



MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case #	14-1690	Officer:	Mullen, Patrick J	Date:	1/31/2014	Time:	1745	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					Thomas Chamberland [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 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 type="checkbox"/> No		If yes, describe below...			
Small scrape to the throat from striking a piece of metal during the fall.										
Was medical attention provided?					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If yes, describe below...			
Suspect refused medical attention.										
Describe the effects of the force used on any persons involved, and any decontamination method used if any....										
Officer Information										
# of officers present: 1			# of officers injured: 0							
Officer description:			<input checked="" type="checkbox"/> Uniform		<input type="checkbox"/> Plain Clothes					
Duty Status:			<input type="checkbox"/> On Duty		<input type="checkbox"/> Off Duty <input checked="" type="checkbox"/> On Duty Detail/Location Mall of NH					
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: Theft by deception, 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 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> #153					Reviewed by: <i>[Signature]</i> 27			Date: 2-4-14		

[Handwritten initials]

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MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case #	14-1690	Officer:	Mullen, Patrick J	Date:	1/31/2014	Time:	1745	Day:	Friday
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Attached Reports: (Check All That Apply)

Incident Report
 Arrest Report
 Booking Photo

Was an arrest made? Yes No

Suspect Name: **Evan Sanborn** [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

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

Were any injuries sustained to officer? 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....
 Leg sweep and suspect taken down to ground, handcuffed.

Officer Information

of officers present: 1 # of officers injured: 0

Officer description: Uniform Plain Clothes

Duty Status: On Duty Off Duty On Duty Detail/Location Mall of NH

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

Miscellaneous Information

Offense/Charge: Theft, 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

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Signature of reporting officer: *[Signature]* #153 Reviewed by: *[Signature]* 27 Date: 2-4-14



MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case #	14-001689	Officer:	Tennis, Chad A	Date:	1/31/2014	Time:	1730	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					Kyle Labrie					
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										
<u>Soft Hand Control</u>			<u>Hard Hand Control</u>			<u>Firearm</u>				
<input checked="" type="checkbox"/> Joint Manipulation			<input type="checkbox"/> Open Hand Strike			<input type="checkbox"/> Handgun Deployed		<input type="checkbox"/> Less Lethal- 12 Ga- Deployed		
<input type="checkbox"/> Pressure Point Control			<input type="checkbox"/> Kick			<input type="checkbox"/> Handgun Used		<input type="checkbox"/> Less Lethal- 12 Ga- Used		
<u>Secondary Weapon System</u>			<input type="checkbox"/> Knee Strike			<input type="checkbox"/> Rifle Deployed		<input type="checkbox"/> Less Lethal- 40 mm- Deployed		
<input type="checkbox"/> OC			<input checked="" type="checkbox"/> Take Down			<input type="checkbox"/> Rifle Used		<input type="checkbox"/> Less Lethal- 40 mm- Used		
<input type="checkbox"/> Baton			<input type="checkbox"/> Other (describe)			<input type="checkbox"/> Shotgun Deployed		<input type="checkbox"/> Noise Flash Device		
<input type="checkbox"/> K-9						<input type="checkbox"/> 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...										
Soft hand control and a take down were used to subdue the subject so he could be placed in handcuffs										
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: 1-1			<input checked="" type="checkbox"/> Verbal Commands used Before			<input checked="" type="checkbox"/> Verbal Commands Used During		<input checked="" type="checkbox"/> Verbal Commands Used After		
Miscellaneous Information										
Offense/Charge: Simple assault on a PO, Resisting arrest, and Disorderly conduct										
Lighting:			<input type="checkbox"/> Daylight		<input type="checkbox"/> Artificial		<input checked="" type="checkbox"/> Low Light		<input type="checkbox"/> Darkness	
Location:			<input type="checkbox"/> Indoors		<input checked="" type="checkbox"/> Outdoors					
Weather Conditions:			<input type="checkbox"/> Sunny		<input checked="" type="checkbox"/> Clear		<input type="checkbox"/> Cloudy		<input type="checkbox"/> Rain <input type="checkbox"/> Snow	
Surface Conditions:			<input type="checkbox"/> Flat		<input type="checkbox"/> Incline		<input 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:		
<i>Chad A. Tennis #59</i>				<i>[Signature]</i>				01-31-14		

