Police Officer	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...threatened / attacked Police Officer with blunt object	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...threatened / attacked Police Officer with Knife/Cutting object	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...threatened / attacked Police Officer with motor vehicle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...threatened Police Officer with firearm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...fired at Police Officer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...Other (Specify: _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D. Type of Force Used (check all that apply)

Type of Force Used:	<input checked="" type="checkbox"/> Compliance Hold <input type="checkbox"/> Chemical/Natural Agent <input type="checkbox"/> Strike/Use Baton or Other Object <input type="checkbox"/> Other Force Specify: _____	<input checked="" type="checkbox"/> Hands/Fists <input checked="" type="checkbox"/> Kicks/Feet <input type="checkbox"/> Canine	Firearms Discharge: Number of Shots Fired: Number of Hits: [Use "UNK" if unknown]
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E. Officer Information

Name,(Last, First, Middle)	Badge #	On-Duty?	Uniform?	Officer Injured?	Taken to Hospital?
[REDACTED]	[REDACTED]	Yes	Yes	No	No
Signature:			Police Officer Assignment:		
Print Supervisor Name: [REDACTED]			Supervisor Signature:		

**ATTACHMENT A
COUNTY OF BERGEN
USE OF FORCE REPORT**

INCIDENT NUMBER: 19-14987

A. Incident Information

Date: 07/25/19	Time: 21:08	Day of Week: Thursday	Location: 74 Lincoln Ave. Wood-Ridge NJ.,
Type of Incident: <input type="checkbox"/> Crime in Progress <input type="checkbox"/> Suspicious Person <input type="checkbox"/> Other Type of Call (Specify:)		<input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Traffic Violation <input type="checkbox"/> Other Dispute	
		Type of Person: <input type="checkbox"/> Under the Influence <input type="checkbox"/> Other Unusual Condition (Specify:)	

B. Suspect(s) Information (only those persons who were subjects of police use of force)

Name,(Last, First, Middle)	Arrest?	Charge(s)	Sex	Race	Age	Weapon?	Susp. Injured?	Hospital?
[REDACTED]	Yes	2C:12-1B	M	Cauc	54	No	No	No

(Check Yes for injury / hospital resulting from police use of force)

C. Level of Suspect(s) Resistance (check all that apply)

Suspect...	Suspect #1	Suspect #2	Suspect #3
...resisted Police Officer control	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...physical threat / attack on Police Officer	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...threatened / attacked Police Officer with blunt object	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...threatened / attacked Police Officer with Knife/Cutting object	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...threatened / attacked Police Officer with motor vehicle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...threatened Police Officer with firearm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...fired at Police Officer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...Other (Specify:)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D. Type of Force Used (check all that apply)

Type of Force Used: <input checked="" type="checkbox"/> Compliance Hold <input type="checkbox"/> Chemical/Natural Agent <input type="checkbox"/> Strike/Use Baton or Other Object <input type="checkbox"/> Other Force Specify:	<input checked="" type="checkbox"/> Hands/Fists <input checked="" type="checkbox"/> Kicks/Feet <input type="checkbox"/> Canine	Firearms Discharge: Number of Shots Fired: Number of Hits: [Use "UNK" if unknown]
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E. Officer Information

Name,(Last, First, Middle) [REDACTED]	Badge # [REDACTED]	On-Duty? Yes	Uniform? Yes	Officer Injured? Yes	Taken to Hospital? No
Signature:			Police Officer Assignment:		
Print Supervisor Name: [REDACTED]			Supervisor Signature:		

**ATTACHMENT A
COUNTY OF BERGEN
USE OF FORCE REPORT**

INCIDENT NUMBER: 19-06407

A. Incident Information

Date: 03/31/19	Time: 18:46	Day of Week: Sunday	Location: Valley Blvd.
Type of Incident: <input type="checkbox"/> Crime in Progress <input type="checkbox"/> Suspicious Person <input checked="" type="checkbox"/> Other Type of Call (Specify: CDS)		<input type="checkbox"/> Domestic <input checked="" type="checkbox"/> Traffic Violation <input type="checkbox"/> Other Dispute	Type of Person: <input checked="" type="checkbox"/> Under the Influence <input type="checkbox"/> Other Unusual Condition (Specify: _____)

