



MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 14-003529	Officer: Megowen, Robert G	Date: 3/8/2014	Time: 1951	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: Upton, William [REDACTED]	Age:	Gender:	Race:
Suspect Information: CHECK ALL THAT APPLY				
<input checked="" type="checkbox"/> Armed with a deadly weapon		<input type="checkbox"/> Armed with a non-deadly weapon		
<input type="checkbox"/> Not armed		<input type="checkbox"/> Had been drinking		
<input type="checkbox"/> Impaired or Intoxicated		<input type="checkbox"/> Under the influence of drugs		
<input checked="" type="checkbox"/> Agitated prior to police arrival		<input type="checkbox"/> Any disability (describe):		
<input type="checkbox"/> Language barrier (if so, language spoken)				
Type of Force Used: CHECK ALL THAT APPLY				
Soft Hand Control		Hard Hand Control		Firearm
<input type="checkbox"/> Joint Manipulation		<input type="checkbox"/> Open Hand Strike		<input type="checkbox"/> Handgun Deployed
<input type="checkbox"/> Pressure Point Control		<input type="checkbox"/> Kick		<input type="checkbox"/> Handgun Used
Secondary Weapon System		<input type="checkbox"/> Knee Strike		<input type="checkbox"/> Rifle Deployed
<input type="checkbox"/> OC		<input checked="" type="checkbox"/> Take Down		<input type="checkbox"/> Rifle Used
<input type="checkbox"/> Baton		<input type="checkbox"/> Other (describe)		<input type="checkbox"/> Shotgun Deployed
<input type="checkbox"/> K-9				<input type="checkbox"/> Shotgun Used
<input type="checkbox"/> Other (describe)				<input type="checkbox"/> Less Lethal- 12 Ga- Deployed
<input type="checkbox"/> Taser - Deployed		<input checked="" type="checkbox"/> Taser - Used		<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.... As Upton was non compliant he was placed onto the ground where we were able to control his movements and secure 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 checked="" type="checkbox"/> On Duty Detail/Location 1012 Valley Street
Route/Assignment: 3-1				
<input checked="" type="checkbox"/> Verbal Commands used Before		<input checked="" type="checkbox"/> Verbal Commands Used During	<input checked="" type="checkbox"/> Verbal Commands Used After	
Miscellaneous Information				
Offense/Charge: Resisting Arrest or Detention/ Disorderly Concut				
Lighting:		<input type="checkbox"/> Daylight	<input checked="" type="checkbox"/> Artificial	<input type="checkbox"/> Low Light <input type="checkbox"/> Darkness
Location:		<input checked="" type="checkbox"/> Indoors	<input type="checkbox"/> Outdoors	
Weather Conditions		<input type="checkbox"/> Sunny	<input type="checkbox"/> Clear	<input type="checkbox"/> Cloudy <input type="checkbox"/> Rain <input type="checkbox"/> Snow
Surface Conditions:		<input type="checkbox"/> Flat	<input checked="" type="checkbox"/> Incline	<input type="checkbox"/> Decline <input type="checkbox"/> Wet <input checked="" type="checkbox"/> Dry
		<input type="checkbox"/> Ice/Snow	<input checked="" 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:



MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case #	14-003759	Officer	Goodman, Austin	Date:	3/13/2014	Time:	1847	Day:	Thursday
Attached Reports: (Check All That Apply)									
<input checked="" type="checkbox"/> Incident Report <input type="checkbox"/> Arrest Report <input type="checkbox"/> Booking Photo									
Was an arrest made?		Suspect Name:		Age:		Gender:		Race:	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Pinder, Ernesto							
Suspect Information: CHECK ALL THAT APPLY									
<input type="checkbox"/> Armed with a deadly weapon <input type="checkbox"/> Not armed <input checked="" type="checkbox"/> Impaired or Intoxicated <input checked="" type="checkbox"/> Agitated prior to police arrival <input type="checkbox"/> Language barrier (if so, language spoken)					<input checked="" type="checkbox"/> Armed with a non-deadly weapon <input type="checkbox"/> Had been drinking <input type="checkbox"/> Under the influence of drugs <input type="checkbox"/> Any disability (describe):				
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"/> Pressure Point 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)			<input checked="" 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			
<u>Secondary Weapon System</u>									
<input type="checkbox"/> OC <input type="checkbox"/> Baton <input type="checkbox"/> K-9 <input type="checkbox"/> Other (describe) <input type="checkbox"/> Taser - Deployed <input type="checkbox"/> Taser - Used									
Injury Information									
Were any injuries sustained to officer?				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If yes, describe below...			
