



# MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 14-11454	Officer: Delorey, Andrew J	Date: 7/31/2014	Time: 2230	Day: Thursday	
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: Joseph Flynn [REDACTED]	OIC at time of Incident: Lt Begley			
Suspect Information: CHECK ALL THAT APPLY					
<input type="checkbox"/> Armed with a deadly weapon	<input checked="" type="checkbox"/> Not armed	<input checked="" type="checkbox"/> Impaired or Intoxicated	<input checked="" type="checkbox"/> Agitated prior to police arrival	<input type="checkbox"/> Language barrier (if so, language spoken)	
<input type="checkbox"/> Armed with a non-deadly weapon	<input type="checkbox"/> Had been drinking	<input checked="" type="checkbox"/> Under the influence of drugs	<input type="checkbox"/> Any disability (describe):		
Type of Force Used: CHECK ALL THAT APPLY					
<b>Soft Hand Control</b>	<b>Hard Hand Control</b>	<b>Firearm</b>			
<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 checked="" type="checkbox"/> Pressure Point Control	<input type="checkbox"/> Kick	<input type="checkbox"/> Handgun Used	<input type="checkbox"/> Less Lethal- 12 Ga- Used		
<b>Secondary Weapon System</b>	<input type="checkbox"/> Knee Strike	<input type="checkbox"/> Rifle Deployed	<input type="checkbox"/> Less Lethal- 40 mm- Deployed		
<input type="checkbox"/> OC	<input type="checkbox"/> Take Down	<input type="checkbox"/> Rifle Used	<input type="checkbox"/> Less Lethal- 40 mm- Used		
<input type="checkbox"/> Baton	<input checked="" type="checkbox"/> Other (describe) Mandibular Angle	<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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes, describe below...			
Medical attention was afforded to Flynn at the PD due to his ingestion of narcotics.					
Describe the effects of the force used on any persons involved, and any decontamination method used if any....					
Utilized pressure upon the mandibular angle to gain compliance from subject.					
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: Gang Car	<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 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>A. Delorey</i>		Reviewed by: <i>[Signature]</i>	Date: 9/13/14		

*CA PWA 2*



# MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 14-11454	Officer Delorey, Andrew J	Date: 7/31/2014	Time: 2230	Day: Thursday
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**OIC Comment/Review:**

I reviewed the reports pertaining to this case and it appears the use of force was appropriate.

  
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Lt Begley



# MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 14-11454	Officer: Harrington, Mark E	Date: 7/31/2014	Time: 2230	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: Joseph Flynn [REDACTED]	OIC at time of Incident: Lt Begley
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**Suspect Information: CHECK ALL THAT APPLY**

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

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

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

Were any injuries sustained to officer?	<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...

Medical attention was afforded to Flynn at the PD due to his ingestion of narcotics.

Describe the effects of the force used on any persons involved, and any decontamination method used if any....  
 Utilized pressure upon the mandibular angle to gain compliance from subject.

**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: Gang Car	
<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 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: 7-31-14
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# MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 14-11454	Officer Harrington, Mark E	Date: 7/31/2014	Time: 2330	Day: Thursday
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**OIC Comment/Review:**

I reviewed the reports pertaining to this case and it appears the use of force was appropriate.

  
Lt Begley



# MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 14-11454    Officer: Delorey, Andrew J    Date: 7/31/2014    Time: 2230    Day: Thursday

Attached Reports: (Check All That Apply)

Incident Report       Arrest Report       Booking Photo

Was an arrest made?      Suspect Name:      OIC at time of Incident:  
 Yes     No      Joseph Flynn [REDACTED]      Lt Begley

**Suspect Information: CHECK ALL THAT APPLY**

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

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

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

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

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

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

Medical attention was afforded to Flynn at the PD due to his ingestion of narcotics.

Describe the effects of the force used on any persons involved, and any decontamination method used if any....  
 Utilized pressure upon the mandibular angle to gain compliance from subject.

**Officer Information:**

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

Officer description:     Uniform       Plain Clothes

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

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

**Miscellaneous Information:**

Offense/Charge:

Lighting:     Daylight     Artificial     Low Light     Darkness

Location:     Indoors     Outdoors

Weather Conditions     Sunny     Clear     Cloudy     Rain     Snow

Surface Conditions:     Flat     Incline     Decline     Wet     Dry

Ice/Snow     Debris     No Debris     Other

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

Signature of reporting officer: *[Signature]*      Reviewed by: *[Signature]*      Date: 7-31-14




# MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 14-11454	Officer Delorey, Andrew J	Date: 7/31/2014	Time: 2230	Day: Thursday
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**OIC Comment/Review:**

I reviewed the reports pertaining to this case and it appears the use of force was appropriate.

