



MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 15-004817	Officer Beland, Adam R	Date: 3/25/2015	Time: 0845	Day: Wednesday
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Attached Reports: (Check All That Apply)

Incident Report
 Arrest Report
 Booking Photo

Was an arrest made? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Suspect Name: Hartford, Ricky	OIC at time of Incident: Lt. Vincent
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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 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 checked="" type="checkbox"/> Joint Manipulation <input type="checkbox"/> Pressure Point Control Secondary Weapon System <input type="checkbox"/> OC <input type="checkbox"/> Baton <input type="checkbox"/> K-9 <input type="checkbox"/> Other (describe) <input type="checkbox"/> Taser	Hard Hand Control <input type="checkbox"/> Open Hand Strike <input type="checkbox"/> Kick <input type="checkbox"/> Knee Strike <input type="checkbox"/> Take Down <input type="checkbox"/> Other (describe)	Firearm <input type="checkbox"/> Handgun Deployed <input type="checkbox"/> Handgun Used <input type="checkbox"/> Rifle Deployed <input type="checkbox"/> Rifle Used <input type="checkbox"/> Shotgun Deployed <input type="checkbox"/> Shotgun Used <input type="checkbox"/> Less Lethal- 12 Ga- Deployed <input type="checkbox"/> Less Lethal- 12 Ga- Used <input type="checkbox"/> Less Lethal- 40 mm- Deployed <input type="checkbox"/> Less Lethal- 40 mm- Used <input type="checkbox"/> Noise Flash Device <input type="checkbox"/> Gas Deployment- OC/CS
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Injury Information:

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

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

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

Describe the effects of the force used on any persons involved, and any decontamination method used if any....
 Using joint manipulation to his arms, I was able to get the drive out of the vehicle easily and without injury.

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: 23-4 B

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

Miscellaneous Information:

Offense/Charge: Poss of controlled drug, resisting detention

Lighting: Daylight Artificial Low Light Darkness

Location: Indoors Outdoors

Weather Conditions: Sunny Clear Cloudy Rain Snow

Surface Conditions: Flat Incline Decline Wet Dry

Ice/Snow Debris No Debris Other

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

Signature of reporting officer: <i>Adam R. Beland</i>	Reviewed by: <i>A. Z...</i>	Date: 3/25/15
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OPW 12





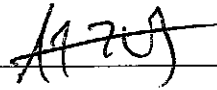
MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 15-004817	Officer Beland, Adam R	Date: 3/25/2015	Time: 0845	Day: Wednesday
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OIC Comment/Review:

I reviewed the report associated with this incident and find that Officer Beland and Officer Whelan complied with policy while effecting this arrest and in responding to Hartford's resistance.



Lt. Vincent



MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 15-4780	Officer: Bellenoit, Robert P	Date: 3/24/2015	Time: 1715	Day: Tuesday
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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: Philip Ramasci	OIC at time of Incident: Sgt. C. Biron
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Suspect Information: CHECK ALL THAT APPLY

<input type="checkbox"/> Armed with a deadly weapon	<input type="checkbox"/> Armed with a non-deadly weapon
<input checked="" type="checkbox"/> Not armed	<input type="checkbox"/> Had been drinking
<input type="checkbox"/> Impaired or Intoxicated	<input type="checkbox"/> Under the influence of drugs
<input checked="" type="checkbox"/> Agitated prior to police arrival	<input checked="" type="checkbox"/> Any disability (describe): Mental subject
<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 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
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Injury Information

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

Once I delivered a knee strike to the suspects left common peroneal his body slumped forward and his body relaxed. This use of force had the desired effect and allowed the officers to apply the second handcuff on the suspect and place him into custody

Officer Information

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

Miscellaneous Information

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

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Signature of reporting officer: <i>[Signature]</i>	Reviewed by: <i>[Signature]</i>	Date: 3/24/15
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CPWA-2 *(C)*



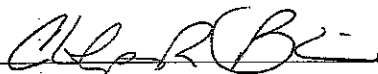
MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 15-4780	Officer Bellenoit, Robert P	Date: 3/24/2015	Time: 1715	Day: Tuesday
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OIC Comment/Review:

I reviewed this incident with Sgt Bellenoit and find that the use of force was appropriate and within policy.


