



# MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case #	14-006218	Officer:	Flanagan, James M	Date:	4/28/2014	Time:	1320	Day:	Monday
Attached Reports: (Check All That Apply) <i>BOOKED IN ABSENTIA,</i>									
<input checked="" type="checkbox"/> Incident Report		<input type="checkbox"/> Arrest Report		<input type="checkbox"/> Booking Photo					
Was an arrest made?		Suspect Name:				OIC at time of Incident:			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Jihe Ferg (aka Jihe Feng)				Lt. James Soucy			
Suspect Information CHECK ALL THAT APPLY									
<input type="checkbox"/> Armed with a deadly weapon		<input type="checkbox"/> Armed with a non-deadly weapon							
<input checked="" type="checkbox"/> Not armed		<input type="checkbox"/> Had been drinking							
<input type="checkbox"/> Impaired or Intoxicated		<input type="checkbox"/> Under the influence of drugs							
<input type="checkbox"/> Agitated prior to police arrival		<input checked="" type="checkbox"/> Any disability (describe): Appeared mentally defective.							
<input type="checkbox"/> Language barrier (if so, language spoken)									
Type of Force Used CHECK ALL THAT APPLY									
<u>Soft Hand Control</u>			<u>Hard Hand Control</u>			<u>Firearm</u>			
<input checked="" type="checkbox"/> Joint Manipulation			<input type="checkbox"/> Open Hand Strike			<input type="checkbox"/> Handgun Deployed		<input type="checkbox"/> Less Lethal- 12 Ga- Deployed	
<input type="checkbox"/> Pressure Point Control			<input type="checkbox"/> Kick			<input type="checkbox"/> Handgun Used		<input type="checkbox"/> Less Lethal- 12 Ga- Used	
<u>Secondary Weapon System</u>			<input type="checkbox"/> Knee Strike			<input type="checkbox"/> Rifle Deployed		<input type="checkbox"/> Less Lethal- 40 mm- Deployed	
<input type="checkbox"/> OC			<input checked="" type="checkbox"/> Take Down			<input type="checkbox"/> Rifle Used		<input type="checkbox"/> Less Lethal- 40 mm- Used	
<input type="checkbox"/> Baton			<input type="checkbox"/> Other (describe)			<input type="checkbox"/> Shotgun Deployed		<input type="checkbox"/> Noise Flash Device	
<input type="checkbox"/> K-9						<input type="checkbox"/> Shotgun Used		<input type="checkbox"/> Gas Deployment- OC/CS	
<input type="checkbox"/> Other (describe)									
<input type="checkbox"/> Taser									
Injury Information									
Were any injuries sustained to officer?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If yes, describe below...					
Were any injuries sustained to suspect?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If yes, describe below...					
Appeared to suffer seizure. Transported to CMC. Unknown if related to arrest or pre-existing condition.									
Was medical attention provided?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If yes, describe below...					
Transported to CMC, by AMR, for medical treatment.									
Describe the effects of the force used on any persons involved, and any decontamination method used if any....									
Soft hand control provided some control, but the suspect had to be pulled to ground for further control.									
Officer Information									
# of officers present: 2		# of officers injured: 0							
Officer description:		<input checked="" type="checkbox"/> Uniform		<input type="checkbox"/> Plain Clothes					
Duty Status:		<input type="checkbox"/> On Duty		<input type="checkbox"/> Off Duty		<input checked="" type="checkbox"/> On Duty Detail/Location Bridge/Elm St			
Route/Assignment:		<input checked="" type="checkbox"/> Verbal Commands used Before		<input checked="" type="checkbox"/> Verbal Commands Used During			<input checked="" type="checkbox"/> Verbal Commands Used After		
Miscellaneous Information									
Offense/Charge: DOC, Resisting Arrest, Simple Assault on PO									
Lighting:		<input checked="" type="checkbox"/> Daylight		<input type="checkbox"/> Artificial		<input type="checkbox"/> Low Light		<input type="checkbox"/> Darkness	
Location:		<input type="checkbox"/> Indoors		<input checked="" type="checkbox"/> Outdoors					
Weather Conditions		<input type="checkbox"/> Sunny		<input type="checkbox"/> Clear		<input checked="" type="checkbox"/> Cloudy		<input type="checkbox"/> Rain <input type="checkbox"/> Snow	
Surface Conditions:		<input checked="" type="checkbox"/> Flat		<input type="checkbox"/> Incline		<input type="checkbox"/> Decline		<input type="checkbox"/> Wet <input checked="" type="checkbox"/> Dry	
		<input type="checkbox"/> Ice/Snow		<input type="checkbox"/> Debris		<input type="checkbox"/> No Debris		<input type="checkbox"/> Other	
This report is to be filled out after the intentional or unintentional use of force with any weapons or the unintended use of any type of force resulting in injury or death to any person. All reports will be submitted along with the Incident Report, Arrest Report & Booking Photo and forwarded to the Training Director.									
Signature of reporting officer: <i>JM Flanagan</i>				Reviewed by: <i>JS</i>				Date: <i>04-28-14</i>	

*QWA-2*



# MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 14-006189    Officer: Ryan, Joseph F    Date: 4/27/2014    Time: 2100    Day: Sunday

Attached Reports: (Check All That Apply)

