



MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



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|------------------|------------------------|-----------------|------------|---------------|
| Case # 15-010757 | Officer Knight, Eric D | Date: 6/27/2015 | Time: 2045 | Day: Saturday |
|------------------|------------------------|-----------------|------------|---------------|

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: Luis F Nieves [REDACTED] | OIC at time of Incident: Sgt 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 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 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 checked="" 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....
 NFD was used to enhance officer safety and prevent M/V and/or foot pursuit . The deployment of the NFD had the desired effect

Officer Information:

of officers present 4 # of officers injured: 0

Officer description: Uniform Plain Clothes

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

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

Miscellaneous Information:

Offense/Charge: Possesion of a 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>[Signature]</i> | Reviewed by: <i>[Signature]</i> | Date: <u>6/24/16</u> |
|--|---------------------------------|----------------------|



MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



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|------------------|-------------------------|-----------------|------------|---------------|
| Case # 15-010757 | Officer: Knight, Eric D | Date: 6/27/2015 | Time: 2045 | Day: Saturday |
|------------------|-------------------------|-----------------|------------|---------------|

OIC Comment/Review:

Upon reviewing the incident report, operation order and officers statements the use of the Noise Flash Device was appropriately used according to recognized protocols and SOP's. Z-13

Richard W Brennan 2-13
Sgt Brennan



MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



| | | | | |
|------------------|----------------------|-----------------|------------|-------------|
| Case # 15-010782 | Officer: Finn, Casey | Date: 6/28/2015 | Time: 0321 | 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: Roy Brigham | OIC at time of Incident: Cosio |
|--|------------------------------|-----------------------------------|

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 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? Yes No If yes, describe below...

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

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

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

This officer was attempting to place BRIGHAM under arrest for DOC. I took control of his left arm with both of my hands. When I did this BRIGHAM pulled this arm into the center of his body. After a brief struggle this officer applied an arm bar.

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 20 Old Granite St

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

Miscellaneous Information:

Offense/Charge: DOC, Resisting arrest

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

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| | | |
|---------------------------------|--------------|---------------|
| Signature of reporting officer: | Reviewed by: | Date: 6/28/15 |
|---------------------------------|--------------|---------------|

OK 6/29




MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



| | | | | |
|------------------|----------------------|-----------------|------------|-------------|
| Case # 15-010782 | Officer: Finn, Casey | Date: 6/28/2015 | Time: 0321 | Day: Sunday |
|------------------|----------------------|-----------------|------------|-------------|

OIC Comment/Review:

On 6/27/15 I was the Officer in Charge on the midnight shift. At approx. 2245 hours I became aware of an incident at club Drynk where the detail officer made an arrest of a subject. Subject Roy Brigham was charged with DOC and Resisting Arrest. According to police reports, subject refused to comply with Officer Finn's orders to stop his behavior and at the time of arrest refused to cooperate by physically resisting. Officer Finn applied an armbar technique to gain control of subject and he was apprehended without further incident. Based on review of the reports it appears Officer Finn used the force reasonable and necessary to effect the arrest and gain compliance in accordance with department sop's. Z12


Sgt. Cosio



MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



| | | | | |
|-----------------|----------------------------|-----------------|------------|-------------|
| Case # 15-10672 | Officer: Mullen, Patrick J | Date: 6/26/2015 | Time: 0515 | 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: Dipirro, Doris [REDACTED] | 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 <input checked="" type="checkbox"/> Joint Manipulation <input type="checkbox"/> Pressure Point Control Secondary Weapon System <input type="checkbox"/> OC <input type="checkbox"/> Baton <input type="checkbox"/> K-9 <input type="checkbox"/> Other (describe) <input type="checkbox"/> Taser | Hard Hand Control <input type="checkbox"/> Open Hand Strike <input type="checkbox"/> Kick <input type="checkbox"/> Knee Strike <input type="checkbox"/> Take Down <input type="checkbox"/> Other (describe) | Firearm <input type="checkbox"/> Handgun Deployed <input type="checkbox"/> Handgun Used <input type="checkbox"/> Rifle Deployed <input type="checkbox"/> Rifle Used <input type="checkbox"/> Shotgun Deployed <input type="checkbox"/> Shotgun Used <input type="checkbox"/> Less Lethal- 12 Ga- Deployed <input type="checkbox"/> Less Lethal- 12 Ga- Used <input type="checkbox"/> Less Lethal- 40 mm- Deployed <input type="checkbox"/> Less Lethal- 40 mm- Used <input type="checkbox"/> Noise Flash Device <input type="checkbox"/> Gas Deployment- OC/CS |
|---|---|---|

