



**SUPERVISORY TASER USE REPORT**

Suspect Name:   
 Location:   
 Officer's Name:   
 Supervisor:

Report Date:   
 Booked:   
 Charges:   
 Sgt.:

Medical Facility:   
 OR#:   
 Date of the Incident:   
 Location of the Incident:   
 Officer(s) Involved:   
 Nature of the Call or Incident:

TASER Serial #:   
 Doctor:   
 Fire DR#:   
 Time of Incident:

Type of Subject:  Human  Animal

Type of Force Used in addition to TASER (Check all that apply):  
 OC/Chemical  Physical  Baton  Impact Munition  Firearm

Nature of the Injuries and Medical Treatment Required:   
 Admitted to Hospital for Injuries:   
 Admitted to Hospital for Psychiatric:   
 Medical Exam:   
 Summary of the Actions of Officer(s) Involved:   
 Was an Officer, Law Enforcement Employee Injured?:

Incident Type [check appropriate response(s) below]  
 Civil Disturbance  Violent Suspect  Warrant Service  
 Suicidal  Barricade  Other

Age:   
 Height:   
 Sex:   
 Race:

Build:  Heavy  Medium  Trim  
 Suspect wearing heaving clothes:

TASER Application:  Actual Use  Arc Display Only  Display Only  
 TASER Use Mode:  Dart Probe Contact  Touch Stun Contact

Type of TASER Device [check appropriate response(s) below]  
 TASER X26  ADVANCED TASER M26

If ADVANCED TASER M26 what type of batteries (not TASER X26) [check appropriate response(s) below]  
 Rechargeable NiMH  Alkaline

Type of AIR CARTRIDGE [check appropriate response(s) below]  
 21-Ft Standard  21-Ft XP  15-Ft AC  
 25-Ft Standard  25-Ft XP  35-Ft AC

Was a TASER CAM Attached to the TASER X26? [check appropriate response(s) below]

TASER CAM Used     NO TASER CAM

Approximate target distance at the time of the dart launch:

Need for an additional shot?:

Did dart contacts penetrate the subject's skin?:

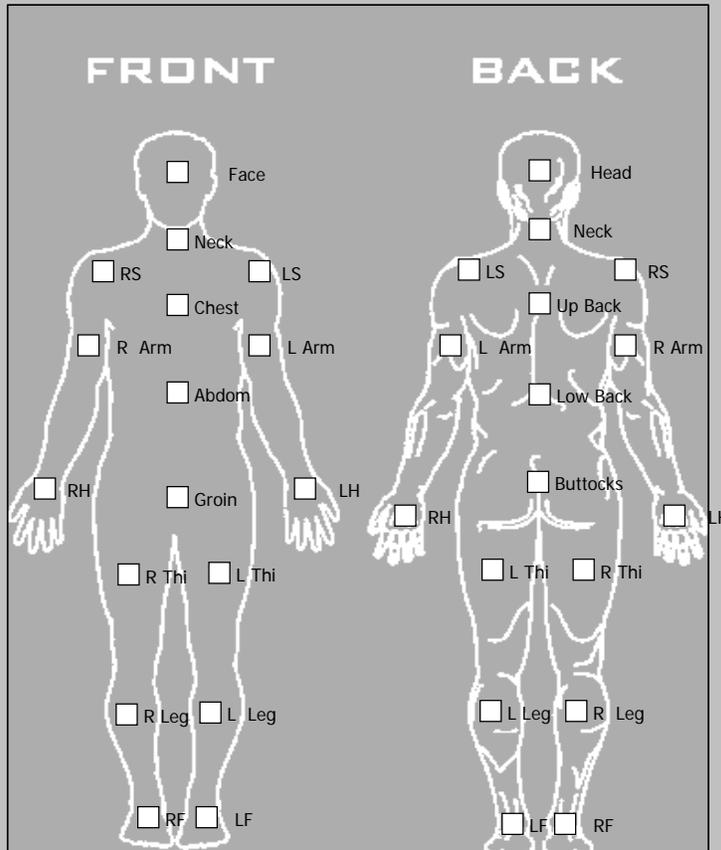
**Regarding the TASER X/M26:**

Did the application cause injury:

If yes, was the subject treated for the injury?:

**DESCRIPTION OF INJURY:**

**APPLICATION AREAS - Points of contact**



**SYNOPSIS:**

Need for additional applications?:

Did the device respond satisfactorily?:

If the TASER deployment was unsuccessful was a DRIVE STUN followup used?

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

Suspect Under the influence:   
Confirmed by:

Describe the danger present:

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

Chemical Spray Used?:   
Explanation:

Baton or Blunt Instrument?:   
Explanation:

Authorized control holds?:

Photographs Taken?:   
If not, explain:

Report Completed by:  X \_\_\_\_\_  
Signature (Hard Copy)

**ADDITIONAL INFORMATION**

**INSTRUCTIONS:**

1. Save this file to your hard drive. It will not email properly until after being saved.
2. Submit this report to the national TASER technology incident database.  
  
**Email to: Andrew@TASER.com**  
Click "File" -> "Send" -> "Mail Recipient" (send to: Andrew@TASER.com)
3. If you cannot email, please fax this report to: (480) 991-0791 Attn: Andrew Hinz, 800-978-2737 ext. 2048
4. Save a copy of this report to your department archives.
5. Print and sign a copy of this report and deliver to supervising officer for filing in department records.

