



# MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 18-18591    Officer: Bates Jr, Stephen D    Date: 11/30/2018    Time: 2215    Day: Friday

Attached Reports: (Check All That Apply)

Incident Report     Arrest Report     Booking Photo

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

Yes     No    N/A    Sgt. Sullivan

**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><b>Soft Hand Control</b></p> <input type="checkbox"/> Joint Manipulation <input type="checkbox"/> Pressure Point Control	<p><b>Hard Hand Control</b></p> <input type="checkbox"/> Open Hand Strike <input type="checkbox"/> Kick <input type="checkbox"/> Knee Strike <input type="checkbox"/> Take Down <input type="checkbox"/> Other (describe)	<p><b>Firearm</b></p> <input checked="" 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
--	---	--	---

**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....  
 Injured deer on the side of the road that needed to be euthanized, with 2 rounds from pistol.

**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: 22C

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

**Miscellaneous Information:**

Offense/Charge: Injured deer on the side of the road that needed to be euthanized, with 2 rounds from pistol.

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: 12/5/18





# MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 18-18591	Officer: Bates Jr, Stephen D	Date: 11/30/2018	Time: 2215	Day: Friday
-----------------	------------------------------	------------------	------------	-------------

**OIC Comment/Review:**

I find that Officer Bates acted in accordance with policies by discharging his firearm during this call for service.

*Sgt. Sullivan* 2-20  
Sgt. Sullivan  
C-4 11-5-19  
11-5-18

# Incident/Investigation Report **UNAPPROVED**

Agency: MPD

Case Number: 18-018591

Date: 12/02/2018 20:41:29

## Incident Information

Date/Time Reported 11/30/2018 22:15	Date/Time Found 11/30/2018 22:15	Date/Time Found 11/30/2018 22:15	Officer (100515) BATES, STEPHEN D JR
Incident Location 366 Mast Rd, Manchester, NH 03102			

## Charges

<b>1</b>	Charge Type State	Description NO CRIME COMMITTED	Statute 9998	UCR 999	<input type="checkbox"/> Att <input checked="" type="checkbox"/> Com	
Alcohol, Drugs or Computers Used <input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs <input type="checkbox"/> Computers		Location Type HIGHWAY/ROAD/ALLEY	Premises Entered	Forced Entry <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Weapons 1. 2. 3.	
Entry	Exit	Criminal Activity				
Bias Motivation	Bias Target	Bias Circumstances	Hate Group			

## Assisting Officers

(100515) BATES, STEPHEN D JR

## Notes/Narrative

(100515) BATES, STEPHEN D JR

NO CRIME COMMITTED

MO: Officer euthanizes injured deer.

On 11/30/18 at approximately 2215 hours I (Officer Bates) responded to the area of 366 Mast Rd. Manchester NH for a call for service where a deer had been struck by a vehicle and was injured. I was wearing the MPD uniform of the day and operating a fully marked MPD cruiser. Upon my arrival, I observed the injured deer on the grass adjacent to the sidewalk in front of 366 Mast Rd. I observed both of the deer's rear legs to be broken with the bones sticking out. The deer appeared to be suffering and would not survive its injuries in its current condition. The decision was made to euthanize the deer in order to end its pain and suffering. I then drew my department issued P320 pistol and fired two rounds into the deer's head, killing it quickly. I then had dispatch notify the Highway Department in order to pick up the carcass however the Highway Department refused to come out. I spoke with a neighbor at 369 Mast Rd. and she granted me permission to drag the deer into the woods of her property line so that it could be properly disposed of. A use of force report was also completed.

NFI



# MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 18-18584    Officer: MacDuff, Eric S    Date: 11/30/2018    Time: 1830    Day: Friday

Attached Reports: (Check All That Apply)

Incident Report     Arrest Report     Booking Photo

Was an arrest made?  
 Yes     No

Suspect Name:  
William Bates [REDACTED]

OIC at time of Incident:  
Lt. McCabe

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>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
--	--	--	---

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...

Subject had a possible seizure after being taken into custody

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

Subject was brought to CMC for psychological evaluation, evaluated for possible seizure

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

Using a take down, officers were able to take subject into custody without further incident

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:    Reviewed by:    Date: 12/4/18





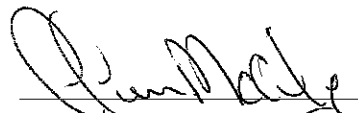
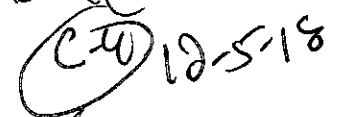
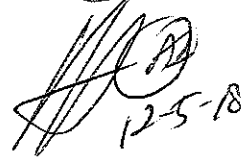
# MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 18-18584	Officer MacDuff, Eric S	Date: 11/30/2018	Time: 1830	Day: Friday
-----------------	-------------------------	------------------	------------	-------------

**OIC Comment/Review:**

I reviewed the reports regarding this use of force, spoke with the Officers involved and determined that the officer's actions were appropriate and within policy.

  
\_\_\_\_\_  
Lt. McCabe  
  




# MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 18-18275    Officer: Roscoe Jr, Michael J    Date: 11/25/2018    Time: 0645    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                      Jacob Moore                      Sgt. Cosio

Suspect Information - CHECK ALL THAT APPLY

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

Type of Force Used - CHECK ALL THAT APPLY

<p><b>Soft Hand Control</b></p> <input type="checkbox"/> Joint Manipulation <input type="checkbox"/> Pressure Point Control  <p><b>Secondary Weapon System</b></p> <input type="checkbox"/> OC <input type="checkbox"/> Baton <input type="checkbox"/> K-9 <input type="checkbox"/> Other (describe) <input type="checkbox"/> Taser	<p><b>Hard Hand Control</b></p> <input type="checkbox"/> Open Hand Strike <input type="checkbox"/> Kick <input type="checkbox"/> Knee Strike <input checked="" type="checkbox"/> Take Down <input checked="" type="checkbox"/> Other (describe) (1) Forearm strike	<p><b>Firearm</b></p> <input type="checkbox"/> Handgun Deployed <input type="checkbox"/> Handgun Used <input type="checkbox"/> Rifle Deployed <input type="checkbox"/> Rifle Used <input type="checkbox"/> Shotgun Deployed <input type="checkbox"/> Shotgun Used  <input type="checkbox"/> Less Lethal- 12 Ga- Deployed <input type="checkbox"/> Less Lethal- 12 Ga- Used <input type="checkbox"/> Less Lethal- 40 mm- Deployed <input type="checkbox"/> Less Lethal- 40 mm- Used <input type="checkbox"/> Noise Flash Device <input type="checkbox"/> Gas Deployment- OC/CS
--	---	---

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...  
 Swelling to right eye, small forehead laceration.

Was medical attention provided?     Yes     No                      If yes, describe below...  
 AMR Responded to booking, gave subject bandage. Moore declined transport to Hospital.

Describe the effects of the force used on any persons involved, and any decontamination method used if any...  
 Subject turned to face Officer during handcuffing. Subject postured body and aggressive manner while shouting profanities. (1) Forearm strike used to prevent imminent physical contact by subject.

Officer Information

# of officers present    3                      # of officers injured:    0

Officer description:     Uniform                       Plain Clothes

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

Route/Assignment:    1-4 midnight shift  
 Verbal Commands used Before                       Verbal Commands Used During                       Verbal Commands Used After

Miscellaneous Information

Offense/Charge: Inhaling Toxic Vapors for Effect; Resisting Arrest or Detention; Criminal Threatening (M)

Lighting:     Daylight     Artificial     Low Light     Darkness

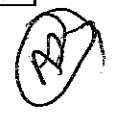
Location:     Indoors     Outdoors

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: 11/25/18





# MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 18-18275	Officer Roscoe Jr, Michael J	Date: 11/25/2018	Time: 0645	Day: Sunday
-----------------	------------------------------	------------------	------------	-------------

**OIC Comment/Review:**

On 11/25/18 I was assigned as the Officer In Charge on the dayshift. As part of my duties I reviewed the arrest reports associated with the incident involving arrested subject Jacob Moore 9/13/90. According to the report Officers Roscoe, Smith and Massahos responded to the Rite Aid for a subject inhaling vapors in the bathroom. Upon arrival they located subject getting high and appeared to be pleasuring himself in the bathroom. Subject was initially cooperative and prior to being handcuffed became aggressive towards police. At one point Moore came at Officer Roscoe screaming profanities. Moore postured his body aggressively and took steps towards officers in a threatening manner. Officer Roscoe utilized a forearm strike to prevent imminent physical contact. Moore was forced to the ground and handcuffs were secured with the assistance of several officers. Based on the facts and circumstances it appears officer used the appropriate force necessary to affect the arrest. The use of force was in accordance with departmental guidelines. Z12

*Roscoe* Z12

Sgt. Cosio

*(C-4)* 11-27-18  
*(A-2)*  
 11-28-18



# MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 18-018263    Officer LaCroix, Olivia E    Date: 11/24/2018    Time: 2325    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                      Flattery, Steven                      CPT Aldenberg

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

Injury Information:

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

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

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

Suspect denied any injuries

Describe the effects of the force used on any persons involved, and any decontamination method used if any....  
 The suspect began throwing things and became extremely agitated, he was transitioned to the floor to 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:                      Date:







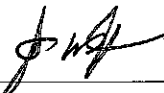
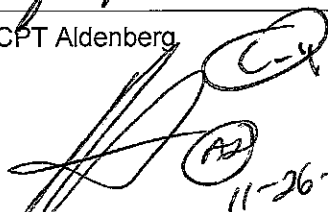
# MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 18-018263	Officer LaCroix, Olivia E	Date: 11/24/2018	Time: 2325	Day: Saturday
------------------	---------------------------	------------------	------------	---------------

