



# MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 13-7717	Officer: Lovejoy, Morgan	Date: 5/26/2013	Time: 2155	Day: Sunday
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: Brent Warren [REDACTED]		
Suspect Information: CHECK ALL THAT APPLY				
<input type="checkbox"/> Armed with a deadly weapon		<input type="checkbox"/> Armed with a non-deadly weapon		
<input 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				
<b>Soft Hand Control</b>		<b>Hard Hand Control</b>		<b>Firearm</b>
<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
<input checked="" type="checkbox"/> 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 checked="" type="checkbox"/> Other (describe) Closed fist		<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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If yes, describe below...
Several scratches to left wrist/hand area, large bruise to left knee area				
Were any injuries sustained to suspect?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If yes, describe below...
abrasion to right cheek and three small cuts to left side of face near cheek/eye area				
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....				
It enabled myself and Ofc. Brunini to take Warren into custody after brief foot pursuit				
Officer Information:				
# of officers present: 4		# of officers injured: 1		
Officer description:		<input checked="" type="checkbox"/> Uniform		<input type="checkbox"/> Plain Clothes
Duty Status:		<input type="checkbox"/> On Duty		<input type="checkbox"/> Off Duty
		<input checked="" type="checkbox"/> On Duty Detail/Location Arms Park (Sky Show)		
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: Resisting Arrest, Disorderly Conduct				
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 checked="" 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 type="checkbox"/> Ice/Snow		<input checked="" type="checkbox"/> Dry
		<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>Morgan Lovejoy</i>		Reviewed by: <i>Richard W. Brennan</i>		Date: 5/28/13



# MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 13-7617	Officer: Bellenoit, Robert P	Date: 5/24/2013	Time: 1530	Day: Friday
----------------	------------------------------	-----------------	------------	-------------

Attached Reports: (Check All That Apply)

Incident Report     
  Arrest Report     
  Booking Photo

Was an arrest made?  Yes     No

Suspect Name: Haidar Adams [REDACTED]

Suspect Information: CHECK ALL THAT APPLY

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

Type of Force Used: CHECK ALL THAT APPLY

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

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 technique used to get the suspect proned out was successful. (see attached)

Officer Information:

# of officers present: 4      # of officers injured: 0

Officer description:     Uniform       Plain Clothes

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

Route/Assignment:

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

Miscellaneous Information:

Offense/Charge:

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: 5/24/13



# MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case #	13-007617	Officer:	Leshney, Todd C	Date:	5/24/2013	Time:	1615	Day:	Friday
--------	-----------	----------	-----------------	-------	-----------	-------	------	------	--------

Attached Reports: (Check All That Apply)

Incident Report       Arrest Report       Booking Photo

Was an arrest made?       Yes       No

Suspect Name:      Haidar Adams

**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><b>Soft Hand Control</b></p> <input type="checkbox"/> Joint Manipulation <input type="checkbox"/> Pressure Point Control  <p><b>Secondary Weapon System</b></p> <input type="checkbox"/> OC <input type="checkbox"/> Baton <input type="checkbox"/> K-9 <input type="checkbox"/> Other (describe) <input type="checkbox"/> Taser	<p><b>Hard Hand Control</b></p> <input 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><b>Firearm</b></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...

bloody nose

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

Transferred to the Elliot Hospital

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

Knee strike and joint control used to gain control of combative and resistive subject. Techniques were effective.

**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: Detective Division

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

**Miscellaneous Information:**

Offense/Charge: Assault on a Police Officer / 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: 5/24/13



# MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case #	13-007629	Officer:	Marr, Peter A	Date:	5/24/2013	Time:	2100	Day:	Friday
--------	-----------	----------	---------------	-------	-----------	-------	------	------	--------

Attached Reports: (Check All That Apply)

Incident Report     
  Arrest Report     
  Booking Photo

Was an arrest made? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Suspect Name: <p style="text-align: center;">Kear, Leroy</p>
--	---

**Suspect Information - CHECK ALL THAT APPLY**

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

**Type of Force Used - CHECK ALL THAT APPLY**

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

**Injury Information:**

Were any injuries sustained to officer?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, describe below...
cut on left index finger and bruise to left index finger			
Were any injuries sustained to suspect?	<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....  
 Due to the force used Kear was taken to the ground, handcuffed and taken into custody