Sgt. C. Biron



MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 15-4562	Officer: Brown, Richard	Date: 3/21/2015	Time: 0050	Day: Saturday	
Attached Reports: (Check All That Apply)					
<input checked="" type="checkbox"/> Incident Report		<input checked="" type="checkbox"/> Arrest Report		<input type="checkbox"/> Booking Photo	
Was an arrest made? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Suspect Name: Karen Lacerte	OIC at time of Incident: Sgt Cosio			
Suspect Information: CHECK ALL THAT APPLY					
<input type="checkbox"/> Armed with a deadly weapon	<input type="checkbox"/> Armed with a non-deadly weapon				
<input checked="" type="checkbox"/> Not armed	<input 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 checked="" type="checkbox"/> Any disability (describe): PTSD??				
<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 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		
Secondary Weapon System	<input type="checkbox"/> Knee Strike	<input type="checkbox"/> Rifle Deployed	<input type="checkbox"/> Less Lethal- 40 mm- Deployed		
<input type="checkbox"/> OC	<input checked="" type="checkbox"/> Take Down	<input type="checkbox"/> Rifle Used	<input type="checkbox"/> Less Lethal- 40 mm- Used		
<input type="checkbox"/> Baton	<input type="checkbox"/> Other (describe)	<input type="checkbox"/> Shotgun Deployed	<input type="checkbox"/> Noise Flash Device		
<input type="checkbox"/> K-9		<input type="checkbox"/> Shotgun Used	<input type="checkbox"/> Gas Deployment- OC/CS		
<input type="checkbox"/> Other (describe)					
<input type="checkbox"/> Taser					
Injury Information					
Were any injuries sustained to officer?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, describe below...			
Were any injuries sustained to suspect?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, describe below...			
Was medical attention provided?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, describe below...			
Describe the effects of the force used on any persons involved, and any decontamination method used if any... Minimal force used given stature of defendant. Defendant continued to refuse to comply but force was not increased.					
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: Z-6 Patrol Sergeant					
<input checked="" type="checkbox"/> Verbal Commands used Before	<input checked="" type="checkbox"/> Verbal Commands Used During	<input checked="" type="checkbox"/> Verbal Commands Used After			
Miscellaneous Information					
Offense/Charge: DOC, Resisting Arrest, Simple Assault on a PO					
Lighting:	<input type="checkbox"/> Daylight	<input checked="" 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 type="checkbox"/> Cloudy	<input type="checkbox"/> Rain <input checked="" type="checkbox"/> Snow	
Surface Conditions:	<input checked="" type="checkbox"/> Flat	<input type="checkbox"/> Incline	<input type="checkbox"/> Decline	<input type="checkbox"/> Wet <input type="checkbox"/> Dry	
	<input type="checkbox"/> Ice/Snow	<input type="checkbox"/> Debris	<input checked="" type="checkbox"/> No Debris	<input type="checkbox"/> Other	
This report is to be filled out after the intentional or unintentional use of force with any weapons or the unintended use of any type of force resulting in injury or death to any person. All reports will be submitted along with the Incident Report, Arrest Report & Booking Photo and forwarded to the Training Director.					
Signature of reporting officer: <i>R. Brown</i>		Reviewed by: <i>[Signature]</i> 2.12	Date: 3/21/15		

QWAZ



MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 15-4562	Officer Brown, Richard	Date: 3/21/2015	Time: 0050	Day: Saturday
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OIC Comment/Review:

On the above date and time I was the OIC on midnight shift. Sgt. Brown was witness to an assault and disorderly behavior on Elm Street near Shaskeen Pub. Sgt. Brown arrested female subject Karen Lacerte who was highly intoxicated and agitated at time of his contact. Lacerte was combative and resisted arrest. Upon review of police reports it appears that Sgt. Brown's actions were justified and in accordance with department policy regarding the use of force. NFI.

Sgt. R. E. 2-12
Sgt Cosio



MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 15-004562 Officer Mullen, Patrick J Date: 3/21/2015 Time: 0105 Day: Saturday

Attached Reports: (Check All That Apply)

Incident Report Arrest Report Booking Photo

Was an arrest made?
 Yes No

Suspect Name:
Lacerte, Karen [REDACTED]

OIC at time of Incident:
Sgt Cosio

Suspect Information: CHECK ALL THAT APPLY

- | | |
|--|---|
| <input type="checkbox"/> Armed with a deadly weapon | <input type="checkbox"/> Armed with a non-deadly weapon |
| <input 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 checked="" 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 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....
Mandibular angle applied after prisoner assaulted an Officer in the back of the transport wagon, prisoner then complied.

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: Transport wagon
 Verbal Commands used Before Verbal Commands Used During Verbal Commands Used After

Miscellaneous Information:

Offense/Charge: Disorderly conduct, resisting arrest and assault on a Police Officer

Lighting: Daylight Artificial Low Light Darkness

Location: Indoors Outdoors

Weather Conditions: Sunny Clear Cloudy Rain Snow

Surface Conditions: Flat Incline Decline Wet Dry

Ice/Snow Debris No Debris Other

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Signature of reporting officer: *[Signature]* #153 Reviewed by: *[Signature]* 212 Date: 3 22 15

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MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 15-004562	Officer Mullen, Patrick J	Date: 3/21/2015	Time: 0105	Day: Saturday
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OIC Comment/Review:

On the above date and time I was the OIC on midnight shift. Officer Mullen was assigned to the wagon and a responding officer to assist Sgt. Brown on an arrest on Elm Street near Shaskeen Pub. Sgt. Brown arrested female subject Karen Lacerte who was highly intoxicated and agitated. Lacerte was combative and resisted arrest. Lecerte continued her behavior in booking and was unccoperative during the process. Lercerte assaulted a police officer while in the transport wagon. Officer Mullen used the minimum force necessary to control the subject. Upon review of police reports it appears that Officer Mullen's actions were justified and in accordance with department policy regarding the use of force. NFI.


Sgt Cosio



MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 15-004562	Officer Finn, Casey	Date: 3/21/2015	Time: 0406	Day: Saturday
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Attached Reports: (Check All That Apply)

Incident Report
 Arrest Report
 Booking Photo

Was an arrest made? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Suspect Name: Lacerte, Karen	OIC at time of Incident: Cosio
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Suspect Information: CHECK ALL THAT APPLY

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

Type of Force Used: CHECK ALL THAT APPLY

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

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

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

arm bar take down was applied to Lacerte left arm. She was transitioned to the ground with out incident. While in the booking area she became aggitated and I attempted to gain control of her right arm. She became assaultive and I applied another arm bar.

Officer Information:

of officers present: 5 # of officers injured: 0

Officer description: Uniform Plain Clothes

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

Route/Assignment: 2-5A

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

Miscellaneous Information:

Offense/Charge: Simple Assault, Disorderly conduct, Assault on PO, Resisting arrest

Lighting: Daylight Artificial Low Light Darkness

Location: Indoors Outdoors

Weather Conditions Sunny Clear Cloudy Rain Snow

Surface Conditions: Flat Incline Decline Wet Dry

Ice/Snow Debris No Debris Other

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

Signature of reporting officer: <i>[Signature]</i>	Reviewed by: <i>[Signature]</i>	Date: 3/21/15
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MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 15-004562	Officer Finn, Casey	Date: 3/21/2015	Time: 0406	Day: Saturday
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OIC Comment/Review:

On the above date and time I was the OIC on midnight shift. Officer Finn was responding officer to assist Sgt. Brown on an arrest on Elm Street near Shaskeen Pub. Sgt. Brown arrested female subject Karen Lacerte who was highly intoxicated and agitated. Lacerte was combative and resisted arrest. Lacerte continued her behavior in booking and was uncooperative during the process. Officer Finn used the minimum force necessary to control the subject both on the street and in booking. Upon review of police reports it appears that Officer Finn's actions were justified and in accordance with department policy regarding the use of force. NFI.

Sgt. T. Cosio 2.12

Cosio



MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 14-015861	Officer: McDonand, Matthew	Date: 3/19/2015	Time: 1920	Day: Thursday
Attached Reports: (Check All That Apply)				
<input checked="" type="checkbox"/> Incident Report		<input checked="" type="checkbox"/> Arrest Report		<input checked="" type="checkbox"/> Booking Photo
Was an arrest made? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Suspect Name: WOLCZKO, Corey [REDACTED]		OIC at time of Incident: Lt. Boucher	
Suspect Information CHECK ALL THAT APPLY				
<input type="checkbox"/> Armed with a deadly weapon		<input type="checkbox"/> Armed with a non-deadly weapon		
<input checked="" type="checkbox"/> Not armed		<input type="checkbox"/> Had been drinking		
<input type="checkbox"/> Impaired or Intoxicated		<input type="checkbox"/> Under the influence of drugs		
<input type="checkbox"/> Agitated prior to police arrival		<input type="checkbox"/> Any disability (describe):		
<input type="checkbox"/> Language barrier (if so, language spoken)				
Type of Force Used CHECK ALL THAT APPLY				
<u>Soft Hand Control</u>		<u>Hard Hand Control</u>		<u>Firearm</u>
<input type="checkbox"/> Joint Manipulation		<input checked="" 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
<u>Secondary Weapon System</u>		<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				<input type="checkbox"/> Less Lethal- 12 Ga- Used
				<input type="checkbox"/> Less Lethal- 40 mm- Deployed
				<input type="checkbox"/> Less Lethal- 40 mm- Used
				<input type="checkbox"/> Noise Flash Device
				<input type="checkbox"/> Gas Deployment- OC/CS
Injury Information				
Were any injuries sustained to officer?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If yes, describe below...
Were any injuries sustained to suspect?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If yes, describe below...
WOLCZKO complained of tooth pain as a result of the take down and had several minor lacerations.				
Was medical attention provided?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If yes, describe below...
WOLCZKO refused medical attention.				
Describe the effects of the force used on any persons involved, and any decontamination method used if any....				
WOLCZKO complied after force was applied				
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: 25c				
<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/DETENTION				
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 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 checked="" type="checkbox"/> Ice/Snow <input type="checkbox"/> Debris		<input type="checkbox"/> No Debris <input type="checkbox"/> Other
This report is to be filled out after the intentional or unintentional use of force with any weapons or the unintended use of any type of force resulting in injury or death to any person. All reports will be submitted along with the Incident Report, Arrest Report & Booking Photo and forwarded to the Training Director.				
Signature of reporting officer: <i>Matthew McDonand #16</i>		Reviewed by: <i>[Signature]</i>		Date: <i>03-19-15</i>

MWA 2 *(C-1)*



MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 14-015861	Officer McDonand, Matthew	Date: 3/19/2015	Time: 1920	Day: Thursday
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OIC Comment/Review:

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

Lt. Boucher



MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 15-4333	Officer: Lovejoy, Morgan	Date: 3/17/2015	Time: 1755	Day: Tuesday
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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: Micahel Poulicakos [REDACTED]	OIC at time of Incident: Sgt. C. Biron
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Suspect Information: CHECK ALL THAT APPLY

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

Type of Force Used: CHECK ALL THAT APPLY

<p>Soft Hand Control</p> <input type="checkbox"/> Joint Manipulation <input type="checkbox"/> Pressure Point Control <p>Secondary Weapon System</p> <input type="checkbox"/> OC <input type="checkbox"/> Baton <input type="checkbox"/> K-9 <input type="checkbox"/> Other (describe) <input type="checkbox"/> Taser	<p>Hard Hand Control</p> <input type="checkbox"/> Open Hand Strike <input type="checkbox"/> Kick <input type="checkbox"/> Knee Strike <input type="checkbox"/> Take Down <input checked="" type="checkbox"/> Other (describe) Grabbed by coat and pushed against fridge	<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
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Injury Information:

Were any injuries sustained to officer?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, describe below...
Were any injuries sustained to suspect?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, describe below...
Was medical attention provided?	<input 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....
 Pushed against fridge where his body went limp, subsequently lowered to the ground. This was done after he walked up behind me and grabbed/poked my arm.

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

Miscellaneous Information:

Offense/Charge: Counseled and released to mother

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 checked="" type="checkbox"/> Dry
	<input type="checkbox"/> Ice/Snow	<input type="checkbox"/> Debris	<input type="checkbox"/> No Debris	<input type="checkbox"/> Other

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

Signature of reporting officer: <i>Morgan</i>	Reviewed by: <i>[Signature]</i>	Date: <i>3/17/15</i>
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MPD AZ *(C)*



MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 15-4333	Officer: Lovejoy, Morgan	Date: 3/17/2015	Time: 1755	Day: Tuesday
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OIC Comment/Review:

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

Sgt. ~~C. Biron~~ P. Thompson



MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 15-004095 Officer: Karoul, Brian P Date: 3/13/2015 Time: 1755 Day: Friday

Attached Reports: (Check All That Apply)

Incident Report Arrest Report Booking Photo

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

Yes No Justin Provencher [REDACTED] LT. Boucher

Suspect Information: CHECK ALL THAT APPLY

<input type="checkbox"/> Armed with a deadly weapon	<input checked="" type="checkbox"/> Armed with a non-deadly weapon
<input type="checkbox"/> Not armed	<input type="checkbox"/> Had been drinking
<input type="checkbox"/> Impaired or Intoxicated	<input 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 checked="" 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 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		<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....
displayed firearm and gained immediate compliance

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 Mall of N.H

Route/Assignment: security detail

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

Miscellaneous Information

Offense/Charge: Poss of Control Drugs

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: 03-13-15

[Handwritten initials] *[Handwritten initials]* *[Handwritten initials]*



MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 15-004095	Officer Karoul, Brian P	Date: 3/13/2015	Time: 1755	Day: Friday
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OIC Comment/Review:

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

LTt. Boucher



MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 15-004038 Officer: Day, Christopher B Date: 3/12/2015 Time: 2254 Day: Thursday

Attached Reports: (Check All That Apply)

Incident Report Arrest Report Booking Photo

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

Yes No Styfus Green Lt Begley

Suspect Information: CHECK ALL THAT APPLY

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

Type of Force Used: CHECK ALL THAT APPLY

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

OC
 Baton
 K-9
 Other (describe)
 Taser

Injury Information:

Were any injuries sustained to officer? Yes No If yes, describe below...
Left knee and back

Were any injuries sustained to suspect? Yes No If yes, describe below...
Small laceration over the right eye

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....
Little to no effect

Officer Information:

of officers present: 5 # of officers injured: 1

Officer description: Uniform Plain Clothes

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

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

Miscellaneous Information:

Offense/Charge: Simple Assault x2, Resisting Detention, Resisting Arrest

Lighting: Daylight Artificial Low Light Darkness

Location: Indoors Outdoors

Weather Conditions Sunny Clear Cloudy Rain Snow

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

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

Signature of reporting officer: *[Signature]* Reviewed by: *[Signature]* Date: 3/17/15

DPW A2

[Signature]



MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 15-004038	Officer: Day, Christopher B	Date: 3/12/2015	Time: 2254	Day: Thursday
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OIC Comment/Review:

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

It should be noted that Styfus Green's uncooperative behavior continued in booking, therefore, the booking process could not be completed. He is currently being held at VSJ and has bail conditions that require him to complete the booking process prior to being released on bail. The booking photo in this packet was provided by VSJ.


Lt Begley



MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 15-004038	Officer Pittman III, James M	Date: 3/12/2015	Time: 2254	Day: Thursday
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Attached Reports: (Check All That Apply)

Incident Report
 Arrest Report
 Booking Photo

Was an arrest made? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Suspect Name: Styfus Green	OIC at time of Incident: Lt Begley
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Suspect Information: CHECK ALL THAT APPLY

<input type="checkbox"/> Armed with a deadly weapon	<input type="checkbox"/> Armed with a non-deadly weapon
<input 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 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
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Injury Information:

Were any injuries sustained to officer?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	If yes, describe below...
Were any injuries sustained to suspect?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, describe below...
Minor Laceration over right eye			
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....
 Upon arrival Green was very uncooperative. He kicked me multiple times. I attempted wrist control when it had no effect on Green he was transitioned to the ground and restrained.

