



MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



| | | | | |
|------------------|----------------------|-----------------|------------|-------------|
| Case # 15-012766 | Officer Boyton, Ryan | Date: 7/31/2015 | Time: 1827 | Day: Friday |
|------------------|----------------------|-----------------|------------|-------------|

Attached Reports: (Check All That Apply)

Incident Report
 Arrest Report
 Booking Photo

| | | |
|--|-----------------------------------|---|
| Was an arrest made? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Suspect Name: Ranstrom, Denise | OIC at time of Incident: Sgt. Knight |
|--|-----------------------------------|---|

Suspect Information: CHECK ALL THAT APPLY

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

Type of Force Used: CHECK ALL THAT APPLY

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

Injury Information:

| | | |
|---|---|---------------------------|
| Were any injuries sustained to officer? | <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... |
| Scrapes to her left 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....
 The force was effective and ultimately caused the suspect to comply with verbal commands.

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: 1-4
 Verbal Commands used Before
 Verbal Commands Used During
 Verbal Commands Used After

Miscellaneous Information:

Offense/Charge: Falsifying Physical Evidence and Resisting Arrest or Detention

Lighting: Daylight Artificial Low Light Darkness

Location: Indoors Outdoors

Weather Conditions: Sunny Clear Cloudy Rain Snow

Surface Conditions: Flat Incline Decline Wet Dry

Ice/Snow Debris No Debris Other

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>Ryan Boyton</i> | Reviewed by: <i>[Signature]</i> | Date: 7/31 |
|---|------------------------------------|---------------|



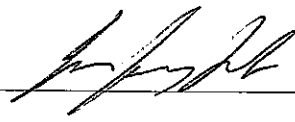
MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



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|------------------|-----------------------|-----------------|------------|-------------|
| Case # 15-012766 | Officer: Boyton, Ryan | Date: 7/31/2015 | Time: 1827 | Day: Friday |
|------------------|-----------------------|-----------------|------------|-------------|

OIC Comment/Review:

I reviewed the report and found that the response to resistance was appropriate

Sgt. Knight 



MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 15-012681 Officer: Keating, Robert J Date: 7/30/2015 Time: 1118 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 Thomas Ramirez Lt Vincent

Suspect Information: CHECK ALL THAT APPLY

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

Type of Force Used: CHECK ALL THAT APPLY

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

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...

Puncture wound to the rear head area.

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

AMR responded, suspect refused treatment

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

Suspect was apprehended by K9 Moose and was sprayed, and tasered by Officer Branch. Suspect was seen by AMR, but refused treatment.

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 hot/humid

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: 8/1/15



MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



| | | | | |
|------------------|----------------------------|-----------------|------------|---------------|
| Case # 15-012681 | Officer: Keating, Robert J | Date: 7/30/2015 | Time: 1118 | Day: Thursday |
|------------------|----------------------------|-----------------|------------|---------------|

OIC Comment/Review:

I monitored to the radio transmissions as this incident unfolded, reviewed the reports associated with this incident, and spoke with the Officers involved in this incident and find that the Officers acted appropriately and according to State Statute and Departmental Procedures in their response to the resistive behavior exhibited by Ramirez during this incident.

Lt Vincent



MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



| | | | | | | | | | | |
|---|-----------|--|--|---|---|---|------|--|----------|--|
| Case # | 15-012681 | Officer: | Branch, Jamie D | Date: | 7/30/2015 | Time: | 1118 | 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 | | Thomas Ramirez | | | | Lt Vincent | | | | |
| Suspect Information: CHECK ALL THAT APPLY | | | | | | | | | | |
| <input type="checkbox"/> Armed with a deadly weapon | | | | | <input type="checkbox"/> Armed with a non-deadly weapon | | | | | |
| <input checked="" type="checkbox"/> Not armed | | | | | <input checked="" type="checkbox"/> Had been drinking | | | | | |
| <input type="checkbox"/> Impaired or Intoxicated | | | | | <input type="checkbox"/> Under the influence of drugs | | | | | |
| <input type="checkbox"/> Agitated prior to police arrival | | | | | <input type="checkbox"/> Any disability (describe): | | | | | |
| <input type="checkbox"/> Language barrier (if so, language spoken) | | | | | | | | | | |
| Type of Force Used: CHECK ALL THAT APPLY | | | | | | | | | | |
| <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 checked="" type="checkbox"/> Pressure Point Control | | | <input type="checkbox"/> Kick | | | <input type="checkbox"/> Handgun Used | | <input type="checkbox"/> Less Lethal- 12 Ga- Used | | |
| <u>Secondary Weapon System</u> | | | <input type="checkbox"/> Knee Strike | | | <input type="checkbox"/> Rifle Deployed | | <input type="checkbox"/> Less Lethal- 40 mm- Deployed | | |
| <input checked="" type="checkbox"/> OC | | | <input 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) right closed fist | | | <input type="checkbox"/> Shotgun Deployed | | <input type="checkbox"/> Noise Flash Device | | |
| <input type="checkbox"/> K-9 | | | | | | <input type="checkbox"/> Shotgun Used | | <input type="checkbox"/> Gas Deployment- OC/CS | | |
| <input type="checkbox"/> Other (describe) | | | | | | | | | | |
| <input checked="" type="checkbox"/> Taser | | | | | | | | | | |
| Injury Information: | | | | | | | | | | |
| Were any injuries sustained to officer? | | | | <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... | | | | |
| Single puncture hole and small lacerations to back of head | | | | | | | | | | |
| Was medical attention provided? | | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | If yes, describe below... | | | | |
| AMR responded to MPD, offender refused treatment | | | | | | | | | | |
| Describe the effects of the force used on any persons involved, and any decontamination method used if any... | | | | | | | | | | |
| manipular angle= head jerked, OC spray=vision affected, hard had strike=brief compliance, 2 taser drive stuns=brief compliance, K-9 bite by Ofc. Foster/Moose=compliance | | | | | | | | | | |
| Officer Information: | | | | | | | | | | |
| # of officers present: 3 | | | # of officers injured: 0 | | | | | | | |
| Officer description: | | | <input checked="" type="checkbox"/> Uniform <input type="checkbox"/> Plain Clothes | | | | | | | |
| Duty Status: | | | <input checked="" type="checkbox"/> On Duty <input type="checkbox"/> Off Duty <input type="checkbox"/> On Duty Detail/Location | | | | | | | |
| Route/Assignment: | | | <input checked="" type="checkbox"/> Verbal Commands used Before | | | <input checked="" type="checkbox"/> Verbal Commands Used During | | <input checked="" type="checkbox"/> Verbal Commands Used After | | |
| Miscellaneous Information: | | | | | | | | | | |
| Offense/Charge: | | | | | | | | | | |
| Lighting: | | <input checked="" type="checkbox"/> Daylight | | <input type="checkbox"/> Artificial | | <input type="checkbox"/> Low Light | | <input type="checkbox"/> Darkness | | |
| Location: | | <input type="checkbox"/> Indoors | | <input type="checkbox"/> Outdoors | | | | | | |
| Weather Conditions: | | <input checked="" type="checkbox"/> Sunny | | <input type="checkbox"/> Clear | | <input type="checkbox"/> Cloudy | | <input type="checkbox"/> Rain <input type="checkbox"/> Snow | | |
| Surface Conditions: | | <input type="checkbox"/> Flat | | <input type="checkbox"/> Incline | | <input type="checkbox"/> Decline | | <input type="checkbox"/> Wet <input checked="" type="checkbox"/> Dry | | |
| | | <input type="checkbox"/> Ice/Snow | | <input type="checkbox"/> Debris | | <input type="checkbox"/> No Debris | | <input type="checkbox"/> Other hot/humid | | |
| This report is to be filled out after the intentional or unintentional use of force with any weapons or the unintended use of any type of force resulting in injury or death to any person. All reports will be submitted along with the Incident Report, Arrest Report & Booking Photo and forwarded to the Training Director. | | | | | | | | | | |
| Signature of reporting officer: | | | | Reviewed by: | | | | Date: | | |
| <i>J. Foster</i> | | | | Vincent | | | | 8/1/15 | | |

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MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



| | | | | |
|------------------|-------------------------|-----------------|------------|---------------|
| Case # 15-012681 | Officer Branch, Jamie D | Date: 7/30/2015 | Time: 1118 | Day: Thursday |
|------------------|-------------------------|-----------------|------------|---------------|

OIC Comment/Review:

I monitored to the radio transmissions as this incident unfolded, reviewed the reports associated with this incident, and spoke with the Officers involved in this incident and find that the Officers acted appropriately and according to State Statute and Departmental Procedures in their response to the resistive behavior exhibited by Ramirez during this incident.