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....
 Arm bar applied and suspect went to her knees.

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: 2-1

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

Miscellaneous Information:

Offense/Charge: Criminal trespassing, resisting arrest

Lighting: Daylight Artificial Low Light Darkness

Location: Indoors Outdoors

Weather Conditions: Sunny Clear Cloudy Rain Snow

Surface Conditions: Flat Incline Decline Wet Dry

Ice/Snow Debris No Debris Other

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| | | |
|---|--------------------------------------|--------------|
| Signature of reporting officer: <i>[Signature]</i> #153 | Reviewed by: <i>[Signature]</i> (23) | Date: 6-1-15 |
|---|--------------------------------------|--------------|



MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



| | | | | |
|-----------------|----------------------------|-----------------|------------|-------------|
| Case # 15-10672 | Officer: Mullen, Patrick J | Date: 6/26/2015 | Time: 0515 | 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.


Sgt Aldenberg



MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



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|-----------------|----------------------|-----------------|------------|---------------|
| Case # 15-10347 | Officer: Finn, Casey | Date: 6/20/2015 | Time: 2341 | Day: Saturday |
|-----------------|----------------------|-----------------|------------|---------------|

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: Downing, Bradbury | OIC at time of Incident: 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 type="checkbox"/> Joint Manipulation <input type="checkbox"/> Pressure Point Control <p>Secondary Weapon System</p> <input type="checkbox"/> OC <input type="checkbox"/> Baton <input type="checkbox"/> K-9 <input type="checkbox"/> Other (describe) <input checked="" type="checkbox"/> Taser | <p>Hard Hand Control</p> <input type="checkbox"/> Open Hand Strike <input type="checkbox"/> Kick <input type="checkbox"/> Knee Strike <input 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...

Subject was resisting arrest. Was transitioned to ground where subject was still resisting arrest by trying to push off of the ground and refused to place hands behind his back after several orders to do so. 2 second drive stun was delivered.

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 20 Old Granite

Route/Assignment:

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

Miscellaneous Information

Offense/Charge: Simple assault, 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: | Reviewed by: | Date: 6/22/15 |
|---------------------------------|--------------|---------------|

CTC 6/23/15



MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



| | | | | |
|-----------------|---------------------|-----------------|------------|---------------|
| Case # 15-10347 | Officer Finn, Casey | Date: 6/20/2015 | Time: 2341 | Day: Saturday |
|-----------------|---------------------|-----------------|------------|---------------|

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.


Begley



MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 15-010283 Officer Karoul, Brian P Date: 6/19/2015 Time: 1941 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:
 Yes No Frank Pickering Lt. Boucher

Suspect Information: CHECK ALL THAT APPLY

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

Type of Force Used: CHECK ALL THAT APPLY

- | | | |
|--|--|---|
| <p>Soft Hand Control</p> <input type="checkbox"/> Joint Manipulation <input type="checkbox"/> Pressure Point Control <p>Secondary Weapon System</p> <input type="checkbox"/> OC <input type="checkbox"/> Baton <input type="checkbox"/> K-9 <input 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"/> 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? Yes No If yes, describe below...

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

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

Describe the effects of the force used on any persons involved, and any decontamination method used if any....
 subject violently attempted to pull away from officers, subject taken to the ground which was an effective technique

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: BR13
 Verbal Commands used Before Verbal Commands Used During Verbal Commands Used After

Miscellaneous Information:

Offense/Charge: Resisting Arrest, EBW
 Lighting: Daylight Artificial Low Light Darkness
 Location: Indoors Outdoors
 Weather Conditions Sunny Clear Cloudy Rain Snow
 Surface Conditions: Flat Incline Decline Wet Dry
 Ice/Snow Debris No Debris Other

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Signature of reporting officer: [Signature] Reviewed by: [Signature] Date: 6.19.15



MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



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|------------------|-------------------------|-----------------|------------|-------------|
| Case # 15-010283 | Officer Karoul, Brian P | Date: 6/19/2015 | Time: 1941 | 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.

Lt. Boucher



MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



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|----------------|------------------------------|-----------------|------------|-------------|
| Case # 15-9947 | Officer Duchesne, Jonathan M | Date: 6/14/2015 | Time: 1839 | 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: Kowack, Timothy [REDACTED] | OIC at time of Incident: 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 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 type="checkbox"/> Take Down <input checked="" type="checkbox"/> Other (describe) pinned subject to stretcher | <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...

Injury(s) were prior to MPD response.

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

Subject had a laceration to the back of his head prior to mpd arrival. Subject became violent in back of ambulance. Pinned subject down

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

Pinning subject down was effective in placing him into handcuffs so that he could be transported to the hospital.

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: 1-5

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

Miscellaneous Information:

Offense/Charge: Simple Assault (on a Police Officer), 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 back of ambulance

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| | | |
|---|--------------------------|---------------|
| Signature of reporting officer: [Signature] | Reviewed by: [Signature] | Date: 6-14-15 |
|---|--------------------------|---------------|

(91) OR 6/29



MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT

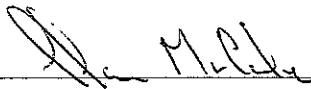


| | | | | |
|----------------|-------------------------------|-----------------|------------|-------------|
| Case # 15-9947 | Officer: Duchesne, Jonathan M | Date: 6/14/2015 | Time: 1839 | Day: Sunday |
|----------------|-------------------------------|-----------------|------------|-------------|

OIC Comment/Review:

I read all associated paperwork/reports and have concluded that the use of force applied was appropriate given the circumstances and in line with the Departments Rules/Regulation (SOP)

Sgt McCabe



Sgt. McCabe



MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 15-9686 Officer: Doherty, Daniel J Date: 6/10/2015 Time: 1930 Day: Wednesday

Attached Reports: (Check All That Apply)

Incident Report Arrest Report Booking Photo

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

Yes No Jose Quinlan [REDACTED] Sgt. C. Biron

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

Type of Force Used: CHECK ALL THAT APPLY

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

Injury Information

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

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

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

Describe the effects of the force used on any persons involved, and any decontamination method used if any....
 Suspect immediately dropped the weapon upon command.

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: 3-4
 Verbal Commands used Before Verbal Commands Used During Verbal Commands Used After

Miscellaneous Information:

Offense/Charge: DOC (V)

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: 6/10/15



MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



| | | | | |
|----------------|---------------------------|-----------------|------------|----------------|
| Case # 15-9686 | Officer Doherty, Daniel J | Date: 6/10/2015 | Time: 1930 | Day: Wednesday |
|----------------|---------------------------|-----------------|------------|----------------|

OIC Comment/Review:

I reviewed Ofc Doherty's reports and have spoken to him and find that his use of force was appropriate for the situation and within department police.