Incident Report       Arrest Report       Booking Photo

Was an arrest made?  
 Yes     No

Suspect Name:  
Tyler Murray

OIC at time of Incident:  
Sgt. Patterson

Suspect Information: CHECK ALL THAT APPLY

- |  |  |
|--|--|
| <input type="checkbox"/> Armed with a deadly weapon                  | <input checked="" type="checkbox"/> Armed with a non-deadly weapon |
| <input type="checkbox"/> Not armed                                   | <input checked="" type="checkbox"/> Had been drinking              |
| <input checked="" type="checkbox"/> Impaired or Intoxicated          | <input checked="" type="checkbox"/> Under the influence of drugs   |
| <input checked="" type="checkbox"/> Agitated prior to police arrival | <input type="checkbox"/> Any disability (describe):                |
| <input type="checkbox"/> Language barrier (if so, language spoken)   |  |

Type of Force Used: CHECK ALL THAT APPLY

- |  |  |   |
|--|--|---|
| <p><b>Soft Hand Control</b></p> <input type="checkbox"/> Joint Manipulation<br><input type="checkbox"/> Pressure Point Control<br><br><p><b>Secondary Weapon System</b></p> <input type="checkbox"/> OC<br><input type="checkbox"/> Baton<br><input type="checkbox"/> K-9<br><input type="checkbox"/> Other (describe)<br><input type="checkbox"/> Taser | <p><b>Hard Hand Control</b></p> <input type="checkbox"/> Open Hand Strike<br><input checked="" type="checkbox"/> Kick<br><input type="checkbox"/> Knee Strike<br><input type="checkbox"/> Take Down<br><input type="checkbox"/> Other (describe) | <p><b>Firearm</b></p> <input type="checkbox"/> Handgun Deployed<br><input type="checkbox"/> Handgun Used<br><input type="checkbox"/> Rifle Deployed<br><input type="checkbox"/> Rifle Used<br><input type="checkbox"/> Shotgun Deployed<br><input type="checkbox"/> Shotgun Used<br><br><input type="checkbox"/> Less Lethal- 12 Ga- Deployed<br><input type="checkbox"/> Less Lethal- 12 Ga- Used<br><input type="checkbox"/> Less Lethal- 40 mm- Deployed<br><input type="checkbox"/> Less Lethal- 40 mm- Used<br><input type="checkbox"/> Noise Flash Device<br><input type="checkbox"/> Gas Deployment- OC/CS |
|--|--|---|

Injury Information

Were any injuries sustained to officer?     Yes     No    If yes, describe below...

Were any injuries sustained to suspect?     Yes     No    If yes, describe below...

Was medical attention provided?     Yes     No    If yes, describe below...

Describe the effects of the force used on any persons involved, and any decontamination method used if any....  
Immediate compliance upon delivery of strike

Officer Information

# of officers present: 8      # of officers injured: 0

Officer description:     Uniform     Plain Clothes

Duty Status:     On Duty     Off Duty     On Duty Detail/Location

Route/Assignment: 1-6  
 Verbal Commands used Before     Verbal Commands Used During     Verbal Commands Used After

Miscellaneous Information

Offense/Charge: Attempted Armed Robbery, 1st degree assault, burglary, resisting arrest/detention, assault

Lighting:     Daylight     Artificial     Low Light     Darkness

Location:     Indoors     Outdoors

Weather Conditions     Sunny     Clear     Cloudy     Rain     Snow

Surface Conditions:     Flat     Incline     Decline     Wet     Dry  
 Ice/Snow     Debris     No Debris     Other

This report is to be filled out after the intentional or unintentional use of force with any weapons or the unintended use of any type of force resulting in injury or death to any person. All reports will be submitted along with the Incident Report, Arrest Report & Booking Photo and forwarded to the Training Director.

Signature of reporting officer: [Signature]    Reviewed by: [Signature]    Date: 04-28-14

*CPWA-2*



# MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 14-006191	Officer: Attardo, Brian A	Date: 4/27/2014	Time: 2059	Day: Sunday
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Attached Reports: (Check All That Apply)

Incident Report     
  Arrest Report     
  Booking Photo

Was an arrest made? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Suspect Name: Enos, Meagan	OIC at time of Incident: Sgt. Patterson
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Suspect Information: CHECK ALL THAT APPLY

<input type="checkbox"/> Armed with a deadly weapon	<input type="checkbox"/> Armed with a non-deadly weapon
<input checked="" type="checkbox"/> Not armed	<input checked="" type="checkbox"/> Had been drinking
<input checked="" type="checkbox"/> Impaired or Intoxicated	<input type="checkbox"/> Under the influence of drugs
<input type="checkbox"/> Agitated prior to police arrival	<input type="checkbox"/> Any disability (describe):
<input type="checkbox"/> Language barrier (if so, language spoken)	

Type of Force Used: CHECK ALL THAT APPLY

<p><u>Soft Hand Control</u></p> <input type="checkbox"/> Joint Manipulation <input type="checkbox"/> Pressure Point Control  <p><u>Secondary Weapon System</u></p> <input type="checkbox"/> OC <input type="checkbox"/> Baton <input type="checkbox"/> K-9 <input type="checkbox"/> Other (describe) <input type="checkbox"/> Taser	<p><u>Hard Hand Control</u></p> <input type="checkbox"/> Open Hand Strike <input type="checkbox"/> Kick <input type="checkbox"/> Knee Strike <input checked="" type="checkbox"/> Take Down <input type="checkbox"/> Other (describe)	<p><u>Firearm</u></p> <input type="checkbox"/> Handgun Deployed <input type="checkbox"/> Handgun Used <input type="checkbox"/> Rifle Deployed <input type="checkbox"/> Rifle Used <input type="checkbox"/> Shotgun Deployed <input type="checkbox"/> Shotgun Used  <input type="checkbox"/> Less Lethal- 12 Ga- Deployed <input type="checkbox"/> Less Lethal- 12 Ga- Used <input type="checkbox"/> Less Lethal- 40 mm- Deployed <input type="checkbox"/> Less Lethal- 40 mm- Used <input type="checkbox"/> Noise Flash Device <input type="checkbox"/> Gas Deployment- OC/CS
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Injury Information:

Were any injuries sustained to officer?     Yes     No    If yes, describe below...

