

ADVANCED TASER USAGE REPORT

Or Number: _____ **Fire DR#** _____

Date of the incident: _____ **Time of incident:** _____

Location of the Incident: Inside Outside Open Area Enclosed Area Vehicle

Subjects Name: Last: _____ First: _____

Call Type: _____ **Photographs Taken:** Yes No

Supervisors: Sgt: _____ Lt: _____

Report Completed By: _____

Serial Number of Device: _____

Serial Number of probe cartridge if expended: _____

Officers Involved:

Primary _____ Support _____

Support _____ Support _____

APPLICATION INFORMATION

Advanced Taser Probe Contact: Yes No **Touch Stun Gun Contact:** Yes No

Number of times Taser Display Only _____

Number of Touch Stuns _____

Number of times Applied (Probe Contact) _____

Number of activations after probe contact _____

Type of Force used prior to taser: None Low Level Intermediate High

Type of Force Used After Taser: None Low Level Intermediate High

Approximate Target Distance at the time of dart Launch: _____

Did the taser gain subjects compliance: Yes No **Need for Additional Shot:** Yes No

Did the dart contacts penetrate the subjects skin: Yes No

Was the subject under the influence of: Drugs Alcohol

Subject's demeanor after taser was used or displayed: Cooperative Belligerent Combative
Abusive Aggressive Complaining

MEDICAL INFORMATION

Was an Officer, Police Employee or Citizen injured: Yes No

Nature of injury and Medical Treatment Required other than normal injury caused by taser darts:
