



MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 16-009654 Officer: Gagne, Tyler J Date: 6/27/2016 Time: 2131 Day: Monday

Attached Reports: (Check All That Apply)

Incident Report Arrest Report Booking Photo

Was an arrest made? Yes No Suspect Name: Kathleen Sullivan OIC at time of Incident: Sgt. C. Biron

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 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 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...
 Gagne - scratch on left forearm B. Fleming - scratch on right ring finger

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...
 Gagne and B. Fleming responded to an unwanted subject; female was armed with a knife, was yelling and swearing, resisted arrest and kicked Ofc. Gagne in the leg. Subject was taken to the ground after kicking Ofc. Gagne.

Officer Information:

of officers present: 2 # of officers injured: 2

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: *[Signature]* Date: 6/28/16

[Handwritten initials]

[Handwritten initials]



MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 16-009654	Officer: Gagne, Tyler J	Date: 6/27/2016	Time: 2131	Day: Monday
------------------	-------------------------	-----------------	------------	-------------

OIC Comment/Review:

I reviewed the reports associated with this use of force. Ofc Gage's use of a take down to control the prisoner is within policy and reasonable. A booking photo was not provided due to Sullivan's lack of cooperation with the booking process. She was transported directly to Valley Street Jail, therefore no photo was obtained.


Sgt. C. Biron



MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 16-9536	Officer Choi, Andrew S	Date: 6/26/2016	Time: 0100	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: Christopher Bailey	OIC at time of Incident: Sgt Kucharski
--	-------------------------------------	---

Suspect Information: CHECK ALL THAT APPLY

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

Type of Force Used: CHECK ALL THAT APPLY

Soft Hand Control <input checked="" type="checkbox"/> Joint Manipulation <input type="checkbox"/> Pressure Point Control Secondary Weapon System <input type="checkbox"/> OC <input type="checkbox"/> Baton <input type="checkbox"/> K-9 <input type="checkbox"/> Other (describe) <input type="checkbox"/> Taser	Hard Hand Control <input type="checkbox"/> Open Hand Strike <input type="checkbox"/> Kick <input checked="" 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...
 Continued to resist until multiple units were able to place him in handcuffs

Officer Information:

of officers present: 6 # 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: 6/26/16
---------------------------------	--------------	---------------



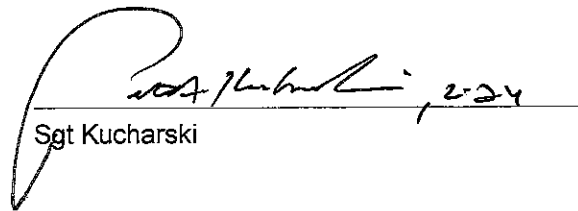
MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 16-9536	Officer Choi, Andrew S	Date: 6/26/2016	Time: 0100	Day: Sunday
----------------	------------------------	-----------------	------------	-------------

OIC Comment/Review:

I reviewed the related police report and found no violations of SOP. Reasonable force was used to successfully detain and arrest suspect.