Were any injuries sustained to suspect?     Yes     No    If yes, describe below...

Split lip caused bleeding

Was medical attention provided?     Yes     No    If yes, describe below...

Bleeding stopped on own, subject given opportunity to clean up in booking, medical attention not requested.

Describe the effects of the force used on any persons involved, and any decontamination method used if any....

Use of force gained compliance

Officer Information:

# of officers present: 3      # of officers injured: 1

Officer description:     Uniform       Plain Clothes

Duty Status:       On Duty       Off Duty       On Duty Detail/Location

Route/Assignment: Juvenile/1-3

Verbal Commands used Before     Verbal Commands Used During     Verbal Commands Used After

Miscellaneous Information:

Offense/Charge:

Lighting:     Daylight     Artificial     Low Light     Darkness

Location:     Indoors     Outdoors

Weather Conditions:     Sunny     Clear     Cloudy     Rain     Snow

Surface Conditions:     Flat     Incline     Decline     Wet     Dry

Ice/Snow     Debris     No Debris     Other

This report is to be filled out after the intentional or unintentional use of force with any weapons or the unintended use of any type of force resulting in injury or death to any person. All reports will be submitted along with the Incident Report, Arrest Report & Booking Photo and forwarded to the Training Director.

Signature of reporting officer: <i>Brian Attardo</i>	Reviewed by: <i>Sgt. Richard</i>	Date: <i>4/28/14</i>
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# MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 14-006191	Officer: Flynn, Stephen E	Date: 4/27/2014	Time: 2059	Day: Sunday
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Attached Reports: (Check All That Apply)

Incident Report     
  Arrest Report     
  Booking Photo

Was an arrest made? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Suspect Name: Meagan Enos	OIC at time of Incident: Sgt. Patterson
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Suspect Information: CHECK ALL THAT APPLY

<input type="checkbox"/> Armed with a deadly weapon	<input type="checkbox"/> Armed with a non-deadly weapon
<input checked="" type="checkbox"/> Not armed	<input checked="" type="checkbox"/> Had been drinking
<input checked="" type="checkbox"/> Impaired or Intoxicated	<input type="checkbox"/> Under the influence of drugs
<input type="checkbox"/> Agitated prior to police arrival	<input type="checkbox"/> Any disability (describe):
<input type="checkbox"/> Language barrier (if so, language spoken)	

Type of Force Used: CHECK ALL THAT APPLY

<p><u>Soft Hand Control</u></p> <input type="checkbox"/> Joint Manipulation <input type="checkbox"/> Pressure Point Control  <p><u>Secondary Weapon System</u></p> <input type="checkbox"/> OC <input type="checkbox"/> Baton <input type="checkbox"/> K-9 <input type="checkbox"/> Other (describe) <input type="checkbox"/> Taser	<p><u>Hard Hand Control</u></p> <input type="checkbox"/> Open Hand Strike <input type="checkbox"/> Kick <input checked="" type="checkbox"/> Knee Strike <input type="checkbox"/> Take Down <input type="checkbox"/> Other (describe)	<p><u>Firearm</u></p> <input type="checkbox"/> Handgun Deployed <input type="checkbox"/> Handgun Used <input type="checkbox"/> Rifle Deployed <input type="checkbox"/> Rifle Used <input type="checkbox"/> Shotgun Deployed <input type="checkbox"/> Shotgun Used  <input type="checkbox"/> Less Lethal- 12 Ga- Deployed <input type="checkbox"/> Less Lethal- 12 Ga- Used <input type="checkbox"/> Less Lethal- 40 mm- Deployed <input type="checkbox"/> Less Lethal- 40 mm- Used <input type="checkbox"/> Noise Flash Device <input type="checkbox"/> Gas Deployment- OC/CS
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Injury Information:

Were any injuries sustained to officer?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes, describe below...
Right hand, outside of thumb cut during struggle to cuff.		
Were any injuries sustained to suspect?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes, describe below...
Split lip causing bleeding.		
Was medical attention provided?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, describe below...

Describe the effects of the force used on any persons involved, and any decontamination method used if any....  
 Use of force gained compliance.

Officer Information:

# of officers present: 3      # of officers injured: 1

Officer description:     Uniform       Plain Clothes

Duty Status:       On Duty       Off Duty       On Duty Detail/Location

Route/Assignment: Juvenile / 1-3

Verbal Commands used Before     Verbal Commands Used During     Verbal Commands Used After

Miscellaneous Information:

Offense/Charge: Simple Assault, Resisting Arrest

Lighting:	<input type="checkbox"/> Daylight	<input checked="" type="checkbox"/> Artificial	<input type="checkbox"/> Low Light	<input type="checkbox"/> Darkness
Location:	<input checked="" type="checkbox"/> Indoors	<input type="checkbox"/> Outdoors		
Weather Conditions:	<input type="checkbox"/> Sunny	<input checked="" type="checkbox"/> Clear	<input type="checkbox"/> Cloudy	<input type="checkbox"/> Rain <input type="checkbox"/> Snow
Surface Conditions:	<input checked="" type="checkbox"/> Flat	<input type="checkbox"/> Incline	<input type="checkbox"/> Decline	<input type="checkbox"/> Wet <input type="checkbox"/> Dry
	<input type="checkbox"/> Ice/Snow	<input type="checkbox"/> Debris	<input type="checkbox"/> No Debris	<input type="checkbox"/> Other

This report is to be filled out after the intentional or unintentional use of force with any weapons or the unintended use of any type of force resulting in injury or death to any person. All reports will be submitted along with the Incident Report, Arrest Report & Booking Photo and forwarded to the Training Director.