  
Lt Begley



# MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 14-11372	Officer Buckley, Michael R	Date: 7/30/2014	Time: 1145	Day: Wednesday
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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: David StOnge	OIC at time of Incident: Rousseau
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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 checked="" type="checkbox"/> Any disability (describe): Mental Health |
| <input type="checkbox"/> Language barrier (if so, language spoken)   |                                                                              |

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

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

**Injury Information**

- |                                          |                                         |                                        |                           |
|------------------------------------------|-----------------------------------------|----------------------------------------|---------------------------|
| Were any injuries sustained to officer?  | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No | If yes, describe below... |
| Were any injuries sustained to suspect?  | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            | If yes, describe below... |
| Minor abrasions left wrist & right elbow |                                         |                                        |                           |
| 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....  
 OC did not appear to be effective. Joint manipulation was effective in controlling and eventually subduing.

**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: 1-2                                                                                                                       |                                                                 |                                                                |
| <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: Unarmed Robbery & Resisting Arrest/Detention
- |                                                                                                                                                                                          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Lighting: <input checked="" type="checkbox"/> Daylight <input type="checkbox"/> Artificial <input type="checkbox"/> Low Light <input type="checkbox"/> Darkness                          |
| Location: <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors                                                                                                  |
| Weather Conditions: <input type="checkbox"/> Sunny <input type="checkbox"/> Clear <input checked="" type="checkbox"/> Cloudy <input type="checkbox"/> Rain <input type="checkbox"/> Snow |
| Surface Conditions: <input checked="" type="checkbox"/> Flat <input type="checkbox"/> Incline <input type="checkbox"/> Decline <input type="checkbox"/> Wet <input 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: <i>[Signature]</i>	Reviewed by: <i>[Signature: St. Rousseau]</i>	Date: 8/19/14
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*W1*      *MANA-2*



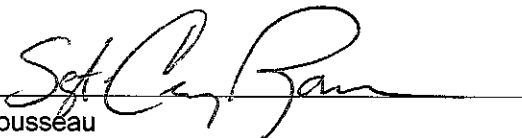
# MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 14-11372	Officer Buckley, Michael R	Date: 7/30/2014	Time: 1145	Day: Wednesday
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**OIC Comment/Review:**

I was working the day of this event and heard the incident on the radio. I have also reviewed all the reports in this case. The officers were trying to arrest a subject who had just robbed a local convenience store. The subject also may have mentally unstable at the time as it was later discovered there was IEH paperwork in effect. The subject was sprayed with O.C. spray and forcible taken to the ground and handcuffed suffering very minor injuries. I find that the officers acted in accordance with MPD S.O.P. as well as NH statutes.

  
Rousseau





# MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case #	14-010977	Officer	Biron, Michael P	Date:	7/24/2014	Time:	1055	Day:	Thursday		
Attached Reports: (Check All That Apply)											
<input checked="" type="checkbox"/> Incident Report			<input checked="" type="checkbox"/> Arrest Report			<input checked="" type="checkbox"/> Booking Photo					
Was an arrest made?		Suspect Name:				OIC at time of Incident:					
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Sayter, Trystynn				Sgt. Rousseau					
Suspect Information: CHECK ALL THAT APPLY											
<input type="checkbox"/> Armed with a deadly weapon					<input type="checkbox"/> Armed with a non-deadly weapon						
<input checked="" type="checkbox"/> Not armed					<input type="checkbox"/> Had been drinking						
<input type="checkbox"/> Impaired or Intoxicated					<input type="checkbox"/> Under the influence of drugs						
<input 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"/> Shotgun Used		<input type="checkbox"/> Gas Deployment- OC/CS			
<input type="checkbox"/> Other (describe)											
<input type="checkbox"/> Taser											
Injury Information:											
Were any injuries sustained to officer?				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If yes, describe below...					
Were any injuries sustained to suspect?				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If yes, describe below...					
Right knee abrasion											
Was medical attention provided?				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If yes, describe below...					
AMR responded to booking area. They cleaned and bandaged the wound											
Describe the effects of the force used on any persons involved, and any decontamination method used if any....											
Subject was tackled from behind during a lengthy foot pursuit and fell to the ground.											
Officer Information:											
# of officers present: 4			# of officers injured: 0								
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: Supervisor		<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 Domestic, Resisting Arrest, Unsworn Falsification, Fugitive From Justice											
Lighting:		<input checked="" type="checkbox"/> Daylight		<input type="checkbox"/> Artificial		<input type="checkbox"/> Low Light		<input type="checkbox"/> Darkness			
Location:		<input type="checkbox"/> Indoors		<input checked="" type="checkbox"/> Outdoors							
Weather Conditions:		<input checked="" type="checkbox"/> Sunny		<input checked="" type="checkbox"/> Clear		<input type="checkbox"/> Cloudy		<input type="checkbox"/> Rain <input type="checkbox"/> Snow			
Surface Conditions:		<input checked="" type="checkbox"/> Flat		<input type="checkbox"/> Incline		<input type="checkbox"/> Decline		<input type="checkbox"/> Wet <input checked="" type="checkbox"/> Dry			
		<input type="checkbox"/> Ice/Snow		<input type="checkbox"/> Debris		<input checked="" type="checkbox"/> No Debris		<input checked="" type="checkbox"/> Other grass area			
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:		8/8/14	



