



MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 17-5343	Officer: Linstad	Date: 14-April-2017	Time: 0600	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 type="checkbox"/> No	Suspect Name: <p style="text-align: right;">George Sebastian</p>
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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 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>Hard Hand Control</p> <input type="checkbox"/> Open Hand Strike <input type="checkbox"/> Kick <input type="checkbox"/> Knee Strike <input type="checkbox"/> Take Down	<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 Gauge- Deployed <input type="checkbox"/> Less Lethal- 12 Gauge- Used <input type="checkbox"/> Less Lethal- 40 mm- Deployed <input type="checkbox"/> Less Lethal- 40 mm- Used <input checked="" 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) Forearm Push
 Taser

Were any injuries sustained? 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....
NONE

Officer Information:

of officers present: 2 # of officers injured: 0

Officer description: Uniform Plain Clothes

Duty Status: On Duty Off Duty On Duty Detail

Route/Assignment:

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

Miscellaneous Information:

Offense/Charge:

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"/> 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 White notes and forwarded to the Training Director.

Signature of reporting officer: 	Reviewed by: 	Date: 14 April 2017
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MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case #	17-005343	Officer	Linstad, Nathan R	Date:	4/14/2017	Time:	0600	Day:	Friday
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OIC Comment/Review:

Upon reviewing the reports, supplementals and the Operation Order I concur that the response to resistance is with accepted department policies and procedures. RWB Z-13

Richard W. Brennan 2-13
RWB



MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 17-006401 Officer: Biron, Christopher R Date: 4/30/2017 Time: 1640 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 Johaly Maria [REDACTED] Sgt C Biron

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><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...

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....
 Take down used in effort to control subject resisting detention. Take down was effective in controlling his movement

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:

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

Miscellaneous Information:

Offense/Charge: Resisting/Assault/DOC

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: 05/07/17



MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 17-006401	Officer Biron, Christopher R	Date: 4/30/2017	Time: 1640	Day: Sunday
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OIC Comment/Review:

I have reviewed Sgt. Biron's Response to Resistance Report, his incident report and I have spoke to him in regards to this incident. Based on the information presented to me I conclude that the use of force was justified and within policy.

Joseph Mucci
~~Sgt. Biron~~ Lt. Mucci 05-07-17
SML CS



MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case #	17-006317	Officer	Gagne, Tyler J	Date:	4/29/2017	Time:	0332	Day:	Saturday		
Attached Reports: (Check All That Apply)											
<input 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		Rosado, Jesus [REDACTED]				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 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											
<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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If yes, describe below...					
Suspect was hit with four taser probes.											
Was medical attention provided?				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If yes, describe below...					
Suspect was transported to CMC by AMR for complications of drug use (acid) and taser probe injuries.											
Describe the effects of the force used on any persons involved, and any decontamination method used if any....											
Multiple calls ref suspect in the street yelling; upon seeing me suspect took a fighting stance, yelled "Fuck you nigger" and charged at me. Suspect was tased and went to the ground but refused to comply with verbal commands and remained combative.											
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/Location		
Route/Assignment:			1-3A			<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: Disorderly Conduct and Resisting Arrest or Detention											
Lighting:			<input type="checkbox"/> Daylight			<input checked="" 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 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:				Reviewed by:				Date:		4-30-17	

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MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 17-006317	Officer Gagne, Tyler J	Date: 4/29/2017	Time: 0332	Day: Saturday
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OIC Comment/Review:

I spoke with Officer Gagne about this incident the night it occurred. I have also 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. Brown

SMC5



MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case #	17-006000	Officer	Beland, Adam R	Date:	4/24/2017	Time:	1254	Day:	Monday
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		GASHINGANTAHE, ANTONY				Sgt. Brennan			
Suspect Information: CHECK ALL THAT APPLY									
<input type="checkbox"/> Armed with a deadly weapon <input checked="" type="checkbox"/> Not armed <input type="checkbox"/> Impaired or Intoxicated <input 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 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			
<u>Secondary Weapon System</u>						<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			
<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 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...									
Desired effect and immediate compliance									
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/Location			
Route/Assignment:		2-1B		<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: Burglary, 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 checked="" 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 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:	
<i>[Signature]</i> #182				<i>[Signature]</i> Richard W Brennan				4/29/17	

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MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 17-006000	Officer Beland, Adam R	Date: 4/24/2017	Time: 1254	Day: Monday
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OIC Comment/Review:

Upon reviewing reports, affidavits, Operations Order and Officers statements, the Use of Force was in accordance with NH RSA's, City Ordinances and department SOP's. Z-13 RWB

 2-13
Sgt. Brennan



MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 17-005932 Officer: Rahill, Max E Date: 4/22/2017 Time: 0319 Day: Saturday

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 Scott Kosterow [REDACTED] 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 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> <p><input type="checkbox"/> Joint Manipulation</p> <p><input checked="" 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> |
|--|---|--|

Injury Information:

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

Oc Makara suffered a knee injury while on the ground with the subject

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

Subject had small lacerations on his lower back from the handcuffs and marks on his upper back from the altercation

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....

SCOTT was transitioned to the ground and a pressure point was used to try to gain control of him.

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: 2-2

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

Miscellaneous Information:

Offense/Charge: Criminal Threatening, Simple Assault on PO, Resisting Arrest (x2)

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]* #148 Reviewed by: *[Signature]* R. Boz 2-6 Date: 4/22/17

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MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 17-005932	Officer Rahill, Max E	Date: 4/22/2017	Time: 0319	Day: Saturday
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OIC Comment/Review:

I spoke with Officer Rahill and Officer Makara about this incident the night it occurred. I have also 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 2-6
Sgt Brown CS



MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 17-005682	Officer: Boylan, Peter T	Date: 4/18/2017	Time: 0856	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: Steven Montanez	OIC at time of incident: Brennan
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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

<u>Soft Hand Control</u> <input type="checkbox"/> Joint Manipulation <input type="checkbox"/> Pressure Point Control <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	<u>Hard Hand Control</u> <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)	<u>Firearm</u> <input checked="" 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....

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:

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: 4/18/17
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MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 17-005682	Officer Boylan, Peter T	Date: 4/18/2017	Time: 0856	Day: Tuesday
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OIC Comment/Review:

Upon reviewing the Officers reports, radio transmissions, department policies and SOP's the Response to Resistance is appropriate for this incident. RWB Z-13

Richard W Brennan 2-13
Brennan
Sgt CS



MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 17-005419 Officer Finn, Casey Date: 4/13/2017 Time: 1738 Day: Thursday

Attached Reports: (Check All That Apply)

Incident Report Arrest Report Booking Photo

Was an arrest made?
 Yes No

Suspect Name:
Burke, Dennis

OIC at time of Incident:
Lt. Mucci

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><u>Soft Hand Control</u></p> <input type="checkbox"/> Joint Manipulation <input type="checkbox"/> Pressure Point Control	<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
<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			

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 pulled away from me and attempted to turn into me. Applied arm bar take down. Subject resisted for several seconds until handcuffs were able to be applied.

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:

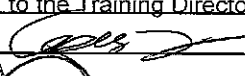
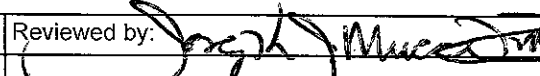
Lighting: Daylight Artificial Low Light Darkness

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: 04/14/17



MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 17-005419	Officer Finn, Casey	Date: 4/13/2017	Time: 1738	Day: Thursday
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OIC Comment/Review:

I have reviewed Officer Finn's Response to Resistance Report as well as his incident report. Based on the information presente to me I conclude that the use of force was justified and within policy.

Joseph J. Mucci
Lt. Mucci
04-14-17
C-3



MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 17-005247 Officer Tucker, Joseph M Date: 4/10/2017 Time: 1730 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 Styfus Green Lt. Mucci

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 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 checked="" 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 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....

Drive Stun administered due to subject actively fighting with Officer's and refusing to comply with commands.

