



# MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 15-1586	Officer: Mullen, Patrick J	Date: 1/31/2015	Time: 0140	Day: Saturday
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Attached Reports: (Check All That Apply)

Incident Report     
  Arrest Report     
  Booking Photo

Was an arrest made? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Suspect Name: Slebodnick, Andrew	OIC at time of Incident: Lt Begley
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Suspect Information: CHECK ALL THAT APPLY

<input type="checkbox"/> Armed with a deadly weapon	<input type="checkbox"/> Armed with a non-deadly weapon
<input checked="" type="checkbox"/> Not armed	<input type="checkbox"/> Had been drinking
<input 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

<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
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Injury Information:

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

Describe the effects of the force used on any persons involved, and any decontamination method used if any....  
 Male was taken down in the booking area after failing to comply with numerous commands to deescalate

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: Wagon

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

Miscellaneous Information:

Offense/Charge: Assault on Police Officer, 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: <i>[Signature]</i> #153	Reviewed by: <i>[Signature]</i>	Date: 2-9-15
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# MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 15-1586	Officer Mullen, Patrick J	Date: 1/31/2015	Time: 0140	Day: Saturday
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**OIC Comment/Review:**

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

Lt Begley



# MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 15-1586	Officer: Dann III, William	Date: 1/31/2015	Time: 0110	Day: Saturday
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Attached Reports: (Check All That Apply)

Incident Report     
  Arrest Report     
  Booking Photo

Was an arrest made? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Suspect Name: Slebodnick, Andrew	OIC at time of Incident: Begley
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**Suspect Information: CHECK ALL THAT APPLY**

<input type="checkbox"/> Armed with a deadly weapon	<input type="checkbox"/> Armed with a non-deadly weapon
<input checked="" type="checkbox"/> Not armed	<input type="checkbox"/> Had been drinking
<input 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 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) attempted take down	<p><b>Firearm</b></p> <input type="checkbox"/> Handgun Deployed <input type="checkbox"/> Handgun Used <input type="checkbox"/> Rifle Deployed <input type="checkbox"/> Rifle Used <input type="checkbox"/> Shotgun Deployed <input type="checkbox"/> Shotgun Used	<input type="checkbox"/> Less Lethal- 12 Ga- Deployed <input type="checkbox"/> Less Lethal- 12 Ga- Used <input type="checkbox"/> Less Lethal- 40 mm- Deployed <input type="checkbox"/> Less Lethal- 40 mm- Used <input type="checkbox"/> Noise Flash Device <input type="checkbox"/> Gas Deployment- OC/CS
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**Injury Information:**

Were any injuries sustained to officer?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes, describe below...
Injury to right eye including swelling and abrasions		
Were any injuries sustained to suspect?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, describe below...
subject had cuts on hands from punching out a window prior to police arrival		
Was medical attention provided?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes, describe below...
Ofc. Dann transported to Elliot Hospital for evaluation on injuries		

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

Ofc. Dann was pursuing a subject who was actively resisting arrest. The subject then punched Ofc. Dann in the face, Ofc. Dann attempted to gain control of the subject was unable to and deployed taser which was effective.

**Officer Information:**

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

Officer description:     Uniform       Plain Clothes

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

Route/Assignment: 1-3 mids

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]*      Reviewed by: *[Signature]*      Date: 2-5-15



# MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 15-1586	Officer: Dann III, William	Date: 1/31/2015	Time: 0110	Day: Saturday
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**OIC Comment/Review:**

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

  
Begley



# MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 15-1356    Officer: Caldwell, Brian H    Date: 1/26/2015    Time: 1255    Day: Monday

Attached Reports: (Check All That Apply)

Incident Report       Arrest Report       Booking Photo

Was an arrest made?

