



MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 15-006940	Officer: Healy, Cody D	Date: 4/26/2015	Time: 2304	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: Rodriguez, Jose	OIC at time of Incident: Sgt. R. Brown
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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

<p>Soft Hand Control</p> <input type="checkbox"/> Joint Manipulation <input type="checkbox"/> Pressure Point Control <p>Secondary Weapon System</p> <input type="checkbox"/> OC <input type="checkbox"/> Baton <input type="checkbox"/> K-9 <input type="checkbox"/> Other (describe) <input type="checkbox"/> Taser	<p>Hard Hand Control</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>Firearm</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 type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	If yes, describe below...
Were any injuries sustained to suspect?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	If yes, describe below...
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....
 Rodriguez refused to step out of the vehicle. He was placed in the prone position and then refused the application of hand restraints.

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 checked="" type="checkbox"/> On Duty <input type="checkbox"/> Off Duty <input type="checkbox"/> On Duty Detail/Location	
Route/Assignment: 2-6C	
<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: MPD Warrant for Second Degree Assault/ Resisting Arrest

Lighting: <input type="checkbox"/> Daylight <input type="checkbox"/> Artificial <input type="checkbox"/> Low Light <input checked="" 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 checked="" 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>Cody Healy #1</i>	Reviewed by: <i>Sgt. R. Brown</i>	Date: 4/27/15
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MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 15-006940	Officer Healy, Cody D	Date: 4/26/2015	Time: 2304	Day: Sunday
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OIC Comment/Review:

I have reviewed the Response to Resistance Report and all reports associated with this incident and found that the use of force was appropriate under the circumstances and within departmental SOP's.

SGT. R. BROWN

Sgt. R. Brown



MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case #	15-006822	Officer:	Fierimonte, Jeffrey P	Date:	4/25/2015	Time:	0103	Day:	Saturday
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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: Dennis Ninteau	OIC at time of incident: Lt. Begley
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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 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...
 I was exposed to the suspects blood.

Were any injuries sustained to suspect? Yes No If yes, describe below...
 Minor lacerations to face/head

Was medical attention provided? Yes No If yes, describe below...
 Dennis was transported to the Elliot Hospital for treatment to his minor lacerations and to provide a voluntary blood draw for blood exposure.

Describe the effects of the force used on any persons involved, and any decontamination method used if any....
 The takedown allowed me to place Dennis into handcuffs and under arrest.

Officer Information:

of officers present: 3 # of officers injured: 1

Officer description: Uniform Plain Clothes

Duty Status: On Duty Off Duty On Duty Detail/Locatio

Route/Assignment: 2-2

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

Miscellaneous Information:

Offense/Charge: Criminal Threatening (F), Resisting Arrest/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

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Signature of reporting officer:	Reviewed by:	Date: <u>4/25/15</u>
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GWA-2 *(C-1)*



MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 15-006822	Officer Fierimonte, Jeffrey P	Date: 4/25/2015	Time: 0103	Day: Saturday
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OIC Comment/Review:

I have reviewed the Response to Resistance Report and all reports associated with this incident and found that the use of force was appropriate under the circumstances and within departmental SOP's.


Lt. Begley



MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case #	15-006816	Officer:	Heile, Ryan R	Date:	4/24/2015	Time:	2122	Day:	Friday
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?		Suspect Name:				OIC at time of Incident:			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Flanders, Robert				Lt Boucher			
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 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									
<u>Soft Hand Control</u>			<u>Hard Hand Control</u>			<u>Firearm</u>			
<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	
<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 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"/> Other (describe)			<input type="checkbox"/> Shotgun Used		<input type="checkbox"/> Gas Deployment- OC/CS				
<input checked="" 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If yes, describe below...				
Was medical attention provided?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If yes, describe below...				
Transported to the Elliot Hospital for medical work up									
Describe the effects of the force used on any persons involved, and any decontamination method used if any....									
Stopped Flanders who was suicidal and thought to be holding a knife to his neck from hurting himself									
Officer Information:									
# of officers present: 9			# 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/Location		
Route/Assignment: 2 3/4									
<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: INVOLUTARY EMERGENCY ADMISSION									
Lighting:			<input type="checkbox"/> Daylight		<input type="checkbox"/> Artificial		<input checked="" 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 checked="" type="checkbox"/> Clear		<input type="checkbox"/> Cloudy		<input type="checkbox"/> Rain
Surface Conditions:			<input type="checkbox"/> Flat		<input type="checkbox"/> Incline		<input type="checkbox"/> Decline		<input type="checkbox"/> Wet
			<input type="checkbox"/> Ice/Snow		<input type="checkbox"/> Debris		<input checked="" 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:	
								4/24/15	