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MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case #	14-001490	Officer:	Beland, Adam R	Date:	1/28/2014	Time:	0800	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					Pretti, Douglas					
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										
<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?					If yes, describe below...					
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					Ofc Beland suffered a small cut to his middle finger on his right hand near the nail bed.					
Were any injuries sustained to suspect?					If yes, describe below...					
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					Pretti had preexisting injuries to his hands prior to contact.					
Was medical attention provided?					If yes, describe below...					
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					Ofc Beland went to Elliot Urgent Care to provide a blood sample regarding an exposure he had to the suspects blood.					
Describe the effects of the force used on any persons involved, and any decontamination method used if any...										
I used a take down technique to prone Pretti on the ground. Using verbal commands, he was safely handcuffed.										
Officer Information										
# of officers present:		4		# of officers injured:		1				
Officer description:		<input checked="" 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:		1-1B								
<input checked="" type="checkbox"/> Verbal Commands used Before		<input checked="" type="checkbox"/> Verbal Commands Used During			<input type="checkbox"/> Verbal Commands Used After					
Miscellaneous Information										
Offense/Charge: TBUT, Resisting Arrest, Parole Violation										
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 type="checkbox"/> Flat		<input checked="" 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:		
								1-29-14		



MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 14-001356 Officer: Mullen, Patrick J Date: 1/25/2014 Time: 0045 Day: Saturday

Attached Reports: (Check All That Apply)

- Incident Report Arrest Report Booking Photo

Was an arrest made?

- Yes No

Suspect Name:

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

Type of Force Used - CHECK ALL THAT APPLY

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

Injury Information

- Were any injuries sustained to officer? Yes No If yes, describe below...
- Were any injuries sustained to suspect? Yes No If yes, describe below...
- During take down in booking, the suspect's head struck the metal support on booking glass. 1/2 inch laceration to forehead.
- Was medical attention provided? Yes No If yes, describe below...
- I applied pressure with gauze to the suspects forehead. EMS responded and suspect taken to Elliot Hospital.
- Describe the effects of the force used on any persons involved, and any decontamination method used if any....
- Suspect continued with verbal threats and resistance.

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: Criminal threatening, Simple assault (assault on Police Officer), Disorderly conduct, Resisting arrest
- Lighting: Daylight Artificial Low Light Darkness
- Location: Indoors Outdoors
- Weather Conditions Sunny Clear Cloudy Rain Snow
- Surface Conditions: Flat Incline Decline Wet Dry
- Ice/Snow Debris No Debris Other

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Signature of reporting officer: *[Signature]* Reviewed by: *[Signature]* Date: 1-29-14

(26)



MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case #	14-001356	Officer:	Joyal, Eric M	Date:	1/24/2014	Time:	0024	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					Dalrymple, Robert [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 type="checkbox"/> Under the influence of drugs							
<input checked="" type="checkbox"/> Agitated prior to police arrival			<input type="checkbox"/> Any disability (describe):							
<input type="checkbox"/> Language barrier (if so, language spoken)										
Type of Force Used: CHECK ALL THAT APPLY										
<u>Soft Hand Control</u>			<u>Hard Hand Control</u>			<u>Firearm</u>				
<input type="checkbox"/> Joint Manipulation			<input type="checkbox"/> Open Hand Strike			<input type="checkbox"/> Handgun Deployed		<input type="checkbox"/> Less Lethal- 12 Ga- Deployed		
<input type="checkbox"/> Pressure Point Control			<input type="checkbox"/> Kick			<input type="checkbox"/> Handgun Used		<input type="checkbox"/> Less Lethal- 12 Ga- Used		
<u>Secondary Weapon System</u>			<input type="checkbox"/> Knee Strike			<input type="checkbox"/> Rifle Deployed		<input type="checkbox"/> Less Lethal- 40 mm- Deployed		
<input type="checkbox"/> OC			<input 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 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....										
swept legs out from underneath him and transitioned him to the ground										
Officer Information										
# of officers present: 1			# of officers injured: 0							
Officer description:			<input checked="" type="checkbox"/> Uniform		<input type="checkbox"/> Plain Clothes					
Duty Status:			<input checked="" type="checkbox"/> On Duty		<input type="checkbox"/> Off Duty		<input type="checkbox"/> On Duty Detail/Location			
Route/Assignment: 1-4										
<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: DOC, Resisting, Simple Assault, Criminal Threat										
Lighting:			<input type="checkbox"/> Daylight		<input type="checkbox"/> Artificial		<input checked="" type="checkbox"/> Low Light		<input type="checkbox"/> Darkness	
Location:			<input type="checkbox"/> Indoors		<input checked="" type="checkbox"/> Outdoors					
Weather Conditions:			<input type="checkbox"/> Sunny		<input checked="" type="checkbox"/> Clear		<input type="checkbox"/> Cloudy		<input type="checkbox"/> Rain <input type="checkbox"/> Snow	
Surface Conditions:			<input checked="" type="checkbox"/> Flat		<input type="checkbox"/> Incline		<input type="checkbox"/> Decline		<input type="checkbox"/> Wet <input type="checkbox"/> Dry	
			<input checked="" type="checkbox"/> Ice/Snow		<input type="checkbox"/> Debris		<input type="checkbox"/> No Debris		<input type="checkbox"/> Other	
This report is to be filled out after the intentional or unintentional use of force with any weapons or the unintended use of any type of force resulting in injury or death to any person. All reports will be submitted along with the Incident Report, Arrest Report & Booking Photo and forwarded to the Training Director.										
Signature of reporting officer:					Reviewed by:			Date:		
[Signature] #171					[Signature]			1-27-14		

C-6



MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 14-001255 Officer: Mullen, Patrick J Date: 1/23/2014 Time: 0105 Day: Thursday

Attached Reports: (Check All That Apply)

Incident Report Arrest Report Booking Photo

Was an arrest made?

Yes No

Suspect Name:

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

Type of Force Used CHECK ALL THAT APPLY

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

<p>Secondary Weapon System</p> <input checked="" type="checkbox"/> OC
<input type="checkbox"/> Baton
<input type="checkbox"/> K-9
<input type="checkbox"/> Other (describe)
<input type="checkbox"/> Taser | <p>Hard Hand Control</p> <input type="checkbox"/> Open Hand Strike
<input type="checkbox"/> Kick
<input checked="" type="checkbox"/> Knee Strike
<input type="checkbox"/> Take Down
<input type="checkbox"/> Other (describe) | <p>Firearm</p> <input type="checkbox"/> Handgun Deployed
<input type="checkbox"/> Handgun Used
<input type="checkbox"/> Rifle Deployed
<input type="checkbox"/> Rifle Used
<input type="checkbox"/> Shotgun Deployed
<input type="checkbox"/> Shotgun Used

<input type="checkbox"/> Less Lethal- 12 Ga- Deployed
<input type="checkbox"/> Less Lethal- 12 Ga- Used
<input type="checkbox"/> Less Lethal- 40 mm- Deployed
<input type="checkbox"/> Less Lethal- 40 mm- Used
<input type="checkbox"/> Noise Flash Device
<input type="checkbox"/> Gas Deployment- OC/CS |
|---|--|---|

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...

Subj complained of rib injury, EMS responded and subject taken to Elliot for evaluation.

Describe the effects of the force used on any persons involved, and any decontamination method used if any....
 Subject did not comply after being OC sprayed. Subject was taken down a second time and knee strikes delivered.

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

Miscellaneous Information

Offense/Charge: Simple assault, resisting arrest, violation bail conditions, warrant (other agency)

Lighting: Daylight Artificial Low Light Darkness

Location: Indoors Outdoors

Weather Conditions: Sunny Clear Cloudy Rain Snow

Surface Conditions: Flat Incline Decline Wet Dry
 Ice/Snow Debris No Debris Other

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

Signature of reporting officer: *Patrick Mullen #153* Reviewed by: *Sgt. [Signature]* Date: *01/23/14*

DMWA-2



MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 14-1255	Officer: Brunini, Kenneth J	Date: 1/22/2014	Time: 2315	Day: Wednesday
Attached Reports: (Check All That Apply)				
<input checked="" type="checkbox"/> Incident Report		<input checked="" type="checkbox"/> Arrest Report		<input type="checkbox"/> Booking Photo
Was an arrest made? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Suspect Name: Ruschak, Jeremy		
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				
<u>Soft Hand Control</u>		<u>Hard Hand Control</u>		<u>Firearm</u>
<input type="checkbox"/> Joint Manipulation		<input type="checkbox"/> Open Hand Strike		<input type="checkbox"/> Handgun Deployed
<input type="checkbox"/> Pressure Point Control		<input type="checkbox"/> Kick		<input type="checkbox"/> Handgun Used
<u>Secondary Weapon System</u>		<input type="checkbox"/> Knee Strike		<input type="checkbox"/> Rifle Deployed
<input type="checkbox"/> OC		<input checked="" type="checkbox"/> Take Down		<input type="checkbox"/> Rifle Used
<input type="checkbox"/> Baton		<input 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If yes, describe below...
After incident complained of rib pain. Taken to Elliot Hospital, xrays were neg.				
Describe the effects of the force used on any persons involved, and any decontamination method used if any.... Able to gain compliance				
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/Locatio
Route/Assignment: 1/2 A				
<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: S/A, Resisting, Viol. Of BC, Warrant, 72hr hold				
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:
				1/22/14

C-1

DAW A-2



MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 13-015490 Officer: Devereaux, Edward F Date: 1/21/2014 Time: 0900 Day: Tuesday

Attached Reports: (Check All That Apply)

Incident Report Arrest Report Booking Photo

Was an arrest made? Yes No Suspect Name: Lazarre, Djemi [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): susp attempted to consume pills |
| <input type="checkbox"/> Language barrier (if so, language spoken) | |

Type of Force Used: CHECK ALL THAT APPLY

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

<p>Secondary Weapon System</p> <input type="checkbox"/> OC
<input type="checkbox"/> Baton
<input type="checkbox"/> K-9
<input type="checkbox"/> Other (describe)
<input type="checkbox"/> Taser | <p>Hard Hand Control</p> <input type="checkbox"/> Open Hand Strike
<input type="checkbox"/> Kick
<input type="checkbox"/> Knee Strike
<input checked="" type="checkbox"/> Take Down
<input type="checkbox"/> Other (describe) | <p>Firearm</p> <input type="checkbox"/> Handgun Deployed
<input type="checkbox"/> Handgun Used
<input type="checkbox"/> Rifle Deployed
<input type="checkbox"/> Rifle Used
<input type="checkbox"/> Shotgun Deployed
<input type="checkbox"/> Shotgun Used

<input type="checkbox"/> Less Lethal- 12 Ga- Deployed
<input type="checkbox"/> Less Lethal- 12 Ga- Used
<input type="checkbox"/> Less Lethal- 40 mm- Deployed
<input type="checkbox"/> Less Lethal- 40 mm- Used
<input type="checkbox"/> Noise Flash Device
<input type="checkbox"/> Gas Deployment- OC/CS |
|--|--|---|

Injury Information:

Were any injuries sustained to officer? Yes No If yes, describe below...
 broken left hand (4th metacarpal)

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

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

Describe the effects of the force used on any persons involved, and any decontamination method used if any....
 Suspect was prevented from consuming large quantity of pain killers and was handcuffed. She received no injury.