Officer Information:

of officers present: 5 # of officers injured: 1

Officer description: Uniform Plain Clothes

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

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

Miscellaneous Information:

Offense/Charge:

Lighting: Daylight Artificial Low Light Darkness

Location: Indoors Outdoors

Weather Conditions Sunny Clear Cloudy Rain Snow

Surface Conditions: Flat Incline Decline Wet Dry

Ice/Snow Debris No Debris Other

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

Signature of reporting officer: <i>[Signature]</i>	Reviewed by: <i>[Signature]</i>	Date: 3/12/15
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MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 15-004038	Officer Pittman III, James M	Date: 3/12/2015	Time: 2254	Day: Thursday
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OIC Comment/Review:

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

It should be noted that Styfus Green's uncooperative behavior continued in booking, therefore, the booking process could not be completed. He is currently being held at VSJ and has bail conditions that require him to complete the booking process prior to being released on bail. The booking photo in this packet was provided by VSJ.



Lt Begley



MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 15-003823 Officer: McDonand, Matthew Date: 3/9/2015 Time: 2050 Day: Monday

Attached Reports: (Check All That Apply)

Incident Report Arrest Report Booking Photo

Was an arrest made? Suspect Name: OIC at time of Incident:
 Yes No Williams, Isaiah [REDACTED] Lt. Boucher

Suspect Information: CHECK ALL THAT APPLY

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

Type of Force Used: CHECK ALL THAT APPLY

- | | | |
|---|---|---|
| <p><u>Soft Hand Control</u></p> <input checked="" type="checkbox"/> Joint Manipulation
<input type="checkbox"/> Pressure Point Control

<p><u>Secondary Weapon System</u></p> <input type="checkbox"/> OC
<input type="checkbox"/> Baton
<input type="checkbox"/> K-9
<input type="checkbox"/> Other (describe)
<input type="checkbox"/> Taser | <p><u>Hard Hand Control</u></p> <input checked="" type="checkbox"/> Open Hand Strike
<input type="checkbox"/> Kick
<input type="checkbox"/> Knee Strike
<input checked="" type="checkbox"/> Take Down
<input type="checkbox"/> Other (describe) | <p><u>Firearm</u></p> <input type="checkbox"/> Handgun Deployed
<input type="checkbox"/> Handgun Used
<input type="checkbox"/> Rifle Deployed
<input type="checkbox"/> Rifle Used
<input type="checkbox"/> Shotgun Deployed
<input type="checkbox"/> Shotgun Used

<input type="checkbox"/> Less Lethal- 12 Ga- Deployed
<input type="checkbox"/> Less Lethal- 12 Ga- Used
<input type="checkbox"/> Less Lethal- 40 mm- Deployed
<input type="checkbox"/> Less Lethal- 40 mm- Used
<input type="checkbox"/> Noise Flash Device
<input type="checkbox"/> Gas Deployment- OC/CS |
|---|---|---|

Injury Information:

Were any injuries sustained to officer? Yes No If yes, describe below...
 Laceration to right hand between thumb and index finger. Scratches to right wrist

Were any injuries sustained to suspect? Yes No If yes, describe below...
 Bruise to left side of face

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

Describe the effects of the force used on any persons involved, and any decontamination method used if any....
 Williams continued to struggle with officers and was eventually tased by Officer Boyton

Officer Information:

of officers present: 4 # of officers injured: 1

Officer description: Uniform Plain Clothes

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

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

Miscellaneous Information:

Offense/Charge: Resisting Arrest/Detention and Simple Assault on PO

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: *Matthew McDonand #16* Reviewed by: *[Signature]* Date: *03-10-15*

Call # 2 *(C)*




MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 15-003823	Officer McDonand, Matthew	Date: 3/9/2015	Time: 2050	Day: Monday
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OIC Comment/Review:

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



Lt. Boucher



MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 15-003823	Officer: Boyton, Ryan	Date: 3/9/2015	Time: 2050	Day: Monday
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Attached Reports: (Check All That Apply)

Incident Report
 Arrest Report
 Booking Photo

Was an arrest made? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Suspect Name: Williams, Isaiah	OIC at time of Incident: Lt. Boucher
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Suspect Information: CHECK ALL THAT APPLY

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

Type of Force Used: CHECK ALL THAT APPLY

<p>Soft Hand Control</p> <input type="checkbox"/> Joint Manipulation <input type="checkbox"/> Pressure Point Control <p>Secondary Weapon System</p> <input type="checkbox"/> OC <input type="checkbox"/> Baton <input type="checkbox"/> K-9 <input type="checkbox"/> Other (describe) <input checked="" type="checkbox"/> Taser	<p>Hard Hand Control</p> <input type="checkbox"/> Open Hand Strike <input type="checkbox"/> Kick <input type="checkbox"/> Knee Strike <input 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
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Injury Information:

Were any injuries sustained to officer?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, describe below...
Were any injuries sustained to suspect?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, describe below...
Was medical attention provided?	<input 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....
 I tased the suspect three times before he complied and was taken into custody.