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MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 15-006816	Officer Heile, Ryan R	Date: 4/24/2015	Time: 2122	Day: Friday
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OIC Comment/Review:

I have reviewed the Response to Resistance Report and all reports associated with this incident and found that the use of force was appropriate under the circumstances and within departmental SOP's.



Lt Boucher



MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 15-006816 Officer: McDonald, Matthew Date: 4/24/2015 Time: 2122 Day: Friday

Attached Reports: (Check All That Apply)

Incident Report Arrest Report Booking Photo

Was an arrest made? Yes No Suspect Name: flanders, robert OIC at time of Incident: Lt. Boucher

Suspect Information: CHECK ALL THAT APPLY

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

Type of Force Used: CHECK ALL THAT APPLY

<p>Soft Hand Control</p> <input type="checkbox"/> Joint Manipulation <input type="checkbox"/> Pressure Point Control	<p>Hard Hand Control</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>Firearm</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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Secondary Weapon System

 OC
 Baton
 K-9
 Other (describe)
 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...
 Immediate incapacitation. Suspect fell back wards and was no longer a threat to himself.

Officer Information:

of officers present: 6 # of officers injured: 0

Officer description: Uniform Plain Clothes
 Duty Status: On Duty Off Duty On Duty Detail/Location

Route/Assignment: 25c
 Verbal Commands used Before Verbal Commands Used During Verbal Commands Used After

Miscellaneous Information:

Offense/Charge: Involuntary Emergency Admission

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: 04-25-15

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MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 15-006816	Officer McDonald, Matthew	Date: 4/24/2015	Time: 2122	Day: Friday
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OIC Comment/Review:

I have reviewed the Response to Resistance Report and all reports associated with this incident and found that the use of force was appropriate under the circumstances and within departmental SOP's.

Lt. Boucher



MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 15-006795 Officer: Pittman III, James M Date: 4/24/2015 Time: 1805 Day: Friday

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 Parton, Sean D Lt. Boucher

Suspect Information: CHECK ALL THAT APPLY

Armed with a deadly weapon Armed with a non-deadly weapon

Not armed Had been drinking

Impaired or Intoxicated Under the influence of drugs

Agitated prior to police arrival Any disability (describe):

Language barrier (if so, language spoken)

Type of Force Used: CHECK ALL THAT APPLY

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

The takedown was effective, along with the wrist control.

Officer Information:

of officers present: 3 # 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: Simple Assault, 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

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Signature of reporting officer: Reviewed by: Date: 04-24-15



MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 15-006795	Officer: Pittman III, James M	Date: 4/24/2015	Time: 1805	Day: Friday
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OIC Comment/Review:

I have reviewed the Response to Resistance Report and all reports associated with this incident and found that the use of force was appropriate under the circumstances and within departmental SOP's.

