

SUPERVISORY TASER CEW USE REPORT

Date/Time: _____

CEW Deploying Officer's Name: _____

E-mail: _____ Agency Name: _____

Agency Address: _____ Phone: _____

On Scene Supervisor: _____ Officer(s) Involved: _____

INCIDENT & SUBJECT INFORMATION

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

Civil Disturbance	Suicidal	Suicide by Cop	Violent Suspect	Barricaded	Warrant	Other
1	1	1	1	1	1	1
2	2	2	2	2	2	2
3	3	3	3	3	3	3
4	4	4	4	4	4	4
5	5	5	5	5	5	5
6	6	6	6	6	6	6
7	7	7	7	7	7	7
8	8	8	8	8	8	8
9	9	9	9	9	9	9
10	10	10	10	10	10	10
11	11	11	11	11	11	11
12	12	12	12	12	12	12
13	13	13	13	13	13	13
14	14	14	14	14	14	14
15	15	15	15	15	15	15
16	16	16	16	16	16	16
17	17	17	17	17	17	17
18	18	18	18	18	18	18
19	19	19	19	19	19	19
20	20	20	20	20	20	20
21	21	21	21	21	21	21
22	22	22	22	22	22	22
23	23	23	23	23	23	23
24	24	24	24	24	24	24
25	25	25	25	25	25	25
26	26	26	26	26	26	26
27	27	27	27	27	27	27
28	28	28	28	28	28	28
29	29	29	29	29	29	29
30	30	30	30	30	30	30
31	31	31	31	31	31	31
32	32	32	32	32	32	32
33	33	33	33	33	33	33
34	34	34	34	34	34	34
35	35	35	35	35	35	35
36	36	36	36	36	36	36
37	37	37	37	37	37	37
38	38	38	38	38	38	38
39	39	39	39	39	39	39
40	40	40	40	40	40	40
41	41	41	41	41	41	41
42	42	42	42	42	42	42
43	43	43	43	43	43	43
44	44	44	44	44	44	44
45	45	45	45	45	45	45
46	46	46	46	46	46	46
47	47	47	47	47	47	47
48	48	48	48	48	48	48
49	49	49	49	49	49	49
50	50	50	50	50	50	50
51	51	51	51	51	51	51
52	52	52	52	52	52	52
53	53	53	53	53	53	53
54	54	54	54	54	54	54
55	55	55	55	55	55	55
56	56	56	56	56	56	56
57	57	57	57	57	57	57
58	58	58	58	58	58	58
59	59	59	59	59	59	59
60	60	60	60	60	60	60
61	61	61	61	61	61	61
62	62	62	62	62	62	62
63	63	63	63	63	63	63
64	64	64	64	64	64	64
65	65	65	65	65		

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

Type of Subject: Human Animal

Location of Incident: () Indoor () Outdoor () Jail () Hospital

[illegible]

Describe other means attempted to control the subject: _____

Nature of the Injuries and Medical Treatment Required: _____

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

Medical Exam: Y / N Subject Under the influence: Alcohol / Drugs (specify): _____

Treating Medical Facility for Subject:_____Treating Doctor of Subject: _____

Was an officer/law enforcement employee injured? Y / N

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

TASER CEW INFORMATION	
1. TASER CEW USED	
2. TASER CEW MODEL	
3. TASER CEW SERIAL	
4. TASER CEW LOT	
5. TASER CEW DATE	
6. TASER CEW MANUFACTURER	
7. TASER CEW VOLTAGE	
8. TASER CEW CURRENT	
9. TASER CEW WATTAGE	
10. TASER CEW TYPE	
11. TASER CEW COLOR	
12. TASER CEW WEIGHT	
13. TASER CEW LENGTH	
14. TASER CEW WIDTH	
15. TASER CEW THICKNESS	
16. TASER CEW OTHER	

TASER Model (circle one):	TASER M26	TASER X26	TASER X26P	TASER 7 CQ
	TASER X2	TASER X3	TASER 7	

TASER CEW Serial No.: _____

If a TASER M26 was used, what battery type: Alkaline NiMH Rechargeable Cartridge

Type(s) used:	Standard cartridge	15-ft	21-ft	25-ft XP	35-ft XP
	Smart cartridge	15-ft	25-ft	35ft	
	TASER 7/CQ	CQ 25-ft	SO 25-ft		

Was a TASER CAM used? Y / N

Was any other video captured? Y / N Type of camera _____

Photographs taken? Y / N

TASER CEW use (circle one): Success / Failure Suspect wearing heaving or loose clothes: Y / N

Number of CEW cartridges fired: _____ Number of CEW cycles applied: _____

Usage (check one): ☐ Arc Display Only ☐ LASER Display Only ☐ TASER CEW Application

TASER: Is this a probe contact: Y / N

Approximate target distance at the time of the probe launch: _____ feet

Distance between the two probes: _____ inches Need for an additional shot? Y / N

Did probe contacts penetrate the subject's skin? Y / N Probes removed on scene: Y / N

Need for additional CEW applications? Y / N Did the CEW respond satisfactorily? Y / N

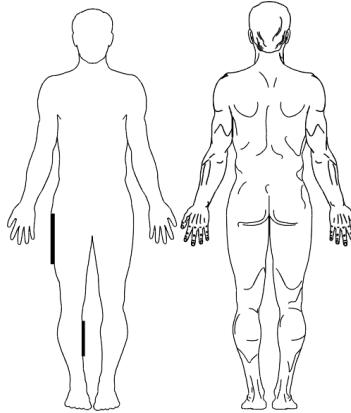
If the TASER CEW deployment was unsuccessful was a drive-stun follow-up used? Y / N

Did TASER CEW 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 subject AND "O's" where drive-stunned)



Describe the subject's demeanor after the CEW was used or displayed?

SYNOPSIS OF CEW USE:

ADDITIONAL INFORMATION:

Report Completed by: _____

Date: _____

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