Signature of reporting officer: <i>Stephen E Flynn</i>	Reviewed by: <i>Sgt. [Signature]</i>	Date: <i>4/28/14</i>
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# MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 14-6110    Officer: Delorey, Andrew J    Date: 4/26/2014    Time: 0005    Day: Saturday

Attached Reports: (Check All That Apply)

Incident Report     Arrest Report     Booking Photo

Was an arrest made?

Yes     No

Suspect Name:

Steven Flattery

Suspect Information: CHECK ALL THAT APPLY

<input checked="" type="checkbox"/> Armed with a deadly weapon	<input type="checkbox"/> Armed with a non-deadly weapon
<input type="checkbox"/> Not armed	<input checked="" type="checkbox"/> Had been drinking
<input checked="" type="checkbox"/> Impaired or Intoxicated	<input type="checkbox"/> Under the influence of drugs
<input checked="" type="checkbox"/> Agitated prior to police arrival	<input type="checkbox"/> Any disability (describe):
<input type="checkbox"/> Language barrier (if so, language spoken)	

Type of Force Used: CHECK ALL THAT APPLY

<p><b>Soft Hand Control</b></p> <input checked="" type="checkbox"/> Joint Manipulation <input type="checkbox"/> Pressure Point Control  <p><b>Secondary Weapon System</b></p> <input type="checkbox"/> OC <input type="checkbox"/> Baton <input type="checkbox"/> K-9 <input type="checkbox"/> Other (describe) <input checked="" type="checkbox"/> Taser	<p><b>Hard Hand Control</b></p> <input type="checkbox"/> Open Hand Strike <input type="checkbox"/> Kick <input type="checkbox"/> Knee Strike <input type="checkbox"/> Take Down <input type="checkbox"/> Other (describe)	<p><b>Firearm</b></p> <input type="checkbox"/> Handgun Deployed <input type="checkbox"/> Handgun Used <input type="checkbox"/> Rifle Deployed <input type="checkbox"/> Rifle Used <input type="checkbox"/> Shotgun Deployed <input type="checkbox"/> Shotgun Used	<input type="checkbox"/> Less Lethal- 12 Ga- Deployed <input type="checkbox"/> Less Lethal- 12 Ga- Used <input type="checkbox"/> Less Lethal- 40 mm- Deployed <input type="checkbox"/> Less Lethal- 40 mm- Used <input type="checkbox"/> Noise Flash Device <input type="checkbox"/> Gas Deployment- OC/CS
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Injury Information:

Were any injuries sustained to officer?     Yes     No    If yes, describe below...

Were any injuries sustained to suspect?     Yes     No    If yes, describe below...

Flattery was struck by the Taser in the lower back and was bleed ing from mouth at some point during arrest.

Was medical attention provided?     Yes     No    If yes, describe below...

Flattery refused to comply with Booking process.

Describe the effects of the force used on any persons involved, and any decontamination method used if any....

The Taser was effective and the wrist manipulation for pain compliance worked as well.

Officer Information:

# of officers present: 1    # of officers injured: 0

Officer description:     Uniform     Plain Clothes

Duty Status:     On Duty     Off Duty     On Duty Detail/Location Club Jewel

Route/Assignment: Wagon

Verbal Commands used Before     Verbal Commands Used During     Verbal Commands Used After

Miscellaneous Information:

Offense/Charge: Simple assault/ disorderly conduct.

Lighting:     Daylight     Artificial     Low Light     Darkness

Location:     Indoors     Outdoors

Weather Conditions     Sunny     Clear     Cloudy     Rain     Snow

Surface Conditions:     Flat     Incline     Decline     Wet     Dry

Ice/Snow     Debris     No Debris     Other

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Signature of reporting officer: *[Signature]*    Reviewed by: *[Signature]*    Date: 4-27-14

*AR*



# MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case #	14-006018	Officer:	Mangum, Justin M	Date:	4/24/2014	Time:	1241	Day:	Thursday
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Attached Reports: (Check All That Apply)

Incident Report     
  Arrest Report     
  Booking Photo

Was an arrest made? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Suspect Name: Williams, Isaiah ██████████
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**Suspect Information - CHECK ALL THAT APPLY**

<input type="checkbox"/> Armed with a deadly weapon	<input type="checkbox"/> Armed with a non-deadly weapon
<input checked="" type="checkbox"/> Not armed	<input type="checkbox"/> Had been drinking
<input type="checkbox"/> Impaired or Intoxicated	<input type="checkbox"/> Under the influence of drugs
<input checked="" type="checkbox"/> Agitated prior to police arrival	<input type="checkbox"/> Any disability (describe):
<input type="checkbox"/> Language barrier (if so, language spoken)	

**Type of Force Used - CHECK ALL THAT APPLY**

<b>Soft Hand Control</b> <input type="checkbox"/> Joint Manipulation <input type="checkbox"/> Pressure Point Control  <b>Secondary Weapon System</b> <input type="checkbox"/> OC <input type="checkbox"/> Baton <input type="checkbox"/> K-9 <input type="checkbox"/> Other (describe) <input type="checkbox"/> Taser	<b>Hard Hand Control</b> <input type="checkbox"/> Open Hand Strike <input type="checkbox"/> Kick <input checked="" type="checkbox"/> Knee Strike <input checked="" type="checkbox"/> Take Down <input type="checkbox"/> Other (describe)	<b>Firearm</b> <input type="checkbox"/> Handgun Deployed <input type="checkbox"/> Handgun Used <input type="checkbox"/> Rifle Deployed <input type="checkbox"/> Rifle Used <input type="checkbox"/> Shotgun Deployed <input type="checkbox"/> Shotgun Used  <input type="checkbox"/> Less Lethal- 12 Ga- Deployed <input type="checkbox"/> Less Lethal- 12 Ga- Used <input type="checkbox"/> Less Lethal- 40 mm- Deployed <input type="checkbox"/> Less Lethal- 40 mm- Used <input type="checkbox"/> Noise Flash Device <input type="checkbox"/> Gas Deployment- OC/CS
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**Injury Information**

