



TASER® M26/X26 Volunteer Exposure Report

Age: _____ Sex: _____ Height: _____ Weight: _____ Check: M26 X26

Did dart contacts penetrate the subject's skin? Yes No

Length Of Exposure:

5+ seconds; 5 seconds; 4 seconds; 3 seconds; 2 seconds; 1 second

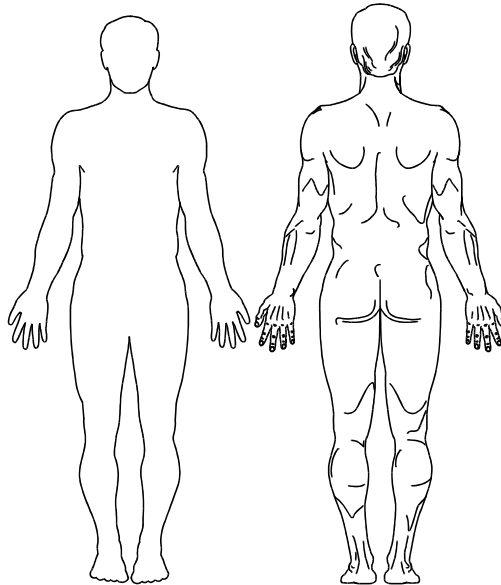
TASER Cartridge type: Regular Darts XP Darts Alligator Clips

Drive-Stun: Yes No (If Yes, length of exposure): _____

Did the application cause injury: Yes No (If yes, advise the instructor and complete the Injury Report)

If yes, was the subject treated for the injury: Yes No

APPLICATION AREAS: Please place "Xs" on the points of contact



Please describe how the TASER device affected you: _____

Could you have fought the effects of the TASER device and continued your attack? _____

May we quote your comments? Yes No

Name/Rank: _____

Signature: _____