Yes     No

Suspect Name:

Roland Iller

OIC at time of Incident:

Sgt. C. Rousseau

Suspect Information: CHECK ALL THAT APPLY

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

Type of Force Used: CHECK ALL THAT APPLY

Soft Hand Control

- Joint Manipulation  
 Pressure Point Control

Hard Hand Control

- Open Hand Strike  
 Kick  
 Knee Strike  
 Take Down  
 Other (describe)

Firearm

- Handgun Deployed     Less Lethal- 12 Ga- Deployed  
 Handgun Used     Less Lethal- 12 Ga- Used  
 Rifle Deployed     Less Lethal- 40 mm- Deployed  
 Rifle Used     Less Lethal- 40 mm- Used  
 Shotgun Deployed     Noise Flash Device  
 Shotgun Used     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....

Iller was a possible in an armed robbery. Iller attempted to elude officers in the river. I drew my service pistol and issued verbal commands. Iller became compliant and was taken into custody without incident.

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: Robbery, EBW,  
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: Sgt. C. Rousseau    Date: 1-1-15

WNAZ



# MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 15-1356	Officer: Caldwell, Brian H	Date: 1/26/2015	Time: 1255	Day: Monday
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**OIC Comment/Review:**

I have reviewed the reports and was listening to the call as the OIC when it occurred. The suspect Officer Caldwell dealt with was fleeing from an Armed Robbery in a stolen vehicle. His furtive movements with his hands and initial refusal to show them Caldwell necessitated the force used. I find that Officer Caldwell was justified in this use of force and that he was in compliance with NH RSA as well as MPD S.O.P.

  
Sgt. C/Rousseau





# MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 15-001200	Officer Fleming, Andrew G	Date: 1/23/2015	Time: 0955	Day: Friday
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Attached Reports: (Check All That Apply)

Incident Report     
  Arrest Report     
  Booking Photo

Was an arrest made? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Suspect Name: Bennett, Benjamin	OIC at time of Incident: Lt Vincent
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**Suspect Information: CHECK ALL THAT APPLY**

<input checked="" type="checkbox"/> Armed with a deadly weapon	<input type="checkbox"/> Armed with a non-deadly weapon
<input 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 checked="" type="checkbox"/> Handgun Deployed <input type="checkbox"/> Handgun Used <input type="checkbox"/> Rifle Deployed <input type="checkbox"/> Rifle Used <input type="checkbox"/> Shotgun Deployed <input type="checkbox"/> Shotgun Used  <input type="checkbox"/> Less Lethal- 12 Ga- Deployed <input type="checkbox"/> Less Lethal- 12 Ga- Used <input type="checkbox"/> Less Lethal- 40 mm- Deployed <input type="checkbox"/> Less Lethal- 40 mm- Used <input type="checkbox"/> Noise Flash Device <input type="checkbox"/> Gas Deployment- OC/CS
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**Injury Information:**

Were any injuries sustained to officer?     Yes     No    If yes, describe below...  
 Scrapes and bruises to face, right elbow, right knee

Were any injuries sustained to suspect?     Yes     No    If yes, describe below...  
 Small lacerations to face and knocked unconscious

Was medical attention provided?     Yes     No    If yes, describe below...  
 AMR responded to MPD booking area for suspect but he refused medical treatment

Describe the effects of the force used on any persons involved, and any decontamination method used if any....  
 Effective by stopping a fleeing reportedly "armed" suspect using the minimal amount of force necessary

**Officer Information:**

# of officers present 1      # of officers injured: 1

Officer description:     Uniform       Plain Clothes

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

Route/Assignment:  
 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: 1/24/15
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# MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case #	15-001200	Officer	Fleming, Andrew G	Date:	1/23/2015	Time:	0955	Day:	Friday
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### OIC Comment/Review:

I monitored the radio traffic related to this call for service and I reviewed the reports submitted and I find that Officer A Fleming used the minimal amount of force necessary while apprehending a reportedly armed suspect from an armed robbery. Officer Fleming complied with State statute and Departmental procedures in his use of force in response to this subject's resistance.

