



MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 13-1570 Officer: Ofc Feather Date: 01/31/13 Time: 1840 Day: Thursday

Attached Reports: (Check All That Apply)

Incident Report Arrest Report Booking Photo

Was an arrest made?

Yes No

Suspect Name:

Benjamin Garcia

Suspect Information: CHECK ALL THAT APPLY

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

Type of Force Used: CHECK ALL THAT APPLY

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

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

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

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

Describe the effects of the force used on any persons involved, and any decontamination method used if any....
 His actions were stopped immediately

Officer Information:

of officers present: 1 # of officers injured: 0
 Officer description: Uniform Plain Clothes
 Duty Status: On Duty Off Duty On Duty Detail
 Route/Assignment: 2-2
 Verbal Commands Used Before Verbal Commands Used During Verbal Commands Used After

Miscellaneous Information:

Offense/Charge: Resisting Detention, Riot, Simple Assault

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

Signature of reporting officer:

Reviewed by:

Date:

2/1/13



MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 13-001333	Officer: Mallios, George	Date: 1/27/2013	Time: 2140	Day: Sunday
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Attached Reports: (Check All That Apply)

Incident Report
 Arrest Report
 Booking Photo

Was an arrest made? <input type="checkbox"/> Yes <input type="checkbox"/> No	Suspect Name: Derek Still [REDACTED]
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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 type="checkbox"/> Agitated prior to police arrival	<input type="checkbox"/> Any disability (describe):
<input type="checkbox"/> Language barrier (if so, language spoken)	

Type of Force Used: CHECK ALL THAT APPLY

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

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

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

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

EMS responded to booking to check subject on his state of impairment

Describe the effects of the force used on any persons involved, and any decontamination method used if any....
 Joint manipulation and pressure points were effective in achieving goals in booking. (Mallios, Tremblay, and M. Valenti)

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: Route 1-4 & Wagon

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>	Date: 1-29-13
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MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case #	13-971	Officer	Florenzo, Thomas J	Date:	1/20/2013	Time:	1800	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:					
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					kenneth booper					
Suspect Information: CHECK ALL THAT APPLY										
<input type="checkbox"/> Armed with a deadly weapon			<input type="checkbox"/> Armed with a non-deadly weapon							
<input checked="" type="checkbox"/> Not armed			<input type="checkbox"/> Had been drinking							
<input type="checkbox"/> Impaired or Intoxicated			<input type="checkbox"/> Under the influence of drugs							
<input type="checkbox"/> Agitated prior to police arrival			<input type="checkbox"/> Any disability (describe):							
<input type="checkbox"/> Language barrier (if so, language spoken)										
Type of Force Used: CHECK ALL THAT APPLY										
<u>Soft Hand Control</u>			<u>Hard Hand Control</u>			<u>Firearm</u>				
<input type="checkbox"/> Joint Manipulation			<input type="checkbox"/> Open Hand Strike			<input type="checkbox"/> Handgun Deployed		<input type="checkbox"/> Less Lethal- 12 Ga- Deployed		
<input type="checkbox"/> Pressure Point Control			<input type="checkbox"/> Kick			<input type="checkbox"/> Handgun Used		<input type="checkbox"/> Less Lethal- 12 Ga- Used		
<u>Secondary Weapon System</u>			<input type="checkbox"/> Knee Strike			<input type="checkbox"/> Rifle Deployed		<input type="checkbox"/> Less Lethal- 40 mm- Deployed		
<input type="checkbox"/> OC			<input checked="" type="checkbox"/> Take Down			<input type="checkbox"/> Rifle Used		<input type="checkbox"/> Less Lethal- 40 mm- Used		
<input type="checkbox"/> Baton			<input 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 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 checked="" type="checkbox"/> No		If yes, describe below...			
cut on hand										
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 resisted arrest, attempted to pull away while being handcuffed, he was taken to the ground and handcuffed without incident										
Officer Information:										
# of officers present: 1			# of officers injured: 0							
Officer description:			<input type="checkbox"/> Uniform		<input checked="" 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: follow up			<input checked="" type="checkbox"/> Verbal Commands Used During				<input checked="" type="checkbox"/> Verbal Commands Used After			
<input checked="" type="checkbox"/> Verbal Commands used Before										
Miscellaneous Information:										
Offense/Charge: assault on PO, Resisting, Violation of BC, Stalking										
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 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: 1/21/13		



MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



ENTERED
9/20/13

Case #	13-000906	Officer:	Barter, Matthew D	Date:	1/18/2013	Time:	1755	Day:	Friday	
Attached Reports: (Check All That Apply)										
<input checked="" type="checkbox"/> Incident Report			<input checked="" type="checkbox"/> Arrest Report			<input checked="" type="checkbox"/> Booking Photo				
Was an arrest made?					Suspect Name:					
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					Demers, Michael [REDACTED]					
Suspect Information: CHECK ALL THAT APPLY										
<input type="checkbox"/> Armed with a deadly weapon			<input type="checkbox"/> Armed with a non-deadly weapon							
<input checked="" type="checkbox"/> Not armed			<input type="checkbox"/> Had been drinking							
<input type="checkbox"/> Impaired or Intoxicated			<input type="checkbox"/> Under the influence of drugs							
<input type="checkbox"/> Agitated prior to police arrival			<input type="checkbox"/> Any disability (describe):							
<input type="checkbox"/> Language barrier (if so, language spoken)										
Type of Force Used: CHECK ALL THAT APPLY										
<u>Soft Hand Control</u>			<u>Hard Hand Control</u>			<u>Firearm</u>				
<input 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 checked="" 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 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...			
Rug burn to left shoulder from take down.										
Was medical attention provided?					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If yes, describe below...			
None needed										
Describe the effects of the force used on any persons involved, and any decontamination method used if any....										
Pushing Demers backward and then controlling his arms allowed him to be taken into custody. The OC prevented further assaults in the wagon.										
Officer Information:										
# of officers present			# of officers injured:							
4			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: 1-4, 2-5, Wagon										
<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, Resisting Arrest, Disorderly Conduct, Criminal Threatening										
Lighting:			<input type="checkbox"/> Daylight <input type="checkbox"/> Artificial <input checked="" 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 checked="" type="checkbox"/> Dry							
<input type="checkbox"/> Ice/Snow <input type="checkbox"/> Debris <input type="checkbox"/> No Debris <input checked="" type="checkbox"/> Other Carpet										
This report is to be filled out after the intentional or unintentional use of force with any weapons or the unintended use of any type of force resulting in injury or death to any person. All reports will be submitted along with the Incident Report, Arrest Report & Booking Photo and forwarded to the Training Director										
Signature of reporting officer:					Reviewed by:			Date:		

[Handwritten Signature]

[Handwritten Signature]

1-18-13



MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



ENTERED
9/2013

Case # 13-00000 Officer: Krawczyk Date: 01/18/13 Time: 1345 Day: Friday

Attached Reports: (Check All That Apply)

Incident Report Arrest Report Booking Photo

Was an arrest made?

Yes No

Suspect Name:

Matthew Kirchoff [REDACTED]

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>Soft Hand control</p> <input type="checkbox"/> Joint Manipulation
<input checked="" type="checkbox"/> Pressure Point Cont.

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

Were any injuries sustained?

Yes No

If yes, describe below....

Minor red mark on left ribs

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....

Kirchoff stopped trying to pull away but acted as if he felt no pain when the taser was applied. He attempted to pull away when I applied pressure to the point under his right ear but was unable to.

Officer Information:

of officers present: 2 # of officers injured: 0
 Officer description: Uniform Plain Clothes
 Duty Status: On Duty Off Duty On Duty Detail
 Route/Assignment:
 Verbal Commands Used Before Verbal Commands Used During Verbal Commands Used After

Miscellaneous Information:

Offense/Charge: Simple Assault on PO x 2, 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 checked="" type="checkbox"/> Sunny	<input type="checkbox"/> Cloudy	<input type="checkbox"/> Rain	<input type="checkbox"/> Snow
Surface Conditions: <input checked="" type="checkbox"/> Flat	<input type="checkbox"/> Incline	<input type="checkbox"/> Decline	<input type="checkbox"/> Wet
<input type="checkbox"/> Dry	<input type="checkbox"/> Ice/Snow	<input type="checkbox"/> Debris	<input type="checkbox"/> No Debris
			<input type="checkbox"/> Other