Were any injuries sustained to suspect?				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If yes, describe below...			
Was medical attention provided?				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If yes, describe below...			
AMR responded for suicidal subject, taken to Elliot of a mental health evaluation.									
Describe the effects of the force used on any persons involved, and any decontamination method used if any...									
Male subject placed into handcuffs without incident for his safety and others.									
Officer Information									
# of officers present: 2			# of officers injured: 0						
Officer description:			<input checked="" type="checkbox"/> Uniform <input type="checkbox"/> Plain Clothes						
Duty Status:			<input checked="" type="checkbox"/> On Duty <input type="checkbox"/> Off Duty <input type="checkbox"/> On Duty Detail/Location						
Route/Assignment: 1-1									
<input checked="" type="checkbox"/> Verbal Commands used Before			<input checked="" type="checkbox"/> Verbal Commands Used During			<input checked="" type="checkbox"/> Verbal Commands Used After			
Miscellaneous Information									
Offense/Charge:									
Lighting:		<input type="checkbox"/> Daylight <input checked="" type="checkbox"/> Artificial <input type="checkbox"/> Low Light <input type="checkbox"/> Darkness							
Location:		<input checked="" type="checkbox"/> Indoors <input type="checkbox"/> Outdoors							
Weather Conditions:		<input type="checkbox"/> Sunny <input type="checkbox"/> Clear <input 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 checked="" 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:		
				Lt. Boucher					



MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 14-3804	Officer: Whelan, Thomas	Date: 3/14/2014	Time: 2200	Day: Friday			
Attached Reports: (Check All That Apply)							
<input checked="" type="checkbox"/> Incident Report <input type="checkbox"/> Arrest Report <input type="checkbox"/> Booking Photo							
Was an arrest made? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Suspect Name: Richard Cote	Age:	Gender:	Race:			
Suspect Information CHECK ALL THAT APPLY							
<input checked="" type="checkbox"/> Armed with a deadly weapon <input type="checkbox"/> Armed with a non-deadly weapon <input type="checkbox"/> Not armed <input type="checkbox"/> Had been drinking <input type="checkbox"/> Impaired or Intoxicated <input type="checkbox"/> Under the influence of drugs <input checked="" type="checkbox"/> Agitated prior to police arrival <input checked="" type="checkbox"/> Any disability (describe): Schizophrenic <input type="checkbox"/> Language barrier (if so, language spoken)							
Type of Force Used CHECK ALL THAT APPLY							
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; vertical-align: top;"> 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 - Deployed <input checked="" type="checkbox"/> Taser - Used </td> <td style="width: 33%; vertical-align: top;"> 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) </td> <td style="width: 33%; vertical-align: top;"> Firearm <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 </td> </tr> </table>					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 - Deployed <input checked="" type="checkbox"/> Taser - Used	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"/> 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
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 - Deployed <input checked="" type="checkbox"/> Taser - Used	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"/> Less Lethal- 12 Ga- Deployed <input type="checkbox"/> Handgun Used <input type="checkbox"/> Less Lethal- 12 Ga- Used <input type="checkbox"/> Rifle Deployed <input type="checkbox"/> Less Lethal- 40 mm- Deployed <input type="checkbox"/> Rifle Used <input type="checkbox"/> Less Lethal- 40 mm- Used <input type="checkbox"/> Shotgun Deployed <input type="checkbox"/> Noise Flash Device <input type="checkbox"/> Shotgun Used <input type="checkbox"/> Gas Deployment- OC/CS					
Injury Information							
Were any injuries sustained to officer? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe below...							
Were any injuries sustained to suspect? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe below...							
Was medical attention provided? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe below...							