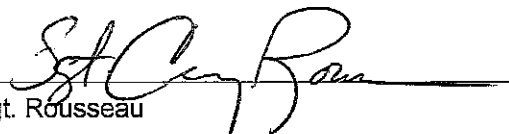
# MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 14-010977	Officer Biron, Michael P	Date: 7/24/2014	Time: 1055	Day: Thursday
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**OIC Comment/Review:**

I have reviewed these reports and am familiar with this case. The suspect in this case was a Fugitive From Justice who did not want to return from prison. The suspect continued to run from and struggle with officers until he was finally subdued. The proper amount of force was used and the suspect suffered only minor abrasions.

  
Sgt. Rousseau



# MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 14-010977    Officer: Day, Christopher B    Date: 7/23/2014    Time: 1101    Day: Wednesday

Attached Reports: (Check All That Apply)

Incident Report                       Arrest Report                       Booking Photo

Was an arrest made?                      Suspect Name:                      OIC at time of Incident:  
 Yes     No                      Sayter, Trystynn                      Sgt Rousseau

Suspect Information: CHECK ALL THAT APPLY

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

Type of Force Used: CHECK ALL THAT APPLY

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

Was medical attention provided?     Yes     No                      If yes, describe below...  
 AMR bandaged in booking

Describe the effects of the force used on any persons involved, and any decontamination method used if any....  
 After two drive stun applications suspect released his hands and placed them behind his back to be cuffed.

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: BR4

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

Miscellaneous Information:

Offense/Charge: Resisting Arrest X4, Simple Assault, Unsworn Falsification, and Fugitive From Justice

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: *Christopher B Day*                      Reviewed by: *Sgt C. Rousseau*                      Date: 7/24/14

*e-1*

*MAN 11-2*



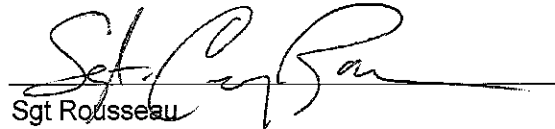
# MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 14-010977	Officer: Day, Christopher B	Date: 7/23/2014	Time: 1101	Day: Wednesday
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### OIC Comment/Review:

I have reviewed these reports and discussed the incident with Sgt Biron after the suspects arrest. The suspect in this case clearly had no intention on submitting to arrest as he had an extradictable warrant out of Georgia. After a lengthy footchase and struggle with several officers, Officer Day deployed his tazer and used two "drive stuns" to get the suspect to submit to being handcuffed. These actions are in compliance with our Use of Force guidelines and probably prevented injury to the suspect.

  
Sgt Rousseau



# MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case #	14-010928	Officer	Biron, Michael P	Date:	7/22/2014	Time:	1310	Day:	Tuesday
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?		Suspect Name:				OIC at time of Incident:			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Brian Hayward [REDACTED]				Sgt. Rousseau			
Suspect Information: CHECK ALL THAT APPLY									
<input type="checkbox"/> Armed with a deadly weapon					<input type="checkbox"/> Armed with a non-deadly weapon				
<input checked="" type="checkbox"/> Not armed					<input type="checkbox"/> Had been drinking				
<input type="checkbox"/> Impaired or Intoxicated					<input checked="" type="checkbox"/> Under the influence of drugs				
<input type="checkbox"/> Agitated prior to police arrival					<input type="checkbox"/> Any disability (describe):				
<input type="checkbox"/> Language barrier (if so, language spoken)									
Type of Force Used: CHECK ALL THAT APPLY									
<u>Soft Hand Control</u>			<u>Hard Hand Control</u>			<u>Firearm</u>			
<input type="checkbox"/> Joint Manipulation			<input type="checkbox"/> Open Hand Strike			<input checked="" type="checkbox"/> Handgun Deployed		<input type="checkbox"/> Less Lethal- 12 Ga- Deployed	
<input type="checkbox"/> Pressure Point Control			<input type="checkbox"/> Kick			<input type="checkbox"/> Handgun Used		<input type="checkbox"/> Less Lethal- 12 Ga- Used	
<u>Secondary Weapon System</u>			<input type="checkbox"/> Knee Strike			<input type="checkbox"/> Rifle Deployed		<input type="checkbox"/> Less Lethal- 40 mm- Deployed	
<input type="checkbox"/> OC			<input type="checkbox"/> Take Down			<input type="checkbox"/> Rifle Used		<input type="checkbox"/> Less Lethal- 40 mm- Used	
<input type="checkbox"/> Baton			<input type="checkbox"/> Other (describe)			<input type="checkbox"/> Shotgun Deployed		<input type="checkbox"/> Noise Flash Device	
<input type="checkbox"/> K-9						<input type="checkbox"/> 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...			
No injuries suspected fained illness									
Was medical attention provided?				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If yes, describe below...			
Suspect said that he was having anxiety, asthma, heart attack and dope sick transported by AMR to Elliot precautionary									
Describe the effects of the force used on any persons involved, and any decontamination method used if any....									
Suspect fled on foot, trapped in fenced in area, refused initial commands, put hand behind back as to reach for weapon									
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: Supervisor/Davenport 3-3									
<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: TBUT (F), Falsifying Physical Evidence (F), 72 hr Probation Hold Other Agency									
Lighting:		<input checked="" type="checkbox"/> Daylight		<input type="checkbox"/> Artificial		<input type="checkbox"/> Low Light		<input type="checkbox"/> Darkness	
Location:		<input type="checkbox"/> Indoors		<input checked="" type="checkbox"/> Outdoors					
Weather Conditions:		<input checked="" type="checkbox"/> Sunny		<input checked="" type="checkbox"/> Clear		<input type="checkbox"/> Cloudy		<input type="checkbox"/> Rain <input type="checkbox"/> Snow	
Surface Conditions:		<input checked="" type="checkbox"/> Flat		<input type="checkbox"/> Incline		<input type="checkbox"/> Decline		<input type="checkbox"/> Wet <input checked="" type="checkbox"/> Dry	
		<input type="checkbox"/> Ice/Snow		<input type="checkbox"/> Debris		<input 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: [Signature]				Reviewed by: [Signature]				Date: 8/8/14	