**Officer Information:**

# of officers present: 2      # of officers injured: 2

Officer description:     Uniform       Plain Clothes

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

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

**Miscellaneous Information:**

Offense/Charge: Simple Assault, Criminal Trespassing, Resisting Arrest

Lighting:     Daylight     Artificial     Low Light     Darkness

Location:     Indoors     Outdoors

Weather Conditions     Sunny     Clear     Cloudy     Rain     Snow

Surface Conditions:     Flat     Incline     Decline     Wet     Dry

Ice/Snow     Debris     No Debris     Other

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:
		05-28-13



# MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 13-007629    Officer: Bergeron, Michael R    Date: 5/24/2013    Time: 2100    Day: Friday

Attached Reports: (Check All That Apply)

Incident Report     Arrest Report     Booking Photo

Was an arrest made?     Yes     No    Suspect Name: Leroy Kear

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><b>Soft Hand Control</b></p> <input checked="" type="checkbox"/> Joint Manipulation <input checked="" type="checkbox"/> Pressure Point Control	<p><b>Hard Hand Control</b></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><b>Firearm</b></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
--	---	---

**Secondary Weapon System**

 OC  
 Baton  
 K-9  
 Other (describe)  
 Taser

Injury Information

Were any injuries sustained to officer?     Yes     No    If yes, describe below...  
Bruises and scrapes to left wrist

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....  
Due to the force used Kear was taken to the ground, handcuffed and taken into custody

Officer Information

# of officers present: 2    # of officers injured: 2

Officer description:     Uniform     Plain Clothes

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

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

Miscellaneous Information

Offense/Charge: Simple Assault, Criminal Trespassing, Resisting Arrest

Lighting:     Daylight     Artificial     Low Light     Darkness

Location:     Indoors     Outdoors

Weather Conditions:     Sunny     Clear     Cloudy     Rain     Snow

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

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: 05-28-13



# MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 13-7507    Officer: Mucci, Joseph J    Date: 5/22/2013    Time: 1759    Day: Wednesday

Attached Reports: (Check All That Apply)

Incident Report     Arrest Report     Booking Photo

Was an arrest made?  
 Yes     No

Suspect Name: Paul Moquin [REDACTED]

Suspect Information: CHECK ALL THAT APPLY

<input checked="" type="checkbox"/> Armed with a deadly weapon	<input type="checkbox"/> Armed with a non-deadly weapon
<input type="checkbox"/> Not armed	<input type="checkbox"/> Had been drinking
<input type="checkbox"/> Impaired or Intoxicated	<input checked="" type="checkbox"/> Under the influence of drugs
<input 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

<b>Soft Hand Control</b>	<b>Hard Hand Control</b>	<b>Firearm</b>	
<input type="checkbox"/> Joint Manipulation	<input type="checkbox"/> Open Hand Strike	<input checked="" type="checkbox"/> Handgun Deployed	<input type="checkbox"/> Less Lethal- 12 Ga- Deployed
<input type="checkbox"/> Pressure Point Control	<input type="checkbox"/> Kick	<input type="checkbox"/> Handgun Used	<input type="checkbox"/> Less Lethal- 12 Ga- Used
<b>Secondary Weapon System</b>	<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 checked="" type="checkbox"/> Taser			

Injury Information

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

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

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

Describe the effects of the force used on any persons involved, and any decontamination method used if any....  
Suspect was detained in handcuffs and attempted to flee while being search. Suspect taken to the ground after a few steps

Officer Information

# of officers present: 3    # of officers injured: 0

Officer description:     Uniform     Plain Clothes

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

Route/Assignment: B8, Z2, Unit 1-5

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 Pavement

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: *Joseph Mucci*    Reviewed by: *[Signature]* L-6    Date: 5/29/13



# MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 13-7431    Officer: Battistelli    Date: 5-21-13    Time: 1246    Day: Tuesday

Attached Reports: (Check All That Apply)

Incident Report     Arrest Report     Booking Photo

Was an arrest made?  
 Yes     No

Suspect Name:  
Garrett Sporledger [REDACTED]

**Suspect Information: CHECK ALL THAT APPLY**

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

**Type of Force Used: CHECK ALL THAT APPLY**

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

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

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

**Describe the effects of the force used on any persons involved, and any decontamination method used if any....**  
Subject resisting arrest. Prongs on first two shots from taser missed and were not effective. Officer Karoul had taken the subject to the ground at this point and I was able to deliver a drive stun to the subjects lower back resulting in immediate compliance.