Sgt Kucharski



MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 16-9482	Officer Mucci, Joseph J	Date: 6/25/2016	Time: 0130	Day: Saturday
Attached Reports: (Check All That Apply)				
<input checked="" type="checkbox"/> Incident Report		<input checked="" type="checkbox"/> Arrest Report		<input checked="" type="checkbox"/> Booking Photo
Was an arrest made? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Suspect Name: Stephanie Hardsog	OIC at time of Incident: Sgt. Brown		
Suspect Information: CHECK ALL THAT APPLY				
<input type="checkbox"/> Armed with a deadly weapon	<input type="checkbox"/> Armed with a non-deadly weapon			
<input type="checkbox"/> Not armed	<input checked="" type="checkbox"/> Had been drinking			
<input checked="" type="checkbox"/> Impaired or Intoxicated	<input type="checkbox"/> Under the influence of drugs			
<input checked="" type="checkbox"/> Agitated prior to police arrival	<input type="checkbox"/> Any disability (describe):			
<input type="checkbox"/> Language barrier (if so, language spoken)				
Type of Force Used: CHECK ALL THAT APPLY				
<u>Soft Hand Control</u>	<u>Hard Hand Control</u>	<u>Firearm</u>		
<input type="checkbox"/> Joint Manipulation	<input type="checkbox"/> Open Hand Strike	<input type="checkbox"/> Handgun Deployed	<input type="checkbox"/> Less Lethal- 12 Ga- Deployed	
<input type="checkbox"/> Pressure Point Control	<input type="checkbox"/> Kick	<input type="checkbox"/> Handgun Used	<input type="checkbox"/> Less Lethal- 12 Ga- Used	
<u>Secondary Weapon System</u>	<input type="checkbox"/> Knee Strike	<input type="checkbox"/> Rifle Deployed	<input type="checkbox"/> Less Lethal- 40 mm- Deployed	
<input type="checkbox"/> OC	<input checked="" type="checkbox"/> Take Down	<input type="checkbox"/> Rifle Used	<input type="checkbox"/> Less Lethal- 40 mm- Used	
<input type="checkbox"/> Baton	<input type="checkbox"/> Other (describe)	<input type="checkbox"/> Shotgun Deployed	<input type="checkbox"/> Noise Flash Device	
<input type="checkbox"/> K-9		<input type="checkbox"/> Shotgun Used	<input type="checkbox"/> Gas Deployment- OC/CS	
<input type="checkbox"/> Other (describe)				
<input type="checkbox"/> Taser				
Injury Information:				
Were any injuries sustained to officer?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, describe below...		
Were any injuries sustained to suspect?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes, describe below...		
Suspect sustained laceration to the left side of her face during the takedown. It appears that the bush caused the injury				
Was medical attention provided?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes, describe below...		
AMR responded and she was taken to the hospital on two different occasions				
Describe the effects of the force used on any persons involved, and any decontamination method used if any....				
Suspect was resisting arrest by attempting to pull away from my grasp. Take down allowed me to handcuff suspect				
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 checked="" 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 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 checked="" type="checkbox"/> Other Bushes
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>Joseph J Mucci</i>		Reviewed by: <i>Sgt. R. Bronzo</i>	Date: 7/1/16	

06-25-16

(Handwritten initials)

(Handwritten initials)



MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 16-9482	Officer: Mucci, Joseph J	Date: 6/25/2016	Time: 0130	Day: Saturday
----------------	--------------------------	-----------------	------------	---------------

OIC Comment/Review:

I spoke with Lt Mucci and Sgt Bergeron about this incident the night it occurred. I have also 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 suspect in this case was highly agitated and uncooperative during more than four hours here at the police department. She was threatening officers, making comments about their children, screaming profanities, having a wide range of mood swings to include screaming that she was being raped by officers to making sexual statements to those same officers. The suspect was refusing to allow anyone to provide medical attention either at MPD to a small degree or at the Elliot Hospital, where she signed out against medical advice. The decision was made to take a booking photo of the suspect prior to being treated medically since it did not appear she was going to cooperate given her belligerence throughout the booking process. The suspect refused all offers to have her injuries cleaned or treated. It is apparent after speaking with Lt Mucci, the injuries sustained to the suspect's face were a direct result of her actions and were unfortunate but accidental and by no means intentionally caused. Z6

Sgt. R. Brown Z-6

Sgt. Brown



MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 16-009507	Officer: Heile, Ryan R	Date: 6/25/2016	Time: 1655	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: Robertson, Eric	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 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 checked="" type="checkbox"/> Any disability (describe): Mental illness
<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? 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....
 It allowed me to hand cuff an uncooperative male who was actively resisting detention

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: 2-6

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

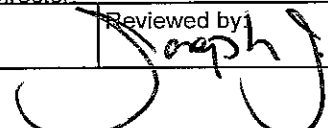
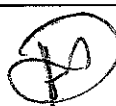
Weather Conditions: Sunny Clear Cloudy Rain Snow

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: 6/29/16
-------------------------------------	------------------	------------------





MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 16-009507	Officer Heile, Ryan R	Date: 6/25/2016	Time: 1655	Day: Saturday
------------------	-----------------------	-----------------	------------	---------------

OIC Comment/Review:

I have reviewed Officer Heile's report and his Response to Resistance Report. Based on the information presented to me Officer Heile's use of force was justified and within department policy.