**OIC Comment/Review:**

I reviewed the reports regarding this use of force and determined that the officer's actions were appropriate and within policy

  
CPT Aldenberg  
  
11-26-18



# MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 18-18263	Officer: MacDuff, Eric S	Date: 11/25/2018	Time: 2325	Day: Sunday
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: Steven Flattery		OIC at time of Incident: Capt. Aldenberg	
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				
<u>Soft Hand Control</u>		<u>Hard Hand Control</u>		<u>Firearm</u>
<input type="checkbox"/> Joint Manipulation		<input checked="" type="checkbox"/> Open Hand Strike		<input type="checkbox"/> Handgun Deployed
<input type="checkbox"/> Pressure Point Control		<input type="checkbox"/> Kick		<input type="checkbox"/> Handgun Used
<u>Secondary Weapon System</u>		<input type="checkbox"/> Knee Strike		<input type="checkbox"/> Rifle Deployed
<input type="checkbox"/> OC		<input type="checkbox"/> Take Down		<input type="checkbox"/> Rifle Used
<input type="checkbox"/> Baton		<input type="checkbox"/> Other (describe)		<input type="checkbox"/> Shotgun Deployed
<input type="checkbox"/> K-9				<input type="checkbox"/> Shotgun Used
<input type="checkbox"/> Other (describe)				<input type="checkbox"/> Less Lethal- 12 Ga- Deployed
<input checked="" type="checkbox"/> Taser				<input type="checkbox"/> Less Lethal- 12 Ga- Used
				<input type="checkbox"/> Less Lethal- 40 mm- Deployed
				<input type="checkbox"/> Less Lethal- 40 mm- Used
				<input type="checkbox"/> Noise Flash Device
				<input type="checkbox"/> Gas Deployment- OC/CS
Injury Information				
Were any injuries sustained to officer?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If yes, describe below...
Were any injuries sustained to suspect?		<input 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...
Denied injuries and refused AMR				
Describe the effects of the force used on any persons involved, and any decontamination method used if any... use of several hard hand strikes and a taser drive stun allowed subject to be taken into custody				
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 type="checkbox"/> Outdoors
Weather Conditions:		<input type="checkbox"/> Sunny		<input checked="" type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Rain <input type="checkbox"/> Snow
Surface Conditions:		<input checked="" type="checkbox"/> Flat		<input type="checkbox"/> Incline <input type="checkbox"/> Decline <input type="checkbox"/> Wet <input type="checkbox"/> Dry
		<input type="checkbox"/> Ice/Snow		<input type="checkbox"/> Debris <input 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:





# MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT

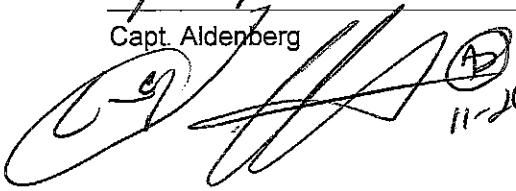


Case # 18-18263	Officer MacDuff, Eric S	Date: 11/25/2018	Time: 2325	Day: Sunday
-----------------	-------------------------	------------------	------------	-------------

**OIC Comment/Review:**

I reviewed the reports regarding this use of force and determined that the officer's actions were appropriate and within policy.

  
\_\_\_\_\_  
Capt. Aldenberg

  
11-26-18



# MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 18-018231	Officer: Fierimonte, Jeffrey P	Date: 11/24/2018	Time: 0908	Day: Saturday
------------------	--------------------------------	------------------	------------	---------------

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: John Velasquez	OIC at time of Incident: Lt. Gallant
--	---------------------------------	---

**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**

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

**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 cut, missing tooth			
Was medical attention provided?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	If yes, describe below...

Describe the effects of the force used on any persons involved, and any decontamination method used if any....  
 After several hard hand strikes John was placed into handcuffs.

**Officer Information**

# of officers present: <u>3</u>	# of officers injured: <u>0</u>
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 type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors	
Weather Conditions: <input type="checkbox"/> Sunny <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Rain <input type="checkbox"/> Snow	
Surface Conditions: <input checked="" type="checkbox"/> Flat <input type="checkbox"/> Incline <input type="checkbox"/> Decline <input type="checkbox"/> Wet <input type="checkbox"/> Dry	
<input checked="" 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: 11/24/18
---------------------------------	--------------	----------------





# MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 18-018231	Officer Fierimonte, Jeffrey P	Date: 11/24/2018	Time: 0908	Day: Saturday
------------------	-------------------------------	------------------	------------	---------------

**OIC Comment/Review:**

I have spoken with Officer Jeffrey Fierimonte and reviewed the associated reports with CFS 18-18231. Officer Fierimonte acted in accordance with the Manchester Police Department standard operating procedures. Officer Fierimonte used enough force necessary to affect the arrest as Mr. Velasquez was actively resisting.

Lt. Jamie Gallant

*[Handwritten signature]*  
Lt. Gallant  
*[Handwritten initials]*  
*[Handwritten signature]*  
11-26-18



# MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 18-018147    Officer: Hennessy, Jeffrey M    Date: 11/22/2018    Time: 0124    Day: Thursday

Attached Reports: (Check All That Apply)

Incident Report                       Arrest Report                       Booking Photo

Was an arrest made?  
 Yes     No

Suspect Name:  
Sean Gibbons

OIC at time of Incident:  
Sgt Kucharski

Suspect Information: CHECK ALL THAT APPLY

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

Type of Force Used: CHECK ALL THAT APPLY

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

Injury Information

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

Were any injuries sustained to suspect?     Yes     No    If yes, describe below...  
small laceration to his finger

Was medical attention provided?     Yes     No    If yes, describe below...  
Gibbons was transported to VSJ for not complying with the booking procedure

Describe the effects of the force used on any persons involved, and any decontamination method used if any....  
I told Gibbons that he was under arrest, he began to tighten his arms and not put them behind his back. I transitioned him to the ground via an arm bar takedown

Officer Information

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

Officer description:     Uniform                       Plain Clothes

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

Route/Assignment: 1-2  
 Verbal Commands used Before     Verbal Commands Used During     Verbal Commands Used After

Miscellaneous Information

Offense/Charge: Disorderly Conduct/Resisting Arrest

Lighting:                       Daylight                       Artificial                       Low Light                       Darkness

Location:                       Indoors                       Outdoors

Weather Conditions                       Sunny                       Clear                       Cloudy                       Rain                       Snow

Surface Conditions:                       Flat                       Incline                       Decline                       Wet                       Dry

Ice/Snow                       Debris                       No Debris                       Other

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

Signature of reporting officer: *[Signature]*                      Reviewed by: *[Signature]*                      Date: 11-22-18





# MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 18-018147	Officer Hennessy, Jeffrey M	Date: 11/22/2018	Time: 0124	Day: Thursday
------------------	-----------------------------	------------------	------------	---------------

**OIC Comment/Review:**

I have reviewed the reports related to this incident. I found that the level of force utilized in this instance was justified pursuant to our SOPs.

*Paul Kucharski*  
Sgt Kucharski  
*C-9 11-25-18*  
*AA*  
*11-26-18*



# MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 18-018143    Officer: Makara, Jonathan P    Date: 11/22/2018    Time: 2303    Day: Thursday

Attached Reports: (Check All That Apply)

Incident Report                       Arrest Report                       Booking Photo

Was an arrest made?  
 Yes     No

Suspect Name:  
uzdavinis,james

OIC at time of Incident:  
sgt kucharski

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

Injury Information

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

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

Was medical attention provided?     Yes     No    If yes, describe below...  
Was offered and refused. Wet paper towel to remove dried blood from suspect forehead

Describe the effects of the force used on any persons involved, and any decontamination method used if any....  
Applied a right wrist lock

Officer Information

# of officers present: 4    # of officers injured: 0  
 Officer description:     Uniform     Plain Clothes  
 Duty Status:     On Duty     Off Duty     On Duty Detail/Location  
 Route/Assignment: Wagon midnight  
 Verbal Commands used Before     Verbal Commands Used During     Verbal Commands Used After

Miscellaneous Information:

Offense/Charge: Simple Assault; Criminal Mischief; Resisting Arrest  
 Lighting:     Daylight     Artificial     Low Light     Darkness  
 Location:     Indoors     Outdoors  
 Weather Conditions:     Sunny     Clear     Cloudy     Rain     Snow  
 Surface Conditions:     Flat     Incline     Decline     Wet     Dry  
 Ice/Snow     Debris     No Debris     Other

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

Signature of reporting officer: *[Signature]* #170    Reviewed by: *[Signature]*    Date: 11-22-18







# MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 18-018143	Officer: Makara, Jonathan P	Date: 11/22/2018	Time: 2303	Day: Thursday
------------------	-----------------------------	------------------	------------	---------------

**OIC Comment/Review:**

I reviewed the reports regarding this use of force and determined that the officer's actions were appropriate and within policy.

*[Signature]*  
sgt kucharski

*[Signature]* 11-25-18  
*[Signature]* 11-26-18



# MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 18-018140    Officer Foster, Benjamin C    Date: 11/21/2018    Time: 2314    Day: Wednesday

Attached Reports: (Check All That Apply)

Incident Report       Arrest Report       Booking Photo

Was an arrest made?  Yes     No      Suspect Name: Richard Glaude      OIC at time of Incident: Sgt Kucharski

**Suspect Information: CHECK ALL THAT APPLY**

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

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

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

**Injury Information:**

Were any injuries sustained to officer?     Yes     No      If yes, describe below...  
 Minor scrape on face

Were any injuries sustained to suspect?     Yes     No      If yes, describe below...  
 Minor scrape on face and 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...  
 After the initial take down attempt failed as the suspect went through a wall, two hard hand strikes were delivered to get him to comply and stop reaching for his pockets.