Lt. Boucher



MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



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Case #	15-6695	Officer	Battistelli, Anthony D	Date:	4/24/2015	Time:	1130	Day:	Friday
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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: Aaron Cantrell	OIC at time of Incident: Lt. Vincent
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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 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

Soft Hand Control <input checked="" type="checkbox"/> Joint Manipulation <input type="checkbox"/> Pressure Point Control Secondary Weapon System <input type="checkbox"/> OC <input type="checkbox"/> Baton <input type="checkbox"/> K-9 <input type="checkbox"/> Other (describe) <input type="checkbox"/> Taser	Hard Hand Control <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)	Firearm <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 type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	If yes, describe below...
Were any injuries sustained to suspect?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	If yes, describe below...
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....
 Subject pulled away from officers after refusing to take his hands from pockets

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: BR 8 BR13

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

Miscellaneous Information:

Offense/Charge: Resisting arrest, Poss of a Narcotic Drug x3

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: 	Reviewed by: Vincent	Date: 4/24/15
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MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 15-6695	Officer: Battistelli, Anthony D	Date: 4/24/2015	Time: 1130	Day: Friday
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OIC Comment/Review:

I spoke with Officer Battistelli about this incident and then reviewed the reports submitted in relation to this incident and find that Officer Battistelli and Officer Karoul were justified in their use of force in response to Cantrell's resistive behavior. I also find that their use of force was in line with Departmental procedures as well as State statute and therefore no further review is required.

Lt. Vincent



MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case #	15-006653	Officer	Ellston, Clifford A	Date:	4/23/2015	Time:	0322	Day:	Thursday
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Attached Reports: (Check All That Apply)

Incident Report
 Arrest Report
 Booking Photo

Was an arrest made?	Suspect Name:	OIC at time of Incident:
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	McLaughlin, Denis	Sgt. Brown

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 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>Soft Hand Control</p> <input type="checkbox"/> Joint Manipulation <input type="checkbox"/> Pressure Point Control <p>Secondary Weapon System</p> <input type="checkbox"/> OC <input type="checkbox"/> Baton <input type="checkbox"/> K-9 <input type="checkbox"/> Other (describe) <input type="checkbox"/> Taser	<p>Hard Hand Control</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>Firearm</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 type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	If yes, describe below...
Were any injuries sustained to suspect?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	If yes, describe below...
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....
 The arm bar takedown caused the subject to listen to my commands and allowed me to better control his behavior.

Officer Information:

of officers present: 1 # of officers injured: 0

Officer description: Uniform Plain Clothes

Duty Status: On Duty Off Duty On Duty Detail/Locatio

Route/Assignment: 2-1

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

Miscellaneous Information:

Offense/Charge: OUIL/Protective Custody

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:	Reviewed by: <u>SGT. R. Broz 2-6</u>	Date: <u>4/23/15</u>
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MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 15-006653	Officer Ellston, Clifford A	Date: 4/23/2015	Time: 0322	Day: Thursday
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OIC Comment/Review:

I have reviewed the Response to Resistance Report, all reports associated with this incident, as well as the video from booking, and found that the use of force was appropriate under the circumstances and within departmental SOP's.

Sgt. R. Brown - z-6
Sgt. Brown



MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 15-006490	Officer: McGee, Michael J	Date: 4/21/2015	Time: 0223	Day: Tuesday
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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: Ortega, Luis [REDACTED]	OIC at time of Incident: Sgt. Cosio
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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 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

Soft Hand Control <input type="checkbox"/> Joint Manipulation <input type="checkbox"/> Pressure Point Control Secondary Weapon System <input type="checkbox"/> OC <input type="checkbox"/> Baton <input type="checkbox"/> K-9 <input type="checkbox"/> Other (describe) <input type="checkbox"/> Taser	Hard Hand Control <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)	Firearm <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...
Minor scratches to my face around my mouth and neck.		
Were any injuries sustained to suspect?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes, describe below...
Minor scratches to his left wrist and and bruise on his left forearm.		
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....
 After the subject led a pursuit throughout the city he proceeded to allude on foot at which point I caught up to him and tackled him in attempts to arrest him.