Describe the effects of the force used on any persons involved, and any decontamination method used if any... Taser deployment resulted in compliance							
Officer Information							
# of officers present: 4 # of officers injured: 0							
Officer description: <input checked="" type="checkbox"/> Uniform <input type="checkbox"/> Plain Clothes							
Duty Status: <input checked="" type="checkbox"/> On Duty <input type="checkbox"/> Off Duty <input type="checkbox"/> On Duty Detail/Location							
Route/Assignment: <input checked="" type="checkbox"/> Verbal Commands used Before <input checked="" type="checkbox"/> Verbal Commands Used During <input checked="" type="checkbox"/> Verbal Commands Used After							
Miscellaneous Information							
Offense/Charge: IEH							
Lighting: <input type="checkbox"/> Daylight <input checked="" type="checkbox"/> Artificial <input type="checkbox"/> Low Light <input type="checkbox"/> Darkness							
Location: <input checked="" type="checkbox"/> Indoors <input type="checkbox"/> Outdoors							
Weather Conditions <input type="checkbox"/> Sunny <input type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Rain <input type="checkbox"/> Snow							
Surface Conditions: <input checked="" type="checkbox"/> Flat <input type="checkbox"/> Incline <input type="checkbox"/> Decline <input type="checkbox"/> Wet <input 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: Sgt. Patterson		Date:			



MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case #	14-003849	Officer:	Goodman, Austin	Date:	3/15/2014	Time:	1828	Day:	Saturday
Attached Reports: (Check All That Apply)									
<input checked="" type="checkbox"/> Incident Report <input type="checkbox"/> Arrest Report <input type="checkbox"/> Booking Photo									
Was an arrest made?		Suspect Name:		Age:		Gender:		Race:	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Barton, Amber							
Suspect Information: CHECK ALL THAT APPLY									
<input type="checkbox"/> Armed with a deadly weapon <input type="checkbox"/> Not armed <input type="checkbox"/> Impaired or Intoxicated <input checked="" type="checkbox"/> Agitated prior to police arrival <input type="checkbox"/> Language barrier (if so, language spoken)					<input type="checkbox"/> Armed with a non-deadly weapon <input type="checkbox"/> Had been drinking <input type="checkbox"/> Under the influence of drugs <input type="checkbox"/> Any disability (describe):				
Type of Force Used: CHECK ALL THAT APPLY									
Soft Hand Control			Hard Hand Control			Firearm			
<input type="checkbox"/> Joint Manipulation <input type="checkbox"/> Pressure Point 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)			<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			
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 - Deployed <input type="checkbox"/> Taser - Used									
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...			
N/A									
Describe the effects of the force used on any persons involved, and any decontamination method used if any....									
Subject was transitioned to the ground and placed into handcuffs to keep subject from leaving the area until relative arrived.									
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 checked="" type="checkbox"/> On Duty Detail/Location Montgomery/Bremer			
Route/Assignment: 1-6									
<input checked="" type="checkbox"/> Verbal Commands used Before			<input checked="" type="checkbox"/> Verbal Commands Used During			<input type="checkbox"/> Verbal Commands Used After			
Miscellaneous Information									
Offense/Charge: Check Condition/DCYF Referral									
Lighting:		<input checked="" type="checkbox"/> Daylight		<input type="checkbox"/> Artificial		<input type="checkbox"/> Low Light		<input type="checkbox"/> Darkness	
Location:		<input type="checkbox"/> Indoors		<input checked="" type="checkbox"/> Outdoors					
Weather Conditions		<input type="checkbox"/> Sunny		<input type="checkbox"/> Clear		<input checked="" type="checkbox"/> Cloudy		<input type="checkbox"/> Rain <input type="checkbox"/> Snow	
Surface Conditions:		<input checked="" type="checkbox"/> Flat		<input type="checkbox"/> Incline		<input type="checkbox"/> Decline		<input type="checkbox"/> Wet <input type="checkbox"/> Dry	
		<input checked="" 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: Lt. Boucher			Date:		



MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 14-4025	Officer: Biron, Christopher R	Date: 3/18/2014	Time: 2114	Day: Tuesday			
Attached Reports: (Check All That Apply)							
<input checked="" type="checkbox"/> Incident Report <input type="checkbox"/> Arrest Report <input type="checkbox"/> Booking Photo							
Was an arrest made? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Suspect Name: David Hatch [REDACTED]	Age:	Gender:	Race:			
Suspect Information CHECK ALL THAT APPLY							
<input type="checkbox"/> Armed with a deadly weapon <input type="checkbox"/> Armed with a non-deadly weapon <input checked="" type="checkbox"/> Not armed <input type="checkbox"/> Had been drinking <input type="checkbox"/> Impaired or Intoxicated <input type="checkbox"/> Under the influence of drugs <input checked="" type="checkbox"/> Agitated prior to police arrival <input checked="" type="checkbox"/> Any disability (describe): Mental Health issues <input type="checkbox"/> Language barrier (if so, language spoken)							
Type of Force Used CHECK ALL THAT APPLY							
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; vertical-align: top;"> 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 - Deployed <input checked="" type="checkbox"/> Taser - Used </td> <td style="width: 33%; vertical-align: top;"> 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) </td> <td style="width: 34%; vertical-align: top;"> Firearm <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 </td> </tr> </table>					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 - Deployed <input checked="" type="checkbox"/> Taser - Used	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"/> 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
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 - Deployed <input checked="" type="checkbox"/> Taser - Used	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"/> Less Lethal- 12 Ga- Deployed <input type="checkbox"/> Handgun Used <input type="checkbox"/> Less Lethal- 12 Ga- Used <input type="checkbox"/> Rifle Deployed <input type="checkbox"/> Less Lethal- 40 mm- Deployed <input type="checkbox"/> Rifle Used <input type="checkbox"/> Less Lethal- 40 mm- Used <input type="checkbox"/> Shotgun Deployed <input type="checkbox"/> Noise Flash Device <input type="checkbox"/> Shotgun Used <input type="checkbox"/> Gas Deployment- OC/CS					
Injury Information							
Were any injuries sustained to officer? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe below...							
