

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

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

Type of Subject: ___ Human ___ Animal

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

Type of Force Used (Check all that apply): () Physical () Baton () Impact Munition
 () Chemical () Firearm () Control holds
 () Other _____

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): _____

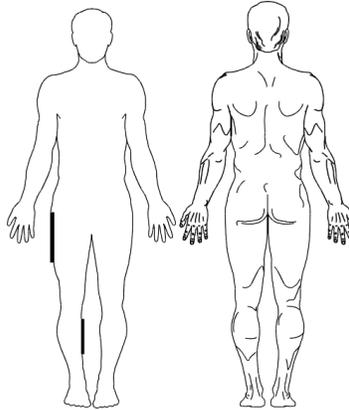
Treating Medical Facility for Subject: _____ Treating Doctor of Subject: _____

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

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

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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