

ADVANCED TASER® DEMO REPORT

Date _____ Officer's Name with rank: _____

Department: _____

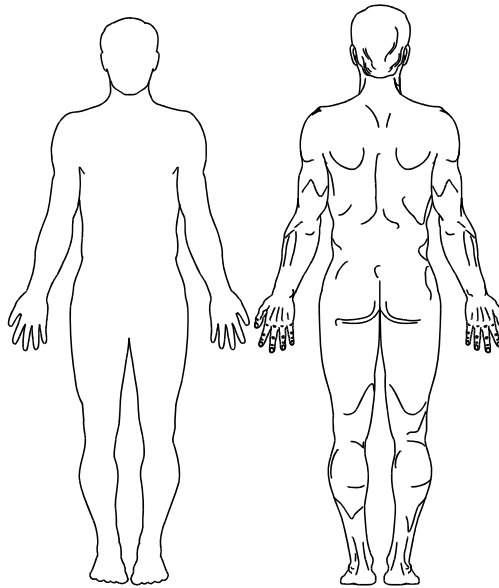
Age: _____ Sex: _____ Height: _____ Build: () Heavy () Med. () Trim

Did dart contacts penetrate the subject's skin? Y / N

Regarding the ADVANCED TASER: Did the application cause injury: Y / N.
If yes, was the subject treated for the injury: Y / N.

Please place an "X" over the area where the applications was applied.

APPLICATION AREAS - Points of contact



Please list effects, comments and or how it felt. (Note, could you fight back?):

This information is requested for the *International Association of Chiefs of Police Use of Force National Database Project* and published in our medical research.

May we quote your comments

Signature: _____