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:

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

Miscellaneous Information:

Offense/Charge: Simple Assault, DOC, Resisting, Obstructing Government Administration

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: 0501-17

[Handwritten initials and marks]



MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 17-005247	Officer Tucker, Joseph M	Date: 4/10/2017	Time: 1730	Day: Monday
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OIC Comment/Review:

I have reviewed Officer Tuckers Response to Resistance, his incident report and viewed the booking video of this incident. Based on the information presented to me I conclude that the use of force was justified.

Joseph J. Mucciolo
Lt. Mucciolo
05/01/17
Shel CS



MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 17-005419	Officer: Gillotte, Brian M	Date: 4/13/2017	Time: 1854	Day: Thursday
Attached Reports: (Check All That Apply)				
<input checked="" type="checkbox"/> Incident Report		<input checked="" type="checkbox"/> Arrest Report		<input type="checkbox"/> Booking Photo
Was an arrest made? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Suspect Name: Dennis Burke	OIC at time of Incident: Lt. Mucci		
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				
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	
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...				
I was struck in the face, I grabbed him and brought him to the ground where I was able to handcuff him to prevent further assaults.				
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:		<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 checked="" type="checkbox"/> Daylight	<input 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 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>Brian M. Gillotte</i>		Reviewed by: <i>Joseph J. Mucci</i>		Date: 04-19-17

A-2



MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 17-005419	Officer Gillotte, Brian M	Date: 4/13/2017	Time: 1854	Day: Thursday
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OIC Comment/Review:

I have reviewed Officer Gillotte's Response to Resistance form, his incident report, the booking video and spoke to him about this incident. Based on the information presented to me I conclude that the use of force was justified and within policy.

Joseph J. Mucci
Lt. Mucci
04-19-17
C-3



MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 17-005358	Officer: Irwin, Stephen C	Date: 4/12/2017	Time: 1830	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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Suspect Name: McCarty, Justin		OIC at time of Incident: Sgt. Biron	
Suspect Information: CHECK ALL THAT APPLY				
<input type="checkbox"/> Armed with a deadly weapon	<input checked="" type="checkbox"/> Not armed	<input type="checkbox"/> Impaired or Intoxicated	<input 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 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 checked="" 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
<u>Secondary Weapon System</u>		<input checked="" type="checkbox"/> Take Down	<input type="checkbox"/> Other (describe)	
<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"/> Handgun Deployed	<input type="checkbox"/> Handgun Used	<input type="checkbox"/> Rifle Deployed	<input type="checkbox"/> Rifle Used
<input type="checkbox"/> Shot Deployed	<input type="checkbox"/> Shot Deployed	<input type="checkbox"/> Shot Deployed	<input type="checkbox"/> Shot Deployed	<input type="checkbox"/> Shot Deployed
<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		
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...	
Right shoulder injury, CMC advised prior injury				
Was medical attention provided?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes, describe below...	
ER				
Describe the effects of the force used on any persons involved, and any decontamination method used if any....				
Control Tactics of Suspects hands, Used take down to apply hand cuffs				
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:		<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 checked="" type="checkbox"/> Artificial	<input type="checkbox"/> Low Light <input type="checkbox"/> Darkness
Location:		<input checked="" 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 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>Stephen C Irwin #176</i>		Reviewed by: <i>[Signature]</i>		Date: 04-18-17





MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 17-005358	Officer Irwin, Stephen C	Date: 4/12/2017	Time: 1830	Day: Wednesday
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OIC Comment/Review:

I reviewed this report and found that Ofc Irwin's use of a take down/joint manipulation in order to control a combative subject was both reasonable and within department policy.

Sgt. Biron

C-3



MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 17-5337 Officer: Duchesne, Jonathan M Date: 4/12/2017 Time: 1455 Day: Wednesday

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 Radwan, Ryan [REDACTED] Sgt. Biron

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>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 checked="" 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
<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			

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...

Subject did not advise of any injuries nor requested medical attention.

Describe the effects of the force used on any persons involved, and any decontamination method used if any....
 Non-compliant subject who was attempting to conceal drugs. Subject struggled to pull away. I went to deliver a knee strike to subjects upper body however during the struggle the subject received the knee strike to the facial area.