Joseph J. Mucci III
Lt. Mucci 06-29-16



MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 16-009342	Officer: Foster, Benjamin C	Date: 6/22/2016	Time: 2020	Day: Wednesday
------------------	-----------------------------	-----------------	------------	----------------

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

Type of Force Used CHECK ALL THAT APPLY

Soft Hand Control <input type="checkbox"/> Joint Manipulation <input type="checkbox"/> Pressure Point Control Secondary Weapon System <input 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....

The suspect became physically and verbally non compliant during the arrest. He was transferred to the ground so that he may be controlled. Once on the ground I was able to better control his movements.

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

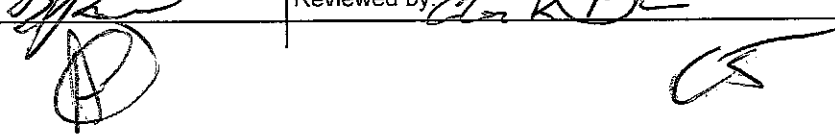
Weather Conditions: Sunny Clear Cloudy Rain Snow

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: 6/24/16
---------------------------------	--------------	---------------





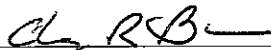
MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 16-009342	Officer Foster, Benjamin C	Date: 6/22/2016	Time: 2020	Day: Wednesday
------------------	----------------------------	-----------------	------------	----------------

OIC Comment/Review:

I spoke with Ofc Foster and reviewed the reports associated with this use of force and found that Ofc Foster's use of a take down was within policy



Sgt C. Biron



MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 16-009299 Officer: MacDuff, Eric S Date: 6/21/2016 Time: 2139 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 Bernardini, Jeffrey 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 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 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...

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

refused medical attention/ AMR

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

Subject took an aggressive stance during a foot pursuit. Use of the taser eventually led the foot pursuit being ended, and the subject being taken into custody. Taser prongs were removed according to SOPs, without issue

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:

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: *Eric S MacDuff* Reviewed by: *C. B. [Signature]* Date: 7/6-2016



MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 16-009299	Officer MacDuff, Eric S	Date: 6/21/2016	Time: 2139	Day: Tuesday
------------------	-------------------------	-----------------	------------	--------------

OIC Comment/Review:

I reviewed the reports associated with this use of force incident as well as speaking with Ofc MacDuff, and after review I found that Ofc MacDuff's use of force (Taser) was appropriate and within policy.


