

POLICE USE OF DEADLY FORCE – ATTORNEY GENERAL NOTIFICATION REPORT

INVESTIGATING & PROSECUTING AGENCY'S INFORMATION

1) Agency Investigating & Prosecuting, (if applicable) Use of Force Incident _____

01 Atlantic County Prosecutor's Office 02 Bergen County Prosecutor's Office 03 Burlington County Prosecutor's Office 04 Camden County Prosecutor's Office 05 Cape May County Prosecutor's Office 06 Cumberland County Prosecutor's Office 07 Essex County Prosecutor's Office 08 Gloucester County Prosecutor's Office 09 Hudson County Prosecutor's Office 10 Hunterdon County Prosecutor's Office 11 Mercer County Prosecutor's Office	12 Middlesex County Prosecutor's Office 13 Monmouth County Prosecutor's Office 14 Morris County Prosecutor's Office 15 Ocean County Prosecutor's Office 16 Passaic County Prosecutor's Office 17 Salem County Prosecutor's Office 18 Somerset County Prosecutor's Office 19 Sussex County Prosecutor's Office 20 Union County Prosecutor's Office 21 Warren County Prosecutor's Office 22 New Jersey State Police
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2) This incident involves, (check appropriate box)

- | | | |
|---|--|---|
| <input type="checkbox"/> Shooting Involving Death | <input type="checkbox"/> Shooting Involving Serious Bodily Injury | <input type="checkbox"/> Force, Other than Firearm, Involving Death |
| <input type="checkbox"/> Shooting with No Injury | <input type="checkbox"/> Force, Other than Firearm, w/Serious Injury | <input type="checkbox"/> Deadly Force, Other than Firearm, with No Injury |
| <input type="checkbox"/> CED (Conductive Energy Device) | <input type="checkbox"/> Less Lethal | |

3) Prosecutors Case #: _____ 4) Police Agency Case #: _____

5) Total Subjects:	PERSONS INJURED, KILLED OR INVOLVED (NOT POLICE OFFICERS)			
6) Person 1:				
Name – (Last, First, MI)	DOB	Sex	Race	SSN
Address - Street	City	State	Zip	
Injury Status		<input type="checkbox"/> Injured	<input type="checkbox"/> Killed	<input type="checkbox"/> No Injury
Occupation				
Description of Injuries				
Place of Treatment			Date of Treatment	
7) Person 2:				
Name – (Last, First, MI)	DOB	Sex	Race	SSN
Address - Street	City	State	Zip	
Injury Status		<input type="checkbox"/> Injured	<input type="checkbox"/> Killed	<input type="checkbox"/> No Injury
Occupation				
Description of Injuries				
Place of Treatment			Date of Treatment	

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8) Total Officers Involved:		POLICE OFFICER(S) INVOLVED				
9) Officer 1:						
Name – (Last, First, MI)	Badge #	DOB	Sex	Race	Years of Service	
Name of Department	Assigned Unit				Department ORI #	
10) Officer 2:						
Name – (Last, First, MI)	Badge #	DOB	Sex	Race	Years of Service	
Name of Department	Assigned Unit				Department ORI #	

DESCRIPTION OF INCIDENT	
11) Date and Time of Incident	12) Date and Time Reported to Prosecutor's Office
13) Reported to the Prosecutor's Office by:	
14) Address of the Incident – Street	
15) Description of Address in Block 14:	
16) Description of Incident: (Add additional pages as necessary)	

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Description, cont.

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For Division of Criminal Justice Use only:

Date and Time Reported to DCJ

DCJ Representative Taking Report

County Representative Reporting Incident