Officer Information:

# of officers present: 3	# of officers injured: 1	
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/Location		
Route/Assignment: 2-5		
<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:	
Lighting: <input type="checkbox"/> Daylight <input type="checkbox"/> Artificial <input type="checkbox"/> Low Light <input checked="" type="checkbox"/> Darkness	
Location: <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors	
Weather Conditions: <input type="checkbox"/> Sunny <input type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input checked="" type="checkbox"/> Rain <input type="checkbox"/> Snow	
Surface Conditions: <input checked="" type="checkbox"/> Flat <input type="checkbox"/> Incline <input type="checkbox"/> Decline <input checked="" 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>Michael McGee</i>	Reviewed by: <i>[Signature]</i>	Date: 5/14/15
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212
[Signature]



MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 15-006490	Officer McGee, Michael J	Date: 4/21/2015	Time: 0223	Day: Tuesday
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OIC Comment/Review:

On 4/21/15 I was the OIC on midnight shift and monitoring radio traffic regarding a police pursuit. The pursuit ended on the Westside of town and the subject exited his vehicle and fled on foot. Sgt. Brown ordered the subject to stop several times. Officers Bifsha, McGee and Sgt. Brown gave chase. As the subject headed into the woodline behind 242 Lafayette St. Officer McGee was able to tackle the subject to the ground. The three officers involved struggled to handcuff subject who continued to resist arrest. On this date I reviewed the Response to resistance form and police reports. Based on that information it appears Officer McGee used the appropriate force necessary when making the arrest.

B. E. — 212
COSIO



MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 15-006333	Officer: Murphy, Darren N	Date: 4/18/2015	Time: 1125	Day: Saturday
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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: Jackson, Ralph	OIC at time of Incident: Lt. Vincent
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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

Soft Hand Control <input type="checkbox"/> Joint Manipulation <input type="checkbox"/> Pressure Point Control Secondary Weapon System <input type="checkbox"/> OC <input type="checkbox"/> Baton <input type="checkbox"/> K-9 <input type="checkbox"/> Other (describe) <input checked="" type="checkbox"/> Taser	Hard Hand Control <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)	Firearm <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...

Suspect refused medical

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

Suspect attempted to flee from a violent domestic assault, taser deployed during foot pursuit, suspect refusing commands to stop and show hands, one prong did not make full contact and only jolted the suspect as the prong got hung up in his baggy clothes

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

Miscellaneous Information

Offense/Charge: Domestic Simple Assault, 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 fences

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: 4-18-15



MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 15-006333	Officer Murphy, Darren N	Date: 4/18/2015	Time: 1125	Day: Saturday
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OIC Comment/Review:

I reviewed all the reports associated with this incident and spoke with all the Officers involved and find that Officer Murphy complied with State Statute and Departmental Procedures. The suspect was just involved in a violent attack against his girlfriend and he took flight upon Officers' arrival. As he was attempting to find an escape route out of a yard Officer Murphy deployed his tazer but the contact was ineffective in that the prongs made contact with his shoulder/arm and not his center mass. Although Officer Murphy describes the tazer deployment as during a foot pursuit he indicated that the subject was not actively running when he deployed the tazer since he had just gone over a fence and had stopped briefly as he was trying to determine his next avenue of escape. Officer Murphy took advantage of the suspect's pause to deploy the tazer but due to the locations of the prongs the suspect was able to continue his flight. Suspect appears to have a laceration to his nose and Officer Murphy indicated that this injury was not inflicted by the use of the tazer or from any action of the Officers involved, rather he feels that the suspect received this injury during his flight while running through bushes, shrubs, and over fences. No further review necessary.

