



SUPERVISORY TASER USE REPORT

Date/Time: _____ TASER Officer's Name: _____

E-mail: _____ Department: _____

Dept Address: _____ Phone: _____

On Scene Supervisor: _____ Officer(s) Involved: _____

TASER® Model (check one): ___ TASER X26 ___ ADVANCED TASER M26

If an ADVANCED TASER M26 Was Used, What Battery Type: ___ Alkaline ___ NiMH Rechargeable

TASER Cartridge Type(s): ___ 21-ft Standard ___ 21-ft XP ___ 25-ft Standard ___ 25-ft XP
___ 35-ft XP ___ 15-ft

TASER Serial #: _____ Medical Facility: _____ Doctor: _____

Nature of the Call or Incident: _____ Charges: _____ Booked: Y / N

Type of Subject: ___ Human ___ Animal

Location of Incident: () Indoor () Outdoor () Jail () Hospital

Type of Force Used (Check all that apply): () Physical () Baton () Impact Munition
() Chemical () 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: Alcohol / Drugs (specify): _____

Was an officer/law enforcement employee injured other than by TASER? Y / N

Incident Type (circle appropriate response(s) below):

Civil Disturbance Suicidal Suicide by Cop Violent Suspect Barricaded Warrant Other

Age: _____ Sex: _____ Height: _____ Race: _____ Weight: _____

Was a TASER CAM in use? Y / N

TASER use (circle one): Success / Failure Suspect wearing heaving or loose clothes: Y / N

Number of Air Cartridges fired: _____ Number of cycles applied: _____

Usage (check one): () Arc Display Only () Laser Display Only () TASER Application

TASER: Is this a dart probe contact: Y / N

Is this a drive stun contact: Y / N

Approximate target distance at the time of the dart launch: _____ feet

Distance between the two probes: _____ inches

Need for an additional shot? Y / N

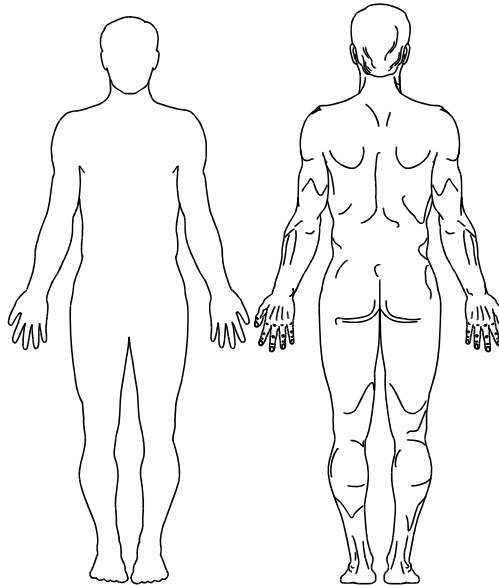
Did dart contacts penetrate the subject's skin? Y / N

Probes removed on scene: Y / N

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

DESCRIPTION OF INJURY:

APPLICATION AREAS
(Place "X's" where probes hit suspect **AND** "O's" where stunned)



SYNOPSIS:

Need for additional applications? Y / N Did the device respond satisfactorily? Y / N

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

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

Chemical Spray: Y / N

Baton or Blunt Instrument: Y / N

Authorized control holds: Y / N

If yes, what types: _____

Describe other means attempted to control the subject: _____

Photographs Taken: Y / N

Report Completed by: _____

ADDITIONAL INFORMATION

1. Save this file to your hard drive and for your department archives.
2. Submit this report to the national TASER technology incident database.
3. Results of uses are reviewed by TASER Int'l to adjust training issues and concerns as well.
4. Email this copy to Andrew@TASER.com. If you cannot email, please fax a copy of this report to: (480) 991-0791 Attn: Andrew Hinz (Ph: 800-978-2737 ext. 2048).