Sgt. C. Biron



MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



| | | | | |
|------------------|---------------------------|----------------|------------|--------------|
| Case # 15-009620 | Officer: Cataldo, Derek R | Date: 6/9/2015 | Time: 2026 | 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: Pedro Jimenez | OIC at time of Incident: Lt. Boucher |
|--|--------------------------------|---|

Suspect Information: CHECK ALL THAT APPLY

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

Type of Force Used: CHECK ALL THAT APPLY

| | | |
|---|--|---|
| Soft Hand Control <input checked="" type="checkbox"/> Joint Manipulation <input type="checkbox"/> Pressure Point Control Secondary Weapon System <input type="checkbox"/> OC <input type="checkbox"/> Baton <input type="checkbox"/> K-9 <input type="checkbox"/> Other (describe) <input type="checkbox"/> Taser | Hard Hand Control <input type="checkbox"/> Open Hand Strike <input type="checkbox"/> Kick <input type="checkbox"/> Knee Strike <input 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No | If yes, describe below... |
| Scrapes to knees and shins | | |
| Were any injuries sustained to suspect? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | If yes, describe below... |
| Scrapes to hands | | |
| Was medical attention provided? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | If yes, describe below... |

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

Subject was wrestled to the ground several times during a prolonged incident where he was trying to get away from my grasp. Subject received scrapes from the pavement and did not require medical attention, his shirt was also ripped.

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: Unit 3-1

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

Miscellaneous Information:

Offense/Charge: 1ct indecent Exposure (M) NH RSA 645:1, 1ct Resisting Arrest or Detention (M) NH RSA 642:2, EBW

Lighting: Daylight Artificial Low Light Darkness

Location: Indoors Outdoors

Weather Conditions Sunny Clear Cloudy Rain Snow

Surface Conditions: Flat Incline Decline Wet Dry

Ice/Snow Debris No Debris Other

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

| | | |
|--|---------------------------------|---------------|
| Signature of reporting officer: <i>[Signature]</i> | Reviewed by: <i>[Signature]</i> | Date: 6/11/15 |
|--|---------------------------------|---------------|



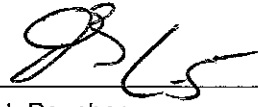
MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



| | | | | |
|------------------|--------------------------|----------------|------------|--------------|
| Case # 15-009620 | Officer Cataldo, Derek R | Date: 6/9/2015 | Time: 2026 | Day: Tuesday |
|------------------|--------------------------|----------------|------------|--------------|

OIC Comment/Review:

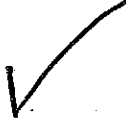
I have reviewed the Response to Resistance Report and all reports associated with this incident and found that the use of force was appropriate under the circumstances and within departmental SOP's.



Lt. Boucher



MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



| | | | | |
|------------------|--------------------------|----------------|------------|-------------|
| Case # 15-009530 | Officer: Karoul, Brian P | Date: 6/8/2015 | Time: 1627 | 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: Hunter Marden [REDACTED] |
|--|---|

Suspect Information: CHECK ALL THAT APPLY

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

Type of Force Used: CHECK ALL THAT APPLY

| | | |
|--|---|---|
| Soft Hand Control <input checked="" type="checkbox"/> Joint Manipulation <input type="checkbox"/> Pressure Point Control Secondary Weapon System <input checked="" type="checkbox"/> OC <input type="checkbox"/> Baton <input type="checkbox"/> K-9 <input type="checkbox"/> Other (describe) <input type="checkbox"/> Taser | Hard Hand Control <input type="checkbox"/> Open Hand Strike <input type="checkbox"/> Kick <input type="checkbox"/> Knee Strike <input 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....
 subject actively resisting, pulling arms away and struggling. O.C. spray deployed and compliance gained. Subject was decontaminated in the garage with eye wash

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: C.P.

