

**PERTH AMBOY POLICE DEPARTMENT
USE OF FORCE REPORT.**

A. Incident Information

Date 12/04/13	Time 1318	Day of Week WEDNESDAY	Location [REDACTED] HALL AVE	INCIDENT NUMBER 13064604
Type of Incident <input type="checkbox"/> Crime in progress <input type="checkbox"/> Domestic <input checked="" type="checkbox"/> ED.P. <input type="checkbox"/> Other disputes <input type="checkbox"/> Suspicious person <input type="checkbox"/> Traffic stop <input checked="" type="checkbox"/> Other (specify)				

B. Officer Information

Name (Last, First, Middle) PUNTIEL RAFAEL A	Badge # 0188	Sex M	Race W/T	Age 43	Injured Y/N	Killed Y/N
Rank Police officer	Duty assignment PATROL	Years of service 10 YRS / 4 months	On-Duty <input checked="" type="checkbox"/> Y/N	Uniform <input checked="" type="checkbox"/> 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 [REDACTED]	Race [REDACTED]	Age [REDACTED]	Weapon <input checked="" type="checkbox"/> Y/N	Injured <input checked="" type="checkbox"/> Y/N	Killed <input checked="" type="checkbox"/> Y/N
<input type="checkbox"/> Under the influence <input checked="" type="checkbox"/> Other unusual condition (specify) E.D.P.		Arrested Y/N	Charges N/A			
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 checked="" 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/wrists <input checked="" 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 <u>UNK</u> <input type="checkbox"/> Canine Number of Hits <u>UNK</u> <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 <input type="checkbox"/> Firearms Discharge <input type="checkbox"/> Hands/wrists <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: P.O. R. P. [Signature] #0188	Date: 12/19/13
Print Supervisor Name: CAPT. LARRY CATTANO #0116	Supervisor Signature: [Signature]

**PERTH AMBOY POLICE DEPARTMENT
USE OF FORCE REPORT**

A. Incident Information

Date 12/4/13	Time 1318	Day of Week Wednesday	Location [REDACTED] Hall Ave	INCIDENT NUMBER 13064604
Type of Incident <input type="checkbox"/> Crime in progress <input checked="" type="checkbox"/> Other (specify) <u>E.D.P.</u> <input type="checkbox"/> Domestic <input type="checkbox"/> Other dispute <input type="checkbox"/> Suspicious person <input type="checkbox"/> Traffic stop				

B. Officer Information

Name (Last, First, Middle) <u>Fontan, Gina</u>	Badge # <u>0227</u>	Sex <u>F</u>	Race <u>W</u>	Age <u>36</u>	Injured Y/N	Killed Y/N
Rank <u>Patrolman</u>	Duty assignment <u>Patrol</u>	Years of service <u>15 months</u>	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) [REDACTED]	Sex [REDACTED]	Race [REDACTED]	Age [REDACTED]	Weapon <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Injured Y/N	Killed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N
<input type="checkbox"/> Under the influence <input checked="" type="checkbox"/> Other unusual condition (specify) <u>E.D.P.</u>		Arrested <u>A/A</u> Y/N	Charges <u>N/A</u>			
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 checked="" 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 checked="" type="checkbox"/> Other (specify) <u>Subject's car as it was falling back</u>			Officer's use of force toward this subject (check all that apply) <input type="checkbox"/> Compliance hold <input type="checkbox"/> Hands/wrists <input type="checkbox"/> Kicks/feet <input type="checkbox"/> Chemical/natural agent <input type="checkbox"/> Strike/use baton or other object <input type="checkbox"/> Carbine <input type="checkbox"/> Other (specify) Firearms Discharge <input type="checkbox"/> Intentional <input type="checkbox"/> Accidental Number of Shots Fired <u>UNK</u> Number of Hits <u>UNK</u> [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 <input type="checkbox"/> Hands/wrists <input type="checkbox"/> Kicks/feet <input type="checkbox"/> Chemical/natural agent <input type="checkbox"/> Strike/use baton or other object <input type="checkbox"/> Carbine <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: <u>[Signature]</u>	Date: <u>12/19/13</u>
Print Supervisor Name: <u>EAPT. LARRY CATANO #0516</u>	Supervisor Signature: <u>[Signature]</u>