B. Suspect(s) Information (only those persons who were subjects of police use of force)

Name,(Last, First, Middle)	Arrest?	Charge(s)	Sex	Race	Age	Weapon?	Susp. Injured?	Hospital?
[REDACTED]	Yes	2C:35-10a(1)		Hisp	40	No	No	No

(Check Yes for injury / hospital resulting from police use of force)

C. Level of Suspect(s) Resistance (check all that apply)

Suspect...	Suspect #1	Suspect #2	Suspect #3
...resisted Police Officer control	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...physical threat / attack on Police Officer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...threatened / attacked Police Officer with blunt object	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...threatened / attacked Police Officer with Knife/Cutting object	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...threatened / attacked Police Officer with motor vehicle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...threatened Police Officer with firearm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...fired at Police Officer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...Other (Specify: _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D. Type of Force Used (check all that apply)

Type of Force Used: <input checked="" type="checkbox"/> Compliance Hold <input type="checkbox"/> Chemical/Natural Agent <input type="checkbox"/> Strike/Use Baton or Other Object <input type="checkbox"/> Other Force Specify: _____	<input checked="" type="checkbox"/> Hands/Fists <input type="checkbox"/> Kicks/Feet <input type="checkbox"/> Canine	Firearms Discharge: Number of Shots Fired: Number of Hits: [Use "UNK" if unknown]
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E. Officer Information

Name,(Last, First, Middle)	Badge #	On-Duty?	Uniform?	Officer Injured?	Taken to Hospital?
[REDACTED]	[REDACTED]	Yes	Yes	No	No
Signature:			Police Officer Assignment:		
Print Supervisor Name: [REDACTED]			Supervisor Signature:		

**ATTACHMENT A
COUNTY OF BERGEN
USE OF FORCE REPORT**

INCIDENT NUMBER: 19-06407

A. Incident Information

Date: 03/31/19	Time: 1900:00	Day of Week: Sunday	Location: Valley Blvd
Type of Incident: <input type="checkbox"/> Crime in Progress <input type="checkbox"/> Suspicious Person <input type="checkbox"/> Other Type of Call (Specify:)		<input type="checkbox"/> Domestic <input checked="" type="checkbox"/> Traffic Violation <input type="checkbox"/> Other Dispute	Type of Person: <input checked="" type="checkbox"/> Under the Influence <input type="checkbox"/> Other Unusual Condition (Specify:)

B. Suspect(s) Information (only those persons who were subjects of police use of force)

Name,(Last, First, Middle)	Arrest?	Charge(s)	Sex	Race	Age	Weapon?	Susp. Injured?	Hospital?
[REDACTED]	Yes		M	cauc		No	No	No

(Check Yes for injury / hospital resulting from police use of force)

C. Level of Suspect(s) Resistance (check all that apply)

Suspect...	Suspect #1	Suspect #2	Suspect #3
...resisted Police Officer control	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...physical threat / attack on Police Officer	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...threatened / attacked Police Officer with blunt object	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...threatened / attacked Police Officer with Knife/Cutting object	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...threatened / attacked Police Officer with motor vehicle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...threatened Police Officer with firearm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...fired at Police Officer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...Other (Specify:)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D. Type of Force Used (check all that apply)

Type of Force Used: <input checked="" type="checkbox"/> Compliance Hold <input type="checkbox"/> Chemical/Natural Agent <input type="checkbox"/> Strike/Use Baton or Other Object <input type="checkbox"/> Other Force Specify:	<input checked="" type="checkbox"/> Hands/Fists <input type="checkbox"/> Kicks/Feet <input type="checkbox"/> Canine	Firearms Discharge: Number of Shots Fired: Number of Hits: [Use "UNK" if unknown]
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E. Officer Information

Name,(Last, First, Middle)	Badge #	On-Duty?	Uniform?	Officer Injured?	Taken to Hospital?
[REDACTED]	[REDACTED]	Yes	Yes	No	No
Signature:			Police Officer Assignment:		
Print Supervisor Name: [REDACTED]			Supervisor Signature:		