**Officer Information:**

# of officers present 2      # of officers injured: 0

Officer description:     Uniform       Plain Clothes

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

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

**Miscellaneous Information:**

Offense/Charge: two counts domestic simple assault, two counts resisting arrest, one count criminal threatening

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: 11-21-18





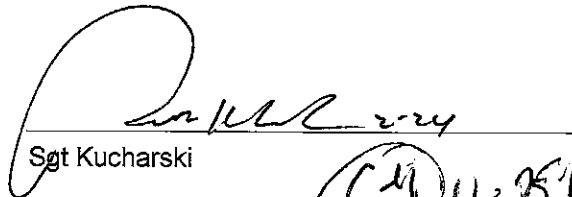
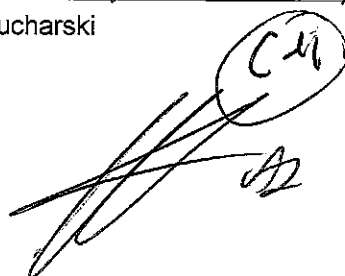

# MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 18-018140	Officer Foster, Benjamin C	Date: 11/21/2018	Time: 2314	Day: Wednesday
------------------	----------------------------	------------------	------------	----------------

**OIC Comment/Review:**

I have reviewed the reports and spoken with the officers involved in this incident. I found that the level of force utilized in this instance was justified pursuant to our SOPs.

  
Sgt Kucharski  
 C-11 11-25-18  
 AS 11-26-18



# MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 18-18019	Officer: Massahos, Michael F	Date: 11/20/2018	Time: 0216	Day: Tuesday
-----------------	------------------------------	------------------	------------	--------------

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: Timothy M. Smith	OIC at time of Incident: Lt. T. Patterson
--	-----------------------------------	--

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 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 checked="" 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 checked="" type="checkbox"/> Other (describe) Closed hand strike	<u>Firearm</u> <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?     Yes     No    If yes, describe below...  
 Minor, non-incapacitating. Brief pain and discomfort to right hand, ice and stretching utilized, pain subsided.

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

Was medical attention provided?     Yes     No    If yes, describe below...  
 I was seen road side by AMR, suspect received medical treatment for OD at Elliot.

Describe the effects of the force used on any persons involved, and any decontamination method used if any...  
 Suspect was taken to ground, no decontamination necessary or utilized, suspect did not sustain any injuries.

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:  
 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>MKL #55</i>	Reviewed by: <i>[Signature]</i>	Date: 11/20/18
---	------------------------------------	-------------------





# MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 18-18019	Officer Massahos, Michael F	Date: 11/20/2018	Time: 0216	Day: Tuesday
-----------------	-----------------------------	------------------	------------	--------------

**OIC Comment/Review:**

I have reviewed the reports and spoken with the officers regarding this incident. I found that the level of force utilized in this instance was justified and applied within SOP's and rules and regulations.

Lt. T. Patterson

*CY*  
*11-27-18*  
*11-28-18*



# MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 18-018019    Officer: Slocum, Erik K    Date: 11/20/2018    Time: 0220    Day: Tuesday

Attached Reports: (Check All That Apply)

Incident Report                       Arrest Report                       Booking Photo

Was an arrest made?  
 Yes     No

Suspect Name:  
Timothy Smith [REDACTED]

OIC at time of Incident:  
Lt. Patterson

**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 type="checkbox"/> Agitated prior to police arrival          | <input type="checkbox"/> Any disability (describe):              |
| <input type="checkbox"/> Language barrier (if so, language spoken) |  |

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

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

**Injury Information**

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

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....  
Takedown was effective to bring suspect to ground, after a brief struggle, control of suspect's hands was gained

**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:  
 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: Erik Slocum #14                      Reviewed by: [Signature] L2                      Date: 11/21/18







# MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 18-018019	Officer: Slocum, Erik K	Date: 11/20/2018	Time: 0220	Day: Tuesday
------------------	-------------------------	------------------	------------	--------------

**OIC Comment/Review:**

I have reviewed the reports and spoken with the officers regarding this incident. I found that the level of force utilized in this instance was justified and applied within SOP's and rules and regulations.

  
Lt. Patterson L2  
(C-4) 11/21/18  
  
11-21-18



# MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 18-017906	Officer: Regan Jr, William J	Date: 11/18/2018	Time: 0124	Day: Sunday
------------------	------------------------------	------------------	------------	-------------

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: Kevin Voisine	OIC at time of Incident: Lt. Patterson
--	--------------------------------	---

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

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 received a cut above his left eye from being forced onto the concrete floor

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

Describe the effects of the force used on any persons involved, and any decontamination method used if any...  
 Suspect had minor injuries no decontamination required

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:	Reviewed by:	Date: 11/21/18
---------------------------------	--------------	----------------







# MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 18-017906	Officer Regan Jr, Willam J	Date: 11/18/2018	Time: 0124	Day: Sunday
------------------	----------------------------	------------------	------------	-------------

**OIC Comment/Review:**

I have reviewed the reports and spoken with the officers involved. I find that their actions were justified and well within policies, procedures and SOP's.

Lt. Patterson

*[Handwritten signature]*  
*[Handwritten initials]*  
*[Handwritten signature]* 11/21/18  
*[Handwritten signature]* 11-21-18



# MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case #	18-017902	Officer	Donovan, Thomas	Date:	11/18/2018	Time:	0115	Day:	Sunday	
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		Ferrigno, Daniel				Lt. Patterson				
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 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 checked="" type="checkbox"/> Joint Manipulation			<input type="checkbox"/> Open Hand Strike			<input type="checkbox"/> Handgun Deployed		<input type="checkbox"/> Less Lethal- 12 Ga- Deployed		
<input type="checkbox"/> Pressure Point Control			<input type="checkbox"/> Kick			<input type="checkbox"/> Handgun Used		<input type="checkbox"/> Less Lethal- 12 Ga- Used		
<u>Secondary Weapon System</u>			<input type="checkbox"/> Knee Strike			<input type="checkbox"/> Rifle Deployed		<input type="checkbox"/> Less Lethal- 40 mm- Deployed		
<input type="checkbox"/> OC			<input checked="" type="checkbox"/> Take Down			<input type="checkbox"/> Rifle Used		<input type="checkbox"/> Less Lethal- 40 mm- Used		
<input type="checkbox"/> Baton			<input type="checkbox"/> Other (describe)			<input type="checkbox"/> Shotgun Deployed		<input type="checkbox"/> Noise Flash Device		
<input type="checkbox"/> K-9										
<input type="checkbox"/> 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...				
Small cut above right eye										
Was medical attention provided?				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If yes, describe below...				
Declined Medical Attention										
Describe the effects of the force used on any persons involved, and any decontamination method used if any....										
Subject was taken to ground, joint manipulation failed, taser drive stun effective										
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: Resisting Arrest or Detention, Disorderly Conduct										
Lighting:		<input type="checkbox"/> Daylight		<input checked="" 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 checked="" type="checkbox"/> Clear		<input type="checkbox"/> Cloudy		<input type="checkbox"/> Rain <input type="checkbox"/> Snow		
Surface Conditions:		<input checked="" type="checkbox"/> Flat		<input type="checkbox"/> Incline		<input type="checkbox"/> Decline		<input type="checkbox"/> Wet <input type="checkbox"/> Dry		
		<input type="checkbox"/> Ice/Snow		<input type="checkbox"/> Debris		<input type="checkbox"/> No Debris		<input type="checkbox"/> Other		
This report is to be filled out after the intentional or unintentional use of force with any weapons or the unintended use of any type of force resulting in injury or death to any person. All reports will be submitted along with the Incident Report, Arrest Report & Booking Photo and forwarded to the Training Director.										
Signature of reporting officer:				Reviewed by:				Date:		
								11/21/18		



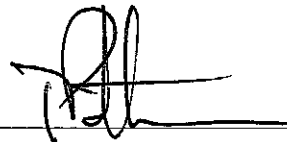
# MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



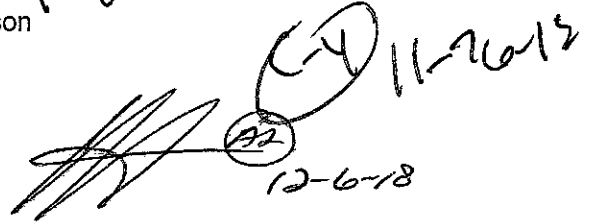
Case # 18-017902	Officer Donovan, Thomas	Date: 11/18/2018	Time: 0115	Day: Sunday
------------------	-------------------------	------------------	------------	-------------

### OIC Comment/Review:

I have reviewed the reports, spoken with the officers involved, and viewed a video that was taken by a bystander. After review, I find that the level of force utilized in arresting this subject was justified and within the bounds of policies, procedures, and SOP's.

 12

Lt. Patterson

 11-26-18  
12-6-18



# MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case #	18-017902	Officer:	Pauley Jr., Michael D	Date:	11/18/2018	Time:	0052	Day:	Sunday
--------	-----------	----------	-----------------------	-------	------------	-------	------	------	--------

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: Daniel Ferrigno	OIC at time of incident: Lt. Patterson
--	----------------------------------	---

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 checked="" type="checkbox"/> Agitated prior to police arrival	<input type="checkbox"/> Any disability (describe):
<input type="checkbox"/> Language barrier (if so, language spoken)	

Type of Force Used - CHECK ALL THAT APPLY

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

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 cut to face			
Was medical attention provided?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, describe below...
evaluated by AMR in booking			

Describe the effects of the force used on any persons involved, and any decontamination method used if any....  
 closed hand strikes to right hamstring proved ineffective, deployed and utilized taser drive stun proved effective, placed in handcuffs.