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:
 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]* D21 Reviewed by: *[Signature]* Date: 04/12/17

A-2




MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 17-5337	Officer Duchesne, Jonathan M	Date: 4/12/2017	Time: 1455	Day: Wednesday
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OIC Comment/Review:

I spoke with Detective Duchesne as well as reviewing the reports associated with this use of force. Detective Duchesne's use of a knee strike while encountering a non-compliant suspect who was concealing an item in his clenched fist while pulling away from officers and trying to either discard or utilize the item was reasonable. Detective Duchesne deployed a knee strike to the mid section, however the suspect began to lean forward and the knee strike landed in the facial region. According to Detective Duchesne the strike was not targeted at the suspect's face and the situation was dynamic and evolving at the time the strike was delivered. One strike was effective in disabling the suspect and gaining control of both his resistance and preventing the suspect from disposing or utilizing what was concealed in his clenched hand. Therefore, I found that Detective Duchesne's use of a knee strike was reasonable and within policy.



Sgt. Biron

C-5



MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case #	17-005154	Officer	Hondros, Alexandros C	Date:	4/9/2017	Time:	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: GUTIERREZ, RAYMOND	OIC at time of Incident: Mangone
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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...

Raymond sustained a small cut to his left hand.

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....

Found male in vehicle intoxicated, refused to step out, attempted to drive away. Pulled male out of vehicle.

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:

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: 4/9/17
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MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 17-005154	Officer Hondros, Alexandros C	Date: 4/9/2017	Time:	Day: Sunday
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OIC Comment/Review:

I reviewed the report and spoke to Ofc. Hondros. The use of force by the officer was appropriate given the circumstances and that the driver of the vehicle would not respond to commands. NFI


Mangone

L-7
C-3



MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 17-005249 Officer: Harrington, Mark E Date: 4/10/2017 Time: 1815 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 David Stubbs Lt Mucci

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

Soft Hand Control	Hard Hand Control	Firearm	
<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
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 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...

Suspect incurred a small laceration just above the hair line on his head.

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

Suspect refused medical attention from AMR in booking, but was refused admission to VSJ so he was brought to the Elliot.

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

The takedown of the suspect got him into a prone position on the ground which made it much easier to control his actions and gain control of his hands.

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:

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: 4-10-17



MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 17-005249	Officer Harrington, Mark E	Date: 4/10/2017	Time: 1815	Day: Monday
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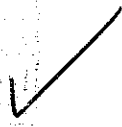
OIC Comment/Review:

I have reviewed Officer Harrington's Response to Resistance Report, his incident report and have spoken with him in regards to this incident. Based on the information presented to me I conclude that the use of force was justified and within policy.

Joseph J. Mucci
Lt Mucci
04-14-17
C-3



MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 17-5153 Officer Cunningham, Christophe Date: 4/9/2017 Time: 1112 Day: Sunday

Attached Reports: (Check All That Apply)

Incident Report Arrest Report Booking Photo

Was an arrest made? Suspect Name:

Yes No Alaric Tucker

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 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...

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...

Pointed handgun at suspect and ordered to put hands in air. Orders ignored. Officer Foster used takedown Method. That was successful.

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:

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: *4/10/17*





MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 17-5153	Officer Cunningham, Christophe	Date: 4/9/2017	Time: 1112	Day: Sunday
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OIC Comment/Review:

I reviewed this incident and spoke with Officer Cunningham following the incident and find that he deployed his firearm when faced with a hostile and aggressive suspect but Officer Cunningham judged the situation correctly and did not use deadly when the suspect ignored his orders. The physical take down that was ultimately performed on the suspect was an appropriate response to his resistive behavior.
No further review of this incident is necessary.