Sgt. Biron



MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case #	16-009100	Officer	Martens, Alexander	Date:	6/18/2016	Time:	0102	Day:	Saturday	
Attached Reports: (Check All That Apply)										
<input checked="" type="checkbox"/> Incident Report			<input checked="" type="checkbox"/> Arrest Report			<input checked="" type="checkbox"/> Booking Photo				
Was an arrest made? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			Suspect Name: Awoul, Ayuel			OIC at time of Incident: Lt. Mangone				
Suspect Information: CHECK ALL THAT APPLY										
<input type="checkbox"/> Armed with a deadly weapon			<input type="checkbox"/> Armed with a non-deadly weapon							
<input checked="" type="checkbox"/> Not armed			<input checked="" type="checkbox"/> Had been drinking							
<input checked="" type="checkbox"/> Impaired or Intoxicated			<input type="checkbox"/> Under the influence of drugs							
<input checked="" type="checkbox"/> Agitated prior to police arrival			<input type="checkbox"/> Any disability (describe):							
<input type="checkbox"/> Language barrier (if so, language spoken)										
Type of Force Used: CHECK ALL THAT APPLY										
<u>Soft Hand Control</u>			<u>Hard Hand Control</u>			<u>Firearm</u>				
<input type="checkbox"/> Joint Manipulation			<input type="checkbox"/> Open Hand Strike			<input type="checkbox"/> Handgun Deployed		<input type="checkbox"/> Less Lethal- 12 Ga- Deployed		
<input type="checkbox"/> Pressure Point Control			<input type="checkbox"/> Kick			<input type="checkbox"/> Handgun Used		<input type="checkbox"/> Less Lethal- 12 Ga- Used		
<u>Secondary Weapon System</u>			<input type="checkbox"/> Knee Strike			<input type="checkbox"/> Rifle Deployed		<input type="checkbox"/> Less Lethal- 40 mm- Deployed		
<input type="checkbox"/> OC			<input checked="" type="checkbox"/> Take Down			<input type="checkbox"/> Rifle Used		<input type="checkbox"/> Less Lethal- 40 mm- Used		
<input type="checkbox"/> Baton			<input type="checkbox"/> Other (describe)			<input type="checkbox"/> Shotgun Deployed		<input type="checkbox"/> Noise Flash Device		
<input type="checkbox"/> K-9										
<input type="checkbox"/> Other (describe)			<input type="checkbox"/> Shotgun Used		<input type="checkbox"/> Gas Deployment- OC/CS					
<input type="checkbox"/> Taser										
Injury Information:										
Were any injuries sustained to officer?				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If yes, describe below...				
Were any injuries sustained to suspect?				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If yes, describe below...				
Was medical attention provided?				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If yes, describe below...				
Describe the effects of the force used on any persons involved, and any decontamination method used if any.... Taking the suspect to the prone position was effective in gaining control of him										
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 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 type="checkbox"/> Indoors		<input checked="" type="checkbox"/> Outdoors					
Weather Conditions			<input type="checkbox"/> Sunny		<input type="checkbox"/> Clear		<input checked="" type="checkbox"/> Cloudy		<input type="checkbox"/> Rain <input type="checkbox"/> Snow	
Surface Conditions:			<input checked="" type="checkbox"/> Flat		<input type="checkbox"/> Incline		<input type="checkbox"/> Decline		<input type="checkbox"/> Wet <input type="checkbox"/> Dry	
			<input type="checkbox"/> Ice/Snow		<input type="checkbox"/> Debris		<input type="checkbox"/> No Debris		<input type="checkbox"/> Other	
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:		6/21/16



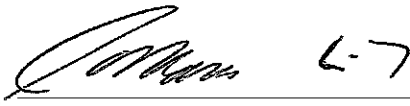
MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 16-009100	Officer Martens, Alexander	Date: 6/18/2016	Time: 0102	Day: Saturday
------------------	----------------------------	-----------------	------------	---------------

OIC Comment/Review:

I reviewed the report and spoke to Ofc. Martens. The use of force utilized during this incident was appropriate given the circumstances.


Lt. Mangone



MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case #	16-009092	Officer	Branch, Jamie D	Date:	6/17/2016	Time:	1130	Day:	Friday
Attached Reports: (Check All That Apply)									
<input checked="" type="checkbox"/> Incident Report			<input checked="" type="checkbox"/> Arrest Report			<input checked="" type="checkbox"/> Booking Photo			
Was an arrest made?		Suspect Name:				OIC at time of Incident:			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Joshua Sennott				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 type="checkbox"/> Had been drinking		<input checked="" type="checkbox"/> Under the influence of drugs		<input type="checkbox"/> Any disability (describe):	
<input type="checkbox"/> Not armed		<input type="checkbox"/> Impaired or Intoxicated		<input type="checkbox"/> Agitated prior to police arrival		<input type="checkbox"/> Language barrier (if so, language spoken)			
Type of Force Used: CHECK ALL THAT APPLY									
<u>Soft Hand Control</u>			<u>Hard Hand Control</u>			<u>Firearm</u>			
<input checked="" type="checkbox"/> Joint Manipulation			<input type="checkbox"/> Open Hand Strike			<input type="checkbox"/> Handgun Deployed		<input type="checkbox"/> Less Lethal- 12 Ga- Deployed	
<input type="checkbox"/> Pressure Point Control			<input type="checkbox"/> Kick			<input type="checkbox"/> Handgun Used		<input type="checkbox"/> Less Lethal- 12 Ga- Used	
<u>Secondary Weapon System</u>			<input checked="" type="checkbox"/> Knee Strike			<input type="checkbox"/> Rifle Deployed		<input type="checkbox"/> Less Lethal- 40 mm- Deployed	
<input type="checkbox"/> OC			<input type="checkbox"/> Take Down			<input type="checkbox"/> Rifle Used		<input type="checkbox"/> Less Lethal- 40 mm- Used	
<input type="checkbox"/> Baton			<input checked="" type="checkbox"/> Other (describe) closed fist strike			<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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If yes, describe below...				
multiple abrasions, possible pulled hamstring, twisted ankle to another officer									
Were any injuries sustained to suspect?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If yes, describe below...				
abrasions, taser marks									
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...									
Minimal response to several drive stun/ taser deployments and hand strike and 2nd taser deployment subj. went down.									
Officer Information:									
# of officers present 3			# of officers injured: 3						
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 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>				<i>[Signature]</i>				6/17/16	