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:	3-4 patrol		
<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 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 checked="" type="checkbox"/> Wet <input type="checkbox"/> Dry
	<input type="checkbox"/> Ice/Snow	<input checked="" type="checkbox"/> Debris	<input type="checkbox"/> No Debris	<input type="checkbox"/> Other

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

Signature of reporting officer: <i>Michael Pauley Jr.</i>	Reviewed by: <i>[Signature]</i>	Date: 11/21/18
---	---------------------------------	----------------





# MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 18-017902	Officer Pauley Jr., Michael D	Date: 11/18/2018	Time: 0052	Day: Sunday
------------------	-------------------------------	------------------	------------	-------------

### OIC Comment/Review:

I have reviewed the reports, spoken with the officers involved, and also viewed a video that was taken by a bystander. Based on this I conclude that the level of force that was used to effect the arrest was justified and well within the boundaries of policies, procedures, and SOP's.

Lt. Patterson

6-4 11-16-16  
12  
12-6-18



# MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case #	18-17901	Officer:	Bifsha, Robert	Date:	11/18/2018	Time:	0110	Day:	Sunday
--------	----------	----------	----------------	-------	------------	-------	------	------	--------

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: Isaiah Kitchen	OIC at time of Incident: Lt. Patterson
--	---------------------------------	---

**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**

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

**Injury Information**

Were any injuries sustained to officer?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	If yes, describe below...
Were any injuries sustained to suspect?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	If yes, describe below...
Was medical attention provided?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	If yes, describe below...

Describe the effects of the force used on any persons involved, and any decontamination method used if any....  
 Subject was taken down to the ground where he complied and placed his hands behind his back

**Officer Information**

# of officers present: 11      # of officers injured: 0

Officer description:     Uniform       Plain Clothes

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

Route/Assignment: 1-5A  
 Verbal Commands used Before   
  Verbal Commands Used During   
  Verbal Commands Used After

**Miscellaneous Information**

Offense/Charge: RSA 644:2 Disorderly Conduct

Lighting:             Daylight       Artificial       Low Light       Darkness

Location:             Indoors       Outdoors

Weather Conditions:     Sunny       Clear       Cloudy       Rain       Snow

Surface Conditions:     Flat       Incline       Decline       Wet       Dry

Ice/Snow       Debris       No Debris       Other

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: 11/21/18
---------------------------------	--------------	----------------





# MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 18-17901    Officer: Bifsha, Robert    Date: 11/18/2018    Time: 0110    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      Isaiah Kitchen      Lt. Patterson

**Suspect Information - CHECK ALL THAT APPLY**

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

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

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

**Injury Information**

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

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

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

Describe the effects of the force used on any persons involved, and any decontamination method used if any....  
 Subject was taken down to the ground where he complied and placed his hands behind his back

**Officer Information**

# of officers present 11      # of officers injured: 0

Officer description:     Uniform       Plain Clothes

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

Route/Assignment: 1-5A  
 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]* #35      Reviewed by: *[Signature]* 212      Date: 11/21/18





# MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 18-17901	Officer: Bifsha, Robert	Date: 11/18/2018	Time: 0110	Day: Sunday
-----------------	-------------------------	------------------	------------	-------------

**OIC Comment/Review:**

I have reviewed the reports, spoken with the officers involved, and also viewed a video that was taken by a bystander. Based on this I conclude that the level of force that was used to effect the arrest was justified and well within the boundaries of policies, procedures, and SOP's.

*[Handwritten Signature]* L2

Lt. Patterson

C-4 11-20-18  
*[Handwritten Signature]* A2  
 12-17-18  
 After revision.





# MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 18-017900	Officer: Colburn, Patrick C	Date: 11/18/2018	Time: 0110	Day: Sunday
------------------	-----------------------------	------------------	------------	-------------

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: Bakios, Brandon	OIC at time of Incident: Lt. Patterson
--	----------------------------------	---

**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**

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

**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 sustained a minor laceration above his left eye. Suspect also received two taser probes to his body.

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

AMR responded to the sally port and treated the suspect.

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

Suspect resisted arrest and was given verbal commands to stop resisting. Suspect ignored commands and my department issued taser was unholstered. I gave the suspect verbal commands to stop resisting or he would be tased. The taser was deployed.

**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: <i>[Signature]</i>	Reviewed by: <i>[Signature]</i> - L2	Date: 11/21/18
--	--------------------------------------	----------------



# MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 18-017900	Officer Colburn, Patrick C	Date: 11/18/2018	Time: 0110	Day: Sunday
------------------	----------------------------	------------------	------------	-------------

**OIC Comment/Review:**

I have reviewed the reports, spoken to the officers involved, and also viewed a video taken by a bystander. The level of force utilized in the arrest of the two suspects was justified and within SOP's and policies and procedures.

Lt. Patterson

12  
C-11-2018

12-6-18



# MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 18-017900	Officer: Charest, Barry L	Date: 11/18/2018	Time: 0052	Day: Sunday
------------------	---------------------------	------------------	------------	-------------

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: Brandon Bakios	OIC at time of Incident: Lt Patterson
--	---------------------------------	--

**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 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**

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

**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...

cut over left eye

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

AMR responded to booking and treated Brandon for the cut over his left eye. AMR asked Brandon if he wanted to go to the hospital which Brandon stated he did not want to go to the hospital.

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

Brandon did not respond to verbal commands or knee strikes and would not comply.

**Officer Information:**

# of officers present: 40      # 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: 11/21/18





# MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 18-017900	Officer: Charest, Barry L	Date: 11/18/2018	Time: 0052	Day: Sunday
------------------	---------------------------	------------------	------------	-------------

**OIC Comment/Review:**

I have reviewed the reports, spoken with the officers involved, and also viewed a video that was taken by a bystander. Based on this I conclude that the level of force that was used to effect the arrest was justified and well within the boundaries of policies, procedures, and SOP's.

*[Handwritten signature]* L2

Lt Patterson

C-4 11-24-18  
*[Handwritten signature]* 12-6-18



# MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case #	18-017900	Officer:	Hennessy, Jeffrey M	Date:	11/18/2018	Time:	0052	Day:	Sunday
--------	-----------	----------	---------------------	-------	------------	-------	------	------	--------

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: Brandon Bakios	OIC at time of Incident: Lt Patterson
--	---------------------------------	--

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

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

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...

bruises to facial area, small laceration to the stomach area from Taser Prongs

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

AMR responded to HQ. AMR treated Bakios and applied bandage to his forehead

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

I performed a knee strike to Bakios' legs, and multiple closed fist hand strikes to the side of Bakios' legs/stomach area for pain compliance

Officer Information

# of officers present: 11      # of officers injured: 0

Officer description:     Uniform     Plain Clothes

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

Route/Assignment: 1-4

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

Miscellaneous Information

Offense/Charge:

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:
---------------------------------	--------------	-------





# MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 18-017900	Officer Hennessy, Jeffrey M	Date: 11/18/2018	Time: 0052	Day: Sunday
------------------	-----------------------------	------------------	------------	-------------

### OIC Comment/Review:

I have reviewed the reports, spoken with the officers involved, and also viewed a video that was taken by a bystander. Based on this I conclude that the level of force that was used to effect the arrest was justified and well within the boundaries of policies, procedures, and SOP's.

*[Handwritten signature]* L2

Lt Patterson

C-4 11-26-18  
*[Handwritten signature]* A2  
12-6-18



# MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 18-17900    Officer: Bifsha, Robert    Date: 11/18/2018    Time: 0052    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                      Katie Lavertue                      Lt. Patterson

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

Injury Information:

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

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....  
 I applied a joint manipulation on Lavertue's right hand which made her relax her arm in which then I placed under arrest

Officer Information:

# of officers present 11                      # of officers injured: 0  
 Officer description:     Uniform                       Plain Clothes  
 Duty Status:                       On Duty                       Off Duty                       On Duty Detail/Location  
 Route/Assignment: 1-5A  
 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: 11/21/18





# MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 18-17900	Officer Bifsha, Robert	Date: 11/18/2018	Time: 0052	Day: Sunday
-----------------	------------------------	------------------	------------	-------------

### OIC Comment/Review:

I have reviewed the reports, spoken with the officers involved, and also viewed a video that was taken by a bystander. Based on this I conclude that the level of force that was used to effect the arrest was justified and well within the boundaries of policies, procedures, and SOP's.

Lt. Patterson





# MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case #	18-017775	Officer:	Irwin, Stephen C	Date:	11/15/2018	Time:	2010	Day:	Thursday
--------	-----------	----------	------------------	-------	------------	-------	------	------	----------

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 Turner	OIC at time of Incident: Lt. McCabe
--	--------------------------------	--

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

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....

I transitioned Robert Turner to the ground as he resisted arrest and took flight from me.