Lt Vincent



MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 15-012681 Officer Foster, Benjamin C Date: 7/30/2015 Time: 1127 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 Thomas Ramirez, [REDACTED] Lt. Vincent

Suspect Information: CHECK ALL THAT APPLY

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

Type of Force Used: CHECK ALL THAT APPLY

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

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...
 Single puncture wound to back of the head

Was medical attention provided? Yes No If yes, describe below...
 AMR responded to the booking area where the suspect refused medical treatment.

Describe the effects of the force used on any persons involved, and any decontamination method used if any...
 The soft and hard hand control did not have any effect. The OC and taser did not subdue the suspect, however the K9 proved effective in taking him into custody.

Officer Information

of officers present: 3 # of officers injured: 0

Officer description: Uniform Plain Clothes

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

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

Miscellaneous Information

Offense/Charge:

Lighting: Daylight Artificial Low Light Darkness

Location: Indoors Outdoors

Weather Conditions Sunny Clear Cloudy Rain Snow

Surface Conditions: Flat Incline Decline Wet Dry

Ice/Snow Debris No Debris Other

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

Signature of reporting officer: *[Signature]* Reviewed by: *Vincent* Date: 8/1/15

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MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



| | | | | |
|------------------|----------------------------|-----------------|------------|---------------|
| Case # 15-012681 | Officer Foster, Benjamin C | Date: 7/30/2015 | Time: 1127 | Day: Thursday |
|------------------|----------------------------|-----------------|------------|---------------|

OIC Comment/Review:

I monitored to the radio transmissions as this incident unfolded, reviewed the reports associated with this incident, and spoke with the Officers involved in this incident and find that the Officers acted appropriately and according to State Statute and Departmental Procedures in their response to the resistive behavior exhibited by Ramirez during this incident.

Lt. Vincent



MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



| | | | | | | | | | | |
|---|----------|---|---|---|--|---|------|---|----------|--|
| Case # | 15-12708 | Officer | Jajuga, Matthew J | Date: | 7/30/2015 | Time: | 1941 | 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 | | Krystal Gallien, [REDACTED] | | | | Sgt. C. Biron | | | | |
| Suspect Information: CHECK ALL THAT APPLY | | | | | | | | | | |
| <input checked="" type="checkbox"/> Armed with a deadly weapon | | | <input type="checkbox"/> Armed with a non-deadly weapon | | | | | | | |
| <input type="checkbox"/> Not armed | | | <input type="checkbox"/> Had been drinking | | | | | | | |
| <input type="checkbox"/> Impaired or Intoxicated | | | <input type="checkbox"/> Under the influence of drugs | | | | | | | |
| <input 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 | | |
| <input type="checkbox"/> Secondary Weapon System | | | <input type="checkbox"/> Knee Strike | | | <input type="checkbox"/> Rifle Deployed | | <input type="checkbox"/> Less Lethal- 40 mm- Deployed | | |
| <input type="checkbox"/> OC | | | <input checked="" type="checkbox"/> Take Down | | | <input type="checkbox"/> Rifle Used | | <input type="checkbox"/> Less Lethal- 40 mm- Used | | |
| <input type="checkbox"/> Baton | | | <input type="checkbox"/> Other (describe) | | | <input type="checkbox"/> Shotgun Deployed | | <input type="checkbox"/> Noise Flash Device | | |
| <input type="checkbox"/> K-9 | | | | | | | | | | |
| <input type="checkbox"/> Other (describe) | | | <input type="checkbox"/> Shotgun Used | | <input type="checkbox"/> Gas Deployment- OC/CS | | | | | |
| <input type="checkbox"/> Taser | | | | | | | | | | |
| Injury Information | | | | | | | | | | |
| Were any injuries sustained to officer? | | | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | If yes, describe below... | | | | |
| Were any injuries sustained to suspect? | | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | If yes, describe below... | | | | |
| small cut on left wrist | | | | | | | | | | |
| Was medical attention provided? | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | If yes, describe below... | | | | |
| aid provided at HQ | | | | | | | | | | |
| Describe the effects of the force used on any persons involved, and any decontamination method used if any.... | | | | | | | | | | |
| Subject continued struggling throughout incident. Eventually forcibly handcuffed | | | | | | | | | | |
| Officer Information | | | | | | | | | | |
| # of officers present: 2 | | | # of officers injured: 0 | | | | | | | |
| Officer description: | | <input checked="" type="checkbox"/> Uniform | | <input type="checkbox"/> Plain Clothes | | | | | | |
| Duty Status: | | <input checked="" type="checkbox"/> On Duty | | <input type="checkbox"/> Off Duty | | <input type="checkbox"/> On Duty Detail/Location | | | | |
| Route/Assignment: | | <input checked="" type="checkbox"/> Verbal Commands used Before | | <input checked="" type="checkbox"/> Verbal Commands Used During | | <input type="checkbox"/> Verbal Commands Used After | | | | |
| Miscellaneous Information | | | | | | | | | | |
| Offense/Charge: Resisting Detention- RSA 642:2; multiple outstanding warrants | | | | | | | | | | |
| Lighting: | | <input checked="" type="checkbox"/> Daylight | | <input 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 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 | | |
| 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: | | |
| | | | | C. R. B. | | | | 8/13/15 | | |

C.Y. CR




MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



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|-----------------|---------------------------|-----------------|------------|---------------|
| Case # 15-12708 | Officer Jajuga, Matthew J | Date: 7/30/2015 | Time: 1941 | Day: Thursday |
|-----------------|---------------------------|-----------------|------------|---------------|

OIC Comment/Review:

I reviewed Ofc Jajuga's report and found that his use of force was appropriate and within policy.


Sgt. C. Biron



MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



| | | | | |
|------------------|--------------------------|-----------------|------------|---------------|
| Case # 15-012711 | Officer Feather, Derek A | Date: 7/30/2015 | Time: 2035 | Day: Thursday |
|------------------|--------------------------|-----------------|------------|---------------|

Attached Reports: (Check All That Apply)

- Incident Report
 Arrest Report
 Booking Photo

| | | |
|--|-------------------------------|--|
| Was an arrest made? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Suspect Name: bai, senesie | OIC at time of Incident: Sgt. 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 checked="" type="checkbox"/> Impaired or Intoxicated | <input type="checkbox"/> Under the influence of drugs |
| <input checked="" type="checkbox"/> Agitated prior to police arrival | <input type="checkbox"/> Any disability (describe): |
| <input type="checkbox"/> Language barrier (if so, language spoken) | |

Type of Force Used: CHECK ALL THAT APPLY

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

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... |
| abrasion to left cheek | | | |
| Was medical attention provided? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If yes, describe below... |

Describe the effects of the force used on any persons involved, and any decontamination method used if any....
 suspect attempted to flee after discarding drugs, taken to the ground

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: 26-C
- 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: 7/30/15 |
|-------------------------------------|------------------|------------------|

(2)



MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



| | | | | |
|------------------|-------------------------|-----------------|------------|---------------|
| Case # 15-012711 | Officer: Jusza, Kevin A | Date: 7/30/2015 | Time: 2035 | Day: Thursday |
|------------------|-------------------------|-----------------|------------|---------------|

OIC Comment/Review:

I reviewed Ofc Jusza's reports and found that his use of force and the deployment of the Taser X2 ECW was appropriate and within policy



SGT Biron



MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



| | | | | |
|------------------|-------------------------|-----------------|------------|---------------|
| Case # 15-012711 | Officer: Jusza, Kevin A | Date: 7/30/2015 | Time: 2035 | Day: Thursday |
|------------------|-------------------------|-----------------|------------|---------------|

Attached Reports: (Check All That Apply)

Incident Report
 Arrest Report
 Booking Photo

| | | |
|--|-------------------------------|---------------------------------------|
| Was an arrest made? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Suspect Name: Bai, Senesie | OIC at time of Incident: SGT 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 checked="" type="checkbox"/> Impaired or Intoxicated | <input type="checkbox"/> Under the influence of drugs |
| <input checked="" type="checkbox"/> Agitated prior to police arrival | <input type="checkbox"/> Any disability (describe): |
| <input type="checkbox"/> Language barrier (if so, language spoken) | |

Type of Force Used: CHECK ALL THAT APPLY

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

Injury Information:

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

Were any injuries sustained to suspect? Yes No If yes, describe below...
 Abrasions to left cheek. Cuts from Taser prongs, stomach

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

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

Suspect was actively kicking and swinging fists at us. Used a drive stun to right leg to, no effect. Fired single cartridge to stomach, was able to roll over suspect. Kicked suspect onto stomach and gained control.