(X)

CS



MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case #	16-009092	Officer	Branch, Jamie D	Date:	6/17/2016	Time:	1130	Day:	Friday
--------	-----------	---------	-----------------	-------	-----------	-------	------	------	--------

OIC Comment/Review:

Upon reviewing Officer Branch's report, radio transmissions, Arrest Affidavit and other Police Officers reports, Officer Branch's arrest and use of force is consistent with all department policies, SOP's and New Hampshire RSA's. Z-13 RWB

Richard W Brennan 2-13
Sgt. Brennan



MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 16-9041	Officer Choi, Andrew S	Date: 6/16/2016	Time: 2202	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: Chevez, Perlita	OIC at time of Incident: Lt. Mangone
--	----------------------------------	---

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

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

Describe the effects of the force used on any persons involved, and any decontamination method used if any...
 After the Taser was deployed in the probe deployment mode, offender became physically compliant.

Officer Information

# of officers present: <u>2</u>	# of officers injured: <u>0</u>
Officer description: <input checked="" type="checkbox"/> Uniform <input type="checkbox"/> Plain Clothes	
Duty Status: <input checked="" type="checkbox"/> On Duty <input type="checkbox"/> Off Duty <input type="checkbox"/> On Duty Detail/Location	
Route/Assignment: <input checked="" type="checkbox"/> Verbal Commands used Before <input checked="" type="checkbox"/> Verbal Commands Used During <input checked="" type="checkbox"/> Verbal Commands Used After	

Miscellaneous Information

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

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

Signature of reporting officer:	Reviewed by:	Date: 6/21/16
---------------------------------	--------------	---------------



MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 16-9041	Officer Choi, Andrew S	Date: 6/16/2016	Time: 2202	Day: Thursday
----------------	------------------------	-----------------	------------	---------------

OIC Comment/Review:

I reviewed the report and spoke to Ofc. Choi. The appropriate use of force was utilized given the circumstances of the call.


Lt. Mangone



MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 16-008234	Officer: Dann III, William	Date: 6/3/2016	Time: 2345	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: Stapf, Joseph	OIC at time of Incident: Lt. Mangone
--	--------------------------------	---

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 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 continually pulled away from officers in an aggressive manner when officers attempted to place him under arrest. Joint manipulation was utilized and subject was taken to the ground where he was handcuffed.

Officer Information:

# of officers present: 3	# of officers injured: 0
Officer description: <input checked="" type="checkbox"/> Uniform <input type="checkbox"/> Plain Clothes	
Duty Status: <input checked="" type="checkbox"/> On Duty <input type="checkbox"/> Off Duty <input type="checkbox"/> On Duty Detail/Location	
Route/Assignment: 1-2	
<input checked="" type="checkbox"/> Verbal Commands used Before <input checked="" type="checkbox"/> Verbal Commands Used During <input checked="" type="checkbox"/> Verbal Commands Used After	

Miscellaneous Information:

Offense/Charge: Resisting arrest/Warrant Other Agency

Lighting: <input type="checkbox"/> Daylight <input type="checkbox"/> Artificial <input checked="" type="checkbox"/> Low Light <input type="checkbox"/> Darkness
Location: <input checked="" type="checkbox"/> Indoors <input type="checkbox"/> Outdoors
Weather Conditions: <input type="checkbox"/> Sunny <input 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

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: 6/3/16
---------------------------------	--------------	--------------



MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 16-008234	Officer Dann III, William	Date: 6/3/2016	Time: 2345	Day: Friday
------------------	---------------------------	----------------	------------	-------------

OIC Comment/Review:

I spoke to the officers involved and I reviewed the reports. The appropriate use of force was utilized in order to gain compliance and effect the arrest.