Were any injuries sustained to officer?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes, describe below...
Abrasion to left forearm		
Were any injuries sustained to suspect?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes, describe below...
Small laceration to left index finger caused by breaking glass.		
Was medical attention provided?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes, describe below...
Treated on scene by AMR Ambulance		

Describe the effects of the force used on any persons involved, and any decontamination method used if any....

Knee strike and take down stopped Williams actions and allowed me to take him into custody.

**Officer Information**

# of officers present: 1      # of officers injured: 1

Officer description:     Uniform     Plain Clothes

Duty Status:             On Duty       Off Duty       On Duty Detail/Location

Route/Assignment: 1-4

Verbal Commands used Before   
  Verbal Commands Used During   
  Verbal Commands Used After

**Miscellaneous Information**

Offense/Charge: Simple Assault on Officer, Resisting, Criminal Mischief, Criminal Threat, Viol. Of Bail

Lighting:             Daylight     Artificial     Low Light     Darkness

Location:             Indoors       Outdoors

Weather Conditions:     Sunny       Clear       Cloudy       Rain       Snow

Surface Conditions:     Flat           Incline       Decline       Wet           Dry

Ice/Snow     Debris       No Debris     Other

This report is to be filled out after the intentional or unintentional use of force with any weapons or the unintended use of any type of force resulting in injury or death to any person. All reports will be submitted along with the Incident Report, Arrest Report & Booking Photo and forwarded to the Training Director.

Signature of reporting officer:	Reviewed by:	Date:
		4/24/14

*MAN A-2*



# MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



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Case # 14-005798    Officer: Boyton, Ryan    Date: 4/21/2014    Time: 0111    Day: Monday

Attached Reports: (Check All That Apply)

Incident Report                       Arrest Report                       Booking Photo

Was an arrest made?                      Suspect Name:                      OIC at time of Incident:

Yes     No                      Keith, Gordon                      Howe

Suspect Information: CHECK ALL THAT APPLY

<input type="checkbox"/> Armed with a deadly weapon	<input type="checkbox"/> Armed with a non-deadly weapon
<input checked="" type="checkbox"/> Not armed	<input type="checkbox"/> Had been drinking
<input type="checkbox"/> Impaired or Intoxicated	<input type="checkbox"/> Under the influence of drugs
<input type="checkbox"/> Agitated prior to police arrival	<input type="checkbox"/> Any disability (describe):
<input type="checkbox"/> Language barrier (if so, language spoken)	

Type of Force Used: CHECK ALL THAT APPLY

<p><b>Soft Hand Control</b></p> <input type="checkbox"/> Joint Manipulation <input type="checkbox"/> Pressure Point Control  <p><b>Secondary Weapon System</b></p> <input type="checkbox"/> OC <input type="checkbox"/> Baton <input type="checkbox"/> K-9 <input type="checkbox"/> Other (describe) <input type="checkbox"/> Taser	<p><b>Hard Hand Control</b></p> <input type="checkbox"/> Open Hand Strike <input type="checkbox"/> Kick <input type="checkbox"/> Knee Strike <input checked="" type="checkbox"/> Take Down <input type="checkbox"/> Other (describe)	<p><b>Firearm</b></p> <input type="checkbox"/> Handgun Deployed <input type="checkbox"/> Handgun Used <input type="checkbox"/> Rifle Deployed <input type="checkbox"/> Rifle Used <input type="checkbox"/> Shotgun Deployed <input type="checkbox"/> Shotgun Used	<input type="checkbox"/> Less Lethal- 12 Ga- Deployed <input type="checkbox"/> Less Lethal- 12 Ga- Used <input type="checkbox"/> Less Lethal- 40 mm- Deployed <input type="checkbox"/> Less Lethal- 40 mm- Used <input type="checkbox"/> Noise Flash Device <input type="checkbox"/> Gas Deployment- OC/CS
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Injury Information

Were any injuries sustained to officer?     Yes     No    If yes, describe below...

Were any injuries sustained to suspect?     Yes     No    If yes, describe below...

Was medical attention provided?     Yes     No    If yes, describe below...

Describe the effects of the force used on any persons involved, and any decontamination method used if any....

Suspect was tackled from behind during a foot pursuit. Both the suspect and I fell approximately 3 feet into a dry ditch. The suspect complied with verbal commands and was taken into custody without further incident.

Officer Information

# of officers present: 2                      # of officers injured: 0

Officer description:     Uniform                       Plain Clothes

Duty Status:                       On Duty                       Off Duty                       On Duty Detail/Location

Route/Assignment: 1-2

Verbal Commands used Before                       Verbal Commands Used During                       Verbal Commands Used After

Miscellaneous Information

Offense/Charge: Resisting Arrest or Detention

Lighting:                       Daylight                       Artificial                       Low Light                       Darkness

Location:                       Indoors                       Outdoors

Weather Conditions                       Sunny                       Clear                       Cloudy                       Rain                       Snow

Surface Conditions:                       Flat                       Incline                       Decline                       Wet                       Dry

Ice/Snow                       Debris                       No Debris                       Other

This report is to be filled out after the intentional or unintentional use of force with any weapons or the unintended use of any type of force resulting in injury or death to any person. All reports will be submitted along with the Incident Report, Arrest Report & Booking Photo and forwarded to the Training Director.