Officer Information:

of officers present: 3 # of officers injured: 1

Officer description: Uniform Plain Clothes

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

Route/Assignment: Comm Police
 Verbal Commands used Before Verbal Commands Used During Verbal Commands Used After

Miscellaneous Information:

Offense/Charge: Warrants for Theft and Forgery, 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: *Edward F. Devereaux* Reviewed by: *[Signature]* Date: 1/30/14



MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



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Case #	14-000910	Officer:	Buckley, Michael R	Date:	1/16/2014	Time:	2100	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: <p style="text-align: center;">Williams, Jennifer</p>
--	--

Suspect Information: CHECK ALL THAT APPLY

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

Type of Force Used: CHECK ALL THAT APPLY

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

Were any injuries sustained to officer?	<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....
 After being drive stunned, the suspect complied with police commands to enter the wagon.

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: 2-2

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

Miscellaneous Information

Offense/Charge: DOC, 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 on concrete

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>1-16-14</u>
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MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 14-000760 Officer: Dunlap, Michael J Date: 1/14/2014 Time: 1200 Day: Tuesday

Attached Reports: (Check All That Apply)

Incident Report Arrest Report Booking Photo

Was an arrest made?

Yes No

Suspect Name:

Pedro Jimenez

Suspect Information: CHECK ALL THAT APPLY

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

Type of Force Used: CHECK ALL THAT APPLY

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

Injury Information

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

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

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

Describe the effects of the force used on any persons involved, and any decontamination method used if any....
Only the minimal amount of physical force was used to effect the arrest. Handgun deployed during search and initial contact with susupect who was hiding in closet.