Lt. Mangone



MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case #	16-008172	Officer	Boudreau, Nathan R	Date:	6/2/2016	Time:	1530	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:
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Patrick Clark	Sgt. Richard Brennan

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

Type of Force Used: CHECK ALL THAT APPLY

<p>Soft Hand Control</p> <input type="checkbox"/> Joint Manipulation <input 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 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 checked="" 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...

EMS evaluated no injuries

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

Chemical made Clark uncomfortable and he submitted to the arrest

Officer Information:

of officers present: 0 # 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: criminal threatening

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:
<i>Nathan R Boudreau</i>	<i>Richard W Brennan</i>	<i>6-2-2016</i>



MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 16-008172	Officer Boudreau, Nathan R	Date: 6/2/2016	Time: 1530	Day: Thursday
------------------	----------------------------	----------------	------------	---------------

OIC Comment/Review:

Upon reviewing the reports and information obtained while at scene, Officer Boudreau's use of force was appropriate per departmental SOP's and NH RSA's. RWB Z-13.

Richard W Brennan 2-13
Sgt. Richard Brennan



MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 16-008709	Officer Slocum, Erik K	Date: 6/11/2016	Time: 0614	Day: Saturday
------------------	------------------------	-----------------	------------	---------------

Attached Reports: (Check All That Apply)

Incident Report
 Arrest Report
 Booking Photo

Was an arrest made? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Suspect Name: Animal -- Deer	OIC at time of Incident: 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 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 checked="" 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...

Deer was shot in the skull after being hit by a car and left injured.

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....

Deer expired after one shot. Picked up by DPW.

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: Vincent	Date: 6/11/16
-------------------------------------	-------------------------	------------------



MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 16-008709	Officer Slocum, Erik K	Date: 6/11/2016	Time: 0614	Day: Saturday
------------------	------------------------	-----------------	------------	---------------

OIC Comment/Review:

Officer Slocum's use of force during this incident was appropriate in order to euthanize the suffering animal since no ACO's were available at this time of day. The discharge of his firearm was conducted in a safe manner in that he ensured that he had a safe backdrop and then stopped motorvehicle traffic in the area prior to discharging his weapon. DPW then took possession of the animal once it was deceased.

No further review is necessary.

Lt. Vincent

m. [signature]
6/11-16



MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 16-008494 Officer: Tennis, Chad A Date: 6/7/2016 Time: 1800 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 Oakes, Shannon Lt Mucci

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): Suicidal/bi-polar

Language barrier (if so, language spoken)

Type of Force Used: CHECK ALL THAT APPLY

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

Injury Information:

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

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

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

EMS Responded, Rinsed OC residue from face. Checked for taser related injury.

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

OC was effective but did not stop subject. Taser was highly effective. Immediate incapacitation and compliance gained

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: 1-6C

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

Miscellaneous Information:

Offense/Charge: DOC/ Subject not arrested at this time.

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: 6/7/16



MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 16-008494	Officer Tennis, Chad A	Date: 6/7/2016	Time: 1800	Day: Tuesday
------------------	------------------------	----------------	------------	--------------

OIC Comment/Review:

I have reviewed Officer Tennis's report and Response to Resistance report. Based on the information presented to me I believe Officer Tennis's use of force was justified and within department policy.