*Handwritten initials: CMW A2*



# MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 14-010928	Officer: Biron, Michael P	Date: 7/22/2014	Time: 1310	Day: Tuesday
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**OIC Comment/Review:**

I have reviewed these reports and am familiar with this case. The suspect in this case was a parolee fleeing from a stolen car after committing a theft from the Home Depot on S. Willow St. The suspect was cornered after a brief foot pursuit and appeared to be reaching for something when he was ordered to the ground at gunpoint. The use of force is appropriate in this case and no injured were sustained.

  
Sgt. Rousseau



# MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 14-010943    Officer: Tennis, Chad A    Date: 7/22/2014    Time: 1615    Day: Tuesday

Attached Reports: (Check All That Apply)

Incident Report     Arrest Report     Booking Photo

Was an arrest made?  
 Yes     No

Suspect Name:  
Dylan Vandermark

OIC at time of Incident:  
Lt Boucher

Suspect Information: CHECK ALL THAT APPLY

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

Type of Force Used: CHECK ALL THAT APPLY

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

Injury Information

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

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

Contusion to right side of face sustained during take down to ground

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...  
He was taken to ground in attempt to control his hands and arms. He was able to be put in handcuffs after taken to ground

Officer Information

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

Officer description:     Uniform     Plain Clothes

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

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

Miscellaneous Information

Offense/Charge:

Lighting:     Daylight     Artificial     Low Light     Darkness

Location:     Indoors     Outdoors

Weather Conditions     Sunny     Clear     Cloudy     Rain     Snow

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

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

Signature of reporting officer:    Reviewed by:    Date: 07-23-14

ci      CFW A-2



# MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 14-010943	Officer Tennis, Chad A	Date: 7/22/2014	Time: 1615	Day: Tuesday
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**OIC Comment/Review:**

I have reviewed the reports associated with this arrest and found the paperwork to be complete and that the officers acted appropriately.