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Signature of reporting officer:

[Handwritten Signature]

Reviewed by:

[Handwritten Signature]

Date:

1-18-13



MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case #	13-000592	Officer	Aquino, Mark	Date:	1/13/2013	Time:	0110	Day:	Sunday
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Attached Reports: (Check All That Apply)

Incident Report
 Arrest Report
 Booking Photo

Was an arrest made?	Suspect Name:
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Stephanie Comelo

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

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

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

Refused

Describe the effects of the force used on any persons involved, and any decontamination method used if any....
 Suspect immediately released grip from steering wheel and was physically removed from vehicle

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 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 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 type="checkbox"/> Debris	<input type="checkbox"/> No Debris	<input checked="" 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>Mark Aquino</i>	Reviewed by: <i>[Signature]</i>	Date: 1/13/13
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MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case #	13-000595	Officer	Boyd, Ryan	Date:	1/13/2013	Time:	0200	Day:	Sunday
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Attached Reports: (Check All That Apply)

Incident Report
 Arrest Report
 Booking Photo

Was an arrest made? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Suspect Name: <p style="text-align: center;">Andrew WOODS</p>
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Suspect Information - CHECK ALL THAT APPLY

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

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

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

Describe the effects of the force used on any persons involved, and any decontamination method used if any...
 suspect was transitioned to the ground, where he submitted to our efforts to handcuff him.

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: wagon	<input checked="" type="checkbox"/> Verbal Commands used Before
	<input checked="" type="checkbox"/> Verbal Commands Used During <input type="checkbox"/> Verbal Commands Used After

Miscellaneous Information

Offense/Charge: Resisting Detention			
Lighting:	<input type="checkbox"/> Daylight	<input type="checkbox"/> Artificial	<input type="checkbox"/> Low Light <input checked="" type="checkbox"/> Darkness
Location:	<input type="checkbox"/> Indoors	<input checked="" type="checkbox"/> Outdoors	
Weather Conditions:	<input type="checkbox"/> Sunny	<input 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 checked="" 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:
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MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case #	13-000323	Officer	Joyal, Eric M	Date:	1/8/2013	Time:	0253	Day:	Tuesday	
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:						
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Macleod, Jason [REDACTED]						
Suspect Information: CHECK ALL THAT APPLY										
<input type="checkbox"/> Armed with a deadly weapon			<input type="checkbox"/> Armed with a non-deadly weapon							
<input type="checkbox"/> Not armed			<input type="checkbox"/> Had been drinking							
<input type="checkbox"/> Impaired or Intoxicated			<input type="checkbox"/> Under the influence of drugs							
<input type="checkbox"/> Agitated prior to police arrival			<input type="checkbox"/> Any disability (describe):							
<input type="checkbox"/> Language barrier (if so, language spoken)										
Type of Force Used: CHECK ALL THAT APPLY										
<u>Soft Hand Control</u>			<u>Hard Hand Control</u>			<u>Firearm</u>				
<input type="checkbox"/> Joint Manipulation			<input type="checkbox"/> Open Hand Strike			<input type="checkbox"/> Handgun Deployed		<input type="checkbox"/> Less Lethal- 12 Ga- Deployed		
<input type="checkbox"/> Pressure Point Control			<input type="checkbox"/> Kick			<input type="checkbox"/> Handgun Used		<input type="checkbox"/> Less Lethal- 12 Ga- Used		
<u>Secondary Weapon System</u>			<input type="checkbox"/> Knee Strike			<input type="checkbox"/> Rifle Deployed		<input type="checkbox"/> Less Lethal- 40 mm- Deployed		
<input type="checkbox"/> OC			<input checked="" type="checkbox"/> Take Down			<input type="checkbox"/> Rifle Used		<input type="checkbox"/> Less Lethal- 40 mm- Used		
<input type="checkbox"/> Baton			<input type="checkbox"/> Other (describe)			<input type="checkbox"/> Shotgun Deployed		<input type="checkbox"/> Noise Flash Device		
<input type="checkbox"/> K-9						<input type="checkbox"/> Shotgun Used		<input type="checkbox"/> Gas Deployment- OC/CS		
<input type="checkbox"/> Other (describe)										
<input type="checkbox"/> Taser										
Injury Information:										
Were any injuries sustained to officer?				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If yes, describe below...				
Were any injuries sustained to suspect?				<input 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...										
Tackled subject to the ground as he was attempting to flee, forced his hand behind his back from underneath his stomach.										
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: 1-4			<input checked="" type="checkbox"/> Verbal Commands used Before			<input checked="" type="checkbox"/> Verbal Commands Used During		<input checked="" type="checkbox"/> Verbal Commands Used After		
Miscellaneous Information:										
Offense/Charge: Resisting, Criminal Mischief, Prowling										
Lighting:			<input type="checkbox"/> Daylight		<input type="checkbox"/> Artificial		<input type="checkbox"/> Low Light		<input checked="" type="checkbox"/> Darkness	
Location:			<input type="checkbox"/> Indoors		<input checked="" type="checkbox"/> Outdoors					
Weather Conditions			<input type="checkbox"/> Sunny		<input checked="" type="checkbox"/> Clear		<input type="checkbox"/> Cloudy		<input type="checkbox"/> Rain <input type="checkbox"/> Snow	
Surface Conditions:			<input type="checkbox"/> Flat		<input type="checkbox"/> Incline		<input type="checkbox"/> Decline		<input type="checkbox"/> Wet <input 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:		
[Signature] #171				[Signature]				1-8-13		



MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case #	13-230	Officer:	Brown, Aaron J	Date:	1/6/2013	Time:	1000	Day:	Sunday
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Attached Reports: (Check All That Apply)

Incident Report
 Arrest Report
 Booking Photo

Was an arrest made? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Suspect Name: Robinson, Tiesha [REDACTED]
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Suspect Information: CHECK ALL THAT APPLY

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

Type of Force Used: CHECK ALL THAT APPLY

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

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

Water was provided for OC decontamination

Describe the effects of the force used on any persons involved, and any decontamination method used if any....
 Offender was taken to the floor to control her actions, OC spray had desired effect and offender stopped resisting.

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: 3-2		
<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: EBW, simple assault, resisting arrest/detention

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 Booking room floor

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: 1/6/13
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MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 13-230	Officer <i>Golia, Daniel R</i>	Date: 1/6/2013	Time: 1000	Day: Sunday
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Attached Reports: (Check All That Apply)

Incident Report
 Arrest Report
 Booking Photo

Was an arrest made? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Suspect Name: Robinson, Tiesha [REDACTED]
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Suspect Information - CHECK ALL THAT APPLY

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

Type of Force Used - CHECK ALL THAT APPLY

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

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

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

While offender was on the ground I applied a wrist lock to get the offender to stop resisting. Was able to place offenders hand behind her back for handcuffing

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: EBW, simple assault, resisting arrest/detention

Lighting: Daylight Artificial Low Light Darkness

Location: Indoors Outdoors

Weather Conditions: Sunny Clear Cloudy Rain Snow

Surface Conditions: Flat Incline Decline Wet Dry

Ice/Snow Debris No Debris Other

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: *Daniel Golia* Reviewed by: *Christina Taylor* Date: 1/6/13



MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case #	13-000182	Officer	Megowen, Robert G	Date:	1/5/2013	Time:	0125	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: Guillermo, Alex [REDACTED]
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Suspect Information: CHECK ALL THAT APPLY

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

Type of Force Used: CHECK ALL THAT APPLY

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

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

Describe the effects of the force used on any persons involved, and any decontamination method used if any...
 Placing Susp. On the ground and using a knee strike allowed me to gain control over his arms and secure them into cuffs.

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: Resisting Arrest or Detention

Lighting: Daylight Artificial Low Light Darkness

Location: Indoors Outdoors

Weather Conditions Sunny Clear Cloudy Rain Snow

Surface Conditions: Flat Incline Decline Wet Dry

Ice/Snow Debris No Debris Other Stairs

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

Signature of reporting officer:	Reviewed by:	Date: <u>1/10/13</u>
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