Officer Information:

of officers present 2 # of officers injured: 0

Officer description: Uniform Plain Clothes

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

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

Miscellaneous Information:

Offense/Charge:

Lighting: Daylight Artificial Low Light Darkness

Location: Indoors Outdoors

Weather Conditions Sunny Clear Cloudy Rain Snow

Surface Conditions: Flat Incline Decline Wet Dry

Ice/Snow Debris No Debris Other

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

| | | |
|---------------------------------|--------------|-------|
| Signature of reporting officer: | Reviewed by: | Date: |
|---------------------------------|--------------|-------|

08/10/15
C-4




MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



| | | | | | | | | | |
|--------|-----------|---------|------------------|-------|-----------|-------|------|------|----------|
| Case # | 15-012711 | Officer | Feather, Derek A | Date: | 7/30/2015 | Time: | 2035 | Day: | Thursday |
|--------|-----------|---------|------------------|-------|-----------|-------|------|------|----------|

OIC Comment/Review:

I reviewed Ofc Feather's report and found that his use of force was appropriate and within policy



Sgt. Biron



MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



| | | | | |
|-----------|---------------|-----------|-------|---------|
| Case # | Officer | Date: | Time: | Day: |
| 15-012592 | Heile, Ryan R | 7/28/2015 | 1821 | Tuesday |

Attached Reports: (Check All That Apply)

Incident Report
 Arrest Report
 Booking Photo

| | | |
|--|--|--------------------------------------|
| Was an arrest made? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Suspect Name: Orleans, Aikins, Courtney | OIC at time of Incident: Lt Mucci |
|--|--|--------------------------------------|

Suspect Information: CHECK ALL THAT APPLY

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

Type of Force Used: CHECK ALL THAT APPLY

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

Injury Information

| | | | |
|---|------------------------------|--|---------------------------|
| Were any injuries sustained to officer? | <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....
 Allowed myself to take control of a subject who was actively running from me after I tried to place him under arrest.

Officer Information:

| | |
|---|---------------------------------|
| # of officers present: <u>17</u> | # of officers injured: <u>0</u> |
| Officer description: <input type="checkbox"/> Uniform <input type="checkbox"/> Plain Clothes | |
| Duty Status: <input checked="" type="checkbox"/> On Duty <input type="checkbox"/> Off Duty <input checked="" type="checkbox"/> On Duty Detail/Location Wagon | |
| Route/Assignment: <input checked="" type="checkbox"/> Verbal Commands used Before <input checked="" type="checkbox"/> Verbal Commands Used During <input checked="" type="checkbox"/> Verbal Commands Used After | |

Miscellaneous Information:

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

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

| | | |
|--|---------------------------------|--------------|
| Signature of reporting officer: <i>[Signature]</i> | Reviewed by: <i>[Signature]</i> | Date: 8/4/15 |
|--|---------------------------------|--------------|

[Handwritten notes and signatures]



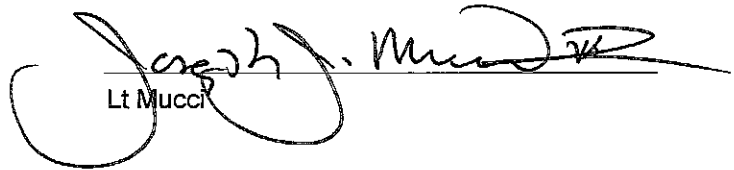
MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



| | | | | |
|------------------|-----------------------|-----------------|------------|--------------|
| Case # 15-012592 | Officer Heile, Ryan R | Date: 7/28/2015 | Time: 1821 | Day: Tuesday |
|------------------|-----------------------|-----------------|------------|--------------|

OIC Comment/Review:

Multiple units responded to to the above incident in which there was a fight and one subject was alleged to have a firearm. During this incident there were multiple arrests where subjects fled the responding Officers after being told to stop. In regards to this report Officer Heile gave the suspect multiple lawful orders to stop his behavior and to stop because he was under arrest. The subject stopped and then fled upon being told her was under arrest. Officer Heile gave chase and used a take down to stop the suspect and place him under arrest. Based on the report he used the minimal amount of force necessary to effect the arrest. His actions are well within the Manchester Police Standard Operating Procedures as well as NH RSA 627: 5.


Lt Mucci



MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



| | | | | |
|------------------|-------------------------|-----------------|------------|--------------|
| Case # 15-012604 | Officer: Brown, Richard | Date: 7/28/2015 | Time: 2012 | Day: Tuesday |
|------------------|-------------------------|-----------------|------------|--------------|

Attached Reports: (Check All That Apply)

Incident Report
 Arrest Report
 Booking Photo

| | | |
|--|---------------------------------------|--------------------------------------|
| Was an arrest made? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Suspect Name: Eugenio Colon Nieves | OIC at time of Incident: Lt Mucci |
|--|---------------------------------------|--------------------------------------|

Suspect Information: CHECK ALL THAT APPLY

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

Type of Force Used: CHECK ALL THAT APPLY

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

Injury Information:

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

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

Minor scrapes to left elbow, documented on 106 and photographed in booking

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

Suspect stated he did not want medical attention in booking

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

Suspect did not comply with verbal commands immediately. He had to pinned to the 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 Gun violence/Hotspots

Route/Assignment: Gun Violence/Hotspot

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

Miscellaneous Information:

Offense/Charge: Criminal Threatening, Falsifying Physical Evidence, Resisting Arrest, Possession Controlled Drug

Lighting: Daylight Artificial Low Light Darkness

Location: Indoors Outdoors

Weather Conditions Sunny Clear Cloudy Rain Snow

Surface Conditions: Flat Incline Decline Wet Dry

Ice/Snow Debris No Debris Other

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

| | | |
|--|--|------------------|
| Signature of reporting officer: <i>R. Brown</i> | Reviewed by: <i>Joseph Mucci</i> 072911 | Date: 7/28/15 |
|--|--|------------------|

Handwritten signatures and initials



MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



| | | | | |
|------------------|-------------------------|-----------------|------------|--------------|
| Case # 15-012604 | Officer: Brown, Richard | Date: 7/28/2015 | Time: 2012 | Day: Tuesday |
|------------------|-------------------------|-----------------|------------|--------------|

OIC Comment/Review:

Sgt Brown responded to a call in which the suspect was alleged to be armed with an "AK" and was overheard stating that he wanted to shoot a "Cop". When approached by the responding Officers the suspect fled and began discarding what appeared at the time to be working firearms. The deployment of a duty sidearm is appropriate for this incident. Sgt. Brown's actions were appropriate for the incident and within policy.

Joseph Mucci Lt Mucci *WA L3*
07-29-15



MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



| | | | | | | | | | |
|--------|-----------|---------|-------------------|-------|-----------|-------|------|------|---------|
| Case # | 15-012537 | Officer | Megowen, Robert G | Date: | 7/28/2015 | Time: | 0320 | Day: | Tuesday |
|--------|-----------|---------|-------------------|-------|-----------|-------|------|------|---------|

Attached Reports: (Check All That Apply)

Incident Report
 Arrest Report
 Booking Photo

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

Type of Force Used - CHECK ALL THAT APPLY

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

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...