**Officer Information:**

# of officers present: 2    # of officers injured: 0  
 Officer description:  Plain Clothes  
 Duty Status:  Off Duty     On Duty Detail  
 Route/Assignment: CP/ BR8  
 Verbal Commands Used Before     Verbal Commands Used During     Verbal Commands Used After

**Miscellaneous Information:**

**Offense/Charge:**

Lighting:	<input checked="" type="checkbox"/> Daylight	<input type="checkbox"/> Artificial	<input type="checkbox"/> Low Light	<input type="checkbox"/> Darkness
Location:	<input type="checkbox"/> Indoors	<input checked="" type="checkbox"/> Outdoors		
Weather Conditions:	<input type="checkbox"/> Sunny	<input checked="" type="checkbox"/> 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 White notes and forwarded to the Training Director.

Signature of reporting officer: [Signature]    Reviewed by: [Signature]    Date: 5-21-13



# MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 13-7347	Officer Duchesne, Jonathan M	Date: 5/19/2013	Time: 2115	Day: Sunday
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: Gangel, Vanessa [REDACTED]		
Suspect Information: CHECK ALL THAT APPLY				
<input type="checkbox"/> Armed with a deadly weapon		<input type="checkbox"/> Armed with a non-deadly weapon		
<input checked="" type="checkbox"/> Not armed		<input type="checkbox"/> Had been drinking		
<input type="checkbox"/> Impaired or Intoxicated		<input type="checkbox"/> Under the influence of drugs		
<input type="checkbox"/> Agitated prior to police arrival		<input type="checkbox"/> Any disability (describe):		
<input type="checkbox"/> Language barrier (if so, language spoken)				
Type of Force Used: CHECK ALL THAT APPLY				
<b>Soft Hand Control</b>		<b>Hard Hand Control</b>		<b>Firearm</b>
<input checked="" 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
<b>Secondary Weapon System</b>		<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 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.... Grabbed fleeing suspect by rear of their vest and escorted suspect by their arm to the ground to be placed into handcuffs.				
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: 3-1		<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				
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 checked="" type="checkbox"/> Rain <input type="checkbox"/> Snow
Surface Conditions:		<input checked="" type="checkbox"/> Flat		<input type="checkbox"/> Incline <input type="checkbox"/> Decline <input checked="" type="checkbox"/> Wet <input type="checkbox"/> Dry
		<input type="checkbox"/> Ice/Snow		<input type="checkbox"/> Debris <input type="checkbox"/> No Debris <input type="checkbox"/> Other
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: 5/23/13





# MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case #	13-006794	Officer	Brown, Aaron J	Date:	5/9/2013	Time:	1618	Day:	Thursday	
Attached Reports: (Check All That Apply)										
<input checked="" type="checkbox"/> Incident Report			<input checked="" type="checkbox"/> Arrest Report			<input checked="" type="checkbox"/> Booking Photo				
Was an arrest made?					Suspect Name:					
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					Antinick, Daniel [REDACTED]					
Suspect Information: CHECK ALL THAT APPLY										
<input type="checkbox"/> Armed with a deadly weapon			<input type="checkbox"/> Armed with a non-deadly weapon							
<input type="checkbox"/> Not armed			<input checked="" type="checkbox"/> Had been drinking							
<input checked="" type="checkbox"/> Impaired or Intoxicated			<input checked="" type="checkbox"/> Under the influence of drugs							
<input type="checkbox"/> Agitated prior to police arrival			<input type="checkbox"/> Any disability (describe):							
<input type="checkbox"/> Language barrier (if so, language spoken)										
Type of Force Used: CHECK ALL THAT APPLY										
<u>Soft Hand Control</u>			<u>Hard Hand Control</u>			<u>Firearm</u>				
<input type="checkbox"/> Joint Manipulation			<input type="checkbox"/> Open Hand Strike			<input type="checkbox"/> Handgun Deployed		<input type="checkbox"/> Less Lethal- 12 Ga- Deployed		
<input type="checkbox"/> Pressure Point Control			<input type="checkbox"/> Kick			<input type="checkbox"/> Handgun Used		<input type="checkbox"/> Less Lethal- 12 Ga- Used		
<u>Secondary Weapon System</u>			<input type="checkbox"/> Knee Strike			<input type="checkbox"/> Rifle Deployed		<input type="checkbox"/> Less Lethal- 40 mm- Deployed		
<input type="checkbox"/> OC			<input type="checkbox"/> Take Down			<input type="checkbox"/> Rifle Used		<input type="checkbox"/> Less Lethal- 40 mm- Used		
<input type="checkbox"/> Baton			<input type="checkbox"/> Other (describe)			<input type="checkbox"/> Shotgun Deployed		<input type="checkbox"/> Noise Flash Device		
<input type="checkbox"/> K-9										
<input type="checkbox"/> Other (describe)			<input type="checkbox"/> Shotgun Used		<input type="checkbox"/> Gas Deployment- OC/CS					
<input checked="" type="checkbox"/> Taser										
Injury Information										
Were any injuries sustained to officer?					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If yes, describe below...			
Were any injuries sustained to suspect?					<input 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....										
Taser in Drive Stun mode was effective in eliminating the offenders active, violent behavior										
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 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:		
[Signature] 5-9-13					[Signature]			5/9/13		



# MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 13-006794	Officer Barter, Matthew D	Date: 5/9/2013	Time: 1618	Day: Thursday
------------------	---------------------------	----------------	------------	---------------

Attached Reports: (Check All That Apply)

Incident Report     
  Arrest Report     
  Booking Photo

Was an arrest made? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Suspect Name: Antinick, Daniel <span style="background-color: black; color: black;">[REDACTED]</span>
--	--

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

<b>Soft Hand Control</b> <input checked="" type="checkbox"/> Joint Manipulation <input type="checkbox"/> Pressure Point Control  <b>Secondary Weapon System</b> <input type="checkbox"/> OC <input type="checkbox"/> Baton <input type="checkbox"/> K-9 <input type="checkbox"/> Other (describe) <input type="checkbox"/> Taser	<b>Hard Hand Control</b> <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)	<b>Firearm</b> <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...

Small abraision to left elbow. Abraision to right elbow was preexisting

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....

Taking Antinick to the ground controled his movement and allowed for successful arrest

Officer Information:

# of officers present 1      # of officers injured: 0

Officer description:     Uniform       Plain Clothes

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

Route/Assignment: 1-4

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

Miscellaneous Information:

Offense/Charge: Crim. Threat; DOC; Resisting; Simple Assault; Obstructing Gov. Administration

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>Matthew D Barter</i> 113	Reviewed by <i>[Signature]</i>	Date 5/9/13
---	-----------------------------------	----------------



# MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case #	13-006529	Officer:	Thomas, Candice E	Date:	5/5/2013	Time:	1100	Day:	Sunday
--------	-----------	----------	-------------------	-------	----------	-------	------	------	--------

Attached Reports: (Check All That Apply)

Incident Report     
  Arrest Report     
  Booking Photo

Was an arrest made? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Suspect Name: <p style="text-align: center;">Martinez, Carlos O</p>
--	--

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

<b>Soft Hand Control</b> <input type="checkbox"/> Joint Manipulation <input type="checkbox"/> Pressure Point Control  <b>Secondary Weapon System</b> <input type="checkbox"/> OC <input type="checkbox"/> Baton <input type="checkbox"/> K-9 <input type="checkbox"/> Other (describe) <input checked="" type="checkbox"/> Taser	<b>Hard Hand Control</b> <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) Loss Prevention pulled his arm out from under him so I could apply handcuffs after taser did not work.	<b>Firearm</b> <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....  
 Advised subject I was going to tase him, however it did not power up, he ended up falling to the floor with the loss prevention employee.

Officer Information:

# of officers present 1      # of officers injured: 0

Officer description:     Uniform       Plain Clothes

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

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

Miscellaneous information:

Offense/Charge: Simp. Asslt.

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

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

Signature of reporting officer: \_\_\_\_\_      Reviewed by: \_\_\_\_\_      Date: \_\_\_\_\_



# MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Signature of reporting officer.

*[Handwritten signature]*

Reviewed by.

