

HADDONFIELD BOROUGH POLICE DEPARTMENT

USE OF FORCE REPORT

A. Incident Information

| | | | | |
|---|----------------------|---------------------------|--|--------------------------------------|
| Date 08/17/2019 03:14 | Time 03:14 | Day of Week SAT | Location 5 LINCOLN AVENUE, HADDONFIELD, NJ 08033 | INCIDENT NUMBER 2019-09966 |
| Type of Incident <input type="checkbox"/> Crime in Progress <input type="checkbox"/> Domestic <input checked="" type="checkbox"/> Mental Health <input type="checkbox"/> Suspicious Person <input type="checkbox"/> Traffic Stop <input type="checkbox"/> Vehicle Pursuit <input type="checkbox"/> Other Dispute <input type="checkbox"/> Other (specify) | | | | |

B. Officer Information

| | | | | | | |
|--|------------------------|------------------------------|-----------------------|-----------------------|----------------------|---------------------|
| Name (Last, First, Middle) SORG, JACOB | Badge # 1766 | Sex MALE | Race WHITE | Age 28 | Injured NO | Killed NO |
| Rank CORPORAL | Duty Assignment | Years of Service 3 | On-Duty YES | Uniform YES | | |

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

| | | | | | | | | | |
|--|----------------------|------------------------|----------------------------------|--|---------------------|----------------------|---------------------|---|--|
| Name (Last, First, Middle) HILL KAILA E | Sex FEMALE | Race WHITE | Ethnicity NON HISPANIC | Age 29 | Weapon NO | Injured NO | Killed NO | | |
| <input checked="" type="checkbox"/> Under the Influence <input type="checkbox"/> Other Unusual Condition (specify) | | Arrested YES | | # of Charges | | | | | |
| 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 <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) | | | | <input type="checkbox"/> Firearms Discharge <input type="checkbox"/> Intentional <input type="checkbox"/> Accidental Number of Shots Fired Number of Hits | |

C. Subject

| | | | | | | | | | |
|--|-----|----------|-----------|---|--------|---------|--------|---|--|
| Name (Last, First, Middle) | Sex | Race | Ethnicity | Age | Weapon | Injured | Killed | | |
| <input type="checkbox"/> Under the Influence <input type="checkbox"/> Other Unusual Condition (specify) | | Arrested | | # of 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/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) | | | | <input type="checkbox"/> Firearms Discharge <input type="checkbox"/> Intentional <input type="checkbox"/> Accidental Number of Shots Fired Number of Hits | |

> If this officer used force against more than two subjects in this incident, attach additional USE OF FORCE REPORTS.

| | | | |
|--|------------------------------|--------------------------------------|--|
| Print Rank/OFC Name CORPORAL JACOB SORG <i>Jacob SORG</i> | Badge No. 1766 | Report Date 08/17/2019 | Reviewed By: DET. SERGEANT CHRISTOPHER KOSOFSKY <i>Christopher Kosofsky</i> |
| Signature | | | Supervisor Signature |

ADULT

Case No. 2019-09966

HADDONFIELD BOROUGH POLICE DEPARTMENT

USE OF FORCE REPORT

ADULT

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B. Officer Information

| | | | | | | |
|--|-------------------------------------|------------------------------|-----------------------|-----------------------|-----------------------|---------------------|
| Name (Last, First, Middle) LOGEL, KATHLEEN | Badge # 1774 | Sex FEMALE | Race WHITE | Age 25 | Injured YES | Killed NO |
| Rank PATROLMAN | Duty Assignment 1900-0700 | Years of Service 1 | On-Duty YES | Uniform YES | | |

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

| | | | | | | | | | |
|---|----------------------|------------------------|----------------------------------|---|---------------------|----------------------|---------------------|---|--|
| Name (Last, First, Middle) HILL KAILA E | Sex FEMALE | Race WHITE | Ethnicity NON HISPANIC | Age 29 | Weapon NO | Injured NO | Killed NO | | |
| <input checked="" type="checkbox"/> Under the Influence <input type="checkbox"/> Other Unusual Condition (specify) | | Arrested YES | | # of Charges 5 | | | | | |
| <u>Subject's Actions</u> (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) | | | | <u>Officer's use of force toward this subject</u> (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) | | | | <input type="checkbox"/> Firearms Discharge <input type="checkbox"/> Intentional <input type="checkbox"/> Accidental Number of Shots Fired Number of Hits | |

C. Subject

| | | | | | | | | | |
|---|-----|----------|-----------|--|--------|---------|--------|---|--|
| Name (Last, First, Middle) | Sex | Race | Ethnicity | Age | Weapon | Injured | Killed | | |
| <input type="checkbox"/> Under the Influence <input type="checkbox"/> Other Unusual Condition (specify) | | Arrested | | # of Charges | | | | | |
| <u>Subject's Actions</u> (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) | | | | <u>Officer's use of force toward this subject</u> (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) | | | | <input type="checkbox"/> Firearms Discharge <input type="checkbox"/> Intentional <input type="checkbox"/> Accidental Number of Shots Fired Number of Hits | |

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| | | | |
|--|------------------------------|--------------------------------------|---|
| Print Rank/OFC Name PATROLMAN KATHLEEN LOGEL <i>Kathleen Logel</i> Signature | Badge No. 1774 | Report Date 08/17/2019 | Reviewed By: CORPORAL JAMES ERVIN <i>Cpl. J. Ervin #1760</i> Supervisor Signature |
|--|------------------------------|--------------------------------------|---|