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: Resisting Arrest/Detention, Simple Assault (2 Counts), Disorderly Conduct

Lighting:     Daylight     Artificial     Low Light     Darkness

Location:     Indoors     Outdoors

Weather Conditions     Sunny     Clear     Cloudy     Rain     Snow

Surface Conditions:     Flat     Incline     Decline     Wet     Dry

Ice/Snow     Debris     No Debris     Other

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

Signature of reporting officer: <i>[Signature]</i>	Reviewed by: <i>[Signature]</i>	Date: 11/21/18
---	------------------------------------	-------------------

22



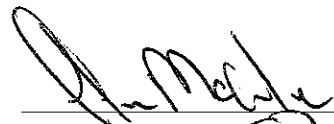
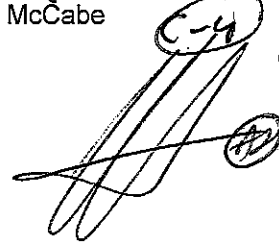
# MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 18-017775	Officer Irwin, Stephen C	Date: 11/15/2018	Time: 2010	Day: Thursday
------------------	--------------------------	------------------	------------	---------------

**OIC Comment/Review:**

I reviewed the reports regarding this use of force, spoke with the Officers involved and determined that the officer's actions were appropriate and within policy.

  
Lt. McCabe  
C-4 11-25-18  
 11-26-18



# MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 18-017775    Officer: Olsen, Ryan P    Date: 11/15/2018    Time: 2010    Day: Thursday

Attached Reports: (Check All That Apply)

Incident Report                       Arrest Report                       Booking Photo

Was an arrest made?                      Suspect Name:                      OIC at time of Incident:  
 Yes     No                      Robert Turner [REDACTED]                      Lt. McCabe

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>Secondary Weapon System</u></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><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 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....  
 I Tased Turner as he had just assaulted me and did not comply with commands.

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: Resisting Arrest/Detention, Simple Assault (2 Counts), Disorderly Conduct

Lighting:                       Daylight                       Artificial                       Low Light                       Darkness

Location:                       Indoors                       Outdoors

Weather Conditions                       Sunny                       Clear                       Cloudy                       Rain                       Snow

Surface Conditions:                       Flat                       Incline                       Decline                       Wet                       Dry

Ice/Snow                       Debris                       No Debris                       Other

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]* #59                      Reviewed by: *[Signature]*                      Date: 11/17/18






# MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 18-017775	Officer Olsen, Ryan P	Date: 11/15/2018	Time: 2010	Day: Thursday
------------------	-----------------------	------------------	------------	---------------

**OIC Comment/Review:**

I reviewed the reports regarding this use of force, spoke with the Officers involved and determined that the officer's actions were appropriate and within policy.

  
Lt. McCabe  
*C-4*  
*11-19-18*  
*[Signature]*  
*11-19-18*



# MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case #	18-017737	Officer:	Roscoe Jr, Michael J	Date:	11/15/2018	Time:	0130	Day:	Thursday
--------	-----------	----------	----------------------	-------	------------	-------	------	------	----------

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: Zachariah Head [REDACTED]	OIC at time of Incident: Sgt. Kucharski
--	--	--

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 checked="" type="checkbox"/> Agitated prior to police arrival	<input type="checkbox"/> Any disability (describe):
<input type="checkbox"/> Language barrier (if so, language spoken)	

Type of Force Used - CHECK ALL THAT APPLY

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

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...
Scrape to right ear			
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....  
 Taser deployed on non-compliant armed subject, which had little effect. Tackled subject to ground who continued to resist and pin arm under torso. Open hand strike as distractionary technique to free arm.

Officer Information

# of officers present: <u>6</u>	# of officers injured: <u>0</u>
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: 1-4 midnight shift	
<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: Armed Robbery; Felon in Possession of Dangerous Weapons; Resisting Arrest x2

Lighting:	<input type="checkbox"/> Daylight	<input type="checkbox"/> Artificial	<input checked="" type="checkbox"/> Low Light	<input type="checkbox"/> Darkness
Location:	<input type="checkbox"/> Indoors	<input checked="" type="checkbox"/> Outdoors		
Weather Conditions:	<input type="checkbox"/> Sunny	<input checked="" type="checkbox"/> Clear	<input type="checkbox"/> Cloudy	<input type="checkbox"/> Rain <input type="checkbox"/> Snow
Surface Conditions:	<input type="checkbox"/> Flat	<input type="checkbox"/> Incline	<input checked="" 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: 11/15/18
---------------------------------	--------------	----------------





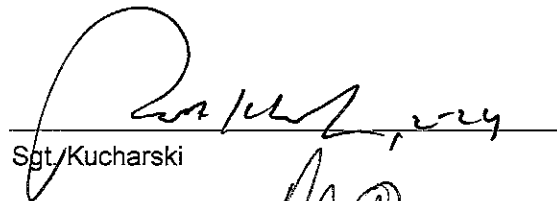
# MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT

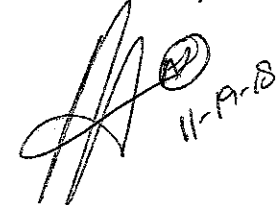


Case # 18-017737	Officer Roscoe Jr, Michael J	Date: 11/15/2018	Time: 0130	Day: Thursday
------------------	------------------------------	------------------	------------	---------------

**OIC Comment/Review:**

I reviewed the reports regarding this use of force and determined that the officer's actions were appropriate and within policy.

  
Sgt./Kucharski





# MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 18-017737    Officer: Pauley Jr., Michael D    Date: 11/15/2018    Time: 0130    Day: Thursday

Attached Reports: (Check All That Apply)

Incident Report       Arrest Report       Booking Photo

Was an arrest made?      Suspect Name:      OIC at time of Incident:  
 Yes     No      Zachariah Head      Sgt Kucharski (Z24)

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 checked="" type="checkbox"/> Agitated prior to police arrival	<input type="checkbox"/> Any disability (describe):
<input type="checkbox"/> Language barrier (if so, language spoken)	

Type of Force Used: CHECK ALL THAT APPLY

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

Injury Information:

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

Were any injuries sustained to suspect?     Yes     No      If yes, describe below...  
 scrape to right ear (minor)

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....  
 Taser deployed, partial contact, hands on take down employed, closed hand strike used to free hand tucked under body, arrested

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: 2-4 MIDS

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: *Michael Pauley Jr.*      Reviewed by: *[Signature]*      Date: 11-16-18



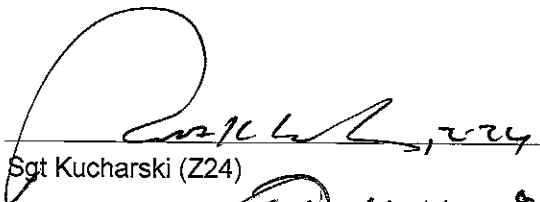
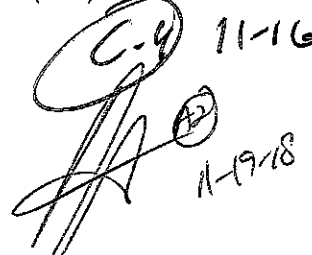
# MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 18-017737	Officer Pauley Jr., Michael D	Date: 11/15/2018	Time: 0130	Day: Thursday
------------------	-------------------------------	------------------	------------	---------------

**OIC Comment/Review:**

I reviewed the reports regarding this use of force and determined that the officer's actions were appropriate and within policy.

  
Sgt Kucharski (Z24)  
C-4 11-16-18  
  
11-19-18





# MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 18-17676    Officer: Nocella, Matthew T    Date: 11/14/2018    Time: 0021    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                      Woodruff, Troy                      Sgt. D. Sullivan

Suspect Information: CHECK ALL THAT APPLY

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

Type of Force Used: CHECK ALL THAT APPLY

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

Injury Information:

Were any injuries sustained to officer?     Yes     No                      If yes, describe below...  
 I suffered a closed avulsion fracture of phalanx of left thumb

Were any injuries sustained to suspect?     Yes     No                      If yes, describe below...  
 Suspect complained of pain to his torso, to include his ribs and abdomen area

Was medical attention provided?             Yes     No                      If yes, describe below...  
 The suspect and I were both treated at the Elliot Hospital

Describe the effects of the force used on any persons involved, and any decontamination method used if any...  
 I delivered hand strikes to the head and upper back of the suspect, and delivered several knee strikes to his torso.

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

Miscellaneous Information:

Offense/Charge: Resisting Arrest or Detention / Warrant

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: 12/5/18





# MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 18-17676	Officer Nocella, Matthew T	Date: 11/14/2018	Time: 0021	Day: Wednesday
-----------------	----------------------------	------------------	------------	----------------

### OIC Comment/Review:

I find the officers involved in this incident used the necessary force to arrest a subject who was actively resisting arrest. Although Officers eventually deployed a Taser, I recommend they utilize this tool earlier if possible to reduce the chance of injury as a result of striking the suspect in the head.

*[Signature]* 2-20  
Sgt. D. Sullivan

*[Signature]* (54)  
12-5-18  
12-5-18



# MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 18-17676	Officer: Massahos, Michael F	Date: 11/14/2018	Time: 0021	Day: Wednesday
-----------------	------------------------------	------------------	------------	----------------

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: Woodruff, Troy	OIC at time of Incident: Sgt. D. Sullivan
--	---------------------------------	--

**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**

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

**Injury Information**

Were any injuries sustained to officer?     Yes     No    If yes, describe below...  
 Ofc. Nocella sustained SBI to his left hand. He fractured a bone in the area of his left thumb.

Were any injuries sustained to suspect?     Yes     No    If yes, describe below...  
 The suspect complained of pain to his ribs and torso.

Was medical attention provided?     Yes     No    If yes, describe below...  
 Ofc. Nocella was driven to the Elliot by Ofc. Slocum. The suspect was transported to same by AMR. Both evaluated.