Officer Information:

of officers present: 4 # of officers injured: 1

Officer description: Uniform Plain Clothes

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

Route/Assignment: 1-4

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

Miscellaneous Information:

Offense/Charge: Resisting Arrest & Detention and Simple Assault on Police Officer

Lighting: Daylight Artificial Low Light Darkness

Location: Indoors Outdoors

Weather Conditions Sunny Clear Cloudy Rain Snow

Surface Conditions: Flat Incline Decline Wet Dry

Ice/Snow Debris No Debris Other

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

Signature of reporting officer: <i>Ryan Boyton #19</i>	Reviewed by: <i>RLS</i>	Date: <i>03-09-15</i>
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MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 15-003823	Officer Boyton, Ryan	Date: 3/9/2015	Time: 2050	Day: Monday
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OIC Comment/Review:

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



Lt. Boucher



MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 15-003823 Officer: Healy, Cody D Date: 3/9/2015 Time: 2053 Day: Monday

Attached Reports: (Check All That Apply)

Incident Report Arrest Report Booking Photo

Was an arrest made? Yes No Suspect Name: Williams, Isaiah [REDACTED] OIC at time of Incident: LT. Boucher

Suspect Information: CHECK ALL THAT APPLY

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

Type of Force Used: CHECK ALL THAT APPLY

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

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...
Isaiah continued to resist after verbal commands. Taser applied by OFC Boyton. Compliance was gained.

Officer Information:

of officers present: 4 # of officers injured: 1

Officer description: Uniform Plain Clothes

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

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

Miscellaneous Information:

Offense/Charge: Simple Assault, Resisting Arrest or Detention

Lighting: Daylight Artificial Low Light Darkness

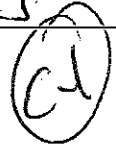
Location: Indoors Outdoors

Weather Conditions: Sunny Clear Cloudy Rain Snow

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

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

Signature of reporting officer: *[Signature]* #7 Reviewed by: *[Signature]* Date: 03-10-15






MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 15-003823	Officer Healy, Cody D	Date: 3/9/2015	Time: 2053	Day: Monday
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OIC Comment/Review:

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



LT. Boucher



MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 15-003527	Officer Tyler, Jacob D	Date: 3/9/2015	Time: 1400	Day: Monday
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Attached Reports: (Check All That Apply)

Incident Report
 Arrest Report
 Booking Photo

Was an arrest made? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Suspect Name: O'Rourke, Joseph [REDACTED]	OIC at time of Incident: Sgt Rousseau
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Suspect Information: CHECK ALL THAT APPLY

<input type="checkbox"/> Armed with a deadly weapon	<input type="checkbox"/> Armed with a non-deadly weapon
<input checked="" type="checkbox"/> Not armed	<input type="checkbox"/> Had been drinking
<input type="checkbox"/> Impaired or Intoxicated	<input type="checkbox"/> Under the influence of drugs
<input 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 checked="" type="checkbox"/> K-9 <input type="checkbox"/> Other (describe) <input type="checkbox"/> Taser	Hard Hand Control <input type="checkbox"/> Open Hand Strike <input type="checkbox"/> Kick <input type="checkbox"/> Knee Strike <input type="checkbox"/> Take Down <input type="checkbox"/> Other (describe)	Firearm <input type="checkbox"/> Handgun Deployed <input type="checkbox"/> Handgun Used <input type="checkbox"/> Rifle Deployed <input type="checkbox"/> Rifle Used <input type="checkbox"/> Shotgun Deployed <input type="checkbox"/> Shotgun Used	<input type="checkbox"/> Less Lethal- 12 Ga- Deployed <input type="checkbox"/> Less Lethal- 12 Ga- Used <input type="checkbox"/> Less Lethal- 40 mm- Deployed <input type="checkbox"/> Less Lethal- 40 mm- Used <input type="checkbox"/> Noise Flash Device <input type="checkbox"/> Gas Deployment- OC/CS
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Injury Information

Were any injuries sustained to officer?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, describe below...
Were any injuries sustained to suspect?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes, describe below...
Puncture wounds from Police K-9 apprehension		
Was medical attention provided?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes, describe below...
AMR responded, cleaned and bandaged wound		

Describe the effects of the force used on any persons involved, and any decontamination method used if any...
 Suspect immediately surrendered into Police custody upon apprehension.