*[Handwritten signature]*

5-20-13

Date  
5/20/13



# MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 13-007943	Officer: Tyler, Jacob D	Date: 5/30/2013	Time: 2205	Day: Thursday
------------------	-------------------------	-----------------	------------	---------------

Attached Reports: (Check All That Apply)

Incident Report     
  Arrest Report     
  Booking Photo

Was an arrest made? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Suspect Name: Caraballo, Jose
--	----------------------------------

**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**

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

**Injury Information**

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

Treated by AMR and transported to Elliot

Describe the effects of the force used on any persons involved, and any decontamination method used if any...  
 After Bite suspect cont. to be non compliant but stopped resisting physically.

**Officer Information**

# of officers present: 1      # of officers injured: 0

Officer description:     Uniform                       Plain Clothes

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

Route/Assignment: 2-1C

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

**Miscellaneous Information**

Offense/Charge: Criminal Misc, Disobeying, Resisting, DWI/OUIL

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>J. G. #162</i>	Reviewed by: <i>Michael D. [Signature]</i>	Date: <u>6/2/13</u>
---	--	---------------------



# MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 13-7886    Officer: Tennis, Chad A    Date: 5/29/2013    Time: 2204    Day: Wednesday

Attached Reports: (Check All That Apply)

Incident Report     Arrest Report     Booking Photo

Was an arrest made?     Yes     No    Suspect Name:    Biron, Robert [REDACTED]

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><b>Soft Hand Control</b></p> <input type="checkbox"/> Joint Manipulation <input type="checkbox"/> Pressure Point Control	<p><b>Hard Hand Control</b></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><b>Firearm</b></p> <input type="checkbox"/> Handgun Deployed <input type="checkbox"/> Handgun Used <input type="checkbox"/> Rifle Deployed <input type="checkbox"/> Rifle Used <input type="checkbox"/> Shotgun Deployed <input type="checkbox"/> Shotgun Used	<input type="checkbox"/> Less Lethal- 12 Ga- Deployed <input type="checkbox"/> Less Lethal- 12 Ga- Used <input type="checkbox"/> Less Lethal- 40 mm- Deployed <input type="checkbox"/> Less Lethal- 40 mm- Used <input type="checkbox"/> Noise Flash Device <input type="checkbox"/> Gas Deployment- OC/CS
--	---	--	---

**Secondary Weapon System**

 OC  
 Baton  
 K-9  
 Other (describe)  
 Taser

Injury Information:

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

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

Was medical attention provided?     Yes     No    If yes, describe below...  
 Prior wound from attempted suicide

Describe the effects of the force used on any persons involved, and any decontamination method used if any...  
 Tazer cause Robert to drop knife and stop cutting his arm. I was able to remove the knife from his reach.

Officer Information

# of officers present: 1    # of officers injured: 0

Officer description:     Uniform     Plain Clothes

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

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

Miscellaneous Information

Offense/Charge: IEH- Mental health eval

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]* 5/30/13    Reviewed by: *[Signature]*    Date: 6/2/13



# MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 13-6502	Officer: Tennis, Chad A	Date: 5/4/2013	Time: 1540	Day: Saturday
----------------	-------------------------	----------------	------------	---------------

Attached Reports: (Check All That Apply)

Incident Report     
  Arrest Report     
  Booking Photo

Was an arrest made? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Suspect Name: <p style="text-align: center;">Segal, Scott</p>
--	--

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

Type of Force Used: CHECK ALL THAT APPLY

<b>Soft Hand Control</b> <input type="checkbox"/> Joint Manipulation <input type="checkbox"/> Pressure Point Control  <b>Secondary Weapon System</b> <input type="checkbox"/> OC <input type="checkbox"/> Baton <input type="checkbox"/> K-9 <input type="checkbox"/> Other (describe) <input type="checkbox"/> Taser	<b>Hard Hand Control</b> <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) Open hand push	<b>Firearm</b> <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....

Pushed Segal away from me to prevent him from assaulting me.