Signature of reporting officer: *Ryan Boyton*                      Reviewed by: *Sean [Signature]*                      Date: *4/21/14*

*EW 12*



# MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 14-005326    Officer: Cunningham, Christopher    Date: 4/14/2014    Time: 0340    Day: Monday

Attached Reports: (Check All That Apply)

Incident Report                       Arrest Report                       Booking Photo

Was an arrest made?                      Suspect Name:                      OIC at time of Incident:  
 Yes     No                      Miguel Graciani [REDACTED]                      Sgt Howe

Suspect Information: CHECK ALL THAT APPLY

<input type="checkbox"/> Armed with a deadly weapon	<input type="checkbox"/> Armed with a non-deadly weapon
<input checked="" type="checkbox"/> Not armed	<input type="checkbox"/> Had been drinking
<input type="checkbox"/> Impaired or Intoxicated	<input checked="" type="checkbox"/> Under the influence of drugs
<input type="checkbox"/> Agitated prior to police arrival	<input type="checkbox"/> Any disability (describe):
<input type="checkbox"/> Language barrier (if so, language spoken)	

Type of Force Used: CHECK ALL THAT APPLY

<p><b>Soft Hand Control</b></p> <input type="checkbox"/> Joint Manipulation <input type="checkbox"/> Pressure Point Control	<p><b>Hard Hand Control</b></p> <input type="checkbox"/> Open Hand Strike <input type="checkbox"/> Kick <input type="checkbox"/> Knee Strike <input type="checkbox"/> Take Down <input type="checkbox"/> Other (describe)	<p><b>Firearm</b></p> <input type="checkbox"/> Handgun Deployed <input type="checkbox"/> Handgun Used <input type="checkbox"/> Rifle Deployed <input type="checkbox"/> Rifle Used <input type="checkbox"/> Shotgun Deployed <input type="checkbox"/> Shotgun Used	<input type="checkbox"/> Less Lethal- 12 Ga- Deployed <input type="checkbox"/> Less Lethal- 12 Ga- Used <input type="checkbox"/> Less Lethal- 40 mm- Deployed <input type="checkbox"/> Less Lethal- 40 mm- Used <input type="checkbox"/> Noise Flash Device <input type="checkbox"/> Gas Deployment- OC/CS
<p><b>Secondary Weapon System</b></p> <input type="checkbox"/> OC <input type="checkbox"/> Baton <input type="checkbox"/> K-9 <input type="checkbox"/> Other (describe) <input checked="" type="checkbox"/> Taser			

Injury Information

Were any injuries sustained to officer?     Yes     No                      If yes, describe below...

Were any injuries sustained to suspect?     Yes     No                      If yes, describe below...

Was medical attention provided?     Yes     No                      If yes, describe below...

Describe the effects of the force used on any persons involved, and any decontamination method used if any....  
 After numerous requests to the suspect to show me his hands he still declined to do so. I informed him I was going to taser him. Ultimately I was forced to taser him and Officer Craig was able to get into the vehicle and pull him and get him arrested

Officer Information

# of officers present: 2                      # of officers injured: 0

Officer description:     Uniform                       Plain Clothes

Duty Status:     On Duty                       Off Duty                       On Duty Detail/Location

Route/Assignment: 3-3  
 Verbal Commands used Before     Verbal Commands Used During     Verbal Commands Used After

Miscellaneous Information

Offense/Charge: Possession of Controlled Drug, Possession of Narcotic Drug, Falsifying Physical Evidence, Resisting Arrest.

Lighting:     Daylight     Artificial     Low Light     Darkness

Location:     Indoors     Outdoors

Weather Conditions     Sunny     Clear     Cloudy     Rain     Snow

Surface Conditions:     Flat     Incline     Decline     Wet     Dry  
 Ice/Snow     Debris     No Debris     Other

This report is to be filled out after the intentional or unintentional use of force with any weapons or the unintended use of any type of force resulting in injury or death to any person. All reports will be submitted along with the Incident Report, Arrest Report & Booking Photo and forwarded to the Training Director.

Signature of reporting officer: *[Signature]* 4/14/14    Reviewed by: *[Signature]* 21    Date: 4-17-14





# MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 14-005290	Officer: Kozowyk, Guy R	Date: 4/13/2014	Time: 0315	Day: Sunday
Attached Reports: (Check All That Apply)				
<input checked="" type="checkbox"/> Incident Report		<input type="checkbox"/> Arrest Report		<input type="checkbox"/> Booking Photo
Was an arrest made? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Suspect Name: Crawford, Michael	OIC at time of Incident: Sgt Cosio		
Suspect Information: CHECK ALL THAT APPLY				
<input type="checkbox"/> Armed with a deadly weapon		<input type="checkbox"/> Armed with a non-deadly weapon		
<input type="checkbox"/> Not armed		<input type="checkbox"/> Had been drinking		
<input type="checkbox"/> Impaired or Intoxicated		<input type="checkbox"/> Under the influence of drugs		
<input checked="" type="checkbox"/> Agitated prior to police arrival		<input checked="" type="checkbox"/> Any disability (describe): Seizure/ Diabetic Reaction		
<input type="checkbox"/> Language barrier (if so, language spoken)				
Type of Force Used: CHECK ALL THAT APPLY				
<b>Soft Hand Control</b>		<b>Hard Hand Control</b>		<b>Firearm</b>
<input type="checkbox"/> Joint Manipulation		<input type="checkbox"/> Open Hand Strike		<input type="checkbox"/> Handgun Deployed
<input type="checkbox"/> Pressure Point Control		<input type="checkbox"/> Kick		<input type="checkbox"/> Handgun Used
<b>Secondary Weapon System</b>		<input type="checkbox"/> Knee Strike		<input type="checkbox"/> Rifle Deployed
<input type="checkbox"/> OC		<input type="checkbox"/> Take Down		<input type="checkbox"/> Rifle Used
<input type="checkbox"/> Baton		<input checked="" type="checkbox"/> Other (describe)		<input type="checkbox"/> Shotgun Deployed
<input type="checkbox"/> K-9				<input type="checkbox"/> Shotgun Used
<input type="checkbox"/> Other (describe)				<input type="checkbox"/> Less Lethal- 12 Ga- Deployed
<input type="checkbox"/> Taser				<input type="checkbox"/> Less Lethal- 12 Ga- Used
				<input type="checkbox"/> Less Lethal- 40 mm- Deployed
				<input type="checkbox"/> Less Lethal- 40 mm- Used
				<input type="checkbox"/> Noise Flash Device
				<input type="checkbox"/> Gas Deployment- OC/CS
Injury Information				
Were any injuries sustained to officer?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If yes, describe below...
Were any injuries sustained to suspect?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If yes, describe below...
Cuts around wrists and forearm from flailing about while handcuffed				
Was medical attention provided?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If yes, describe below...
IV administered for diabetic reaction				
Describe the effects of the force used on any persons involved, and any decontamination method used if any....				
Cuts around wrist and forearm from flailing while handcuffed				
Officer Information				
# of officers present 1		# of officers injured: 0		
Officer description:		<input checked="" type="checkbox"/> Uniform		<input type="checkbox"/> Plain Clothes
Duty Status:		<input checked="" type="checkbox"/> On Duty		<input type="checkbox"/> Off Duty <input type="checkbox"/> On Duty Detail/Locatio
Route/Assignment:		<input checked="" type="checkbox"/> Verbal Commands used Before		<input checked="" type="checkbox"/> Verbal Commands Used During <input type="checkbox"/> Verbal Commands Used After
Miscellaneous Information				
Offense/Charge:				
Lighting:		<input type="checkbox"/> Daylight <input checked="" type="checkbox"/> Artificial		<input type="checkbox"/> Low Light <input type="checkbox"/> Darkness
Location:		<input checked="" type="checkbox"/> Indoors <input type="checkbox"/> Outdoors		
Weather Conditions		<input type="checkbox"/> Sunny <input checked="" type="checkbox"/> Clear		<input type="checkbox"/> Cloudy <input type="checkbox"/> Rain <input type="checkbox"/> Snow
Surface Conditions:		<input checked="" type="checkbox"/> Flat <input type="checkbox"/> Incline		<input type="checkbox"/> Decline <input type="checkbox"/> Wet <input type="checkbox"/> Dry
		<input type="checkbox"/> Ice/Snow <input type="checkbox"/> Debris		<input type="checkbox"/> No Debris <input type="checkbox"/> Other
This report is to be filled out after the intentional or unintentional use of force with any weapons or the unintended use of any type of force resulting in injury or death to any person. All reports will be submitted along with the Incident Report, Arrest Report & Booking Photo and forwarded to the Training Director.				
Signature of reporting officer:		Reviewed by:		Date: 04/13/14

A2



# MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 14-005182    Officer: Feather, Derek A    Date: 4/10/2014    Time: 1800    Day: Thursday

Attached Reports: (Check All That Apply)

Incident Report       Arrest Report       Booking Photo

Was an arrest made?      Suspect Name:      OIC at time of Incident:

Yes     No      Haberscoch, Justin      Boucher

Suspect Information - CHECK ALL THAT APPLY

<input type="checkbox"/> Armed with a deadly weapon	<input type="checkbox"/> Armed with a non-deadly weapon
<input type="checkbox"/> Not armed	<input type="checkbox"/> Had been drinking
<input checked="" type="checkbox"/> Impaired or Intoxicated	<input type="checkbox"/> Under the influence of drugs
<input type="checkbox"/> Agitated prior to police arrival	<input type="checkbox"/> Any disability (describe):
<input type="checkbox"/> Language barrier (if so, language spoken)	

Type of Force Used - CHECK ALL THAT APPLY

<b>Soft Hand Control</b>	<b>Hard Hand Control</b>	<b>Firearm</b>	
<input type="checkbox"/> Joint Manipulation	<input type="checkbox"/> Open Hand Strike	<input type="checkbox"/> Handgun Deployed	<input type="checkbox"/> Less Lethal- 12 Ga- Deployed
<input type="checkbox"/> Pressure Point Control	<input type="checkbox"/> Kick	<input type="checkbox"/> Handgun Used	<input type="checkbox"/> Less Lethal- 12 Ga- Used
<b>Secondary Weapon System</b>	<input type="checkbox"/> Knee Strike	<input type="checkbox"/> Rifle Deployed	<input type="checkbox"/> Less Lethal- 40 mm- Deployed
<input type="checkbox"/> OC	<input checked="" type="checkbox"/> Take Down	<input type="checkbox"/> Rifle Used	<input type="checkbox"/> Less Lethal- 40 mm- Used
<input type="checkbox"/> Baton	<input type="checkbox"/> Other (describe)	<input type="checkbox"/> Shotgun Deployed	<input type="checkbox"/> Noise Flash Device
<input type="checkbox"/> K-9		<input type="checkbox"/> Shotgun Used	<input type="checkbox"/> Gas Deployment- OC/CS
<input type="checkbox"/> Other (describe)			
<input type="checkbox"/> Taser			

Injury Information:

Were any injuries sustained to officer?     Yes     No    If yes, describe below...