Scrape to right cheek, and scrape to wrist

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

Medical attention was offered by Booking Officer and declined by suspect.

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

Pulled arms under body and several knee strikes used as softening technique allowing arms to be secured

Officer Information:

of officers present: 2 # of officers injured: 0

Officer description: Uniform Plain Clothes

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

Route/Assignment:

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

Miscellaneous Information

Offense/Charge:

Lighting: Daylight Artificial Low Light Darkness

Location: Indoors Outdoors

Weather Conditions Sunny Clear Cloudy Rain Snow

Surface Conditions: Flat Incline Decline Wet Dry

Ice/Snow Debris No Debris Other

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

| | | |
|---------------------------------|--------------|----------------------|
| Signature of reporting officer: | Reviewed by: | Date: <u>7/28/15</u> |
|---------------------------------|--------------|----------------------|



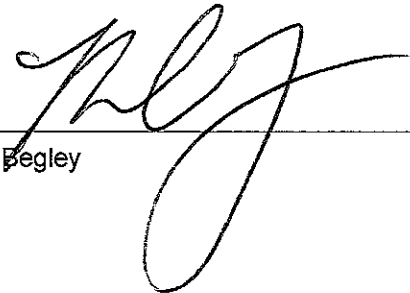
MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



| | | | | |
|------------------|---------------------------|-----------------|------------|--------------|
| Case # 15-012537 | Officer Megowen, Robert G | Date: 7/28/2015 | Time: 0320 | Day: Tuesday |
|------------------|---------------------------|-----------------|------------|--------------|

OIC Comment/Review:

I reviewed the Response to Resistance reports and the reports associated with the arrest and found that the use of force was appropriate under the circumstances and within departmental SOP's. However, the information entered by Officer Bifsha on the arrest module (106) was not accurate. He noted that Morrissey was seen by AMR and cleared. He wrote that information because AMR responded to the scene of the arrest and assumed AMR was treating Morrissey when in fact their response was for the victim of the assault. I spoke to Officer Bifsha about the accuracy of his notation and the importance of it being correct and factual. He was also reminded to care for and clean cuts on any prisoner's face. He stated that he asked Morrissey if he wanted medical treatment for his cut and received a profanity laced refusal. Officer Bifsha received verbal counseling for the accuracy of his report in that he noted Morrissey was treated for an abrasion above his right eye by AMR when he was not treated.



Lt. Begley



MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 15-012537 Officer: Brown, Richard Date: 7/28/2015 Time: 0320 Day: Tuesday

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

Type of Force Used: CHECK ALL THAT APPLY

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

Injury Information

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

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

Minor scrape to right cheek/outer eye area, minor scrape to right wrist area

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

Medical attention was offered by Booking Officer and declined by suspect.

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

Subject did not comply after first knee strike, continued to pull his arm under his body

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: Patrol Sergeant

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

Miscellaneous Information

Offense/Charge: AFSA, Simple Assault, Resisting Arrest

Lighting: Daylight Artificial Low Light Darkness

Location: Indoors Outdoors

Weather Conditions Sunny Clear Cloudy Rain Snow

Surface Conditions: Flat Incline Decline Wet Dry

Ice/Snow Debris No Debris Other

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

Signature of reporting officer: *[Signature]* Reviewed by: *[Signature]* Date: *[Signature]*

cl *James C. [Signature]* *LT*



MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



| | | | | |
|------------------|------------------------|-----------------|------------|--------------|
| Case # 15-012537 | Officer Brown, Richard | Date: 7/28/2015 | Time: 0320 | Day: Tuesday |
|------------------|------------------------|-----------------|------------|--------------|

OIC Comment/Review:

I reviewed the Response to Resistance reports and the reports associated with the arrest and found that the use of force was appropriate under the circumstances and within departmental SOP's. However, the information entered by Officer Bifsha on the arrest module (106) was not accurate. He noted that Morrissey was seen by AMR and cleared. He wrote that information because AMR responded to the scene of the arrest and assumed AMR was treating Morrissey when in fact their response was for the victim of the assault. I spoke to Officer Bifsha about the accuracy of his notation and the importance of it being correct and factual. He was also reminded to care for and clean cuts on any prisoner's face. He stated that he asked Morrissey if he wanted medical treatment for his cut and received a profanity laced refusal. Officer Bifsha received verbal counseling for the accuracy of his report in that he noted Morrissey was treated for an abrasion above his right eye by AMR when he was not treated.


Lt Begley



MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



| | | | | | | | | | |
|--------|----------|----------|-------------------|-------|-----------|-------|------|------|--------|
| Case # | 15-12492 | Officer: | Caldwell, Brian H | Date: | 7/27/2015 | Time: | 1217 | Day: | Monday |
|--------|----------|----------|-------------------|-------|-----------|-------|------|------|--------|

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 Campbell | OIC at time of Incident: Sgt. R. Brennan |
|--|---------------------------------|---|

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): Claimed mental issue |
| <input type="checkbox"/> Language barrier (if so, language spoken) | |

Type of Force Used: CHECK ALL THAT APPLY

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

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....
 CAMPBELL was acting out of control, yelling. Saliva was spewing from his mouth. I assisted Off. J. Branch place CAMPBELL in the Wagon. I secured him against the wall while Off. J. Branch seatbelted him in the Wagon. I released him as soon as he was secure

Officer Information:

of officers present: 9 # of officers injured: 0

Officer description: Uniform Plain Clothes

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

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

Miscellaneous Information:

Offense/Charge: Criminal Mischief, DOC, Preventative Detention, Viol of Protective Order

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: 8/18/15



MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



| | | | | |
|-----------------|---------------------------|-----------------|------------|-------------|
| Case # 15-12492 | Officer Caldwell, Brian H | Date: 7/27/2015 | Time: 1217 | Day: Monday |
|-----------------|---------------------------|-----------------|------------|-------------|

OIC Comment/Review:

Upon reviewing all reports, supplemental and follow up reports Officer Caldwell acted appropriately and accordance with NH RSA's, policies and procedures of the Manchester Police Department. Z-13

Sgt. R. Brennan



MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



| | | | | | | | | | |
|--------|-----------|---------|---------------------|-------|-----------|-------|------|------|--------|
| Case # | 15-012374 | Officer | McAuliffe, Thomas B | Date: | 7/24/2015 | Time: | 2345 | Day: | Friday |
|--------|-----------|---------|---------------------|-------|-----------|-------|------|------|--------|

Attached Reports: (Check All That Apply)

Incident Report
 Arrest Report
 Booking Photo

| | | |
|---|-----------------|--------------------------|
| Was an arrest made? | Suspect Name: | OIC at time of Incident: |
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | RAWSON, KENNETH | SGT. BROWN |

Suspect Information: CHECK ALL THAT APPLY

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

Type of Force Used: CHECK ALL THAT APPLY

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

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...

Self inflicted cuts from a knife.

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

AMR responded / transported to Elliot Hospital

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

Suspect was tased and handcuffed.

Officer Information

of officers present: 5 # of officers injured: 0

Officer description: Uniform Plain Clothes

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

Route/Assignment:

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

Miscellaneous Information

Offense/Charge:

Lighting: Daylight Artificial Low Light Darkness

Location: Indoors Outdoors

Weather Conditions Sunny Clear Cloudy Rain Snow

Surface Conditions: Flat Incline Decline Wet Dry

Ice/Snow Debris No Debris Other

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

| | | |
|--------------------------------|---------------|---------|
| Signature of reporting officer | Reviewed by: | Date: |
| | Det. R. Barz0 | 7/25/15 |

OK



MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



| | | | | |
|------------------|-----------------------------|-----------------|------------|-------------|
| Case # 15-012374 | Officer McAuliffe, Thomas B | Date: 7/24/2015 | Time: 2345 | Day: Friday |
|------------------|-----------------------------|-----------------|------------|-------------|

OIC Comment/Review:

I have reviewed the Response to Resistance Report and all reports associated with this incident and found that the use of force was appropriate under the circumstances and within departmental SOP's. The lack of a photo in this case was a result of the subject being taken to the Elliot Hospital for an IEH, then being released to State Prison for a Probation Hold. The booking was done in abstentia.

