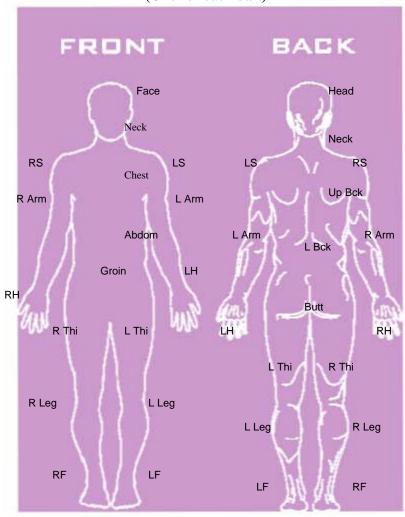
ADVANCED TASER USAGE REPORT		
Or Number: Fire DR#		
Date of the incident: Time of incident:		
Location of the Incident: Inside Outside Open Area Enclosed Area Vehicle		
Subjects Name: Last: First:		
Call Type: Photographs Taken: Yes No		
Supervisors: Sgt: Lt:		
Report Completed By:		
Serial Number of Device:		
Serial Number of probe cartridge if expended:		
Officers Involved: PrimarySupport		
SupportSupport		
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 Intermidiate High		
Approximate Target Distance at the time of dart Launch:		
Did the taser gain subjects complience: 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		
<b>Subject's demeanor after taser was used or displayed:</b> 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:		

## APPLICATION AREAS-POINTS OF CONTACT

(One for each dart)



## SYNOPSIS OF INCIDENT

What happened, any present dangers, other restraint /compliance methods etc.	