Describe the effects of the force used on any persons involved, and any decontamination method used if any....  
 I delivered several hand strikes to the rear of the suspect's head and upper body. I delivered several knee strikes to the suspect's torso, to include his ribs and abdomen area. I deployed my Taser (1x) when my hand and knee strikes proved ineffective.

**Officer Information**

# of officers present: 0      # 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 Arrest or Detention, Outside Agency Warrant

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>Michael F Massahos</i>	Reviewed by: <i>[Signature]</i>	Date: 11/14/18
---	---------------------------------	----------------





# MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 18-17676	Officer Massahos, Michael F	Date: 11/14/2018	Time: 0021	Day: Wednesday
-----------------	-----------------------------	------------------	------------	----------------

### OIC Comment/Review:

I find the officers involved in this incident used the necessary force to arrest a subject who was actively resisting arrest. Although Officers eventually deployed a Taser, I recommend they utilize this tool earlier if possible to reduce the chance of injury as a result of striking the suspect in the head.

*[Handwritten signature]* 2-20  
Sgt. D. Sullivan  
*[Handwritten signature]* 12-5-18



# MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 18-017676    Officer: Harrington, Nathan F    Date: 11/14/2018    Time: 0021    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      Troy Woodruff      Sgt Sullivan

Suspect Information: CHECK ALL THAT APPLY

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

Type of Force Used: CHECK ALL THAT APPLY

<p><b>Soft Hand Control</b></p> <input checked="" type="checkbox"/> Joint Manipulation <input type="checkbox"/> Pressure Point Control <p><b>Secondary Weapon System</b></p> <input type="checkbox"/> OC <input type="checkbox"/> Baton <input type="checkbox"/> K-9 <input type="checkbox"/> Other (describe) <input checked="" type="checkbox"/> Taser	<p><b>Hard Hand Control</b></p> <input type="checkbox"/> Open Hand Strike <input type="checkbox"/> Kick <input checked="" type="checkbox"/> Knee Strike <input checked="" type="checkbox"/> Take Down <input checked="" type="checkbox"/> Other (describe) closed hand strike	<p><b>Firearm</b></p> <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
---	--	---

Injury Information:

Were any injuries sustained to officer?     Yes     No      If yes, describe below...  
 fractured thumb to Ofc Nocella

Were any injuries sustained to suspect?     Yes     No      If yes, describe below...  
 small scrapes, Taser prong entry marks

Was medical attention provided?           Yes     No      If yes, describe below...  
 Woodruff brought to Elliot Hospital and subsequently cleared

Describe the effects of the force used on any persons involved, and any decontamination method used if any....  
 take down used to get Woodruff to the ground, hard hand strikes/joint manipulation used in order to gain control of Woodruff once on the ground-unsuccessful, taser deployed to gain control of Woodruff-successful.

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:    1-4 mids

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

Miscellaneous Information:

Offense/Charge: RESISTING ARREST-FELONY, US MARSHALS WARRANT (FEDERAL PROBATION VIOLATION)

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: *Nathan F Harrington*    Reviewed by: *[Signature]*    Date: 11/14/18



# MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 18-017676	Officer Harrington, Nathan F	Date: 11/14/2018	Time: 0021	Day: Wednesday
------------------	------------------------------	------------------	------------	----------------

**OIC Comment/Review:**

I find the officers involved in this incident used the necessary force to arrest a subject who was actively resisting arrest. Although Officers eventually deployed a Taser, I recommend they utilize this tool earlier if possible to reduce the chance of injury as a result of striking the suspect in the head.

*[Handwritten signature]* 2-20  
Sgt Sullivan  
C-9 12-5-18  
*[Handwritten signature]* 12-5-18



# MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case #	18-017418	Officer:	Roscoe Jr, Michael J	Date:	11/10/2018	Time:	0430	Day:	Saturday
--------	-----------	----------	----------------------	-------	------------	-------	------	------	----------

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: Paul Edeh [REDACTED]	OIC at time of Incident: Lt. Patterson
--	---------------------------------------	---

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

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

Injury Information

Were any injuries sustained to officer?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes, describe below...
Pain and swelling to left hand		
Were any injuries sustained to suspect?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes, describe below...
Scrapes to head and face, small cut on left eyebrow from contact with the ground as suspect struggled in prone position.		
Was medical attention provided?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes, describe below...
Transported via AMR to CMC, received 2 stitches to close cut		

Describe the effects of the force used on any persons involved, and any decontamination method used if any....  
 Pulled resisting subject to ground to secure in handcuffs. Delivered closed hand strike to top of subject's head to free leg, which subject had grabbed and pulled under his body in attempts to take me down.

Officer Information

# of officers present	5	# of officers injured:	1
Officer description:	<input checked="" type="checkbox"/> Uniform	<input type="checkbox"/> Plain Clothes	
Duty Status:	<input checked="" type="checkbox"/> On Duty	<input type="checkbox"/> Off Duty	<input type="checkbox"/> On Duty Detail/Location
Route/Assignment:	1-4 midnight shift		
<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: Simple Assault on Police Officer, Resisting Arrest or Detention, OUIL

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 checked="" type="checkbox"/> Rain <input type="checkbox"/> Snow
Surface Conditions:	<input checked="" type="checkbox"/> Flat	<input type="checkbox"/> Incline	<input type="checkbox"/> Decline	<input checked="" type="checkbox"/> Wet <input type="checkbox"/> Dry
	<input type="checkbox"/> Ice/Snow	<input type="checkbox"/> Debris	<input 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: 11/10/18
---------------------------------	--------------	----------------





# MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 18-017418	Officer Roscoe Jr, Michael J	Date: 11/10/2018	Time: 0430	Day: Saturday
------------------	------------------------------	------------------	------------	---------------

**OIC Comment/Review:**

I have reviewed the reports submitted and spoke with the officers regarding this incident. I conclude that based on the level of resistance shown by the suspect that the officers response was appropriate and justified. It was in accordance with SOP's, policies, and procedures.

*[Handwritten Signature]* L2

Lt. Patterson

*[Handwritten Signature]* 11-12-18  
*[Handwritten Signature]* 11-19-18





# MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 18-017418    Officer: Hennessy, Jeffrey M    Date: 11/10/2018    Time: 0430    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                      Paul Edeh [REDACTED]                      Lt Patterson

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
--	--	---

Injury Information:

Were any injuries sustained to officer?     Yes     No                      If yes, describe below...  
 Officer Roscoe had pain and swelling to his left hand

Were any injuries sustained to suspect?     Yes     No                      If yes, describe below...  
 contusion and laceration to his forehead

Was medical attention provided?             Yes     No                      If yes, describe below...  
 AMR Ambulance responded and he was transported to the CMC

Describe the effects of the force used on any persons involved, and any decontamination method used if any...  
 Once Paul Edeh was told he was under arrest, he began to pull his arms away from me, trying to break free. I transitioned him to the ground by doing a leg sweep

Officer Information:

# of officers present 5                      # 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: 11/10/18

A-4

2



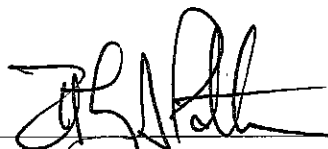
# MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 18-017418	Officer Hennessy, Jeffrey M	Date: 11/10/2018	Time: 0430	Day: Saturday
------------------	-----------------------------	------------------	------------	---------------

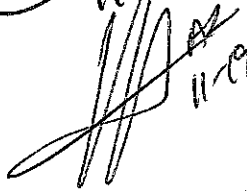
**OIC Comment/Review:**

I have reviewed the reports submitted and spoke with the officers regarding this incident. I conclude that based on the level of resistance shown by the suspect that the officers response was appropriate and justified. It was in accordance with SOP's, policies, and procedures.

  
Lt Patteson

12

C-11-12-16

  
11-19-18



# MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 18-16961	Officer Linstad, Nathan R	Date: 11/9/2018	Time: 0925	Day: Friday
-----------------	---------------------------	-----------------	------------	-------------

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: Christopher Swaine	OIC at time of Incident: Brennan
--	-------------------------------------	-------------------------------------

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

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

<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 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 checked="" 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 checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, describe below...

AMR transport for psych eval

Describe the effects of the force used on any persons involved, and any decontamination method used if any....  
2 tri chamber CS canisters placed in the residence

**Officer Information:**

# of officers present 5      # 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: 11/9/18
---------------------------------	--------------	---------------





# MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 18-16961	Officer: Linstad, Nathan R	Date: 11/9/2018	Time: 0925	Day: Friday
-----------------	----------------------------	-----------------	------------	-------------

**OIC Comment/Review:**

Upon reviewing of Officer Linstad's report and Response to Resistance Report, the use of force for this incident was appropriate and within departmental guidelines. Z-13