Were any injuries sustained to suspect? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe below...							
Was medical attention provided? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe below...							
On scene probe removal							
Describe the effects of the force used on any persons involved, and any decontamination method used if any... Drive Stun was ineffective. Probe deployment was effective and suspect compliance was nearly immediate							
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: Sergeant							
<input checked="" type="checkbox"/> Verbal Commands used Before <input checked="" type="checkbox"/> Verbal Commands Used During <input checked="" type="checkbox"/> Verbal Commands Used After							
Miscellaneous Information							
Offense/Charge: Involuntary Emergency Hospitalization							
Lighting: <input type="checkbox"/> Daylight <input checked="" type="checkbox"/> Artificial <input type="checkbox"/> Low Light <input type="checkbox"/> Darkness							
Location: <input checked="" type="checkbox"/> Indoors <input type="checkbox"/> Outdoors							
Weather Conditions <input type="checkbox"/> Sunny <input type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Rain <input type="checkbox"/> Snow							
Surface Conditions: <input checked="" type="checkbox"/> Flat <input type="checkbox"/> Incline <input type="checkbox"/> Decline <input type="checkbox"/> Wet <input 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: Lt Boucher		Date:			



MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 14-004120	Officer: White, Ryan B	Date: 3/20/2014	Time: 1458	Day: Thursday
Attached Reports: (Check All That Apply)				
<input checked="" type="checkbox"/> Incident Report <input type="checkbox"/> Arrest Report <input type="checkbox"/> Booking Photo				
Was an arrest made? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Suspect Name: Bronx Durocher (pitbull)	Age:	Gender:	Race:
Suspect Information: CHECK ALL THAT APPLY				
<input type="checkbox"/> Armed with a deadly weapon <input type="checkbox"/> Armed with a non-deadly weapon <input type="checkbox"/> Not armed <input type="checkbox"/> Had been drinking <input type="checkbox"/> Impaired or Intoxicated <input type="checkbox"/> Under the influence of drugs <input checked="" type="checkbox"/> Agitated prior to police arrival <input type="checkbox"/> Any disability (describe): <input checked="" type="checkbox"/> Language barrier (if so, language spoken) Dog bark				
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"/> Pressure Point 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)		<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
<u>Secondary Weapon System</u>				<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
<input type="checkbox"/> Baton <input type="checkbox"/> K-9 <input type="checkbox"/> Other (describe) <input type="checkbox"/> Taser - Deployed <input checked="" type="checkbox"/> Taser - Used				
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...				
Dog was sprayed and tased. Spray had no effect, multiple taser deployments with some effect.				
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: 3-4				
<input checked="" type="checkbox"/> Verbal Commands used Before		<input checked="" type="checkbox"/> Verbal Commands Used During	<input checked="" type="checkbox"/> Verbal Commands Used After	
Miscellaneous Information:				
Offense/Charge: Dog Bite				
Lighting: <input checked="" type="checkbox"/> Daylight <input type="checkbox"/> Artificial <input type="checkbox"/> Low Light <input type="checkbox"/> Darkness				
Location: <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors				
Weather Conditions: <input type="checkbox"/> Sunny <input type="checkbox"/> Clear <input checked="" type="checkbox"/> Cloudy <input type="checkbox"/> Rain <input type="checkbox"/> Snow				
Surface Conditions: <input checked="" type="checkbox"/> Flat <input type="checkbox"/> Incline <input type="checkbox"/> Decline <input checked="" type="checkbox"/> Wet <input type="checkbox"/> Dry				
<input type="checkbox"/> Ice/Snow <input type="checkbox"/> Debris <input checked="" type="checkbox"/> No Debris <input type="checkbox"/> Other				
This report is to be filled out after the intentional or unintentional use of force with any weapons or the unintended use of any type of force resulting in injury or death to any person. All reports will be submitted along with the Incident Report, Arrest Report & Booking Photo and forwarded to the Training Director.				