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

Miscellaneous Information:

Offense/Charge: Resisting Arrest, Poss of Control Drug, Poss of Tobacco Products

Lighting: Daylight Artificial Low Light Darkness

Location: Indoors Outdoors

Weather Conditions: Sunny Clear Cloudy Rain Snow

Surface Conditions: Flat Incline Decline Wet Dry

Ice/Snow Debris No Debris Other

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

| | | |
|--|---------------------------------|---------------------|
| Signature of reporting officer: <i>[Signature]</i> | Reviewed by: <i>[Signature]</i> | Date: <u>6/8/15</u> |
|--|---------------------------------|---------------------|

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MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



| | | | | |
|------------------|--------------------------|----------------|------------|-------------|
| Case # 15-009530 | Officer: Karoul, Brian P | Date: 6/8/2015 | Time: 1627 | 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. Boucher



MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



| | | | | |
|----------------|-------------------------------|----------------|------------|-------------|
| Case # 15-9470 | Officer: Duchesne, Jonathan M | Date: 6/7/2015 | Time: 1550 | 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: Lang, La Shawn [REDACTED] | OIC at time of Incident: Lt. Boucher |
|--|--|---|

Suspect Information: CHECK ALL THAT APPLY

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

Type of Force Used: CHECK ALL THAT APPLY

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

Injury Information:

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

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

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

Suspect did not request medical attention

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

Used a wrist-lock on suspect to apply handcuffs and maintain control of arrested subject as they continued to pull away and turn toward ofc.

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: 1-5

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

Miscellaneous Information:

Offense/Charge: *Unrelated Warrant* Resisting Arrest, Simple Assault on a Police Officer

Lighting: Daylight Artificial Low Light Darkness

Location: Indoors Outdoors

Weather Conditions: Sunny Clear Cloudy Rain Snow

Surface Conditions: Flat Incline Decline Wet Dry

Ice/Snow Debris No Debris Other sidewalk

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: 06/07/15 |
|--|---------------------------------|----------------|

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MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



| | | | | |
|----------------|------------------------------|----------------|------------|-------------|
| Case # 15-9470 | Officer Duchesne, Jonathan M | Date: 6/7/2015 | Time: 1550 | 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. Boucher



MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



| | | | | | | | | | |
|--------|---------|---------|----------------|-------|----------|-------|------|------|---------|
| Case # | 15-9196 | Officer | Brown, Aaron J | Date: | 6/2/2015 | Time: | 1756 | 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: Noel, Roland | OIC at time of Incident: Lt. Boucher |
|--|-------------------------------|---|

Suspect Information: CHECK ALL THAT APPLY

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

Type of Force Used: CHECK ALL THAT APPLY

| | | |
|--|---|---|
| <p><u>Soft Hand Control</u></p> <input checked="" type="checkbox"/> Joint Manipulation <input checked="" 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 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><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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No | If yes, describe below... |
| abrasions to top of fingers and hands | | |
| Were any injuries sustained to suspect? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | If yes, describe below... |
| visible abrasions to face, may have had a seizure after being arrested | | |
| Was medical attention provided? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | If yes, describe below... |
| AMR called to the scene, offender was taken to the CMC hospital for injury evaluation. Later released | | |

Describe the effects of the force used on any persons involved, and any decontamination method used if any....
 use of both soft and hard hand control was eventually effective in curtailing offenders resistive behavior

Officer Information:

of officers present: 4 # of officers injured: 1

Officer description: Uniform Plain Clothes

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

Route/Assignment: Street Crime Unit

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

Miscellaneous Information:

Offense/Charge: Poss. Narcotic Drugs, falsifying evidence, resisting arrest

Lighting: Daylight Artificial Low Light Darkness

Location: Indoors Outdoors

Weather Conditions: Sunny Clear Cloudy Rain Snow

Surface Conditions: Flat Incline Decline Wet Dry

Ice/Snow Debris No Debris Other

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

| | | |
|---|------------------------------------|-----------------|
| Signature of reporting officer: <i>A. J. Brown</i> | Reviewed by: <i>[Signature]</i> | Date: 6-2-15 |
|---|------------------------------------|-----------------|

AMW A2

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MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



| | | | | |
|----------------|------------------------|----------------|------------|--------------|
| Case # 15-9196 | Officer Brown, Aaron J | Date: 6/2/2015 | Time: 1756 | Day: Tuesday |
|----------------|------------------------|----------------|------------|--------------|

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. Boucher