*PS 6-5*





# MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case #	14-010864	Officer:	Goodnow, Christopher L	Date:	7/21/2014	Time:	1020	Day:	Monday
Attached Reports: (Check All That Apply)									
<input checked="" type="checkbox"/> Incident Report			<input checked="" type="checkbox"/> Arrest Report			<input checked="" type="checkbox"/> Booking Photo			
Was an arrest made?		Suspect Name:				OIC at time of Incident:			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Jose Mercado Falero				Sgt. M Biron			
Suspect Information: CHECK ALL THAT APPLY									
<input type="checkbox"/> Armed with a deadly weapon					<input type="checkbox"/> Armed with a non-deadly weapon				
<input checked="" type="checkbox"/> Not armed					<input type="checkbox"/> Had been drinking				
<input type="checkbox"/> Impaired or Intoxicated					<input type="checkbox"/> Under the influence of drugs				
<input type="checkbox"/> Agitated prior to police arrival					<input type="checkbox"/> Any disability (describe):				
<input type="checkbox"/> Language barrier (if so, language spoken)									
Type of Force Used: CHECK ALL THAT APPLY									
<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 checked="" type="checkbox"/> Handgun Deployed		<input type="checkbox"/> Less Lethal- 12 Ga- Deployed	
<input type="checkbox"/> Pressure Point Control			<input type="checkbox"/> Kick			<input type="checkbox"/> Handgun Used		<input type="checkbox"/> Less Lethal- 12 Ga- Used	
<u>Secondary Weapon System</u>			<input type="checkbox"/> Knee Strike			<input type="checkbox"/> Rifle Deployed		<input type="checkbox"/> Less Lethal- 40 mm- Deployed	
<input type="checkbox"/> OC			<input type="checkbox"/> Take Down			<input type="checkbox"/> Rifle Used		<input type="checkbox"/> Less Lethal- 40 mm- Used	
<input type="checkbox"/> Baton			<input type="checkbox"/> Other (describe)			<input type="checkbox"/> Shotgun Deployed		<input type="checkbox"/> Noise Flash Device	
<input type="checkbox"/> K-9						<input type="checkbox"/> 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....									
Conducted a high risk MV stop on a bank robbery suspect. I displayed me hand gun and the suspect complied with my orders									
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: Patrol Sergeant			<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: Robbery (a) armed 636:1    Endangering the Welfare of a Child 639:3									
Lighting:			<input checked="" type="checkbox"/> Daylight		<input type="checkbox"/> Artificial		<input type="checkbox"/> Low Light		<input type="checkbox"/> Darkness
Location:			<input type="checkbox"/> Indoors		<input checked="" type="checkbox"/> Outdoors				
Weather Conditions:			<input checked="" type="checkbox"/> Sunny		<input checked="" type="checkbox"/> Clear		<input type="checkbox"/> Cloudy		<input type="checkbox"/> Rain <input type="checkbox"/> Snow
Surface Conditions:			<input 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:	
								7/21/14	



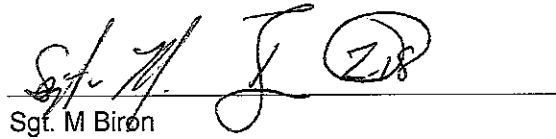
# MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 14-010864	Officer: Goodnow, Christopher L	Date: 7/21/2014	Time: 1020	Day: Monday
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### OIC Comment/Review:

Sergeant Goodnow was the on scene supervisor for the Citizens Bank Armed Robbery. The witness and bank employees indicated that the suspect waived a handgun around in a violent nature, while ordering everyone to the ground and the teller to empty the cash drawer. An independent witness watched as the suspect fled the bank on foot and subsequently got into a getaway vehicle. The witness provided a plate number, description of the vehicle, description of the suspect and last known direction of travel. Officer R. Harrington located the vehicle on South Willow and Kaye Street. Sergeant Goodnow and Officer Harrington conducted a high risk felony motor vehicle stop. Based on the totality of the circumstances and information provided that the suspect was armed and dangerous, in an appropriate manner Sergeant Goodnow deployed his firearm and ordered the suspect out of the vehicle and into custody without incident.

  
Sgt. M Biron



# MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 14-10886    Officer: Dietle, Crysta    Date: 7/21/2014    Time: 1700    Day: Monday

Attached Reports: (Check All That Apply)

Incident Report       Arrest Report       Booking Photo

Was an arrest made?  
 Yes     No

Suspect Name:  
Case, William

OIC at time of Incident:  
Lt. Boucher

Suspect Information: CHECK ALL THAT APPLY

<input type="checkbox"/> Armed with a deadly weapon	<input type="checkbox"/> Armed with a non-deadly weapon
<input checked="" type="checkbox"/> Not armed	<input type="checkbox"/> Had been drinking
<input type="checkbox"/> Impaired or Intoxicated	<input type="checkbox"/> Under the influence of drugs
<input checked="" type="checkbox"/> Agitated prior to police arrival	<input checked="" type="checkbox"/> Any disability (describe): 10-37 possible schizophrenia
<input type="checkbox"/> Language barrier (if so, language spoken)	

Type of Force Used: CHECK ALL THAT APPLY

<p><u>Soft Hand Control</u></p> <input checked="" type="checkbox"/> Joint Manipulation <input type="checkbox"/> Pressure Point Control  <p><u>Secondary Weapon System</u></p> <input 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
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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...  
Scrape to left elbow and knee

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....  
OC Spray no immediate effectiveness. Brought to ground to effect arrest. Wash station used in sally port.

Officer Information:

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

Officer description:     Uniform       Plain Clothes

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

Route/Assignment: 2-6  
 Verbal Commands used Before     Verbal Commands Used During     Verbal Commands Used After

Miscellaneous Information:

Offense/Charge: Resisting, Assault on PO, Criminal Trespass

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:

*[Handwritten Signature]*

Reviewed by:

*[Handwritten Signature]*

Date:

07-23-14




# MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 14-10886	Officer Dietle, Crysta	Date: 7/21/2014	Time: 1700	Day: Monday
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**OIC Comment/Review:**

See comments on the Response to Resistance Report completed by Officer Jacob Yaris relative to this same incident.