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: 2-5B		
<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: Armed Robbery, First Degree Assault, Second Degree Assault, Burglary, Resisting Arrest + 3 more

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

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>Jacob D. Tyler #162</i>	Reviewed by: <i>Sgt. Rousseau</i>	Date: <i>3/10/15</i>
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(C-1) *AKW A-2*




MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 15-003527	Officer Tyler, Jacob D	Date: 3/9/2015	Time: 1400	Day: Monday
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OIC Comment/Review:

I was the OIC at the time of this incident and listened to it on the radio as it unfolded. I also read Officer Tyler's report of the suspect's apprehension. The suspect, Joseph O'Rourke was wanted in connection with an armed home invasion in Manchester. He was considered armed and dangerous. Upon officers surrounding the apartment he was staying at, O'Rourke jumped out a second story window and attempted to flee. He was taken down by Officer Tyler's K9 after given several opportunities to give up. O'Rourke did suffer bite wounds to his arm. He was treated at the station but did not want to go to the hospital. I find that Officer Tyler's actions were in compliance with NH RSA as well as MPD S.O.P.


Sgt Rousseau



MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



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Case #	15-003734	Officer	Murphy, Brandon	Date:	3/8/2015	Time:	0200	Day:	Sunday
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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	Wilson, Lyzyta	Lt. Begley

Suspect Information: CHECK ALL THAT APPLY

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

Type of Force Used: CHECK ALL THAT APPLY

<p>Soft Hand Control</p> <input checked="" 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 type="checkbox"/> Gas Deployment- OC/CS
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Injury Information

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

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

During booking process suspect complained of pain to right hand and wrist area, refused medical attention.

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

AMR responded to station and upon arrival suspect refused attention.

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

Transport wrist lock applied while applying handcuffs to actively resisting female, this action afforded a level of control and ability to apply handcuffs to suspect.

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: Z-4

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

Miscellaneous Information

Offense/Charge: Domestic Simple assault/ Resisting Arrest

Lighting: Daylight Artificial Low Light Darkness

Location: Indoors Outdoors

Weather Conditions Sunny Clear Cloudy Rain Snow

Surface Conditions: Flat Incline Decline Wet Dry

Ice/Snow Debris No Debris Other

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

Signature of reporting officer: <i>Sgt. Brandon Murphy</i>	Reviewed by: <i>[Signature]</i>	Date: <u>3/8/15</u>
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[Handwritten initials and notes: "CW 02", "cl"]



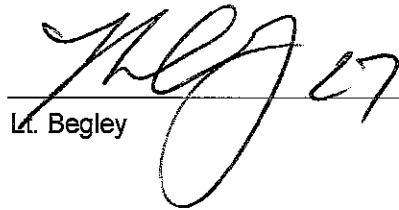
MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 15-003734	Officer Murphy, Brandon	Date: 3/8/2015	Time: 0200	Day: Sunday
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OIC Comment/Review:

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


Lt. Begley



MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 15-3663	Officer Gravelle, Robert L	Date: 3/6/2015	Time: 2245	Day: Friday
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Attached Reports: (Check All That Apply)

Incident Report
 Arrest Report
 Booking Photo

Was an arrest made? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Suspect Name: Michael Seiders [REDACTED]	OIC at time of Incident: Lt. Begley
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Suspect Information: CHECK ALL THAT APPLY

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

Type of Force Used: CHECK ALL THAT APPLY

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

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

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

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

Describe the effects of the force used on any persons involved, and any decontamination method used if any....
 The take down allowed Officer Daly and I gain control of the suspect and get him handcuffed

Officer Information:

of officers present 2 # of officers injured: 0

Officer description: Uniform Plain Clothes

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

Route/Assignment: 2-1/1-5

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

Miscellaneous Information

Offense/Charge: Protective Custody, Disorderly Conduct, and Resisting Arrest

Lighting: Daylight Artificial Low Light Darkness

Location: Indoors Outdoors

Weather Conditions Sunny Clear Cloudy Rain Snow

Surface Conditions: Flat Incline Decline Wet Dry

Ice/Snow Debris No Debris Other

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

Signature of reporting officer: <i>Robert L Gravelle</i>	Reviewed by: <i>[Signature]</i>	Date: <u>3-17-15</u>
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MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT

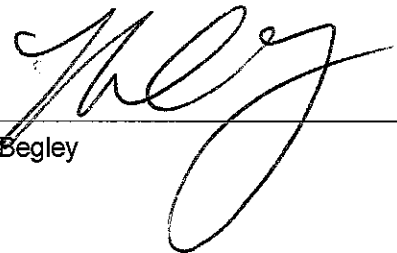


Case # 15-3663	Officer Gravelle, Robert L	Date: 3/6/2015	Time: 2245	Day: Friday
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OIC Comment/Review:

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

It should be noted that Michael Seiders's uncooperative behavior continued in booking, therefore, the booking process could not be completed. He is currently being held at VSJ and has bail conditions that require him to complete the booking process prior to being released on bail. The booking photo in this packet was provided by VSJ.



Lt. Begley



MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 15-003472 Officer Makara, Jonathan P Date: 3/4/2015 Time: 0104 Day: Wednesday

Attached Reports: (Check All That Apply)

Incident Report Arrest Report Booking Photo

Was an arrest made? Yes No Suspect Name: Broadus, Davelle OIC at time of Incident: Sgt Cosio

Suspect Information: CHECK ALL THAT APPLY

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

Type of Force Used: CHECK ALL THAT APPLY

<p>Soft Hand Control</p> <input type="checkbox"/> Joint Manipulation <input type="checkbox"/> Pressure Point Control	<p>Hard Hand Control</p> <input checked="" type="checkbox"/> Open Hand Strike <input type="checkbox"/> Kick <input checked="" type="checkbox"/> Knee Strike <input checked="" type="checkbox"/> Take Down <input type="checkbox"/> Other (describe)	<p>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
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Secondary Weapon System

 OC
 Baton
 K-9
 Other (describe)
 Taser

Injury Information:

Were any injuries sustained to officer? Yes No If yes, describe below...
 Officer Fierimonte left knee and Officer Joyal right wrist and forearm

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....
 After chasing offender, he was tackled by Ofc Fierimonte. Refused to place hands behind back, I delivered three closed hand strikes to his body and right arm.

Officer Information

of officers present: 4 # 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]* #1126 Reviewed by: *[Signature]* Date: 3/9/15

AWA 2 *BT* *212* *3915*



MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 15-003472	Officer: Makara, Jonathan P	Date: 3/4/2015	Time: 0104	Day: Wednesday
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OIC Comment/Review:

On the above date and time I was the OIC on midnight shift. Officer Makara and several other officers were involved in a foot pursuit of a subject who was later determined to be involved in a stabbing incident. Upon review of police reports it appears that officer Makara's actions were justified and in accordance with department policy regarding the use of force. NFI.

B. C. 2-12

Sgt Cosio



MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 15-003472	Officer: Joyal, Eric M	Date: 3/4/2015	Time: 0104	Day: Wednesday
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Attached Reports: (Check All That Apply)

Incident Report
 Arrest Report
 Booking Photo

Was an arrest made? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Suspect Name: Broadus Davelle [REDACTED]	OIC at time of Incident:
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Suspect Information: CHECK ALL THAT APPLY

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

Type of Force Used: CHECK ALL THAT APPLY

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

Were any injuries sustained to officer? Yes No If yes, describe below...
 I sprained my right wrist/forearm while Officer Fierimonte hurt his left knee.

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....
 I used closed hand strikes to the suspects left torso as he would not comply with our commands to give us his hands.

Officer Information:

of officers present: 4 # of officers injured: 2

Officer description: Uniform Plain Clothes

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

Route/Assignment: 2-4

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

Miscellaneous Information:

Offense/Charge: DOC, Resisting Arrest, Simple Assault

Lighting: Daylight Artificial Low Light Darkness

Location: Indoors Outdoors

Weather Conditions: Sunny Clear Cloudy Rain Snow

Surface Conditions: Flat Incline Decline Wet Dry

Ice/Snow Debris No Debris Other

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

Signature of reporting officer: <i>[Signature]</i> # 171	Reviewed by: <i>[Signature]</i> 212	Date: 3/9/15
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AWA-2





MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 15-003472	Officer Fierimonte, Jeffrey P	Date: 3/4/2015	Time: 0104	Day: Wednesday
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Attached Reports: (Check All That Apply)

Incident Report
 Arrest Report
 Booking Photo

Was an arrest made? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Suspect Name: Davelle Broadus	OIC at time of Incident: Sgt. Cosio
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Suspect Information: CHECK ALL THAT APPLY

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

Type of Force Used: CHECK ALL THAT APPLY

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 checked="" type="checkbox"/> Open Hand Strike <input type="checkbox"/> Kick <input checked="" type="checkbox"/> Knee Strike <input checked="" type="checkbox"/> Take Down <input type="checkbox"/> Other (describe)	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
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Injury Information:

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

Describe the effects of the force used on any persons involved, and any decontamination method used if any....
 Suspect eventually complied after strikes were given.

Officer Information:

# of officers present: 4	# of officers injured: 2
Officer description: <input checked="" type="checkbox"/> Uniform <input type="checkbox"/> Plain Clothes	
Duty Status: <input checked="" type="checkbox"/> On Duty <input type="checkbox"/> Off Duty <input type="checkbox"/> On Duty Detail/Location	
Route/Assignment: <input checked="" type="checkbox"/> Verbal Commands used Before <input checked="" type="checkbox"/> Verbal Commands Used During <input checked="" type="checkbox"/> Verbal Commands Used After	

Miscellaneous Information:

Offense/Charge:

Lighting: <input type="checkbox"/> Daylight <input type="checkbox"/> Artificial <input type="checkbox"/> Low Light <input checked="" type="checkbox"/> Darkness
Location: <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors
Weather Conditions: <input type="checkbox"/> Sunny <input type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Rain <input checked="" 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 checked="" 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: 3/9/15
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MANA-2





MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 15-003472	Officer: Fierimonte, Jeffrey P	Date: 3/4/2015	Time: 0104	Day: Wednesday
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OIC Comment/Review:

On the above date and time I was the OIC on midnight shift. Officer Fierimonte and several other officers were involved in a foot pursuit of a subject who was later determined to be involved in a stabbing incident. Upon review of police reports it appears that officer Fierimonte's actions were justified and in accordance with department policy regarding the use of force. NFI.

Sgt. Cosio