\_\_\_\_\_  
Lt Vincent

*AJ Vincent* 1/24/15





# MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 15-001142	Officer: White, Ryan B	Date: 1/22/2015	Time: 1222	Day: Thursday
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Attached Reports: (Check All That Apply)

- Incident Report     
  Arrest Report     
  Booking Photo

Was an arrest made? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Suspect Name: Lovensky Maschabaz Mesidor	OIC at time of Incident: Lt Vincent
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**Suspect Information CHECK ALL THAT APPLY**

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

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

Soft Hand Control	Hard Hand Control	Firearm
<input checked="" type="checkbox"/> Joint Manipulation	<input type="checkbox"/> Open Hand Strike	<input type="checkbox"/> Handgun Deployed
<input type="checkbox"/> Pressure Point Control	<input type="checkbox"/> Kick	<input type="checkbox"/> Handgun Used
<b>Secondary Weapon System</b>	<input type="checkbox"/> Knee Strike	<input type="checkbox"/> Rifle Deployed
<input checked="" 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 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...

Describe the effects of the force used on any persons involved, and any decontamination method used if any....  
 Subject sprayed with OC during violent struggle while attempting to handcuff him. OC spray had no effect, subject continued struggle after he was sprayed.

**Officer Information**

# of officers present: <u>10</u>	# of officers injured: <u>3</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	
<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, Criminal Mischief, Resisting Arrest					
Lighting:	<input checked="" type="checkbox"/> Daylight	<input type="checkbox"/> Artificial	<input type="checkbox"/> Low Light	<input type="checkbox"/> Darkness	
Location:	<input type="checkbox"/> Indoors	<input checked="" type="checkbox"/> Outdoors			
Weather Conditions:	<input checked="" type="checkbox"/> Sunny	<input type="checkbox"/> Clear	<input type="checkbox"/> Cloudy	<input type="checkbox"/> Rain	<input type="checkbox"/> Snow
Surface Conditions:	<input checked="" type="checkbox"/> Flat	<input type="checkbox"/> Incline	<input type="checkbox"/> Decline	<input type="checkbox"/> Wet	<input checked="" type="checkbox"/> Dry
	<input type="checkbox"/> Ice/Snow	<input type="checkbox"/> Debris	<input checked="" type="checkbox"/> No Debris	<input type="checkbox"/> Other	

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

Signature of reporting officer: <i>[Signature]</i>	Reviewed by: <i>[Signature]</i>	Date: 1/23/15
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# MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 15-001142	Officer White, Ryan B	Date: 1/22/2015	Time: 1222	Day: Thursday
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**OIC Comment/Review:**

Officers encountered an aggitated, aggressive, and possibly mentally unstable individual and the escalation of force they applied was consistent with the active agression they faced from this individual. All of the Officers involved complied with State statue as well as Departmental procedures in their application of force in response to the resistance and aggression from the individual during this incident.

I was able to review all of the reports associated with this case as well as monitor the radio traffic during this incident and find that no further review is necessary.

\_\_\_\_\_  
Lt Vincent



# MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case #	15-001142	Officer:	Howe, Stacy T	Date:	1/22/2015	Time:	1225	Day:	Thursday
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Attached Reports: (Check All That Apply)

Incident Report     
  Arrest Report     
  Booking Photo

Was an arrest made? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Suspect Name: Mesidor Maschabaz, Lovensky	OIC at time of Incident: Lt Vincent
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Suspect Information: CHECK ALL THAT APPLY

<input type="checkbox"/> Armed with a deadly weapon	<input type="checkbox"/> Armed with a non-deadly weapon
<input checked="" type="checkbox"/> Not armed	<input type="checkbox"/> Had been drinking
<input 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 checked="" type="checkbox"/> Take Down <input type="checkbox"/> Other (describe)	<b>Firearm</b> <input type="checkbox"/> Handgun Deployed <input type="checkbox"/> Handgun Used <input type="checkbox"/> Rifle Deployed <input type="checkbox"/> Rifle Used <input type="checkbox"/> Shotgun Deployed <input type="checkbox"/> Shotgun Used  <input type="checkbox"/> Less Lethal- 12 Ga- Deployed <input type="checkbox"/> Less Lethal- 12 Ga- Used <input type="checkbox"/> Less Lethal- 40 mm- Deployed <input type="checkbox"/> Less Lethal- 40 mm- Used <input type="checkbox"/> Noise Flash Device <input type="checkbox"/> Gas Deployment- OC/CS
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Injury Information:

Were any injuries sustained to officer?     Yes     No    If yes, describe below...  
 Laceration to right side of the face, sore neck, laceration to both knees and left arm

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....  
 Tazed the subject twice, very little effect

Officer Information:

# of officers present: 10      # of officers injured: 3

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: 1/23/15
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# MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case #	15-001142	Officer	Howe, Stacy T	Date:	1/22/2015	Time:	1225	Day:	Thursday
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**OIC Comment/Review:**

Officers encountered an aggitated, aggressive, and possibly mentally unstable individual and the escalation of force they applied was consistent with the active agression they faced from this individual. All of the Officers involved complied with State statue as well as Departmental procedures in their application of force in response to the resistance and aggression from the individual during this incident.

I was able to review all of the reports associated with this case as well as monitor the radio traffic during this incident and find that no further review is necessary.

\_\_\_\_\_  
Lt Vincent

*1/22/15*



# MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case #	15-001142	Officer:	Karoul, Brian P	Date:	1/22/2015	Time:	1222	Day:	Thursday
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Attached Reports: (Check All That Apply)

Incident Report     
  Arrest Report     
  Booking Photo

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

**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 checked="" 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 checked="" type="checkbox"/> Take Down <input type="checkbox"/> Other (describe)	<b>Firearm</b> <input type="checkbox"/> Handgun Deployed <input type="checkbox"/> Handgun Used <input type="checkbox"/> Rifle Deployed <input type="checkbox"/> Rifle Used <input type="checkbox"/> Shotgun Deployed <input type="checkbox"/> Shotgun Used  <input type="checkbox"/> Less Lethal- 12 Ga- Deployed <input type="checkbox"/> Less Lethal- 12 Ga- Used <input type="checkbox"/> Less Lethal- 40 mm- Deployed <input type="checkbox"/> Less Lethal- 40 mm- Used <input type="checkbox"/> Noise Flash Device <input type="checkbox"/> Gas Deployment- OC/CS
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**Injury Information**

Were any injuries sustained to officer?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes, describe below...
head, neck, hands and wrist pain due to fight		
Were any injuries sustained to suspect?	<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....  
 Taser deployment did not connect due to winter coat, O.C. spray had min affect as subject was in a state of rage

**Officer Information**

# of officers present: <u>10</u>	# of officers injured: <u>3</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: DOC, Assault on POx3, Criminal Mischief

Lighting:	<input checked="" type="checkbox"/> Daylight <input type="checkbox"/> Artificial <input type="checkbox"/> Low Light <input type="checkbox"/> Darkness
Location:	<input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors
Weather Conditions:	<input type="checkbox"/> Sunny <input type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Rain <input 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: <i>[Signature]</i> #14	Reviewed by: <i>[Signature]</i>	Date: 1/23/15
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# MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 15-001142	Officer Karoul, Brian P	Date: 1/22/2015	Time: 1222	Day: Thursday
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**OIC Comment/Review:**

Officers encountered an aggitated, aggressive, and possibly mentally unstable individual and the escalation of force they applied was consistent with the active agression they faced from this individual. All of the Officers involved complied with State statue as well as Departmental procedures in their application of force in response to the resistance and aggression from the individual during this incident.  
I was able to review all of the reports associated with this case as well as monitor the radio traffic during this incident and find that no further review is necessary.

