

CRANBURY POLICE DEPARTMENT

USE OF FORCE REPORT

A. Incident Information

Date 05/23/2007	Time 19:07	Day of Week Wednesday	Location 15 Prospect St. Cranbury, NJ	INCIDENT NUMBER 07-02668
Type of Incident				
<input type="checkbox"/> Crime in progress <input type="checkbox"/> Domestic <input checked="" 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) Galla, Todd C	Badge # 24	Sex M	Race W	Age 35	Injured <input checked="" type="radio"/> Y / <input type="radio"/> N	Killed Y / <input type="radio"/> N
Rank patrolman	Duty assignment Patrol	Years of service 7	On-Duty <input checked="" type="radio"/> Y / <input type="radio"/> N	Uniform <input checked="" type="radio"/> Y / <input type="radio"/> N		

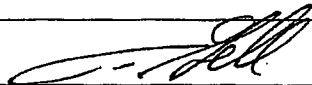
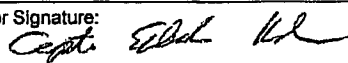
C1. Subject 1 (List only the person who was the subject of the use of force by the officer listed in Section B.)

Name (Last, First, Middle) Ward, Patrick T.	Sex M	Race W	Age 30	Weapon Y / <input checked="" type="radio"/> N	Injured <input checked="" type="radio"/> Y / <input type="radio"/> N	Killed Y / <input type="radio"/> N
<input type="checkbox"/> Under the influence <input type="checkbox"/> Other unusual condition (specify)		Arrested <input checked="" type="radio"/> Y / <input type="radio"/> N	Charges 2C:12-1b(5), 2C:29-1A, 2C:29-2A,			
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) led officer on foot pursuit			<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 checked="" 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 / <input type="radio"/> N	Injured Y / <input type="radio"/> N	Killed Y / <input type="radio"/> N
<input type="checkbox"/> Under the influence <input type="checkbox"/> Other unusual condition (specify)		Arrested Y / <input type="radio"/> 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: 5-23-07
Print Supervisor Name: Capt. Edward Kahler	Supervisor Signature: 

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B. Officer Information

Name (Last, First, Middle) Schneider, Matthew, D.	Badge # 23	Sex Male	Race White	Age 32	Injured <input checked="" type="radio"/> Y / <input type="radio"/> N	Killed Y / <input type="radio"/> N
Rank Ptl.	Duty assignment Patrol	Years of service 4	On-Duty <input checked="" type="radio"/> Y / <input type="radio"/> N	Uniform <input checked="" type="radio"/> Y / <input type="radio"/> N		

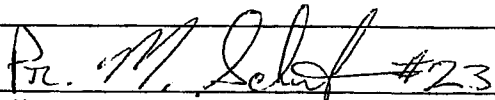
C1. Subject 1 (List only the person who was the subject of the use of force by the officer listed in Section B.)

Name (Last, First, Middle) Ward, Patrick, T.	Sex Male	Race White	Age 30	Weapon Y / <input checked="" type="radio"/> N	Injured <input checked="" type="radio"/> Y / <input type="radio"/> N	Killed Y / <input type="radio"/> N
<input type="checkbox"/> Under the influence <input type="checkbox"/> Other unusual condition (specify)	Arrested <input checked="" type="radio"/> Y / <input type="radio"/> N	Charges 2C:12-1b(5), 2C:29-1A, 2C:29-2A,				
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 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 / <input type="radio"/> N	Injured Y / <input type="radio"/> N	Killed Y / <input type="radio"/> N
<input type="checkbox"/> Under the influence <input type="checkbox"/> Other unusual condition (specify)	Arrested Y / <input type="radio"/> 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)					

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