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: 2-2

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

Miscellaneous Information

Offense/Charge: Resisting arrest, violation of bail conditions, bench warrant

Lighting: Daylight Artificial Low Light Darkness

Location: Indoors Outdoors

Weather Conditions Sunny Clear Cloudy Rain Snow

Surface Conditions: Flat Incline Decline Wet Dry

Ice/Snow Debris No Debris Other

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

Signature of reporting officer: _____ Reviewed by: _____ Date: _____

MPD FORM 128 *[Signature]* *[Signature]* 1/15/14



MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 14-00646	Officer Cunningham, Christophe	Date: 1/11/2014	Time: 2336	Day: Saturday
Attached Reports: (Check All That Apply)				
<input checked="" type="checkbox"/> Incident Report		<input checked="" type="checkbox"/> Arrest Report		<input checked="" type="checkbox"/> Booking Photo
Was an arrest made? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Suspect Name: Donna Roy		
Suspect Information: CHECK ALL THAT APPLY				
<input type="checkbox"/> Armed with a deadly weapon		<input type="checkbox"/> Armed with a non-deadly weapon		
<input checked="" type="checkbox"/> Not armed		<input checked="" type="checkbox"/> Had been drinking		
<input checked="" type="checkbox"/> Impaired or Intoxicated		<input type="checkbox"/> Under the influence of drugs		
<input type="checkbox"/> Agitated prior to police arrival		<input type="checkbox"/> Any disability (describe):		
<input type="checkbox"/> Language barrier (if so, language spoken)				
Type of Force Used: CHECK ALL THAT APPLY				
Soft Hand Control		Hard Hand Control		Firearm
<input type="checkbox"/> Joint Manipulation		<input type="checkbox"/> Open Hand Strike		<input type="checkbox"/> Handgun Deployed
<input type="checkbox"/> Pressure Point Control		<input type="checkbox"/> Kick		<input type="checkbox"/> Handgun Used
Secondary Weapon System		<input type="checkbox"/> Knee Strike		<input type="checkbox"/> Rifle Deployed
<input type="checkbox"/> OC		<input checked="" type="checkbox"/> Take Down		<input type="checkbox"/> Rifle Used
<input type="checkbox"/> Baton		<input 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.... Suspect resisted arrest, I used an arm bar to take suspect to the ground.				
Officer Information				
# of officers present 1		# of officers injured: 0		
Officer description:		<input checked="" type="checkbox"/> Uniform		<input type="checkbox"/> Plain Clothes
Duty Status:		<input checked="" type="checkbox"/> On Duty		<input type="checkbox"/> Off Duty <input type="checkbox"/> On Duty Detail/Locatio
Route/Assignment:				
<input type="checkbox"/> Verbal Commands used Before		<input type="checkbox"/> Verbal Commands Used During		<input type="checkbox"/> Verbal Commands Used After
Miscellaneous Information				
Offense/Charge: OUIL, Resistig Arrest				
Lighting:		<input type="checkbox"/> Daylight		<input checked="" type="checkbox"/> Artificial <input type="checkbox"/> Low Light <input type="checkbox"/> Darkness
Location:		<input type="checkbox"/> Indoors		<input checked="" type="checkbox"/> Outdoors
Weather Conditions		<input type="checkbox"/> Sunny		<input checked="" type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Rain <input type="checkbox"/> Snow
Surface Conditions:		<input type="checkbox"/> Flat		<input type="checkbox"/> Incline <input type="checkbox"/> Decline <input checked="" type="checkbox"/> Wet <input type="checkbox"/> Dry
		<input type="checkbox"/> Ice/Snow		<input type="checkbox"/> Debris <input type="checkbox"/> No Debris <input type="checkbox"/> Other
This report is to be filled out after the intentional or unintentional use of force with any weapons or the unintended use of any type of force resulting in injury or death to any person. All reports will be submitted along with the Incident Report, Arrest Report & Booking Photo and forwarded to the Training Director.				
Signature of reporting officer: <i>[Signature]</i> 1/11/14		Reviewed by: <i>[Signature]</i>		Date: 1-11-14



MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 14-00646 Officer: Mullen, Patrick J Date: 1/11/2014 Time: 2350 Day: Saturday

Attached Reports: (Check All That Apply)

Incident Report Arrest Report Booking Photo

Was an arrest made?

Yes No

Suspect Name:

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

Type of Force Used: CHECK ALL THAT APPLY

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

<p>Secondary Weapon System</p> <input checked="" type="checkbox"/> OC
<input type="checkbox"/> Baton
<input type="checkbox"/> K-9
<input type="checkbox"/> Other (describe)
<input type="checkbox"/> Taser | <p>Hard Hand Control</p> <input type="checkbox"/> Open Hand Strike
<input type="checkbox"/> Kick
<input type="checkbox"/> Knee Strike
<input type="checkbox"/> Take Down
<input type="checkbox"/> Other (describe) | <p>Firearm</p> <input type="checkbox"/> Handgun Deployed
<input type="checkbox"/> Handgun Used
<input type="checkbox"/> Rifle Deployed
<input type="checkbox"/> Rifle Used
<input type="checkbox"/> Shotgun Deployed
<input type="checkbox"/> Shotgun Used

<input type="checkbox"/> Less Lethal- 12 Ga- Deployed
<input type="checkbox"/> Less Lethal- 12 Ga- Used
<input type="checkbox"/> Less Lethal- 40 mm- Deployed
<input type="checkbox"/> Less Lethal- 40 mm- Used
<input type="checkbox"/> Noise Flash Device
<input type="checkbox"/> Gas Deployment- OC/CS |
|---|---|---|

Injury Information

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

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

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

Describe the effects of the force used on any persons involved, and any decontamination method used if any....
 Subject immediately ceased aggressive behavior and complied with Officer instructions after OC was deployed.