Lt. Vincent



MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case #	15-006333	Officer	Ryan, Joseph F	Date:	4/18/2015	Time:	1125	Day:	Saturday
Attached Reports: (Check All That Apply)									
<input checked="" type="checkbox"/> Incident Report			<input checked="" type="checkbox"/> Arrest Report			<input checked="" type="checkbox"/> Booking Photo			
Was an arrest made?		Suspect Name:				OIC at time of Incident:			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Ralph Jackson				Lt. Vincent			
Suspect Information: CHECK ALL THAT APPLY									
<input type="checkbox"/> Armed with a deadly weapon <input checked="" type="checkbox"/> Not armed <input checked="" type="checkbox"/> Impaired or Intoxicated <input checked="" type="checkbox"/> Agitated prior to police arrival <input type="checkbox"/> Language barrier (if so, language spoken)					<input type="checkbox"/> Armed with a non-deadly weapon <input type="checkbox"/> Had been drinking <input checked="" type="checkbox"/> Under the influence of drugs <input type="checkbox"/> Any disability (describe):				
Type of Force Used: CHECK ALL THAT APPLY									
<u>Soft Hand Control</u>			<u>Hard Hand Control</u>			<u>Firearm</u>			
<input type="checkbox"/> Joint Manipulation <input type="checkbox"/> Pressure Point Control			<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)			<input checked="" 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			
<u>Secondary Weapon System</u>									
<input type="checkbox"/> OC <input type="checkbox"/> Baton <input type="checkbox"/> K-9 <input type="checkbox"/> Other (describe) <input type="checkbox"/> Taser						<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			
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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If yes, describe below...		
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....									
Subject involved in foot pursuit, taser had been deployed with negligible effect. Subject ordered to the ground at gunpoint, Complied reluctantly and was taken into custody without any further resistance.									
Officer Information:									
# of officers present 3			# 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/Location			
Route/Assignment: 11B									
<input 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: Simple Assault (domestic), Resisting Detention									
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 checked="" type="checkbox"/> Sunny		<input 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 checked="" type="checkbox"/> Other mixed terrain	
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>Joseph F Ryan</i>				Reviewed by: <i>Vincent</i>			Date: <i>04/19/15</i>		

(C-1) *PHWA-2*



MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 15-006333	Officer Ryan, Joseph F	Date: 4/18/2015	Time: 1125	Day: Saturday
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OIC Comment/Review:

I reviewed all the reports associated with this incident and spoke with all the Officers involved and find that Officer Ryan complied with State Statute and Departmental Procedures. The suspect was just involved in a violent attack against his girlfriend and he took flight upon Officers' arrival. Officer Murphy and Sergeant Biron pursued the subject through several yards and over several fences. Officer Murphy attempted to use his tazer on the subject but it was ineffective and the subject continued his flight from apprehension. The subject eventually circled back to the area of the original call where Officer Ryan observed him. Officer Ryan deployed his firearm and ordered the subject to the ground at gunpoint, which was effective.

Suspect appears to have a laceration to his nose and Officer Murphy indicated that this injury was not inflicted by any action of the Officers involved, rather he feels that the suspect received this injury during his flight while running through bushes, shrubs, and over fences.

No further review necessary.

Lt. Vincent



MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 15-006175 Officer: McGee, Michael J Date: 4/16/2015 Time: 0653 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 Cohen, Ira Lt. Vincent

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 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>Soft Hand Control</p> <input type="checkbox"/> Joint Manipulation <input type="checkbox"/> Pressure Point Control <p>Secondary Weapon System</p> <input type="checkbox"/> OC <input type="checkbox"/> Baton <input type="checkbox"/> K-9 <input type="checkbox"/> Other (describe) <input type="checkbox"/> Taser	<p>Hard Hand Control</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>Firearm</p> <input checked="" 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...
 Claims his left knee sustained a scrape when he was being detained on the pavement.

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....
 I watched the suspect take the revolver out of his pocket and I deployed my firearm. The suspect immediately complied with my demands to drop the weapon and get on the ground.

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

Route/Assignment: 2-5
 Verbal Commands used Before Verbal Commands Used During Verbal Commands Used After

Miscellaneous Information

Offense/Charge: 631:1 First Degree Assault, 264:25 Conduct After Accident

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: *Vincent* Date: 4/17/15

(C-1) (OC)



MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 15-006175	Officer McGee, Michael J	Date: 4/16/2015	Time: 0653	Day: Thursday
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OIC Comment/Review:

Officer McGee's use of force in response to this incident was appropriate and allowed under policy and state statute. No further review necessary.