SGT. R. Brown

SGT. BROWN



MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



| | | | | | | | | | |
|--------|-----------|---------|-------------------|-------|-----------|-------|------|------|--------|
| Case # | 15-012374 | Officer | Megowen, Robert G | Date: | 7/24/2015 | Time: | 2325 | Day: | Friday |
|--------|-----------|---------|-------------------|-------|-----------|-------|------|------|--------|

Attached Reports: (Check All That Apply)

Incident Report
 Arrest Report
 Booking Photo

| | | |
|---|----------------------------|--------------------------|
| Was an arrest made? | Suspect Name: | OIC at time of Incident: |
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Rawson, Kenneth [REDACTED] | Sgt. Brown |

Suspect Information: CHECK ALL THAT APPLY

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

Type of Force Used: CHECK ALL THAT APPLY

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

Injury Information:

| | | | |
|---|---|--|---------------------------|
| Were any injuries sustained to officer? | <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... |

Describe the effects of the force used on any persons involved, and any decontamination method used if any....
 Poor connections with the deployment of taser. Drive stun appeared to have desired effect causing him to release weapon.

Officer Information:

| | | | |
|-----------------------|---|---|--|
| # of officers present | 4 | # of officers injured: | 0 |
| Officer description: | <input checked="" type="checkbox"/> Uniform | <input type="checkbox"/> Plain Clothes | |
| Duty Status: | <input checked="" type="checkbox"/> On Duty | <input type="checkbox"/> Off Duty | <input type="checkbox"/> On Duty Detail/Location |
| Route/Assignment: | <input checked="" type="checkbox"/> Verbal Commands used Before | <input checked="" type="checkbox"/> Verbal Commands Used During | <input checked="" type="checkbox"/> Verbal Commands Used After |

Miscellaneous Information:

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

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

| | | |
|---------------------------------|---------------------|---------|
| Signature of reporting officer: | Reviewed by: | Date: |
| <i>[Signature]</i> | Sgt. R. [Signature] | 7/25/15 |



MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



| | | | | |
|------------------|----------------------------|-----------------|------------|-------------|
| Case # 15-012374 | Officer: Megowen, Robert G | Date: 7/24/2015 | Time: 2325 | Day: Friday |
|------------------|----------------------------|-----------------|------------|-------------|

OIC Comment/Review:

I have reviewed the Response to Resistance Report and all reports associated with this incident and found that the use of force was appropriate under the circumstances and within departmental SOP's. The lack of a photo in this case was a result of the subject being taken to the Elliot Hospital for an IEH, then being released to State Prison for a Probation Hold. The booking was done in absentia.

Sgt. R. Brown 2-6

Sgt. Brown



MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



| | | | | |
|------------------|---------------------------|-----------------|------------|-------------|
| Case # 15-012374 | Officer Megowen, Robert G | Date: 7/24/2015 | Time: 2325 | Day: Friday |
|------------------|---------------------------|-----------------|------------|-------------|

Attached Reports: (Check All That Apply)

Incident Report
 Arrest Report
 Booking Photo

| | | |
|--|---|--|
| Was an arrest made? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Suspect Name: Rawson, Kenneth [REDACTED] | OIC at time of Incident: Sgt. Brown |
|--|---|--|

Suspect Information: CHECK ALL THAT APPLY

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

Type of Force Used: CHECK ALL THAT APPLY

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

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... |

Describe the effects of the force used on any persons involved, and any decontamination method used if any....
 Poor connections with the deployment of taser. Drive stun appeared to have desired effect causing him to release weapon.

Officer Information:

| | |
|--|--------------------------|
| # of officers present: 4 | # of officers injured: 0 |
| Officer description: <input checked="" type="checkbox"/> Uniform <input type="checkbox"/> Plain Clothes | |
| Duty Status: <input checked="" type="checkbox"/> On Duty <input type="checkbox"/> Off Duty <input type="checkbox"/> On Duty Detail/Location | |
| Route/Assignment: <input checked="" type="checkbox"/> Verbal Commands used Before <input checked="" type="checkbox"/> Verbal Commands Used During <input checked="" type="checkbox"/> Verbal Commands Used After | |

Miscellaneous Information:

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

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

| | | |
|--|---|---------------|
| Signature of reporting officer: <i>[Signature]</i> Megowen | Reviewed by: <i>[Signature]</i> R. [REDACTED] 2-6 | Date: 7/25/15 |
|--|---|---------------|

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MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



| | | | | |
|------------------|---------------------------|-----------------|------------|-------------|
| Case # 15-012374 | Officer Megowen, Robert G | Date: 7/24/2015 | Time: 2325 | Day: Friday |
|------------------|---------------------------|-----------------|------------|-------------|

OIC Comment/Review:

I have reviewed the Response to Resistance Report and all reports associated with this incident and found that the use of force was appropriate under the circumstances and within departmental SOP's. The lack of a photo in this case was a result of the subject being taken to the Elliot Hospital for an IEH, then being released to State Prison for a Probation Hold. The booking was done in absentia.

SGT. R. Brown 2-6

Sgt. Brown



MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



| | | | | | | | | | | |
|---|-----------|---|---|---|--|--|------|---|--------|--|
| Case # | 15-012374 | Officer: | McAuliffe, Thomas B | Date: | 7/24/2015 | Time: | 2345 | Day: | Friday | |
| 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 | | RAWSON, KENNETH | | | | SGT. BROWN | | | | |
| Suspect Information: CHECK ALL THAT APPLY | | | | | | | | | | |
| <input checked="" type="checkbox"/> Armed with a deadly weapon | | | <input type="checkbox"/> Armed with a non-deadly weapon | | | | | | | |
| <input type="checkbox"/> Not armed | | | <input checked="" type="checkbox"/> Had been drinking | | | | | | | |
| <input checked="" type="checkbox"/> Impaired or Intoxicated | | | <input type="checkbox"/> Under the influence of drugs | | | | | | | |
| <input checked="" type="checkbox"/> Agitated prior to police arrival | | | <input type="checkbox"/> Any disability (describe): | | | | | | | |
| <input type="checkbox"/> Language barrier (if so, language spoken) | | | | | | | | | | |
| Type of Force Used: CHECK ALL THAT APPLY | | | | | | | | | | |
| Soft Hand Control | | | Hard Hand Control | | | Firearm | | | | |
| <input type="checkbox"/> Joint Manipulation | | | <input type="checkbox"/> Open Hand Strike | | | <input type="checkbox"/> Handgun Deployed | | <input type="checkbox"/> Less Lethal- 12 Ga- Deployed | | |
| <input type="checkbox"/> Pressure Point Control | | | <input type="checkbox"/> Kick | | | <input type="checkbox"/> Handgun Used | | <input type="checkbox"/> Less Lethal- 12 Ga- Used | | |
| Secondary Weapon System | | | <input type="checkbox"/> Knee Strike | | | <input type="checkbox"/> Rifle Deployed | | <input type="checkbox"/> Less Lethal- 40 mm- Deployed | | |
| <input type="checkbox"/> OC | | | <input type="checkbox"/> Take Down | | | <input type="checkbox"/> Rifle Used | | <input type="checkbox"/> Less Lethal- 40 mm- Used | | |
| <input type="checkbox"/> Baton | | | <input type="checkbox"/> Other (describe) | | | <input type="checkbox"/> Shotgun Deployed | | <input type="checkbox"/> Noise Flash Device | | |
| <input type="checkbox"/> K-9 | | | | | | | | | | |
| <input type="checkbox"/> Other (describe) | | | <input type="checkbox"/> Shotgun Used | | <input type="checkbox"/> Gas Deployment- OC/CS | | | | | |
| <input checked="" type="checkbox"/> Taser | | | | | | | | | | |
| Injury Information | | | | | | | | | | |
| Were any injuries sustained to officer? | | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | If yes, describe below... | | | | | |
| Were any injuries sustained to suspect? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | If yes, describe below... | | | | | |
| Self inflicted cuts from a knife. | | | | | | | | | | |
| Was medical attention provided? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | If yes, describe below... | | | | | |
| AMR responded / transported to Elliot Hospital | | | | | | | | | | |
| Describe the effects of the force used on any persons involved, and any decontamination method used if any.... | | | | | | | | | | |
| Suspect was tased and handcuffed. | | | | | | | | | | |
| Officer Information | | | | | | | | | | |
| # of officers present | | | 5 | | # of officers injured: | | | 0 | | |
| Officer description: | | <input checked="" type="checkbox"/> Uniform | | <input type="checkbox"/> Plain Clothes | | | | | | |
| Duty Status: | | <input checked="" type="checkbox"/> On Duty | | <input type="checkbox"/> Off Duty | | <input type="checkbox"/> On Duty Detail/Location | | | | |
| Route/Assignment: | | <input checked="" type="checkbox"/> Verbal Commands used Before | | <input checked="" type="checkbox"/> Verbal Commands Used During | | <input checked="" type="checkbox"/> Verbal Commands Used After | | | | |
| Miscellaneous Information | | | | | | | | | | |
| Offense/Charge: | | | | | | | | | | |
| Lighting: | | <input type="checkbox"/> Daylight | | <input checked="" type="checkbox"/> Artificial | | <input checked="" type="checkbox"/> Low Light | | <input type="checkbox"/> Darkness | | |
| Location: | | <input checked="" type="checkbox"/> Indoors | | <input type="checkbox"/> Outdoors | | | | | | |
| Weather Conditions | | <input type="checkbox"/> Sunny | | <input type="checkbox"/> Clear | | <input checked="" type="checkbox"/> Cloudy | | <input type="checkbox"/> Rain <input type="checkbox"/> Snow | | |
| Surface Conditions: | | <input checked="" type="checkbox"/> Flat | | <input type="checkbox"/> Incline | | <input type="checkbox"/> Decline | | <input type="checkbox"/> Wet <input 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: | | |
| | | | | Det. R. Brzezinski | | | | 7/25/15 | | |



MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



| | | | | |
|------------------|-----------------------------|-----------------|------------|-------------|
| Case # 15-012374 | Officer McAuliffe, Thomas B | Date: 7/24/2015 | Time: 2345 | Day: Friday |
|------------------|-----------------------------|-----------------|------------|-------------|

OIC Comment/Review:

I have reviewed the Response to Resistance Report and all reports associated with this incident and found that the use of force was appropriate under the circumstances and within departmental SOP's. The lack of a photo in this case was a result of the subject being taken to the Elliot Hospital for an IEH, then being released to State Prison for a Probation Hold. The booking was done in absentia.

SGT. R. Brown 2-6

SGT. BROWN



MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



| | | | | | | | | | | |
|---|-----------|---|---|---|--|--|---------|---|----------|--|
| Case # | 15-081908 | Officer | Dunlap, Michael J | Date: | 7/16/2015 | Time: | 1045 | 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 | | William O'Reilly | | | | Vincent | | | | |
| Suspect Information: CHECK ALL THAT APPLY | | | | | | | | | | |
| <input type="checkbox"/> Armed with a deadly weapon | | | <input type="checkbox"/> Armed with a non-deadly weapon | | | | | | | |
| <input checked="" type="checkbox"/> Not armed | | | <input type="checkbox"/> Had been drinking | | | | | | | |
| <input 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 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"/> Other (describe) | | | <input type="checkbox"/> Shotgun Used | | <input type="checkbox"/> Gas Deployment- OC/CS | | | | | |
| <input type="checkbox"/> Taser | | | | | | | | | | |
| Injury Information: | | | | | | | | | | |
| Were any injuries sustained to officer? | | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | If yes, describe below... | | | | | |
| Were any injuries sustained to suspect? | | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | If yes, describe below... | | | | | |
| Was medical attention provided? | | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | If yes, describe below... | | | | | |
| Describe the effects of the force used on any persons involved, and any decontamination method used if any.... | | | | | | | | | | |
| Ordered suspect to show hands, refused, once I displayed weapon he complied and I reholstered weapon | | | | | | | | | | |
| Officer Information: | | | | | | | | | | |
| # of officers present | | | # of officers injured: | | | | | | | |
| 4 | | | 0 | | | | | | | |
| Officer description: | | <input checked="" type="checkbox"/> Uniform | | <input type="checkbox"/> Plain Clothes | | | | | | |
| Duty Status: | | <input checked="" type="checkbox"/> On Duty | | <input type="checkbox"/> Off Duty | | <input type="checkbox"/> On Duty Detail/Location | | | | |
| Route/Assignment: | | <input checked="" type="checkbox"/> Verbal Commands used Before | | <input checked="" type="checkbox"/> Verbal Commands Used During | | <input checked="" type="checkbox"/> Verbal Commands Used After | | | | |
| Miscellaneous Information: | | | | | | | | | | |
| Offense/Charge: | | | | | | | | | | |
| Lighting: | | <input checked="" type="checkbox"/> Daylight | | <input type="checkbox"/> Artificial | | <input type="checkbox"/> Low Light | | <input type="checkbox"/> Darkness | | |
| Location: | | <input type="checkbox"/> Indoors | | <input checked="" type="checkbox"/> Outdoors | | | | | | |
| Weather Conditions: | | <input checked="" type="checkbox"/> Sunny | | <input type="checkbox"/> Clear | | <input type="checkbox"/> Cloudy | | <input type="checkbox"/> Rain <input type="checkbox"/> Snow | | |
| Surface Conditions: | | <input checked="" type="checkbox"/> Flat | | <input type="checkbox"/> Incline | | <input type="checkbox"/> Decline | | <input type="checkbox"/> Wet <input type="checkbox"/> Dry | | |
| | | <input type="checkbox"/> Ice/Snow | | <input type="checkbox"/> Debris | | <input checked="" type="checkbox"/> No Debris | | <input type="checkbox"/> Other | | |
| This report is to be filled out after the intentional or unintentional use of force with any weapons or the unintended use of any type of force resulting in injury or death to any person. All reports will be submitted along with the Incident Report, Arrest Report & Booking Photo and forwarded to the Training Director. | | | | | | | | | | |
| Signature of reporting officer: | | | | Reviewed by: | | | Date: | | | |
| | | | | Vincent | | | 7/16/15 | | | |



MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



| | | | | |
|-----------------|------------------------------|-----------------|------------|---------------|
| Case # 15-11927 | Officer: Gillis, Frederick J | Date: 7/16/2015 | Time: 2016 | Day: Thursday |
|-----------------|------------------------------|-----------------|------------|---------------|

Attached Reports: (Check All That Apply)

Incident Report
 Arrest Report
 Booking Photo

| | | |
|--|--------------------------------|---|
| Was an arrest made? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Suspect Name: Victor Ocasio | OIC at time of Incident: Sgt C 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 checked="" type="checkbox"/> Had been drinking |
| <input type="checkbox"/> Impaired or Intoxicated | <input type="checkbox"/> Under the influence of drugs |
| <input type="checkbox"/> Agitated prior to police arrival | <input type="checkbox"/> Any disability (describe): |
| <input type="checkbox"/> Language barrier (if so, language spoken) | |

Type of Force Used: CHECK ALL THAT APPLY

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

Injury Information:

| | | | |
|---|---|--|---------------------------|
| Were any injuries sustained to officer? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | If yes, describe below... |
| Were any injuries sustained to suspect? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | If yes, describe below... |
| Minor abrasions to both elbows | | | |
| 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....
 The takedown was effective in the apprehension of the suspect.

Officer Information:

of officers present 3 # of officers injured: 0

Officer description: Uniform Plain Clothes

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

Route/Assignment: Community Policing

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

Miscellaneous Information:

Offense/Charge: Resisting Arrest or Detention, EBW, Littering

Lighting: Daylight Artificial Low Light Darkness

Location: Indoors Outdoors

Weather Conditions: Sunny Clear Cloudy Rain Snow

Surface Conditions: Flat Incline Decline Wet Dry

Ice/Snow Debris No Debris Other

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

| | | |
|---|---------------------------------|---------------|
| Signature of reporting officer: <i>[Signature]</i> #150 | Reviewed by: <i>[Signature]</i> | Date: 6/16/15 |
|---|---------------------------------|---------------|

A2




MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



| | | | | |
|-----------------|------------------------------|-----------------|------------|---------------|
| Case # 15-11927 | Officer: Gillis, Frederick J | Date: 7/16/2015 | Time: 2016 | Day: Thursday |
|-----------------|------------------------------|-----------------|------------|---------------|

OIC Comment/Review:

I reviewed the report and spoke with the officer and find that the use of force was appropriate and within department guidelines.