[Handwritten signature]

JSC-3



MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 17-5087 Officer: Vogler, Neal D Date: 4/7/2017 Time: 2015 Day: Friday

Attached Reports: (Check All That Apply)

Incident Report Arrest Report Booking Photo

Was an arrest made?
 Yes No

Suspect Name: _____

OIC at time of Incident:
Lt. Mucci

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 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 type="checkbox"/> Handgun Deployed
<input checked="" 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 |
|--|---|---|---|

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...
2 rounds to euthanise deer

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: *Neal D. Vogler* Reviewed by: *Joseph Mucci* Date: 04/08/17



MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 17-5087 Officer: Biron, Christopher R Date: 4/7/2017 Time: 2020 Day: Friday

Attached Reports: (Check All That Apply)

Incident Report Arrest Report Booking Photo

Was an arrest made?
 Yes No

Suspect Name:
N/A

OIC at time of Incident:
Lt Mucci

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 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 type="checkbox"/> Take Down
<input type="checkbox"/> Other (describe) | <p><u>Firearm</u></p> <input type="checkbox"/> Handgun Deployed
<input checked="" 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 |
|--|---|--|

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...
1 round from duty pistol (9mm) euthanized injured deer

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:

Lighting: Daylight Artificial Low Light Darkness

Location: Indoors Outdoors

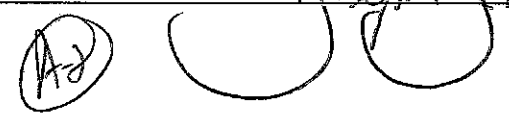
Weather Conditions Sunny Clear Cloudy Rain Snow

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: 04/08/17





MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 17-5087	Officer Vogler, Neal D	Date: 4/7/2017	Time: 2015	Day: Friday
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OIC Comment/Review:

I have reviewed both Sergeant Biron's and ACO Vogler's reports and have spoken to both in regards to this incident. Based on the information provided to me I conclude that their use of force was justified and within policy.

Joseph J. Mucco
Lt. Mucco
04-08-17
CJ



MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 17-5126	Officer Boyton, Ryan	Date: 4/8/2017	Time: 1730	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: Nathan Holmquist	OIC at time of Incident: Lt Mucci
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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 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 checked="" type="checkbox"/> Other (describe) Closed hand strike	<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...

Minor cuts and abrasions to the facial area.

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

AMR responded to HQ, utilized a small band aid over the right eye.

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

Knee strike allowed officers to gain control of right hand and closed hand strike allowed officers to gain control of left hand.

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:

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>Ryan Boyton</i>	Reviewed by: <i>Joseph Mucci</i>	Date: <i>04/09/17</i>
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MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 17-5126 Officer: Harrington, Mark E Date: 4/8/2017 Time: 1730 Day: Saturday

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 Nathan Holmquist Lt Mucci

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 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 checked="" type="checkbox"/> Knee Strike</p> <p><input 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...

Minor cuts and abrasions to the facial area.

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

AMR responded to HQ, utilized a small band aid over the right eye and medically cleared Holmquist.

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

The right knee strike that was deployed gained the necessary compliance to eventually gain control of the subjects arm.

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:

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: *[Signature]*



MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 17-5126	Officer Boyton, Ryan	Date: 4/8/2017	Time: 1730	Day: Saturday
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OIC Comment/Review:

I have reviewed both Officer Harrington's and Officer Boyton's Response to Resistance Reports as well as the incident report. I also spoke to both Officers in regards to this incident. Based on the information presented to me I conclude that the use of force was justified and within policy.

Joseph Mucci
Lt Mucci
04-09-17
C-3



MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 17-5074	Officer: Olsen, Ryan P	Date: 4/7/2017	Time: 1630	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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Suspect Name: Potvin, Eric	OIC at time of Incident: Lt. Mucci		
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 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 checked="" 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 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...		
Facial abrasions				
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.... Potvin was transitioned to the ground after numerous verbal commands to stop pulling away. Potvin suffered facial abrasions				
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:	<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: Possession Of A Controlled Drug x4 (B Fel). Resisting Arrest/Detention x2. Falsifying Physical Evidence x1.				
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>Ryan Olsen #59</i>		Reviewed by: <i>Joseph Mucci</i>		Date: <i>4/9/17</i>



MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case #	17-005074	Officer	Fierimonte, Jeffrey P	Date:	4/7/2017	Time:	1921	Day:	Friday
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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	Potvin, Eric	Lt. Mucci

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 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?	<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 takedown allowed us to place handcuffs on the suspect.