Officer Information

of officers present: 4 # of officers injured: 0

Officer description: Uniform Plain Clothes

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

Route/Assignment: Wagon

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

Miscellaneous Information

Offense/Charge: OUIL, 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]* #153 Reviewed by: *[Signature]* Date: 1-11-14



MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case #	14-000204	Officer	Orr, Steven J	Date:	1/5/2014	Time:	0130	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;">Coleetho Desir</p>
--	--

Suspect Information: CHECK ALL THAT APPLY

<input type="checkbox"/> Armed with a deadly weapon	<input type="checkbox"/> Armed with a non-deadly weapon
<input checked="" type="checkbox"/> Not armed	<input checked="" type="checkbox"/> Had been drinking
<input type="checkbox"/> Impaired or Intoxicated	<input type="checkbox"/> Under the influence of drugs
<input 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....
 Used wrist lock to gain control of suspect. Was effective in gaining control of suspect.

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: Unit 1-3

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

Miscellaneous Information

Offense/Charge:

Lighting:	<input type="checkbox"/> Daylight	<input checked="" 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 type="checkbox"/> Clear	<input checked="" type="checkbox"/> Cloudy	<input type="checkbox"/> Rain <input type="checkbox"/> Snow
Surface Conditions:	<input checked="" type="checkbox"/> Flat	<input type="checkbox"/> Incline	<input type="checkbox"/> Decline	<input type="checkbox"/> Wet <input checked="" type="checkbox"/> Dry
	<input type="checkbox"/> Ice/Snow	<input type="checkbox"/> Debris	<input checked="" type="checkbox"/> No Debris	<input type="checkbox"/> Other

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

Signature of reporting officer:	Reviewed by:	Date:
97		1-5-14



MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 14-000199 Officer: Fleming, Ian M Date: 1/4/2014 Time: 2333 Day: Saturday

Attached Reports: (Check All That Apply)

Incident Report Arrest Report Booking Photo

Was an arrest made? Suspect Name:

Yes No Tullgren, Brad [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 type="checkbox"/> Under the influence of drugs
<input checked="" type="checkbox"/> Agitated prior to police arrival	<input type="checkbox"/> Any disability (describe):
<input type="checkbox"/> Language barrier (if so, language spoken)	

Type of Force Used: CHECK ALL THAT APPLY

Soft Hand Control	Hard Hand Control	Firearm	
<input type="checkbox"/> Joint Manipulation	<input type="checkbox"/> Open Hand Strike	<input type="checkbox"/> Handgun Deployed	<input type="checkbox"/> Less Lethal- 12 Ga- Deployed
<input type="checkbox"/> Pressure Point Control	<input type="checkbox"/> Kick	<input type="checkbox"/> Handgun Used	<input type="checkbox"/> Less Lethal- 12 Ga- Used
Secondary Weapon System	<input type="checkbox"/> Knee Strike	<input type="checkbox"/> Rifle Deployed	<input type="checkbox"/> Less Lethal- 40 mm- Deployed
<input type="checkbox"/> OC	<input 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? Yes No If yes, describe below...

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

Subject had lacerations to his head prior to our arrival.

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

Subject was scene by AMR and transported to the Elliot for treatment to his head wounds.

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

Subject fought with officers refusing to place his hands behind his back after being told he was under arrest. Subject was Drive Stunned for approx a 3-4 sec burst then complied with officers demands.