Signature of reporting officer:		Reviewed by: Sgt Patterson		Date:



MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 14-004330	Officer: Jajuga, Matthew J	Date: 3/24/2014	Time: 1722	Day: Monday
Attached Reports: (Check All That Apply)				
<input checked="" type="checkbox"/> Incident Report		<input checked="" type="checkbox"/> Arrest Report		<input checked="" type="checkbox"/> Booking Photo
Was an arrest made? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Suspect Name: Tristan ROUKEY, [REDACTED]	Age:	Gender:	Race:
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 type="checkbox"/> Under the influence of drugs	
<input type="checkbox"/> Not armed	<input type="checkbox"/> Any disability (describe):	<input type="checkbox"/> Language barrier (if so, language spoken)		
<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				
Soft Hand Control	Hard Hand Control	Firearm		
<input type="checkbox"/> Joint Manipulation	<input type="checkbox"/> Open Hand Strike	<input type="checkbox"/> Handgun Deployed	<input type="checkbox"/> Less Lethal- 12 Ga- Deployed	
<input type="checkbox"/> Pressure Point Control	<input type="checkbox"/> Kick	<input type="checkbox"/> Handgun Used	<input type="checkbox"/> Less Lethal- 12 Ga- Used	
Secondary Weapon System	<input type="checkbox"/> Knee Strike	<input type="checkbox"/> Rifle Deployed	<input type="checkbox"/> Less Lethal- 40 mm- Deployed	
<input type="checkbox"/> OC	<input checked="" type="checkbox"/> Take Down	<input type="checkbox"/> Rifle Used	<input type="checkbox"/> Less Lethal- 40 mm- Used	
<input type="checkbox"/> Baton	<input type="checkbox"/> Other (describe)	<input type="checkbox"/> Shotgun Deployed	<input type="checkbox"/> Noise Flash Device	
<input type="checkbox"/> K-9		<input type="checkbox"/> Shotgun Used	<input type="checkbox"/> Gas Deployment- OC/CS	
<input type="checkbox"/> Other (describe)				
<input type="checkbox"/> Taser - Deployed	<input type="checkbox"/> Taser - Used			
Injury Information				
Were any injuries sustained to officer?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	If yes, describe below...	
Were any injuries sustained to suspect?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, describe below...	
minor scrapes on 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...				
Takedown effective on second attempt				
Officer Information				
# of officers present: 1	# of officers injured: 0			
Officer description:	<input checked="" type="checkbox"/> Uniform	<input type="checkbox"/> Plain Clothes		
Duty Status:	<input checked="" type="checkbox"/> On Duty	<input type="checkbox"/> Off Duty	<input type="checkbox"/> On Duty Detail/Location	
Route/Assignment: Bravo 9 (CP)				
<input checked="" type="checkbox"/> Verbal Commands used Before	<input type="checkbox"/> Verbal Commands Used During	<input checked="" type="checkbox"/> Verbal Commands Used After		
Miscellaneous Information				
Offense/Charge: Resisting Detention- RSA 642:2; EBW- RSA 597:37				
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 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:



MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 14-4523	Officer: Mangum, Justin M	Date: 3/29/2014	Time: 0545	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: Parnell, Trace	Age:	Gender:	Race:
Suspect Information: CHECK ALL THAT APPLY				
<input type="checkbox"/> Armed with a deadly weapon	<input type="checkbox"/> Armed with a non-deadly weapon			
<input checked="" type="checkbox"/> Not armed	<input checked="" type="checkbox"/> Had been drinking			
<input checked="" type="checkbox"/> Impaired or Intoxicated	<input type="checkbox"/> Under the influence of drugs			
<input type="checkbox"/> Agitated prior to police arrival	<input type="checkbox"/> Any disability (describe):			
<input type="checkbox"/> Language barrier (if so, language spoken)				
Type of Force Used: CHECK ALL THAT APPLY				
Soft Hand Control	Hard Hand Control	Firearm		
<input type="checkbox"/> Joint Manipulation	<input type="checkbox"/> Open Hand Strike	<input type="checkbox"/> Handgun Deployed	<input type="checkbox"/> Less Lethal- 12 Ga- Deployed	
<input type="checkbox"/> Pressure Point Control	<input type="checkbox"/> Kick	<input type="checkbox"/> Handgun Used	<input type="checkbox"/> Less Lethal- 12 Ga- Used	
Secondary Weapon System	<input type="checkbox"/> Knee Strike	<input type="checkbox"/> Rifle Deployed	<input type="checkbox"/> Less Lethal- 40 mm- Deployed	
<input checked="" 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 - Deployed	<input type="checkbox"/> Taser - Used			
Injury Information:				
Were any injuries sustained to officer?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, describe below...		
