



## SUPERVISORY TASER ENERGY WEAPON USE REPORT

<b>Date/Time:</b>	
<b>TASER Energy Weapon Officer's Name:</b>	
<b>Email:</b>	<b>Agency Name:</b>
<b>Agency Address:</b>	
<b>Phone:</b>	<b>On Scene Supervisor:</b>
<b>Officer(s) Involved:</b>	

### INCIDENT & SUBJECT INFORMATION

<b>Incident Type:</b> <input type="checkbox"/> Barricaded <input type="checkbox"/> Civil Disturbance <input type="checkbox"/> Other <input type="checkbox"/> Suicidal <input type="checkbox"/> Suicide by Cop <input type="checkbox"/> Violent Suspect <input type="checkbox"/> Warrant	
<b>Nature of Call or Incident:</b>	
<b>Charges:</b>	<b>Booked:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Type of Subject:</b> <input type="checkbox"/> Human <input type="checkbox"/> Animal	<b>Location of Incident:</b> <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor <input type="checkbox"/> Jail <input type="checkbox"/> Hospital
<b>Type of Force Used</b> (Select all that apply): <input type="checkbox"/> Physical <input type="checkbox"/> Baton <input type="checkbox"/> Impact Munition <input type="checkbox"/> Chemical <input type="checkbox"/> Firearm <input type="checkbox"/> Control holds <input type="checkbox"/> Other	
<b>Describe other means attempted to control the subject:</b>	
<b>Medical Treatment Required:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Nature of the Injuries:</b>	
<b>Admitted to the hospital for injuries:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Admitted to hospital for psychiatric:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Medical Exam:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Subject under the influence (Alcohol/Drugs - specify):</b>	
<b>Treating Medical Facility for Subject:</b>	
<b>Treating Doctor of Subject:</b>	



INCIDENT & SUBJECT INFORMATION	
Was an officer/law enforcement employee injured? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Subject demographics:	
Age	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female   Height   Weight   Race:
TASER Energy Weapon Model: <input type="checkbox"/> TASER M26 <input type="checkbox"/> TASER X2 <input type="checkbox"/> TASER X26 <input type="checkbox"/> TASER X26P <input type="checkbox"/> TASER X3 <input type="checkbox"/> TASER 7 <input type="checkbox"/> TASER 7 CQ <input type="checkbox"/> TASER 10	
TASER Energy Weapon Serial #:	
If a TASER M26 was used, what battery type: <input type="checkbox"/> Alkaline <input type="checkbox"/> NiMH <input type="checkbox"/> Rechargeable	
Cartridge Type(s) Used:	Standard Cartridge <input type="checkbox"/> 15-ft <input type="checkbox"/> 21-ft <input type="checkbox"/> 25-ft XP <input type="checkbox"/> 35-ft XP Smart Cartridge <input type="checkbox"/> 15-ft <input type="checkbox"/> 25-ft <input type="checkbox"/> 35-ft TASER 7/CQ <input type="checkbox"/> CQ 25-ft <input type="checkbox"/> SO 25-ft <input type="checkbox"/> TASER 10
Was a TASER CAM used? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Was any other video captured: <input type="checkbox"/> Yes <input type="checkbox"/> No   Type of Camera:	
Photographs taken: <input type="checkbox"/> Yes <input type="checkbox"/> No	
TASER Energy Weapon Use: <input type="checkbox"/> Success <input type="checkbox"/> Failure	
Suspect wearing heavy or loose clothing: <input type="checkbox"/> Yes <input type="checkbox"/> No	
# of cartridges deployed:	# of cycles applied:
Usage: <input type="checkbox"/> Arc Display Only <input type="checkbox"/> LASER Display Only <input type="checkbox"/> TASER Energy Weapon Application <input type="checkbox"/>	
For TASER Energy Weapon, is this a probe contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
For TASER Energy Weapon, is this a drive-stun contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Approximate target distance at the time of probe launch:	feet
Distance between the two probes:	inches
Need for additional deployment? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Did probe contacts penetrate the subject's skin? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Probes removed on scene? <input type="checkbox"/> Yes <input type="checkbox"/> No	



## INCIDENT & SUBJECT INFORMATION

Need for additional TASER Energy Weapon applications?  Yes  No

Did the TASER Energy Weapon satisfactorily?  Yes  No

If the TASER Energy Weapon deployment was unsuccessful was a drive-stun follow-up used?  
Yes No

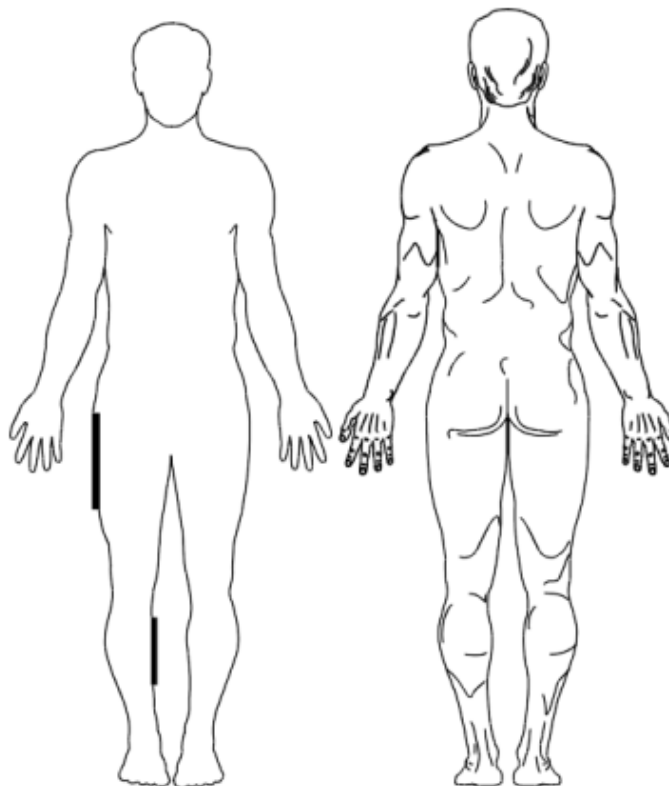
Did TASER Energy Weapon application cause injury?  Yes  No

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

Description of injury:

## APPLICATION AREAS

(PLACE X'S WHERE PROBES HIT SUBJECT AND O'S WHERE DRIVE-STUNNED)





**Describe the subject's demeanor after the TASER energy weapon was used or displayed?**

**Synopsis of TASER energy weapon use:**

**Additional Information:**