

**AKRON POLICE DEPARTMENT
ADVANCED TASER USE REPORT**

Date/Time of Incident: _____ Incident Rpt. # _____

Location of Incident: _____

Supervisor notified: _____ On Scene: Yes / No

Type of Force used or Displayed by Subject (*check all that apply*) Physical Impact

Cutting Instrument Firearm Other Explain:

Type of Force used by officer(s) (*check all that apply*) Physical O.C. Spray Baton

Less Lethal Firearm Other Explain:

Injury description (if any):

Treated by: EMS Hospital Admitted to hospital: Yes / No

Subject under the influence of: Drugs / Alcohol / Other List substance if known: _____

Summary of action of the officer(s) involved: _____

Subject Data

Subject's Name: _____

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

Clothing description: _____

Application Data

Advanced Taser serial #: _____ Cartridge serial #(s): _____

Number of cartridges fired: _____ Number of probe contacts: _____

Number of stun contacts: _____ Number of probes penetrating skin: _____

Laser sight activated only: _____

Location of each probe contact: _____

Distance between probes (use inches): _____

Length of time for electrical current application: () Programmed 5 sec. If longer/shorter or more than one application explain total time frame involved:

Approximate distance of probe launch: _____

Did the application cause an injury to the subject or others? Yes / No if yes, explain:

Did the Advanced Taser application gain compliance from the subject? Yes / No

Subject's demeanor after the Advanced Taser was displayed or deployed:

Where were probes disposed? _____

Additional Information

Officer Submitting this report: _____ Supervisor Approval: _____