Lt. Vincent



MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 15-005945 Officer: Feather, Derek A Date: 4/12/2015 Time: 2120 Day: Sunday

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 John Robinson Sgt Biron

Suspect Information: CHECK ALL THAT APPLY

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

Type of Force Used: CHECK ALL THAT APPLY

<p>Soft Hand Control</p> <input type="checkbox"/> Joint Manipulation <input type="checkbox"/> Pressure Point Control	<p>Hard Hand Control</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>Firearm</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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Secondary Weapon System

 OC
 Baton
 K-9
 Other (describe)
 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...

Refused

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

Once the taser was deployed I was able to effect the arrest

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: 26-C

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

Miscellaneous Information:

Offense/Charge: Resisting, DOC, Simple 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: _____ Reviewed by: *CLP RB* Date: 04-13-15

FWAZ *CT*



MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 15-005945	Officer Feather, Derek A	Date: 4/12/2015	Time: 2120	Day: Sunday
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OIC Comment/Review:

I have reviewed the written report of this incident, and have spoken with the officer involved. The officer acted within the policy of the Manchester Police Department in the deployment of his Taser X2 in response to a subject that was showing signs of active aggression in his attempts to resist officers attempts at affecting an arrest.


Sgt Biron



MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 15-005842	Officer: Healy, Cody D	Date: 4/10/2015	Time: 2341	Day: Friday
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Attached Reports: (Check All That Apply)

Incident Report
 Arrest Report
 Booking Photo

Was an arrest made? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Suspect Name: Santiago, Antonio	OIC at time of Incident: LT. Begley
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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 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

Soft Hand Control <input type="checkbox"/> Joint Manipulation <input type="checkbox"/> Pressure Point Control Secondary Weapon System <input type="checkbox"/> OC <input type="checkbox"/> Baton <input type="checkbox"/> K-9 <input type="checkbox"/> Other (describe) <input type="checkbox"/> Taser	Hard Hand Control <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)	Firearm <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...

Santiago was transported to the Elliot ER for IEA evaluation

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

Santiago was placed in the prone position for the safety of himself and the Officers around.

Officer Information:

of officers present 5 # of officers injured: 0

Officer description: Uniform Plain Clothes

Duty Status: On Duty Off Duty On Duty Detail/Locatio

Route/Assignment: 3-2A

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

Miscellaneous Information:

Offense/Charge: 135-C IEA / 644:8 Cruelty to Animals

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>Cody Healy #7</i>	Reviewed by: <i>[Signature]</i>	Date: <i>4-23-15</i>
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CFWA-2 *(C-1)*



MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 15-005842	Officer: Healy, Cody D	Date: 4/10/2015	Time: 2341	Day: Friday
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OIC Comment/Review:

I have reviewed the Response to Resistance Report and all reports associated with this incident, as well as speaking with the on scene sergeant (SGT Brown), and found that the use of force was appropriate under the circumstances and within the departmental SOP's.



LT. Begley



MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case #	15-005726	Officer:	Boylan, Peter T	Date:	4/9/2015	Time:	1515	Day:	Thursday
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Attached Reports: (Check All That Apply)

Incident Report
 Arrest Report
 Booking Photo

Was an arrest made?	Suspect Name:	OIC at time of Incident:
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Chandler, April	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 checked="" 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

Soft Hand Control <input type="checkbox"/> Joint Manipulation <input type="checkbox"/> Pressure Point Control Secondary Weapon System <input type="checkbox"/> OC <input type="checkbox"/> Baton <input type="checkbox"/> K-9 <input type="checkbox"/> Other (describe) <input checked="" type="checkbox"/> Taser	Hard Hand Control <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)	Firearm <input type="checkbox"/> Handgun Deployed <input type="checkbox"/> Less Lethal- 12 Ga- Deployed <input type="checkbox"/> Handgun Used <input type="checkbox"/> Less Lethal- 12 Ga- Used <input type="checkbox"/> Rifle Deployed <input type="checkbox"/> Less Lethal- 40 mm- Deployed <input type="checkbox"/> Rifle Used <input type="checkbox"/> Less Lethal- 40 mm- Used <input type="checkbox"/> Shotgun Deployed <input type="checkbox"/> Noise Flash Device <input type="checkbox"/> Shotgun Used <input type="checkbox"/> Gas Deployment- OC/CS
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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 type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	If yes, describe below...
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....
 A drive stun was applied when suspect attempted to kick at Officer Brown during booking