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: 3-1,3-2,3-3

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

Miscellaneous Information:

Offense/Charge: resisting detention, 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: 1-9-14



MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case #	14-000170	Officer	Biron, Christopher R	Date:	1/4/2014	Time:	1607	Day:	Saturday
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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: John Mozeika	OIC at time of Incident: Boucher
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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 checked="" type="checkbox"/> Impaired or Intoxicated	<input type="checkbox"/> Under the influence of drugs
<input type="checkbox"/> Agitated prior to police arrival	<input type="checkbox"/> Any disability (describe):
<input type="checkbox"/> Language barrier (if so, language spoken)	

Type of Force Used - CHECK ALL THAT APPLY

<p>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 checked="" type="checkbox"/> Other (describe) Stop Sitcks <input type="checkbox"/> Taser	<p>Hard Hand Control</p> <input type="checkbox"/> Open Hand Strike <input type="checkbox"/> Kick <input type="checkbox"/> Knee Strike <input type="checkbox"/> Take Down <input type="checkbox"/> Other (describe)	<p>Firearm</p> <input type="checkbox"/> Handgun Deployed <input 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....
None

Officer Information

of officers present: 1 # of officers injured: 0

Officer description: Uniform Plain Clothes

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

Route/Assignment: Supervisor

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

Miscellaneous Information

Offense/Charge: Theft, Disobey, Receiving Stolen Property

Lighting: Daylight Artificial Low Light Darkness

Location: Indoors Outdoors

Weather Conditions: Sunny Clear Cloudy Rain Snow

Surface Conditions: Flat Incline Decline Wet Dry

Ice/Snow Debris No Debris Other

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Signature of reporting officer: <i>AB</i>	Reviewed by: <i>BCS</i>	Date: <i>1/06/14</i>
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C-1 MWAZ



MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 14-000170	Officer: Biron, Christopher R	Date: 1/4/2014	Time: 1607	Day: Saturday
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OIC Comment/Review:

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

Boucher



MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 14-00005 Officer: Mullen, Patrick J Date: 1/1/2014 Time: 0210 Day: Wednesday

Attached Reports: (Check All That Apply)

Incident Report Arrest Report Booking Photo

Was an arrest made?

Yes No

Suspect Name:

Ortiz, Alex

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 type="checkbox"/> Any disability (describe): |
| <input type="checkbox"/> Language barrier (if so, language spoken) | |

Type of Force Used: CHECK ALL THAT APPLY

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

<p><u>Secondary Weapon System</u></p> <input checked="" type="checkbox"/> OC
<input type="checkbox"/> Baton
<input type="checkbox"/> K-9
<input type="checkbox"/> Other (describe)
<input type="checkbox"/> Taser | <p><u>Hard Hand Control</u></p> <input type="checkbox"/> Open Hand Strike
<input type="checkbox"/> Kick
<input type="checkbox"/> Knee Strike
<input checked="" type="checkbox"/> Take Down
<input type="checkbox"/> Other (describe) | <p><u>Firearm</u></p> <input type="checkbox"/> Handgun Deployed
<input type="checkbox"/> Handgun Used
<input type="checkbox"/> Rifle Deployed
<input type="checkbox"/> Rifle Used
<input type="checkbox"/> Shotgun Deployed
<input type="checkbox"/> Shotgun Used

<input type="checkbox"/> Less Lethal- 12 Ga- Deployed
<input type="checkbox"/> Less Lethal- 12 Ga- Used
<input type="checkbox"/> Less Lethal- 40 mm- Deployed
<input type="checkbox"/> Less Lethal- 40 mm- Used
<input type="checkbox"/> Noise Flash Device
<input type="checkbox"/> Gas Deployment- OC/CS |
|---|--|---|

Injury Information

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

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

Injuries to suspect were prior to Police contact and sustained during an altercation.

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

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

Aggressive action of Ortiz ceased after OC deployed. Ortiz given water and paper towels for decontamination.

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: Wagon

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

Miscellaneous Information

Offense/Charge: Disorderly conduct, simple assault

Lighting: Daylight Artificial Low Light Darkness

Location: Indoors Outdoors

Weather Conditions Sunny Clear Cloudy Rain Snow

Surface Conditions: Flat Incline Decline Wet Dry

Ice/Snow Debris No Debris Other

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

Signature of reporting officer: [Signature] #153

Reviewed by: [Signature]

Date: 1-9-14