Officer Information:

# of officers present: 2      # of officers injured: 0

Officer description:     Uniform       Plain Clothes

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

Route/Assignment: 1/3

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

Miscellaneous Information:

Offense/Charge: Disorderly Conduct RSA 644:4

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> #54	Reviewed by: <i>[Signature]</i>	Date: 5/4/13
--	---------------------------------	--------------



# MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 13-7431    Officer: Battistelli    Date: 5-21-13    Time: 1246    Day: Tuesday

Attached Reports: (Check All That Apply)

Incident Report                       Arrest Report                      Booking Photo

Was an arrest made?  Yes     No                      Suspect Name: Garrett Sporledger [REDACTED]

**Suspect Information: CHECK ALL THAT APPLY**

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

**Type of Force Used: CHECK ALL THAT APPLY**

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

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

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

**Describe the effects of the force used on any persons involved, and any decontamination method used if any....**  
 Subject resisting arrest. Prongs on first two shots from taser missed and were not effective. Officer Karoul had taken the subject to the ground at this point and I was able to deliver a drive stun to the subjects lower back resulting in immediate compliance.

**Officer Information:**

# of officers present: 2                      # of officers injured: 0

Officer description:                       Plain Clothes

Duty Status:                       Off Duty                       On Duty Detail

Route/Assignment: CP/ BR8

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                       Cloudy                       Rain                       Snow

Surface Conditions:                       Flat                       Incline                       Decline                       Wet

X 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 White notes and forwarded to the Training Director.**

Signature of reporting officer: \_\_\_\_\_                      Reviewed by: \_\_\_\_\_                      Date: \_\_\_\_\_



May



# MANCHESTER NH POLICE DEPARTMENT RESPONSE TO RESISTANCE REPORT



Case # 13-007212	Officer Foster, Benjamin C	Date: 5/17/2013	Time: 0216	Day: Friday
Attached Reports: (Check All That Apply)				
<input checked="" type="checkbox"/> Incident Report		<input checked="" type="checkbox"/> Arrest Report		<input checked="" type="checkbox"/> Booking Photo
Was an arrest made? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Suspect Name: Bakr El Maargi		
<b>Suspect Information: CHECK ALL THAT APPLY</b>				
<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 checked="" type="checkbox"/> Under the influence of drugs		
<input checked="" type="checkbox"/> Agitated prior to police arrival		<input type="checkbox"/> Any disability (describe):		
<input type="checkbox"/> Language barrier (if so, language spoken)				
<b>Type of Force Used: CHECK ALL THAT APPLY</b>				
<b>Soft Hand Control</b>		<b>Hard Hand Control</b>		<b>Firearm</b>
<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
<b>Secondary Weapon System</b>		<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
<b>Injury Information</b>				
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 scratch on chin.				
Was medical attention provided?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	If yes, describe below...
Describe the effects of the force used on any persons involved, and any decontamination method used if any... Subject was non compliant and disorderly, he would not comply with commands. Once taken to the ground we were able to control him and place him into custody.				
<b>Officer Information</b>				
# 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: 2-6				
<input checked="" type="checkbox"/> Verbal Commands used Before		<input checked="" type="checkbox"/> Verbal Commands Used During	<input checked="" type="checkbox"/> Verbal Commands Used After	
<b>Miscellaneous Information</b>				
Offense/Charge: Disorderly Conduct, Resisting Arrest				
Lighting:		<input type="checkbox"/> Daylight	<input type="checkbox"/> Artificial	<input type="checkbox"/> Low Light
		<input checked="" type="checkbox"/> Darkness		
Location:		<input type="checkbox"/> Indoors	<input checked="" type="checkbox"/> Outdoors	
Weather Conditions		<input type="checkbox"/> Sunny	<input checked="" type="checkbox"/> Clear	<input type="checkbox"/> Cloudy
		<input type="checkbox"/> Rain		<input type="checkbox"/> Snow
Surface Conditions:		<input checked="" type="checkbox"/> Flat	<input type="checkbox"/> Incline	<input type="checkbox"/> Decline
		<input type="checkbox"/> Wet		<input checked="" type="checkbox"/> Dry
		<input type="checkbox"/> Ice/Snow	<input type="checkbox"/> Debris	<input type="checkbox"/> No Debris
		<input type="checkbox"/> Other		
This report is to be filled out after the intentional or unintentional use of force with any weapons or the unintended use of any type of force resulting in injury or death to any person. All reports will be submitted along with the Incident Report, Arrest Report & Booking Photo and forwarded to the Training Director				
Signature of reporting officer:		Reviewed by: <i>PSL-5</i>		Date: <i>05-21-13</i>