  
\_\_\_\_\_  
Lt. Boucher



# MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 14-10886    Officer: Yaris, Jacob W    Date: 7/21/2014    Time: 1700    Day: Monday

Attached Reports: (Check All That Apply)

Incident Report                       Arrest Report                       Booking Photo

Was an arrest made?                      Suspect Name:                      OIC at time of Incident:  
 Yes     No                      CASE, WILLIAM                      LT BOUCHER

Suspect Information: CHECK ALL THAT APPLY

<input type="checkbox"/> Armed with a deadly weapon	<input type="checkbox"/> Armed with a non-deadly weapon
<input checked="" type="checkbox"/> Not armed	<input type="checkbox"/> Had been drinking
<input type="checkbox"/> Impaired or Intoxicated	<input type="checkbox"/> Under the influence of drugs
<input checked="" type="checkbox"/> Agitated prior to police arrival	<input checked="" type="checkbox"/> Any disability (describe): <u>10-37 POSSIBLE SCHIZOPHRANIA</u>
<input type="checkbox"/> Language barrier (if so, language spoken)	

Type of Force Used: CHECK ALL THAT APPLY

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

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

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

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

Describe the effects of the force used on any persons involved, and any decontamination method used if any....  
Take down moderately effective. Held on ground until I was able to gain access/control of his hands.

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: 2-6

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

Miscellaneous Information

Offense/Charge: RESISTING ARREST, SIMPLE ASSAULT, CRIMINAL TRESPASS

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: Jacob W. Yaris 5730                      Reviewed by: [Signature]                      Date: 07-22-14

*ci video attached*

*CPW A-2*



# MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 14-10886	Officer: Yaris, Jacob W	Date: 7/21/2014	Time: 1700	Day: Monday
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**OIC Comment/Review:**

The suspect in this case was being evicted from the property and began throwing punches at the officers when they entered his apartment. The subject was sprayed and transition to the floor. When he got to HQ he was decontaminated and taken into booking. While in booking he again became aggressive and the officers transitioned him to the ground. I have reviewed the reports and the booking video and believe that the officers acted appropriately.

LT BOUCHER



# MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 14-010743	Officer: Brunini, Kenneth J	Date: 7/19/2014	Time: 0129	Day: Saturday
Attached Reports: (Check All That Apply)				
<input checked="" type="checkbox"/> Incident Report <input type="checkbox"/> Arrest Report <input type="checkbox"/> Booking Photo				
Was an arrest made? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Suspect Name: Morrow, Jonathan [REDACTED]		OIC at time of Incident: Lt. Begley	
Suspect Information: CHECK ALL THAT APPLY				
<input type="checkbox"/> Armed with a deadly weapon <input type="checkbox"/> Armed with a non-deadly weapon <input checked="" type="checkbox"/> Not armed <input checked="" type="checkbox"/> Had been drinking <input checked="" type="checkbox"/> Impaired or Intoxicated <input type="checkbox"/> Under the influence of drugs <input type="checkbox"/> Agitated prior to police arrival <input type="checkbox"/> Any disability (describe): <input type="checkbox"/> Language barrier (if so, language spoken)				
Type of Force Used: CHECK ALL THAT APPLY				
<b>Soft Hand Control</b> <input checked="" type="checkbox"/> Joint Manipulation <input type="checkbox"/> Pressure Point Control  <b>Secondary Weapon System</b> <input type="checkbox"/> OC <input type="checkbox"/> Baton <input type="checkbox"/> K-9 <input type="checkbox"/> Other (describe) <input checked="" type="checkbox"/> Taser		<b>Hard Hand Control</b> <input type="checkbox"/> Open Hand Strike <input type="checkbox"/> Kick <input type="checkbox"/> Knee Strike <input type="checkbox"/> Take Down <input type="checkbox"/> Other (describe)		<b>Firearm</b> <input type="checkbox"/> Handgun Deployed <input type="checkbox"/> Handgun Used <input type="checkbox"/> Rifle Deployed <input type="checkbox"/> Rifle Used <input type="checkbox"/> Shotgun Deployed <input type="checkbox"/> Shotgun Used <input type="checkbox"/> Less Lethal- 12 Ga- Deployed <input type="checkbox"/> Less Lethal- 12 Ga- Used <input type="checkbox"/> Less Lethal- 40 mm- Deployed <input type="checkbox"/> Less Lethal- 40 mm- Used <input type="checkbox"/> Noise Flash Device <input type="checkbox"/> Gas Deployment- OC/CS
Injury Information:				
Were any injuries sustained to officer? <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... Subject had self inflicted stab wound to arm prior to police arrival				
Was medical attention provided? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No    If yes, describe below... AMR and MFD, transported to CMC, again for self inflicted stab wound				
Describe the effects of the force used on any persons involved, and any decontamination method used if any.... Use of force was effective				
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: 1-4A <input checked="" type="checkbox"/> Verbal Commands used Before <input checked="" type="checkbox"/> Verbal Commands Used During <input checked="" type="checkbox"/> Verbal Commands Used After				
Miscellaneous Information:				
Offense/Charge:				
Lighting: <input type="checkbox"/> Daylight <input checked="" type="checkbox"/> Artificial <input type="checkbox"/> Low Light <input type="checkbox"/> Darkness				
Location: <input checked="" type="checkbox"/> Indoors <input type="checkbox"/> Outdoors				
Weather Conditions <input type="checkbox"/> Sunny <input type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Rain <input type="checkbox"/> Snow				
Surface Conditions: <input checked="" type="checkbox"/> Flat <input type="checkbox"/> Incline <input type="checkbox"/> Decline <input type="checkbox"/> Wet <input checked="" type="checkbox"/> Dry <input type="checkbox"/> Ice/Snow <input type="checkbox"/> Debris <input 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: [Signature]		Reviewed by: [Signature]		Date: 7-19-14

CI      DW A-2      [Signature]



# MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 14-010743	Officer Brunini, Kenneth J	Date: 7/19/2014	Time: 0129	Day: Saturday
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**OIC Comment/Review:**

I reviewed the reports and spoke to Sgt Aldenberg, who responded to the scene, and the use of force was appropriate.

  
Lt. Begley





# MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 14-10667    Officer: Duchesne, Jonathan M    Date: 7/17/2014    Time: 2210    Day: Thursday

Attached Reports: (Check All That Apply)

Incident Report                       Arrest Report                       Booking Photo

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

Yes     No                      Ian Burch [REDACTED]                      Sgt. Goodnow

Suspect Information: CHECK ALL THAT APPLY

Armed with a deadly weapon                       Armed with a non-deadly weapon

Not armed                       Had been drinking

Impaired or Intoxicated                       Under the influence of drugs

Agitated prior to police arrival                       Any disability (describe):

Language barrier (if so, language spoken)

Type of Force Used: CHECK ALL THAT APPLY

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

Subject did not ask for medical attention.

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

Attempted to use an arm-bar on subject who pulled away and ran. Caught up to subject and used TASER on combative, resistant subject.

Officer Information:

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

Officer description:                       Uniform                       Plain Clothes

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

Route/Assignment: 2/3-4

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

Miscellaneous Information:

Offense/Charge: Poss. of Drugs, Resting Arrest, Falsifying Physical Evidence, Assault on Police Officer.

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 pavement.

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: 07-22-14

*C1*                      *WMA-2*



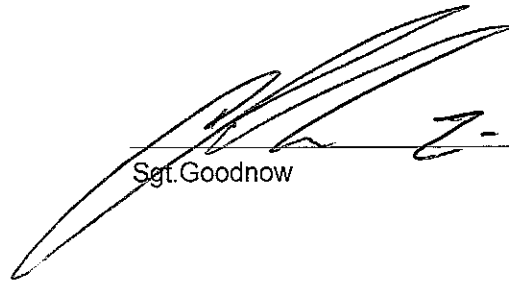
# MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 14-10667	Officer Duchesne, Jonathan M	Date: 7/17/2014	Time: 2210	Day: Thursday
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### OIC Comment/Review:

The officers in this incident observed the subject enter and exit a known drug house. Off Duchesne made contact with the subject that was a passenger in a motor vehicle. Off Duchesne detained the subject outside the vehicle to further investigate this activity. The subject attempted to walk away from Off Duchesne after given verbal commands not to. Off Duchesne attempted to physical detain the subject however the subject assaulted Off Duchesne and fled on foot. Off Duchesne observed the subject attempting to destroy evidence during the foot pursuit. Off Duchesne was able to get close enough to the subject to apply a drive stun with his X2 TASER which was caused the subject to stumble to the ground where he continued to resist and was drive stunned again and taken into custody. I have reviewed all the reports on this incident and determined that Off Duchesne was justified in this response to resistance.

