



# TASER

PROTECT LIFE

TASER International, Inc.  
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To all TASER Instructors, Media Relations and Public Information Officers,

On the disk, I have done my best to provide the most commonly requested information regarding TASER<sup>®</sup> technology based upon the daily requests I receive by public information officers and the media. It is my hope that these resources will better enable you to educate your agency, community members, third parties, and media outlets on the facts regarding our life-saving TASER technology.

Please share this information with others within your agency and throughout the law enforcement and public safety communities. This collection would not have been possible without the support of the many agencies that have shared information and their experiences deploying TASER technology with our company.

This resource kit is a work in progress that I will update periodically with the latest information as I receive it. I invite you to send any recent experiences, field results statistics, press release examples, or any issues you would like to see represented in future editions of this resource kit.

In addition, if you would like to be on the email list for press releases and important TASER information concerning safety studies and research, please fill out the PIO Registration PDF document and it will automatically send me your contact info and email address.

I welcome any feedback and encourage you to send any ideas, suggestions, updates or requests along with your email and phone contact info to [Press@TASER.com](mailto:Press@TASER.com).

Sincerely,

Steve Tuttle  
Vice President of Communications  
TASER International

## 6' PORTABLE TARGET STANDS



### SUPPLY LIST:

- 2x4x10 wood (one for each target stand)
- 2x2x12 wood (one for each target stand)
- 2 inch insulation sheets 4x8 (makes two targets)
- 3inch nails
- Roofing nails (need the plastic heads)
- Hammer

2x4x10:            Cut (2) 3' pieces of wood and (2) 2' pieces of wood (this will make one base for a stand)

2x2x12:            Cut (2) 6' pieces of wood (this will make the supports for one stand)


4x8 sheet of insulation:            Snap the sheet in half, making (2) 2x8 sheets

                          Cut 2' off each of the sheets, making 2'x6' sheets

Take your roofing nails and remove the plastic. Insert the 3 inch nails into the plastic sleeve. Lay the 2x2 on the floor and the insulation on top. Nail the 3inch roofing nail through the insulation into the 2x2 (3 on each side).

The above stand nails or screws together. 3' pieces are the outside supports, the 2' pieces are the inside support. Keep the two inside pieces 2 inches apart (place a 2x2 between for measurement). Make sure to leave the 4inches at the bottom of the 2x2 that will be sticking into the stand!



A photograph of a modern building at dusk. The building features a prominent cylindrical tower with a metallic, ribbed exterior and a glass facade. The interior lights are on, and the sky is a deep blue. The text is overlaid on the image in white.

TASER® ECDs:  
Media Background Info for  
TASER Technology  
Crisis Management During In  
Custody Deaths

Steve Tuttle  
Vice President of Communications

# TASER Technology Today\*

- Over 11,500 law enforcement agencies deploy TASER technology in 44 countries
  - 3,500+ agencies deploy to ALL patrol officers
  - Locally, the law enforcement agencies that deploy TASER ECDs: MI 421 agencies
- Over 278,000 law enforcement officers armed with TASER systems
  - 165,000 citizens in U.S. own TASER ECDs



# What Do We Do in Crisis ?

- Provide facts and science
- TASER International message points:
  - Safe, effective and accountable
  - “Protect Life”
  - Provide stats on injury reduction – actual field results not hyperbole
- Engage in aggressive “Education Campaign” to public and third parties

# How to Track?

- Monitor print AND media aggressively –  
Use Google News Alerts Search
  - Go to [www.Google.com](http://www.Google.com).
  - Search for
  - Use “TASER” AND “TAZER” as search option but click on the NEWS option tab

# How to Track?

[FAQ](#) | [Sign in](#)



Google Alerts (BETA)

## Welcome to Google Alerts

Google Alerts are email updates of the latest relevant Google results (web, news, etc.) based on your choice of query or topic.

Some handy uses of Google Alerts include:

- monitoring a developing news story
- keeping current on a competitor or industry
- getting the latest on a celebrity or event
- keeping tabs on your favorite sports teams

Create an alert with the form on the right.

You can also [sign in to manage your alerts](#)

### Create a Google Alert

Enter the topic you wish to monitor.

Search terms:

Type:

How often:

Your email:

Google will not sell or share your email address.

# Identify Stakeholders & Provide Proactive Outreach

- Conduct “Editorial Board” education
- Issue Op-Eds concerning issues of the day or controversy
- Issue “TASER ECDs Save Lives” news alerts
- Engage third party outreach to LULAC, NAACP, SCLC and other proactive or outspoken community members



# Sample LE Outreach Via Press



## GUEST COLUMN: TASER important tool for unique responsibilities

In response to the “disturbed citizen:” Even though your letter was brief, it did touch upon some things that are worth replying to. The “judge, jury and executioner” comment should be the first to be addressed.

We, that is, all police officers, have an awesome responsibility to the lives of the people that we have sworn to serve and protect. We have chosen a career unlike any other. In any given day we may go from handing out a sticker to a little boy who is riding his bike with his safety helmet on, to a “routine” traffic stop where the driver has a warrant for arrest, or is under the influence of some substance, or driving 60 mph in a 25 mph zone. From there we are sent to a medical call, where family members have summoned us to help a loved one, and watch as we must use an AED or begin CPR. Then at any given time during the day or night we may be called upon to use deadly force in defense of someone else.

For the record, within the last six months one of our officers has been put into a deadly force situation twice. Thankfully it came down to a show of force and not an actual shooting.

No one else holds the responsibility that we do. The decisions we sometimes must make are not easy, but must be made in a split second. By law no one else is allowed to make that decision without due process, not a judge or a governor. So if in the course of our duties we are forced to use a TASER to keep someone from doing something that could hurt themselves or others, we now have that tool. It is not sadistic, nor is it cruel. It is at that moment the right tool and form of force to handle the situation.

As for being shot by a TASER in training being called fun, let us not misinterpret the statement. Was it fun to be in a room full of other officers training and bonding? The response is, yes. It was also painful, educational, sobering and thought-provoking. Was it fun to share our reactions and comments after the training? Again, yes it was. Did it educate us on the when, where and how to use this device? Yes, it did.

As for taking advantage of federal dollars, the funds were raised by donations to the police department. To date, our department has received zero dollars from Homeland Security.

We have tried to equip ourselves with a tool that will, if needed, enable us to prevent injury to officers and the public they serve. Without less-than-lethal options, officers at some critical point may be left with only one option. As in any other profession, it only makes sense to give those professionals the tools or options to resolve a problem. The TASER serves that purpose.

-Members of the Mount Vernon Police Department

# Sample TASER Commentary

**Sun-Sentinel**

**Could Tasers have prevented shooting?**

July 18, 2006  
BY: MICHAEL MAYO

If Fort Lauderdale police carried Tasers, would Gary White be alive today? It's a hypothetical question that's ultimately meaningless, because when of brandishing a saw in a Fort Lauderdale neighborhood just past 11 p.m. Sa firearms.

When White, 36, didn't comply with their orders, the results were tragic. He died a block from his house, within earshot of his family. According to a timetable provided by the city Monday, he was shot one neighbor, Robert Malatino, said the barrage of police gunfire "so Fort Lauderdale police haven't said how many shots were fired, or why. But as White's family grieved and some neighbors wondered whether couldn't help but think this was a case that should make us appreciate Tasers guns, which use electrical shocks to incapacitate criminal suspects particularly after police have seemed too eager to use them in quest or against unarmed suspects.

Throw in more than 100 deaths nationwide after Taser guns have been used five years, and some have called for an outright ban. But Saturday's events offer a sobering reminder about why Tasers consider adding them to their officers' arsenal. Forty seven of 82 Tasers might not be perfect, but they're better than a body full of Especially when dealing with a suspect who's not carrying a gun. "He was outnumbered like 10 to 1, and he only had a keyhole. ... Ever White's bizarre outburst began. "To me, it was overkill. ... Ever Give me a break."

Scott Russell, a former Fort Lauderdale police officer who used to fire multiple times w said it's common for multiple officers to fire multiple times w Assistant City Manager David Hébert said police used deadl Hébert said the first 911 call was received at 11:04 p.m., th at 11:12 p.m.

"I thought they'd subdue him and arrest him. I never thou 911 when they heard a commotion outside. Malatino said he went out to find a neighbor in a confro and two neighbors, who had a bat and PVC pipe to defi Malatino said White was talking "gibberish to himself, I down on a lawn, but when police arrived, he became z According to court records, White was ordered to get incompetent to stand trial after being charged with d Russell said suspects carrying "edged weapons" are r if someone's safety is at risk. Tasers might have been effective in this situation be Hébert said the city was conducting an internal stur For Gary White, it's already too late.

Michael Mayo can be reached at [mmayo@sun-se](mailto:mmayo@sun-se)

**The Palm Beach Post**

## Tasers are designed not to harm people with pacemakers

Wednesday, March 22, 2006

I read the editorial "Taser meets pacemaker" (March 2) with great interest. I hold more than 200 U.S.-issued patents for implantable electrical devices. I am also a scientific adviser to Taser International.

The editorial recognizes the contributions that Tasers have made to improve the safety of law enforcement. But the comments regarding pacemakers are incorrect and perpetuate the urban myth that the presence of a pacemaker somehow makes Tasers more dangerous.

The first myth is that a bolt from a Taser might damage the implantable device. Since cardiac patients are at increased risk of needing a defibrillator shock, the standard requires pacemakers to withstand a 360-joule shock. The energy in a Taser device is about 0.07 joules. So pacemakers must handle shocks 5,000 times stronger than the Taser outputs.

The second flavor of this urban myth is that a Taser bolt might somehow interact with the pacemaker and thus kill the patient. Decades ago, pacemakers could be confused by interference. It is highly unlikely that Samuel Hair's pacemaker even registered that he was receiving Taser pulses. The electrical current does not travel far from the electrodes. But, in a worst-case scenario, where a Taser bolt strikes directly the skin over the pacemaker, it would recognize that it is seeing interference and would go into a "noise reversion" mode and give steady, pacing pulses, posing no risk to the patient.

The final, repeated myth is that the devices deliver 50,000 volts to the subject. The best selling X26 delivers only 1,200 volts. The 50,000 volts is the "arcing" voltage and only is used to jump (arc) through thick clothing.

MARK KROLL

San Luis Obispo, Calif.

*Editor's note: Mark Kroll is an adjunct professor of biomedical engineering at Cal Poly University in San Luis Obispo.*

Tasers give many police a lifesaving alternative  
July 11, 2006  
EVERY DAY

**Star Bulletin**  
COM

officers put their lives on the line to protect us. Those officers and the police and training as we all work together to keep our cities and states safe, in law enforcement now depend on as a valuable alternative.

newspaper to voice an opinion. We also recognize that we do not always respect that any opinion is based on facts and that all sides are properly editorial "Police should use Tasers sparingly." You left out any mention of technology as well as the support for the use of Taser systems by unbiased, is of a police officer that appeared in your own newspaper two days ar systems.

identified in a news story Wednesday as president of the State of Hawaii r device "could be deadly" to a police officer or a civilian.

on of what Garcia said. The first part of Garcia's quote in your il." He went on to say his concern stemmed from the POLICY being r system by an officer in a critical situation -- not the pure USE of a

country -- not the 7,000 you cited in your editorial -- now have or ies in Massachusetts, a state where Wednesday's news story 1 law enforcement use. More than 2,100 of those agencies have of another tool or weapon that is more accountable than a Taser weapon logging each discharge and, in the new Taser Cam, a

see the advantages of Taser technology. A report presented on e on Mental Illness shows that in a significant number of law to lethal force or suicide was prevented by a Taser device. Of tally ill people during the 72-month study period, 1,111 (45.3 been justified by the reporting officer or where the subject 1 lives saved in one of the most vulnerable groups of our

Consortium, at their spring conference, issued a statement ductive electrical devices such as Taser" under guidelines

make an imperfect world safer. On Friday, the day your a, Florida, Indiana, Maine and Ontario, according to news : they save lives and will continue to do so for as long as



# Sample TASER Commentary

THE ENQUIRER

Drugs are deadly; Tasers are not  
Cincinnati Enquirer  
July 13, 2006  
BY: PETER BRONSON

Rick Malone is a downtown beat cop and a member of the Cincinnati Police SWAT team. "Tasers are the best thing that has come along in police work in the 18 years I've been on the force," he says. He's right.

Tasers dramatically reduce injuries. A Florida study found an 80 percent reduction in injuries to deputies because electronic Tasers cut injuries to suspects by 67 percent. In another study, 9,883 Taser stuns in one study, 93 percent of those stuns resulted in 1 percent serious injuries.

Amnesty International's claim that 156

\*Amnesty refuses to use basic math by He says the group is "distorting the fa

Many headlines that have blamed Tas after an autopsy. Such as:

Portland, Ore.: "The Medford man v died of a drug overdose, the Oregon

Kansas City, Mo.: "An autopsy perf gun authorities used to apprehend

Detroit: "A Dearborn man died of according to an autopsy report by

And Cincinnati: Christopher Aller police and was stunned by a Taser Sunday. Then reports emerged t

By Wednesday, the headline wa County Coroner O'dell Owens'

Doctors at the University of Wi victims had heart disease, 63 f caused by drugs.

Of the 156 deaths cited by A contributing factor.

"A standard five-second stu Police Research Center foun of Tasers is "extremely low.

Yet Tasers are repeatedly b like drowning an hour afte

Tuttle hopes that's chang said. "We are turning a c

Malone simply says, "Tar

## Tasers reduce injuries and save lives

By Tom Smith

It is discouraging to see the Lakeland newspaper continue on its biased path against the use of Taser electronic devices and the ability of police in Wisconsin to have a viable, safe and effective alternative use of force option.

In February, The Lakeland Times ran a news story and an editorial the same day that contained numerous errors in fact and were anchored on a basic mischaracterization of how Taser technology works.

Without any factual attribution, the paper made the false assertion that "multiple deaths have been attributed directly to the Taser shot itself."

Now, with its latest series of editorials and articles, The Lakeland Times has moved from the role of a newspaper to essentially becoming an advocate against Taser technology and its proper use.

The news pages and editorials have essentially created a uniformed – and uninformed – biased vendetta at the expense of the paper's readers and the citizens of its town.

### An old 'Front Page' trick

The July 14 headline ("Mukwonago man dies after shocks from Taser") uses an old "Front Page" trick: Pick the most sensationalistic element of a multifaceted story and use that to draw readers.

The headline alludes that it was "shocks from Taser" that caused the

### Commentary

death of Nickolos Cyrus, when, in fact, no such medical conclusion has been determined. The story even notes that "the cause of death was pending further tests and not available at press time."

Will there be a similar page one display for a story that says, "Coroner says Taser not a cause of death?"

Just over a year ago, Wisconsin became the first state in the nation to develop uniform guidelines for the use of Taser electronic devices. Concerns about whether police were unnecessarily using stun guns to subdue suspects led Wisconsin Attorney General Peg Lautenschlager to seek uniform use-of-force guidelines for police agencies across the state.

### Developing uniform guidelines

Wisconsin's leadership in developing uniform guidelines has been applauded across the country. Florida recently followed suit when it concluded a year-long study by enacting legislation setting statewide use-of-force guidelines as well as standards for training on Taser devices by all law enforcement.

Some of the staunchest critics of the Taser device, including chapters of the ACLU, have ceased calling for a ban of Taser devices and instead are advocating for better regulation and use-of-force guidelines.

The International Association of

Chiefs of Police calls Taser technology an important tool for police officers. The organization supports the use of Taser systems to subdue violent suspects; not to use it on handcuffed persons unless they are "overly assaultive"; to use it the least number of times; and to seek medical attention for anyone who has been shocked. But the IACP does not suggest yanking Taser devices from the belts of police officers.

### Ignored conclusions

The Lakeland Times also ignored – even after it was called to its attention in February – the conclusions of the U.S. Metropolitan Municipalities EMS Medical Directors Consortium who, at its spring conference, issued a statement saying it "strongly supports the appropriate use of conductive electrical devices such as Taser" under guidelines established by two national law enforcement organizations.

The Lakeland Times publisher, Gregg Walker, declares that Taser devices are "dangerous and lethal weapons." An editorial writer, Richard Moore, concludes that police located Mr. Cyrus and "tasered him to death." But what qualifies Mr. Walker and Mr. Moore to come to such conclusions? What is the basis for their assertions especially in light of the fact that their opinions are in sharp contrast to those of the ACLU, the IACP and the EMS consortium?

Unfortunately the editors and authors of the Lakeland newspaper are exercis-

ing their own opinions to become the the judge and jury as well as medical experts on law enforcement situations that justify the use of lethal force. Our request to Lakeland editors is simple: Stick to journalism and report the facts for your readers, not myths.

A newspaper should be a contrarian steward for its citizens, a clear and strong voice for the voiceless, among other things. If it senses there is something amiss in any part of the town's governance, it is the paper's duty to raise concerns and call for action.

However, implicating Taser technology – or any other innocent party – as part of what appears to be a sensationalistic campaign on the part of the paper, its publisher and its editorial staff is an injustice to the readers of The Lakeland Times and to the community it serves.

Saving lives does not just mean not using deadly force – it means preventing a situation from getting out of control to protect those who may be harmed. Taser devices and other less lethal weapons may not be perfect, but they do make an imperfect world safer.

Taser devices reduce injuries and save lives and will continue to do so for as long as they are used. The records in law enforcement departments across the nation support that contention, in the cold hard files of their case reports – and by the officers and perpetrators who are alive today.

Tom Smith is the co-founder and president of Taser International, Inc.

AP Associated Press

New Jersey now last holdout for police stun guns  
May 21, 2006  
BY: BETH DEFALCO

(TRENTON) Charles Dunn is grieving his 19-year-old son's fatal shooting in March, and he has plenty of questions for the Willingboro police officer who pulled the trigger. One thing he's clear about, however, is his belief that the officer should have used his knife-wielding son. "He would still be here," Dunn said of his son, who was shot in New Jersey. "Many police officers

The Lakeland Times–August 8, 2006–Page 9

of using a Taser stun gun against

nt know why Tasers are not used

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law banning all stun weapons. ty because they weren't around

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# TASER Media Alerts

- Law Enforcement agencies rarely provide press releases on successful outcomes of use of force incidents involving TASER technology
- Here is a sample of media alerts in which TASER International provided media alerts in which law enforcement agencies were involved in successful outcomes. The actual stories were cited by press and media and simply reported in a media alert by TASER International involving potentially life-saving events.



# TASER Media Alerts

**Press Release** Source: TASER International, Inc.

## Fort Wayne Police Reinstate TASER Program

Wednesday February 1, 11:53 am ET

### Chief Says with the Appropriate Guidance, TASER Devices are an Effective Tool

WASHINGTON, Feb. 1 /PRNewswire-FirstCall/ -- TASER International, Inc. (Nasdaq: [TASR](#) - [News](#)), a market leader in advanced electronic control devices released the following News Alert:

According to news reports from the Fort Wayne Journal Gazette, one year after foregoing the purchase of 83 TASER electronic control devices because of mounting safety concerns, Fort Wayne police said Tuesday they will reinstate deployment of the weapons in a pilot program.

The announcement came two days after an armed man was shot and injured by police officers. Fort Wayne police have also been involved in two standoffs in which officers killed barricaded people last year.

Police Chief Rusty York said the decision had nothing to do with those cases but

**ADVERTISMENT**

### Find Your Graduating Class

I graduated in:

- 1995
- 1985
- 1975
- 1965
- 1955

[classmates.com](#)

**Related News Stories**

- [Police Use TASER\(R\) to Prevent Suicide Attempt](#) - PR Newswire (Wed Feb 1)
- [Taser reports 12th lawsuit dismissal](#) - bizjournals.com (Wed Jan 25)
- [Premarket Movers: SAP Rising](#) - AP (Wed Jan 25)
- [Taser says wrongful injury suit dismissed](#) - at Reuters (Wed Jan 25)
- By industry: [Aerospace/Defense Products & Services](#)

**KEVIN SITES**  
IN THE  
**HOT ZONE**

2:35 PM

# Correct Bad Headlines

- Headlines are not written by the actual reporters
- The headlines often conflict with a reporter's story and are often wrong
- The newsprint versions cannot be retracted or changed. However, the headlines on the websites are electronic and can be corrected
- Contact both the news editor and the reporter via phone/email and request immediate change (see the following samples of inflammatory and incorrect headlines)

# Correct Bad Headlines

WEATHER: Clear



off

## West Palm Man Dies After Being Shocked With Taser Gun

POSTED: 8:01 am EDT July 18, 2005  
UPDATED: 3:11 pm EDT July 18, 2005

Pol

**WEST PALM BEACH, Fla.** -- A man who was attacking residents at an assisted living facility died after police shocked him twice with a stun gun.

Poste

West Palm Beach police said Michael Leon Crutchfield, 40, of Riviera Beach, began acting erratically after he entered the Palm Beach Assisted Living facility Sunday. He began screaming that someone was trying to kill him.

Stor

Police said residents fought back and he fled the facility. Police cornered him, but he fought back and an officer used a Taser gun to subdue him. He continued to struggle after falling and police stunned him at least once more.

Inle

Crutchfield was sweating profusely and had bulging veins when a nurse from the facility examined him. He was unconscious

Taz

when paramedics arrived and died shortly thereafter.

A

WESH-TV CHANNEL 2 - FLORIDA

b:

## Taser Blamed For Death Of West Palm Man

T

POSTED: 8:01 am EDT July 18, 2005  
UPDATED: 8:14 am EDT July 18, 2005

**WEST PALM BEACH, Fla.** -- A man who was attacking residents at an assisted living facility died after police shocked him twice with a stun gun.

West Palm Beach police said Michael Leon Crutchfield, 40, of Riviera Beach, began acting erratically after he entered the Palm Beach Assisted Living facility Sunday. He began screaming that someone was trying to kill him.

Police said residents fought back and he fled the facility. Police cornered him, but he fought back and an officer used a Taser gun to subdue him. He continued to struggle after falling and police stunned him at least once more.

Crutchfield was sweating profusely and had bulging veins when a nurse from the facility examined him. He was unconscious when paramedics arrived and died shortly thereafter.





## Coroner identifies man who died after police stun gun used

Posted by August 03, 2007 8:52 AM

Authorities this morning identified a man who died Thursday after police used an electric stun gun to subdue him.

The incident happened about 5 p.m. at 19th Street South and Fifth Avenue South, outside the UAB Hospital emergency room.

Jefferson County Chief Deputy Coroner Jay Glass identified the man as Clyde Patrick, 44, of the 4100 block of Fairmont Way in Birmingham. He said Patrick was pronounced dead at 5:19 p.m.

Bystanders said officers from Birmingham's South Precinct and the University of Alabama at Birmingham were on the scene to confront a man.

Witnesses said the man was sitting on the corner and wore little clothing. He was told by police to stay down, but kept getting up.

Birmingham homicide detective Sgt. Corey Hardiman said police had drawn stun guns.

Birmingham police Capt. Herman Hinton, who supervises homicide detectives, said he needed to discuss the incident with his detectives at mid-morning to gather enough information to comment.

"I did not go to the scene," he said.

Stun guns discharge an electrified projectile that is intended to temporarily incapacitate a person.

In July 2005, Birmingham Mayor Bernard Kincaid banned their use after a man died in the city jail hours after being stunned with one of the weapons.

The Jefferson County Coroner's office later determined the man had died from heart disease, complicated by alcoholism, and not from the stun gun.

In January 2006, Kincaid lifted the ban under the condition they be retrofitted with cameras and audio recording devices.

Answers to last night's incident may be slow coming while authorities sift through the facts.

"No one should expect a rapid resolution," Glass said. "There are complex issues here."

Walter Bryant. *News staff writers Toraine Norris and Carol Robinson contributed to this report*



# Same Story – Vastly Different

## Police Stun Gun Blamed In Man's Death

POSTED: 1:19 pm EDT August 3, 2007 [The Associated Press](#).

BIRMINGHAM, Ala. -- A Birmingham man died Thursday evening after police used a stun gun to subdue him. Jay Glass, the deputy coroner for Jefferson County, identified him as 44-year-old Clyde Patrick.

Authorities have released few details surrounding the 5 p.m. incident. Patrick, according to a Birmingham newspaper, was confronted by police officers near the UAB Hospital emergency room and was pronounced dead about 19 minutes later.

The gun-like devices can deliver a jolt of electricity by direct contact or through probes that reach a distance of about 20 feet.

# Same Story – Corrected

## Suspect Dies After Police Use Stun Gun

POSTED: 1:19 pm EDT August 3, 2007

UPDATED: 3:41 pm EDT August 3, 2007 [The Associated Press.](#)

**BIRMINGHAM, Ala.** -- A Birmingham man died Thursday evening after police used a stun gun to subdue him. Jay Glass, the deputy coroner for Jefferson County, identified him as 44-year-old Clyde Patrick.

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# Wrong Headline



SHELBY TOWNSHIP

## Mother lashes out in Taser death

### Much remains unclear about case

August 7, 2007

BY CHRISTY ARBOSCELLO, EMILIA ASKARI and ZACHARY GORCHOW

FREE PRESS STAFF WRITERS

The mother of a Shelby Township man who died after police struck him with a Taser as they tried to subdue him said Monday that she is livid and bewildered over the circumstances of her son's death.

Steven Spears' 67-year-old mother, Linda Cornell of Shelby Township, said she heard from witnesses that her unarmed son was struck three times with a Taser early Saturday.

"I'm really mad," said Cornell, who said she plans to pursue a lawsuit to have the weapons banned from the department. "They didn't need to keep Tasering him."

Tipped off by 911 calls, Shelby Township police found Spears, 49, around midnight Saturday wearing only socks and underwear near 23 Mile and Dequindre. After he broke free from medical personnel on the scene, he ran into traffic and eventually struggled with officers who caught him.

They subdued him with a stun gun — which likely sent 50,000 volts of electricity throughout his body, according to the gun's maker.

He then lost consciousness, police said in a news release. Spears — a divorced father of four children ages 7, 11, 19 and 28 who worked as a hairstylist in Troy — was pronounced dead at 12:50 a.m. at Troy Beaumont Hospital, according to the Oakland County Medical Examiner's Office.

By Monday, it was still unclear what specifically killed him and whether the stun gun played a role. Township officials are awaiting autopsy and toxicology reports. The cause of death is pending.

Shelby Township Supervisor Ralph (Skip) Maccarone said "the actions taken appear to be appropriate under the circumstances."

Police suspect that Spears was having a diabetic episode and "had a concern for his medical well-being," Maccarone said Monday. They did not elaborate about what prompted his behavior nor what led to that conclusion.

That perplexes family and friends, who said he wasn't diabetic.

Shelby Township police did not return several calls for comment.

"No one deserves to die like that," Danielle Trentacoste, manager of Bianchi Salon in Troy, said Monday of Spears, her longtime friend.

Spears' death follows that of 37-year-old James Arthur Simons, who died last October after being hit with a Taser by Lincoln Park police.

Deaths linked to stun guns are rare, local officials say.

"The chances or likelihood of someone dying from a Taser is slim," Macomb County Sheriff Mark Hackel said. "The chances or likelihood of someone dying from a gun are much higher."

Dr. Patricia Nouhan, who works in the emergency room in St. John Hospital in Detroit and has treated patients who have been hit by stun guns, agrees.

"It's pretty unusual to have death from a Taser," she said.

Though the weapons are less damaging than guns, they come with their own challenges.

For instance, responding officers often don't know whether suspects have pre-existing medical conditions and it's impossible to predict



# Corrected Headline



SHELBY TOWNSHIP

## **Mother lashes out after death** **Much remains unclear about case**

August 7, 2007

BY CHRISTY ARBOSCELLO, EMILIA ASKARI and ZACHARY GORCHOW  
FREE PRESS STAFF WRITERS

The mother of a Shelby Township man who died after police struck him with a Taser as they tried to subdue him said Monday that she is livid and bewildered over the circumstances of her son's death.

Steven Spears' 67-year-old mother, Linda Cornell of Shelby Township, said she heard from witnesses that her unarmed son was struck three times with a Taser early Saturday.

"I'm really mad," said Cornell, who said she plans to pursue a lawsuit to have the weapons banned from the department. "They didn't need to keep Tasing him."

Tipped off by 911 calls, Shelby Township police found Spears, 49, around midnight Saturday wearing only socks and underwear near 23 Mile and Dequindre. After he broke free from medical personnel on the scene, he ran into traffic and eventually struggled with officers who caught him.

They subdued him with a stun gun – which likely sent 50,000 volts of electricity throughout his body, according to the gun's maker.

He then lost consciousness, police said in a news release. Spears – a divorced father of four children ages 7, 11, 19 and 28 who worked as a hairstylist in Troy – was pronounced dead at 12:50 a.m. at Troy Beaumont Hospital, according to the Oakland County Medical Examiner's Office.

By Monday, it was still unclear what specifically killed him and whether the stun gun played a role. Township officials are awaiting autopsy and toxicology reports. The cause of death is pending.

Shelby Township Supervisor Ralph (Skip) Maccarone said "the actions taken appear to be appropriate under the circumstances."

Police suspect that Spears was having a diabetic episode and "had a concern for his medical well-being," Maccarone said Monday. They did not elaborate about what prompted his behavior nor what led to that conclusion.

That perplexes family and friends, who said he wasn't diabetic.

Shelby Township police did not return several calls for comment.

"No one deserves to die like that," Danielle Trentacoste, manager of Bianchi Salon in Troy, said Monday of Spears, her longtime friend. Spears' death follows that of 37-year-old James Arthur Simons, who died last October after being hit with a Taser by Lincoln Park police.

Deaths linked to stun guns are rare, local officials say.

"The chances or likelihood of someone dying from a Taser is slim," Macomb County Sheriff Mark Hackel said. "The chances or likelihood of someone dying from a gun are much higher."

Dr. Patricia Nouhan, who works in the emergency room in St. John Hospital in Detroit and has treated patients who have been hit by stun guns, agrees.

"It's pretty unusual to have death from a Taser," she said.



# Jumping to Conclusions



Associated Press

## **Police Stun Gun Kills Teen With Bible**

Associated Press 10.31.06, 8:42 AM ET

... St. Louis' deputy chief medical examiner - told the St. Louis Post-Dispatch he "didn't see overt signs of trauma or foul play" on the teenager's body and **suggested the boy might have died from "excited delirium."**

**"If it was excited delirium, he could have dropped dead without being Tased."**

- **Cause of Death: Excited Delirium**

# Bad Headlines Fallout Worldwide in Malaysia...

2 November 2006 Thursday

World W37

THE STAR

## Teen Tased to death

### Cops fired stun gun twice in attempt to calm youth down

**JERSEYVILLE (Illinois):** A teenager carrying a Bible and shouting "I want Jesus" was shot twice with a police stun gun and later died at a St Louis hospital, authorities said.

On Tuesday, police in Jerseyville, about 64km north of St Louis, Missouri, said 17-year-old Roger Holyfield would not acknowledge officers who approached him in an intersection and he continued yelling, "I want Jesus."

Police tried to calm the teen, but Holyfield became combative, according to the statement. Officers fired the stun gun at him after he ignored their warnings, then fired again when he continued struggling, police said.

Holyfield was flown to St Louis' Cardinal Glennon Hospital after the confrontation on Saturday; he died there on Sunday, police said.

After a preliminary autopsy on Tuesday, deputy chief medical examiner Dr Phillip Burch told the *St Louis Post-Dispatch* that the boy might have died of "excited delirium" and that "he could have dropped dead without being Tased."

He said he did not see overt signs of injury or foul play.

Excited delirium can be brought on

by mental illness or drugs, Burch said. Complete results will not be available for at least six weeks, when toxicology tests are returned.

The police department expressed sympathy to Holyfield's family but said city and police officials would not discuss the matter further.

It was not immediately clear whether Holyfield was mentally ill.

Calls on Tuesday to Jerseyville Police Chief Brad Blackorby were not immediately returned. The department has been using stun guns for about five months.

Holyfield's family members also did not return phone messages.

In a report released in March, international human rights group Amnesty International said it had logged at least 156 deaths across the country in the previous five years related to police stun guns.

The rise in deaths accompanies a marked increase in the number of US law enforcement agencies employing devices made by Taser International Inc of Scottsdale, Arizona.

About 1,000 of the nation's 18,000 police agencies used Tasers in 2001; more than 7,000 departments had them last year, according to a govern-



Holyfield: Died on Sunday in hospital after police in Jerseyville, Illinois, fired stun guns in an attempt to clam him down. — APpic

ment study.

Police had used Tasers more than 70,000 times as of last year, Congress' Government Accountability Office said.

Amnesty International has urged

police departments to suspend the use of Tasers pending more study. Taser International said the group's count was flawed and falsely linked deaths to Taser use when there has been no such official conclusion. — AP

## Security at Goa resorts tightened

**MUMBAI:** India has tightened security in its southern resort state of Goa amid fears of a terrorist attack ahead of the tourist season and an international film festival there, officials said yesterday.

New Delhi has been on a heightened security alert with fears of more attacks across the country, particularly in New Delhi and Mumbai since the July bombings on Mumbai's rail network that killed 186 people.

Indian Prime Minister Manmohan Singh said in September that intelligence agencies had warned more terrorist attacks were likely, possibly on economic and religious targets as well as on nuclear installations.

"Whether there is a specific threat or not, it is a fact that the tourist season is a high-impact time for any terror attack," J.P. Singh, a senior bureaucrat in Goa, said.

"We have to see that we don't have a Bali-like incident."

At least 202 people, many of them foreign tourists, were killed on the Indonesian island of Bali in 2002.

A Goa police officer, who spoke on condition of anonymity, said the state had been warned by central intelligence agencies that there could be an attack. — Reuters

# Correcting Latest Headlines

- Headline was corrected to:



Bible-carrying teen dies after stun-gun shot

Posted 10/31/2006 9:54 AM ET

JERSEYVILLE, Ill. (AP) — A teenager carrying a Bible and shouting "I want Jesus" was shot twice with a police stun gun and later died at a St. Louis hospital, authorities said.

# Correcting Latest Headlines

- Notify TASER International Communications Department at [Press@TASER.com](mailto:Press@TASER.com)
- To correct headlines on websites, contact the website's "News Editor" to immediately correct the headline and request that you be notified in an email that the headline was corrected
- These headlines on websites can be corrected by your Media Relations/PIO or if necessary our assistance at TASER International



# What is the Takeaway Point?



# Did You Note the Anchorman's Comment?

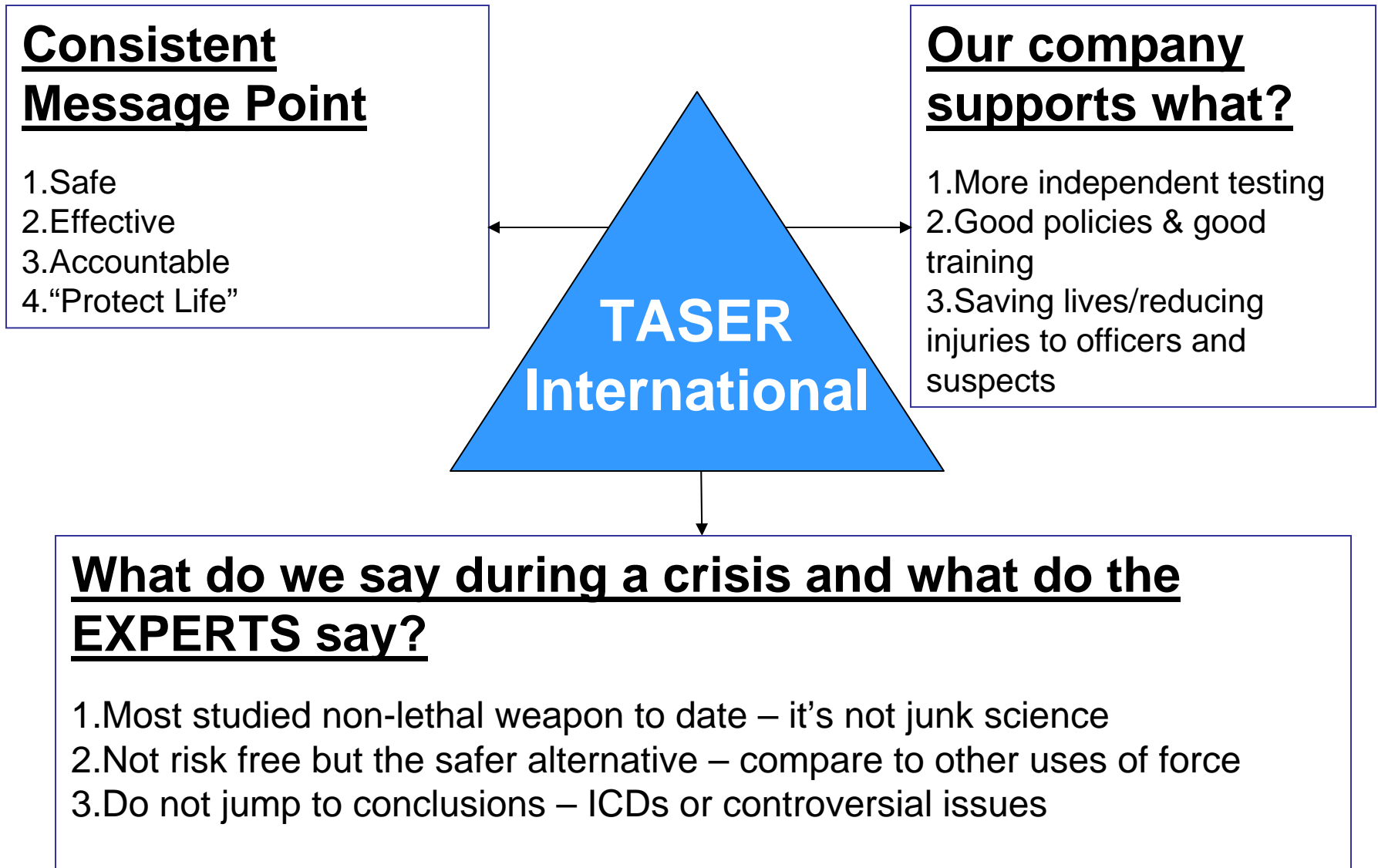
- **50,000 VOLTS!** (of course...)
- **60 people killed...**
  - This is inaccurate and misleading
  - Contact TASER International and seek guidance for corrections ASAP



# What Can We Do?

**Fight back with effective  
education and message points**

# TASER Int'l Response Triangle



# What Can PIOs / Admin Do For Education?

- Get TASER ECD training
- Know what an ECD is AND more importantly what it isn't... Understand your policy placement and use of force
- Be factual
  - Use the correct specs: 50,000 volts BUT only 0.07 joules per pulse (compare it to a cardiac defibrillator of approx 360 joules per pulse)

# Discuss the Voltage Myth

## Use Comparisons



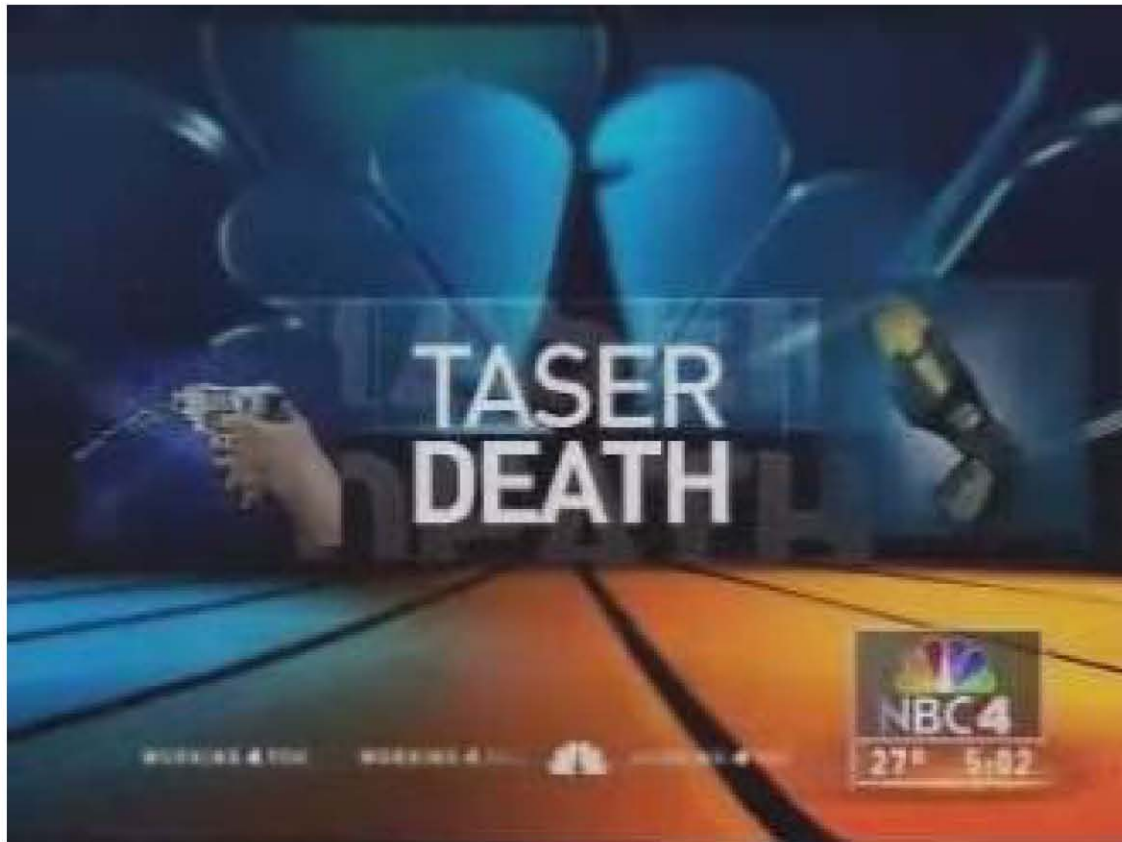
*Mother and daughter  
experience **20 MILLION VOLT**  
Van De Graaff Generator at  
Science Museum*

- Volts aren't dangerous –high amperes/joules are...
- Van De Graaff Generator
  - 1-20 million volts
- Static from a door knob
  - 35,000-100,000 volts
- Actual TASER X26 and M26 volts are 5000 volts and 1500 peak volts
  - 0.50 to 0.07 joules per pulse (the energy in a single pulse)



# What Can PIOs Do for ICDs?

- Avoid description as a “TASER death...”
- If the news agency does this, correct the reporter or the news agency



# What Can PIOs Do for ICDs?

- Followup on “TASER death” as the ME had not even completed an autopsy in this case



## Family Sues Chicago Police Over Taser Death

August 14, 2007 - The family of a 42-year-old man who died after being shocked by Chicago police with a Taser gun has filed a lawsuit. Attorneys for Gefery Johnson's family say police used "excessive force" in subduing him during a confrontation last week.

Police say they were called to the home of Johnson's mother after she complained her son was damaging property.

Police say Johnson was violating a protective order by being at the home and resisted arrest. Officers shocked him twice with a Taser gun and used pepper spray to try to subdue him.

Johnson was pronounced dead at a hospital shortly afterward.

Authorities say it may take several weeks to determine what role the Taser played in his death.

The lawsuit filed yesterday says Johnson was "non-combative and cooperating" with police during the incident.

Source: <http://www.fox28.com/News/index.php?ID=23369>

## Family sues Chicago police over man's Taser death

**AP** Associated Press

August 14, 2007 (CHICAGO) - The family of a 42-year-old man who died after being shocked by Chicago police with a Taser gun has filed a lawsuit. Attorneys for Gefery Johnson's family say police used "excessive force" in subduing him during a confrontation last week.

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Authorities say it may take several weeks to determine what role the Taser played in his death.

The lawsuit filed yesterday says Johnson was "non-combative and cooperating" with police during the incident.

Source: <http://abclocal.go.com/wis/story?section=local&id=5566605>

# What Can PIOs Do for ICDs?

- If an in custody death (ICD) occurs remind reporters to not jump to conclusions
- Avoid description as a “TASER death”
- Get the facts -- find out the vital ICD details:
  - Time between TASER ECD deployment and death?
  - Effectiveness of TASER system/did it gain compliance?

# What Can PIOs Do for ICDs?

- In custody death (ICD) needs:
  - Location of probes (make sure photos were taken including measurements)
  - Type of use: Probe or drive-stun?
  - Other force used?
  - Was the officer trained in the system?
  - Drugs on board?
  - Describe the behavior of the suspect before and after
  - Dataport downloaded as part of the investigation/evidence collection?



# What Can PIOs Do for ICDs?

- A number of cases have occurred where individuals have died in police custody following TASER ECD use
- In nearly all cases, the TASER ECD has not been listed as a cause or contributing factor in the death
- Majority of deaths ruled drug related including “excited delirium”
- Most occurred during transport or at hospital

# What Can PIOs Do for ICDs?

- Most involved subjects demonstrating extremely erratic and bizarre behavior
- Most have occurred hours to days after actual TASER device applications
- Electricity is instantly dissipated as heat and does not linger in the body

# Remind Investigators:

- The University of Miami can take brain tissue collected in first 24 hours. The coroner/ME must contact University of Miami at 1-800-UM-BRAIN.
- Ensure hospital takes body core temp even hours after death
- Keep the battery in the device/ This will keep the integrity of the internal clock.
- Download the device within 48 hours of the event
- When the device was deployed could the device be heard arcing?

# Why Report?

- Transparency can be vital
- Addresses media criticism
- Educates your community
- Provides feedback of success
- Most criticism is based on misinformation
- Provides the public, risk management and media with your success with actual field results – without it you can foment criticism – measurable success



# Sudden Death Not New

- Institutionalized patients deaths described as early as 1849 in medical literature
  - In one SC hospital during 1915-1937, there were 360 cases in which the cause of death was listed as “exhaustion due to mental excitement”
- Disappeared in the 1950’s
  - Widespread anti-psychotic medication used
- Re-emerged in the 1980’s
  - Crack cocaine epidemic
  - Deinstitutionalization of the mentally ill
- Today, increasing drug abuse and mental illness
  - Methamphetamine epidemic
  - Poor mental health resources

# Understanding Excited Delirium

## Observations of Excited Delirium:

- There is a “quiet period” before death. From S.J. Stratton: “without exception, all cardiopulmonary arrests were unanticipated and preceded by a short period (estimates 5 minutes or less) during which the victim ceased in struggling against restraints and developed a labored or shallow breathing pattern.”
- Resuscitation almost uniformly unsuccessful when arrest occurs (even with EMS on scene)

# Understanding Sudden Death

Sudden Death in Young Adults: A 25-Year Review of Autopsies in Military Recruits Robert E. Eckart, DO; Stephanie L. Scoville, DrPH; Charles L. Campbell, MD; Eric A. Shry, MD; Karl C. Stajduhar, MD; Robert N. Potter, DVM, MPH; Lisa A. Pearse, MD, MPH; and Renu Virmani, MD

# Sudden Death Study Results

- Of 126 nontraumatic sudden deaths: The most common cause of sudden death was an identifiable cardiac abnormality (64 of 126 recruits [51%]); however, a substantial number of deaths remained unexplained (44 of 126 recruits [35%]).
- The predominant structural cardiac abnormalities were coronary artery abnormalities (39 of 64 recruits [61%]), myocarditis (13 of 64 recruits [20%]), and hypertrophic cardiomyopathy (8 of 64 recruits [13%]). An anomalous coronary artery accounted for one third (21 of 64 recruits)...
- Source: *Annals Intern Med.* 2004;141:829-834.



# What Can PIOs Do for ICDs?

## **Drug Issues:**

- 64 percent or more of adult male arrestees that police arrest had recently used at least one of five drugs: cocaine (undistinguished between crack and powder), marijuana, opiates, methamphetamine, or PCP (phencyclidine). These drugs can lead to a higher rate of Psychosis (a psychiatric disorder such as schizophrenia or mania that is marked by delusions, hallucinations, incoherence, and distorted perceptions of reality) related events and deaths.\*

\* <http://www.ncjrs.org/pdffiles1/nij/193013a.pdf>

# Drugs and ICDs?

- The Cleveland Clinic reported a standard electrical discharge from a TASER brand device does not induce ventricular fibrillation and that cocaine intoxication increases the safety margin even further
- The study indicates that cocaine may not cause arrhythmias and may actually protect against them in the absence of pre-existing myocardial ischemia, infarct, metabolic abnormalities or cardiomyopathy. According to Dr. Lekkireddy, the drugs appear to exert significant sodium channel blocking to increase ventricular fibrillation safety thresholds

# Drugs and ICDs?

- “A standard five-second stun gun application is unlikely to cause life-threatening arrhythmias, at least in the normal heart, irrespective of the position of application,” said Dr. Lekkireddy.
- Cocaine does not make the heart more susceptible to fibrillation.\*\*

\*\* Pharmacotherapy 1996 May-Jun;16(3):429-37. The effect of cocaine on Ventricular fibrillation threshold in the normal canine heart. Tisdale JE, Shimoyama H, Sabbah HN, Webb CR.

# ICD Third Party Contacts

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# Amnesty International

Amnesty International often uses deaths “associated” to TASER ECDs. According to a March 12, 2007 Associated Press story:

“Amnesty International estimates that 232 people have died in the United States and Canada after being shocked by TASERs, but its researchers admit the tally is totally unscientific, based mostly on media reports. TASER says it has offered to settle the matter by co-sponsoring research on the health risks of stun guns, but Amnesty has refused.”

Source: [http://biz.yahoo.com/ap/070312/taser\\_rebound.html?.v=1](http://biz.yahoo.com/ap/070312/taser_rebound.html?.v=1)



# General Safety

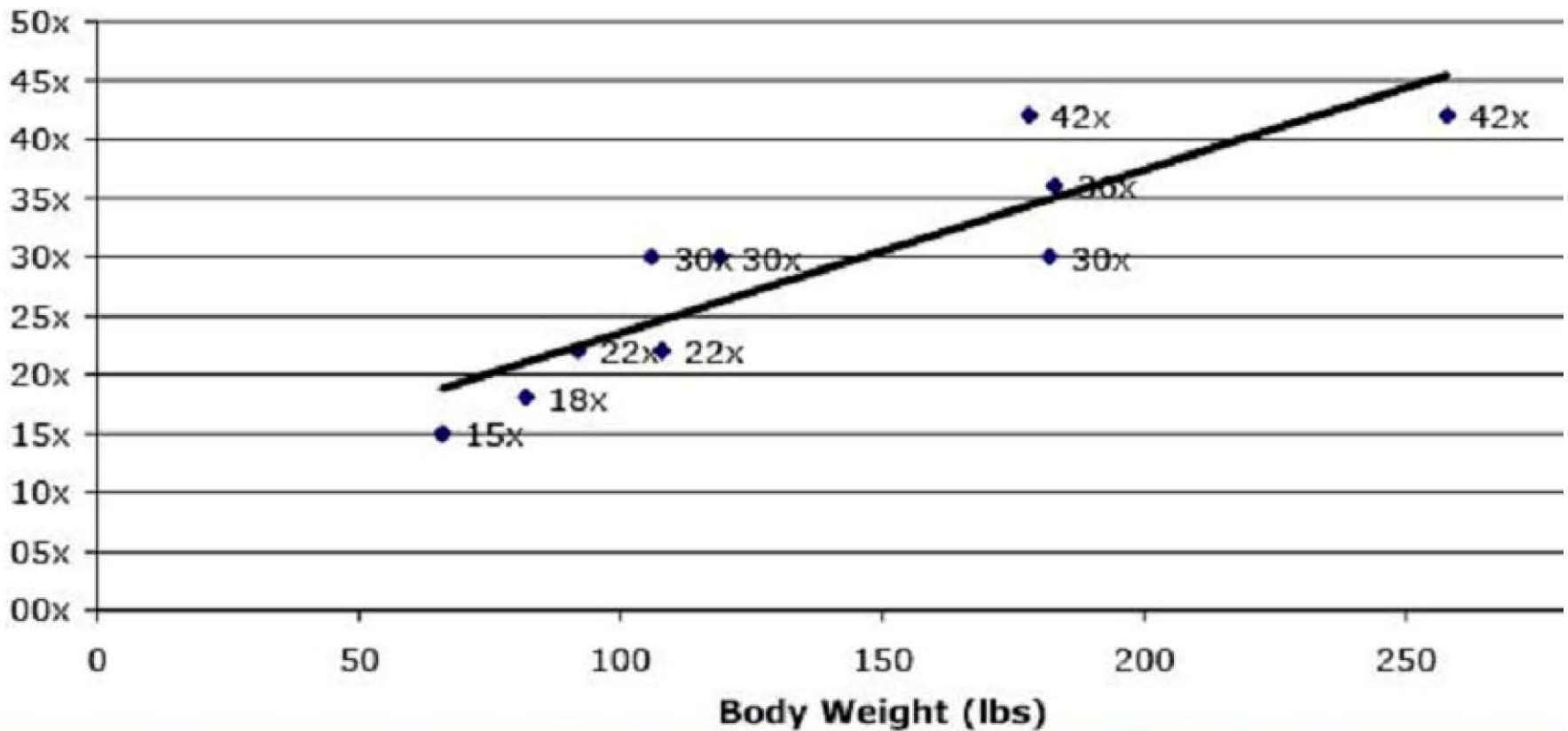
- A key study performed by Wayne McDaniel and published in the peer-reviewed January 2005 PACE (Pacing and Clinical Electrophysiology) journal
- McDaniel ran experiments on nine swine ranging in weight from 30 kg (66 pounds) to 117 kg (257.4 pounds). From the experiments, McDaniel conclude (See table 1), that there is a 15 to 1 safety margin when a TASER is used on the 30kg swine and up to a 42 to 1 safety margin when used on swine greater than 80 kg. The average safety margin was found to be 28 to 1.

# General Safety

- It is generally accepted in the scientific community that a swine heart is anatomically similar to a human heart and as such pigs are used in most heart related medical studies
- Thus, based on McDaniel's experiment and published results, TASER International is able to say that its devices have been shown to have at least a 15 to 1 safety margin, meaning the device needs to be 15 times more powerful to cause harm, in animals weighing as little as 66 pounds.

# General Safety

**TASER X26 Safety Factor**  
19 pulses per second



# Advantages to TASER ECDs

The advantages to TASER technology are dramatic reductions in injuries to both suspects and law enforcement officers. Nationwide with over 11,500 law enforcement agencies deploying TASER devices we have begun a law enforcement revolution in which officers can temporarily incapacitate subjects from zero to 35 feet away.

# Advantages to TASER ECDs

- Recovery is instantaneous so the TASER system only provides a window of opportunity to temporarily stop someone's dangerous actions. TASER technology isn't a magic bullet but the field results are an impressive 94%.



# Advantages to TASER ECDs

- TASER ECDs can truly immobilize a suspect who can overcome pain, might be on dangerous drugs like cocaine or meth or even emotionally disturbed, whereas other non-lethal tools rely upon pain compliance
- The TASER system doesn't use pain compliance but immediately stops any coordinated action by the subject only while the TASER system's current is flowing.

# Accountability

**X26 Operational Records**

### X26 DATAPORT DOWNLOAD

SERIAL NUMBER OF X26: X00-000410      MODEL #: X26

DATE OF DOWNLOAD: 09/08/03 19:10:29

LOCAL TIMES CALCULATED FOR: GMT - 07:00, Mountain Standard Time (Arizona)

DATA RANGE DOWNLOADED: All Data

#### RECORDED FIRING DATA

| GMT TIME          | Local Time        | Duration [Secs] | Temperature [deg. C] | Battery [%] |
|-------------------|-------------------|-----------------|----------------------|-------------|
| 09/09/03 01:23:12 | 09/08/03 18:23:12 | 1               | 30                   | 96          |
| 09/09/03 01:23:15 | 09/08/03 18:23:15 | 1               | 31                   | 96          |

#### TIME CHANGE RECORD

The log below shows the time and dates that the internal clock of the X26 has been reset.

| GMT TIME          | Local Time        | Change Type |
|-------------------|-------------------|-------------|
| 09/09/03 01:21:01 | 09/08/03 18:21:01 | TO          |

Zoom Out    Print    Save As Encrypted Log    Exit

#### DEVICE FIRE RECORDS

| GMT TIME          | Local Time        | Duration [Secs] | Temperature [deg. C] | Batt [%] |
|-------------------|-------------------|-----------------|----------------------|----------|
| 09/09/03 01:23:12 | 09/08/03 18:23:12 | 1               | 30                   | 96       |
| 09/09/03 01:23:15 | 09/08/03 18:23:15 | 1               | 31                   | 96       |
| 09/09/03 01:23:20 | 09/08/03 18:23:20 | 5               | 31                   | 96       |
| 09/09/03 01:23:31 | 09/08/03 18:23:31 | 10              | 32                   | 96       |
| 09/08/03 19:44:29 | 09/08/03 12:44:29 | 1               | 31                   | 95       |
| 09/08/03 19:44:31 | 09/08/03 12:44:31 | 2               | 31                   | 95       |
| 09/08/03 19:44:36 | 09/08/03 12:44:36 | 5               | 31                   | 95       |
| 09/08/03 19:44:50 | 09/08/03 12:44:50 | 12              | 32                   | 95       |

Fire records found: 8

- TASER ECDs include a unique built-in dataport microchip system that provides the exact time, date and duration of field uses by law enforcement officers.
- This data objectively corroborates an officer's report of any TASER use incident.

# Accountability Data Info

**X26 Operational Records**

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| 09/08/03 19:44:29 | 09/08/03 12:44:29 | 1               | 31                   | 95       |
| 09/08/03 19:44:31 | 09/08/03 12:44:31 | 2               | 31                   | 95       |
| 09/08/03 19:44:36 | 09/08/03 12:44:36 | 5               | 31                   | 95       |
| 09/08/03 19:44:50 | 09/08/03 12:44:50 | 12              | 32                   | 95       |

Fire records found: 8

# Accountability



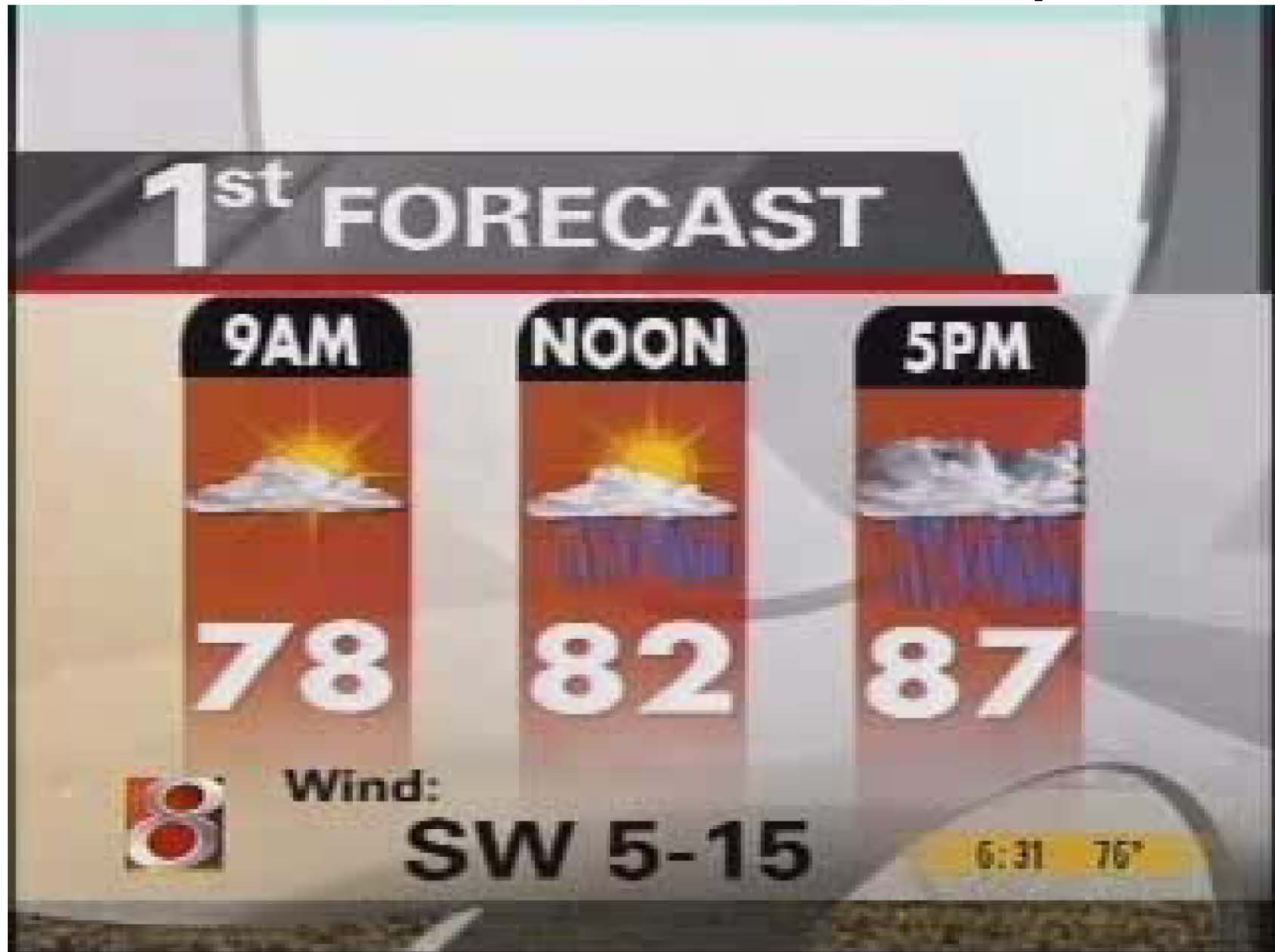
- A higher level of accountability is available with the TASER CAM accessory that creates an audio/visual digital MPEG 4 recording of all TASER system uses.
- TASER CAM can provide a suspect's actions as well as the officer's verbal commands whenever a TASER system is activated

# Key Message Points

- It comes down to safety, effectiveness and accountability which no other use of force tool can match
- The TASER is not risk free but is the safer alternative compared to other use of force tools



# Correct Bad News Reports



# Did You Note the Reporter's Comment?

- Reporter incorrectly stated without even speculating: “The TASER **did in fact kill him**”
  - This is inaccurate, misleading and inflammatory. The death had just occurred. The ME hadn't even weighed in yet.
  - Contact TASER International and seek guidance for corrections ASAP

# Fight Back with Facts



# Fight Back with Facts

- “TASER death” inaccurately used several times. “TASER is supposed to be non-lethal...”
- End the speculation. The Sheriff stopped the speculation immediately:
  - The Sheriff took control, educated the public with facts and provided a strong message point

# What Can PIOs Do?

- Use the correct terminology: TASER X26, TASER device, TASER technology, or a generic terms Electronic Control Devices (ECDs)
  - Avoid “tazed” – it damages TASER trademark and is unprofessional in reports
  - Avoid “the officer fired a TASER”
  - Sound precise and clear with media and in reports: “the officer deployed a TASER X26”





17800 N. 85<sup>th</sup> St • Scottsdale, Arizona 85255 • www.TASER.com  
Phone: 480.991.0797 • 800.978.2737 • Fax: 480.991.0791

## **TASER® Technology – Changing the World and Protecting Lives**

TASER International, Inc. provides safer use-of-force options for use in the law enforcement, military, private security and personal defense markets. TASER technology saves lives every day and numerous independent medical studies conclude that TASER Electronic Control Devices (ECDs) are among the safest and most effective use-of-force options available. TASER technology dramatically reduces injury rates to suspects and officers, thereby lowering liability risk and improving officer safety and community security. TASER technology is revolutionizing law enforcement and changing the world with safer, effective and accountable tools for citizens, law enforcement, military and private security.

### **TASER Electronic Control Devices**

TASER devices use proprietary technology to quickly incapacitate dangerous, combative or high-risk subjects who pose a risk to law enforcement officers, innocent citizens or themselves. TASER ECDs utilize compressed nitrogen to project two small probes up to 15, 21, 25 and 35 feet (citizens can only buy the 15-foot Air Cartridge) at a speed of over 160 feet per second. These probes are connected to the TASER system by insulated wire. An electrical signal is transmitted through the wires to where the probes make contact with the body or clothing, resulting in an immediate loss of the person's neuromuscular control and the ability to perform coordinated action for the duration of the impulse while allowing an instant recovery once the cycle ceases. This effect is a state-of-the-art Neuro-Muscular Incapacitation (NMI) technology that temporarily overrides the nervous system, taking over muscular control. This NMI technology temporarily debilitates even the toughest individuals with minimal risk of injury.

TASER International markets the ADVANCED TASER M26; ADVANCED TASER M18 & M18L; TASER® X26; TASER® X26<sup>C</sup> Citizen Defense System and the newly introduced TASER C2 Personal Protector.

### **Quick Stats**

- Over 11,500 law enforcement, correctional and military agencies in 44 countries deploy TASER devices
  - Of this over 3,500 agencies deploy to all of their patrol officers
- Over 278,480 TASER brand devices have been sold to law enforcement since February 1998
- Over 160,000 TASER brand devices have been sold to citizens since 1994 (legal in 43 states)
- TASER ECDs for citizens are prohibited in DC, MA, RI, NY, NJ, WI, MI, HI and certain cities and counties. CT and IL are legal with restrictions
- TASER International's headquarters and manufacturing facility is located in Scottsdale, AZ and was founded in September 1993
- TASER International trades on the NASDAQ under the trading symbol TASR

## TASER Safety and Medical Studies

Independent medical and scientific experts have determined TASER devices to be a safer use-of-force option compared to traditional use of force tools. Field studies have reaffirmed the life-saving value of TASER devices. Independent studies - including an extensive, multi-million dollar three-year study conducted by the British Associations of Chief Police Officers (ACPO) in consultation with the British Police Scientific Development Branch (PSDB), the British Defense Science and Technology Laboratory (DSTL) and the British Defence Scientific Advisory Council Sub-committee on the Medical Implications of Less-lethal Weapons (DOMILL), as well as a U.S. Department of Defense (DOD) study involving approximately 20 medical and research doctors from a dozen academic, government and private institutions - have reaffirmed the overall safety and effectiveness of TASER's life-saving technology. In January 2005, the Pacing and Clinical Electrophysiology (PACE) Journal published the results of a cardiac safety study of TASER technology and stated, "There has been no report directly related to its risk of inducing ventricular fibrillation (VF), although preliminary findings suggest that the likelihood of inducing VF by neuromuscular incapacitation (NMI) discharge is extremely low. We hypothesized that the induction of VF would require significantly greater discharge levels than delivered by electrical NMI devices fielded by law enforcement agencies."

- Dr. Richard Luceri, a renowned cardiac rhythm specialist and member of the Scientific and Medical Advisory Board for TASER International concluded, "The PACE article, using pigs of comparable human weights (66 to 257 lbs), confirms the extraordinarily wide safety margins for fibrillation induction in TASER-like products. Average fibrillation induction required 28 times the energy of commercially available TASER products, far greater than the safety margin of most cardiac drugs approved by the U.S. Food and Drug Administration. These data add scientifically validated support to the large database of favorable TASER outcomes collected in the field," concluded Dr. Luceri. For a comprehensive look at the safety of TASER technology, please visit [www.taser.com/savinglives](http://www.taser.com/savinglives).

### About TASER International, Inc.

Co-founders Rick Smith and Tom Smith formed AIR TASER, Inc. in 1993 with the initial TASER inventor Jack Cover. In 1998 AIR TASER, Inc. became TASER International, Inc. in response to the Company's international expansion and increased market share. TASER International, Inc. became a public company in May 2001, and began public trading on the NASDAQ stock exchange under the symbol TASR. TASER International's state-of-the-art 100,000 square-foot corporate headquarters and manufacturing facility are located in Scottsdale, AZ.

For further corporate and investor information, please visit [www.TASER.com](http://www.TASER.com) and select "Investor Relations" or contact Investor Relations at (800) 978-2737 or [IR@TASER.com](mailto:IR@TASER.com).



## TASER<sup>®</sup> TECHNOLOGY SUMMARY WITH Q&As

**Synopsis:** The TASER<sup>®</sup> X26 (TASER X26C and TASER<sup>®</sup> C2 for citizens) and the ADVANCED TASER<sup>®</sup> M-Series (M26 for law enforcement/military and M18L and M18 for citizens) are the electronic control devices (ECDs) that can immediately stop a truly aggressive, focused, combat trained attacker. Suspects can recover immediately as electricity cannot be stored by the human body.

**Range:** 15-35 feet for law enforcement and military, 15 feet only for citizens. Depending on the TASER Cartridge, the TASER ECDs can be deployed from 0 to 35 feet (0 to 10.67 meters). TASER Cartridges are available in cartridges with ranges of 15, 21, 25 and 35 feet.

**Method of Incapacitation:** TASER ECDs utilize a state-of-the-art Neuro-Muscular Incapacitation (NMI) technology that temporarily overrides the nervous system, taking over muscular control. This NMI technology temporarily debilitates even the toughest individuals with minimal risk of injury. Existing stun systems stimulate sensory neurons and can be over-ridden by a focused individual. The TASER devices directly stimulate motor nerve tissue, causing incapacitation regardless of mental focus, training, size, or drug induced dementia.

### Accountability with Dataport Systems:

- The **TASER X26** stores time, date, duration, temperature & energy cell status of over 1,500 firings. Data accessed through USB into encrypted secure “.x26” file format on Windows<sup>®</sup> PC (Windows<sup>®</sup> 2000, XP, or ME).
- The **ADVANCED TASER M26's** on-board memory can download the time and date of its most recent 500+ uses to protect officers from unfounded charges of misuse of force.

**M26 Power Supply:** AA Nickel-Metal Hydride batteries 1.2 volts  
AA Hi-Output Alkaline (i.e., Duracell<sup>®</sup> Ultra) batteries 1.5 volts

**X26 Power Supply:** Digital Power Magazine (DPM) with lithium energy cells and digital memory. 6-volt output, 10-yr shelf life.

**C2 Power Supply:** C2 Lithium Power Magazine lithium energy cells and digital memory. 6-volt output, 10-yr shelf life.

**Power:**  
**M26:** 26 watts; 0.50 joules per pulse into load; and 3.6mA avg. current  
**M18L/M18:** 18 watts; 0.50 joules per pulse into load; and 3.6mA avg. current  
**X26:** 5 watts; 0.07 joules per pulse; and 2.1 mA average current  
**C2:** (approximately): 5 watts; 0.07 joules per pulse; 2.1 mA average current

**Training:** The TASER devices use similar hand motions and muscle memory as standard semi-automatic pistols, reducing the amount of time required to train and increasing accuracy under stress. Minimum recommended law enforcement user training is 6 hours; certified instructor training is 16 hours.

## **What is a TASER electronic control device?**

A TASER device is an electronic control device that is a safer use-of-force option for law enforcement, private security, military and personal defense. The advantages to TASER technology are dramatic reductions in injuries to both suspects and law enforcement officers. No other law enforcement tool has undergone as extensive international scientific testing and scrutiny as TASER technology. Although, no use of force device is risk free including TASER technology, medical experts and recent independent comprehensive reports from the governments of Canada, United Kingdom and the U.S. have concluded that TASER systems are among the safer use-of-force alternatives to subdue violent individuals who could harm law enforcement officers, innocent citizens or themselves."

"The advantage is that TASER technology can truly immobilize a suspect who can overcome pain, might be on dangerous drugs like cocaine or methamphetamine or even emotionally disturbed, whereas other use of force tools rely upon pain compliance. The TASER system doesn't use pain compliance but immediately stops any coordinated action by the subject only while the TASER system's current is flowing. Recovery is instantaneous so the TASER system only provides a window of opportunity to temporarily stop someone's dangerous actions."

## **How does a TASER device work?**

TASER devices utilize compressed nitrogen to project two small probes up to various ranges of 15, 21, 25 or 35 feet only 15 foot cartridges are sold to citizens) at a speed of over 160 feet per second. These probes are connected to the TASER device by insulated wire. An electrical signal is transmitted through the wires to where the probes make contact with the body or clothing, resulting in an immediate loss of the person's neuromuscular control and the ability to perform coordinated action for the duration of the impulse.

## **Why use a TASER device?**

TASER devices save lives and are generically known as electronic control devices. TASER brand devices are among the safer use-of-force options available today. TASER systems use proprietary technology to immediately incapacitate dangerous, combative or high-risk individuals who pose a risk to law enforcement officers, innocent citizens or themselves. TASER devices have been proven statistically to dramatically reduce injury rates to suspects and officers and increase officer safety and community security compared to any other use of force option.

## **Are TASER devices safe?**

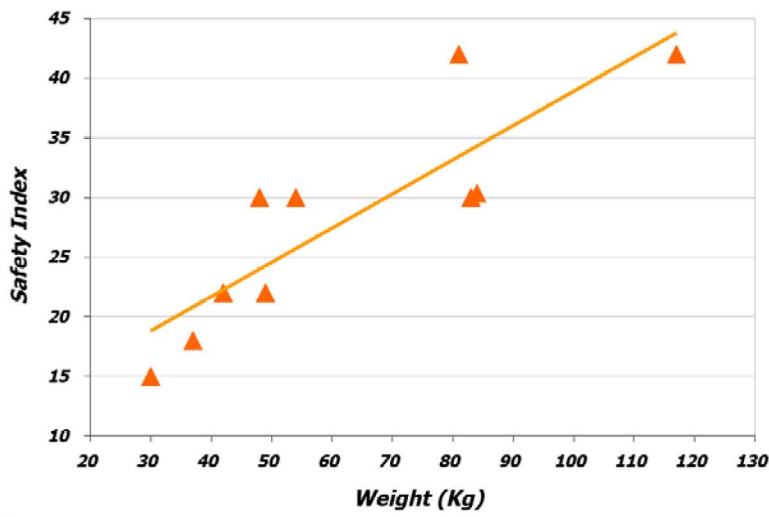
TASER technology is not risk free, but Independent medical and scientific experts have determined that when used properly, TASER technology is among the most effective use-of-force interventions available to law enforcement. No other law enforcement tool has undergone as extensive international scientific testing and scrutiny as TASER technology.

Numerous recent independent studies - including an extensive, multi-million dollar three-year study conducted by the United Kingdom's Association of Chief Police Officers (ACPO) in consultation with the British Police Scientific Development Branch (PSDB), the British Defence Science and Technology Laboratory (DSTL) and the British Defence Scientific Advisory Council Sub-committee on the Medical Implications of Less-lethal Weapons (DOMILL), as well as a U.S. Department of Defense (DOD) study involving approximately 20 medical and research doctors from academic, government and private institutions - have reaffirmed the life-saving value of

TASER technology. A peer reviewed study by Journal of Pacing and Clinical Electrophysiology (PACE) suggest a safety margin of greater than 20:1 for human adults greater than 100 lbs -- Acetaminophen has an 8:1 safety margin.

- Peer reviewed study used adult pigs chosen to simulate range of adult human body weights between 30 and 120 kg (66 lbs. and 264 lbs.)
- Peer reviewed study used adult pigs chosen to simulate range of adult human body weights between 30 and 120 kg (66 lbs. and 264 lbs.)
- Results suggest a safety index > 20:1 for human adults > 45 kg (100 lbs.)

### PACE Study



For more information on TASER safety, or to download copies of independent medical studies, please visit [www.TASER.com](http://www.TASER.com).

### What about accountability?

TASER International has taken it upon itself to implement numerous measures to ensure that its electronic control devices are among the safest and most accountable, use-of-force alternatives in the world. These accountability measures include the development of an on-board computer called the dataport system that records a set of data each time the trigger is pulled. No other use of force option provides this level of accountability through documentation and deployment data.

In addition, we recently developed the TASER CAM™ which is an integrated video system that records more than 90 minutes of audio and video during a TASER X26 deployment providing yet another layer of accountability. No other law enforcement tool can claim such unique and proven accountability systems that provide a check and balances system in place for each local law enforcement agency.



For citizen accountability, each TASER cartridge is serialized and registered to its user and includes a tracking program that disperses dozens of confetti-sized film at the scene under our Anti-Felon Identification (AFID) program.

To citizens to purchase a TASER X26C or a TASER C2 it comes down three factors: Registration, verification and tracking.

**TASER X26C:** At the time of purchase, we gather extensive personal information to verify the identity and background of the prospective buyer with the understanding that we will not release the information and it will be kept confidential. This data maintains the integrity of our Anti-Felon Identification (AFID) system as private unless a TASER device is used in the commission of a crime in which we can trace the identity of the unit and the owner of the device through the confetti that is deployment any time our TASER devices are deployed. Online purchases of TASER X26C units require a valid Social Security Number in which ChoicePoint verifies this information and reviews for felonies, terrorist watch lists and proof of age. The device can then be purchased via credit card which is also verified.

**TASER C2:** The TASER C2 Personal Protector is the first device to incorporate a revolutionary new public safety background check technology called CheckLok™. Next generation background check technology ensures full compliance with user identification and screening. The TASER C2 ships in a locked state and can only be unlocked by with an activation code received upon successful registration with a identification verification and background check approval from the privacy of using a secure web site or a toll-free number.

After completing the background check, the user is issued an activation code unique to their serial number. The TASER C2 will work only after entering the activation code. CheckLok ensures compliance, registration, and provides corporate responsibility.

### **How does the TASER CAM™ work?**

The TASER CAM provides enhanced accountability above and beyond the TASER Dataport system. The TASER X26 provides an audio/visual black and white MPEG 4 video of any activation. The monochromatic lens can record video in complete darkness. The system activates whenever the safety is placed in the “off” position and stops when the system is stopped by placing the safety to the “on” position. Now, an officer's report not only is corroborated by its internal audit system but it captures the event on video. Imagine seeing the suspect's behavior and hearing the officer's verbal commands. We are all about effectiveness, accountability and safety.

### **What is the AFID program?**

TASER International's unique Anti-Felon Identification (AFID) system enforces accountability for each use of the TASER device via the dispersal of tiny unique coded tags every time the device is fired. When police are called to investigate a use of a TASER device, they can locate these tags and contact TASER International for a complete trace on the serial number.

### **What is the difference between the TASER X26 and the TASER X26C?**

TASER X26C: The main difference in the X26C vs. X26 law enforcement model is that the X26C model uses a 10-second cycle vs. a 5-second cycle and the range. Citizens have 15 foot range versus 25 foot range for law enforcement. Moreover, the X26C trigger can be triggered several times to create a 30-second cycle. The user can then deploy the X26C, squeeze the trigger 3 times quickly to create a 30-second cycle (3 x 10 second cycle = 30 seconds), place the X26C on the ground and depart a dangerous scene while the X26C safely disables the intruder. The law enforcement version cannot be squeezed multiple times to create back to back cycles. The law enforcement X26 uses a 5-second cycle. It can be overridden by the user but the instant the finger is off the trigger, the cycle stops. Multiple trigger pulls will not change the 5-second cycle either.

### **Who do I contact for more information?**

For more information on TASER technology, please contact TASER International, Inc. headquarters at: 1-800-978-2737 or [info@TASER.com](mailto:info@TASER.com).

[http://www.rockymountainnews.com/drmn/local/article/0,1299,DRMN\\_15\\_5683690,00.html](http://www.rockymountainnews.com/drmn/local/article/0,1299,DRMN_15_5683690,00.html)

## Deputy would have been justified using lethal force

By Julie Poppen, Rocky Mountain News  
August 27, 2007

BOULDER, CO – The sheriff's deputy who was first on the scene would have been justified using lethal force against a knife-wielding man at the University of Colorado who cut a student's neck, stabbed himself and terrorized observers on the morning of the first day of class Monday.

Boulder County Sheriff's Office Division Chief Dennis Hopper said Deputy Stuart Holt, a veteran officer, had to make quick decisions as the incoherent suspect – whom CU police identified as 39-year-old Kenton Astin of Boulder, waved a steak knife over his head and said he had a bomb.

"The officer used restraint," Hopper said. "If deadly force was used it probably would have been justified."

Hopper said if the suspect had begun approaching other students instead of stabbing himself, the outcome could have been much different.

Hopper said Holt was off-duty working traffic patrol on his day off at a parking lot nearby when he walked to the University Memorial Center – described as the nerve center of student life on campus – to get some water. That's when he saw freshman Michael George Knorps holding his neck near the sidewalk in front of the UMC and realized the young man had been slashed.

Holt drew his gun as terrified students looked on, Hopper said. Astin babbled about "the end of the world", stabbed himself about six times in the chest and began counting down as if he was planning to detonate a bomb with a cell phone in his hand.

That's when Boulder police officer John Smith, a 21-year veteran with the department, arrived. He was returning to the intersection of Euclid Avenue and Broadway to do traffic control on his motorcycle when he heard unusual shouting coming from the direction of the UMC.

It was 9:43 a.m.

Two female students walked past him and asked, "Is that real?" as they motioned over their shoulders. They didn't say anything else when Smith asked for more details. Another pair of students told him a student had just been cut.

Once he got to the scene, Smith indicated to Holt, who was standing at the bottom of a set of stairs from Astin, that he had a Taser.

After a few tense moments, Astin dropped the knife but continued making suicidal statements, such as, "Go ahead and kill me" and "Make me do the floppy," Smith said in an interview Monday afternoon at police headquarters. When Astin continued to refuse to follow commands and began walking toward him, Smith fired the Taser at his chest as Astin continued his countdown.

"I remember thinking, "Do I Tase him before he gets to 1? I think I did Tase him before he got to 1."

Still, it took about six people to wrestle Astin to the ground and get his hands behind his back, Smith said.

He was transported for medical treatment and listed in serious condition at Boulder Community Hospital. Witnesses attended to Knorps, who was laying on a bench, until paramedics arrived.

The finance major underwent surgery Monday afternoon to repair tissue and muscle damage. He was conscious and talking as he went into the operating room and was expected to fully recover. His parents were en route from Illinois to Colorado.

Chancellor G.P. "Bud" Peterson said he talked to Knorps before surgery and when told the chancellor wanted to talk to him, Knorps quipped, "Who's the chancellor" or "What's the chancellor?"

"He seemed to be in good spirits," Peterson said.

His parents, though remained concerned.

"They want to know how this could happen," Peterson said. "They're very concerned for their son, for his safety and his health."

School officials said Knorps, who lives in Darley Towers at Williams Village, was expected to be released to relatives in Boulder and able to attend classes today.

Knorps is the sixth of seven children in a tight-knit family. Knorps chose the CU in part because his older sister and brother live in Boulder, said Knorps' uncle, Leon Knorps, of Naperville, Ill. He described his nephew as an active and athletic young man who played basketball in high school. Knorps also said his nephew was "a real smart kid" who had a variety of colleges from which to choose.

*Rocky Mountain News staff writers Rosa Ramirez, Justin Coons and Erika Gonzalez contributed to this report.*

<http://www.daily-journal.com/archives/dj/display.php?id=401855>

## Illinois student injured in knife attack on University of Colorado campus

2007-08-28

BOULDER, Colo. (AP) -- An incoherent man slashed the throat of a University of Colorado student during the first day of classes, then began stabbing himself, school officials said.

Michael George Knorps, 17, of Winnetka, Ill., underwent surgery to repair damaged tissue in his neck but was doing well, university spokesman Bronson Hilliard said.

The freshman was conscious after the attack outside CU's student center and had spoken to family members by phone, Hilliard said.

The suspect, identified as 39-year-old Kenton Drew Astin, worked at CU last year as a cashier at the Alferd Packer Grill at the student center, school officials said. He was arrested and hospitalized Monday with serious stab wounds, the school said.

Astin was sent to a state mental hospital in 2001 after being accused of stabbing a 21-year-old Longmont man. Court records show Astin pleaded not guilty by reason of insanity on charges including attempted first-degree murder in that case.

Hilliard said there was no sign the school had performed a background check on Astin, who was hired through a program run by the county mental health center. Astin left his job in April because his temporary contract was over.

"Had we been aware at that time, obviously that would have been a huge red flag," he said of the charges.

CU Chancellor Bud Peterson said the school would immediately change its policies on background checks.

The university said Astin drove to the campus, walked to a terrace outside the student center and then showed a knife while talking or yelling incoherently.

He grabbed Knorps from behind and cut his throat before the student was able to break free.

A Boulder city police officer and a sheriff's deputy who were nearby rushed to the scene and campus officers arrived shortly after that, Hilliard said.

When officers ordered Astin to drop the knife, he began stabbing himself, so police stunned him with a Taser and arrested him, the school said.

The university used its new emergency text-messaging service to alert students to the attack, Hilliard said.



## BUSINESS

### Taser over the shock of safety questions Stun weapons in hands of 10,000 police officers

March 12, 2007  
ASSOCIATED PRESS

Taser International Inc. co-founder Tom Smith has never understood the hostility directed at his company's stun guns.

#### Demonstration.

Stephen Tuttle of Taser International demonstrates the Taser X26, the company's standard police-issue model. AP

Taser's electroshock weapons were created to reduce injuries, Smith said. Police no longer need to hit people with billy clubs or shoot them with bone-cracking rubber bullets.

"I figured the people that were going to lead the parade for us would be Amnesty International and the ACLU," Smith said. "Instead they're our biggest detractors."

Human rights groups continue to warn that Tasers may cause heart attacks. But two years after its stock price plunged under the weight of intense government scrutiny, wrongful death lawsuits and a storm of negative press, Taser is back on the rise.

The sleek, battery-powered weapons are now strapped to officers' hips in more than 10,000 of 18,000 law enforcement agencies in the United States.

Internationally, Taser sales have exploded, with products now sold in 44 countries.

Though its stock remains flat and well below its peak in 2004, analysts have big expectations this year. Taser has boosted profits each of the past four quarters as Smith aggressively defended his weapons in the media and the courtroom. Taser paid for research into the health risks of stun gun shocks, and, on occasion, has sued coroners who included Tasers as a possible cause of someone's death.

Matthew McKay, an analyst with Jefferies & Co., predicts Taser will be Wall Street's top performing stock in 2007. McKay expects Taser to record \$105 million in sales this year and its stock to more than double in value as investors realize the company isn't going away.

"You've got a company that a lot of people have written off," McKay said.

In May, Taser will begin selling a smaller version of its police weapons to the public. Available in a variety of colors including metallic pink, the Taser C2 can stop people from 15 feet away "allowing you to protect yourself and your family from a safe distance," according to the brochure.

Taser also plans to expand its product line to the military, a market with a potentially huge interest.

Smith said he envisions a day when U.S. Marines can shock insurgents from 100 feet away using a wireless Taser tucked into a shotgun shell. He sees national borders and embassies protected by a mine-like Taser device that shoots electrically charged darts at people who come too close. Neither of those products is on the market yet.

"The military is a big part of where we think the business is going to go," Smith said.

Inside Taser's futuristic glass-and-steel headquarters in Scottsdale, employees still bristle when someone brings up Amnesty International or the day in 2005 when the company's reputation began to unravel.

Smith, a lifelong sci-fi buff, founded Taser with his brother, Rick, in 1993, in hopes of ushering in a new generation of weapons. He figured people would eventually see Tasers as he did -- as science's best attempt at the Star Trek "phaser" gun, which could incapacitate a target without killing.

"We can send a man on the moon, talk on cell phones, all of these things. But really the technology to defend yourself, which is one of those needs back to the caveman days, hasn't really advanced other than inflicting more pain," he said.

The brothers hired Jack Cover, an aging inventor who had dabbled in electroshock weapons. He called his invention the Thomas A. Swift Electric Rifle (Taser) after a series of adventure novels.

The company developed a number of different stunning devices in the 1990s, including an unwieldy and expensive "Auto Taser" stun club that fastened to steering wheels to shock would-be car thieves.

In 2003, Taser started gaining momentum on Wall Street as the Smiths peddled their M26 and X26 stun guns to police. The guns shoot two barbed darts attached to wires that deliver up to 1.3 watts of electrical current for several seconds, temporarily immobilizing people from a safe distance.

"Sales were going through the roof," Smith said. "Virtually no one was competing with us."

But on Jan. 6, 2005, a letter from the Securities and Exchange Commission rolled into Taser corporate offices. The federal agency said it was looking into the company's safety claims and a \$1.5 million sale that appeared to inflate the company's sales to meet annual projections.

Taser had previously brushed aside claims from human rights groups that its weapons were potentially lethal. Now the government was going to take a look.

"I was infuriated," Smith said. "We knew the perception was 'Wow, they must have done something wrong.' "

Taser's stock plunged 30 percent the following day to \$22.72 per share. Within a few months, it was worth \$8.09.

Shareholders weren't happy. They filed class action lawsuits, claiming company executives misled shareholders about Taser's business practices and the guns' general safety. Taser eventually paid \$20 million to settle with its shareholders while not admitting fault.

Arizona Attorney General Terry Goddard also started asking questions about Taser's safety claims in 2005. His office ended its inquiry several months later after Taser changed its promotional materials.

Instead of "non-injurious," Taser's Web site now characterizes its guns as "generally safe."

The SEC completed its investigation into Taser at the end of 2005 without recommending any enforcement against the company. Another federal investigation, this one by the Department of Justice, is ongoing.

Steve Tuttle, Taser's vice president of communications, said he's tried to learn from the experience.

The company's public information staff now encourages police departments to publicize incidents when stun guns are helpful. Taser sends reporters e-mails whenever the stun guns helped stop suicide attempts or prevent brawls, or when the company has video of its guns being used in a positive way.

Taser's PR department also has armed itself with stacks of research reports -- some of which the company paid for -- showing that Taser stun guns pose only limited, if any, health risks.

Taser contends that its weapons have never been the primary cause of somebody's death, and so far nobody has been able to prove the company wrong in court. Taser boasts it has won 37 straight wrongful death or injury lawsuits, with the judge either dismissing the case or ruling in favor of Taser.

"It's extremely difficult" to prove Taser responsible, said John Dillingham, a Phoenix attorney who lost a wrongful injury lawsuit against Taser in 2005.

Dillingham represented a retired Maricopa County sheriff's deputy who said he was injured by a Taser in a training exercise. Lawyers for Taser said the stun gun wasn't to blame for the deputy's hurt back, pointing out he was suffering from osteoporosis.

The Maricopa County Sheriff's Department later became one of Taser's biggest clients.

Dillingham said it would take a victim who had been in perfect health to beat Taser in court: "A teen or someone in their 20s who is in a crowd and who is inadvertently hit with a Taser and dies," he said. "There's no drugs. There's no alcohol. That person just died."

Meanwhile, human rights groups say they've watched Taser's rise with dismay.

Amnesty International estimates that 232 people have died in the United States and Canada after being shocked by Tasers, but its researchers admit the tally is totally unscientific, based mostly on media reports. Taser says it has offered to settle the matter by co-sponsoring research on the health risks of stun guns, but Amnesty has refused.

"It's a matter of huge dispute as to whether or not the Tasers directly cause deaths, and there are many cases where the coroner has not found a link," said Angela Wright, a researcher in London who collects information on stun gun deaths for Amnesty International.

Tuttle, who has spent much of last year burnishing the company's image in the media, said a lot of people don't realize this.

"In 2005, it felt like I was in a boxing match with one glove behind my back," Tuttle said.

"It was brutal," he added. "Now we're not getting bombarded everyday with a crisis."



## After scrutiny over safety, Taser rebounds with profits, good outlook

10:00 PM PDT on Sunday, March 11, 2007

By **CHRIS KAHN**  
The Associated Press

SCOTTSDALE, ARIZ. - Taser International Inc. co-founder Tom Smith has never understood the hostility directed at his company's stun guns.

Story continues below



AP photo

Stephen Tuttle, vice president of communications at Taser International Inc., demonstrates the Taser X26 at company headquarters in Scottsdale, Ariz.

Taser's electroshock weapons were created to reduce injuries, Smith said. Police no longer need to hit people with billy clubs or shoot them with bone-cracking rubber bullets.

"I figured the people that were going to lead the parade for us would be Amnesty International and the ACLU," Smith said. "Instead they're our biggest detractors."

Story continues below



TASER C2

Human rights groups continue to warn that Tasers may cause heart attacks. But two years after its stock price plunged under the weight of intense government scrutiny, wrongful death lawsuits and a storm of negative press, Taser is back on the rise.

The sleek, battery-powered weapons are now strapped to officers' hips in more than 10,000 of 18,000 law enforcement agencies in the United States. Internationally, Taser sales have exploded, with products now sold in 44 countries.



TASER X26

Though its stock remains flat and well below its peak in 2004, analysts have big expectations this year. Taser has boosted profits each of the past four quarters as Smith aggressively defended his weapons in the media and the courtroom. Taser paid for research into the health risks of stun gun shocks, and, on occasion, has sued coroners who included Tasers as a possible cause of someone's death.

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"You've got a company that a lot of people have written off," McKay said.

In May, Taser will begin selling a smaller version of its police weapons to the public. Available in a variety of colors, including metallic pink, the Taser C2 can stop people from 15 feet away "allowing you to protect yourself and your family from a safe distance," the brochure says.

Taser also plans to expand its product line to the military, a market with a potentially huge interest.

Smith said he envisions a day when U.S. Marines can shock insurgents from 100 feet away using a wireless Taser tucked into a shotgun shell. He sees national borders and embassies protected by a mine-like Taser device that shoots electrically charged darts at people who come too close.



**TASER**  
INTERNATIONAL<sup>®</sup>

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17800 N. 85<sup>th</sup> St • Scottsdale, Arizona 85255 • [www.TASER.com](http://www.TASER.com)  
Phone: 480.991.0797 • 800.978.2737 • Fax: 480.991.0791

## **TASER<sup>®</sup> Technology – Changing the World and Protecting Lives**

TASER International, Inc. provides safer use-of-force options for use in the law enforcement, military, private security and personal defense markets. TASER technology saves lives every day and numerous independent medical studies conclude that TASER Electronic Control Devices (ECDs) are among the safest and most effective use-of-force options available. TASER technology dramatically reduces injury rates to suspects and officers, thereby lowering liability risk and improving officer safety and community security. TASER technology is revolutionizing law enforcement and changing the world with safer, effective and accountable tools for citizens, law enforcement, military and private security.

### **TASER Electronic Control Devices**

TASER devices use proprietary technology to quickly incapacitate dangerous, combative or high-risk subjects who pose a risk to law enforcement officers, innocent citizens or themselves. TASER ECDs utilize compressed nitrogen to project two small probes up to 15, 21, 25 and 35 feet (citizens can only buy the 15-foot Air Cartridge) at a speed of over 160 feet per second. These probes are connected to the TASER system by insulated wire. An electrical signal is transmitted through the wires to where the probes make contact with the body or clothing, resulting in an immediate loss of the person's neuromuscular control and the ability to perform coordinated action for the duration of the impulse while allowing an instant recovery once the cycle ceases. This effect is a state-of-the-art Neuro-Muscular Incapacitation (NMI) technology that temporarily overrides the nervous system, taking over muscular control. This NMI technology temporarily debilitates even the toughest individuals with minimal risk of injury.

TASER International markets the ADVANCED TASER M26; ADVANCED TASER M18 & M18L; TASER<sup>®</sup> X26; TASER<sup>®</sup> X26<sup>C</sup> Citizen Defense System and the newly introduced TASER C2 Personal Protector.

### **Quick Stats**

- Over 11,000 law enforcement, correctional and military agencies in 44 countries deploy TASER devices
  - Of this over 3,500 agencies deploy to all of their patrol officers
- Over 260,000 TASER brand devices have been sold to law enforcement since February 1998
- Over 136,000 TASER brand devices have been sold to citizens since 1994 (legal in 43 states)
- TASER ECDs for citizens are prohibited in DC, MA, RI, NY, NJ, WI, MI, HI and certain cities and counties. CT and IL are legal with restrictions.
- TASER International's headquarters and manufacturing facility is located in Scottsdale, AZ and was founded in September 1993
- TASER International trades on the NASDAQ under the trading symbol TASR

## **TASER Safety and Medical Studies**

Independent medical and scientific experts have determined TASER devices to be a safer use-of-force option compared to traditional use of force tools. Field studies have reaffirmed the life-saving value of TASER devices. Independent studies - including an extensive, multi-million dollar three-year study conducted by the British Associations of Chief Police Officers (ACPO) in consultation with the British Police Scientific Development Branch (PSDB), the British Defense Science and Technology Laboratory (DSTL) and the British Defence Scientific Advisory Council Sub-committee on the Medical Implications of Less-lethal Weapons (DOMILL), as well as a U.S. Department of Defense (DOD) study involving approximately 20 medical and research doctors from a dozen academic, government and private institutions - have reaffirmed the overall safety and effectiveness of TASER's life-saving technology. In January 2005, the Pacing and Clinical Electrophysiology (PACE) Journal published the results of a cardiac safety study of TASER technology and stated, "There has been no report directly related to its risk of inducing ventricular fibrillation (VF), although preliminary findings suggest that the likelihood of inducing VF by neuromuscular incapacitation (NMI) discharge is extremely low. We hypothesized that the induction of VF would require significantly greater discharge levels than delivered by electrical NMI devices fielded by law enforcement agencies."

- Dr. Richard Luceri, a renowned cardiac rhythm specialist and member of the Scientific and Medical Advisory Board for TASER International concluded, "The PACE article, using pigs of comparable human weights (66 to 257 lbs), confirms the extraordinarily wide safety margins for fibrillation induction in TASER-like products. Average fibrillation induction required 28 times the energy of commercially available TASER products, far greater than the safety margin of most cardiac drugs approved by the U.S. Food and Drug Administration. These data add scientifically validated support to the large database of favorable TASER outcomes collected in the field," concluded Dr. Luceri. For a comprehensive look at the safety of TASER technology, please visit [www.taser.com/savinglives](http://www.taser.com/savinglives).

### **About TASER International, Inc.**

Co-founders Rick Smith and Tom Smith formed AIR TASER, Inc. in 1993 with the initial TASER inventor Jack Cover. In 1998 AIR TASER, Inc. became TASER International, Inc. in response to the Company's international expansion and increased market share. TASER International, Inc. became a public company in May 2001, and began public trading on the NASDAQ stock exchange under the symbol TASR. TASER International's state-of-the-art 100,000 square-foot corporate headquarters and manufacturing facility are located in Scottsdale, AZ.

For further corporate and investor information, please visit [www.TASER.com](http://www.TASER.com) and select "Investor Relations" or contact Investor Relations at (800) 978-2737 or [IR@TASER.com](mailto:IR@TASER.com).



**TASER**  
INTERNATIONAL®

## TASER® TECHNOLOGY SUMMARY WITH Q&As

**Synopsis:** The TASER® X26 (TASER X26C and TASER® C2 for citizens) and the ADVANCED TASER® M-Series (M26 for law enforcement/military and M18L and M18 for citizens) are the electronic control devices (ECDs) that can immediately stop a truly aggressive, focused, combat trained attacker. Suspects can recover immediately as electricity cannot be stored by the human body.

**Range:** 15-35 feet for law enforcement and military, 15 feet only for citizens. Depending on the TASER Cartridge, the TASER ECDs can be deployed from 0 to 35 feet (0 to 10.67 meters). TASER Cartridges are available in cartridges with ranges of 15, 21, 25 and 35 feet.

**Method of Incapacitation:** TASER ECDs utilize a state-of-the-art Neuro-Muscular Incapacitation (NMI) technology that temporarily overrides the nervous system, taking over muscular control. This NMI technology temporarily debilitates even the toughest individuals with minimal risk of injury. Existing stun systems stimulate sensory neurons and can be over-ridden by a focused individual. The TASER devices directly stimulate motor nerve tissue, causing incapacitation regardless of mental focus, training, size, or drug induced dementia.

### Accountability with Dataport Systems:

- The **TASER X26** stores time, date, duration, temperature & energy cell status of over 1,500 firings. Data accessed through USB into encrypted secure ".x26" file format on Windows® PC (Windows® 2000, XP, or ME).
- The **ADVANCED TASER M26's** on-board memory can download the time and date of its most recent 500+ uses to protect officers from unfounded charges of misuse of force.

**M26 Power Supply:** AA Nickel-Metal Hydride batteries 1.2 volts  
AA Hi-Output Alkaline (i.e., Duracell® Ultra) batteries 1.5 volts

**X26 Power Supply:** Digital Power Magazine (DPM) with lithium energy cells and digital memory. 6-volt output, 10-yr shelf life.

**C2 Power Supply:** C2 Lithium Power Magazine lithium energy cells and digital memory. 6-volt output, 10-yr shelf life.

**Power:**  
**M26:** 26 watts; 0.50 joules per pulse into load; and 3.6mA avg. current  
**M18L/M18:** 18 watts; 0.50 joules per pulse into load; and 3.6mA avg. current  
**X26:** 5 watts; 0.07 joules per pulse; and 2.1 mA average current  
**C2:** (approximately): 5 watts; 0.07 joules per pulse; 2.1 mA average current

**Training:** The TASER devices use similar hand motions and muscle memory as standard semi-automatic pistols, reducing the amount of time required to train and increasing accuracy under stress. Minimum recommended law enforcement user training is 6 hours; certified instructor training is 16 hours.

### **What is a TASER electronic control device?**

A TASER device is an electronic control device that is a safer use-of-force option for law enforcement, private security, military and personal defense. The advantages to TASER technology are dramatic reductions in injuries to both suspects and law enforcement officers. No other law enforcement tool has undergone as extensive international scientific testing and scrutiny as TASER technology. Although, no use of force device is risk free including TASER technology, medical experts and recent independent comprehensive reports from the governments of Canada, United Kingdom and the U.S. have concluded that TASER systems are among the safer use-of-force alternatives to subdue violent individuals who could harm law enforcement officers, innocent citizens or themselves."

"The advantage is that TASER technology can truly immobilize a suspect who can overcome pain, might be on dangerous drugs like cocaine or methamphetamine or even emotionally disturbed, whereas other use of force tools rely upon pain compliance. The TASER system doesn't use pain compliance but immediately stops any coordinated action by the subject only while the TASER system's current is flowing. Recovery is instantaneous so the TASER system only provides a window of opportunity to temporarily stop someone's dangerous actions."

### **How does a TASER device work?**

TASER devices utilize compressed nitrogen to project two small probes up to various ranges of 15, 21, 25 or 35 feet (only 15 foot cartridges are sold to citizens) at a speed of over 160 feet per second. These probes are connected to the TASER device by insulated wire. An electrical signal is transmitted through the wires to where the probes make contact with the body or clothing, resulting in an immediate loss of the person's neuromuscular control and the ability to perform coordinated action for the duration of the impulse.

### **Why use a TASER device?**

TASER devices save lives and are generically known as electronic control devices. TASER brand devices are among the safer use-of-force options available today. TASER systems use proprietary technology to immediately incapacitate dangerous, combative or high-risk individuals who pose a risk to law enforcement officers, innocent citizens or themselves. TASER devices have been proven statistically to dramatically reduce injury rates to suspects and officers and increase officer safety and community security compared to any other use of force option.

### **Are TASER devices safe?**

TASER technology is not risk free, but Independent medical and scientific experts have determined that when used properly, TASER technology is among the most effective use-of-force interventions available to law enforcement. No other law enforcement tool has undergone as extensive international scientific testing and scrutiny as TASER technology.

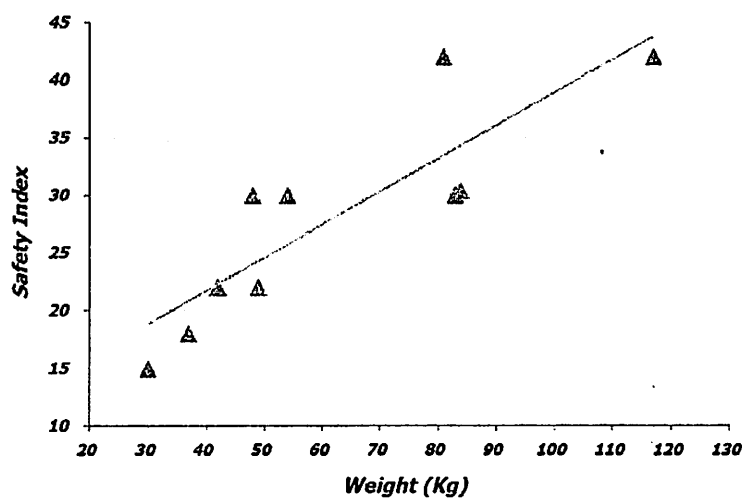
Numerous recent independent studies - including an extensive, multi-million dollar three-year study conducted by the United Kingdom's Association of Chief Police Officers (ACPO) in consultation with the British Police Scientific Development Branch (PSDB), the British Defence Science and Technology Laboratory (DSTL) and the British Defence Scientific Advisory Council Sub-committee on the Medical Implications of Less-lethal Weapons (DOMILL), as well as a U.S. Department of Defense (DOD) study involving approximately 20 medical and research doctors from academic, government and private institutions - have reaffirmed the life-saving value of



TASER technology. A peer reviewed study by Journal of Pacing and Clinical Electrophysiology (PACE) suggest a safety margin of greater than 20:1 for human adults greater than 100 lbs -- Acetaminophen has an 8:1 safety margin.

- Peer reviewed study used adult pigs chosen to simulate range of adult human body weights between 30 and 120 kg (66 lbs. and 264 lbs.)
- Peer reviewed study used adult pigs chosen to simulate range of adult human body weights between 30 and 120 kg (66 lbs. and 264 lbs.)
- Results suggest a safety index > 20:1 for human adults > 45 kg (100 lbs.)

### PACE Study



For more information on TASER safety, or to download copies of independent medical studies, please visit [www.TASER.com](http://www.TASER.com).

### What about accountability?

TASER International has taken it upon itself to implement numerous measures to ensure that its electronic control devices are among the safest and most accountable, use-of-force alternatives in the world. These accountability measures include the development of an on-board computer called the dataport system that records a set of data each time the trigger is pulled. No other use of force option provides this level of accountability through documentation and deployment data.

In addition, we recently developed the TASER CAM™ which is a an integrated video system that records more than 90 minutes of audio and video during a TASER X26 deployment providing yet another layer of accountability. No other law enforcement tool can claim such unique and proven accountability systems that provide a check and balances system in place for each local law enforcement agency.

For citizen accountability, each TASER cartridge is serialized and registered to its user and includes a tracking program that disperses dozens of confetti-sized film at the scene under our Anti-Felon Identification (AFID) program.

To citizens to purchase a TASER X26C or a TASER C2 it comes down three factors: Registration, verification and tracking.

**TASER X26C:** At the time of purchase, we gather extensive personal information to verify the identity and background of the prospective buyer with the understanding that we will not release the information and it will be kept confidential. This data maintains the integrity of our Anti-Felon Identification (AFID) system as private unless a TASER device is used in the commission of a crime in which we can trace the identity of the unit and the owner of the device through the confetti that is deployment any time our TASER devices are deployed. Online purchases of TASER X26C units require a valid Social Security Number in which ChoicePoint verifies this information and reviews for felonies, terrorist watch lists and proof of age. The device can then be purchased via credit card which is also verified.

**TASER C2:** The TASER C2 is the first device to incorporate a revolutionary new public safety background check technology called CheckLok™. CheckLok, TASER C2 units are shipped in an inactivated state. They cannot be used until the end user successfully completes a background check from the privacy of their own home using a secure web site or a toll-free 800 number. After completing the background check, the user is issued an activation code unique to their serial number. The TASER C2 will not operate until the activation code is entered.

### **How does the TASER CAM work?**

The TASER CAM provides enhanced accountability above and beyond the TASER Dataport system. The TASER X26 provides an audio/visual black and white MPEG 4 video of any activation. The monochromatic lens can record video in complete darkness. The system activates whenever the safety is placed in the "off" position and stops when the system is stopped by placing the safety to the "on" position. Now, an officer's report not only is corroborated by its internal audit system but it captures the event on video. Imagine seeing the suspect's behavior and hearing the officer's verbal commands. We are all about effectiveness, accountability and safety.

### **What is the AFID program?**

TASER International's unique Anti-Felon Identification (AFID) system enforces accountability for each use of the TASER device via the dispersal of tiny unique coded tags every time the device is fired. When police are called to investigate a use of a TASER device, they can locate these tags and contact TASER International for a complete trace on the serial number.

### **What is the difference between the TASER X26 and the TASER X26C?**

TASER X26C: The main difference in the X26C vs. X26 law enforcement model is that the X26C model uses a 10-second cycle vs. a 5-second cycle and the range. Citizens have 15 foot range versus 25 foot range for law enforcement. Moreover, the X26C trigger can be triggered several times to create a 30-second cycle. The user can then deploy the X26C, squeeze the trigger 3 times quickly to create a 30-second cycle (3 x 10 second cycle = 30 seconds), place the X26C on the ground and depart a dangerous scene while the X26C safely disables the intruder. The law enforcement version cannot be squeezed multiple times to create back to back cycles. The law enforcement X26 uses a 5-second cycle. It can be overridden by the user but the instant the finger is off the trigger, the cycle stops. Multiple trigger pulls will not change the 5-second cycle either.

### **Who do I contact for more information?**

For more information on TASER technology, please contact TASER International, Inc. headquarters at: 1-800-978-2737 or [info@TASER.com](mailto:info@TASER.com).

**floridatoday.com**

## **BUSINESS**

### **Taser over the shock of safety questions Stun weapons in hands of 10,000 police officers**

March 12, 2007

ASSOCIATED PRESS

Taser International Inc. co-founder Tom Smith has never understood the hostility directed at his company's stun guns.

Taser's electroshock weapons were created to reduce injuries, Smith said. Police no longer need to hit people with billy clubs or shoot them with bone-cracking rubber bullets.

"I figured the people that were going to lead the parade for us would be Amnesty International and the ACLU," Smith said. "Instead they're our biggest detractors."

Human rights groups continue to warn that Tasers may cause heart attacks. But two years after its stock price plunged under the weight of intense government scrutiny, wrongful death lawsuits and a storm of negative press, Taser is back on the rise.

The sleek, battery-powered weapons are now strapped to officers' hips in more than 10,000 of 18,000 law enforcement agencies in the United States.

Internationally, Taser sales have exploded, with products now sold in 44 countries.

Though its stock remains flat and well below its peak in 2004, analysts have big expectations this year. Taser has boosted profits each of the past four quarters as Smith aggressively defended his weapons in the media and the courtroom. Taser paid for research into the health risks of stun gun shocks, and, on occasion, has sued coroners who included Tasers as a possible cause of someone's death.

Matthew McKay, an analyst with Jefferies & Co., predicts Taser will be Wall Street's top performing stock in 2007. McKay expects Taser to record \$105 million in sales this year and its stock to more than double in value as investors realize the company isn't going away.

"You've got a company that a lot of people have written off," McKay said.

In May, Taser will begin selling a smaller version of its police weapons to the public. Available in a variety of colors including metallic pink, the Taser C2 can stop people from 15 feet away "allowing you to protect yourself and your family from a safe distance," according to the brochure.

Taser also plans to expand its product line to the military, a market with a potentially huge interest.

Smith said he envisions a day when U.S. Marines can shock insurgents from 100 feet away using a wireless Taser tucked into a shotgun shell. He sees national borders and embassies protected by a mine-like Taser device that shoots electrically charged darts at people who come too close. Neither of those products is on the market yet.

"The military is a big part of where we think the business is going to go," Smith said.

Inside Taser's futuristic glass-and-steel headquarters in Scottsdale, employees still bristle when someone brings up Amnesty International or the day in 2005 when the company's reputation began to unravel.

Smith, a lifelong sci-fi buff, founded Taser with his brother, Rick, in 1993, in hopes of ushering in a new generation of weapons. He figured people would eventually see Tasers as he did -- as science's best attempt at the Star Trek "phaser" gun, which could incapacitate a target without killing.

"We can send a man on the moon, talk on cell phones, all of these things. But really the technology to defend yourself, which is one of those needs back to the caveman days, hasn't really advanced other than inflicting more pain," he said.

The brothers hired Jack Cover, an aging inventor who had dabbled in electroshock weapons. He called his invention the Thomas A. Swift Electric Rifle (Taser) after a series of adventure novels.

The company developed a number of different stunning devices in the 1990s, including an unwieldy and expensive "Auto Taser" stun club that fastened to steering wheels to shock would-be car thieves.

In 2003, Taser started gaining momentum on Wall Street as the Smiths peddled their M26 and X26 stun guns to police. The guns shoot two barbed darts attached to wires that deliver up to 1.3 watts of electrical current for several seconds, temporarily immobilizing people from a safe distance.

"Sales were going through the roof," Smith said. "Virtually no one was competing with us."

But on Jan. 6, 2005, a letter from the Securities and Exchange Commission rolled into Taser corporate offices. The federal agency said it was looking into the company's safety claims and a \$1.5 million sale that appeared to inflate the company's sales to meet annual projections.

Taser had previously brushed aside claims from human rights groups that its weapons were potentially lethal. Now the government was going to take a look.

"I was infuriated," Smith said. "We knew the perception was 'Wow, they must have done something wrong.'"

Taser's stock plunged 30 percent the following day to \$22.72 per share. Within a few months, it was worth \$8.09.

Shareholders weren't happy. They filed class action lawsuits, claiming company executives misled shareholders about Taser's business practices and the guns' general safety. Taser eventually paid \$20 million to settle with its shareholders while not admitting fault.

Arizona Attorney General Terry Goddard also started asking questions about Taser's safety claims in 2005. His office ended its inquiry several months later after Taser changed its promotional materials.

Instead of "non-injurious," Taser's Web site now characterizes its guns as "generally safe."

The SEC completed its investigation into Taser at the end of 2005 without recommending any enforcement against the company. Another federal investigation, this one by the Department of Justice, is ongoing.

Steve Tuttle, Taser's vice president of communications, said he's tried to learn from the experience.

The company's public information staff now encourages police departments to publicize incidents when stun guns are helpful. Taser sends reporters e-mails whenever the stun guns helped stop suicide attempts or prevent brawls, or when the company has video of its guns being used in a positive way.

Taser's PR department also has armed itself with stacks of research reports -- some of which the company paid for -- showing that Taser stun guns pose only limited, if any, health risks.

Taser contends that its weapons have never been the primary cause of somebody's death, and so far nobody has been able to prove the company wrong in court. Taser boasts it has won 37 straight wrongful death or injury lawsuits, with the judge either dismissing the case or ruling in favor of Taser.

"It's extremely difficult" to prove Taser responsible, said John Dillingham, a Phoenix attorney who lost a wrongful injury lawsuit against Taser in 2005.

Dillingham represented a retired Maricopa County sheriff's deputy who said he was injured by a Taser in a training exercise. Lawyers for Taser said the stun gun wasn't to blame for the deputy's hurt back, pointing out he was suffering from osteoporosis.

The Maricopa County Sheriff's Department later became one of Taser's biggest clients.

Dillingham said it would take a victim who had been in perfect health to beat Taser in court: "A teen or someone in their 20s who is in a crowd and who is inadvertently hit with a Taser and dies," he said. "There's no drugs. There's no alcohol. That person just died."

Meanwhile, human rights groups say they've watched Taser's rise with dismay.

Amnesty International estimates that 232 people have died in the United States and Canada after being shocked by Tasers, but its researchers admit the tally is totally unscientific, based mostly on media reports. Taser says it has offered to settle the matter by co-sponsoring research on the health risks of stun guns, but Amnesty has refused.

"It's a matter of huge dispute as to whether or not the Tasers directly cause deaths, and there are many cases where the coroner has not found a link," said Angela Wright, a researcher in London who collects information on stun gun deaths for Amnesty International.

Tuttle, who has spent much of last year burnishing the company's image in the media, said a lot of people don't realize this.

"In 2005, it felt like I was in a boxing match with one glove behind my back," Tuttle said.

"It was brutal," he added. "Now we're not getting bombarded everyday with a crisis."

[http://www.pe.com/business/local/stories/PE\\_Biz\\_D\\_taser12.3b74814.html#](http://www.pe.com/business/local/stories/PE_Biz_D_taser12.3b74814.html#)

<http://www.pe.com/>**After scrutiny over safety, Taser rebounds with profits, good outlook**

*10:00 PM PDT on Sunday, March 11, 2007*

By CHRIS KAHN  
The Associated Press

SCOTTSDALE, ARIZ. - Taser International Inc. co-founder Tom Smith has never understood the hostility directed at his company's stun guns.

Story continues below



AP photo

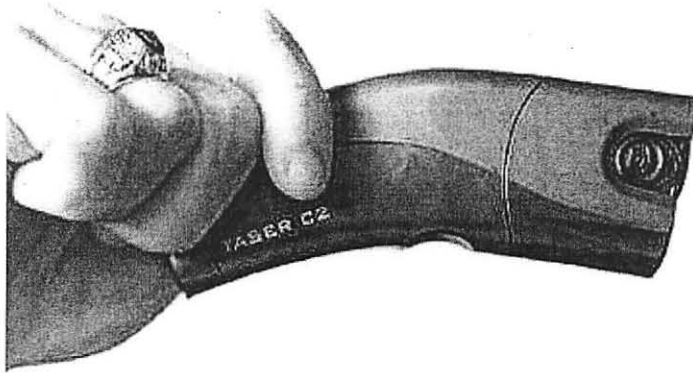
Stephen Tuttle, vice president of communications at Taser International Inc., demonstrates the Taser X26 at company headquarters in Scottsdale, Ariz.

Taser's electroshock weapons were created to reduce injuries, Smith said. Police no longer need to hit people with billy clubs or shoot them with bone-cracking rubber bullets.

"I figured the people that were going to lead the parade for us would be Amnesty International and the ACLU," Smith said. "Instead they're our biggest detractors."

Story continues below





TASER C2

Human rights groups continue to warn that Tasers may cause heart attacks. But two years after its stock price plunged under the weight of intense government scrutiny, wrongful death lawsuits and a storm of negative press, Taser is back on the rise.

The sleek, battery-powered weapons are now strapped to officers' hips in more than 10,000 of 18,000 law enforcement agencies in the United States. Internationally, Taser sales have exploded, with products now sold in 44 countries.

Story continues below



TASER X26

Though its stock remains flat and well below its peak in 2004, analysts have big expectations this year. Taser has boosted profits each of the past four quarters as Smith aggressively defended his weapons in the media and the courtroom. Taser paid for research into the health risks of stun gun shocks, and, on occasion, has sued coroners who included Tasers as a possible cause of someone's death.

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# THE ENQUIRER

Peter Bronson

Last Updated: 6:08 am | Thursday, July 13, 2006 Cincinnati.Com » The Enquirer



ASSOCIATED PRESS FILE

A 50,000-volt arc crackles at the business end of a Taser X26 as company president Tom Smith demonstrates one device and holds up another in Seattle.

## Drugs are deadly; Tasers are not

Rick Malone is a downtown beat cop and a member of the Cincinnati Police SWAT team. "Tasers are the best thing that has come along in police work in the 18 years I've been on the force," he says. He's right.

Tasers dramatically reduce injuries. A Florida study found an 80 percent reduction in injuries to deputies because electronic stun guns prevent violent physical struggles with suspects. A Phoenix study found Tasers cut injuries to suspects by 67 percent. In 9,883 Taser stuns in one study, 93 percent caused no injuries, 6 percent minor injuries less than 1 percent serious injuries.

Amnesty International's claim that 156 people have been killed by Tasers is flat wrong.

"Amnesty refuses to use basic math by subtracting the cases in which we were cleared," said Steve Tuttle of Taser International. He says the group is "distorting the facts."

Many headlines that have blamed Tasers for deaths have also been wrong. "Man dies from Taser" is typical - later corrected after an autopsy. Such as:

Portland, Ore.: "The Medford man who died shortly after being shocked with a Taser gun by Portland police earlier this week died of a drug overdose, the Oregon state medical examiner said."

Kansas City, Mo.: "An autopsy performed on a man who died in police custody

showed the death wasn't a result of the stun gun authorities used to apprehend him, according to the Jackson County medical examiner."

Detroit: "A Dearborn man died of natural causes, not from the Taser used by Redford Township police who arrested him, according to an autopsy report by the Wayne County Medical Examiner's Office."

And Cincinnati: Christopher Allen Tull was running into traffic on Interstate 75 on Saturday night. He refused to cooperate with police and was stunned by a Taser, then died 45 minutes later. "Man Tased on I-75 dies in police custody," said the headline Sunday. Then reports emerged that he had been on a three-day cocaine binge and swallowed rocks of crack.

By Wednesday, the headline was very different: "Huge drug overdose killed man, not the Taser zap, coroner rules." Hamilton County Coroner O'dell Owens' message: Drugs are deadly, Tasers are not.

Doctors at the University of Washington and Harvard studied autopsy reports on Taser deaths and found 53 percent of the victims had heart disease, 63 percent were on cocaine or methamphetamine, and 76 percent had excited delirium, usually caused by drugs.

Of the 156 deaths cited by Amnesty International, only two were blamed on Tasers after autopsies. In 16, Tasers were listed as a contributing factor.

"A standard five-second stun is unlikely to cause life-threatening arrhythmia," a Cleveland Clinic study concluded. The Canadian Police Research Center found "no research or evidence of a causal relationship" between Tasers and heart attacks, and the risk of Tasers is "extremely low."

**Yet Tasers are repeatedly blamed for fatalities. Even suspects who died hours later have been listed as Taser deaths - which is like drowning an hour after climbing out of the pool.**

Tuttle hopes that's changing. "Stories on Taser systems have dropped from approximately 110 a day to about 35 a day," he said. "We are turning a corner, and one of the main keys to this success was education about our technology and safety."

Malone simply says, "Tasers are here to stay, because they are so successful." He's right again.

E-mail [pbronson@enquirer.com](mailto:pbronson@enquirer.com) or call 513-768-8301.

Tuesday, February 22, 2005

## Taser deaths grossly exaggerated

By Peter Bronson  
Enquirer staff writer

Coming soon to a headline near you: "Tasers kill everybody!! Film at 11."

It's actually semi-true. Everyone who has been stunned by a Taser dies... eventually. It's just a matter of 50 years or so.

But here's a real news story that is not actually semi-true: "More than 80 deaths have been reported since 1999 after victims were shocked with stun guns," said USA Today last week.

The "80 deaths" are greatly exaggerated. In the original Arizona Republic news story cited by USA Today, Tasers were a contributing cause of death three times, and were not ruled out three times.

In the rest of the 70-something deaths, Tasers were used, but the causes of death were something else: drug overdoses, medical conditions, injuries from violence during the arrest or before police arrived, etc.

Only six possible Taser fatalities is not as sensational or misleading as "80 deaths," but from what I can tell, a lot of reporters are not doing their homework. A quick look on Google shows dozens of news stories that parrot the "80 deaths" claim, while quoting outraged left-wing groups such as Amnesty International and the Southern Christian Leadership Conference to back it up.

Here's what the Taser scare stories don't say:

Tasers are used about 100,000 times a year by 6,000 police departments. That's five "possible" deaths in about a half-million Taser uses.

And in Cincinnati and other cities, injuries to cops and suspects drop sharply when cops are equipped with Tasers. According to Taser International of Scottsdale, Ariz., more than 4,000 lives have been saved by Tasers since 1999, including cops, potential suicides, suspects who resist arrest and mental patients who could harm themselves or kill someone else.

Sure, the company has a motive to exaggerate. But the claim is backed up by statistics. And it makes sense for a simple reason: Tasers fill an empty slot on the use-of-force menu between pepper spray, nightsticks and the lethal 9mm last word.

Any use of force can cause some kind of injury. But critics can't get off the hook simply by saying Tasers *might* be dangerous. They should be asked to answer: What's your alternative?

Tasers are often used on violent PCP "dusters" who feel no pain and have almost superhuman strength. "Counseling" is not an option.

Suspects who get Tasered are more likely to have problems such as drug overdoses and psychiatric medications that cause heart problems. Tasers are far less dangerous than being wrestled to the ground, subdued with nightsticks or shot.

A Taser can be used from 16 feet away. It fires tiny darts on wires that deliver a 50,000-volt electrical charge to short-circuit muscle control and cause intense pain for five seconds - long enough for cops to slap on cuffs without getting slugged, stabbed, bitten, shot or hit with a brick.

In other words, Tasers are a lot like the imaginary Tom A. Swift Electric Rifle (TASER), which is what they were named in a 1911 book by Victor Appleton: "a concentrated charge of electricity, which is shot from the barrel with great force ... that flies through space (and) strikes the object aimed at."

They actually work as advertised. Just ask any cop who has used one or volunteered to be Tasered during training. They are not "Star Trek" props.

The science fiction is in the "deadly Tasers" headlines that are short on science and long on fiction.

E-mail [pbronson@enquirer.com](mailto:pbronson@enquirer.com) or call (513) 768-8301.

# THE ENQUIRER

ONLINE EDITION OF THE  
REGION'S #1 NEWSPAPER

## Taser-shock: I agree with ACLU

The Cincinnati Enquirer

By Peter Bronson

June 14, 2005

Here's a shocking story: Scott Greenwood, the top ACLU lawyer in Ohio, getting Tasered. "I'm sure some people will be glad to hear it," he said. "I have it on video, so you can put it on your screen saver to hear me scream."

But wait, hold the applause. Greenwood volunteered to be Tased so he could find out what it's like. And he's one of the biggest supporters of Tasers in Cincinnati.

"I think when they're used properly, Tasers can really be effective at reducing injuries to citizens and police officers," he says.

That's a jolt to the protesters and City Council members who want to take Tasers away from the police. The ACLU leader who has sued the police for use of force says they are "naïve."

"Timothy Thomas would be alive today if police were using Tasers. So would Michael Carpenter, Lorenzo Collins and Roger Owensby," Greenwood said, naming black men whose deaths while resisting arrest sparked lawsuits and, in the case of Thomas, rioting.

He understands an important point: Some people will get killed by police no matter what the cops do to avoid it, but Tasers are a far safer, easy to track, less-lethal alternative to batons and guns.

Yet all over the country, there are headlines that imply people are getting killed by Tasers. Such as the "Man dies after police use Taser" story in Fort Worth, Texas. An autopsy found he died of cocaine intoxication.

Such as an Enquirer headline from Union Township in Clermont County - "Man, 31, dies after Taser shot" - followed a week later by "Cocaine, not Taser fatal, coroner rules."

A USA Today story exaggerated the amperage of a Taser by a factor of 1 million. The anti-Taser crusade is mostly based on a story by the Arizona Republic, which found only three cases in which Tasers were listed as a contributing cause of death, among 80 reports. That somehow became a USA Today story about "more than 80 deaths" by Tasers.

"There are remarkably ignorant assertions of what the weapon does," Greenwood said. "These stories just parrot the unfounded assertions by critics. The follow-up correction is never on A1 above the fold."

Critics also fail to consider the deterrent effect. Trenton, Ohio, Police Chief Rodney Harrison says his officers have gotten "immediate compliance" just by putting the red Taser laser on a suspect. "I anticipate that the little red Taser dot will certainly curtail the use of force on many more suspects who in the past have fought or failed to comply," he said.

Greenwood said, "I know it has a deterrent effect because you can hear them at the (jail) talking about how they don't want to 'ride the chair' or 'ride the buffalo,' which is what they call Tasers."

That's his message, too. The ACLU recently sponsored a contentious public hearing on Tasers, to tell people how the weapon works, how to avoid it by complying with cops, and how it feels if you don't.

That's why Greenwood volunteered to be Tased by police trainers. "I needed to be able to describe that it's a bad thing and it hurts."

"It's the worst possible feeling you can imagine. Time seems to slow down. You can't believe it's only five seconds. It feels like a minute and all you can think of is please make it stop."

Here's another shock - I actually agree with the ACLU this time. Tasers work.

And Scott Greenwood has never been more of a stand-up guy than when he was knocked down by a Taser.





Wednesday, June 1, 2005

## A jolt for those who object to TASERS

**GORDON DILLOW**

Register columnist

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The police use of TASER electric-shock guns to subdue dangerous suspects has become a controversial issue - in the news media at least. But if you're worried about potential health risks from getting shot by a TASER, they're actually pretty easy to avoid.

One excellent way to do that is to refrain from getting skied up on powerful drugs and smashing a window to burglarize a home and then trying to fight it out with the cops.

What brings this up is the death late last month of a guy named Richard Alvarado, 38, a chronic criminal who reportedly was spending a Sunday evening cranked up on a "speedball" of heroin and cocaine. At about 7 p.m., Alvarado apparently decided to smash a bathroom window and crawl inside an apartment on Mitchell Street in Tustin to burglarize it. Fortunately, the elderly woman who lived there wasn't home.

When Tustin police arrived on the scene they found Alvarado in the bathroom, bleeding profusely from cuts from the broken window glass, apparently under the influence of drugs and refusing to comply with orders to surrender.

The officers tried to physically restrain him, but he resisted. (Question: How much would they have to pay you or me to wrestle with a blood-covered drug addict on a carpet of broken glass?)

So finally one of the officers broke out a TASER gun, which fires battery-powered electrode-tipped wires that deliver a 50,000-volt jolt - which sounds like it would fry a guy, but doesn't because the charge has extremely low amperage. The jolt - which is only a tiny, tiny fraction of what you'd get from, say, a heart defibrillator - simply causes an instant five-second loss of the suspect's neuromuscular control, which allows officers to slap the cuffs on him.

Which is what happened to Alvarado. He was TASERed, handcuffed and then he was conscious and alert for several minutes - or at least as alert as you can be when you're on heroin and cocaine. But as paramedics arrived he stopped breathing and was later pronounced dead at a hospital.

But it almost certainly wasn't the TASER that killed him. Preliminary indications are that Alvarado died of a drug overdose - and even if he hadn't OD'd, he likely would have bled out from the cuts from the broken glass.

"He basically killed himself," Tustin police Lt. Jim Peery told me.

Nevertheless, Alvarado's death will provide more fodder for Amnesty International, the so-called human-rights group that says 103 people in the U.S. have died after being shot by police TASER guns since January 2001. The group is campaigning to ban police use of TASERS until the health effects have been further studied.

Even for Amnesty International, that's an incredibly dumb idea.

Think about it. Almost all of those people who died were high on alcohol or drugs - which is generally why a suspect needs a TASERing in the first place. That was also the case in the only other fatal TASER-related incident in Orange County, that one involving a guy who was TASERed by Brea police in 2003 while he was high on methamphetamine.

And even Amnesty International says only that those 103 people died *after* being TASERed, not necessarily as a direct *result* of being TASERed. In the vast majority of those cases, autopsies have shown that the TASER shot was not the cause of death.

Meanwhile, according to the manufacturer, TASER International, TASERS have been used on suspects in the field some 71,000 times in the past five years, along with 100,000 "demonstrations" in police training and elsewhere, with no lasting ill effects. Somehow, 100 deaths out of 71,000 field uses hardly seems like a wave of death-after-TASER.

And what would happen if TASERS were banned? Simple. A lot more cops would be injured in physical fights with suspects, and a lot more suspects would be injured by police batons or wind up getting legally shot by police.

Consider, for example, what happened in Tustin last fall when a drug-crazed man who had attacked his wife also attacked two Tustin cops who responded to the call. The officers could have legally aced the guy - that is, shot him - but instead they used batons, pepper spray and a TASER to control him. That guy probably lived because of a TASER - whether he deserved to or not - and the officers were awarded department Medals of Merit for their skill and restraint in the use of force.

Of course, no one is suggesting that cops use TASERS on jaywalkers or kids riding bikes without helmets. And I'm certainly not saying that getting TASERed is fun.

"It's not pleasant," says TASER International spokesman Steve Tuttle, who has experienced it in demonstrations. "But if I had a choice between the TASER and getting shot or even hit with a baton, I'd take the TASER any day."

Exactly. So don't let Amnesty International fool you. In almost every case, **TASERS don't take lives.**

**They save them.**

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# TASER

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## Law Enforcement FAQ's



### 1. What are the advantages for deploying TASER ECDs?

#### Answer 1.

The advantages to TASER technology are dramatic reductions in injuries to both suspects and law enforcement. With over 11,000 law enforcement agencies deploying TASER devices, we have begun a law enforcement revolution. TASER can temporarily incapacitate subjects from zero to 35 feet away. The advantage we provide is that we can stop subjects who can overcome pain, might be on dangerous drugs like cocaine or meth or even emotionally disturbed. Most law enforcement type rely upon pain compliance. The TASER system doesn't use pain compliance but immediately stops the subject only while the TASER system's current is flowing. Recovery is instantaneous, so the TASER system provides a window of opportunity to temporarily stop someone's dangerous actions. TASER technology isn't a magic wand, but it is an impressive 94%.

### 2. What about officer accountability in deploying TASER ECDs?

### 3. How many law enforcement agencies deploy TASER technology?

### 4. What is the use of force recommendation by TASER International?

### 5. What is TASER International's stance on multiple TASER ECDs applications?

Last Updated: 7/14/2007 2:22 PM

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## IMPORTANT ECD PRODUCT SAFETY AND HEALTH INFORMATION

### **WARNING**

These safety warnings are for your protection as well as the safety of others. Disregarding this information could result in death or serious injury.<sup>1</sup>

**Complete Training First.** Significant differences exist between each of the TASER International, Inc. (“TASER”) Electronic Control Device (“ECD”) models. Do not Use<sup>2</sup> or attempt to Use any ECD model unless you have been trained and certified by a Certified TASER Instructor<sup>3</sup> on that particular model.

**Read and Obey.** Read, study, understand, and follow all instructions, warnings, information, training bulletins and TASER training materials<sup>4</sup> before Using the ADVANCED TASER® M26™ ECD, TASER X3™ ECD, or TASER X26™ ECD. Failure to comply with these instructions, warnings, information, training bulletins, and TASER training materials could result in death or serious injury to the User, force recipient, and others.

**Obey Applicable Laws.** Use the ECD only in accordance with applicable federal, state, and local laws and other regulations or legal requirements. Your law enforcement agency’s Guidance<sup>5</sup> must also be followed.<sup>6</sup> Any Use of an ECD must be legally justifiable. Resistance to law enforcement interaction incurs substantial risk of death or serious injury and subjects who resist law enforcement assume all such risks of death or serious injury.



*This warning label appears on newer ECD models.*

These warnings are effective May 1, 2010, and supersede all prior revisions and relevant Training Bulletins. The most current warnings are online at [www.TASER.com](http://www.TASER.com).

## SCOPE AND PURPOSE

This document presents important safety warnings, instructions, and information intended to reasonably minimize hazards associated with ECD deployment, intended Use, side effects, and environment of Use.

Confronting, apprehending, capturing, controlling, restraining, incapacitating, taking persons into custody, and maintaining custody are often high risk events that could result in death or serious injury.

<sup>1</sup> These warnings are state of the art but cannot address all possible ECD application circumstances or permutations. They are intended to inform Users about reasonably foreseeable potential risks of harm. The decision to Use the ECD in a particular manner or circumstance must follow applicable legal standards. These warnings do not create a standard of care. Herein, the singular is also the plural, the plural includes the singular, and the masculine is also the feminine.

<sup>2</sup> The terms “Use,” “Used,” “Using,” or “User” include, but are not limited to: acquiring; accessing; entrusting; providing; possessing; storing; handling; manipulating; carrying; holstering; drawing; brandishing; displaying; deploying; utilizing; drive-stunning; using alligator or other types of clips or attachments; or discharging an ECD.

<sup>3</sup> A Certified TASER Instructor possesses and maintains a current TASER instructor certification for the specific product model they are teaching, demonstrating, or Using and is required to be fully compliant with TASER’s most current training requirements and materials.

<sup>4</sup> Current TASER Instructor Training materials may be obtained by contacting TASER’s Training Department.


<sup>5</sup> Law enforcement agencies are force and force tools experts and are solely responsible for their own Guidance. “Guidance” includes, but is not limited to, policy, procedure, rule, order, directive, training, continuum, and standard. TASER has no power or authority to mandate or require Guidance, set policy, require training, or establish standards of care or conduct.


<sup>6</sup> Law enforcement agencies, government entities, and Users are sophisticated purchasers, sophisticated users, and learned intermediaries with respect to law enforcement weapons (including ECDs), force, force use, legality of force use, and reporting.



When lawfully Used as directed, ECDs are designed in probe-deployment mode to temporarily incapacitate a person from a safer distance than some other force options, while reducing the likelihood of death or serious injury. Any use of force, physical exertion, capture, control, restraint, or incapacitation involves risks that a person may get hurt or die.<sup>7</sup>

Within this document certain safety signals and signal words are used to call attention to safety messages:

 The safety alert symbol is used to alert Users to potential injury hazards. ALWAYS Obey all safety messages that follow this symbol to reasonably minimize the risk of death or serious injury when the ECD is Used and to enhance safe operation of the ECD.

 **WARNING** The signal word WARNING indicates a hazardous situation which, if not avoided or heeded, could result in death or serious injury. It is intended to direct the User's attention to hazards that may not be obvious, but may be reasonably mitigated by heeding training and instructions, or avoiding certain actions, circumstances, or behaviors, thereby improving the safety of the ECD. WARNINGS may be followed by instructions and information integral to the WARNING.

## **SAFETY INFORMATION: ECD DEPLOYMENT AND USE**

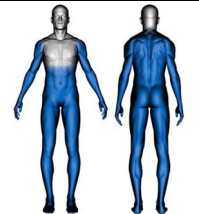
### **WARNING**

**Minimize Repeated, Continuous, or Simultaneous<sup>8</sup> Exposures.** Reasonable efforts should be made to minimize the number of ECD exposures. ECD Users should use the lowest number of ECD exposures that are objectively reasonable to accomplish lawful objectives and should reassess the subject's resistance level before initiating or continuing the exposure.

**Control and Restrain Immediately.** Begin control and restraint procedures, including restraining the subject during ECD exposure, as soon as reasonably safe and practical to do so in order to minimize total ECD exposure. The ECD User, and those individuals assisting the User, should avoid touching the probes, wires, and the area between the probes to avoid accidental or unintended shock during ECD electrical discharge.

### **WARNING**

**Sensitive Body Part Hazard.** When possible, avoid intentionally targeting the ECD on sensitive areas of the body such as the head, throat, chest/breast, or known pre-existing injury areas without legal justification. The preferred target areas are the lower center mass (below chest) for front shots and below the neck area for back shots.



### **WARNING**

**Perform Spark Test Prior to Each Shift.** ECDs must be safely spark tested prior to each shift.

### **WARNING**

**Avoid Misuse.** Use an ECD only for its intended purpose, in legally justifiable situations, and in accordance with User's agency's Guidance.

### **WARNING**

**Never Confuse Handgun with ECD.** Confusing a handgun with an ECD could result in death or serious injury. ALWAYS follow your agency's equipment carrying and holstering location Guidance and training regarding distinguishing between handguns, other weapons, and ECDs.

<sup>7</sup> "Almost every use of force, however minute, poses some risk of death." *Garrett v. Athens-Clarke County*, 378 F.3d 1274, 1280, n.12 (11<sup>th</sup> Cir. 2004).

<sup>8</sup> "Simultaneous" means delivery to the body of electrical charge by multiple ECDs or multiple completed circuits at the same time.

**WARNING**

**Be Aware of Trigger-Held Continuous Discharge.** If an ECD's trigger is held back it can continue to discharge beyond the 5-second cycle until the trigger is released or the power source is expended.

**WARNING**

**Be Aware That an ECD or Cartridge May Fail to Fire, Operate, or Be Effective.** No weapons system, tool, technique, or ECD is always effective. If an ECD, cartridge, or accessory is inoperable, fails to function, or the intended ECD application is ineffective in achieving the desired effect, consider reloading and redeploying, using other force options, disengaging, or using other alternatives according to agency Guidance. The failure of the ECD to fire, operate, or be effective could result in death or serious injury.

**Prepare to Redeploy ECD or Use Backup Plan.** Always prepare to redeploy the ECD or Use a backup plan. Be familiar with backup plans and acceptable alternatives in the event of ineffective deployment.

**WARNING**

**Incapacitation, Falling, and Startle Hazard.** ECD Use may cause muscular contraction, Neuro Muscular Incapacitation ("NMI"), startling, and falling, which could result in death or serious injury.

**NMI and Secondary Injuries.** An ECD may cause NMI if probes are within sufficient proximity to complete a circuit, with sufficient spread, and an adequate circuit is completed and maintained rendering the subject temporarily unable to control movement and may cause a fall. Also, ECD use may cause a startle response. This loss of control or startle may increase risk of death or serious injury resulting from loss of balance, fall, change in momentum, drowning, or loss of control of any mode of transportation, conveyance, or machinery. Especially at risk is a person who:

- could fall and suffer impact injury to the head or other area;
- is on an elevated or unstable surface (e.g., tree, roof, ladder, ledge, balcony, porch, bridge, crane, dock, chair, bunk bed, or stair);
- is less able to catch or protect self in a fall (e.g., restrained, handcuffed, incapacitated, or immobilized);
- could fall on a sharp object (e.g., holding a knife or other edged weapon or sharp object on ground);
- is running, in motion, or moving under momentum;
- is operating or riding in or on any mode of transportation (e.g., vehicle, bus, bicycle, motorcycle, cart, train, or airplane), conveyance (e.g., escalator, moving walkway, elevator, skateboard, skates, or rollerblades), or machinery;
- is located in water, mud, or marsh environment if the ability to move is restricted; or
- is physically infirm, elderly, or pregnant.

**WARNING**

**Eye Injury Hazard.** If a TASER probe, electrode, or electrical discharge contacts or comes into close proximity to an eye it could result in serious injury, including permanent vision loss. DO NOT intentionally aim an ECD at the eye of a person or animal without justification.



**LASER light could result in serious eye injury.** The ECD uses a LASER as a targeting aid. Avoid intentionally aiming the LASER at the eye of a person or animal without justification. NEVER aim the LASER at aircraft.

**WARNING**

**Fire and Explosion Hazard.** ECD Use could result in a fire or explosion when flammable gases, fumes, vapors, liquids, or materials are present.





An ECD can ignite explosive and flammable clothing or materials, liquids, fumes, gases, or vapors (e.g., gasoline, vapor or gas found in sewer lines or methamphetamine labs, butane-type lighters, or flammable hair gels). Do not knowingly Use an ECD in the presence of any explosive or flammable substance without legal justification. Note that some self-defense sprays use a flammable carrier, such as alcohol.

## **SAFETY INFORMATION: ECD KNOWN AND POTENTIAL SIDE EFFECTS**

### **WARNING**

Always follow and comply with all instructions, warnings, information, and current TASER training materials to reasonably minimize the risks associated with possible Use and side effects listed below.

**Muscle Contraction or Strain-Related Injury.** ECDs can cause strong or moderate muscle contractions that may result in physical exertion, athletic, or sport-type injury, including, but not limited to, injury such as hernia, rupture, dislocation, tear, or other injury to soft tissue, organ, muscle, tendon, ligament, nerve, bone, or joint. Fracture to bone, including compression fracture to vertebrae, may occur. These injuries may be more serious and more likely to occur in people with pre-existing injuries, conditions or special susceptibilities, which include but are not limited to, known or unknown: pregnancy; osteopenia; osteoporosis; spinal injury; or previous muscle, disc, ligament, joint, bone, or tendon damage or surgery. Such injuries may also occur when a person reacts to the ECD deployment or discharge by making a rapid movement.

**Physiologic or Metabolic Effects.** The ECD can produce physiologic or metabolic effects which include, but are not limited to, changes in: acidosis; adrenergic states; blood pressure; calcium, creatine kinase (“CK”); electrolytes (including potassium), heart rate and rhythm; lactic acid; myoglobin; pH; respiration; stress hormones or other biochemical neuromodulators (e.g., catecholamines). Reasonable effort should be made to minimize the number of ECD exposures and resulting physiologic and metabolic effects. In human studies of electrical discharge from a single ECD of up to 15 seconds, these effects on acidosis, CK, electrolytes, stress hormones, and vital signs have been comparable to or less than changes expected from physical exertion similar to struggling, resistance, fighting, fleeing, or from the application of some other force tools or techniques. Adverse physiologic or metabolic effects may increase risk of death or serious injury.

**Higher Risk Populations.** ECD Use on a pregnant, infirm, elderly, small child, or low body-mass index (BMI) person could increase the risk of death or serious injury. ECD Use has not been scientifically tested on these populations. The ECD should not be Used on members of these populations unless the situation justifies possible higher risk of death or serious injury.

**Physiologically or Metabolically Compromised Persons.** Law enforcement personnel are called upon to deal with individuals in crises that are often physiologically or metabolically compromised and may be susceptible to arrest-related death (“ARD”). The factors that may increase susceptibility for an ARD have not been fully characterized but may include: a hypersympathetic state, autonomic dysregulation, capture myopathy, hyperthermia, altered electrolytes, severe acidosis, cardiac arrest, drug or alcohol effects (toxic withdrawal, sensitization to arrhythmias, etc), alterations in brain function (agitated or excited delirium), cardiac disease, pulmonary disease, sickle cell disease, and other pathologic conditions. These risks may exist prior to, during, or after law enforcement intervention or ECD Use, and the subject may already be at risk of death or serious injury as a result of pre-existing conditions, individual susceptibility, or other factors. In a physiologically or metabolically compromised person any physiologic or metabolic change may cause or contribute to death or serious injury. Follow your agency's Guidance when dealing with physiologically or metabolically compromised persons.

**Neurocardiogenic Response (Fainting).** A person may experience an exaggerated response to an ECD exposure, or threatened exposure, which may result in a person fainting or falling with possible secondary injury.

**Seizure.** Repetitive stimuli (e.g., flashing light or electrical stimuli) can induce seizure in some people. This risk may be increased in a person with a seizure history or if electrical stimuli pass through the head area. This may also result in a person falling with a possible secondary injury.





**Stress and Pain.** The ECD can cause temporary discomfort, pain, stress, panic, or startle which may be injurious to some people. Anticipation of ECD exposure can cause stress, trepidation, panic, startle, or fear, which may also be injurious to some people.

## **SAFETY INFORMATION: PROBE OR ELECTRODE INJURY OR INFECTION**

### **WARNING**

**Probe or Electrode Injury or Infection Hazard.** ECD Use may cause a mark, burn, scar, penetration, other skin, or tissue damage or infection. Provide First Aid and medical care as needed.

**Scarring.** Use of an ECD may cause irritation, puncture, mark, abrasion, rash, burn, keloid, or other scarring that may be permanent. This risk may be increased when using the M26 or X26 ECD in drive-stun mode with the cartridge removed or the X3 ECD in drive-stun mode due to the multiple sets of electrical contacts. The nature and severity of these effects depends on the area of exposure and method of application, individual susceptibility, and other circumstances surrounding ECD Use, exposure, and after care.

**Penetration Injury.** The TASER probe has a small dart point which may cause a penetration injury to a blood vessel or internal organ (including lung, bone, or nerve). The probe or dart point (which may detach) can also puncture or become embedded into a bone, organ, or tissue, which may require immediate medical attention, surgical removal, or may result in scarring, infection, or other serious injury.

**Penetration Injury Care.** Injury due to penetration of the probe or dart point into a blood vessel, organ, nerve, or bone may require medical attention. A probe, dart point, or barb embedded in a sensitive area such as the eye, the genital area, breast, neck, throat, or vascular structure may cause serious injury and may require special medical attention and further evaluation.

**Probe Removal.** Probe removal may cause injury. Leaving a probe in the body may result in pain or injury. Follow your agency's Guidance and biohazard protocols for probe removal. In the case of embedment, organ or bone penetration, or probe, dart point, or barb detachment, immediate medical attention and possible surgical removal may be required.

**Skin, Wound, or Infection Treatment.** ECD Use may cause a skin irritation, puncture wound, abrasion, mark, rash, burn, keloid or other scar which may require medical attention and may be permanent. As with any injury of this type, infection or tetanus and resulting complications may occur in some circumstances.

**Biohazards.** Utilize appropriate biohazard protocols and personal protective equipment including Body Substance Isolation procedures, gloves, masks, and washing of hands and exposed areas as necessary. Follow your agency's Guidance and appropriate biohazard, waste, and evidence protocols when dealing with biohazards.

**Untethered Discharged Probe.** In probe deployment, it is possible that a discharged probe that does not impact a subject or target may become untethered from the wire and travel a significant distance. A loose, untethered probe can cause serious injury.

## **SAFETY INFORMATION: GENERAL PRECAUTIONS**

### **WARNING**

**Unintentional Deployment Hazard.** Unintentional ECD activation could result in death or serious injury to the User, force recipient, and others. Follow and comply with the following instructions to reduce the risk of unintentional Use, deployment, or activation.

**Store in a Secure Location.** Store ECDs, cartridges, and accessories in secure locations inaccessible to children and other unauthorized persons to prevent inappropriate Use, which may result in death or serious injury to the User, other persons, or animals. ECDs and cartridges are weapons and are not toys.

**Use of ECD Safety.** Always place the ECD safety switch in the down (SAFE) position when not in Use. Remember to place the ECD safety switch in the up (ARMED) position when you intend to Use the ECD.



## TASER® X3™, X26™, and M26™ ECD Warnings, Instructions, and Information: Law Enforcement



**Assume ECD is Loaded.** Always assume that an ECD is loaded and capable of discharging. To avoid unexpected discharge, ensure that no live cartridge is in the ECD when inserting: a battery; CDPM™, DPM™, EPM™, TPM™, or XDPM™ battery pack; TASER CAM™ recorder; or while performing spark tests (except when spark testing the X3 ECD), maintenance, data downloading, or battery charging.

**Be Aware of ECD Deployment Mode.** Keep your finger off the trigger until it is legally justifiable to use the ECD. Be aware of the deployment mode (manual or semi-automatic) set on the X3 ECD before discharging that ECD.

**Keep Body Parts away from Front of ECD or Cartridge.** Keep your hands and body parts away from the front of the ECD and cartridge, unless instructed otherwise. A discharging ECD or cartridge could result in serious injury.

**Avoid Static Electricity.** Keep the cartridge away from sources of static electricity. Static electricity can cause the ECD or X26 or M26 cartridge to discharge unexpectedly, which could result in serious injury.

**Beware of Electronic Equipment Interference.** Interference from electronic transmission equipment in close proximity to the ECD could interfere with the proper operation of the ECD and cause the ECD to discharge. Keep the ECD at least several inches away from other electronic equipment. Place the ECD safety switch in the down (SAFE) position whenever it is immediately adjacent to electronic equipment (including transmitting radios and cell phones). Remember to place the ECD safety switch in the up (ARMED) position prior to attempting Use.

**Avoid Dropping ECD or Cartridge.** If an ECD or cartridge is dropped or damaged it may unintentionally deploy or discharge, become inoperable, or fail to function, making it unsafe for continued use. If an ECD or cartridge has been dropped or damaged, refer to the procedure recommended in the current version of the TASER Instructor Training materials.

### SAFETY INFORMATION: MAINTENANCE



Failure to maintain an ECD as instructed may cause the ECD to malfunction or fail to function optimally and could result in death or serious injury. Follow and comply with the following instructions to reduce the risk of ECD malfunction, including failure.

**Damaged ECD or Cartridge.** Do not use a cartridge with a missing blast door unless facing an immediate threat. ECD repair or modification by an unauthorized person may cause the ECD to fire or malfunction, will void the warranty, and may put the User or other person at risk of death or serious injury.

**Update ECD Software.** Some ECDs, including the TASER X26 and X3, have the capability for software updating. It is important to acquire, update, and maintain the latest ECD software update. Current ECD software may be obtained by contacting TASER's Customer Service Department or following instructions at the EVIDENCE.COM™ site.

**Use Only TASER-Approved Components, Batteries, Accessories, and Cartridges.** The ECD is a sophisticated electronic system. In order to provide proper function, only TASER-approved components, batteries, accessories, and cartridges are to be used with the ECD. Use of anything other than TASER-approved components, batteries, accessories, and cartridges will void the warranty, may cause malfunction, and may put the User or other person at risk of death or serious injury.

**Avoid Exposure to Wet Conditions.** If the ECD is drenched or immersed in water or other liquid, DO NOT Use the ECD until completing the procedure recommended in the current version of the TASER Instructor Training materials.

### SAFETY INFORMATION: HAZARDOUS SUBSTANCES








**Hazardous Substances.** The ECD contains components that contain chemicals known to the State of California and others to cause cancer and birth defects or other reproductive harm. Do not disassemble. Refer to your agency's Guidance for proper handling and disposal.



# TASER® Shockwave™ ECD Warnings, Instructions, and Information Law Enforcement

## Important ECD Product Safety and Health Information

These safety warnings are for your protection as well as the safety of others. Disregarding this information could result in death or serious injury.<sup>1</sup>

|  <b>WARNING</b>   |   |
|--|---|
|   | <p><b>Complete Training First</b><br/>Significant differences exist between each of the TASER International, Inc. (“TASER”) Electronic Control Device (“ECD”) models. Do not Use<sup>2</sup> or attempt to Use any ECD model unless you have been trained and certified by a Certified TASER Instructor<sup>3</sup> on that particular model.</p>   |
|   | <p><b>Read and Obey</b><br/>Read, study, understand, and follow all instructions, warnings, information, training bulletins and TASER training materials<sup>4</sup> before Using the TASER Shockwave ECD. Failure to comply with these instructions, warnings, information, training bulletins, and TASER training materials could result in death or serious injury to the User, force recipient, and others.</p>   |
|    | <p><b>Obey Applicable Laws</b><br/>Use the ECD only in accordance with applicable federal, state, local laws and other regulations or legal requirements. Your law enforcement agency’s Guidance<sup>5</sup> must also be followed.<sup>6</sup> Any Use of an ECD must be legally justifiable. Resistance to law enforcement interaction incurs substantial risk of death or serious injury and subjects who resist law enforcement assume all such risks of death or serious injury.</p> |
| <p><b>These warnings are effective October 20, 2009, and supersede all prior revisions and relevant Training Bulletins.</b> The most current warnings are online at <a href="http://www.TASER.com">www.TASER.com</a>.</p>  |   |
| <div style="display: flex; align-items: center; justify-content: center;">  <div style="border: 1px solid black; padding: 5px; margin-left: 10px;"> <p style="text-align: center; margin: 0;"><b>WARNING</b></p> <p><b>Electronic Control Device</b></p> <ul style="list-style-type: none"> <li>• Can temporarily incapacitate target.</li> <li>• Can cause injury.</li> <li>• Increased risk of multiple probe hits and head shots.</li> <li>• Obey warnings, instructions and all laws.</li> <li>• Comply with current training materials and requirements.</li> <li>• See <a href="http://www.TASER.com">www.TASER.com</a>.</li> </ul> </div> </div> <p style="font-size: small; margin-top: 5px;">This warning label appears on newer ECD models.</p> |   |

<sup>1</sup> These warnings are state of the art but cannot address all possible ECD application circumstances or permutations. They are intended to inform Users about reasonably foreseeable potential risks of harm. The decision to Use the ECD in a particular manner or circumstance must follow applicable legal standards. These warnings do not create a standard of care. Herein, the singular is also the plural, the plural includes the singular, and the masculine is also the feminine.

<sup>2</sup> The terms “Use,” “Used,” “Using,” or “User” include, but are not limited to: acquiring; accessing; entrusting; providing; possessing; storing; handling; manipulating; carrying; holstering; drawing; brandishing; displaying; deploying; utilizing; drive-stunning; using alligator or other types of clips or attachments; or discharging an ECD.

<sup>3</sup> A Certified TASER Instructor possesses and maintains a current TASER instructor certification for the specific product model they are teaching, demonstrating, or Using and is required to be fully compliant with TASER’s most current training requirements and materials.

<sup>4</sup> Current TASER Instructor Training materials may be obtained by contacting TASER’s Training Department.

<sup>5</sup> Law enforcement agencies are force and force tools experts and are solely responsible for their own Guidance. “Guidance” includes, but is not limited to, policy, procedure, rule, order, directive, training, continuum, and standard. TASER has no power or authority to mandate or require Guidance, set policy, or establish standards of care or conduct.

<sup>6</sup> Law enforcement agencies, government entities, and Users are sophisticated purchasers, sophisticated users, and learned intermediaries with respect to law enforcement weapons (including ECDs), force, force use, legality of force use, and reporting.

## Scope and Purpose

This document presents important safety warnings, instructions, and information intended to reasonably minimize hazards associated with ECD deployment, intended Use, side effects, and environment of Use.

Confronting, apprehending, capturing, controlling, restraining, incapacitating, and taking persons into custody are high risk events that could result in death or serious injury.

When lawfully Used as directed, ECDs are designed in probe-deployment mode to temporarily incapacitate a person from a safer distance than some other force options, while reducing the likelihood of death or serious injury. Any use of force, physical exertion, capture, control, restraint, or incapacitation involves risks that a person may get hurt or die.<sup>7</sup>

Within this document certain safety signals and signal words are used to call attention to safety messages.








The safety alert symbol is used to alert Users to potential injury hazards. ALWAYS Obey all safety messages that follow this symbol to reasonably minimize the risk of death or serious injury when the ECD is Used and to enhance safe operation of the ECD.












The signal word WARNING indicates a hazardous situation which, if not avoided or heeded, could result in death or serious injury. It is intended to direct the User's attention to hazards that may not be obvious, but may be reasonably mitigated by heeding training and instructions, or avoiding certain actions, circumstances, or behaviors, thereby improving the safety of the ECD. WARNINGS may be followed by instructions and information integral to the WARNING.

## Safety Information: General Precautions

|  <b>WARNING</b> |  |
|--|--|
|                 | <b>Unintentional Deployment Hazard</b><br>Unintentional ECD activation could result in death or serious injury to the User, force recipient, and others. Follow and comply with the following instructions to reduce the risk of unintentional Use, deployment, or activation.   |
|                 | <b>Store In A Secure Location</b><br>Store ECDs, cartridges, and accessories in secure locations inaccessible to children and other unauthorized persons to prevent inappropriate Use, which may result in death or serious injury to the User, other persons, or animals. ECDs, cartridges, and accessories are not toys. |
|                 | <b>Use Of ECD Safety</b><br>Always place the ECD safety switch in the unarmed position when not in Use. Remember to place the ECD safety switch in the armed position when you intend to Use the ECD.  |
|                 | <b>Assume ECD Is Loaded</b><br>Always assume that an ECD is loaded and capable of discharging. To avoid unexpected discharge, ensure that no live cartridge is in the ECD when inserting a battery or while performing spark tests, maintenance, or battery charging.  |



<sup>7</sup> "Almost every use of force, however minute, poses some risk of death." *Garrett v. Athens-Clarke County*, 378 F.3d 1274, 1280, n.12 (11th Cir. 2004).















## ⚠ WARNING

|   |   |
|---|---|
|    | <p><b>Avoid Unintentional Activation</b><br/>Keep finger off the red trigger button until it is legally justifiable to use the ECD. In the event of an accidental discharge, moving the switch guard to the down (SAFE) position will immediately stop the discharge cycle.</p>   |
|    | <p><b>Keep Body Parts Away From Front of ECD or Cartridge</b><br/>Keep your hands and body parts away from the front of the ECD and cartridge, unless instructed otherwise. A discharging ECD or cartridge could result in serious injury.</p>  |
|    | <p><b>Avoid Static Electricity</b><br/>Keep the cartridge away from sources of static electricity. Static electricity can cause the ECD or cartridge to discharge unexpectedly, which could result in serious injury.</p>   |
|    | <p><b>Beware of Electronic Equipment Interference</b><br/>Interference from electronic transmission equipment in close proximity to the ECD could interfere with the proper operation of the ECD and cause the ECD to discharge. Keep the ECD at least several inches away from other electronic equipment. Place the ECD safety switch in the unarmed position whenever it is immediately adjacent to electronic equipment (including transmitting radios and cell phones). Remember to place the ECD safety switch in the armed position prior to attempting Use.</p> |
|    | <p><b>Avoid Dropping ECD or Cartridge</b><br/>If an ECD or cartridge is dropped or damaged it may unintentionally deploy or discharge, become inoperable, or fail to function, making it unsafe for continued use. If an ECD or cartridge has been dropped or damaged, refer to the procedure recommended in the current version of the TASER Instructor Training materials.</p>  |
|    | <p>Failure to maintain an ECD as instructed may cause the ECD to malfunction or fail to function optimally and could result in death or serious injury. Follow and comply with the following instructions to reduce the risk of ECD malfunction, including failure.</p>   |
|   | <p><b>Damaged ECD or Cartridge</b><br/>Do not use a cartridge with a missing blast door unless facing an immediate threat. ECD repair or modification by an unauthorized person may cause the ECD to fire or malfunction, will void the warranty, and may put the User or other person at risk of death or serious injury.</p>  |
|  | <p><b>Use Only TASER-Approved Components, Batteries, Accessories, and Cartridges</b><br/>The ECD is a sophisticated electronic system. In order to provide proper function, only TASER-approved components, batteries, accessories, and cartridges are to be used with the ECD. Use of anything other than TASER-approved components, batteries, accessories, and cartridges will void the warranty, may cause malfunction, and may put the User or other person at risk of death or serious injury.</p>  |
|  | <p><b>Avoid Exposure to Wet Conditions</b><br/>If the ECD is drenched or immersed in water or other liquid, DO NOT Use the ECD until completing the procedure recommended in the current version of the TASER Instructor Training materials.</p>  |

## Safety Information: ECD Deployment and Use

### ⚠ WARNING

|   |  |
|---|--|
|  | <p><b>Perform Spark Test Prior to Each Use</b><br/>ECDs must be safely spark tested prior to each use.</p>   |
|  | <p><b>Avoid Misuse</b><br/>Use an ECD only for its intended purpose, in legally justifiable situations, and in accordance with User's agency's Guidance.</p> |












|  |  |
|--|--|
|   | <p><b>Be Aware that an ECD or Cartridge may Fail to Fire, Operate, or be Effective</b></p> <p>No weapons system, tool, technique, or ECD is always effective. If an ECD, cartridge, or accessory is inoperable, fails to function, or the intended ECD application is ineffective in achieving the desired effect, consider reloading and redeploying, using other force options, disengaging, or using other alternatives according to agency Guidance. The failure of the ECD to fire, operate, or be effective could result in death or serious injury.</p> |
|   | <p><b>Prepare to Redeploy ECD or Use Backup Plan</b></p> <p>Always prepare to redeploy the ECD or Use a backup plan. Be familiar with backup plans and acceptable alternatives in the event of ineffective deployment.</p>   |
|   | <p><b>Use only XP25™ TASER Cartridges</b></p> <p>Only XP25 TASER cartridges should be used with the ECD.</p>   |
|   | <p><b>Charge the Battery Before Use</b></p> <p>The SPM must be charged prior to use. The switch guard must be in the down (SAFE) position when recharging the SPM.</p>   |
|   | <p><b>Probe or Electrode Injury or Infection Hazard</b></p> <p>ECD Use may cause a mark, burn, scar, penetration, other skin, or tissue damage or infection. Provide First Aid and medical care as needed.</p>   |
|   | <p><b>Scarring</b></p> <p>Use of an ECD may cause irritation, puncture, mark, abrasion, rash, burn, keloid, or other scarring that may be permanent. The nature and severity of these effects depends on the area of exposure and method of application, individual susceptibility, and other circumstances surrounding ECD Use, exposure, and after care.</p>   |
|   | <p><b>Penetration Injury</b></p> <p>The TASER probe has a small dart point which may cause a penetration injury to blood vessel, or internal organ (including lung, bone, or nerve). The probe or dart point (which may detach) can also puncture or become embedded into a bone, organ, or tissue, which may require immediate medical attention, surgical removal, or may result in scarring, infection, or other serious injury.</p>  |
|   | <p><b>Penetration Injury Care</b></p> <p>Injury due to penetration of the probe or dart point into a blood vessel, organ, nerve, or bone may require medical attention. A probe, dart point, or barb embedded in a sensitive area such as the eye, the genital area, breast, neck, throat, or vascular structure may cause serious injury and may require special medical attention and further evaluation.</p>  |
|   | <p><b>Probe Removal</b></p> <p>Probe removal may cause injury. Leaving a probe in the body may result in pain or injury. Follow your agency's Guidance and biohazard protocols for probe removal. In the case of embedment, organ or bone penetration, or probe, dart point, or barb detachment, immediate medical attention and possible surgical removal may be required.</p>  |
|   | <p><b>Skin, Wound, or Infection Treatment</b></p> <p>ECD Use may cause a skin irritation, puncture wound, abrasion, mark, rash, burn, keloid or other scar which may require medical attention and may be permanent. As with any injury of this type, infection or tetanus may occur in some circumstances.</p>  |
|   | <p><b>Biohazards</b></p> <p>Utilize appropriate biohazard protocols and personal protective equipment including Body Substance Isolation procedures, gloves, masks, and washing of hands and exposed areas as necessary. Follow your agency's Guidance and appropriate biohazard, waste, and evidence protocols when dealing with biohazards.</p>  |
|   | <p><b>Untethered Discharged Probe</b></p> <p>In probe deployment, it is possible that a discharged probe that does not impact a subject or target may become untethered from the wire and travel a significant distance. A loose, untethered probe can cause serious injury.</p>   |
| <br> | <p><b>Eye Injury Hazard</b></p> <p>If a TASER probe, electrode or electrical discharge contacts or comes into close proximity to an eye it could result in serious injury, including permanent vision loss. DO NOT intentionally aim an ECD at the eye of a person or animal without justification.</p>  |



|      |   |
|------|---|
|      | <p><b>Sensitive Body Part Hazard</b></p> <p>When possible, avoid intentionally targeting the ECD on sensitive areas of the body such as the head, throat, chest/breast, or known pre-existing injury areas without legal justification. The preferred target areas are the lower center mass (below chest) for front shots and below the neck area for back shots.</p>  |
|      | <p><b>Targeting</b></p> <p>The ECD is not a precision aimed device. It is intended as a barrage fire, area denial system. The risk of hitting the head, face, or throat is greater for persons 68 inches (172.2 centimeters (“cm”)) tall or shorter at distances approaching 25 feet (7.62 meters (“m”)).</p>   |
|      | <p><b>Minimize Repeated, Continuous, or Simultaneous<sup>8</sup> Exposures</b></p> <p>Reasonable efforts should be made to minimize the number of ECD exposures. There is an increased risk of probe hits from multiple cartridges to a target at distances less than 7 feet (2.1 m) from the ECD or when multiple ECDs are deployed. ECD Users should use the lowest number of ECD exposures that are objectively reasonable to accomplish lawful objectives and should reassess the subject’s resistance level before initiating or continuing the exposure.</p>  |
|      | <p><b>Control and Restrain Immediately</b></p> <p>Begin control and restraint procedures, including restraining the subject during ECD exposure, as soon as reasonably safe and practical to do so in order to minimize total ECD exposure. The ECD User, and those individuals assisting the User, should avoid touching the probes, wires, and the area between the probes to avoid accidental or unintended shock during ECD electrical discharge.</p>   |
|      | <p><b>Incapacitation, Falling, and Startle Hazard</b></p> <p>ECD Use may cause muscular contraction, Neuro Muscular Incapacitation (“NMI”), startling, and falling, which could result in death or serious injury.</p>  |
| <br> | <p><b>NMI and Secondary Injuries</b></p> <p>An ECD may cause NMI if probes are within sufficient proximity to complete a circuit, with sufficient spread, and an adequate circuit is completed and maintained rendering the subject temporarily unable to control movement and may cause a fall. Also, ECD use may cause a startle response. This loss of control or startle may increase risk of death or serious injury resulting from loss of balance, fall, change in momentum, drowning, or loss of control of any mode of transportation, conveyance, or machinery. Especially at risk is a person who:</p> <ul style="list-style-type: none"> <li>• could fall and suffer impact injury to the head or other sensitive area;</li> <li>• is on an elevated or unstable surface (e.g., tree, roof, ladder, ledge, balcony, porch, bridge, crane, dock, chair, bunk bed, or stair);</li> <li>• is less able to catch or protect self in a fall (e.g., restrained, handcuffed, incapacitated, or immobilized);</li> <li>• could fall on a sharp object (e.g., holding a knife or other edged weapon or sharp object on ground);</li> <li>• is running, in motion, or moving under momentum;</li> <li>• is operating or riding in or on any mode of transportation (e.g., vehicle, bus, bicycle, motorcycle, cart, train, or airplane), conveyance (e.g., escalator, moving walkway, elevator, skateboard, skates, or rollerblades), or machinery;</li> <li>• is located in water, mud, or marsh environment if the ability to move is restricted; or</li> <li>• is physically infirm, elderly, or pregnant.</li> </ul> |
| <br> | <p><b>Fire and Explosion Hazard</b></p> <p>ECD Use could result in a fire or explosion when flammable gases, fumes, vapors, liquids, or materials are present. An ECD can ignite explosive and flammable clothing or materials, liquids, fumes, gases, or vapors (e.g., gasoline, vapor or gas found in sewer lines or methamphetamine labs, butane-type lighters, or flammable hair gels). Do not knowingly Use an ECD in the presence of any explosive or flammable substance without legal justification. Note that some self-defense sprays use a flammable carrier, such as alcohol.</p>   |

<sup>8</sup> “Simultaneous” means delivery to the body of electrical charge by multiple ECDs or multiple completed circuits at the same time.

# Safety Information: ECD Known and Potential Side Effects

|  <b>WARNING</b>   |   |
|--|---|
|  Always follow and comply with all instructions, warnings, information, and current TASER training materials to reasonably minimize the risks associated with possible Use and side effects listed below. |   |
|   | <p><b>Muscle Contraction or Strain-Related Injury</b></p> <p>ECDs can cause strong or moderate muscle contractions that may result in physical exertion, athletic, or sport-type injury, including, but not limited to, injury such as hernia, rupture, dislocation, tear, or other injury to soft tissue, organ, muscle, tendon, ligament, nerve, bone, or joint. Fracture to bone, including compression fracture to vertebrae, may occur. These injuries may be more serious and more likely to occur in people with pre-existing injuries, conditions or special susceptibilities, which include but are not limited to, known or unknown: pregnancy; osteopenia; osteoporosis; spinal injury; or previous muscle, disc, ligament, joint, bone, or tendon damage or surgery. Such injuries may also occur when a person reacts to the ECD deployment or discharge by making a rapid movement.</p>   |
|   | <p><b>Neurocardiogenic Response (Fainting)</b></p> <p>A person may experience an exaggerated response to an ECD exposure, or threatened exposure, which may result in a person fainting or falling with possible secondary injury.</p>  |
|   | <p><b>Seizure</b></p> <p>Repetitive stimuli (e.g., flashing light or electrical stimuli) can induce seizure in some people. This risk may be increased in a person with seizure history or if electrical stimuli pass through the head area. This may also result in a person falling with a possible secondary injury.</p>   |
|   | <p><b>Stress and Pain</b></p> <p>The ECD can cause temporary discomfort, pain, stress, panic, or startle which may be injurious to some people. Anticipation of ECD exposure can cause stress, trepidation, panic, startle, or fear, which may also be injurious to some people.</p>  |
|   | <p><b>Physiologic or Metabolic Effects</b></p> <p>The ECD can produce physiologic or metabolic effects which include, but are not limited to, changes in: acidosis; adrenergic states; blood pressure; calcium, creatine kinase (“CK”); electrolytes (including potassium), heart rate and rhythm; lactic acid; myoglobin; pH; respiration; stress hormones or other biochemical neuromodulators (e.g., catecholamines). Reasonable effort should be made to minimize the number of ECD exposures and resulting physiologic and metabolic effects. In human studies of electrical discharge from a single ECD of up to 15 seconds, these effects on acidosis, CK, electrolytes, stress hormones, and vital signs have been comparable to or less than changes expected from physical exertion similar to struggling, resistance, fighting, fleeing, or from the application of some other force tools or techniques. Adverse physiologic or metabolic effects may increase risk of death or serious injury.</p>   |
|   | <p><b>Higher Risk Populations</b></p> <p>ECD Use on a pregnant, infirm, elderly, small child, or low body-mass index (BMI) person could increase the risk of death or serious injury. ECD Use has not been scientifically tested on these populations. The ECD should not be Used on members of these populations unless the situation justifies possible higher risk of death or serious injury.</p>   |
|   | <p><b>Physiologically or Metabolically Compromised Persons</b></p> <p>Law enforcement personnel are called upon to deal with individuals in crises who are often physiologically or metabolically compromised and may be susceptible to arrest-related death (“ARD”). The factors that may increase susceptibility for an ARD have not been fully characterized but may include: a hypersympathetic state, autonomic dysregulation, capture myopathy, hyperthermia, altered electrolytes, severe acidosis, cardiac arrest, drug or alcohol effects (toxic withdrawal, sensitization to arrhythmias, etc), alterations in brain function (agitated or excited delirium), cardiac disease, pulmonary disease, sickle cell disease, and other pathologic conditions. These risks may exist prior to, during, or after law enforcement intervention or ECD Use, and the subject may already be at risk of death or serious injury as a result of pre-existing conditions, individual susceptibility, or other factors. In a physiologically or metabolically compromised person any physiologic or metabolic change may cause or contribute to death or serious injury. Follow your agency’s Guidance when dealing with physiologically or metabolically compromised persons.</p> |
| <br>   | <p><b>Hazardous Substances</b></p> <p>The ECD contains components that contain chemicals known to the State of California and others to cause cancer and birth defects or other reproductive harm. Do not disassemble. Refer to your agency’s Guidance for proper handling and disposal.</p>  |

## **CRITICAL WARNINGS**

- **NEVER POINT THE AIR TASER® AT ANOTHER PERSON UNLESS IN SELF-DEFENSE. THE AIR TASER PERFORMS BEST FROM 7-10 FT.**
- **NEVER AIM THE AIR TASER AT THE EYES OR FACE.**
- **KEEP THE AIR TASER OUT OF THE REACH OF CHILDREN.**
- **ALWAYS REPLACE LOW BATTERIES.**
- **DO NOT GIVE THE AIR TASER AWAY AS A GIFT OR SELL WITHOUT FILLING IN REGISTRATION CARD OR TRANSFER CARD.**
- **SET THE UNIT DOWN GENTLY; AVOID DROPPING UNIT.**
- **ONLY SET DOWN THE AIR TASER TO RUN IF THE ASSAILANT IS ON THE GROUND BEING TASERED; OTHERWISE KEEP THE UNIT IN HAND TO USE AS A STUN GUN IF NECESSARY.**
- **KEEP HANDS AWAY FROM THE FRONT OF THE UNIT AT ALL TIMES UNLESS THE SAFETY SLIDE IS FORWARD AND THE AIR TASER IS DEACTIVATED.**
- **ALWAYS HOLD THE AIR TASER WITH THE LINE OF SIGHT INDICATOR LEVEL; NEVER TILT THE AIR TASER WHEN FIRING.**
- **IF GOING ON AN AIRPLANE, YOU MUST PUT THE AIR TASER IN YOUR CHECKED LUGGAGE, IT CANNOT BE CARRIED ON BOARD.**
- **ALWAYS REPLACE AIR CARTRIDGES BY THE EXPIRATION DATE PRINTED ON EACH AIR CARTRIDGE.**
- **DO NOT FIRE THE AIR TASER NEAR FLAMMABLE LIQUIDS AND FUMES. THE AIR TASER CAN IGNITE GASOLINE OR OTHER FLAMMABLES. SOME SELF-DEFENSE SPRAYS ARE FLAMMABLE AND WOULD BE EXTREMELY DANGEROUS TO USE IN CONJUNCTION WITH AIR TASER.**
- **THE AIR TASER CAUSES TEMPORARY PARALYSIS. THIS PARALYSIS CAN BE DANGEROUS AND EVEN FATAL UNDER SPECIFIC CIRCUMSTANCES. FOR EXAMPLE, SOMEONE TASERED IN A SWIMMING POOL WOULD PROBABLY DROWN AS THEY COULD NOT SWIM OR SUPPORT THEMSELVES. DUE TO POTENTIAL DANGERS, ONLY USE THE AIR TASER WHEN ABSOLUTELY NECESSARY TO PROTECT YOUR LIFE.**
- **ALWAYS MAKE CERTAIN YOUR SAFETY SLIDE IS IN THE FORWARD, LOCKED POSITION WHENEVER YOUR AIR TASER IS LOADED AND NOT INTENDED FOR IMMEDIATE USE.**
- **WHEN CARRYING THE AIR TASER, STORE IT IN AN ENCLOSED CONTAINER FREE FROM OTHER ITEMS WHICH MAY INTERFERE WITH OR UNLOCK THE SAFETY SLIDE.**
- **DO NOT CARRY THE AIR TASER IN A POCKET WITHOUT A SAFETY COVER TO PREVENT THE INADVERTENT UNLOCKING OF THE SAFETY SLIDE. IT IS RECOMMENDED THAT YOU CARRY THE AIR TASER ONLY IN A CERTIFIED HOLSTER OR CARRYING CASE.**

**CONTACT THE COMPANY FOR DETAILS ON HOLSTERING  
ACCESSORIES.**

# WARNING

Be advised that the  
**M26 Advanced TASER**  
may be used on persons  
displaying  
**COMBATIVE**  
or **RESISTANT**  
behavior in the High Level  
Detachment Cellblock.



TASER International, Inc. does not require a TASER device electrical discharge ("TASER Exposure") as a condition for instructor or user TASER certification. It is up to each law enforcement agency's policy to determine whether its instructors and users experience a TASER device exposure as part of their training.

If you volunteer to experience a TASER Exposure, you must read and sign this Form prior to any TASER Exposure.

## WARNINGS AND RISKS

### IMPORTANT SAFETY AND HEALTH INFORMATION

Read, understand, and follow the training, safety instructions, and warnings before experiencing a TASER Exposure. (*These warnings are effective March 1, 2007, and supersede all prior revisions for TASER devices.*)



TASER® electronic control devices are weapons designed to incapacitate a person from a safe distance while reducing the likelihood of serious injuries or death. Though they have been found to be a safer and more effective alternative when used as directed to other traditional use of force tools and techniques, it is important to remember that the very nature of use of force and physical incapacitation involves a degree of risk that someone will get hurt or may even be killed due to physical exertion, unforeseen circumstances and individual susceptibilities.

**All volunteer exposures shall be performed by a TASER certified instructor.**

**Spotters.** All persons taking a TASER Exposure shall be supported by spotters so they don't fall. Each spotter should hold an upper arm under the armpit, so that the person can be safely supported and lowered to the ground after being hit without twisting or putting undue stress on the arm or shoulder. If probes are fired in lieu of attaching spent wires or alligator clips, then eye protection is required for both the spotter and the student being exposed. Provided that no probes are attached to the person's arms, there should be no electrical pulses flowing into the spotters and they can safely support the person being shot without any negative impact.

**No Minors.** Because of parental/guardian consent issues, no minor shall be exposed to a TASER device as part of a training course.

**Keep Body Parts Away From Front.** Keep your hands and body parts away from the front of the TASER cartridge.

**Avoid Static Electricity Discharge.** Avoid contact between static electricity and the TASER cartridge since static electricity can cause unexpected discharge.

### Deployment Safety Procedures

**Avoid Sensitive Areas.** Significant injury can occur from TASER device deployment into sensitive areas of the body such as the eyes, throat, or genitals—avoid intentionally targeting these areas without justification.

**Avoid Known Pre-Existing Injury Areas.** When practical, avoid deploying a TASER device at a known location of pre-existing injury (e.g., avoid targeting the back for persons with known pre-existing back injuries, avoid targeting the chest area on persons with a known history of previous heart attacks, etc.). These injuries may be provoked by such deployment.

**Beware—TASER Device Can Ignite Explosive Materials, Liquids, or Vapors.** These include gasoline, other flammables, explosive materials, liquids, or vapors (e.g., gases found in sewer lines, methamphetamine labs, and butane-type lighters). Some self-defense sprays use flammable carriers such as alcohol and could be dangerous to use in immediate conjunction with TASER devices.

### Deployment Health Risks

**Continuous Exposure Risks.** When practical, avoid prolonged or continuous exposure(s) to the TASER device's electrical discharge. In some circumstances, in susceptible people, it is conceivable that the stress and exertion of extensive repeated, prolonged, or continuous application(s) of the TASER device may contribute to cumulative exhaustion, stress, and associated medical risk(s).

**Other Conditions.** Unrelated to TASER exposure, conditions such as excited delirium, severe exhaustion, drug intoxication or chronic drug abuse, and/or over-exertion from physical struggle may result in serious injury or death.

**Breathing Impairment.** Extended or repeated TASER device exposures should be avoided where practical. Although existing studies on conscious human volunteers indicate subjects continue to breathe during extended TASER device applications, it is conceivable that the muscle contractions may impair a subject's ability to breathe. In tests conducted on anesthetized pigs repeated TASER device applications did cause cessation of breathing during TASER device discharges, although it is unclear what impact the anesthesia or other factors may have had on the test results. Accordingly, it is advisable to use expedient physical restraint in conjunction with the TASER device to minimize the overall duration of stress, exertion, and potential breathing impairment particularly on individuals exhibiting symptoms of excited delirium and/or exhaustion. However, it should be noted that certain subjects in a state of excited delirium may exhibit superhuman strength and despite efforts for expedient restraint, these subjects sometimes cannot be restrained without a significant and profound struggle.

**Vagal Response.** Some individuals may experience an exaggerated response to a TASER device exposure, or threatened TASER device exposure, which may result in a person fainting.

**Permanent Vision Loss.** If a TASER probe becomes embedded in an eye, it could result in permanent loss of vision.

**Seizure Risks.** Repetitive stimuli such as flashing lights or electrical stimuli can induce seizures in some individuals. This risk is heightened if electrical stimuli or current passes through the head region.

### Post-Deployment Procedures—Wound and Injury Care

**Probe Removal.** In most areas of the body, injuries or wounds caused by TASER probes will be minor. TASER probes have small barbs. There is a possible risk of probes causing injury to blood vessels. Follow your training and agency's guidance for probe removal.





# Instructor and User Warnings, Risks, Liability Release and Covenant Not to Sue

**Skin Wound Treatment.** TASER devices can cause skin irritation, small puncture wounds, friction abrasions, minor burns, etc. As with any injury of this type, in some circumstances infection(s) may occur. Thus, appropriately cleanse any such wounds and if necessary seek medical attention.

### HEALTH RISKS

**Response to Exposure.** The TASER device can cause temporary discomfort, pain, stress, and panic, which may be injurious to some people.

**Muscle Contraction-Related Risks.** The TASER device can cause strong muscle contractions that may result in physical exertion or athletic-type injuries. In certain instances this may be serious for some people, such as those with pre-existing conditions and/or special susceptibilities. This may also occur in instances where a person has an unusual and/or unanticipated response to the TASER device deployment and/or discharge.

**Secondary Injury Risks.** TASER-induced strong muscle contractions usually render a subject temporarily unable to control his or her psychomotor movements. This may result in secondary injuries such as those due to falls. This loss of control, or inability to catch oneself, can in special circumstances increase the risk(s) of serious injury or death. Persons who are physically infirm or pregnant are among those who may be at higher risk. Also, persons who could fall on a sharp object (such as persons holding a knife or other edged weapon) or suffer impact injuries to their head or other sensitive area in a fall could also be at a higher risk. Other persons at higher risk include: those located on elevated or unstable platforms (e.g., trees, roofs, ladders, ledges, cranes, loading docks), operating a vehicle or machinery, or those who are running. Persons located in water may drown if their ability to move is restricted.

**Strain Injury Risks.** It is possible that the injury types may include, but are not limited to, strain-type injuries such as hernias, ruptures, dislocations, tears, or other injuries to soft tissue, organs, muscles, tendons, ligaments, nerves, and joints. Fractures to bones, including vertebrae, may occur. These injuries may be more likely to occur in people with pre-existing injuries or conditions such as pregnancy, osteoporosis, osteopenia, spinal injuries, diverticulitis, or in persons having previous muscle, disc, ligament, joint, or tendon damage. It is believed that the risk of these injuries is comparable to or less than the risk(s) from vigorous physical exertion, such as weight training, wrestling, or other intense athletic endeavors.

**Scarring.** Use of a TASER device, especially in drive (or touch) stun mode, can cause marks, friction abrasions, and/or scarring that may be permanent depending on individual susceptibilities or circumstances surrounding TASER device use and exposure.

**Laser Beam Eye Damage.** The TASER device incorporates a laser aiming aid. Laser beams can cause eye damage. Avoid intentionally aiming at the eye(s) of a person or animal.

If you have a condition or pre-existing injury that would be aggravated by muscle contractions and physical exertion check the appropriate box below and notify the instructor prior to participating in the TASER device exposure.

I have no injuries or known physical or mental conditions that could be aggravated by muscle contractions, physical exertion or exposure to the electrical discharge of TASER devices.

I have the following pre-existing physical or mental injuries or physical conditions that could be aggravated by exposure to the TASER device:

\_\_\_\_\_  
\_\_\_\_\_

I agree to participate in the TASER Training Course and be exposed to the electrical discharge of the TASER device under the following conditions:

\_\_\_\_\_  
\_\_\_\_\_

### LIABILITY RELEASE, COVENANT NOT TO SUE AND HOLD HARMLESS

In consideration of the use of TASER International copyrighted training materials and participation in a TASER certification training course, I acknowledge and agree as follows:

- 1) I understand that a TASER Exposure results in strong muscle contractions, physical exertion and stress and involves the risk of physical injury. I acknowledge that I have read the above Warnings and Risks and with full knowledge of such risks, I voluntarily agree to experience a TASER Exposure and I assume all risks, whether known or unknown, foreseen or unforeseen, inherent in the TASER Exposure.
- 2) Intending that this Form be legally binding upon me, my heirs, executors, administrators, and assigns, I hereby waive, release, and forever discharge the instructor, my law enforcement agency, TASER International, Inc. and all of its agents, directors and employees of and from any and all claims, demands, rights and causes of action of whatsoever kind and nature, arising from, and by reason of any and all known and unknown physical and mental injuries and consequences thereof, whether foreseen or unforeseen, suffered by me from any and all activities during the Training class, including the TASER Exposure. I specifically waive any statutory rights I may have regarding the release of known or unknown claims.
- 3) I further agree that neither I nor my heirs, estate, personal representative, nor any other person or entity will ever institute any action, litigation or suit at law or in equity against the instructor, my law enforcement agency, TASER International, Inc. and all of its agents, directors and employees for any damages, costs, loss or injury arising out of any and all activities during the training class, including the TASER Exposure.
- 4) I further agree to indemnify and save harmless the instructor, my law enforcement agency, TASER International, Inc. and all of its agents, directors and employees from all liability, loss, costs and obligation of any and every kind on account of or arising out of any injuries or losses incurred by me, however occurring, arising out of any and all activities during the training class, including the TASER Exposure.
- 5) In signing this Form, I agree that I have read and understand this entire Form; I understand that it is a promise not to sue and a release and indemnity for all claims; I further understand that by signing this Form I am giving up certain legal rights including the right to recover damages in case of injury; and I agree to abide by the terms and conditions of this Form.
- 6) This release does not release any rights under Workers Compensation Laws.

Date \_\_\_\_\_ Signed \_\_\_\_\_

Printed Name \_\_\_\_\_

Law Enforcement Agency \_\_\_\_\_

Mail or fax a copy of this form to:

TASER International  
17800 N. 85<sup>th</sup> St.  
Scottsdale, AZ 85255  
Fax: (480) 991-0791



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17800 N. 85<sup>th</sup> Street, Scottsdale Arizona 85255 • www.TASER.com  
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## **TASER Device Liability and Litigation Risk**

*June 25, 2007*

*Douglas E. Klint, Vice President and General Counsel, TASER International*

### **Introduction**

Every law enforcement use of force creates some risk of civil and criminal liability and litigation. For force equipment manufacturers and distributors, there is civil product liability litigation risk. For law enforcement agencies there is civil risk and for individual officers there are civil and criminal excessive use-of-force liability and litigation risks under 42 U.S.C. § 1983 and state specific causes of action.

Law enforcement use-of-force risks and device manufacturer risks are separate and distinct liability and litigation risks—manufacturers and distributors are not liable for excessive force claims and law enforcement agencies and individual officers are not liable for product liability claims.

The liability and litigation risk profile varies among the different use-of-force tools and techniques used by law enforcement. As a general rule, the greater the risk of injury to suspects caused by the use-of-force tool, the greater the risk of liability and litigation. Since the TASER<sup>®</sup> brand Electronic Control Device (ECD) has proven to significantly reduce injuries to suspects by up to 79%, and an estimated 9,000 lives have been saved by use of the TASER ECD, it has one of the lowest liability and litigation risk profiles of any use-of-force tool or technique. Courts have generally held that proper use of the TASER ECD is not excessive use of force and the reduction in use-of-force claims against law enforcement resulting from use of the TASER ECD is well documented and is one of the economic benefits of deploying TASER ECDs.

### **TASER Product Liability Litigation Risk**

While TASER International, Inc. has been named in a number of product liability lawsuits arising from law enforcement use of the TASER ECD, TASER International is also successful in getting dismissals, summary judgment or favorable jury verdicts in 51 lawsuits to date with more expected. The suspect injury or death lawsuits are frivolous and the plaintiffs have been unable to prove that the TASER ECD is defective or was an unjustified cause of any injury or death, both of which are essential elements to establish product liability. Autopsy reports and medical experts have determined that the cause of in-custody deaths have been due to complications from drug intoxication or pre-existing medical conditions and not from the TASER ECD.

The key to our success in defending this litigation is the fact that the general safety of the TASER ECD has been well established by over 80 medical and safety studies and innumerable historical related research and literature. Included are studies performed by the United States Department of Defense, the governments of the United Kingdom, Canada, Australia, as well as the University of Minnesota Medical School, University of Missouri, University of Washington School of Medicine, Harvard Medical School, University of California San Diego Department of Emergency Medicine, University of Wisconsin-Madison, the U.S. Army Center for Health Promotion and Preventive Medicine, Penn State Applied Research Laboratory, Medical University of Vienna, The Alfred Hospital, Hennepin County Medical Center, the Potomac Institute, Zurich Switzerland Police Scientific Service, and the University of Ottawa Heart Institute, among others.

In addition, we have over 40 nationally and internationally renowned medical and scientific experts who have all determined that TASER ECDs have had no causal relationship in any suspect injury or death. With the overwhelming evidence supporting the general safety of TASER technology and the inability of the plaintiffs to show a product defect or any causation between the TASER ECD and an injury or death, we currently have not lost any product liability lawsuit.

As a result, there has been a marked decrease in the rate of new litigation filed against TASER International, the number of pending lawsuits is decreasing, and we plan to add to the 51 lawsuits that have already been dismissed or verdicts rendered in favor of TASER International.

### **Law Enforcement Excessive Use of Force Liability and Litigation Risk**

Law enforcement agencies battle excessive use of force litigation. These lawsuits are brought under *42 U.S.C. § 1983*, and related state law claims, which encourages litigation against law enforcement agencies since plaintiff's attorneys are entitled to an award of attorneys fees under the Attorneys' Fees Award Act of 1976 (*42 U.S.C. § 1988*). In addition to **civil liability** under these Federal and state statutes (including punitive damages), law enforcement officers who use force on people are also subject to **criminal prosecution** (federal and/or state) and **employment practices liability** (disciplinary actions against officers for use of force, including termination).

The TASER ECD has played an important role in reducing excessive use-of-force litigation against law enforcement agencies and individual officers and, consequently, related criminal prosecution of officers and employment practices liability. Statistics from law enforcement agencies show a marked decrease in excessive use-of-force claims when TASER ECDs have been deployed. The reason is simple: Suspects are not getting injured as often in the course of arrest or control when the TASER ECD is used.

The risk of injury to suspects during arrest has increased in recent years due to the U.S. drug epidemic. Fresno (CA) and Olympia (WA) report that over half of the suspects arrested were under the influence of drugs or alcohol. A suspect high on drugs typically will not comply with law enforcement commands, will resist arrest and can be impervious to pain. As a result, pain compliance tools such as impact weapons and pepper spray are often ineffective and injuries typically ensue when additional and higher escalations of force are resorted to. For example, Denver (CO) reports a 100% injury rate to suspects from canines, 71% injury rate from impact weapons, and a 66% injury rate from strikes and takedowns.

The TASER ECD has a distinct advantage since it is effective in causing incapacitation from a safe distance by overriding the central nervous system, and does not rely on pain compliance. The five-second TASER cycle affords officers a window of opportunity to capture, control and handcuff the suspect, with decreased risks of injury to the suspect or officer, and without the need to resort to higher uses of force. Steve Ashley, a retired law enforcement officer who works as a risk manager, stated that "...some people don't respond to pain, and in the past that often led to use of force that resulted in death. The TASER provides an option for control that doesn't rely upon pain compliance." Also, the court in *Wylie v. Overby*, Slip Copy, 2006 WL 1007643, E.D. Mich. (April 14, 2006) noted that, "The proper use of a TASER requires neither close proximity nor carries any serious risk of lasting injury to the subject."

Statistics from law enforcement agencies confirm this reduction in injuries when TASER ECDs are used. For example, Charlotte-Mecklenburg (NC) Police reported a 79% decrease in suspect injuries for the period 2002-2004; Phoenix (AZ) Police reported a 67% decrease in suspect injuries in 2004 and a 54% reduction in use of deadly force; Austin (TX) Police reported a 82% decrease in suspect injuries in 2004; Cincinnati (OH) Police reported a 35% decrease in suspect injuries in 2004, a 50% reduction in citizen complaints in 2003 and a 50% reduction in overall use of force from TASER deployment; Seattle (WA) Police reported a 100% decrease in officer involved shootings in 2003 compared to the prior 15 years; Miami (FL) Police reported zero firearm discharges in 2003, the first year of TASER ECD deployment, compared to 54 firearm discharges for the prior 3 years; Chico (CA) reported only 2% of suspects exposed to the TASER ECD were injured while 79% of suspects who were batoned were injured and 53% of suspects who were physically taken to the ground were injured; and Columbus (OH) Police reported a 25% reduction in impact weapon use, a 32% reduction in strikes, kicks and punches and a 38% decrease in use OC spray from TASER ECD deployment.

Charles Mesloh, PhD, a researcher with Florida Gulf Coast University, looked at every TASER ECD incident in Orange County (FL) Sheriff's Office from 2000-2003 and compared TASER ECDs with the use of police canines, batons and chemical agents like pepper spray. He found that there were fewer injuries related to TASER ECD use.

TASER technology is saving lives as well. Houston (TX) Police reported that in 39 instances between December 2004 and October 2006, incident involved officers would have been justified in using deadly force instead of stunning them; Dallas (TX) Police reported that in 23 events, the TASER X26 prevented the high likelihood of deadly force; Charlotte-Mecklenburg (NC) Police reported 19 incidents where deadly force was averted in 2004 with TASER ECDs; Columbus (OH) Police noted that 14 lives may have been saved with TASER ECDs; St. Paul (MN) Police credit TASER ECDs for saving at least four lives, including an officer's; and Maui (AZ) Police report two lives saved with the TASER ECD.

In addition, Madison (WI) Police Department's TASER ECD field data from January 2005 had the following results:

- "Madison PD's deployment of the TASER has reduced injuries to officers and suspects resulting from use-of-force encounters."
- "Madison PD's deployment of the TASER has reduced Madison PD officers' utilization of deadly force."
- "The TASER has proven to be a safe and effective use-of-force tool."
- "Citizen complaints concerning TASER devices: 0"
- "Avoidance of lethal force by deploying TASER devices: 6"

Since TASER ECDs reduce injuries to suspects, reduce citizen complaints, reduce use of impact weapon, strikes, kicks and punches, reduce utilization of deadly and lethal force and saves lives; there will also be a reduction in use of force, and associated liability claims and litigation from use of the TASER ECD.

Courts have recognized the importance of reduced suspect injuries in ruling on excessive use of force claims. For example, the court in *Draper v. Reynolds*, 369 F.3d 1270 (11th Cir. 2004) held that use of the TASER ECD on a belligerent truck driver was not excessive use of force and considered the following factors to determine if the force used was reasonable: (1) the need for the application of force; (2) the relationship between the need and amount of force used; and (3) the extent of the injury inflicted.

Similarly, in the case of *Ewolski v. City of Brunswick*, 287 F.3d 492 (6th Cir. 2003) the court also held that use of the TASER ECD was not excessive use of force and noted that in cases in which officers must choose among alternative use-of-force options, police must reasonably opt for a use-of-force that entails a lower total risk than the available alternatives. The use-of-force alternative with the lowest risk of injury is the best alternative with the least risk of liability. In the case of *Bennett v. Cambra*, 1997 U.S. Dist. LEXIS 1584 (N.D. Cal 1997) the court stated that a stun gun is less dangerous to all involved than hand to hand confrontation.

Statistics from our customers also confirm that TASER ECDs can reduce excessive use-of-force claims and litigation. Los Angeles (CA) Sheriff's Department Sgt. Mike Harding compared three liability cases prior to TASER ECD deployment with actual field uses and concluded that had the TASER ECD been available in these three cases, injuries and death to the subject may have been averted. He estimated the potential liability savings from these incidents with use of a TASER ECD at \$2,500,000.

Glendale (CO) Police reported a 75% reduction in drawing their service firearms with no reports of injuries to officers or suspects from use of the TASER ECD and no complaints of excessive use of force in 2003, the first year of TASER ECD deployment.

Austin (TX) Police reported that serious injuries to suspects decreased 80% from 2002 to 2004 with the TASER ECD and that excessive use-of-force complaints decreased 32.1% per 1,000 custody arrests from 2002 to 2004.

In 2003 the Michigan Municipal Risk Management Authority, which represents 151 law enforcement agencies in Michigan with a total of 6,346 officers employed by those agencies, were so convinced that the use of a TASER ECD by their member agencies would reduce their excessive force claims, that they implemented a grant program under which they would reimburse their agencies up to 50% of the cost of a TASER ECD deployment. In 2004, which was the first full year of the program, there was a 62% reduction in use-of-force claims compared to 2000 and a 54% reduction in use-of-force claims compared to 2003, with no excessive use-of-force claims attributed to use of a TASER ECD.

Existing case law has routinely held that the TASER ECD is an appropriate use of force and does not per se constitute excessive use of force. Please see *Draper v. Reynolds*, 369 F.3d 1270 (11<sup>th</sup> Cir. 2004); *Lifton v. City of Vacaville*, 2003 U.S. App. LEXIS 16286 (9th Cir. 2003); *Ewolski v. City of Brunswick*, 287 F.3d 492 (6th Cir. 2003); *Hernandez v. Terhume*, 2000 U.S. Dist. LEXIS 18080 (ND Cal. 2000); *Drummer v. Luttrell*, 75 F. Supp. 2d 796 (WD Tenn. 1999); *Bennett v. Cambra*, 1997 U.S. Dist. LEXIS 1584 (N.D. Cal 1997); *Nicholson v. Kent County Sheriff's Dept'*, 839 F. Supp. 508 (W.D Mich. 1993); *Walker v. Sumner*, 1993 U.S. App. LEXIS

26517 (9th Cir 1993); *Dennis v. Thurman*, 959 F. Supp. 1253 (C.D. Cal. 1997); *Munoz v. California Dep't of Corrections*, 1996 U.S. Dist. LEXIS 17759 (C.D. Cal 1996); *Jackson v. Carl*, 1991 U.S. Dist. LEXIS 11617 (N.D. Cal. 1991); *Alford v. Osei-Kwasi*, 203 Ga. App. 716, 721, 418 S.E.2d 79 (1992), cert. denied, 1992 Ga. LEXIS 494 (June 10, 1992); *Russo v. Cincinnati*, 953 F.2d 1036 (6th Cir. 1992); *Caldwell v. Moore*, 968 F.2d 595 (6th Cir. 1992); *Jolivet v. Cook*, 1995 U.S. App. LEXIS 3950 (10th Cir. 1995); *Michenfelder v. Sumner*, 860 F.2d 328 (9th Cir. 1988); *Parker v. Asher*, 701 F. Supp. 192 (Nev. 1988); *Carroll v. County of Trumbull*, Slip Opinion, 2006 WL 1134206 (N.D. Ohio April 25, 2006); *Willkomm v. Mayer* (WI Dells) USDC WDWI (Slip Copy 2006 WL 582044) March 9, 2006); *McBride v. Clark*, USDC WDMO (Slip Copy 2006 WL 581139) March 8, 2006; *Devoe v. Rebant*, Slip Copy, 2006 WL 334297, E.D. Mich. (Feb 13, 2006); *Wylie v. Overby*, Slip Copy, 2006 WL 1007643, E.D. Mich. (April 14, 2006).

In the case of *Stanley v. City of Baytown, Texas*, Slip Copy, 2005 WL 2757370 (S.D. Tex.), No. Civ.A. H-04-2106, U.S. Dist. Ct, S.D. Texas, Houston Division, decided Oct. 25, 2005, the Court held: "Under the totality of these circumstances, (Officer) Elizondo's use of the TASER was not unreasonably disproportionate to the need for force. In fact, Elizondo's decision to use the TASER may well have prevented much greater harm to Stanley and/or to other people in the ambulance had Elizondo engaged in a physical struggle to restrain Stanley."

In its June 20, 2005 report on "Electronic Control Weapons in Georgia", the Georgia Association of Chiefs of Police discussed the cases of *Draper v. Reynolds*, 369 F.3d 1270 (11th Cir. 2004) and *Alford v. Osei-Kwasi*, 203 Ga. App. 716 (1992) and stated that: "These two cases are significant because they demonstrate that the Georgia courts recognize the utility of an electronic control weapon. Both courts stated in their opinions that using an electronic control weapon may have prevented the injuries associated with the use of other nondeadly weapons. Consequently in Georgia, the use of an electronic control weapon to control a resistant individual who is either not cooperating with lawful requests of detention facility personnel or refusing to obey lawful requests of an officer **is not excessive force**" (*emphasis added*).

In conclusion, court rulings and statistics from law enforcement agencies confirm that the deployment of a TASER ECD does not *per se* constitute excessive use of force and plays a key role in reducing excessive use-of-force liability claims and litigation against law enforcement. The savings that results from this reduction in excessive use-of-force liability claims and litigation is a very important economic benefit to law enforcement agencies that deploy TASER ECDs.



# ADVANCED TASER M26

*Less-Lethal EMD Weapon*

## Medical Safety Information



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## INTRODUCTION TO THE ADVANCED TASER PROJECT

*From Rick Smith, President, TASER International*

### DEVELOPING A LESS-LETHAL WEAPON WHICH CAN STOP FOCUSED COMBATANTS

In 1995 we introduced our first less-lethal weapon: the AIR TASER 34000 stun system. This 7 watt stun system was designed to improve upon the features and usability of the original TASER which had been marketed since 1974. Our goal back then was to retain the same power settings and performance.

Shortly after the introduction, we were invited to demonstrate the AIR TASER 34000 in Prague in the Czech Republic. The demonstration did not go very well. The demonstration was held at the police academy and was hosted by the training staff. When the time came for us to get a volunteer, the close quarter combat trainer selected a volunteer and proceeded to yell and scream at him in the Czech language. This young man was so "pumped up" that when we shot him with the 7 watt stun system, he managed to fight his way through the effect, and walk forward to grab the shooter. I was amazed to see this happen, so we asked for another volunteer. The same thing happened. Leaving the facility a bit confused and certainly dismayed at the results, we set out to determine why these people were able to fight through a system which is shown to be quite effective in field use.

Since that time, I have come to learn that this problem is not unique to stun systems. It is a problem faced by all less-lethal technologies. They all rely upon some sort of pain compliance, distraction, or impairment. But no system I came across was able to stop someone who was focused, combative, and ready to fight through pain, discomfort, and distraction.

So, in early 1996, we set out to create a system that would reliably stop even these focused subjects. So began the ADVANCED TASER Project. Our goal was to develop a system which would accomplish two simultaneous goals:

- i. The system must be sufficiently effective to cause a physical debilitation in the target sufficient to render the target incapable of complex motor skills required for aggressive behavior.
- ii. The system must be sufficiently safe that the risk of injury or death should be less than that for current less-lethal technologies such as impact munitions (bean bags, rubber bullets, etc.)

In attacking the problem, we chose to follow the same approach to research as is used in the pharmaceutical and medical device industries. Before the FDA will approve a new drug, it must undergo testing to ensure it is safe (has no unsafe side effects) and effective. These tests almost always occur in animal models first, then in human subjects. We broke the ADVANCED TASER development project into 4 phases: Investigative animal testing, Quantitative safety verification against mathematical safety standards, In-depth animal safety testing and sensitivity analysis, and finally human subject effectiveness testing.

#### I. Investigative Animal Research

p. 6

The first phase of this program was to investigate the bioelectric effects of these weapons on mammalian subjects. Humans were ruled out for both safety and ethical reasons. In this phase, we created a test apparatus which would enable us to test a variety of key variables of the TASER Wave output such as amperage, power, and pulse duration.

The results of the testing were dramatic. The key variable in the output was the energy in each pulse. We started with a standard 0.44 Joule pulse (from a 0.22uF capacitor) as used in the AIR TASER model 34000. Applying this output to the chest of an anaesthetized animal, we saw almost no physical reaction. There was some minor twitching during the pulses, but nothing too significant. As we increased the power to 0.88 Joules (delivered from a 0.44 uF capacitor) the twitching increased. At 1.32 Joules per pulse (0.66 uF capacitor), the twitching was severe. The result at 1.76 Joules (0.88uF capacitor) were incredible. Even though the animal was completely anaesthetized and could feel no pain, the muscles of the body went into a complete, uncontrollable contraction. We had achieved the effect we were looking for: a weapon output that could directly cause the muscles to go into an uncontrollable contraction.

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It is this effect which lead us to develop the terminology of distinguishing between the low power stun systems and the higher systems, which we termed Electro-Muscular Disruption (EMD) systems. It was clear that at the low power, we could effect the sensory nervous system as exemplified by the fact that human volunteers frequently found stimulation from these stun systems overwhelming. However, the fact that focused people can fight through these effects coupled with the fact that the anaesthetized animals showed almost zero physical response validated that these stun systems were not greatly effecting the motor nerves and muscles. Once we increased the power up to the 1.76 Joules per pulse level, the muscles were being contracted completely and involuntarily. Hence, the term Electro-Muscular Disruption. We had found what we were looking for: the ability to directly disrupt neuro-motor control.

Further, these tests were conducted using a variety of different electrode placements to assess whether there were any adverse cardiac effects. There were none. The animal recovered without after-effect.

## **II. Quantitative Verification of Electrical Safety** **p. 9**

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The work from Phase I would establish the effect we were looking for, Phase II validated the safety results from Phase I to ensure we were within acceptable electrical safety levels for humans. Both UL levels and IEC levels were used for this validation. As shown on the graph on Page 9, the ADVANCED TASER is well within internationally accepted electrical safety levels.

## **III. In-Depth Animal Safety Studies** **p. 10**

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Performed at the University of Missouri, this is the most extensive medical safety testing of any less-lethal weapon known to me. During these tests, two leading experts in cardiac safety tested the ADVANCED TASER under extreme circumstances to evaluate if the system could pose a medical threat. Under none of the applications simulating potential real world use of the weapon was a dangerous interaction found. Not only did the researchers test the ADVANCED TASER by placing the probes on the surface of the chest in the locations which are known to have the greatest probability of cardiac interference, they used hypodermic needles inserted into the chest to directly stimulate the surface of the heart. They used drugs such as epinephrine, Ketamine, and isoproterenol to see if the ADVANCED TASER would have an effect on a person under the influence of drugs known to sensitize the heart to stimulation. They even simultaneously applied the shock from two ADVANCED TASERS (over 52 Watts of power) directly to the chest regions where the cardiac affect would be greatest. Even under these extreme circumstances, they were unable to cause a dangerous cardiac fibrillation.

Over the course of three days of testing, in 192 discharges of the ADVANCED TASER, these researchers administered over 14,000 of the 26 Watt ADVANCED TASER Wave pulses to five animals all of which are significantly smaller (and hence more susceptible to electrical fibrillation) than humans. **Two leading experts in cardiac safety, purposefully attempting to cause fibrillation by using drugs, implanted needles to the surface of the heart, and even simultaneously applying two ADVANCED TASERS to the chest were unable to cause fibrillation with the ADVANCED TASER.** I think it becomes apparent that the chances of a random situation occurring in the real world where the ADVANCED TASER would pose a risk to the heart is miniscule.

## **IV. Human Subject Studies** **p. 12**

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Starting on page 12 is listed a verified registry of over 900 human volunteers who have been hit with the ADVANCED TASER. I am included in this list myself having taken a hit from shoulder to hip. The list shows the location of the probes, which vary all over the body from hip to foot to chest, etc. Most of these volunteers had the probes taped to them, but several were shot with the probes in either the front or back. There are two things which are consistent about every one of these volunteers. First, they were all incapacitated – not one of these volunteers could perform aggressive actions while being hit with the ADVANCED TASER and all had been instructed to try. Second, everyone recovered fully within seconds. There were no after effects noted other than slight surface irritation on the skin similar to sun burns. This data strongly supports that the ADVANCED TASER will continue the results of historic TASER technology

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in that the injury rate to both suspects and officers will be close to 0% (and will certainly be less than blunt force trauma techniques). However, the ADVANCED TASER brings a quantum leap in stopping power.

**V. Letter from University of Ottawa Heart Institute**

**p. 44**

This review letter from Dr. Hendry, Co-Director of the Pacemaker Clinic is a good, common sense overview from a leading expert on cardiac safety that while there's nothing in life without risk, the risk associated with the ADVANCED TASER is certainly less than for many common alternatives in widespread use today.

In summary, we have tested the ADVANCED TASER in a very thorough manner with basic animal studies, quantitative analysis, in-depth worst case animal testing, and human effectiveness testing in over 200 volunteers. While this human testing was primarily geared at testing the effectiveness of the system against aggressive subjects, it further validated our animal results that the ADVANCED TASER does not leave lasting harm. Given the level of testing involved, not to mention the supportive opinions from leading medical safety experts, and after being hit with the unit personally, I can state unequivocally that the ADVANCED TASER is a safe, effective means to bring potentially violent confrontations under control quickly and with minimal risk to police officers and suspects.

I hope this introductory letter helps to illuminate the thought process and philosophy which has guided our team in developing what we believe is a major advancement in less-lethal weapon technology. If you have any questions, please contact me directly at [Rick@eTASER.com](mailto:Rick@eTASER.com) and I would be more than happy to answer any questions.

Sincerely,

A handwritten signature in black ink that reads "-Rick". The signature is stylized with a long horizontal stroke at the end.

Rick Smith  
President, TASER International

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# STRATBUCKER & Associates

10744 West Center Road \* Omaha, Nebraska 68124 \* (402) 399-9500 \* fax (402) 571-4017

## INTRODUCTION

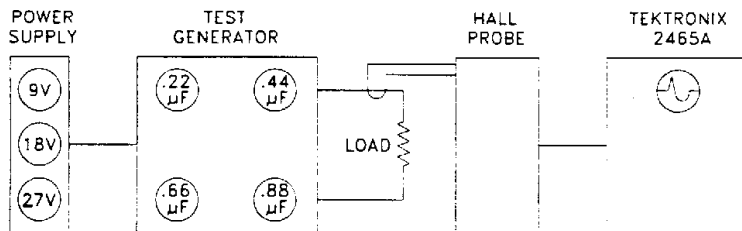
In late 1995, I was contacted by representatives of AIR TASER, Incorporated seeking to perform safety studies of the impulse generator module of the AIR TASER® product. The goal of the study was to perform an analysis to establish a margin of safety for the AIR TASER Model #34000 by testing significant increases in relevant electrical characteristics and evaluating the physiological response.

## PROCEDURE

Over the past decade, I have tested a number of similar devices both physically and physiologically in my laboratory and have become quite familiar with the necessary procedures to accurately accommodate such testing. Accordingly, I agreed to commence such testing upon the completion of a test power supply with the four capacitor settings as follows:

|   | <u>Capacitor value</u> |
|---|------------------------|
| • Standard AIR TASER Model #34000 generator | 0.22 microfarads       |
| • 2x standard model                         | 0.44 microfarads       |
| • 3x standard model                         | 0.66 microfarads       |
| • 4x standard model                         | 0.88 microfarads       |

The tests also included each of the above noted capacitor sizes with one, two, or three 9 volt batteries as a power source. (The standard unit Model #34000 generator uses one such battery.)



In addition to the familiar physical measurements of the pulse wave form using a 100 megahertz Tektronix 2465A Oscilloscope, a new high bandwidth Hall effect probe was used to accomplish indirect current measurements in the test circuits.

The following table lists measured values of peak current, pulse repetition rate, and damped cycle width with the non-arcing output of the pulse generator loaded into 1000 Ohms.

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### Electrical Output Measurements

| Capacitance (Microfarads) | Battery Input (Volts) | Peak Current (Amperes) | Interval (Milliseconds) | Pulse Width (Microseconds) | Load (Ohms) |
|---------------------------|-----------------------|------------------------|-------------------------|----------------------------|-------------|
| 0.22                      | 9                     | 10                     | 230                     | 6.5                        | 1000        |
| 0.44                      | 9                     | 13                     | 600                     | 9.4                        | 1000        |
| 0.66                      | 9                     | 16                     | 750                     | 11                         | 1000        |
| 0.88                      | 9                     | 18                     | 1000                    | 11                         | 1000        |
|                           |                       |                        |                         |                            |             |
| 0.22                      | 18                    | 9.2                    | 80                      | 6.9                        | 1000        |
| 0.44                      | 18                    | 14                     | 250                     | 9.5                        | 1000        |
| 0.66                      | 18                    | 16                     | 350                     | 11.4                       | 1000        |
| 0.88                      | 18                    | 18                     | 500                     | 12                         | 1000        |
|                           |                       |                        |                         |                            |             |
| 0.22                      | 27                    | 8                      | 44                      | 7                          | 1000        |
| 0.44                      | 27                    | 12                     | 88                      | 10                         | 1000        |
| 0.66                      | 27                    | 15                     | 160                     | 11                         | 1000        |
| 0.88                      | 27                    | 17                     | 400                     | 13                         | 1000        |

Most importantly, the above described protocol was to be evaluated in anaesthetized animals of representative size and cardiac status to adult humans. Accordingly, such physiologic testing was performed using market sized farm swine conveniently available to the laboratory.

On January 11, 1996 an animal test was performed using the identical protocol outlined in the physical study. An 18.2 kg Hampshire shoaat, the standard subject used in many cardiac safety studies, was pre-medicated with atropine sulfate (0.02 mg/kg) intramuscularly. Shortly thereafter, Ketamine (10mg/kg) mixed with Xylazine (2.01mg/kg) were given intramuscularly in serial doses spaced by 15-20 minutes to affect stage I to stage II anesthesia for the one hour duration of the procedure. The airway was carefully managed, but intubation was not required nor was assisted ventilation. At the conclusion of the procedure, the animal was allowed to recover and was returned to its pen in excellent condition.

In each of the twelve steps in the 4 x 3 protocol described above, the animal was stimulated with the device via output electrodes placed on the left hindquarter to determine skeletal muscle response, vertically oriented on the anterior abdomen at the umbilicus to asses mid-abdominal response and finally with both vertical and transverse orientation at the level of the cardiac apex to assess any possible affect on cardiac rhythm. In this latter regard, it should be noted that a three channel battery powered cardiograph unit was continuously employed to accomplish orthogonal lead axes. Such technique overcomes the serious deficiencies of several prior reports in which the pulse generator axis coincides with a non-dominant electrocardiographic axis of the heart, nearly obliterating the animal's electrocardiogram and erroneously raising doubt as to the expected immunity of the cardiac rhythm to the effects of body surface electric discharges.<sup>1</sup>

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## RESULTS

Of the more than 48 discharges of five seconds duration, there was no case in which the animal revealed any cardiac ectopy or myocardial injury. *The cardiac tissue proved resistant to stimulation despite progressively increased skeletal muscle effects noted as the storage capacitors and the battery output were increased by several hundred percent.* Respiration was briefly arrested during the application of some of the chest discharges, but returned spontaneously upon cessation of stimulation.<sup>2</sup> Several other mild autonomic effects such as increased heart rate and respiration rate were observed with the higher potency discharges. Both respiration and heart rate returned to normal in a matter of a few minutes. On the day following this rigorous protocol, the animal appeared to be completely normal with the exception of a few lingering electrical "signature" marks on its chest and abdomen.

## DISCUSSION

These experiments corroborate our earlier findings<sup>3</sup> in consulting reports and peer review journals that the electrical emissions from stun type pulse generators, delivered to the body surface in the recommended manner do not cause serious cardiac rhythm abnormalities in the otherwise healthy adult heart. As this study investigated electrical outputs equivalent to 400% the capacitance and 300% the battery voltage of the standard AIR TASER Model #34000, an adequate margin of safety<sup>4</sup> appears to exist.

Respectfully Submitted,



Robert A. Stratbucker, MD, Ph.D.

<sup>1</sup> O.Z. Roy and A.S. Podgorski, Tests on a Shocking Device – the Stun Gun. Med. & Biol. Eng. & Comput., 1989, 27, 445-448.

<sup>2</sup> Note: The AIR TASER was designed with a pre-programmed timing cycle in light of the potential for respiratory interruption. The unit automatically provides four 1 second pauses during each 30 second discharge to allow the subject to breathe. During this study, the animal promptly resumed normal breathing upon cessation of electrical stimulus. Hence, the four 1 second breaks allow the target to take four full breaths every 30 seconds, minimizing the risk of anoxia. (However, interruption of respiration for a full 30 seconds poses little health risk.)

<sup>3</sup> Robert A. Stratbucker and Matthew G. Marsh. IEEE The Relative Immunity of the Skin and Cardiovascular System to the Direct Effects of High Voltage - High Frequency Component Electrical Pulses. Proc. IEEE Engineering in Medicine & Biology Conference, October 1993, San Diego, CA.

<sup>4</sup> Pearce, J.A. et al: Myocardial Stimulation with Ultrashort Duration Current Pulses. PACE, Vol. 5, January-February 1982.

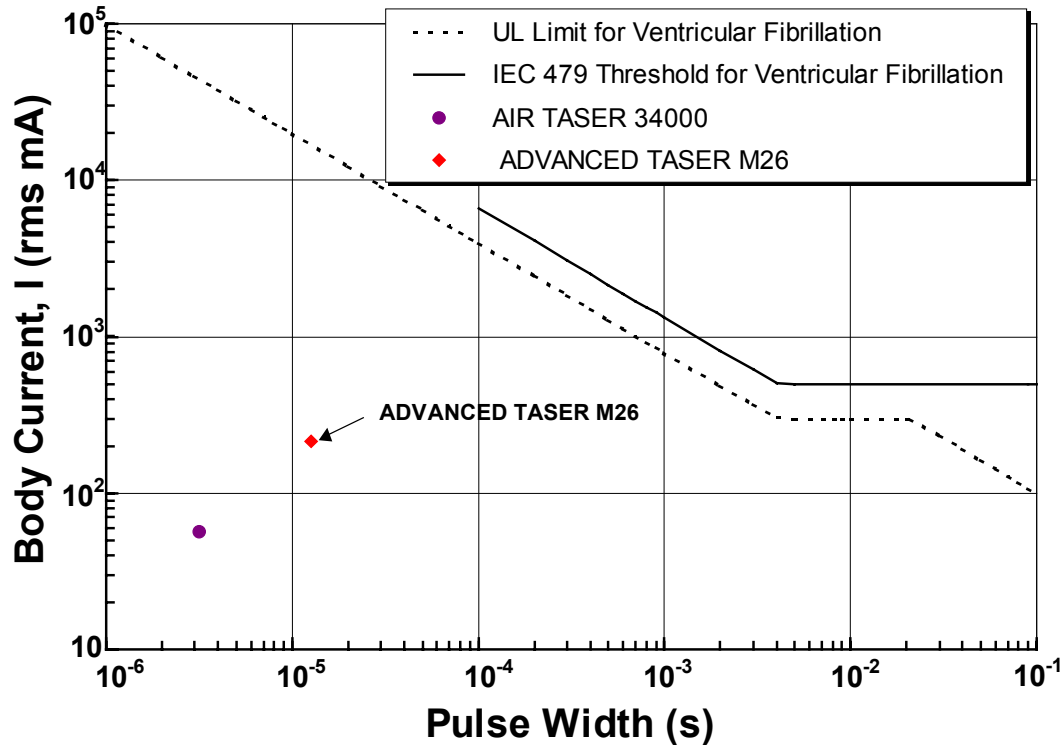
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## ADVANCED TASER PROJECT Electrical Output Safety Measurement



Underwriters Laboratory (UL) and the International Electrotechnical Commission (IEC) have published electrical safety standards for rms current levels for periodic pulse trains and for single capacitor-discharge type pulses. The first standard for periodic pulse trains is directly applicable to pulse wave devices like the Sticky Shocker, while the second standard would apply only if a person broke open a Sticky Shocker projectile and stuck their finger into the circuit. The UL and IEC safety standards for periodic pulse trains are based on the rms current, defined as the square root of the average of the square of the current. For a series of discrete pulses of arbitrary or complex pulse shape this is most easily calculated from the measured energy per pulse into a load

$$[I_{rms} = \sqrt{E(J) * \text{Rep Rate} (Hz) / R (ohms)}]^1.$$

The UL and IEC safety standards are shown in Figure 2.4-1, along with the measured values for a number of commercial stun gun circuits<sup>2</sup>. The UL limits for ventricular fibrillation have a built-in safety margin of x2-x5, based on a 2-year old child, while the IEC thresholds are actual thresholds which would induce ventricular fibrillation in 50% of the population. Typical stun guns have a safety margin of at least x100. Basically, the short pulse duration of stun guns have very little effect on heart operation which uses much longer electrical pulses. Aside from minor irritation or burning where the arc contacts the skin, or extended application which could interfere with breathing, there are no electrical safety issues associated with pulse wave devices. **Special thanks to Jaycor Corp. for providing safety levels data in graphical form.**

<sup>1</sup> An alternative and equivalent definition is  $I_{rms} = [I_{peak}^2 * \text{Pulsewidth} * \text{Rep Rate}]^{1/2}$ .

<sup>2</sup> The safety standards are for  $I_{rms}$  versus pulse duration, which is poorly defined. UL and IEC Publication 479 specify three time constants as the duration of an exponentially decaying waveform, and the method for defining the duration of non-exponential waveforms is even less clear. UL has reserved the right to analyze pulses as they see fit and decide acceptability on an individual basis. For the figure, we have chosen to plot  $I_{rms}$  versus effective pulsewidth, where  $I_{rms} = [\text{Energy per pulse} * \text{Rep Rate} / \text{Resistance}]^{1/2}$ , and  $PW_{eff} = [\text{Energy per pulse} / \text{Peak power}]$ .

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January 6, 2000

Mr. Rick Smith  
TASER International  
7339 East Evans Road  
Scottsdale, AZ 85260

Dear Mr. Smith:

This letter is a preliminary report on our initial studies evaluating the safety of the AIR TASER and ADVANCED TASER M26 less-lethal weapons, developed by TASER International. Our test protocol, which was approved by the University of Missouri Animal Care and Use Committee, involved the administration of 236 shock discharges from either an AIR TASER or ADVANCED TASER to anesthetized canines ( $n = 5$ ,  $54.2 \pm 5.2$  pounds). The goal in testing these devices was to estimate the risk of inducing ventricular fibrillation (a cardiac rhythm disturbance which is fatal without treatment) via the external application of these TASER devices. The primary emphasis was placed on testing the newly developed ADVANCED TASER.

The shock bursts from the TASERs were administered using carefully controlled "maximum susceptibility" experimental scenarios in every animal. To accomplish this goal, the TASER probes were placed in and on areas of the thorax, which should maximize the potential for adverse cardiac electrical interactions. The TASER units tested were full power devices intended for use on average sized human subjects, even though they were tested here on subjects considerably smaller than adult humans. In justifying this selection, we reasoned that the use of a smaller experimental model should maximize our ability to observe any adverse effects of the TASERs on the mammalian heart. The overall results of this testing were as follows:

16 Air Taser discharges through external electrodes in multiple configurations, induced 0 episodes of ventricular fibrillation;

192 Advanced Taser discharges through external electrodes in multiple configurations induced 0 episodes of ventricular fibrillation

In our testing, the TASERs did not induce ventricular fibrillation with any external application of the TASER discharge. Electrode configurations tested were either the direct mode of contact (wherein the darts are placed just under the skin to produce a conductive contact) or the arcing mode of contact (wherein the darts are placed a centimeter or so above the skin to create an arcing contact). In addition, to test an even more extreme and similarly unlikely external application, we also simulated the possibility of the probes being inserted to the point of making direct contact with the heart. We did so in 3 animals, by inserting a separated pair of sterile 20 gauge hypodermic needles through the chest wall, to

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a depth of 2 to 3 cm such that their sharpened points just contacted the surface of the beating heart. Such contact was demonstrated in each animal by observing the creation of ectopic beats of the heart by slightly nudging one or the other of the needle hubs by hand. The two TASER probes were then connected electrically to the metallic needle hubs. Ventricular fibrillation was not induced via any of the 13 applications of the ADVANCED TASER in these animals.

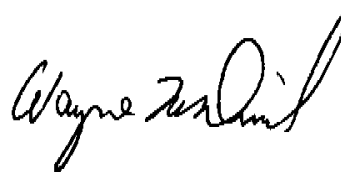
We also tested the effects of the ADVANCED TASER while the subjects were under the influence of adrenaline type sympathomimetic drugs. Such drugs are known to sensitize the heart to various stimuli including electric shocks. Specifically we tested both medium and high doses of epinephrine (which elevates heart rate and profoundly elevates blood pressure) and of isoproterenol (which lowers blood pressure and profoundly elevates heart rate). No combination of drug or dose was associated with the induction of ventricular fibrillation via external application of the ADVANCED TASER. Finally, in one animal we attempted to sensitize the heart to the effects of electric shock by the intravenous administration of toxic doses of Ketamine. This drug is used in veterinary medicine as a mild anesthetic. It is chemically similar to, and has a similar toxicity profile (though less potent) to the notorious street drug PCP. In addition to PCP's tendency to precipitate seizures and bizarre psychotic breaks in humans, abuse of this class of drugs is known to sensitize the heart to various stimuli as well as to cause sudden cardiac death in some cases. The Ketamine dosed animal was subjected to multiple applications of the ADVANCED TASER, and again no untoward cardiac effects were observed.

The use of any device as a less-lethal weapon carries with it a degree of risk to the subject being controlled, but this risk must be compared to the risk associated with the use of traditional firearms. With the application of a TASER weapon, the principal risk had been thought to be the induction of ventricular fibrillation in the subject. Here we purposely attempted to create the highest risk scenarios we could envision in real-life field settings, and still failed to induce ventricular fibrillation with external application of the TASER emissions in experimental animals much smaller than adult humans. Therefore, it may be inferred that the risk of inducing ventricular fibrillation by the surface application of an ADVANCED TASER to a human is very small. The results of these tests are consistent with, and expand upon, early stun gun research done at the University of Nebraska in the 1980s. We hope this work will serve as a stimulus to further research in this important field.

Respectfully submitted:



Robert Stratbucker, M.D., Ph.D.  
Health Technology Corporation



Wayne McDaniel, Ph.D.  
Research Assistant Professor

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### HUMAN VOLUNTEER DATA

(Actual text from submissions – may contain typographical errors)

| <b>Total Volunteers:</b>         |     |       |                  | <b>915</b>    |                 |  |          |   |
|----------------------------------|-----|-------|------------------|---------------|-----------------|--|----------|---|
| <b>% of injuries from TASER:</b> |     |       |                  | <b>0.00%</b>  |                 |  |          |   |
| <b>% secondary injuries:</b>     |     |       |                  | <b>0.11%</b>  |                 | (1 individual bruised shoulder during fall)                                    |          |   |
| <b>% Incapacitated:</b>          |     |       |                  | <b>99.78%</b> |                 |  |          |   |
| <b>% Severely Impaired:</b>      |     |       |                  | <b>0.22%</b>  |                 | (1 individual able to remain standing, although severely hunched and impaired) |          |   |
|                                  |     |       |                  |               |                 | (1 individual knocked to ground, but able to crawl on one hand and knees)      |          |   |
| Date                             | Sex | Age   | Location         | Upper Probe   | Lower Probe     | # shots  | Duration | Notes   |
| 04/01/1999                       | M   | 35    | Chandler PD      | Chest - Lower | Thigh           | 3  | 1.5 sec  | Subject able to withstand 34000, dropped by M26                         |
| 04/01/1999                       | M   | 30    | Chandler PD      | Back - Mid    | Hamstring       | 2  | 1.5 sec  | Subject able to withstand 34000, dropped by M26                         |
| 05/01/1999                       | M   | 37    | Chandler PD      | Chest         | Stomach - Lower | 2  | 1.5 sec  | Severe upper body contractions noted. Recovery in Approx. 5-10 seconds. |
| 06/01/1999                       | M   | 49    | Austin DPS       | Shoulder      | Hip             | 1  | 0.5 sec  | Immediate drop - unable to return fire with plastic pellet gun.         |
| 06/01/1999                       | M   | 32    | Austin DPS       | Shoulder      | Hip             | 1  | 0.5 sec  | Immediate drop - unable to return fire with plastic pellet gun.         |
| 06/01/1999                       | M   |       | Austin DPS       | Shoulder      | Hip             | 1  | 0.5 sec  | Immediate drop - unable to return fire with plastic pellet gun.         |
| 06/01/1999                       | M   | 25    | TX DPOA          | Back - Upper  | Back - Kidney   | 1  | 1 sec    | Subject able to withstand 34000, dropped by M26                         |
| 06/20/1999                       | M   | 29    | Nashville, TN    | Right Leg     | Left Hip        | 1  | 0.75 sec |   |
| 06/20/1999                       | M   | 26    | Nashville, TN    | Right Leg     | Left Hip        | 1  | 0.5 sec  | "That bad boy smokes ya!"   |
| 07/01/1999                       | M   | 45    | Denver Sheriffs  | Shoulder      | Hip             | 1  | 1.5 sec  | Subject able to withstand 34000, dropped by M26                         |
| 07/01/1999                       | M   | 35    | Denver Sheriffs  | Shoulder      | Hip             | 1  | 1 sec    | Instant drop  |
| 07/01/1999                       | M   | 24    | Minneapolis      | Chest         | Stomach - Lower | 1  | 0.5 sec  | Told to attack with Baton -- unable to attack. Instant Drop.            |
| 07/01/1999                       | M   | 33    | Minneapolis      | Hip           | Thigh           | 1  | 0.5 sec  | Told to attack with Baton -- unable to attack. Instant Drop.            |
| 07/01/1999                       | M   | 45    | Baltimore        | Hip           | Ankle           | 1  | 0.5 sec  | Instant drop  |
| 07/01/1999                       | M   | 25    | Baltimore        | Hip           | Ankle           | 1  | 1 sec    | Immediate drop - unable to return fire with plastic pellet gun.         |
| 08/04/1999                       | M   | 35    | Scottsdale       | Buttock       | Calf            | 1  | 1 sec    | Subject able to withstand 34000, dropped by M26                         |
| 10/01/1999                       | M   | 50    | NYPD             | Thigh         | Instep          | 1  | 0.5 sec  | Instant drop  |
| 10/01/1999                       | M   | 50    | NYPD             | Chest - upper | Hip             | 1  | 0.5 sec  | Immediate drop - unable to return fire with gun.                        |
| 10/01/1999                       | M   | 38    | Marion County FL | Shoulder      | Hip             | 1  | 0.5 sec  | Instant drop  |
| 10/01/1999                       | M   | 35    | Marion County FL | Hip           | Instep          | 1  | 0.5 sec  | Instant drop  |
| 10/01/1999                       | M   | 32    | Marion County FL | Chest         | Thigh           | 1  | 0.5 sec  | Instant drop  |
| 10/01/1999                       | F   | 35    | Lakeland, FL     | Shoulder      | Hip             | 1  | 0.5 sec  | Immediate drop - unable to return fire with gun.                        |
| 10/01/1999                       | F   | 35    | Lakeland, FL     | Hip           | Thigh           | 1  | 0.5 sec  | Immediate drop - unable to return fire with gun.                        |
| 10/01/1999                       | M   | 20-50 | Lakeland, FL     | Shoulder      | Hip             | 1  | 0.5 sec  | Immediate drop - unable to return fire with gun.                        |
| 10/01/1999                       | M   | 20-50 | Lakeland, FL     | Shoulder      | Hip             | 1  | 0.5 sec  | Immediate drop - unable to return fire with gun.                        |
| 10/01/1999                       | M   | 20-50 | Lakeland, FL     | Shoulder      | Hip             | 1  | 0.5 sec  | Immediate drop - unable to return fire with gun.                        |
| 10/01/1999                       | M   | 20-50 | Lakeland, FL     | Shoulder      | Hip             | 1  | 0.5 sec  | Immediate drop - unable to return fire with gun.                        |
| 10/01/1999                       | M   | 20-50 | Lakeland, FL     | Shoulder      | Hip             | 1  | 0.5 sec  | Immediate drop - unable to return fire with gun.                        |
| 10/01/1999                       | M   | 20-50 | Lakeland, FL     | Shoulder      | Hip             | 1  | 0.5 sec  | Immediate drop - unable to return fire with gun.                        |
| 10/01/1999                       | M   | 20-50 | Lakeland, FL     | Hip           | Instep          | 1  | 0.5 sec  | Immediate drop - unable to return fire with gun.                        |
| 10/01/1999                       | M   | 20-50 | Lakeland, FL     | Hip           | Instep          | 1  | 0.5 sec  | Immediate drop - unable to return fire with gun.                        |
| 10/01/1999                       | M   | 20-50 | Lakeland, FL     | Hip           | Instep          | 1  | 0.5 sec  | Immediate drop - unable to return fire with gun.                        |
| 10/01/1999                       | M   | 45    | Tallahassee      | Shoulder      | Hip             | 1  | 0.5 sec  | Instant drop  |
| 10/01/1999                       | M   | 45    | Tallahassee      | Shoulder      | Hip             | 1  | 0.5 sec  | Instant drop  |
| 10/01/1999                       | M   | 28    | IACP             | Hip           | Instep          | 1  | 0.25 sec | Instant drop  |
| 10/08/1999                       | M   | 30    | Ottawa           | Right Leg     | Right Leg       | 1  | .25 sec  | Instant drop  |

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|            |   |       |                  |                |                 |   |                   |  |
|------------|---|-------|------------------|----------------|-----------------|---|-------------------|--|
| 10/08/1999 | M | 33    | Ottawa           | Right Leg      | Right Leg       | 1 | .25 sec           | Instant drop                                     |
| 10/08/1999 | M | 33    | Ottawa           | Right Leg      | Right Leg       | 1 | .25 sec           | Instant drop                                     |
| 10/08/1999 | M | 20-50 | Ottawa           | Right Leg      | Right Leg       | 1 | .25 sec           | Instant drop                                     |
| 10/08/1999 | M | 20-50 | Ottawa           | Right Leg      | Right Leg       | 1 | .25 sec           | Instant drop                                     |
| 10/08/1999 | M | 20-50 | Ottawa           | Right Leg      | Right Leg       | 1 | .25 sec           | Instant drop                                     |
| 10/08/1999 | M | 20-50 | Ottawa           | Right Leg      | Right Leg       | 1 | .25 sec           | Instant drop                                     |
| 10/08/1999 | M | 20-50 | Ottawa           | Right Leg      | Right Leg       | 1 | .25 sec           | Instant drop                                     |
| 10/08/1999 | M | 20-50 | Ottawa           | Right Leg      | Right Leg       | 1 | .25 sec           | Instant drop                                     |
| 10/09/1999 | M | 32    | Montreal         | Left Leg       | Right Leg       | 1 | .25 sec           | Instant drop                                     |
| 10/09/1999 | M | 20-50 | Montreal         | Right Leg      | Right Leg       | 2 | .25 sec & .75 sec | Instant drop                                     |
| 10/09/1999 | M | 20-50 | Montreal         | Right Leg      | Right Leg       | 1 | .25 sec           | Instant drop                                     |
| 10/09/1999 | M | 20-50 | Montreal         | Right Leg      | Right Leg       | 1 | .25 sec           | Instant drop                                     |
| 10/09/1999 | M | 20-50 | Montreal         | Right Leg      | Right Leg       | 1 | .25 sec           | Instant drop                                     |
| 10/09/1999 | M | 20-50 | Montreal         | Right Leg      | Right Leg       | 1 | .25 sec           | Instant drop                                     |
| 10/09/1999 | M | 20-50 | Montreal         | Right Leg      | Right Leg       | 1 | .25 sec           | Instant drop                                     |
| 10/09/1999 | M | 20-50 | Montreal         | Left Upper Leg | Left Lower Calf | 1 | .25 sec           | Instant drop                                     |
| 10/09/1999 | M | 20-50 | Montreal         | Left Upper Leg | Left Lower Calf | 1 | .25 sec           | Instant drop                                     |
| 10/09/1999 | M | 20-50 | Montreal         | Right Leg      | Right Leg       | 1 | .25 sec           | Instant drop                                     |
| 10/09/1999 | M | 20-50 | Montreal         | Right Leg      | Right Leg       | 1 | .25 sec           | Instant drop                                     |
| 10/23/1999 | M | 52    | Forest Grove, OR | Right Leg      | Right Leg       | 1 | .25 sec           | Instant drop                                     |
| 10/23/1999 | M | 25    | Forest Grove, OR | Right Leg      | Right Leg       | 1 | 0.25 sec          | Instant drop                                     |
| 10/23/1999 | M | 26    | Forest Grove, OR | Right Leg      | Right Leg       | 1 | .25 sec           | Instant drop                                     |
| 10/23/1999 | M | 35    | Forest Grove, OR | Right Leg      | Right Leg       | 1 | .25 sec           | Instant drop                                     |
| 10/23/1999 | M | 33    | Forest Grove, OR | Right Leg      | Right Leg       | 1 | .5 sec            | Instant drop                                     |
| 11/01/1999 | M | 45    | Torrance         | Shoulder       | Hip             | 1 | 0.5 sec           | Instant drop                                     |
| 11/01/1999 | M | 35    | Torrance         | Hip            | Instep          | 1 | 0.5 sec           | Instant drop                                     |
| 11/01/1999 | M | 20-50 | Suisun City      | Shoulder       | Hip             | 1 | 0.5 sec           | Instant drop                                     |
| 11/01/1999 | M | 20-50 | Suisun City      | Shoulder       | Hip             | 1 | 0.5 sec           | Instant drop                                     |
| 11/01/1999 | M | 20-50 | Suisun City      | Shoulder       | Hip             | 1 | 0.5 sec           | Instant drop                                     |
| 11/01/1999 | M | 20-50 | Suisun City      | Shoulder       | Hip             | 1 | 0.5 sec           | Instant drop                                     |
| 11/01/1999 | M | 20-50 | Suisun City      | Thigh          | Instep          | 1 | 0.5 sec           | Instant drop                                     |
| 11/01/1999 | M | 20-50 | Suisun City      | Thigh          | Instep          | 1 | 0.5 sec           | Instant drop                                     |
| 11/01/1999 | F | 35    | Suisun City      | Shoulder       | Hip             | 1 | 0.5 sec           | Instant drop                                     |
| 11/01/1999 | M | 20-50 | Suisun City      | Thigh          | Instep          | 1 | 0.5 sec           | Instant drop                                     |
| 11/01/1999 | M | 20-50 | Washoe County    | Shoulder       | Hip             | 1 | 0.5 sec           | Instant drop                                     |
| 11/01/1999 | M | 20-50 | Washoe County    | Shoulder       | Hip             | 1 | 0.5 sec           | Instant drop                                     |
| 11/01/1999 | M | 20-50 | Washoe County    | Thigh          | Instep          | 1 | 0.5 sec           | Immediate drop - unable to return fire with gun. |
| 11/01/1999 | M | 20-50 | Washoe County    | Thigh          | Instep          | 1 | 0.5 sec           | Immediate drop - unable to return fire with gun. |
| 11/01/1999 |   | 20-50 | Douglas County   | Shoulder       | Hip             | 1 | 0.5 sec           | Immediate drop - unable to return fire with gun. |
| 11/01/1999 |   | 20-50 | Douglas County   | Shoulder       | Hip             | 1 | 0.5 sec           | Immediate drop - unable to return fire with gun. |
| 11/01/1999 |   | 20-50 | Douglas County   | Thigh          | Instep          | 1 | 0.5 sec           | Instant drop                                     |
| 11/01/1999 |   | 20-50 | Douglas County   | Thigh          | Instep          | 1 | 0.5 sec           | Instant drop                                     |
| 11/01/1999 | F | 28    | Milipol          | Wrist          | Hip             | 1 | 0.25 sec          | Instant drop                                     |
| 11/01/1999 | F | 33    | Milipol          | Hip            | Instep          | 1 | 0.25 sec          | Instant drop                                     |
| 11/01/1999 | M | 45    | Milipol          | Shoulder       | Hip             | 1 | 1 sec             | Instant drop                                     |
| 11/01/1999 | M | 30    | Milipol          | Shoulder       | Hip             | 1 | 1 sec             | Instant drop                                     |
| 11/01/1999 | M | 20-50 | Milipol          | Shoulder       | Hip             | 1 | 0.25 sec          | Instant drop                                     |
| 11/01/1999 | M | 20-50 | Milipol          | Shoulder       | Hip             | 1 | 0.25 sec          | Instant drop                                     |
| 11/01/1999 | M | 20-50 | Milipol          | Shoulder       | Hip             | 1 | 0.25 sec          | Instant drop                                     |

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|              |   |        |                |                  |                 |   |          |   |
|--------------|---|--------|----------------|------------------|-----------------|---|----------|---|
| 11/01/1999   | M | 20-50  | Milipol        | Shoulder         | Hip             | 1 | 0.25 sec | Instant drop  |
| 11/01/1999   | M | 20-50  | Milipol        | Shoulder         | Hip             | 1 | 0.25 sec | Instant drop  |
| 11/01/1999   | M | 20-50  | Milipol        | Shoulder         | Hip             | 1 | 0.25 sec | Instant drop  |
| 11/01/1999   | M | 20-50  | Milipol        | Shoulder         | Hip             | 1 | 0.25 sec | Instant drop  |
| 11/01/1999   | M | 20-50  | Milipol        | Shoulder         | Hip             | 1 | 0.25 sec | Instant drop  |
| 11/01/1999   | M | 20-50  | Milipol        | Hip              | Instep          | 1 | 0.25 sec | Instant drop  |
| 11/01/1999   | M | 20-50  | Milipol        | Hip              | Instep          | 1 | 0.25 sec | Instant drop  |
| 11/01/1999   | M | 20-50  | Milipol        | Hip              | Instep          | 1 | 0.25 sec | Instant drop  |
| 11/01/1999   | M | 20-50  | Milipol        | Hip              | Instep          | 1 | 0.25 sec | Instant drop  |
| 11/01/1999   | M | 20-50  | Milipol        | Hip              | Instep          | 1 | 0.25 sec | Instant drop  |
| 11/01/1999   | M | 20-50  | Milipol        | Hip              | Instep          | 1 | 0.25 sec | Instant drop  |
| 11/01/1999   | M | 20-50  | Milipol        | Hip              | Instep          | 1 | 0.25 sec | Instant drop  |
| 11/01/1999   | M | 48     | Munster        | Shoulder         | Hip             | 2 | 0.5 sec  | Also took a shot with a cartridge through level II Kevlar vest from front. Darts hit chest and stomach.   |
| 11/01/1999   | M | 35     | Munster        | SHOT IN BACK     | Hip             | 2 | 0.5 sec  | Also took shot with cartridge into back through T-shirt. Instant drop, no complications   |
| 11/01/1999   | M | 35     | Munster        | Shoulder         | Hip             | 2 | 0.5 sec  | Took second shot through level IIIA vest. The vest was made of a spectra shield laminate which did stop the electricity.  |
| 11/17/1999   | M | 25     | Riverside, CA  | Right Leg        | Right Leg       | 1 | .25 sec  | Instant drop  |
| 11/17/1999   | M | 25     | Riverside, CA  | Right Leg        | Right Leg       | 1 | .25 sec  | Instant drop  |
| 11/18/1999   | M | 25     | Riverside, CA  | Upper Left Thigh | Lower Left Calf | 1 | .5 sec   | Instant drop  |
| 11/18/1999   | M | 25     | Riverside, CA  | Right Leg        | Right Leg       | 1 | .25 sec  | Instant drop  |
| 11/18/1999   | M | 25     | Riverside, CA  | Right Leg        | Right Leg       | 1 | .25 sec  | Instant drop  |
| 11/18/1999   | M | 25     | Riverside, CA  | Right Leg        | Right Leg       | 1 | .25 sec  | Instant drop  |
| 12/02/1999   | M | 30     | Prague         | Shoulder         | Hip             | 2 | 0.5 sec  | On second shot, subject given unloaded gun. With hammer cocked and gun aimed at shooter, subject was unable to pull trigger when hit by M26. Immediately dropped gun.   |
| 12/02/1999   | M | 30     | Prague         | Shoulder         | Hip             | 1 | 0.5 sec  | Instant drop  |
| 12/10/1999   | M | 30     | Pineville NC   | Waist            | Knee            | 1 | 0.5 sec  | Instant drop - 6 foot 8 inch subject, 275 lbs.  |
| 12/15/1999   | M | 25-30' | Rock Hill SC   | Waist            | Knee            | 1 | 0.5 sec  | Instant drops--8 officers participated. All tried to make an aggressive move. Each officer was instantly incapacitated. I had 2 officers hold hands, put 1 probe on one officer's belt and other probe on other officer's belt. 0.5 sec shot. Both officers down immediately. |
| 12/15/1999   | M | 25-30' | Rock Hill SC   | Waist            | Knee            | 1 | 0.5 sec  | Instant drop  |
| 12/15/1999   | M | 25-30' | Rock Hill SC   | Waist            | Knee            | 1 | 0.5 sec  | Instant drop  |
| 12/15/1999   | M | 25-30' | Rock Hill SC   | Waist            | Knee            | 1 | 0.5 sec  | Instant drop  |
| 12/15/1999   | M | 25-30' | Rock Hill SC   | Waist            | Knee            | 1 | 0.5 sec  | Instant drop  |
| 12/15/1999   | M | 25-30' | Rock Hill SC   | Waist            | hand            | 1 | 0.5 sec  | Connected to next officer.  |
| 12/15/1999   | M | 25-30' | Rock Hill SC   | Waist            | hand            | 1 | 0.5 sec  | Connected to previous officer   |
| 12/30/1999   | M | 24     | Scottsdale, AZ | Right Leg        | Left Hip        | 1 | 0.5 sec  | "Totally different than the other one. I don't know how anyone could 5 seconds. I feel totally fine now."   |
| 01/12/2000   | M | 40     | ASLET Conf     | Right pocket     | Top of Shoe     | 1 | 0.5 sec  | Instant drop  |
| 01/12/2000   | M | 25     | ASLET Conf     | Right pocket     | Top of Shoe     | 1 | 0.5 sec  | Instant drop  |
| 12/30/1999   | M | 26     | Scottsdale, AZ | right hip        | Upper Calf      | 1 | 0.25 sec | "Unbelievable."   |
| Dec 12/12/99 | F | 20-50  | Amarillo       | SHOT IN BACK     |                 | 1 | 0.5 sec  | Shot wearing bullet proof vest. Dropped to ground immediately.  |
| Dec '99      | M | 20-50  | Amarillo       | SHOT IN BACK     |                 | 1 | 0.5 sec  | Shot wearing bullet proof vest. Dropped to ground immediately.  |
| Dec '99      | M | 20-50  | Amarillo       | SHOT IN BACK     |                 | 1 | 0.5 sec  | Shot wearing bullet proof vest. Dropped to ground immediately.  |
| Dec '99      | M | 20-50  | Amarillo       | SHOT IN BACK     |                 | 1 | 0.5 sec  | Shot wearing bullet proof vest. Dropped to ground immediately.  |
| Dec '99      | M | 20-50  | Amarillo       | SHOT IN BACK     |                 | 1 | 0.5 sec  | Electricity did not penetrate the bullet proof vest - electrodes were then taped to the individual and he went down.  |
| Dec '99      | M | 20-50  | Amarillo       | Shoulder         | Stomach         | 1 | 0.5 sec  | Probes taped on front from the shoulder to mid line stomach -- subject dropped immediately.   |
| Dec '99      | M | 20-50  | Amarillo       | Shoulder         | Stomach         | 1 | 0.5 sec  | Probes taped on front from the shoulder to mid line stomach -- subject dropped immediately.   |
| Dec '99      | M | 20-50  | Amarillo       | Shoulder         | Stomach         | 1 | 0.5 sec  | Probes taped on front from the shoulder to mid line stomach -- subject dropped immediately.   |

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|         |   |       |               |                 |               |   |           |   |
|---------|---|-------|---------------|-----------------|---------------|---|-----------|---|
| Dec '99 | M | 20-50 | Amarillo      | Shoulder        | Stomach       | 1 | 5 sec.    | Probes taped on the vest -- subject went into a crouched position but was able to prevent himself from falling. If he had been hit with another 5 seconds it appeared he was ready to fall and was completely incapacitated. There is a possibility that the darts on the vest were not achieving full electrical penetration of the bullet proof vest. |
| Dec '99 | M | 35    | Hialeah, FL   | SHOT IN FRONT   |               | 1 | 0.5 sec   | "I feel Fine -- a little Dizzy. But there's no way someone is going to walk through that!"  |
| Dec '99 | M | 25    | Hialeah, FL   | Mid Torso       | Thigh         | 1 | 0.5 sec   | Immediate drop  |
| Dec '99 | M | 30    | Hialeah, FL   | Upper Chest     | Thigh         | 1 | 0.5 sec   | "That's Strong, man!" - immediate drop  |
| Dec '99 | M | 35    | Hialeah, FL   | Upper Chest     | Thigh         | 1 | 0.5 sec   | "I don't want to get up. . . Once you zap, I couldn't move" Subject tried to assault shooter but dropped to ground immediately.   |
| Dec '99 | M | 35    | Hialeah, FL   | Upper Chest     | Thigh         | 1 | 0.5 sec   | 350 lb. Subject "Felt like I got a good shot (punch) right to the midsection" -- Locked up and dropped immediately while trying to assault shooter.   |
| Dec '99 | M | 35    | Hialeah, FL   | Upper Chest     | Thigh         | 1 | 0.5 sec   | Tried to draw unloaded gun, immediately dropped gun and fell to ground.   |
| Dec '99 | M | 40    | Hialeah, FL   | Upper Chest     | Thigh         | 1 | 0.5 sec   | Threw gun - down immediately.   |
| Dec '99 | M | 30    | Hialeah, FL   | Upper Chest     | Thigh         | 1 | 0.5 sec   | Subject could walk through a 7 watt system -- dropped immediately by 26 watt system.  |
| Dec '99 | M | 29    | Los Angeles   | Shoulder        | Hip           | 1 | 0.5 sec   | Company president Rick Smith. Dropped immediately.  |
| Dec. 13 | M | 20-50 | Glastony, CT  | Hip             | Foot          | 1 | 0.5 sec   | "Totally disabled my right side / fell to ground, released gun"   |
| Dec. 13 | M | 20-50 | Glastony, CT  | Shoulder        | Hip           | 1 | 0.5 sec   | "I took a 1/2 second hit. The device was on my right hip and my right shoulder. Once I was hit, my entire right side went dead. I had no control at all and fell to the ground. I became a true believer of the system. Very Effective!"  |
| Dec. 13 | M | 20-50 | Glastony, CT  | Hip             | Foot          | 1 | 0.5 sec   | "I felt current path from shoe to hip -> felt complete "shock" muscle spasm. Dropped gun in strong hand -> slight burning sensation on right hip."  |
| Dec. 13 | M | 20-50 | Glastony, CT  | Right Hip       | Left Hip      | 1 | 0.5 sec   | "I lost control and dropped to the ground. I felt a burning sensation on my right hip. Suffered no lasting effects."  |
| Dec. 13 | M | 20-50 | Glastony, CT  | Left Hip        | Right Foot    | 1 | 0.5 sec   | "Knees buckled, unable to maintain standing position. Slight burning sensation to waist area."  |
| Dec. 13 | M | 20-50 | Glastony, CT  |                 |               | 1 | 0.5 sec   | "I felt severe / intense pain and I was also unable to focus on anything other than the pain. The TASER definitely caused chaos in my thinking process."  |
| Dec. 13 | M | 20-50 | Glastony, CT  | Shoulder        | Foot          | 1 | 0.5 sec   | "It felt like I had no control over my body. Very Effective"  |
| Dec. 13 | M | 20-50 | Glastony, CT  | Left Shoulder   | Right Hip     | 1 | 0.5 sec   | "Immediately had no control"  |
| Dec. 13 | M | 20-50 | Glastony, CT  | Upper Chest     | Back Pocket   | 1 | 0.5 sec   | "Body went rigid, curved backward, then dropped."   |
| Dec. 14 | M | 20-50 | Hempstead, NY | Hip             | Foot          | 1 | 0.5 sec   | Loss of left leg - muscles didn't work  |
| Dec. 14 | M | 20-50 | Hempstead, NY | Right Shoulder  | Left Hip      | 1 | 0.5 sec   | "I felt like I lost complete control of my body. I fell right down and did not realize I dropped my weapon. I felt dizzy and disoriented for a couple of minutes after being hit."  |
| Dec. 14 | M | 20-50 | Hempstead, NY | Hip             | Foot          | 1 | 0.5       | I felt like I was hit with a bas on the hip area.   |
| Dec. 14 | M | 20-50 | Hempstead, NY | Chest           |               | 1 | 0.5 sec   | Felt like someone hit me with a sledgehammer in the chest.  |
| Dec. 14 | M | 20-50 | Hempstead, NY | left side torso | Right Foot    | 1 | 0.5 sec   | "Inability to move, burnign, loss of time frame, completely distracted from any goal."  |
| Dec. 14 | M | 20-50 | Hempstead, NY | Shoulder        | foot          | 1 | 0.5       | "I went right down"   |
| Dec. 14 | M | 20-50 | Hempstead, NY | Hip             | Foot          | 1 | 0.5 sec   | "Extremely effective -- would have knocked out any fight I may have had in me."   |
| Dec. 14 | M | 20-50 | Hempstead, NY | Left Hip        | Righ Shoulder | 1 | 0.5 sec   | "Could not move body, mind felt focused, gun dropped from right hand. I've been hit w/ stun guns and M26 is much more powerful and faster."   |
| Dec. 14 | M | 20-50 | Hempstead, NY | Hip             | Foot          | 1 | 0.5 sec   | "Left leg tightened up and right leg shot out, causing me to go to ground"  |
| Dec. 14 | M | 20-50 | Hempstead, NY | Shoulder        | Hip           | 1 | 0.5 sec   | "Immediately dropped gun, fell on left knee to floor and was totally disoriented and in pain."  |
| Dec. 14 | M | 20-50 | Hempstead, NY | Right Shoulder  | Left Foot     | 1 | 0.5 sec   | "Didn't hurt at all -- come back again and we'll try it all over." (sarcasm)  |
| Dec. 14 | M | 20-50 | Hempstead, NY | Left Shoulder   | Left Hip      | 1 | 0.5 sec   | "Complete incapacitation to left side in particular. 1/2 sec knocked me down."  |
| Dec. 14 | F | 20-50 | Hempstead, NY | Left Shoulder   | Left Hip      | 1 | 0.5 sec   | "Had weapon in right hand - felt like I grabbed weapon stronger but had no control over it. Almost immediately fell to ground without any control at all."  |
| Dec. 14 | M | 20-50 | Hempstead, NY | right hip       | Left Hip      | 1 | 0.5 sec   | "Felt like I got hit in the stomach with a baseball bat."   |
| Jan '00 | M | 25-40 | Victoria      | Shoulder        | Hip           | 1 | 0.25 sec. | Instant drop  |
| Jan '00 | M | 25-40 | Victoria      | Shoulder        | Hip           | 1 | 0.25 sec. | Instant drop  |
| Jan '00 | M | 25-40 | Victoria      | Shoulder        | Hip           | 1 | 0.25 sec. | Instant drop  |
| Jan '00 | M | 25-40 | Victoria      | Hip             | Calf          | 1 | 0.25 sec. | Instant drop  |
| Jan '00 | M | 25-40 | Victoria      | Hip             | Calf          | 1 | 0.25 sec. | Instant drop  |

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|             |   |       |                 |                  |                  |    |          |  |
|-------------|---|-------|-----------------|------------------|------------------|----|----------|--|
| Oct 21, '99 | M | 20-50 | Austin SWAT     | Shoulder         | Stomach - Lower  | 1  | 0.5 sec  | Instant drop   |
| Oct 21, '99 | M | 20-50 | Austin SWAT     | Shoulder         | Stomach - Lower  | 1  | 0.5 sec  | Instant drop   |
| Oct 21, '99 | M | 20-50 | Austin SWAT     | Shoulder         | Stomach - Lower  | 1  | 0.5 sec  | Instant drop   |
| Oct 21, '99 | M | 20-50 | Austin SWAT     | Shoulder         | Stomach - Lower  | 2  | 5 sec    | Subject able to remain standing for full 5 seconds, upper body contracted. Subject was able to remain erect and partially mobile by contracting opposing muscles. However, severely impaired. Right side was locked up completely. However, subject was hit with pre-production unit which was operating at approx. 80% power without high throughput battery magazine.  |
| Oct 21, '99 | M | 20-50 | Austin SWAT     | Hip              | Instep           | 1  | 0.5 sec  | Instant drop   |
| Oct 21, '99 | M | 20-50 | Austin SWAT     | Hip              | Instep           | 1  | 0.5 sec  | Instant drop   |
| Oct 21, '99 | M | 20-50 | Austin SWAT     | Hip              | Instep           | 1  | 0.5 sec  | Instant drop   |
| Oct 21, '99 | M | 20-50 | Austin SWAT     | Hip              | Instep           | 1  | 0.5 sec  | Instant drop   |
| Oct 21, '99 | M | 20-50 | Austin SWAT     | Hip              | Instep           | 1  | 0.5 sec  | Instant drop   |
| Oct 21, '99 | M | 20-50 | Austin SWAT     | Hip              | Instep           | 1  | 0.5 sec  | Instant drop   |
| Oct 21, '99 | M | 20-50 | Austin SWAT     | Hip              | Instep           | 1  | 0.5 sec  | Instant drop   |
| Oct 21, '99 | M | 20-50 | Austin SWAT     | Hip              | Instep           | 1  | 0.5 sec  | Instant drop   |
| Oct 21, '99 | M | 20-50 | Austin SWAT     | Hip              | Instep           | 1  | 0.5 sec  | Instant drop   |
| Oct '99     | M | 30    | Ft. Dix         | Shoulder         | Thigh            | 2  | 0.5 sec  | LARGE Individual -- 260 lbs +, Defensive Tactics Instructor. Tried to attack -- fell down immediately. Then tried again to see if he could overcome it. Again, dropped to ground instantly.  |
| Oct '99     | M | 35    | Ft. Dix         | Shoulder         | Thigh            | 1  | 0.5 sec  | Instant drop   |
| 01/21/2000  | M | 36    | Wisconsin       | Righ Breast Bone | Right High Thigh | 1  | 5 secs   | "Went to the floor immediately. Seemed like 8-10 seconds, but it was only the 5-second discharge. He went down fast. He's been much quieter ever since."   |
| 01/24/2000  | M |       | Costa Mesa PD   | ??               | ??               | ?? |          |  |
| 01/24/2000  | M |       | Costa Mesa PD   | Left Shoulder    | Left Hip         | 1  | .25 sec. | The man was standing (without the need for a wheelchair). A WI DOC Captain opened door 4-5 inches to show M26 w/o cartridge and used verbal judo to explain what the M26 was. Lots of FUs replied. He sparked the M26 and aimed the laser. More FUs. Air Cartridge loaded and fired at right shoulder/breast bone area and near upper right thigh from 7-8 feet away. "Went to the floor immediately. Seemed like 8-10 seconds, but it was only the 5-second discharge. He went down fast. He's been much quieter ever since." |
| 01/24/2000  | M |       | Costa Mesa PD   | Right Belt Line  | Right Shoulder   | 1  | .25 sec. |  |
| 01/24/2000  | M |       | Costa Mesa PD   | Left Leg         | Left Rear Pocket | 1  | .25 sec. | "Totally disabling. Went Black! Great!"  |
| 01/26/2000  | M | 40    | Taser Int'l     | Right Foot       | Right Hip        | 1  | .25 sec  |  |
| 01/26/2000  | M | 38    | Taser Int'l     | Right Foot       | Right Hip        | 1  | .25 sec  |  |
| 01/27/2000  | M | 30    | Phoenix PD      | Right Foot       | Right Hip        | 1  | .5 sec.  | (Shorted on metal cleat -- 1/2 power. Still disabled him.)   |
| 01/27/2000  | M | 35    | Phoenix PD      | Right Shoulder   | Right Buttock    | 1  | .5 sec.  | "It felt like sledgehammers pounding on me. No way I could fight."   |
| 01/28/1999  | M | 20-55 | UC Riverside    | Hip              | Foot             | 1  | 0.5 sec  |  |
| 01/28/1999  | M | 20-55 | UC Riverside    | Buttock          | Foot             | 1  | 0.5 sec  |  |
| 01/28/1999  | M | 20-55 | UC Riverside    | Shoulder         | Hip              | 1  | 0.5 sec  | "Felt like a punch in the hip -- no way to react."   |
| 02/03/2000  | M | 25    | KZZP 104.7FM    | Buttock          | Foot             | 1  | 1.5 sec. |  |
| 02/03/2000  | M | 23-45 | Akron PD        | Hip              | Foot             | 1  | .25 sec  | Gave Shotgun - dropped it immediately  |
| 02/03/2000  | M | 23-45 | Akron PD        | Hip              | Foot             | 1  | .25 sec  | Gave Shotgun - dropped it immediately  |
| 02/03/2000  | M | 23-45 | Akron PD        | Hip              | Foot             | 1  | .25 sec  | Gave Shotgun - dropped it immediately  |
| 02/03/2000  | M | 23-45 | Akron PD        | Buttock          | Heel             | 1  | .25 sec  |  |
| 02/03/2000  | M | 23-45 | Akron PD        | Shoulder         | Hip              | 1  | .25 sec  | Gave pistol - couldn't react   |
| 02/03/2000  | M | 23-45 | Akron PD        | Shoulder         | Hip              | 1  | 0.5 sec  | Individual was running in demo. Subject fell hard to the ground instantly -- hit ground on point of shoulder. Doctor confirmed deep bruise from impact of fall.  |
| 02/07/2000  | M | 23-45 | Philadelphia PD | Shoulder         | Hip              | 1  | .5 sec.  |  |
| 02/07/2000  | M | 23-45 | Philadelphia PD | Shoulder         | Hip              | 1  | 0.5 sec  | Immediate stop   |
| 02/07/2000  | M | 23-45 | Philadelphia PD | Shoulder         | Hip              | 1  | 0.5 sec  | Immediate stop   |
| 02/07/2000  | M | 23-45 | Philadelphia PD | Shoulder         | Hip              | 1  | 0.5 sec  | Immediate stop   |
| 02/07/2000  | M | 23-45 | Philadelphia PD | Hip              | Foot             | 1  | 0.5 sec  | Immediate stop   |

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|            |   |       |                 |             |            |    |             |   |
|------------|---|-------|-----------------|-------------|------------|----|-------------|---|
| 02/07/2000 | M | 23-45 | Philadelphia PD | Hip         | Foot       | 1  | 0.5 sec     | Immediate stop  |
| 02/07/2000 | M | 23-45 | Philadelphia PD | Buttock     | Foot       | 1  | 0.5 sec     | Immediate stop  |
| 02/09/2000 | M | 29    | RCMP            |             |            | 15 | .5 - 3 sec. | Blaine is a RCMP member with two years of service. He is 29 years old, 5'10", 225; he is big into weights and pushes 405 for his max bench press. For this test he was wearing a standard T-shirt. One probe was taped to his chest about 3" above his right nipple. The second probe was taped to his lower left abdomen about 2" from his belly. The distance between the probes was about 13-15". A knife was placed 3 metres (10 feet) from Blaine and he was told to attempt to pick up the knife as soon as he felt the current come on. Wanting to give him a true point of focus and motivation, I offered him three days of paid leave if he was able to get to the knife and pick it up. Upon getting "hit" Blaine doubled over and fell to his knees however, he kept one hand out and crawled on "all threes" to the knife and was able to pick it up. I estimate that it was at least a 3 second burst before I shut down the unit. Two other "hits" on Blaine (1 -shoulder and butt; 2- Chest and thigh) were successful in dropping him immediately. |
| 02/08/2000 | M | 20-50 | Montgomery Cnty | Shoulder    | Hip        | 1  | 0.5 sec     | Immediate stop  |
| 02/08/2000 | M | 20-50 | Montgomery Cnty | Shoulder    | Hip        | 1  | 0.5 sec     | Immediate stop  |
| 02/08/2000 | M | 20-50 | Montgomery Cnty | Shoulder    | Hip        | 1  | 0.5 sec     | Immediate stop  |
| 02/08/2000 | M | 20-50 | Montgomery Cnty | Hip         | Foot       | 1  | 0.5 sec     | Immediate stop  |
| 02/08/2000 | M | 20-50 | Montgomery Cnty | Hip         | Foot       | 1  | 0.5 sec     | Immediate stop  |
| 02/08/2000 | M | 20-50 | Montgomery Cnty | Hip         | Foot       | 1  | 0.5 sec     | Immediate stop  |
| 02/08/2000 | M | 20-50 | Montgomery Cnty | Buttock     | Foot       | 1  | 0.5 sec     | Immediate stop  |
| 02/08/2000 | M | 20-50 | Montgomery Cnty | Buttock     | Foot       | 1  | 0.5 sec     | Immediate stop  |
| 02/08/2000 | M | 20-50 | Montgomery Cnty | Buttock     | Foot       | 1  | 0.5 sec     | Immediate stop  |
| 02/08/2000 | M | 20-50 | Montgomery Cnty | Shoulder    | Foot       | 1  | 0.5 sec     | Immediate stop  |
| 02/08/2000 | M | 20-50 | Montgomery Cnty | Shoulder    | Hip        | 1  | 0.5 sec     | Immediate stop  |
| 02/08/2000 | M | 20-50 | Montgomery Cnty | Shoulder    | Hip        | 1  | 0.5 sec     | Immediate stop  |
| 02/08/2000 | M | 20-50 | Montgomery Cnty | Hip         | Foot       | 1  | 0.5 sec     | Immediate stop  |
| 02/08/2000 | M | 20-50 | Montgomery Cnty | Hip         | Foot       | 1  | 0.5 sec     | Immediate stop  |
| 02/08/2000 | M | 20-50 | Montgomery Cnty | Shoulder    | Hip        | 1  | 0.5 sec     | Immediate stop  |
| 02/08/2000 | M | 20-50 | Montgomery Cnty | Shoulder    | Hip        | 2  | 0.5 sec     | Officer was shot with darts while wearing bullet proof vest. Vest was a non-breathable laminate (Spectra) -- electricity did not penetrate vest. Probes were removed and taped on individual who was immediately dropped.   |
| 02/23/2000 | M | 25    |                 | Buttock     | Foot       | 1  | 0.5         | I could not fight back and could not move my body. I lost all will to fight   |
| 02/23/2000 | M | 34    |                 | Rt. Waist   | Rt.Foot    | 1  | 0.5         | Could not do anything. It works   |
| 02/23/2000 | M | 39    |                 | Rt.Shoulder | Buttock    | 1  | 0.5         | Stopped my movement   |
| 02/23/2000 | M | 34    |                 | Lft.side    |            | 1  | 0.5         | Very good weapon. I could not move for the time the taser was on my side. Did not hurt when removed   |
| 02/23/2000 | M | 35    |                 | Lft. Foot   | Buttock    | 1  | 0.5         | Pounding on my feet.Rt.leg incopaciated,muscles seized, I had no control.Leg wouldn't bend as I fell  |
| 02/23/2000 | M | 61    |                 | Rt.Hip      | Rt.Foot    | 1  | 0.5         | Total Effect wanted by instructor. Could not move.  |
| 02/22/2000 | M | 35    |                 | Rt.Hip      | Rt.Foot    | 1  | 0.5         | Felt a shock.Tingling from half second shock from Taser.  |
| 02/22/2000 | M | 58    |                 | Lt.Waist    | Lt.Foot    | 1  | 0.5         | None movement   |
| 02/23/2000 | M | 33    |                 | Rt.Shoulder | Rt.Side    | 1  | 0.5         | Lost will to fight.No control of muscles  |
| 02/23/2000 | M | 43    |                 | Lt.Hip      | Lt. Foot   | 1  | 0.5         | Shock caused me to drop knife during the demo while sttempting to stab Instructor   |
| 02/23/2000 | M | 37    |                 |             |            | 1  | 0.5         | I was totally disabled-temporarily-recovered quickly  |
| 02/23/2000 | M | 54    |                 | LtShoulder  | Lt.Foot    | 1  | 0.5         | Could not fight back-The shock made me drop the weapon  |
| 02/24/2000 | M | 41    |                 | LtShoulder  | Lt.Foot    | 1  | 0.5         | This was one of the most effective Tasers I have ever seen  |
| 02/24/2000 | M | 31    |                 | Rt.Hip      | Rt.Foot    | 1  | 0.5         | I knocked my feet out from under me. Like getting hit by a hammer   |
| 02/24/2000 | M | 42    |                 | Rt.Hip      | Rt.Foot    | 1  | 0.5         | Numbness-inability to move-unable to resist or fight  |
| 02/23/2000 | M | 43    |                 | Rt.Hip      | Rt.Foot    | 1  | 0.5         | I felt more effect in foot which caused me to fall forward. The effect on foot was like being struck. The upper probe was placed over an old hernia scar the pain was after charge was over.  |
| 02/24/2000 | M | 50    |                 | Rt Waist    | Lt Hip     | 1  | 0.5         | Fell to mat-Could not fight back  |
| 02/24/2000 | M | 51    |                 | Rt.Waist    | Rt.Foot    | 1  | 0.5         | This an effective weapon is with ono-lethal ability to deter aggression. I was shot with M-26 I am a believer.  |
| 02/24/2000 | M | 55    |                 | Rt.Shoulder | Rt.Buttock | 1  | 0.5         | I was holding a ASP baton and was unable to drop it or control my movement-It was instant disability  |

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|            |   |    |                  |                  |                |   |     |  |
|------------|---|----|------------------|------------------|----------------|---|-----|--|
| 02/24/2000 | M | 48 |                  | Lt.Waist         | Lt.Foot        | 1 | 0.5 | It felt bad very bad I couldn't fight back or anything   |
| 02/24/2000 | M | 32 |                  | Rt.Shoulder      | Rt.Foot        | 1 | 0.5 | The Taser was very effective on subduing me-it felt like a large hammer striking me.   |
| 02/24/2000 | M | 50 |                  | Lt.Side          |                | 1 | 0.5 | The application to the left front side of my body caused my movements to be disabled=It felt like a blunt blow that was held temporarily   |
| 02/24/2000 | M | 33 |                  | Rt.Shoulder      | Rt.Leg         | 1 | 0.5 | It felt like I had been stabbed in the shoulder and thigh. I could also feel my neck and jaw tighten up. There was no way I was able to fight back.  |
| 02/24/2000 | M | 43 |                  | Rt.Hip           | Lt.Foot        | 1 | 0.5 | It felt like I was electrocuted for a second. I felt heavy hammering on my right foot. It was only a second kind of discomfort.  |
| 02/24/2000 | M | 33 |                  | Rt.Shoulder      | Lt.Foot        | 1 | 0.5 | Could not fight back, Vision instantly lost. Lost use of left side immediately   |
| 02/24/2000 | M | 32 |                  | Rt.Shoulder      | Rt.Calf        | 1 | 0.5 | Right side of body shut down, fell directly to floor no control of hands while shot  |
| 02/24/2000 | M | 33 |                  | Rt.Top Leg       | Rt.Foot        | 1 | 0.5 |  |
| 02/24/2000 | M | 41 |                  | Rt.Shoulder      | Lt.Foot        | 1 | 0.5 | I could not fight,walk,talk. I did not know if I was moving around. It took me several minutes to gain my surroundings again. I felt as if I was hit by load of bricks   |
| 02/21/2000 | M | 32 |                  | Rt.Shoulder      | Lt.Foot        | 1 | 0.5 | Could not move or fight back. Very Impressive highly recommend it.   |
| 02/22/2000 | M | 47 |                  | Rt.Hip           | Lt.Foot        | 1 | 0.5 | This weapon is very effective-you cannot fight back once the weapon is discharged. It felt like someone removed all nerve in that part of the body.  |
| 02/22/2000 | M | 41 |                  | Rt.Hip           | Rt.Foot        | 1 | 0.5 | Upon being hit with the system,even though I was in a forward motion. My body totally shut down. My right leg locked up and I was down on my back within a second. That was from a half se burst.  |
| 02/22/2000 | M | 40 |                  | Lt.Chest         | Lt. Upper Back | 1 | 0.5 | Strong Effect. Could not even think about fighting back.   |
| 02/22/2000 | M | 32 |                  | Back Rt.Shoulder | Back Rt.Hip    | 1 | 0.5 | Immediate effect rendered all capabilities useless. Could no have fought back. Complete Surprise w/o injury  |
| 02/22/2000 | M | 25 |                  | Lt.Foot          | LtButtock      | 1 | 0.5 | Radiating Electric feeling between darts.  |
| 02/17/2000 | M | 35 |                  | Lt.Hip           | Rt.Foot        | 2 | 0.5 | Immediate incapability, muscles contracteed -would have fallen if not spotted. Took second hit from 34000. Immediate muscle jump clearly not as strong .   |
| 02/17/2000 | M | 46 |                  | Rt.Hip           | Rt.Foot        | 1 | 0.5 | Sharp disabling pain, numbness. I could not do anything but fall down and I was interested in doing wherever the instructor wanted   |
| 02/17/2000 | M | 26 |                  | Rt.Foot          | Lt.Back Waist  | 1 | 0.5 | Could not fight back. Felt like hammer crushed my leg, alittle burning I could not move at all.  |
| 02/17/2000 | M | 40 |                  | Rt.Foot          | Lt.Back Waist  | 1 | 0.5 | My leg was paralyzed and could not remain standing. Could not attempt to fight back or remain standing. Jolt of electric volts went threw out the enter body   |
| 02/17/2000 | M | 49 |                  | Rt.Foot          | Lt.Hip         | 1 | 0.5 | Completely disabled, could not have fought back. Verry, very impressive  |
| 02/17/2000 | M | 43 |                  | Rt.Shoulder      | L.Top Leg      | 1 | 0.5 | Could not have fought back.  |
| 02/17/2000 | M | 37 |                  | Rt.Foot          | Lt.Hip         | 1 | 0.5 | Slight burning to left hip ares. Wouldn't have been able to fight back   |
| 02/17/2000 | M | 37 |                  | Rt.Hip           | Lt.Ankle       | 1 | 0.5 | Total incapacitation w/ short burst  |
| 02/17/2000 | M | 26 |                  | Rt.Hip           | Rt.Foot        | 1 | 0.5 | Couldn't move leg, intense cramp. Do not believe I could fight back afterwards. It felt a little hot. All I could think about was making it stop.  |
| 02/17/2000 | M | 37 |                  | Rt.Thigh         | Rt.Foot        | 1 | 0.5 | Contact points-under sole of shoe and right front pocket. Air Taser activated, very slight electrical charge felt on pocket area only. No charge felt on foot. Rick then used M-26 as stun gun held on right thigh area. Charge felt through right leg from foot to hip. |
| 02/17/2000 | M | 48 |                  | Rt.Hip           | Rt.Foot        | 1 | 0.5 | Could not right back-impulse up through leg-warm feeling on top of foot during application & a minute or so after  |
| 02/17/2000 | M | 31 |                  | Rt.Ankle         | Lt.Hip         | 1 | 0.5 | Leg did give way and there was no way to fight back at all   |
| 02/17/2000 | M | 57 |                  | Rt.Foot          | Lt.Back Hip    | 1 | 0.5 | Knocked leg out from under me. Hit in the hip putting me down in the back, felt helpless=Could not have fought back or use a weapon  |
| 02/17/2000 | M | 36 |                  | Rt.Foot          | Lt.Back Hip    | 1 | 0.5 | Slight burning to hip. Bending of knee and loss or leg control   |
| 02/17/2000 | M | 30 |                  | Rt.Thigh         | Lt.Back Waist  | 1 | 0.5 | A burst of heat feeling which causes you to loose all movement, and collapsed. With a hit by the advanced taser you will not be able to fight back.  |
| 03/08/2000 | M | 27 | Univ of Cinc. PD | Rt. Hip          | Rt Foot        | 1 | 0.5 | Dropped instantly. "Could not fight back at all. Burning sensation 10 minutes later." @ UCPD training  |
| 03/08/2000 | M | 30 | Univ of Cinc. PD | Rt. Shoulder     | Rt. Hip        | 1 | 0.5 | "I took hit from the ADVANCED TASER (M-26). I tightened up and now way could I stand on my own.  |
| 03/08/2000 | M | 40 | Univ of Cinc. PD | Rt. Shoulder     | Rt Foot        | 1 | 0.5 | Dropped instantly.   |
| 03/08/2000 | M | 30 | Univ of Cinc. PD | Lt Hip           | Lt Thigh       | 1 | 0.5 | "Dramatic reaction. Electro shock. Not much pain, could not resist, could talke immediately afterwards."   |
| 03/09/2000 | M | 35 | Knox Co Sheriffs | Lt Foot          | Lt Hip         | 1 | 0.5 | "Unable to fight or agress any further." Failed to be able to use plastic gun or hold on to it.  |
| 03/09/2000 | M | 40 | Knox Co Sheriffs | Rt Foot          | Rt Hip         | 1 | 0.5 | "Very Effective"   |

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|            |   |    |                     |                    |                    |   |             |  |
|------------|---|----|---------------------|--------------------|--------------------|---|-------------|--|
| 03/09/2000 | M | 45 | Knox Co Sheriffs    | Rt Shoe            | Rt Buttock         | 1 | 0.5         | "Like punches to hip and foot - down to floor. Up in 30 seconds. Could go back to work.  |
| 03/09/2000 | M | 30 | Knox Co Sheriffs    | Rt Boot            | Rt Buttock         | 1 | 0.5         | "I was totally incapacitated. Very, very effective."   |
| 03/09/2000 | M | 50 | Knox Co Sheriffs    | Lt Hip             | Lt Foot            | 1 | 0.5         | Sampled 34000 & M26 each "Big difference between these two units, M26 put me down immediately."  |
| 03/09/2000 | M | 35 | Knox Co Sheriffs    | Lt. Hip            | Lt Foot            | 1 | 0.1         | M26 stun mode: "Could not fight back."   |
| 03/09/2000 | M | 30 | Knox Co Sheriffs    | Lt Toe             | Lt Hip             | 1 | 0.5         | Fell immediately. "Works good"   |
| 03/09/2000 | M | 35 | Knox Co Sheriffs    | Lt Foot            | Lt Hip             | 1 | 0.5         | Held gun but dropped it immediately. "When hit dropped gun. Was unable to fight."  |
| 03/09/2000 | M | 35 | Knox Co Sheriffs    | Lt Foot            | Lt Hip             | 1 | 0.5         | Dropped immediately. "Very painful and numbing."   |
| 03/09/2000 | M | 35 | Knox Co Sheriffs    | Rt Buttock         | Rt Foot            | 1 | 0.5         | Dropped immediately. "Painful."  |
| 03/09/2000 | M | 40 | Knox Co Sheriffs    | Rt Shoulder        | Rt Hip             | 1 | 0.5         | Dropped immediately. "There was no way I could be resistive. I came in a doubter, but I'm convinced!"  |
| 03/09/2000 | M | 40 | Knox Co Sheriffs    | Rt. Hip            | Rt. Toe            | 1 | 0.5         | Dropped immediately.   |
| 03/10/2000 | M | 35 | German IAWA         | Rt. Toe            | On floor 6 in away | 1 | 0.5         | The one probe hit was excellent and the spark jumped immediately in to subject who fell to the floor.  |
| 03/16/2000 | M | 33 | Safford P.D.        | Rt.Shoulder        | Hip                | 1 | 0.5         | Could not have fought back in a million years  |
| 03/16/2000 | M | 36 | Glendale P.D.       | Lt.Foot            | Rt.Hip             | 1 | 0.5         | Great less than lethal weapon  |
| 03/16/2000 | M | 48 | AZ DPS              | Rt.Hip             | Rt.Foot            | 1 | 0.5         | Total Muscle control loss=Would have fallen<br>down w/o classmate holding me up=Excellent<br>Device  |
| 03/16/2000 | M |    | Payson P.D.         | Rt.Hip             | Rt.Shoulder        | 1 | 0.5         | Couldn't fight back=Good Tool!   |
| 03/16/2000 | M | 29 | Chandler P.D.       | Rt.Shoulder        | Hip                | 1 | 0.5         | Very surprisingly, even though I thought I was ready<br>Very Effective   |
| 03/16/2000 | M | 31 | Mesa P.D.           | Lt.Hip             | Lt.Shoulder        | 1 | 0.5         | For the short time I received the shot from the Taser the<br>last thing I wanted to do was fight   |
| 03/16/2000 | M | 43 | El Mirage P.D.      | Rt.Shoulder        | Hip                | 1 | 0.5         | Could not fight back Very impressive   |
| 03/16/2000 | M | 34 | Phoenix P.D.        | Rt.Shoulder        | Rt.Hip             | 1 | 0.5         | My mental focus was lost and I had no control as well as<br>in extreme pain.   |
| 03/16/2000 | M | 32 | Glendale P.D.       | Rt.Shoulder        | Rt.Hip             | 1 | 0.5         |  |
| 03/16/2000 | M | 43 | Tolleson P.D.       | Shoulder           | Hip                | 1 | 0.5         | No way I could have fought through the charge  |
| 03/16/2000 | M | 31 | Az.DPS              | Rt.Hip             | Rt.Foot            | 1 | 0.5         | Lost focus, extreme tunnel vision=Icy Hot on thigh<br>No burns   |
| 03/16/2000 | M | 34 | Chandler P.D.       | Hip                | Foot               | 1 | 0.5         | Totally incapacitating   |
| 03/16/2000 | M | 31 | Gilbert P.D.        | Hip                | Rt.Leg             | 1 | 0.5         | Great effect which drew my focus away from my objective  |
| 03/16/2000 | M | 32 | Gilbert P.D.        | Rt.Hip             | Foot               | 1 | 0.5         | Could not fight=Straightened right leg out=Great Experience  |
| 03/16/2000 | M | 45 | Phx. P.D.           | Rt.Shoulder        | Rt.Leg             | 1 | 0.5         | I have Atrial Fibrillation=I notes no reaction to pulse rate or any other side effect.   |
| 03/16/2000 | M | 36 | Peoria P.D.         | Hip                | Rt.Foot            | 1 | 0.5         | The system works well  |
| 03/16/2000 | M | 28 | Glendale P.D.       | Rt.Shoulder        | Rt. Hip            | 2 | 0.5 & 1 sec | Unable to attack with rubber knife whatsoever. "That works."   |
| 03/23/2000 | M | 32 | TREXPO Show         | Rt. Hip            | Rt Calf            | 1 | 1 sec.      | Locked up right leg and began to tumble but was caught by Rob Cook. He had been hit with REACT stun belts in the past, but he said he had never been stunned like that in his career.  |
| 03/28/2000 | M | 32 | LAPD                | Rt Hip             | Rt Shoulder        | 1 | .5 sec.     | Throw fake yellow gun immediately to ground, rt leg locked up and fell to ground with .5 secs.   |
| 03/28/2000 | M | 30 | LAPD                | Rt. Toe            | Rt. Thigh          | 1 | .5 sec.     | Leg locked up and began to fall but stopped by other officers  |
| 03/31/2000 | M | 22 | Victoria PD, Canada | Upper Rt Ctr Chest | Lt Hip             | 1 | 5 secs.     | Police were dispatched to attend the Psychiatric Intensive Care unit of a local hospital for a report of a Section 28 Mental Health Act patient (male 22-yrs-old) who was totally out of control and extremely violent due to the fact that he was off his medications. Police were advised that this male was martial arts trained and had fought with police a week before, and on this date he was kicking his metal security room door so hard that the locking mechanism was bending. Upon police arrival, members attempted to obtain voluntary compliance with the male without success. In fact, this male stated several times that he wanted to fight with police and was not afraid of being hurt. It should be noted that this male had in fact fought with the police one week prior to this incident where he was sprayed with o.c. and struck with an ASP baton several times, both of these force options had no effect. It took a total of five officers on that occasion to swarm this male to finally control him which resulted in a |
| 04/10/2000 | M | 40 | Minneapolis Spec    | Rt Shoe            | Rt Belt            | 1 | .75 sec     | Immediately looked up to ceiling, yelled and fell to the ground  |

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|------------|---|----|--------------------------------|--------------|---------------|---|-----|---|
|            |   |    | Ops Tran Assn of Upper Midwest |              |               |   |     |   |
| 03/30/2000 | M |    | Tonawanda P.O.                 | Lt.Shoe      | Rt.Pocket     | 1 | 0.5 | It felt like a jackhammer hitting my foot.  |
| 03/30/2000 | M |    | Tonawanda P.O.                 | Rt.Foot      | Lt.Chest      | 1 | 0.5 | Immediately incapacitated-Fell on Back  |
| 03/30/2000 | M |    | Erie Co. Central P             | Lt.Foot      | Rt.Hip        | 1 | 0.5 | Dropped on back right away-felt like sledgehammer hit   |
| 03/30/2000 | M |    | Niagara Co. Sheriffs           | Lt. Hip      | Rt.Hip        | 1 | 0.5 | It caused me to loose ability to stand. It felt like somebody was taking a hammer to each leg. Very Effective   |
| 03/30/2000 | M |    | Tonawanda P.D.                 | Pocket       | Foot          | 1 | 0.5 | Resulting in extreme pain in entire body unable to concentrate on attack.   |
| 03/30/2000 | M |    | Tonawanda P.D.                 | Lt Hip       |               | 1 | 0.5 | Probe was placed on left hip, I stood next to my brother Bruce linking arms. When activated I fell backwards unable to move   |
| 03/30/2000 | M |    | Tonawanda P.D.                 | Rt. Shoulder |               | 1 | 0.5 | I was the other half arm to arm. Impulsing shock immediate incapacitation,fell to ground. Felt Terrible!!   |
| 03/30/2000 | M |    | Tonawanda P.D.                 | Lt.Foot      | Rt.Shoulder   | 1 | 0.5 | Lost Balance and Equilibream  |
| 03/30/2000 | M |    | Tonawanda P.D.                 | Rt.Foot      | Rt.Pocket     | 1 | 0.5 | Instant muscle failure in right leg. Fell to ground, leg locked up  |
| 03/30/2000 | M |    | Tonawanda P.D.                 | Belt         | Rt.Thigh      | 1 | 0.5 | The probe under belt hurt for quite some time.  |
| 03/30/2000 | M |    | Tonawanda P.D.                 | Ribs         | Ribs          | 1 | 0.5 | Felt like I was punched in the ribs. Knocked me to the ground. Slight burning of the effected area.   |
| 03/30/2000 | M |    | Tonawanda P.D.                 | Lt.Pocket    | Lt.Thigh      | 1 | 0.5 | Left leg locked and I fell to the floor.  |
| 03/30/2000 | M |    | Tonawanda P.D.                 | Rt.Chest     | Rt.Hip        | 1 | 0.5 | I went to the ground immediately  |
| 03/30/2000 | M |    | Tonawanda P.D.                 | Rt.Pocket    | Lt.Foot       | 1 | 0.5 | Pocket arear was a very sharp pain==Lifted foot off the ground. Painful as if being kicked.   |
| 03/30/2000 | M |    | Tonawanda P.D.                 | Shoe         | Belt          | 1 | 0.5 | Down like ton of Bricks   |
| 03/30/2000 | M |    | Tonawanda P.D.                 | Rt.Shoe      | Lt Hip        | 1 | 0.5 | Immediate incapaciation due to involuntary muscle reaction, intense pain I fell backwards   |
| 03/30/2000 | M |    | Tonawanda P.D.                 | Hip          | Shoulder      | 1 | 0.5 | Locked up side of body could not fight  |
| 03/30/2000 | M |    | Tonawanda P.D.                 | RtShoulder   | Lt. Hip       | 1 | 0.5 | I felt a building intensity of muscle contraction & immobilization as the shock went on.  |
| 03/30/2000 | M |    | Tonawanda P.D.                 | Lt.Foot      | Lt FrtPocket  | 1 | 0.5 | Felt like half a dozen swift hits with a hammer but with no effects==Very Painful   |
| 03/30/2000 | M |    | Tonawanda P.D.                 | Shoulder     | Hip           | 1 | 0.5 | Stiffened Joints, extreme pain & disorientation fell to ground  |
| 03/30/2000 | M |    | Tonawanda P.D.                 | Frt.Pocket   | Bk.Pocket     | 1 | 0.5 | Doubled over at the hipss. Ould not feel or move my legs. Pain across mid-section   |
| 03/30/2000 | M |    | Tonawanda P.D.                 | Top of Foot  | Back Pocket   | 1 | 0.5 | Pounding electrical shock fell to ground through It leg   |
| 03/30/2000 | M |    | Tonawanda P.D.                 | Rt.Hip       | Lt. Toe       | 1 | 0.5 | The impulse caused muscle and balance failure in my lower body  |
| 03/30/2000 | M |    | Tonawanda P.D.                 | Lt.Foot      | Rt.Pocket     | 1 | 0.5 | Made my legs give out from under me. With no pain at all after about 10 seconds.  |
| 03/30/2000 | M |    | Tonawanda P.D.                 | Rt.Shoulder  | Lt.Pocket     | 1 | 0.5 | On charge=left knee locked, right leg gave out and fell uncontrollably to left.   |
| 03/30/2000 | M |    | Tonawanda P.D.                 | Lt.Hip       | Rt. Foot      | 1 | 0.5 | Totally incapacitated   |
| 03/30/2000 | M |    | Tonawanda P.D.                 | Rt.Foot      | Lt.Thigh      | 1 | 0.5 | Like being hit with sledge hammer pulling my right leg out from under me.   |
| 03/30/2000 | M |    | Tonawanda P.D.                 | Rt.Foot      | Lt.Foot       | 1 | 0.5 | Felt like feet were violently being driven into the ground straight down. Unable to remain standing   |
| 03/30/2000 | M |    | Tonawanda P.D.                 | Lt.Foot      | Lt.Thigh      | 1 | 0.5 | Intense pain,immediate muscle contraction, couldn't think to react.   |
| 03/30/2000 | M |    | Tonawanda P.D.                 | Rt.Hip       | Lt.Hip        | 1 | 0.5 | Both legs locked up and I fell straight backeard= I felt like a numbing feeling(pulstating)slight nnumbness for 5-10 minutes after= Great Product.  |
| 03/30/2000 | M |    | University P.D.                | Rt.Hip       | Lt.Hip        | 1 | 0.5 | Could not move, fell on back  |
| 03/30/2000 | M |    | Niagara Co. Sheriffs           | Hip          | Shoulder      | 1 | 0.5 | Lost balance was completely stuned  |
| 03/30/2000 | M |    | Tonawanda P.D.                 | Rt.Shoulder  | Lt.Hip        | 1 | 0.5 | It felt like my body below the probes disappeared (painfully)   |
| 03/30/2000 | M |    | Tonawanda P.D.                 | Rt.Hip       | Lt.Hip        | 1 | 0.5 | I had no control over my body   |
| 03/30/2000 | M |    | Tonawanda P.D.                 | Rt.Hip       | Lt.Hip        | 1 | 0.5 | Felt like a pulsing like a sledge hammer, extremely effective   |
| 03/30/2000 | M |    | Niagara Co. Sheriffs           | Rt. Shoulder | Rt.Hip        | 1 | 0.5 | Could not point gun or stand=At all totally effective   |
| 03/29/2000 | M | 40 | Bartow P.D.                    | Rt.Hip       | Rt.Foot       | 1 | 0.5 | Pain over all of body=unable to walk haad to go to ground. COULD NOT FIGHT BACK.  |
| 03/29/2000 | M | 24 | Bartow P.D.                    | Rt.Foot      | Rt.Butt cheek | 1 | 0.5 | Pain and overwhelming feeling. On impact yur body contracts and all you can do is fall and hope it is over soon.  |
| 03/29/2000 | M | 21 | Bartow P.D.                    | Rt.Shoulder  | Rt.Foot       | 1 | 0.5 | Immediate reaction was paralysis. It was surprising to see how quickly I was incompasitated.  |
| 03/29/2000 | M | 31 | Bartow P.D.                    | Rt.Foot      | Rt.Butt cheek | 1 | 0.5 | Totally incapacitatingin under one second, was relatively pain free but caused me to become totally incapable of sntrolling or directly my extremities. While my desire to fight was still there, my ability to was destroyed. An awesome capability for law enforcement. I for see this weapon saving counties lives on both sides of the fence. Keep up the research. |

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|            |   |    |                     |             |              |   |        |  |
|------------|---|----|---------------------|-------------|--------------|---|--------|--|
| 03/29/2000 | M | 38 | Bartow P.D.         | Lt.Foot     | Lt.Hip       | 1 | 0.5    | I could not fight back I was able to step with right leg and then locked up and fell. No control over my body the M-26 sent an intense wave through the muscles. The Unit did not cause extreme pain it felt like pressure from inside that you could not resist.  |
| 03/29/2000 | M | 45 | Bartow P.D.         | Rt.Shoulder | Rt.Foot      | 1 | 0.5    | Temporary numbness   |
| 04/05/2000 | M | 41 | Buena Park P.D.     | Rt.Shoulder | Rt.Hip       | 1 | 0.5    | No desire to fight back. I tries to focus through. I thought the time duration was two to three seconds in reality one second before I felt forced to go down on one knee. Tingly sensation to hand after able to function normally directly after being hit.  |
| 04/05/2000 | M | 38 | Buena Park P.D.     | Rt.Shoulder | Rt.Hip       | 1 | 0.5    | Could not fight back. Hit very hard and fast and stiffened me up. Also felt like I was being pushed backwards. When turned off I came back to normal except for a slight head rush   |
| 04/05/2000 | M | 36 | Buena Park P.D.     | Rt.Thigh    | Rt.Foot      | 1 | 0.5    | Paralyzed right leg-Fell to the ground could not fight back.   |
| 04/05/2000 | M | 42 | Buena Park P.D.     | Rt.Thigh    | Rt.Foot      | 1 | 0.5    | Right side paralyzed fell to my left-burning pain to hip (contact point)=Was filmed on local TV station  |
| 04/05/2000 | M | 34 | Buena Park P.D.     | Rt.Shoulder | Rt.Hip       | 1 | 0.5    | Could not fight back felt like a shock through body. Totally incapacitated me.   |
| 04/05/2000 | M | 33 | Buena Park P.D.     | Rt.Thigh    | Rt.Foot      | 1 | 0.5    | Locked up my right leg immediately overwhelmed me  |
| 03/31/2000 | M |    | Rohnert Park P.D.   | Rt.Foot     | Rt.Thigh     | 1 | 0.5    | Lost immediate control of leg. Hurt like Hell. Tingling feeling lasted lots of minutes.  |
| 03/31/2000 | M |    | San Jose P.D.       | Rt.Foot     | Rt.Hip       | 1 | 0.5    | Immediate pain in right foot which made rt leg shoot to rear. Extreme pain until turning off.  |
| 03/31/2000 | M |    | Rohnert Park P.D.   | Rt.Hip      | Rt.Foot      | 1 | 0.5    | I was able to move a short distance dragging my Rt.Leg   |
| 03/31/2000 | M |    | San Jose P.D.       | Rt.Foot     | Lt.Foot      | 1 | 0.5    | Instant lose of ankle control fell to mat.   |
| 03/31/2000 | M |    | San Jose P.D.       | Rt.Hip      | Rt.Foot      | 1 | 0.5    | Very Effective!  |
| 03/31/2000 | F |    | San Jose P.D.       | Lt.Hip      | Lt.Foot.     | 1 | 0.5    | Before I completed the very thought of attacking, I was down right now felt like a hot wire fence jolt. Pain ceased immediately after termination but muscles felt weird for about 20 minutes  |
| 03/31/2000 | M |    | Presidio of Monte   | Rt.Hip      | Rt.Foot      | 1 | 0.5    | Felt numbness and was not able to move right leg effect after lasted about 5 minutes   |
| 03/31/2000 | M |    | San Jose P.D.       | Lt.Ankle    | Rt.Hip       | 1 | 0.5    | Immediately disabled initial jolt caused severemuscle spasm dropped me like a ton og bricks  |
| 03/31/2000 | M |    | San Mateo Sherrifs  | Rt.Foot     | Rt.Hip       | 1 | 0.5    | This product earned my respect   |
| 04/09/2000 | M | 28 | Albuquerque, NM     | Rt. Chest   | Rt. Beltline | 1 | 5 secs | SWAT officer responded to a violent, suicidal, male, 190 lbs., 28, 5'11, subject who was threatening to jump off of a two story roof. The subject was also armed with a large butcher knife and on unknown types of drugs. He was not complying with officers orders to drop the weapon or to move away from the roof. The subject was delusional and without warning, he stood and walked towards officers and stated "Here take it" and pointed the knife at the officers. Officer XXX shot the subject from a distance of 7-10 feet with the M-26 ADVANCED TASER and delivered the full five second burst. Probes hit subject near right chest and right beltline. The subject immediately dropped to the ground and yelled "Get off, get it off!" He was handcuffed and probes were removed on scene at that time with no injuries and without further incident. Subject's final comment: He asked what had just happened.             |
| 04/10/2000 | M | 50 | Albuquerque, NM     | Upper Chest | No Probe     | 1 | 5 secs | SWAT officers were activated in reference to a domestic dispute with a male, 50 yrs old, subject armed with a firearm and shots fired. The subject came out of the house and a police K-9 was deployed to subdue the subject. The dog took the subject to the ground, however he was kicking the dog and was not complying with the officers orders. The M-26 was then deployed at 7-11 ft with one probe striking and penetrating him in the upper chest area. The second probe did not penetrate his clothing and bounced off to the side. The M-26 delivered a 5 sec charge that was able to render the subject's upper body incapable of continuing with his aggressive behavior at which time he was taken into custody.<br><br>Subject received moderate injuries from dog bites as a result of the use of a K-9 however there were only the probe wounds as a result of the use of the TASER. Probe was removed by "medical" staff. |
| 04/21/2000 | M |    | Union Co. Sheriff's | Lf.Shoulder | Lf.Foot      | 1 | 0.5    | Could not fight back at all, very impressive   |
| 04/21/2000 | M |    | Union Co. Sheriff's | N/A         | N/A          | 1 | 0.5    | After being hit, there was no will to fight back   |
| 04/19/2000 | M |    | Davenport PD        | Lf.Foot     | Rt.Shoulder  | 1 | 0.5    | I felt the elec.crwling thru my body. I did no have any control.   |
| 04/19/2000 | M |    | Scott Co. Sheriff's | N/A         | N/A          | 1 | 0.5    | Dropped to floor, burning and slight loss of balance. Effective in disabling subject quickly with out permanent damage   |
| 04/19/2000 | M |    | DesMoines PD        | N/A         | N/A          | 1 | 0.5    | Immediate motor dysfunction. I would recommend use to my dept.   |
| 04/19/2000 | M |    | West BurlingtonPD   | N/A         | N/A          | 1 | 0.5    | The weapon was extremely effective causing total loss of muscular control. It felt as though someone stuck me with a needle but effects were short term.   |

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|------------|---|--|----------------------|---------------|---------------|---|-----|--|
| 04/19/2000 | M |  | D.M.P.D.             | N/A           | N/A           | 1 | 0.5 | Affected my nervous system & muscles. I immediately dropped. I feel that it's a lot better than our Tasertron.   |
| 04/19/2000 | M |  | Scott Co. Sheriff's  | N/A           | N/A           | 1 | 0.5 | Stunning effect on shoulder, hot pin prick traveled through hands, then fell to knees.   |
| 04/19/2000 | M |  | Rock Island Co.Sher  | N/A           | N/A           | 1 | 0.5 | Shot himself in hand Hans took care of it.   |
| 04/19/2000 | M |  | Univ.of Iowa DPS     | N/A           | N/A           | 1 | 0.5 | Felt pain in right hip and right shoulder, along with a burning sensation and sharp muscle contraction of my right leg. I was not able to hold the weapon in my right hand or remain standing. This all took place at the same time. I was surprised w/ how effective this weapon was w/ such a short hit. |
| 04/19/2000 | M |  | Spring Lake ParkPD   | Foot          | Rt.Shoulder   | 1 | 0.5 | The M-26 is a remarkable difference. I see the M-26 as being a much more reliable non-impact weapon.   |
| 04/19/2000 | M |  | West BurlingtonPD    | N/A           | N/A           | 1 | 0.5 | I feel from this course that this weapon would and can be a good option for officers to have. The instructor of this course did a very good job.   |
| 04/19/2000 | M |  | Univ.of Iowa DPS     | N/A           | N/A           | 1 | 0.5 | I felt a elec. Sensation to the contact points. Then a tension to the side of my body. After when I only felt a muscle to contract areas.  |
| 04/19/2000 | M |  | Univ. Heights PD     | N/A           | N/A           | 1 | 0.5 | I feel this is a excellent weapon. I was shocked and it felt like a hammer repeatedly hitting your body. I was very impressed.   |
| 04/19/2000 | M |  | Univ.of Iowa DPS     | N/A           | N/A           | 1 | 0.5 | This weapon took total control of my body and I was unable to do anything but fall to the ground.  |
| 04/19/2000 | F |  | Univ.of Iowa DPS     | N/A           | N/A           | 1 | 0.5 | When I was being hit with the Taser, it felt like my muscles were being pounded on. After it was turned off, my muscles tingled for a while like when a limb falls asleep.   |
| 05/01/2000 | M |  | Clay Co. Sheriff     | Rt.Shoulder   | Rt.Foot       | 1 | 0.5 | Painful-Disorienting. Could not fight back   |
| 05/01/2000 | M |  | Clay Co. Sheriff     | Rt.Shoulder   | Rt.Foot       | 1 | 0.5 | Completely Disabling=Muscle lock-up=Could not fight  |
| 05/01/2000 | M |  | Clay Co. Sheriff     | Rt.Shoulder   | Rt.Foot       | 1 | 0.5 | Could not fight back, felt pulsing sensation on right side of body.  |
| 05/01/2000 | M |  | Clay Co. Sheriff     | Rt.Hip        | Rt.Foot       | 1 | 0.5 | Disorientation=Hammer like feeling especially in major muscle groups felt helpless   |
| 04/27/2000 | M |  | N/A                  | Rt.Shoulder   | Rt.Foot       | 1 | 0.5 | Immediate complete incapacitation  |
| 04/27/2000 | M |  | Hernando Co.Sher     | Rt.Shoulder   | Rt.Butt cheek | 1 | 0.5 | Small amount of pain=Great   |
| 04/27/2000 | M |  | Hernando Co.Sher     | Rt.Hip        | Rt.Foot       | 1 | 0.5 | Extreme Discomfort   |
| 04/27/2000 | M |  | Hernando Co.Sher     | Rt.Hip        | Rt.Foot       | 1 | 0.5 | Felt like being hit by jack hammer= Could not fight back. Very effective.  |
| 04/27/2000 | M |  | Hernando Co.Sher     | Rt.Butt cheek | Rt.Foot       | 1 | 0.5 | Incapacitated me totally=impressive  |
| 04/27/2000 | M |  | Hernando Co.Sher     | Rt.Shoulder   | Rt.Butt cheek | 1 | 0.5 | Tremendous vibration, entire body locked up severe pain, No way could fight back or continue the threat  |
| 04/27/2000 | M |  | Hernando Co.Sher     | Rt.Shoulder   | Rt.Hip        | 1 | 0.5 | Muscle Tightness Pain=Dropped to ground  |
| 05/12/2000 | M |  | Sacramento Sheriff   | Lt.Foot       | Lt.Hip        | 1 | 0.5 | Immediate Muscular Contracting+Sensation but no lingering pain+Slight pain @probe location   |
| 05/12/2000 | M |  | Sacramento Sheriff   |               |               | 2 | 0.5 | I was shocked twice it felt like a sledge hammer hit me and I lost track of my surrounding temporarily   |
| 05/03/2000 | M |  | Manchester CT P.D.   | Lt.Shoulder   | Rt. Foot      | 1 | 0.5 | Stinging pain throughout body.   |
| 05/03/2000 | M |  | Hartford Police D.   | Lt.Chest      | Rt. Chest     | 1 | 2.5 | Jolts to Chest muscles   |
| 05/03/2000 | M |  | Berlin Police Dept   | Foot          | Hip           | 1 | 0.5 | Being hit with a hammer  |
| 05/03/2000 | M |  | South Windsor P.D.   | Chest         | Chest         | 1 | 0.5 | CAVED  |
| 05/03/2000 | M |  | Vernon P.D.          | Rt.Forearm    | lt.Knee       | 1 | 0.5 | My goals were to remain standing and hold a red gun. I didn't accomplish either.   |
| 05/03/2000 | M |  | Vernon P.D.          | Rt.Shoulder   | Lt.Hip        | 1 | 0.5 | Shocking+Loss of Muscle Control.   |
| 05/03/2000 | M |  | Vernon P.D.          | Rt.Forearm    | Lt.Lower Leg  | 1 | 0.5 | Felt Shock and pain in pelvis and groin area the most. I was unable to function in holing gun or standing  |
| 05/06/2000 | M |  | Manchester P.D.      | Lt.Shoulder   | Lt.Foot       | 1 | 0.5 | Pain and the inability to stand  |
| 05/03/2000 | M |  | Manchester P.D.      | Rt.Foot       | Lt.Foot       | 1 | 0.5 | When Taser was activated it felt like several nails being jammed into my feet and leg muscles constricted  |
| 05/03/2000 | M |  | CREST                | Rt.Foot       | Lt.Hip        | 1 | 0.5 | The charge through my right foot was most notable and caused me to immediately lift my foot, hop and fall to the ground in to a prone position.  |
| 05/03/2000 | M |  | Vernon P.D.          | Lt. Shoulder  | Rt.Leg        | 1 | 0.5 | When it was activated, it sent a shock wave through my shoulder and chest  |
| 05/03/2000 | M |  | Manchester P.D.      | Rt. Shin      | Lt.Shin       | 1 | 0.5 | An overpowering numbing effect on both legs  |
| 05/03/2000 | M |  | Hartford P.D.        | Lt Thigh      | Rt. Hip       | 1 | 0.5 | Felt as if leg was not able to move, very tense. Burning sensation on hip  |
| 05/03/2000 | M |  | Avon                 | Foot          | Hip           | 1 | 0.5 | Could not move or function   |
| 05/03/2000 | M |  | CREST                | Rt.Hip        | Lt.Hip        | 1 | 0.5 | Current went through to each probe laterally   |
| 05/03/2000 | M |  | Hartford P.D.        | LtBiceps      | RtThigh       | 1 | 0.5 | Felt like muscle contracting   |
| 05/03/2000 | M |  | R.J. Dept Correction | Lt.Foot       | Rt.Hip        | 1 | 0.5 | Stopped me in my tracks. I could not move unexplainable feeling  |
| 05/03/2000 | M |  | CREST                | Rt.Butt cheek | Lt.Butt Cheek | 1 | 0.5 | Stinging pain muscles constricted+dropped gun  |

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|------------|---|----|----------------------|------------------|---------------|---|-----|--|
| 05/08/2000 | M | 34 | Lafayette CoSheriff  | Rt.Shoulder      | Rt. Back Hip  | 1 | 0.5 | I could not fight back. I could not focus enough to fight through it. It seemed as though it took much longer then it actually did   |
| 05/08/2000 | M | 54 | Lafayette CoSheriff  | Lt.Shoulder      | Rt. Back Hip  | 1 | 0.5 | Could not move   |
| 05/08/2000 | M | 28 | Lafayette CoSheriff  | Rt.Shoulder      | Rt.Foot       | 1 | 0.5 | Total loss of control, no way to fight back. Excellent Weapon  |
| 05/08/2000 | M | 35 | Florida State Patrol | Rt.Shoulder      | Rt.Foot       | 1 | 0.5 | Total shut down of muscular function. All thoughts on the shock effects. A very effective weapon and no way to fight against it.   |
| 05/08/2000 | M | 37 | Lafayette CoSheriff  | Rt.Shoulder      | Lt.Butt Cheek | 1 | 0.5 | I am impressed. I was completely incapacitated. Initially it was worse then a mule kick but there was no injury or lasting effect other than the memory. I for see this technology changing police policies in dealing with many situations.   |
| 05/10/2000 | M | 36 | Madison Sheriff's    | Center Back      | Lower Back    | 1 | 0.5 | I was physically shot by the instructor in the back. The m-26 was VERY AFFECTIVE". As soon as the probes made contact, I had no control over my body. Observing my back in mirror I observes no physical injury to my back nor pain from probes.   |
| 05/08/2000 | M | 33 | Franklin Sheriff's   | Lt.Shoulder      | Ft.Foot       | 1 | 0.5 | The Taser had complete control over me.  |
| 05/08/2000 | M | 37 | Franklin Sheriff's   |                  |               | 1 | 0.5 | Could not fight back.  |
| 05/08/2000 | M | 27 | Franklin Sheriff's   | Lt.Shoulder      | Lt.Foot       | 1 | 0.5 | I was unable to move or fight back   |
| 05/08/2000 | M | 36 | Franklin Sheriff's   | Lt.Shoulder      | Lt.Foot       | 1 | 0.5 | The Taser froze my left side where I could not move.   |
| 05/08/2000 | M | 29 | Franklin Sheriff's   | Lt.Shoulder      | Lt.Foot       | 1 | 0.5 | I was unable to do anything except fell to the ground  |
| 05/08/2000 | M | 36 | Franklin Sheriff's   | Lt.Shoulder      | Lt.Foot       | 1 | 0.5 | It paralyzed all muscle control  |
| 05/08/2000 | M | 27 | Franklin Sheriff's   | Lt.Shoulder      | Lt.Foot       | 1 | 0.5 | My body felt numb, didn't have any control over my body  |
| 05/08/2000 | F | 53 | Franklin Sheriff's   | Lt.Shoulder      | Lt.Foot       | 1 | 0.5 | I could not move. I dropped my weapon and could not have fought back   |
| 05/09/2000 | M | 37 |                      | Lt.Hip           | Lt.Foot       | 1 | 0.5 | The instructor told me to try and reach a weapon on the ground. Unexpectedly for him I tried to reach him instead. I made one step in his direction. I felt a tremendous flow of a shocking electric wave repeatedly through my body and I went straight to the ground. I couldn't get to the ground fast enough.                    |
| 05/09/2000 | M | 40 | Daphne P.D.          | Lt.Shoulder      | Lt.Foot       | 1 | 0.5 | It made me feel like I had no control over anything. I could not fight back. I tried to resist and was not able to. I fell to the ground. This is a very effective piece of equipment.   |
| 05/09/2000 | M | 43 | Mobile P.D.          | Rt.Back Shoulder | Rt.Lower Bk   | 1 | 0.5 | Extreme pain= Total muscle lock up= could not move much less fight back.   |
| 05/09/2000 | M | 30 |                      | Rt.Shoulder      | FrtCentChest  | 1 | 0.5 | One dart was not a problem, when gun contacted chest I had no control over my muscles.   |
| 05/09/2000 | M | 21 | Mobile P.D.          | Rt.Shoulder      | Rt.Foot       | 1 | 0.5 | It was like grabbing an electric cord that you could not let go of there was no pain, but the shock incapacitated me. You don't think about fighting back, only getting away from the shock or complying with the officer  |
| 05/09/2000 | M | 32 | Mobile P.D.          | Lt.Shoulder      | Lt.Foot       | 1 | 0.5 | Extreme electrical shock mostly on the left side of the body, totally incapacitated me. No lasting effects and I could not fight back.   |
| 05/09/2000 | M | 49 | Mobile P.D.          | Lt.Chest         | Lt.Foot       | 1 | 0.5 | A strong surge started in the foot where the probe was attached. A strong hit was then applied that knocked me to the ground. This is an ideal weapon for less lethal force. This will definitely save lives.  |
| 05/09/2000 | M | 35 | Daphne P.D.          | Rt.BkShoulder    | Lt.Bk.Foot    | 1 | 0.5 | It's all over. The will to fight back goes away. Very effective. Seems to be the most advanced form of restraint.  |
| 05/09/2000 | M |    | Mobile P.D.          | Rt.BkShoulder    | Rt.Bk.Hip     | 1 | 0.5 | Total incapacitated felt as if my whole system was locked up. Unable to do anything  |
|            | M | 37 | Saraland P.D.        | Rt.Shoulder      | Rt.Foot       | 1 | 0.5 | No! I could not fight back. It felt like I had worked out, did heavy squats. I had no control. I lost control but did not feel a lot of pain, it was over quickly. My leg went limp and I could not function. I tried and could not do anything but hit the ground. Very effective.  |
| 05/10/2000 | M | 40 | Madison Sheriff's    | Center Back      | Lower Back    | 1 | 0.5 | I was immediately incapacitated after being struck by the darts. I could not use, and immediately dropped, the JASP baton I had in my hand. I lost all desire to resist, but had no after affects. I have a lot of confidence in the M-26 Taser as an intermediate weapon and as a means of stopping aggravated physical resistance. |
| 05/10/2000 | M | 38 | Madison Sheriff's    |                  |               | 1 | 0.5 | Immediate-could not fight back. Recovery was complete within minutes. I felt a sudden jolt of electricity throughout my body. Body tensed up I had no control over motor skills  |
| 05/10/2000 | M | 25 |                      | Rt.Shoulder      | Rt.Foot       | 1 | 0.5 | 100 percent incapacitated. Fighting back was the last thought  |
| 05/10/2000 | M | 46 | Madison Sheriff's    | Rt.Shoulder      | Lt.Foot       | 1 | 0.5 | Felt like someone nailed my foot to the floor and hit me in the shoulder. I could not respond or resist.   |
| 05/10/2000 | M | 28 | Madison Sheriff's    | Rt.Shoulder      | Rt.Foot       | 1 | 0.5 | Could not move or do anything that I wanted to do. I wanted to fall but could not, but eventually fell at the end. Never remembered that I had a baton in my hand  |
| 05/10/2000 | M | 26 | Madison Sheriff's    | Rt.Shoulder      | Rt.Foot       | 1 | 0.5 | There is no way that you could continue to be combative after hit with the Taser.  |
| 04/14/2000 | M | 38 | Winston P.D.         | Lt.Butt Cheek    | Rt.Bk Calf    | 1 | 0.5 | Very intense. Takes every thought of ever wanting to resist. Highly recommended.   |

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|------------|---|----|------------------------|----------------|---------------|---|-----|---|
| 04/14/2000 | M | 29 | Lane Co.Sheriff's      | Lt.Butt Cheek  | Rt.Bk Calf    | 1 | 0.5 | My legs stiffened and completely tightened there was no way I could fight back. I didn't even think about it after words. I was fine though.  |
| 04/14/2000 | M | 47 | Central Point P.D.     | Lt.Butt Cheek  | Rt.Bk Calf    | 1 | 0.5 | