

**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 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 UNK <input type="checkbox"/> Canine Number of Hits UNK <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 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	Time	Day of Week	Location	INCIDENT NUMBER
12/4/13	1318	Wednesday	[Redacted] Hall Ave	13064604
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) E.D.P.				

B. Officer Information

Name (Last, First, Middle)	Badge #	Sex	Race	Age	Injured	Killed
Fontan, Gina	0227	F	W	36	Y/N	Y/N
Rank	Duty assignment	Years of service	On-Duty	Uniform		
Patrolman	Patrol	15 months	<input checked="" type="checkbox"/> Y/N	<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)	Sex	Race	Age	Weapon	Injured	Killed
[Redacted]	[Redacted]	[Redacted]	[Redacted]	<input checked="" type="checkbox"/> Y/N	Y/N	<input checked="" type="checkbox"/> Y/N
<input type="checkbox"/> Under the influence <input checked="" type="checkbox"/> Other unusual condition (specify) E.D.P.		Arrested	Charges			
<input type="checkbox"/> Under the influence <input checked="" type="checkbox"/> Other unusual condition (specify) E.D.P.		A/A	N/A			
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 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) Subject's support as Falls falling back				<input type="checkbox"/> Compliance hold Firearm Discharge <input type="checkbox"/> Hands/feet <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 UNK <input type="checkbox"/> Carbine Number of Hits UNK <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	Injured	Killed
				Y/N	Y/N	Y/N
<input type="checkbox"/> Under the influence <input type="checkbox"/> Other unusual condition (specify)		Arrested	Charges			
		Y/N				
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 Firearm Discharge <input type="checkbox"/> Hands/feet <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"/> Carbine 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:
[Signature]	12/19/13
Print Supervisor Name:	Supervisor Signature:
EAPT. LARRY CATANO #0516	[Signature]