Sgt C Biron



MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



| | | | | | | | | | |
|--------|-----------|---------|--------------------|-------|-----------|-------|------|------|-----------|
| Case # | 15-011868 | Officer | McKennedy, Shaun M | Date: | 7/15/2015 | Time: | 2118 | 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: |
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Justin Gaudreau | Sgt McCabe |

Suspect Information: CHECK ALL THAT APPLY

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

Type of Force Used: CHECK ALL THAT APPLY

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

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....
 The suspect was covered in dirt from the roadway after the take down, and bleeding due to a prior injury to his hands.

Officer Information

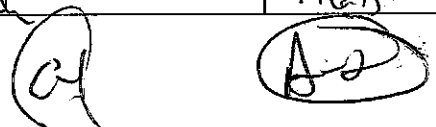
| | |
|--------------------------|---|
| # of officers present: 0 | # of officers injured: 0 |
| Officer description: | <input checked="" type="checkbox"/> Uniform <input type="checkbox"/> Plain Clothes |
| Duty Status: | <input checked="" type="checkbox"/> On Duty <input type="checkbox"/> Off Duty <input type="checkbox"/> On Duty Detail/Location |
| Route/Assignment: | <input checked="" type="checkbox"/> Verbal Commands used Before <input checked="" type="checkbox"/> Verbal Commands Used During <input type="checkbox"/> Verbal Commands Used After |

Miscellaneous Information

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

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

| | | |
|---|---------------------------------|---------------|
| Signature of reporting officer: <i>[Signature]</i> #187 | Reviewed by: <i>[Signature]</i> | Date: 7-16-15 |
|---|---------------------------------|---------------|





MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



| | | | | |
|------------------|-----------------------------|-----------------|------------|----------------|
| Case # 15-011868 | Officer: McKennedy, Shaun M | Date: 7/15/2015 | Time: 2118 | Day: Wednesday |
|------------------|-----------------------------|-----------------|------------|----------------|

OIC Comment/Review:

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

Sgt McCabe



MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



| | | | | | |
|---|---|---|--|---|--|
| Case # 15-011803 | Officer: McGee, Michael J | Date: 7/15/2015 | Time: 0230 | Day: Wednesday | |
| 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: Vazquez, Joshua | | OIC at time of Incident: Sgt. Aldenberg | | |
| Suspect Information: CHECK ALL THAT APPLY | | | | | |
| <input type="checkbox"/> Armed with a deadly weapon | <input type="checkbox"/> Armed with a non-deadly weapon | | | | |
| <input checked="" type="checkbox"/> Not armed | <input type="checkbox"/> Had been drinking | | | | |
| <input type="checkbox"/> Impaired or Intoxicated | <input type="checkbox"/> Under the influence of drugs | | | | |
| <input checked="" type="checkbox"/> Agitated prior to police arrival | <input type="checkbox"/> Any disability (describe): | | | | |
| <input type="checkbox"/> Language barrier (if so, language spoken) | | | | | |
| Type of Force Used: CHECK ALL THAT APPLY | | | | | |
| Soft Hand Control | | Hard Hand Control | | Firearm | |
| <input type="checkbox"/> Joint Manipulation | <input type="checkbox"/> Open Hand Strike | | <input type="checkbox"/> Handgun Deployed | <input type="checkbox"/> Less Lethal- 12 Ga- Deployed | |
| <input type="checkbox"/> Pressure Point Control | <input type="checkbox"/> Kick | | <input type="checkbox"/> Handgun Used | <input type="checkbox"/> Less Lethal- 12 Ga- Used | |
| Secondary Weapon System | | <input type="checkbox"/> Knee Strike | <input type="checkbox"/> Rifle Deployed | <input type="checkbox"/> Less Lethal- 40 mm- Deployed | |
| <input type="checkbox"/> OC | <input checked="" type="checkbox"/> Take Down | | <input type="checkbox"/> Rifle Used | <input type="checkbox"/> Less Lethal- 40 mm- Used | |
| <input type="checkbox"/> Baton | <input type="checkbox"/> Other (describe) | | <input type="checkbox"/> Shotgun Deployed | <input type="checkbox"/> Noise Flash Device | |
| <input type="checkbox"/> K-9 | | | <input type="checkbox"/> Shotgun Used | <input type="checkbox"/> Gas Deployment- OC/CS | |
| <input type="checkbox"/> Other (describe) | | | | | |
| <input type="checkbox"/> Taser | | | | | |
| Injury Information: | | | | | |
| Were any injuries sustained to officer? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | If yes, describe below... | | |
| Were any injuries sustained to suspect? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | If yes, describe below... | | |
| Was medical attention provided? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | If yes, describe below... | | |
| Describe the effects of the force used on any persons involved, and any decontamination method used if any.... Suspect was actively resisting detention when he was brought down to the ground by a take down and then handcuffed. | | | | | |
| Officer Information: | | | | | |
| # of officers present: 1 ^{ADD} | # of officers injured: 0 | | | | |
| Officer description: | <input checked="" type="checkbox"/> Uniform | <input type="checkbox"/> Plain Clothes | | | |
| Duty Status: | <input checked="" type="checkbox"/> On Duty | <input type="checkbox"/> Off Duty | <input type="checkbox"/> On Duty Detail/Location | | |
| Route/Assignment: | <input checked="" type="checkbox"/> Verbal Commands used Before | <input checked="" type="checkbox"/> Verbal Commands Used During | <input checked="" type="checkbox"/> Verbal Commands Used After | | |
| Miscellaneous Information: | | | | | |
| Offense/Charge: | | | | | |
| Lighting: | <input type="checkbox"/> Daylight | <input type="checkbox"/> Artificial | <input type="checkbox"/> Low Light | <input checked="" type="checkbox"/> Darkness | |
| Location: | <input type="checkbox"/> Indoors | <input checked="" type="checkbox"/> Outdoors | | | |
| Weather Conditions: | <input type="checkbox"/> Sunny | <input checked="" type="checkbox"/> Clear | <input type="checkbox"/> Cloudy | <input type="checkbox"/> Rain <input type="checkbox"/> Snow | |
| Surface Conditions: | <input checked="" type="checkbox"/> Flat | <input type="checkbox"/> Incline | <input type="checkbox"/> Decline | <input 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>Michael J McGee</i> | | Reviewed by: <i>[Signature]</i> | Date: 7/15/15 | | |

AK



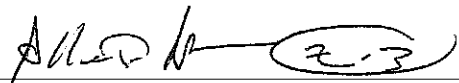
MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



| | | | | |
|------------------|---------------------------|-----------------|------------|----------------|
| Case # 15-011803 | Officer: McGee, Michael J | Date: 7/15/2015 | Time: 0230 | Day: Wednesday |
|------------------|---------------------------|-----------------|------------|----------------|

OIC Comment/Review:

I have reviewed all reports reference this incident and have determined that Officer McGee acted appropriately and in accordance with department policy and procedures. Given the totality of the circumstances in that officers had responded to the Elliot Hospital for a report of a gun shot victim as well as that it was not immediately known where the shooting had taken place it was proper and prudent for Officer McGee to attempt to detain the subject in order to determine his role in the incident. Also, given the fact that the subject's clothing was covered in blood it was also proper for Officer McGee to detain the subject in order to conduct further investigation.


Sgt. Aldenberg



MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 15-011213 Officer Healy, Cody D Date: 7/6/2015 Time: 0004 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 Larose, Richard Lt. Begley

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

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...

Small laceration above Richards left eye brow

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

Was seen by AMR in booking. AMR issued Richard a bandaid

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

Richard refused to comply with orders to leave the property and then resisted the application of hand restraints. Richard was placed in the prone position.