Joseph J. Mucci
Lt Mucci 06-08-16



MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 16-008418	Officer Goodman, Austin	Date: 6/6/2016	Time: 1553	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: George H. Browne [REDACTED]	OIC at time of Incident: J. Mucci
--	--	--------------------------------------

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

Type of Force Used: CHECK ALL THAT APPLY

<p>Soft Hand Control</p> <input type="checkbox"/> Joint Manipulation <input 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 type="checkbox"/> Other (describe)	<p>Firearm</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?	<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....
 Firearm was displayed and pointed at suspect male. Suspect Male was given verbal commands while Firearm was pointed at him to place hands on head and kneel to the ground. Suspect male was placed into handcuffs after he complied with verbal commands.

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: 1-3
 Verbal Commands used Before
 Verbal Commands Used During
 Verbal Commands Used After

Miscellaneous Information:

Offense/Charge: OUIL-1st Offense, DOC, Criminal Mischief, Criminal Threatening,

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: 06-08-16



MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 16-008418	Officer Goodman, Austin	Date: 6/6/2016	Time: 1553	Day: Monday
------------------	-------------------------	----------------	------------	-------------

OIC Comment/Review:

I have reviewed Officer Goodman's report and Response to Resistance report. Based on the information presented to me Officer Goodman's use of force was justified and within department policy.

Joseph J. Mucci
J. Mucci *June 08 16*



MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 16-8386	Officer: Mucci, Joseph J	Date: 6/5/2016	Time: 2302	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: James Foster	OIC at time of Incident: Sgt. Kucharski
--	-------------------------------	--

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 type="checkbox"/> Other (describe)	<p>Firearm</p> <input type="checkbox"/> Handgun Deployed <input type="checkbox"/> Handgun Used <input checked="" 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...

Suspect sustained a possible dislocated shoulder and a laceration to his head due to a Taser prong

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

AMR responded and removed prong. Transported to Elliot for shoulder injury. Foster was admitted

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

Rifle deployment did not yield desired effect.

Officer Information:

of officers present 8 # 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: <i>Joseph Mucci</i>	Reviewed by: <i>[Signature]</i>	Date: 6-6-16
--	------------------------------------	-----------------



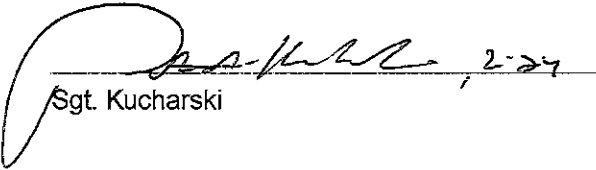
MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 16-8386	Officer Mucci, Joseph J	Date: 6/5/2016	Time: 2302	Day: Sunday
----------------	-------------------------	----------------	------------	-------------

OIC Comment/Review:

I reviewed this case file, to include supplemental narratives, and found no violations of SOP or applications of excessive force. Z24


Sgt. Kucharski



MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 16-008386	Officer: Macken, Emmett	Date: 6/5/2016	Time: 2302	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: Foster, James [REDACTED]	OIC at time of incident: Kucharski
--	---	---------------------------------------

Suspect Information: CHECK ALL THAT APPLY

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

Type of Force Used: CHECK ALL THAT APPLY

Soft Hand Control <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 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...

Subject sustained small laceration to back of head and a dislocated left shoulder.

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

AMR responded to HQ and ultimately transported subject to Elliot Hospital

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

Subject was incapacitated by taser which allowed us to safely take him into custody. Prongs were removed by Officer and AMR.

Officer Information:

of officers present: 6 # 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: <i>[Handwritten Signature]</i>	Reviewed by: <i>[Handwritten Signature]</i>	Date: 6-6-16
---	--	-----------------



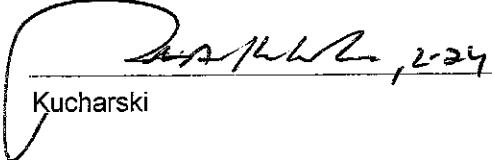
MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 16-008386	Officer Macken, Emmett	Date: 6/5/2016	Time: 2302	Day: Sunday
------------------	------------------------	----------------	------------	-------------

OIC Comment/Review:

I reviewed this case file, to include supplemental narratives, and found no violations of SOP or applications of excessive force. Z24


Kucharski