Were any injuries sustained to suspect?     Yes     No    If yes, describe below...

Was medical attention provided?     Yes     No    If yes, describe below...

Describe the effects of the force used on any persons involved, and any decontamination method used if any....

Subject was distracted, then I was able to gain control of his arms

Officer Information:

# of officers present: 4      # of officers injured: 0

Officer description:     Uniform       Plain Clothes

Duty Status:       On Duty       Off Duty       On Duty Detail/Location

Route/Assignment: 2-6 C

Verbal Commands used Before     Verbal Commands Used During     Verbal Commands Used After

Miscellaneous Information:

Offense/Charge: Possession of CD and Resisting Arrest

Lighting:       Daylight       Artificial       Low Light       Darkness

Location:       Indoors       Outdoors

Weather Conditions     Sunny       Clear       Cloudy       Rain       Snow

Surface Conditions:     Flat       Incline       Decline       Wet       Dry

Ice/Snow       Debris       No Debris       Other

This report is to be filled out after the intentional or unintentional use of force with any weapons or the unintended use of any type of force resulting in injury or death to any person. All reports will be submitted along with the Incident Report, Arrest Report & Booking Photo and forwarded to the Training Director.

Signature of reporting officer:      Reviewed by:      Date: 04/11/14

*A2*



# MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 14-004903    Officer: Feather, Derek A    Date: 4/5/2014    Time: 1650    Day: Saturday

Attached Reports: (Check All That Apply)

Incident Report       Arrest Report       Booking Photo

Was an arrest made?  
 Yes     No

Suspect Name:  
Williams, Rodney

Suspect Information: CHECK ALL THAT APPLY

- |  |  |
|--|--|
| <input type="checkbox"/> Armed with a deadly weapon                | <input type="checkbox"/> Armed with a non-deadly weapon          |
| <input type="checkbox"/> Not armed                                 | <input type="checkbox"/> Had been drinking                       |
| <input type="checkbox"/> Impaired or Intoxicated                   | <input checked="" type="checkbox"/> Under the influence of drugs |
| <input type="checkbox"/> Agitated prior to police arrival          | <input type="checkbox"/> Any disability (describe):              |
| <input type="checkbox"/> Language barrier (if so, language spoken) |  |

Type of Force Used: CHECK ALL THAT APPLY

- |  |  |   |
|--|--|---|
| <p><b>Soft Hand Control</b></p> <input type="checkbox"/> Joint Manipulation<br><input type="checkbox"/> Pressure Point Control<br><br><p><b>Secondary Weapon System</b></p> <input type="checkbox"/> OC<br><input type="checkbox"/> Baton<br><input type="checkbox"/> K-9<br><input type="checkbox"/> Other (describe)<br><input type="checkbox"/> Taser | <p><b>Hard Hand Control</b></p> <input type="checkbox"/> Open Hand Strike<br><input type="checkbox"/> Kick<br><input type="checkbox"/> Knee Strike<br><input checked="" type="checkbox"/> Take Down<br><input type="checkbox"/> Other (describe) | <p><b>Firearm</b></p> <input type="checkbox"/> Handgun Deployed<br><input type="checkbox"/> Handgun Used<br><input type="checkbox"/> Rifle Deployed<br><input type="checkbox"/> Rifle Used<br><input type="checkbox"/> Shotgun Deployed<br><input type="checkbox"/> Shotgun Used<br><br><input type="checkbox"/> Less Lethal- 12 Ga- Deployed<br><input type="checkbox"/> Less Lethal- 12 Ga- Used<br><input type="checkbox"/> Less Lethal- 40 mm- Deployed<br><input type="checkbox"/> Less Lethal- 40 mm- Used<br><input type="checkbox"/> Noise Flash Device<br><input type="checkbox"/> Gas Deployment- OC/CS |
|--|--|---|

Injury Information

Were any injuries sustained to officer?     Yes     No    If yes, describe below...  
Scraped knees from struggle with suspect while on the ground.

Were any injuries sustained to suspect?     Yes     No    If yes, describe below...  
cut over left eye, and abrasion on left side of forehead

Was medical attention provided?     Yes     No    If yes, describe below...  
Denied

Describe the effects of the force used on any persons involved, and any decontamination method used if any....  
Was able to place suspect into custody

Officer Information

# of officers present: 1      # of officers injured: 1

Officer description:     Uniform       Plain Clothes

Duty Status:     On Duty       Off Duty       On Duty Detail/Location

Route/Assignment: 26-C  
 Verbal Commands used Before     Verbal Commands Used During     Verbal Commands Used After

Miscellaneous Information

Offense/Charge: Poss. W/ Intent Resisting Arrest

Lighting:     Daylight     Artificial     Low Light     Darkness

Location:     Indoors     Outdoors

Weather Conditions:     Sunny     Clear     Cloudy     Rain     Snow

Surface Conditions:     Flat     Incline     Decline     Wet     Dry  
 Ice/Snow     Debris     No Debris     Other

This report is to be filled out after the intentional or unintentional use of force with any weapons or the unintended use of any type of force resulting in injury or death to any person. All reports will be submitted along with the Incident Report, Arrest Report & Booking Photo and forwarded to the Training Director.

Signature of reporting officer:

Reviewed by:

Date:

*[Handwritten Signature]*

*[Handwritten Signature]*

4-5-14

*A-2      L-4*