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: 34A

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: *Cody Healy # 7* Reviewed by: *[Signature]* Date: 7-6-15

(CI) 97C A2



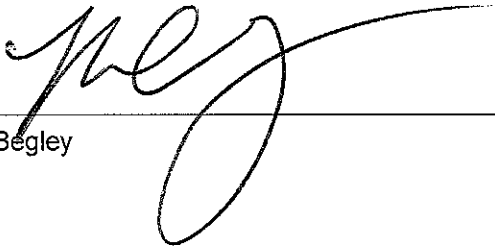
MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



| | | | | |
|------------------|------------------------|----------------|------------|-------------|
| Case # 15-011213 | Officer: Healy, Cody D | Date: 7/6/2015 | Time: 0004 | Day: Monday |
|------------------|------------------------|----------------|------------|-------------|

OIC Comment/Review:

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



Lt. Begley



MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 15-011167 Officer: Grant, Meghan L Date: 7/5/2015 Time: 0004 Day: Sunday

Attached Reports: (Check All That Apply)

Incident Report Arrest Report Booking Photo

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

Yes No Jonathan Davis Lt. Begley

Suspect Information: CHECK ALL THAT APPLY

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

Not armed Had been drinking

Impaired or Intoxicated Under the influence of drugs

Agitated prior to police arrival Any disability (describe):

Language barrier (if so, language spoken)

Type of Force Used: CHECK ALL THAT APPLY

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

Injury Information:

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

Ofc. Maguire had injuries to the left side of his face and his middle finger

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

Small laceration on left knuckles by little finger

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

Suspect was seen by AMR in booking but refused medical treatment

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

The suspect had struck Ofc. Maguire and proceeded to square up with him. Suspect began to run, I used a take down method to secure the suspect in order for him to be detained

Officer Information:

of officers present 5 # of officers injured: 1

Officer description: Uniform Plain Clothes

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

Route/Assignment: 14A

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

Miscellaneous Information:

Offense/Charge: Simple Assault; Possession of a controlled drugs; Resisting Arrest or detention; Disorderly Conduct

Lighting: Daylight Artificial Low Light Darkness

Location: Indoors Outdoors

Weather Conditions Sunny Clear Cloudy Rain Snow

Surface Conditions: Flat Incline Decline Wet Dry

Ice/Snow Debris No Debris Other

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

Signature of reporting officer: Meghan Grant 135 Reviewed by: [Signature] Date: 7/6/15

C4

[Handwritten signature]



MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



| | | | | |
|------------------|--------------------------|----------------|------------|-------------|
| Case # 15-011167 | Officer: Grant, Meghan L | Date: 7/5/2015 | Time: 0004 | Day: Sunday |
|------------------|--------------------------|----------------|------------|-------------|

OIC Comment/Review:

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

Lt. Begley



MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



| | | | | |
|-----------------|-------------------------|----------------|------------|-------------|
| Case # 15-01167 | Officer: Bifsha, Robert | Date: 7/5/2015 | Time: 0004 | Day: Sunday |
|-----------------|-------------------------|----------------|------------|-------------|

Attached Reports: (Check All That Apply)

Incident Report
 Arrest Report
 Booking Photo

| | | |
|--|---------------------------------|--|
| Was an arrest made? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Suspect Name: Jonathan Davis | 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 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 checked="" type="checkbox"/> Taser | <p><u>Hard Hand Control</u></p> <input type="checkbox"/> Open Hand Strike <input type="checkbox"/> Kick <input type="checkbox"/> Knee Strike <input type="checkbox"/> Take Down <input type="checkbox"/> Other (describe) | <p><u>Firearm</u></p> <input type="checkbox"/> Handgun Deployed <input type="checkbox"/> Handgun Used <input type="checkbox"/> Rifle Deployed <input type="checkbox"/> Rifle Used <input type="checkbox"/> Shotgun Deployed <input type="checkbox"/> Shotgun Used | <input type="checkbox"/> Less Lethal- 12 Ga- Deployed <input type="checkbox"/> Less Lethal- 12 Ga- Used <input type="checkbox"/> Less Lethal- 40 mm- Deployed <input type="checkbox"/> Less Lethal- 40 mm- Used <input type="checkbox"/> Noise Flash Device <input type="checkbox"/> Gas Deployment- OC/CS |
|---|---|--|---|

Injury Information:

Were any injuries sustained to officer? Yes No If yes, describe below...
 Ofc. Maguire sustained injuries to his left eye and right middle finger

Were any injuries sustained to suspect? Yes No If yes, describe below...
 Small laceration on left knuckles by the pinky finger

Was medical attention provided? Yes No If yes, describe below...
 Was seen by AMR in booking but refused medical attention

Describe the effects of the force used on any persons involved, and any decontamination method used if any....
 Subject struck Ofc. Maguire in the face then later squared off with him. Once on the ground subject continued to fight and refuse orders biting Ofc. Maguire's finger in which later the taser was deployed

Officer Information:

of officers present: 5 # of officers injured: 1

Officer description: Uniform Plain Clothes

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

Route/Assignment: 33A
 Verbal Commands used Before
 Verbal Commands Used During
 Verbal Commands Used After

Miscellaneous Information:

Offense/Charge: Simple Assault, Possession of a Controlled Drug, Resisting Arrest, Disorderly Conduct

Lighting: Daylight Artificial Low Light Darkness

Location: Indoors Outdoors

Weather Conditions Sunny Clear Cloudy Rain Snow

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

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

| | | |
|-------------------------------------|------------------|--------------|
| Signature of reporting officer: | Reviewed by: | Date: 7-6-15 |
|-------------------------------------|------------------|--------------|

(C-1) a




MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



| | | | | |
|-----------------|-------------------------|----------------|------------|-------------|
| Case # 15-01167 | Officer: Bifsha, Robert | Date: 7/5/2015 | Time: 0004 | Day: Sunday |
|-----------------|-------------------------|----------------|------------|-------------|

OIC Comment/Review:

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



Lt. Begley



MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



| | | | | | | | | | |
|--------|----------|----------|------------------|-------|----------|-------|------|------|--------|
| Case # | 15-11167 | Officer: | Maguire, Jered S | Date: | 7/5/2015 | Time: | 0005 | Day: | Sunday |
|--------|----------|----------|------------------|-------|----------|-------|------|------|--------|

Attached Reports: (Check All That Apply)

Incident Report
 Arrest Report
 Booking Photo

| | | |
|---|-----------------|--------------------------|
| Was an arrest made? | Suspect Name: | OIC at time of Incident: |
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Davis, Jonathan | 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 type="checkbox"/> Impaired or Intoxicated | <input type="checkbox"/> Under the influence of drugs |
| <input checked="" type="checkbox"/> Agitated prior to police arrival | <input type="checkbox"/> Any disability (describe): |
| <input type="checkbox"/> Language barrier (if so, language spoken) | |

Type of Force Used: CHECK ALL THAT APPLY

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

Injury Information:

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

I suffered puncture wounds to my right middle finger, a contusion around the left eye and broken blood vessels in the eye

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

Puncture wounds from a taser deployment

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

I was seen and treated at the Elliot Hospital. Davis was seen by AMR and refused medical treatment.

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

The initial kick to the thigh area was minimally effective, however the closed fist strikes to Davis' neck were effective. Taser worked

Officer Information:

of officers present: 5 # of officers injured: 1

Officer description: Uniform Plain Clothes

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

Route/Assignment:

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

Miscellaneous Information:

Offense/Charge: DOC, Simple Assault On PO, Resisting Arrest, Possession Of Controlled Drug

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: |
| | | 7/5/15 |



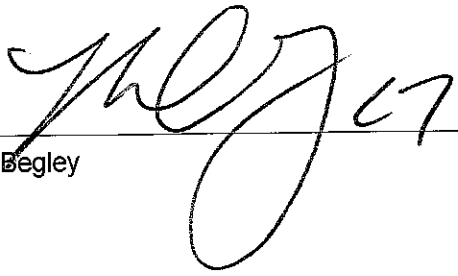
MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



| | | | | |
|-----------------|--------------------------|----------------|------------|-------------|
| Case # 15-11167 | Officer Maguire, Jered S | Date: 7/5/2015 | Time: 0005 | Day: Sunday |
|-----------------|--------------------------|----------------|------------|-------------|

OIC Comment/Review:

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


Lt. Begley