*Richard W Brennan* 2-13  
Brennan

*[Signature]* (A) 11-30-18

*[Signature]* (C-4) 11-30-18



# MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



A2

Case # 18-17272	Officer: Bates Jr, Stephen D	Date: 11/7/2018	Time: 1746	Day: Wednesday
Attached Reports: (Check All That Apply)				
<input checked="" type="checkbox"/> Incident Report		<input checked="" type="checkbox"/> Arrest Report		<input type="checkbox"/> Booking Photo <i>N/A Did not complete Booking Process</i>
Was an arrest made? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Suspect Name: Matthew Davis	OIC at time of Incident: 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 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				
<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"/> Pressure Point Control		<input type="checkbox"/> Kick		<input type="checkbox"/> Handgun Used
<u>Secondary Weapon System</u>		<input type="checkbox"/> Knee Strike		<input type="checkbox"/> Rifle Deployed
<input type="checkbox"/> OC		<input checked="" type="checkbox"/> Take Down		<input type="checkbox"/> Rifle Used
<input type="checkbox"/> Baton		<input checked="" type="checkbox"/> Other (describe) closed fist strike		<input type="checkbox"/> Shotgun Deployed
<input type="checkbox"/> K-9				<input type="checkbox"/> Shotgun Used
<input type="checkbox"/> Other (describe)				<input type="checkbox"/> Less Lethal- 12 Ga- Deployed
<input type="checkbox"/> Taser				<input type="checkbox"/> Less Lethal- 12 Ga- Used
				<input type="checkbox"/> Less Lethal- 40 mm- Deployed
				<input type="checkbox"/> Less Lethal- 40 mm- Used
				<input type="checkbox"/> Noise Flash Device
				<input type="checkbox"/> Gas Deployment- OC/CS
Injury Information				
Were any injuries sustained to officer?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, describe below...	
Were any injuries sustained to suspect?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes, describe below...	
minor abrasions to face				
Was medical attention provided?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes, describe below...	
AMR responded to scene and medically cleared suspect				
Describe the effects of the force used on any persons involved, and any decontamination method used if any... force was effective in placing the suspect into custody				
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:		<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 type="checkbox"/> Clear	<input type="checkbox"/> Cloudy <input type="checkbox"/> Rain <input type="checkbox"/> Snow
Surface Conditions:		<input checked="" type="checkbox"/> Flat	<input type="checkbox"/> Incline	<input type="checkbox"/> Decline <input type="checkbox"/> Wet <input type="checkbox"/> Dry
		<input type="checkbox"/> Ice/Snow	<input type="checkbox"/> Debris	<input type="checkbox"/> No Debris <input type="checkbox"/> Other
This report is to be filled out after the intentional or unintentional use of force with any weapons or the unintended use of any type of force resulting in injury or death to any person. All reports will be submitted along with the Incident Report, Arrest Report & Booking Photo and forwarded to the Training Director.				
Signature of reporting officer: <i>[Signature]</i>		Reviewed by: <i>[Signature]</i> Gravelle		Date: 11/14/18

A-1

A2



# MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 18-17272	Officer Bates Jr, Stephen D	Date: 11/7/2018	Time: 1746	Day: Wednesday
-----------------	-----------------------------	-----------------	------------	----------------

### OIC Comment/Review:

I spoke with Officer Bates about this incident and read the reports. The suspect in this case was already fighting with people at the location with prompted the call for police to respond. Officer Bates used appropriate force to defend himself and take the suspect into custody. The force was within policy and needed to make the arrest.-Z1 Gravelle

Sgt. Gravelle

C-4 11-14-18  
11-28-18



# MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 18-017221    Officer: Colburn, Patrick C    Date: 11/6/2018    Time: 1900    Day: Tuesday

Attached Reports: (Check All That Apply)

Incident Report                       Arrest Report                       Booking Photo

Was an arrest made?  Yes     No                      Suspect Name: Cennami, Robert                      OIC at time of Incident: Lt. McCabe

Suspect Information: CHECK ALL THAT APPLY

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

Type of Force Used: CHECK ALL THAT APPLY

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

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...

On scene Robert stated that he was ok and declined medical attention. Once through the booking process, Robert stated that his shoulder hurt and was brought to the hospital.

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

Robert was transported to the Elliot by AMR.

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

Robert ran away from officers. I caught up to him and tackled him to the ground.

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

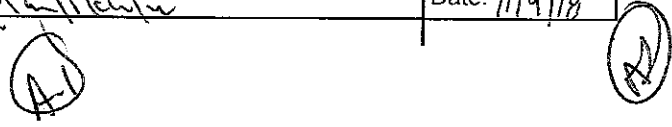
Weather Conditions:     Sunny                       Clear                       Cloudy                       Rain                       Snow

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: *Patrick Colburn*                      Reviewed by: *Patrick McCabe*                      Date: 11/9/18





# MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 18-017221	Officer Colburn, Patrick C	Date: 11/6/2018	Time: 1900	Day: Tuesday
------------------	----------------------------	-----------------	------------	--------------

**OIC Comment/Review:**

I reviewed the reports regarding this use of force and determined that the officer's actions were appropriate and within policy.

Lt. McCabe

*(Handwritten notes and signatures)*  
C-4  
11-12-18  
11-17-18





# MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 18-017131    Officer: Goodman, Austin    Date: 11/5/2018    Time: 1510    Day: Monday

Attached Reports: (Check All That Apply)

Incident Report     Arrest Report     Booking Photo

Was an arrest made?     Yes     No    Suspect Name: Kevin Bond [REDACTED]    OIC at time of Incident: F.Gillis

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><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 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
--	--	---	---

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....  
 Felony Stop was conducted, Duty Firearm was deployed and pointed in the direction of possible suspect. Duty Firearm was holstered, suspect was transitioned to the ground and handcuffed.

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: 3-3 Days  
 Verbal Commands used Before     Verbal Commands Used During     Verbal Commands Used After

Miscellaneous Information

Offense/Charge: N/A

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] #109    Reviewed by: [Signature] E-10    Date: 11/6/18



# MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 18-017131	Officer Goodman, Austin	Date: 11/5/2018	Time: 1510	Day: Monday
------------------	-------------------------	-----------------	------------	-------------

**OIC Comment/Review:**

I have reviewed the reports associated with this incident and spoken with the officer involved. Based upon this information, the following was determined. While in her personal vehicle, Dispatcher Gleason observed a vehicle she believed to be involved in an armed robbery that occurred earlier in the day. During the robbery, the suspect brandished a knife during the commission of the crime. Once responding units were able to stop the vehicle in question, the vehicle started from a stopped position and started to drive away from officers, leading the responding officers to believe this vehicle was attempting to flee. Given that this incident was called in by Dispatcher Gleason, the robbery suspect had used a weapon while committing the crime and the vehicle appeared to flee, it is reasonable to believe that Officer Goodman had a heightened sense of awareness and officer safety. All these facts and circumstances lead me to conclude the force used in this case was necessary, justified, and in accordance with policies and procedures.

*[Handwritten Signature]*  
F. Gillis

C-4  
11/8/18  
11/9/18



# MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 18-017131    Officer: Jaworowski, Konrad    Date: 11/5/2018    Time: 1505    Day: Monday

Attached Reports: (Check All That Apply)

Incident Report     Arrest Report     Booking Photo

Was an arrest made?  
 Yes     No

Suspect Name:  
Bond, Kevin

OIC at time of Incident:  
Sgt. Gillis

Suspect Information: CHECK ALL THAT APPLY

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

Type of Force Used: CHECK ALL THAT APPLY

<p><u>Soft Hand Control</u></p> <input checked="" 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 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
---	---	--

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 advised his shoulder hurt, but didn't want any medical treatment

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....

Use of force was effective, no decontamination necessary

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:

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: 11/23/18

AD



# MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 18-017131	Officer: Jaworowski, Konrad	Date: 11/5/2018	Time: 1505	Day: Monday
------------------	-----------------------------	-----------------	------------	-------------

### OIC Comment/Review:

I have reviewed the reports associated with this incident. Based upon this information, the following was determined. While in her personal vehicle, Dispatcher Gleason observed a vehicle she believed to be involved in an armed robbery that occurred earlier in the day. During the robbery, the suspect brandished a knife during the commission of the crime. Once responding units were able to stop the vehicle in question, the vehicle started from a stopped position and proceeded to drive away from officers, leading the responding officers to believe this vehicle was attempting to flee. Given that this incident was called in by Dispatcher Gleason, the robbery suspect had used a weapon while committing the crime and the vehicle appeared to flee, it is reasonable to believe that Officer Jaworski and other responding officers had a heightened sense of awareness and officer safety. All these facts and circumstances lead me to conclude the force used in this case was necessary, justified, and in accordance with policies and procedures.

*Andrew Gillis* E-18  
Sgt. Gillis  
C-16 11-25-18  
*[Signature]* 11-26-18



# MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 18-17062    Officer: Choi, Andrew S    Date: 11/4/2018    Time: 0146    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                      Jennifer St. Pierre                      Lt. Patterson

**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 type="checkbox"/> Impaired or Intoxicated                     | <input type="checkbox"/> Under the influence of drugs   |
| <input checked="" type="checkbox"/> Agitated prior to police arrival | <input type="checkbox"/> Any disability (describe):     |
| <input type="checkbox"/> Language barrier (if so, language spoken)   |   |

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

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

**Injury Information**

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

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

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

Describe the effects of the force used on any persons involved, and any decontamination method used if any...  
 minimal effect, eventual compliance through forceful separation of parties

**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:                      Reviewed by:                      Date: 11/5/18





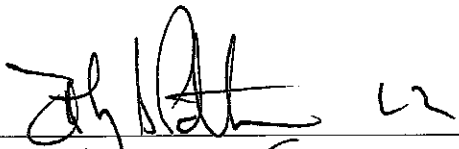
# MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT

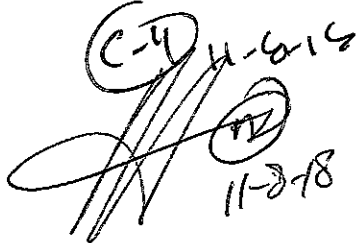


Case # 18-17062	Officer Choi, Andrew S	Date: 11/4/2018	Time: 0146	Day: Sunday
-----------------	------------------------	-----------------	------------	-------------

**OIC Comment/Review:**

I reviewed the reports associated with this case and spoke with the officers involved. The force used in this case was necessary, justified, and in accordance with policies and procedures given the level of resistance by the suspect.