*19707*



# MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 15-1142	Officer: Battistelli, Anthony D	Date: 1/22/2015	Time: 1222	Day: Thursday /
Attached Reports: (Check All That Apply)				
<input checked="" type="checkbox"/> Incident Report		<input checked="" type="checkbox"/> Arrest Report		<input type="checkbox"/> Booking Photo
Was an arrest made? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Suspect Name: Lovensky J. Maschabaz Mesidor	OIC at time of Incident: Lt. Vincent		
Suspect Information: CHECK ALL THAT APPLY				
<input type="checkbox"/> Armed with a deadly weapon	<input type="checkbox"/> Armed with a non-deadly weapon			
<input checked="" type="checkbox"/> Not armed	<input type="checkbox"/> Had been drinking			
<input checked="" type="checkbox"/> Impaired or Intoxicated	<input type="checkbox"/> Under the influence of drugs			
<input type="checkbox"/> Agitated prior to police arrival	<input type="checkbox"/> Any disability (describe):			
<input type="checkbox"/> Language barrier (if so, language spoken)				
Type of Force Used: CHECK ALL THAT APPLY				
<b>Soft Hand Control</b>	<b>Hard Hand Control</b>	<b>Firearm</b>		
<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	
<b>Secondary Weapon System</b>	<input type="checkbox"/> Knee Strike	<input type="checkbox"/> Rifle Deployed	<input type="checkbox"/> Less Lethal- 40 mm- Deployed	
<input type="checkbox"/> OC	<input checked="" type="checkbox"/> Take Down	<input type="checkbox"/> Rifle Used	<input type="checkbox"/> Less Lethal- 40 mm- Used	
<input type="checkbox"/> Baton	<input type="checkbox"/> Other (describe)	<input type="checkbox"/> Shotgun Deployed	<input type="checkbox"/> Noise Flash Device	
<input type="checkbox"/> K-9		<input type="checkbox"/> Shotgun Used	<input type="checkbox"/> Gas Deployment- OC/CS	
<input type="checkbox"/> Other (describe)				
<input checked="" type="checkbox"/> Taser				
Injury Information				
Were any injuries sustained to officer? Head, Neck, hands and wrist pain due to fight.	<input checked="" type="checkbox"/> Yes <input 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.... Taser deployment did not connect due to thick clothing, Drive stun worked instantly to get suspect into wagon.				
Officer Information				
# of officers present: 10	# of officers injured: 3			
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, DOC, Assault on PO (3), Criminal Mischief				
Lighting:	<input checked="" type="checkbox"/> Daylight	<input type="checkbox"/> Artificial	<input type="checkbox"/> Low Light	<input type="checkbox"/> Darkness
Location:	<input type="checkbox"/> Indoors	<input checked="" type="checkbox"/> Outdoors		
Weather Conditions	<input type="checkbox"/> Sunny	<input type="checkbox"/> Clear	<input type="checkbox"/> Cloudy	<input type="checkbox"/> Rain <input 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: #83 Battistelli		Reviewed by: <i>[Signature]</i>	Date: 1/23/15	



# MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 15-1142	Officer Battistelli, Anthony D	Date: 1/22/2015	Time: 1222	Day: Thursday
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### OIC Comment/Review:

Officers encountered an aggitated, aggressive, and possibly mentally unstable individual and the escalation of force they applied was consistent with the active agression they faced from this individual. All of the Officers involved complied with State statue as well as Departmental procedures in their application of force in response to the resistance and aggression from the individual during this incident.

I was able to review all of the reports associated with this case as well as monitor the radio traffic during this incident and find that no further review is necessary.

\_\_\_\_\_  
Lt. Vincent





# MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 15-001170	Officer: Lamy, Raymond	Date: 1/22/2015	Time: 2028	Day: Thursday
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Attached Reports: (Check All That Apply)

Incident Report       Arrest Report       Booking Photo

Was an arrest made? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Suspect Name: Bourassa, Thomas R	OIC at time of Incident: Lt. Vincent
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Suspect Information: CHECK ALL THAT APPLY

<input type="checkbox"/> Armed with a deadly weapon	<input type="checkbox"/> Armed with a non-deadly weapon
<input type="checkbox"/> Not armed	<input type="checkbox"/> Had been drinking
<input type="checkbox"/> Impaired or Intoxicated	<input type="checkbox"/> Under the influence of drugs
<input checked="" type="checkbox"/> Agitated prior to police arrival	<input checked="" type="checkbox"/> Any disability (describe): Mental Health patient
<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
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Injury Information:

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

Left Hand ring and little finger sore.

