

***SUPERVISORY
TASER[®] International USE REPORT***

Subject's Name _____ **Date/Time** _____

Location _____ **Booked:** Y / N

Where _____ **Charges** _____

Officer's Name _____ **Sgt.** _____

Lt. _____ **AIR TASER Serial #** _____

Medical Facility _____ **Doctor** _____

OR#: _____ **Fire DR#:** _____

Date of the Incident: _____ **Time of Incident:** _____

Location of the Incident: _____

Officer(s) Involved: _____

Nature of the Call or Incident: _____

Type of Force Used (Check all that apply): () Physical () Less-lethal () Firearm

Nature of the Injuries and Medical Treatment Required: _____

Admitted to Hospital for Injuries: Y / N

Admitted to Hospital for Psychiatric: Y / N

Medical Exam: Y / N

Suspect Under the influence: Drugs / Alcohol

Summary of the Actions of Officer(s) Involved: _____

Was an Officer, Police Employee, Volunteer or Citizen Injured? Y / N

Incident Type {Circle appropriate response(s) below}:

Civil Disturbance Suicidal Violent Suspect. Barricade Warrant Service. Other.

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

Suspect wearing heaving clothes: Y / N

Actual TASER application: _____ Arc Display Only _____ Display Only _____

TASER: Is this a dart probe contact: Y / N. Is this a stun gun contact: Y / N

TASER[®] weapon used: () AIR TASER 34000-series () ADVANCED TASER M-series

Approximate target distance at the time of the dart launch:

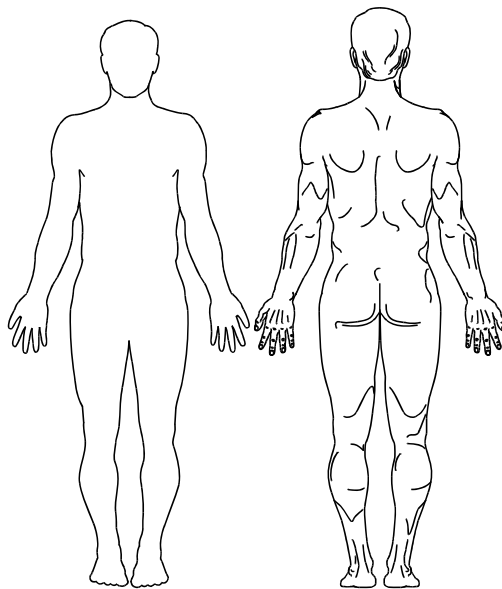
Need for an additional shot? Y / N

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

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

DESCRIPTION OF INJURY:

APPLICATION AREAS - Points of contact



SYNOPSIS:

Need for additional applications? Y / N

Did the device respond satisfactorily? Y / N

Describe the subject's demeanor after the device was used or displayed?

Was the subject under the influence of drugs or alcohol? (confirmed by)

Describe the danger present:

Describe other means attempted to control the subject: (If not used, explain)

Chemical Spray:

Baton or Blunt Instrument:

Authorized control holds:

Photographs Taken (yes) (no)

If not, explain:

Fire Department Report # _____

Report Completed by:

ADDITIONAL INFORMATION