  
Lt. Patterson

  
C-11 11-6-18  
11-3-18



# MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 18-17064	Officer: Bifsha, Robert	Date: 11/4/2018	Time: 0135	Day: Sunday
-----------------	-------------------------	-----------------	------------	-------------

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: Colby Siering	OIC at time of Incident: Lt. Patterson
--	--------------------------------	---

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

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

Injury Information:

Were any injuries sustained to officer?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	If yes, describe below...
Were any injuries sustained to suspect?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	If yes, describe below...
Was medical attention provided?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	If yes, describe below...

Describe the effects of the force used on any persons involved, and any decontamination method used if any....  
 Subject was taken down to the ground due to resisting arrest standing, once on the ground subject complied.

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: 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:	
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 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:  #35	Reviewed by:  L2	Date: 11/5/18
--------------------------------------	------------------	---------------



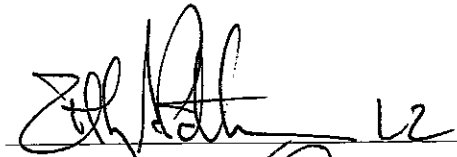

# MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 18-17064	Officer Bifsha, Robert	Date: 11/4/2018	Time: 0135	Day: Sunday
-----------------	------------------------	-----------------	------------	-------------

**OIC Comment/Review:**

I reviewed the reports associated with this case and spoke with the officers involved. The force used in this case was necessary, justified, and in accordance with policies and procedures given the level of resistance by the suspect.

  
Lt. Patterson L2  
C-4  
11-8-16  
 11-8-18





# MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 18-017064    Officer: Dann III, William    Date: 11/4/2108    Time: 0133    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    Siering, Colby    Lt. Patterson

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><b>Soft Hand Control</b></p> <input checked="" type="checkbox"/> Joint Manipulation <input type="checkbox"/> Pressure Point Control <p><b>Secondary Weapon System</b></p> <input type="checkbox"/> OC <input type="checkbox"/> Baton <input type="checkbox"/> K-9 <input type="checkbox"/> Other (describe) <input checked="" type="checkbox"/> Taser	<p><b>Hard Hand Control</b></p> <input type="checkbox"/> Open Hand Strike <input type="checkbox"/> Kick <input type="checkbox"/> Knee Strike <input checked="" type="checkbox"/> Take Down <input type="checkbox"/> Other (describe)	<p><b>Firearm</b></p> <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
---	--	---

Injury Information

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

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

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

Describe the effects of the force used on any persons involved, and any decontamination method used if any....  
 Suspect was told to put his hands behind his back and physically resisted, before being taken to the ground and drive stunned by taser

Officer Information

# of officers present: 3    # of officers injured: 0

Officer description:     Uniform     Plain Clothes

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

Route/Assignment: 1-3 Mids

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

Miscellaneous Information

Offense/Charge: Simple Assault DV 631:2 B I. And Resisting Arrest 642:2 (M)

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: 11/5/18



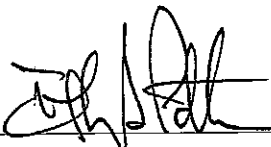
# MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 18-017064	Officer Dann III, William	Date: 11/4/2108	Time: 0133	Day: Sunday
------------------	---------------------------	-----------------	------------	-------------

### OIC Comment/Review:

I reviewed the reports associated with this case and spoke with the officers invovled. The force used in this case was necessary, justified, and in accordance with policies and procedures given the level of resistance by the suspect.

  
Lt. Patterson

L2  
C-4 11-9-18  
11-2-18



# MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 18-017062    Officer: Martens, Alexander    Date: 11/3/2018    Time: 0146    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                      Jennifer St.Pierre                      Lt.Patterson

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

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

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

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

The ammont of force used had minimal effect on offender

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]                      Reviewed by: [Signature]                      Date: 11/3/18





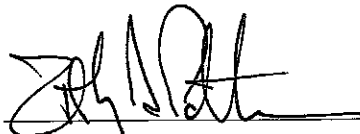


# MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 18-017062	Officer Martens, Alexander	Date: 11/3/2018	Time: 0146	Day: Saturday
------------------	----------------------------	-----------------	------------	---------------

### OIC Comment/Review:

I reviewed the reports associated with this case and spoke with the officers involved. The force used in this case was necessary, justified, and in accordance with policies and procedures given the level of resistance by the suspect.

 22  
Lt. Patterson  
 11-8-18  
 11-8-18



# MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 18-016984    Officer: DeJoy, Michael A    Date: 11/2/2018    Time: 1647    Day: Friday

Attached Reports: (Check All That Apply)

Incident Report                       Arrest Report                       Booking Photo

Was an arrest made?                      Suspect Name:                      OIC at time of Incident:  
 Yes     No                      CARMODY, CHARLES                      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 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**

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

**Injury Information:**

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

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

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

Describe the effects of the force used on any persons involved, and any decontamination method used if any....  
 Carmody resisted arrest while trying to flee from Officer Irwin and I on a bicycle. I was able to grab ahold of Carmody while he was on the bicycle and transition him to the pavement.

**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: 234c  
 Verbal Commands used Before     Verbal Commands Used During     Verbal Commands Used After

**Miscellaneous Information**

Offense/Charge: Resisting Arrest or Detention RSA 642:2

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: *Michael A DeJoy*    Reviewed by: *SGT. Gravelle*    Date: 11/2/18





# MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT





Case # 18-016984	Officer DeJoy, Michael A	Date: 11/2/2018	Time: 1647	Day: Friday
------------------	--------------------------	-----------------	------------	-------------

### OIC Comment/Review:

I listened to officers call in the foot pursuit over the radio when it was taking place. They were chasing after the suspect who fled on a bicycle. They were able to catch up to the suspect and take him into custody.

I read the report and spoke with Officers Dejoy and Irwin about the incident. After observing activity consistent with drug activity they were to stop the suspect, this is when he fled. The suspect tried to ride past them on his bike while continuing his effort to get away. Officer Dejoy was able to grab the suspect and pull him off the bicycle. This force was justified, within policy and needed to take the suspect into custody. Z1-Gravelle

  
SGT. GRAVELLE

  
C-4  
11-8-18



# MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 18-016947    Officer: LaCroix, Olivia E    Date: 11/2/2018    Time: 0233    Day: Friday

Attached Reports: (Check All That Apply)

Incident Report     Arrest Report N/A     Booking Photo N/A

Was an arrest made?  
 Yes     No

Suspect Name:  
Animal- Deer

OIC at time of Incident:  
SGT Kucharski

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 checked="" type="checkbox"/> Any disability (describe): <u>Deer injured on the side of road.</u> |
| <input type="checkbox"/> Language barrier (if so, language spoken) |   |

Type of Force Used: CHECK ALL THAT APPLY

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

Injury Information

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

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

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

Describe the effects of the force used on any persons involved, and any decontamination method used if any...  
Deer was euthanized by use of handgun.

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] #120    Reviewed by: [Signature]    Date: 11-02-18





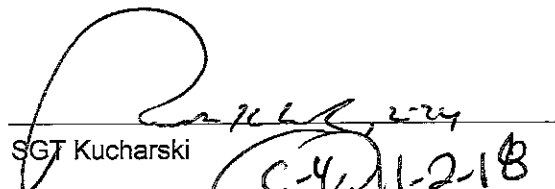
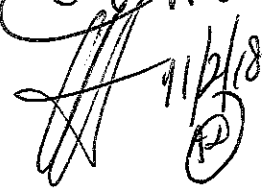
# MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 18-016947	Officer LaCroix, Olivia E	Date: 11/2/2018	Time: 0233	Day: Friday
------------------	---------------------------	-----------------	------------	-------------

### OIC Comment/Review:

I reviewed the reports regarding this use of force and determined that the officer's actions were appropriate and within policy.

  
SGT Kucharski  
C-4 11-2-18  
11/2/18  






# MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 18-016944    Officer: Cosby, Michaela J    Date: 11/2/2018    Time: 0025    Day: Friday

Attached Reports: (Check All That Apply)

*Research* Incident Report     Arrest Report     Booking Photo

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

Yes     No    DEER    Sgt Kucharski

**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><b>Soft Hand Control</b></p> <input type="checkbox"/> Joint Manipulation <input type="checkbox"/> Pressure Point Control	<p><b>Hard Hand Control</b></p> <input type="checkbox"/> Open Hand Strike <input type="checkbox"/> Kick <input type="checkbox"/> Knee Strike <input type="checkbox"/> Take Down <input type="checkbox"/> Other (describe)	<p><b>Firearm</b></p> <input type="checkbox"/> Handgun Deployed <input 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
--	---	---	---

**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...  
Euthanized a deer

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

Describe the effects of the force used on any persons involved, and any decontamination method used if any....  
The deer expired after the use of force was used.

**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]*    Reviewed by: *[Signature]*    Date: 11-02-18





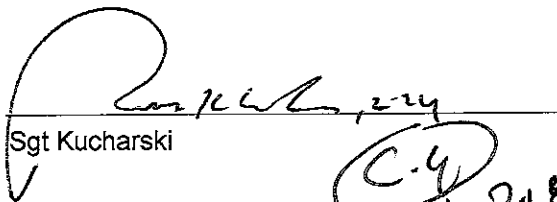
# MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT




Case # 18-016944	Officer Cosby, Michaela J	Date: 11/2/2018	Time: 0025	Day: Friday
------------------	---------------------------	-----------------	------------	-------------

**OIC Comment/Review:**

I reviewed the reports regarding this use of force and determined that the officer's actions were appropriate and within policy.

  
Sgt Kucharski

C-4  
11-2-18  
  
11/2/18  
A2