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:	<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 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 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:	Reviewed by:	Date:
		04/08/17



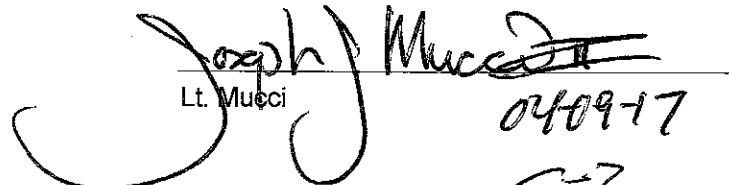
MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 17-5074	Officer Olsen, Ryan P	Date: 4/7/2017	Time: 1630	Day: Friday
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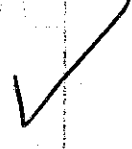
OIC Comment/Review:

I have reviewed the Response to Resistance Forms as well as the incident reports completed by Officer Olsen and Officer Fierimonte. Based on the information presented to me the use of force was justified and within policy.


Lt. Mucci
040917
C-3



MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 17-4898 Officer: McDonald, Matthew Date: 4/4/2017 Time: 1630 Day: Tuesday

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 Richard Lewis, Derrick Sgt. Gravelle

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

- | | | | | | |
|---|---|---|---|---|---|
| Soft Hand Control | | Hard Hand Control | | Firearm | |
| <input type="checkbox"/> Joint Manipulation | <input type="checkbox"/> Pressure Point Control | <input type="checkbox"/> Open Hand Strike | <input type="checkbox"/> Kick | <input type="checkbox"/> Handgun Deployed | <input type="checkbox"/> Less Lethal- 12 Ga- Deployed |
| <input type="checkbox"/> OC | <input type="checkbox"/> Baton | <input checked="" type="checkbox"/> Knee Strike | <input checked="" type="checkbox"/> Take Down | <input type="checkbox"/> Handgun Used | <input type="checkbox"/> Less Lethal- 12 Ga- Used |
| <input type="checkbox"/> K-9 | <input type="checkbox"/> Other (describe) | <input type="checkbox"/> Rifle Deployed | <input type="checkbox"/> Rifle Used | <input type="checkbox"/> Rifle Deployed | <input type="checkbox"/> Less Lethal- 40 mm- Deployed |
| <input type="checkbox"/> Taser | | <input type="checkbox"/> Shotgun Deployed | <input type="checkbox"/> Shotgun Used | <input type="checkbox"/> Shotgun Used | <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? Yes No If yes, describe below...

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

Was medical attention provided? Yes No If yes, describe below...
 Suspect was offered medical multiple times and refused

Describe the effects of the force used on any persons involved, and any decontamination method used if any...
 A knee strike and modified take down were utilized and control was quickly gained after suspect attempted to pull away and push officers.

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: Possession of a Controlled Drug x2, Resisting Arrest, Violation of Bail conditions

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: *Matthew McDonald #16* Reviewed by: *[Signature]* Date: 4/4/17



MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 17-4898	Officer: McDonald, Matthew	Date: 4/4/2017	Time: 1630	Day: Tuesday
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OIC Comment/Review:

I reviewed the reports and use of force in this situation. The force used was appropriate given the situation that Officer McDonald was confronted with at the time.


Sgt. Gravelle

C-3



MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 17-4844 Officer Olsen, Ryan P Date: 4/3/2017 Time: 1700 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 Johnston, Faith Lt. Mucci

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): IEH
 Language barrier (if so, language spoken)

Type of Force Used: CHECK ALL THAT APPLY

<p>Soft Hand Control</p> <input checked="" type="checkbox"/> Joint Manipulation <input checked="" 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 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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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...

Reference case #17-4844

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:

Lighting: Daylight Artificial Low Light Darkness

Location: Indoors Outdoors

Weather Conditions Sunny Clear Cloudy Rain Snow/CS

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: 04-09-17



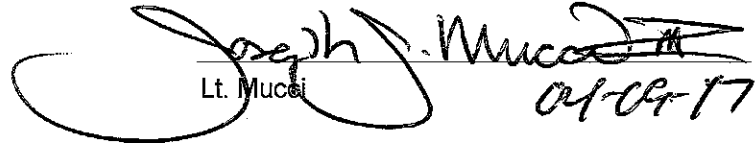
MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 17-4844	Officer: Olsen, Ryan P	Date: 4/3/2017	Time: 1700	Day: Monday
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OIC Comment/Review:

I have reviewed the Response to Resistance Reports and incident reports submitted by both Officer Olsen and Office Tucker. I also spoke to both Officers after this incident transpired. Based on the information presented to me the use of force was justified and within policy.