Were any injuries sustained to suspect?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes, describe below...		
Small abrasion on forehead.				
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....				
A leg sweep was performed as a take down method and OC was deployed which allowed me to gain control on the resisting subject. Water and towels were provide for OC decon.				
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: 2-2				
<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 and Prowling				
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 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:	
		Sgt. Cosio		



MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 14-3804	Officer: Whelan, Thomas	Date: 3/14/2014	Time: 2200	Day: Friday			
Attached Reports: (Check All That Apply)							
<input checked="" type="checkbox"/> Incident Report <input type="checkbox"/> Arrest Report <input type="checkbox"/> Booking Photo							
Was an arrest made? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Suspect Name: Richard Cote	Age:	Gender:	Race:			
Suspect Information - CHECK ALL THAT APPLY							
<input checked="" type="checkbox"/> Armed with a deadly weapon <input type="checkbox"/> Armed with a non-deadly weapon <input type="checkbox"/> Not armed <input type="checkbox"/> Had been drinking <input type="checkbox"/> Impaired or Intoxicated <input type="checkbox"/> Under the influence of drugs <input checked="" type="checkbox"/> Agitated prior to police arrival <input checked="" type="checkbox"/> Any disability (describe): Schizophrenic <input type="checkbox"/> Language barrier (if so, language spoken)							
Type of Force Used - CHECK ALL THAT APPLY							
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; vertical-align: top;"> 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 - Deployed <input checked="" type="checkbox"/> Taser - Used </td> <td style="width: 33%; vertical-align: top;"> 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) </td> <td style="width: 34%; vertical-align: top;"> Firearm <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 </td> </tr> </table>					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 - Deployed <input checked="" type="checkbox"/> Taser - Used	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"/> 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
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 - Deployed <input checked="" type="checkbox"/> Taser - Used	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"/> Less Lethal- 12 Ga- Deployed <input type="checkbox"/> Handgun Used <input type="checkbox"/> Less Lethal- 12 Ga- Used <input type="checkbox"/> Rifle Deployed <input type="checkbox"/> Less Lethal- 40 mm- Deployed <input type="checkbox"/> Rifle Used <input type="checkbox"/> Less Lethal- 40 mm- Used <input type="checkbox"/> Shotgun Deployed <input type="checkbox"/> Noise Flash Device <input type="checkbox"/> Shotgun Used <input type="checkbox"/> Gas Deployment- OC/CS					
Injury Information							
Were any injuries sustained to officer? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe below...							
Were any injuries sustained to suspect? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe below...							
Was medical attention provided? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe below...							
Subject checked by AMR after being tased							
Describe the effects of the force used on any persons involved, and any decontamination method used if any... Immediate compliance from subject							
Officer Information							
# of officers present: 4 # of officers injured: 0							
Officer description: <input checked="" type="checkbox"/> Uniform <input type="checkbox"/> Plain Clothes							
Duty Status: <input checked="" type="checkbox"/> On Duty <input type="checkbox"/> Off Duty <input type="checkbox"/> On Duty Detail/Location							
Route/Assignment: <input checked="" type="checkbox"/> Verbal Commands used Before <input checked="" type="checkbox"/> Verbal Commands Used During <input checked="" type="checkbox"/> Verbal Commands Used After							
Miscellaneous Information							
Offense/Charge:							
Lighting: <input type="checkbox"/> Daylight <input checked="" type="checkbox"/> Artificial <input type="checkbox"/> Low Light <input type="checkbox"/> Darkness							
Location: <input checked="" type="checkbox"/> Indoors <input type="checkbox"/> Outdoors							
Weather Conditions <input type="checkbox"/> Sunny <input 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: Lt. Boucher		Date:			