

SUPERVISORY TASER® USE REPORT

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

Email: _____ Department: _____

Dept. Address: _____ Phone: _____

On Scene Supervisor: _____ Officer(s) Involved _____

TASER Model (check one): _____ X26

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

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

Location of Incident: _____ Indoor _____ Outdoor _____ Jail _____ Hospital

Type of Force Used (Check All that Apply): _____ Physical _____ Less-lethal _____ Firearm _____ Chemical

Nature of the Injuries and Medical Treatment Required: _____

Admitted to Hospital for Injuries: Y / N Amitted to Hospital for Psychiatric: Y / N

Medical Exam: Y / N Suspect Under the Influence: Alcohol / Drugs (specify): _____

Was an Officer, Police Employee, Volunteer or Citizen Injured Other than by TASER? Y / N

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

_____ Civil Disturbance _____ Suicide _____ Suicide by Cop _____ Violent Suspect _____ Barricaded
_____ Warrant _____ Other _____

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

TASER Use: _____ Success _____ Failure Suspect Wearing Heaving 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

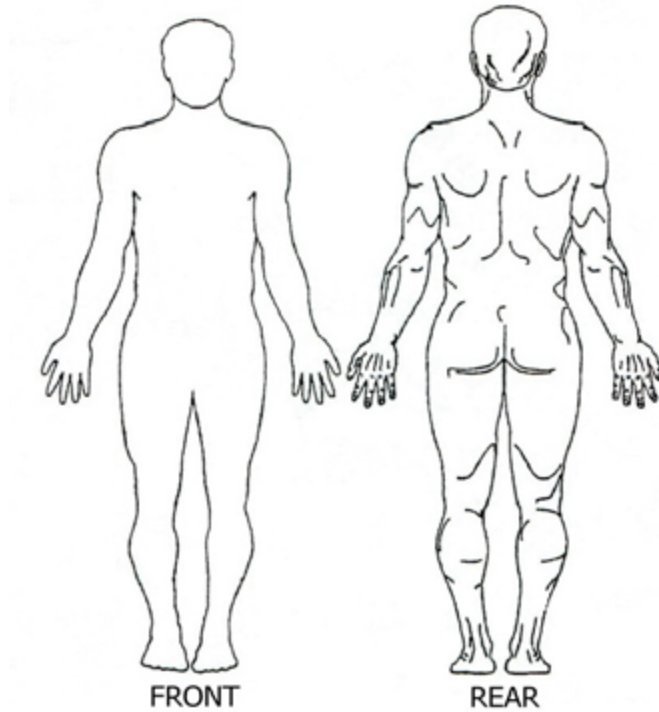
Did Dart Contacts Penetrate the Subject's Skin? Y / N Probes Removed on Scene: Y / N

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

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