Lt. Mucci
04-04-17
RC-3



MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 17-004815 Officer: Heile, Ryan R Date: 4/3/2017 Time: 1011 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 Matthew Mellor Lt Vincent

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 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>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 checked="" 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? Yes No If yes, describe below...
Possible facial injuries to Officer Callahan

Were any injuries sustained to suspect? Yes No If yes, describe below...
Suspect was bleeding prior to police contact and his body was covered in sores and cuts, could not tell if anything new

Was medical attention provided? Yes No If yes, describe below...
Went to the Elliot Hospital and medically discharged

Describe the effects of the force used on any persons involved, and any decontamination method used if any...
It allowed me and other officers to place hand cuffs on a combative individual

Officer Information

of officers present: 2 # of officers injured: 1

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: Reviewed by: Date: 4/4/17

A2



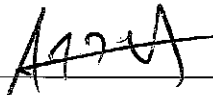
MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT




Case # 17-004815	Officer Heile, Ryan R	Date: 4/3/2017	Time: 1011	Day: Monday
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OIC Comment/Review:

I listened to this incident over the radio as it occurred, I spoke with Officers after the fact about this incident, and I reviewed the reports submitted in relation to this incident and find that Officer Heile and Officer Callahan used an appropriate amount of force in response to this subjects combative and resistive behavior.
No further review of this incident is necessary.



Lt Vincent 



MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 17-4719	Officer: Jaworowski, Konrad	Date: 4/1/2017	Time: 0104	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: Robert Torre	OIC at time of Incident: Lt. Mangone
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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>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 checked="" 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 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 checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, describe below...
Minor abrasion to forehead & minor taser mark to small of back			
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....
 Force was effective in ending incident.

Officer Information

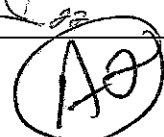
# of officers present: 4	# of officers injured: 0
Officer description: <input checked="" type="checkbox"/> Uniform	<input type="checkbox"/> Plain Clothes
Duty Status: <input checked="" type="checkbox"/> On Duty	<input type="checkbox"/> Off Duty <input type="checkbox"/> On Duty Detail/Location
Route/Assignment:	<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 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 type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Rain <input checked="" type="checkbox"/> Snow
Surface Conditions:	<input type="checkbox"/> Flat <input type="checkbox"/> Incline <input type="checkbox"/> Decline <input checked="" type="checkbox"/> Wet <input type="checkbox"/> Dry
	<input checked="" 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: 4/1/17
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MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 17-4719	Officer: Jaworowski, Konrad	Date: 4/1/2017	Time: 0104	Day: Saturday
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OIC Comment/Review:

I reviewed the reports and spoke to both officers. Ofc. Jaworowski's use of force via his taser was appropriate given the circumstances. The commands given did not have the desired effect, not did the hard hand techniques. NFI


Lt. Mangone

L-7
JC-3



MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 17-4719	Officer: Brunini, Kenneth J	Date: 4/1/2017	Time: 0104	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: Torre, Robert [REDACTED]	OIC at time of Incident: Lt Mangone
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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 checked="" 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? Yes No If yes, describe below...

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

small abrasion above eye, taser mark on small of back

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

subject refused medical attention

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

force was effective in ending incident

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:

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: 	Reviewed by: 	Date: 4/1/17
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MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 17-4719	Officer: Brunini, Kenneth J	Date: 4/1/2017	Time: 0104	Day: Saturday
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OIC Comment/Review:

I reviewed the reports and spoke to both officers involved. Ofc. Brunini's use of force via knee strikes was appropriate given the resistance by the suspect, and his refusal to comply with officers commands. NFI

 L-7
Lt Mangone
JSC-3