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

Male had abrasions on his face from his active resistance and trying to free himself from us as we tried to place him in cuffs. No strikes were utilized

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

Man was brought to the Elliot Hospital and turned over to their care under supervision of hospital security.

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

I used soft controls to bring the man to the ground and then soft controls to gain a handcuffing position.

Officer Information:

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

Officer description:     Uniform       Plain Clothes

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

Route/Assignment: 33c

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

Miscellaneous Information:

Offense/Charge: No Charges brought.

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>R Lamy</i>	Reviewed by: <i>[Signature]</i>	Date: 1/23/15
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# MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 15-001170	Officer: Lamy, Raymond	Date: 1/22/2015	Time: 2028	Day: Thursday
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**OIC Comment/Review:**

Highly agitated and mentally ill subject needed to be brought into control in order to ensure the safety of the staff members at the Cypress Center as well as to facilitate his transfer to the Elliot Hospital for further treatment. Officer Horn and Officer Lamy were justified in their use of force in order to effectively control this subject and they complied with State statute and Departmental procedures while doing so. No further review of this incident is necessary.

\_\_\_\_\_  
Lt. Vincent

*1124*



# MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 15-001170	Officer: Horn, Christian A	Date: 1/22/2015	Time: 2005	Day: Thursday
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Attached Reports: (Check All That Apply)

Incident Report     
  Arrest Report     
  Booking Photo

Was an arrest made? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Suspect Name: Bourassa, Lucie	OIC at time of Incident: LT Vincent
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Suspect Information CHECK ALL THAT APPLY

<input type="checkbox"/> Armed with a deadly weapon	<input type="checkbox"/> Armed with a non-deadly weapon
<input checked="" type="checkbox"/> Not armed	<input type="checkbox"/> Had been drinking
<input checked="" type="checkbox"/> Impaired or Intoxicated	<input type="checkbox"/> Under the influence of drugs
<input checked="" type="checkbox"/> Agitated prior to police arrival	<input checked="" type="checkbox"/> Any disability (describe): mental illness
<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 checked="" 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 type="checkbox"/> Take Down <input type="checkbox"/> Other (describe)	<b>Firearm</b> <input type="checkbox"/> Handgun Deployed <input type="checkbox"/> Handgun Used <input type="checkbox"/> Rifle Deployed <input type="checkbox"/> Rifle Used <input type="checkbox"/> Shotgun Deployed <input type="checkbox"/> Shotgun Used  <input type="checkbox"/> Less Lethal- 12 Ga- Deployed <input type="checkbox"/> Less Lethal- 12 Ga- Used <input type="checkbox"/> Less Lethal- 40 mm- Deployed <input type="checkbox"/> Less Lethal- 40 mm- Used <input type="checkbox"/> Noise Flash Device <input type="checkbox"/> Gas Deployment- OC/CS
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Injury Information

Were any injuries sustained to officer?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes, describe below...
Cuts to Officers hands during struggle		
Were any injuries sustained to suspect?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes, describe below...
Rug burns from subject moving rapidly all over the floor.		
Was medical attention provided?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes, describe below...
Taken to Elliot Hospital for IEH		

Describe the effects of the force used on any persons involved, and any decontamination method used if any....  
 Knee strikes were non affective. Taser incapacitated subject for short time for Officers to handcuff

Officer Information

# of officers present: 4	# of officers injured: 2
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: 21c	
<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: Medical Emergency only

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

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

Signature of reporting officer: <i>[Handwritten Signature]</i>	Reviewed by: <i>[Handwritten Signature]</i>	Date: 1/23/15
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*MPA-2*





# MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 15-001170	Officer: Horn, Christian A	Date: 1/22/2015	Time: 2005	Day: Thursday
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**OIC Comment/Review:**

Highly agitated and mentally ill subject needed to be brought into control in order to ensure the safety of the staff members at the Cypress Center as well as to facilitate his transfer to the Elliot Hospital for further treatment. Officer Horn and Officer Lamy were justified in their use of force in order to effectively control this subject and they complied with State statute and Departmental procedures while doing so.  
No further review of this incident is necessary.

\_\_\_\_\_  
LT Vincent



# MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case #	15-001049	Officer:	Jusza, Kevin A	Date:	1/20/2015	Time:	2000	Day:	Tuesday
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Attached Reports: (Check All That Apply)

Incident Report     
  Arrest Report     
  Booking Photo

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

**Suspect Information CHECK ALL THAT APPLY**

<input type="checkbox"/> Armed with a deadly weapon	<input type="checkbox"/> Armed with a non-deadly weapon
<input checked="" type="checkbox"/> Not armed	<input 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**

<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
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**Injury Information:**

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

Describe the effects of the force used on any persons involved, and any decontamination method used if any....  
 Subject kicked me in shin being escorted to wagon. Pulled subject down and regained control.

**Officer Information:**

# of officers present: <b>4</b>	# of officers injured: <b>0</b>
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: <b>25</b>	<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: 4ct Simple Assault Domestic, 4ct Simple Assault, 1ct Resisting Arrest

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

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

Signature of reporting officer:	Reviewed by:	Date:
		01-21-15

*JUSZA*      *EL5*



# MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 15-001049	Officer: Jusza, Kevin A	Date: 1/20/2015	Time: 2000	Day: Tuesday
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**OIC Comment/Review:**

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

LT Boucher



# MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case #	15-001049	Officer	Grant, Meghan L	Date:	1/20/2015	Time:	2000	Day:	Tuesday
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Attached Reports: (Check All That Apply)

Incident Report     
  Arrest Report     
  Booking Photo

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

Suspect Information: CHECK ALL THAT APPLY

<input type="checkbox"/> Armed with a deadly weapon	<input type="checkbox"/> Armed with a non-deadly weapon
<input checked="" type="checkbox"/> Not armed	<input 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

<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 type="checkbox"/> Other (describe)	<b>Firearm</b> <input type="checkbox"/> Handgun Deployed <input type="checkbox"/> Handgun Used <input type="checkbox"/> Rifle Deployed <input type="checkbox"/> Rifle Used <input type="checkbox"/> Shotgun Deployed <input type="checkbox"/> Shotgun Used  <input type="checkbox"/> Less Lethal- 12 Ga- Deployed <input type="checkbox"/> Less Lethal- 12 Ga- Used <input type="checkbox"/> Less Lethal- 40 mm- Deployed <input type="checkbox"/> Less Lethal- 40 mm- Used <input type="checkbox"/> Noise Flash Device <input type="checkbox"/> Gas Deployment- OC/CS
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Injury Information

Were any injuries sustained to officer?	<input 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 was on scene

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

Suspect was taken down by using an arm bar method and handcuffs were applied

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: 25C

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

Miscellaneous Information

Offense/Charge: 4ct Simple Assault DV, 4ct Simple Assault, Resisting Arrest

Lighting:             Daylight       Artificial       Low Light       Darkness

Location:             Indoors       Outdoors

Weather Conditions:     Sunny       Clear       Cloudy       Rain       Snow

Surface Conditions:     Flat       Incline       Decline       Wet       Dry

Ice/Snow       Debris       No Debris       Other

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: 01-21-15
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# MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 15-001049	Officer: Grant, Meghan L	Date: 1/20/2015	Time: 2000	Day: Tuesday
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**OIC Comment/Review:**

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

LT Boucher