  
Sgt. Goodnow



# MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 14-10651	Officer: Battistelli, Anthony D	Date: 7/17/2014	Time: 1710	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: James Burton	OIC at time of Incident: Sgt. Goodnow
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**Suspect Information: CHECK ALL THAT APPLY**

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

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

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

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

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 dropped to the ground upon tazer deployment

**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: B8

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

**Miscellaneous Information:**

Offense/Charge: Resisting Detention RSA 642:2

Lighting:     Daylight     Artificial     Low Light     Darkness

Location:     Indoors     Outdoors

Weather Conditions     Sunny     Clear     Cloudy     Rain     Snow

Surface Conditions:     Flat     Incline     Decline     Wet     Dry

Ice/Snow     Debris     No Debris     Other fell onto bed of bark mulch

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>W. No #93</i>	Reviewed by: <i>[Signature]</i> 2-8	Date: 07-18-14
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# MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 14-010431    Officer: Kreamer, Jamie L    Date: 7/14/2014    Time: 0740    Day: Monday

Attached Reports: (Check All That Apply)

Incident Report                       Arrest Report                       Booking Photo

Was an arrest made?                      Suspect Name:                      OIC at time of Incident:  
 Yes     No                      Fisher, Warren                      Sgt. M. Biron

**Suspect Information: CHECK ALL THAT APPLY**

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

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

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

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

Were any injuries sustained to suspect?     Yes     No    If yes, describe below...  
 Laceration to right side of forehead

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

Describe the effects of the force used on any persons involved, and any decontamination method used if any....  
 control was gained and subject was able to be secured

**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: 31B  
 Verbal Commands used Before     Verbal Commands Used During     Verbal Commands Used After

**Miscellaneous Information:**

Offense/Charge: Criminal Threatening (D), Resisting Detention, and Preventative 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: *Jamie L Kreamer*                      Reviewed by: *Sgt. M. J. [Signature]* (2-18)                      Date: 7.14.14

*CPWA-2*




# MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 14-010431	Officer Kreamer, Jamie L	Date: 7/14/2014	Time: 0740	Day: Monday
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### OIC Comment/Review:

Officer's Kreamer and Pentinnen acted appropriately with regards to use of force. The suspect displayed severe mood swings, disorderly agitated behavior and mental health issues. The suspect made two attempts to close the gap and confront Officer Pentinnen with closed clenched fists. On the approach to contact, the suspect immediately attempted to withdraw and tuck his arm to his body in an attempt to gain strength and leverage as a resistive measure to avoid being handcuffed. Officer Kreamer had the opportunity to apply one handcuff, maintaining control while Officer Pentinnen applied a single armbar take down to neutralize and diffuse the suspects combative/resistive behavior. During the handcuffing procedure, Officer Kreamer delieved two knee strikes to the common paraneal nerve in an attempt to gain compliance and control. The report indicates that the suspect received a laceration to the right side of his forehead. On initial contact, Officer Kreamer also noted blood coming from the suspects mouth as he had been punching himself in the face due in part to his mental health issues and agitated state of mind. It is unclear if the laceration was self inflicted or if it occurred during the aggressive resistance toward the officers. The officers offered medical attention, which was refused by the suspect.

  
Sgt. M. Biron



# MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 14-010473    Officer: Heile, Ryan R    Date: 7/14/2014    Time: 2000    Day: Monday

Attached Reports: (Check All That Apply)

Incident Report     Arrest Report     Booking Photo

Was an arrest made?  Yes     No    Suspect Name: Mathews, Emmanuel    OIC at time of incident: Lt Boucher

**Suspect Information CHECK ALL THAT APPLY**

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

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

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

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

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

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

Yes was transported to Catholic Medical Center for swallowing a baggie which contained a white powder substance

Describe the effects of the force used on any persons involved, and any decontamination method used if any....  
 No effect, Mathews was still able to swallow the baggie.

**Officer Information**

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

Officer description:  Uniform     Plain Clothes

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

Route/Assignment: 1-1

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

**Miscellaneous Information**

Offense/Charge: RSA 641:6 Falsifying Physical Evidence

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: 07-15-14

*c-1*    *APU A-2*



# MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 14-010473	Officer: Heile, Ryan R	Date: 7/14/2014	Time: 2000	Day: Monday
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**OIC Comment/Review:**

I have reviewed this Response to Resistance Report and all other reports associated with the case. The officer observed the subject attempting to swallow drugs and intervened. His attempts were unsuccessful and the subject was taken to the hospital as a precaution. I also spoke with Captain Hopkins about using a choke hold in an effort to prevent a subject from swallowing drugs. Captain Hopkins advised that the Training Division will review the incident further.

Lt Boucher




# MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 14-010473	Officer: Heile, Ryan R	Date: 7/14/2014	Time: 2000	Day: Monday
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### OIC Comment/Review:

I have reviewed this Response to Resistance Report and all other reports associated with the case. The officer observed the subject attempting to swallow drugs and intervened. His attempts were unsuccessful and the subject was taken to the hospital as a precaution. I also spoke with Captain Hopkins about using a choke hold in an effort to prevent a subject from swallowing drugs. Captain Hopkins advised that the Training Division will review the incident further. \_\_\_\_\_ I have reviewed the response to resistance form and the reports associated with this arrest. Any version of a choke hold is not taught as part of the yearly departmental use of force training, nor is it taught during the MPD in house recruit academy. Z-16

  
Lt Boucher  
Sgt. Mangone