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: Wagon/Day Shift

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

Miscellaneous Information:

Offense/Charge: Criminal Trespass & 72 hr Probation hold

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: <u>04-09-15</u>
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PKW A-2

(C1)



MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 15-005726	Officer: Boylan, Peter T	Date: 4/9/2015	Time: 1515	Day: Thursday
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OIC Comment/Review:

I have reviewed the Response to Resistance Report and all reports associated with this incident. I also reviewed the video footage from the booking area and found that the use of force was appropriate under the circumstances and within departmental SOP's.

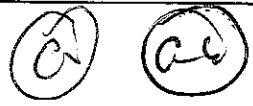
Boucher



MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case #	15-005677	Officer	Daly, Kyle R	Date:	4/8/2015	Time:	1638	Day:	Wednesday	
Attached Reports: (Check All That Apply)										
<input checked="" type="checkbox"/> Incident Report			<input checked="" type="checkbox"/> Arrest Report			<input checked="" type="checkbox"/> Booking Photo				
Was an arrest made?		Suspect Name:				OIC at time of Incident:				
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Belle, Decourcey Rayshawn				Lt. 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 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										
<u>Soft Hand Control</u>			<u>Hard Hand Control</u>			<u>Firearm</u>				
<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		
<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 checked="" type="checkbox"/> Other (describe)			<input type="checkbox"/> Shotgun Deployed		<input type="checkbox"/> Noise Flash Device		
<input type="checkbox"/> K-9			Tackle			<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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If yes, describe below...				
minor scrapes on hands, knees, elbows										
Were any injuries sustained to suspect?				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If yes, describe below...				
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....										
Immediate Compliance										
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 type="checkbox"/> On Duty Detail/Location							
Route/Assignment: 1-4										
<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: Habitual Offender, Resisting Arrest										
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 type="checkbox"/> Cloudy <input type="checkbox"/> Rain <input checked="" type="checkbox"/> Snow							
Surface Conditions:			<input checked="" type="checkbox"/> Flat <input type="checkbox"/> Incline <input type="checkbox"/> Decline <input checked="" type="checkbox"/> Wet <input type="checkbox"/> Dry							
<input type="checkbox"/> Ice/Snow <input type="checkbox"/> Debris <input checked="" 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:			
<i>[Signature]</i> 172				<i>[Signature]</i>			04/08/15			





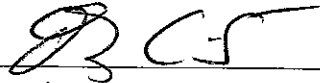
MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 15-005677	Officer Daly, Kyle R	Date: 4/8/2015	Time: 1638	Day: Wednesday
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OIC Comment/Review:

I have reviewed the Response to Resistance Report and all reports associated with this incident and found that the use of force was appropriate under the circumstances and within departmental SOP's.



Lt. Boucher



MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 15-005558 Officer Labbe, David S Date: 4/6/2015 Time: 2016 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 Antonia Waugh [REDACTED] LT 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 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

Soft Hand Control	Hard Hand Control	Firearm	
<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
Secondary Weapon System	<input type="checkbox"/> Knee Strike	<input type="checkbox"/> Rifle Deployed	<input type="checkbox"/> Less Lethal- 40 mm- Deployed
<input type="checkbox"/> OC	<input 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....

Rolled subject over to her stomach and forced her hands behind her back to be cuffed.

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: 3-2

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: *[Signature]* Reviewed by: *[Signature]* Date: 4/6/15




MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 15-005558	Officer: Labbe, David S	Date: 4/6/2015	Time: 2016	Day: Monday
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OIC Comment/Review:

I have reviewed the Response to Resistance Report and all reports associated with this incident and found that the use of force was appropriate under the circumstances and within departmental SOP's.



LT Boucher



MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case #	15-5384	Officer:	Youngs, Raymond R	Date:	4/3/2015	Time:	1900	Day:	Friday		
Attached Reports: (Check All That Apply)											
<input checked="" type="checkbox"/> Incident Report			<input checked="" type="checkbox"/> Arrest Report			<input checked="" type="checkbox"/> Booking Photo					
Was an arrest made?		Suspect Name:				OIC at time of Incident:					
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Christopher McCall				LT Boucher					
Suspect Information: CHECK ALL THAT APPLY											
<input type="checkbox"/> Armed with a deadly weapon <input checked="" type="checkbox"/> Not armed <input checked="" type="checkbox"/> Impaired or Intoxicated <input checked="" type="checkbox"/> Agitated prior to police arrival <input type="checkbox"/> Language barrier (if so, language spoken)					<input type="checkbox"/> Armed with a non-deadly weapon <input checked="" type="checkbox"/> Had been drinking <input type="checkbox"/> Under the influence of drugs <input type="checkbox"/> Any disability (describe):						
Type of Force Used: CHECK ALL THAT APPLY											
<u>Soft Hand Control</u>			<u>Hard Hand Control</u>			<u>Firearm</u>					
<input type="checkbox"/> Joint Manipulation <input type="checkbox"/> Pressure Point Control			<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)			<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	
<u>Secondary Weapon System</u>											
<input type="checkbox"/> OC <input type="checkbox"/> Baton <input type="checkbox"/> K-9 <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...					
cut on lip -small- looked like may have bit it as went to ground											
Was medical attention provided?				<input checked="" type="checkbox"/> Yes <input 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...											
We were able to handcuff suspect.											
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 checked="" type="checkbox"/> On Duty		<input type="checkbox"/> Off Duty		<input checked="" type="checkbox"/> On Duty Detail/Location Queen City near railroad t					
Route/Assignment: 3-4											
<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: Resisting detention and protective custody											
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 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:				Reviewed by:				Date:			
								3 April 2015			

C-1 OFD A-2



MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 15-5384	Officer Youngs, Raymond R	Date: 4/3/2015	Time: 1900	Day: Friday
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OIC Comment/Review:

I have reviewed the Response to Resistance Report and all reports associated with this incident and found that the use of force was appropriate under the circumstances and within departmental SOP's.



LT Boucher



MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 15-005274	Officer: O'Connor, Matthew W	Date: 4/2/2015	Time: 0613	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: Wheeler, Timothy	OIC at time of Incident: Sgt. Cosio
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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 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

Soft Hand Control <input type="checkbox"/> Joint Manipulation <input type="checkbox"/> Pressure Point Control Secondary Weapon System <input type="checkbox"/> OC <input type="checkbox"/> Baton <input type="checkbox"/> K-9 <input type="checkbox"/> Other (describe) <input checked="" type="checkbox"/> Taser	Hard Hand Control <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)	Firearm <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....

Both Taser cartridges were deployed to the back but were not effective. Suspect was than taking to the ground, two probes were located in the clothing, did not appear they made contact with the skin.

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

Route/Assignment:
 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>[Signature]</i> 152	Reviewed by: <i>[Signature]</i> 212	Date: 4/2/15
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RFVA 2 *CV*



MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 15-005274	Officer O'Connor, Matthew W	Date: 4/2/2015	Time: 0613	Day: Thursday
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OIC Comment/Review:

On 04/02/2015 I was the officer in charge on the midnight shift. As part of my duties I reviewed a report and arrest affidavit submitted by Officer Matthew O'Connor in which he deployed his taser during the arrest. According to Officer O'Connors report, the suspect had committed several crimes and was actively resisting at the time of the deployment. Subject was known to Officer O'Connor and he observed suspect was in possession of a knife. The taser was ineffective due to the fact the probes did not make contact with the subjects skin because of layered clothing. Upon review of the incident it appears that Officer O'Connor was justified in deployment of his taser given the totality of the circumstances and adhered to department policy regarding use of force. NFI.

RC-2-12
Sgt. Cosio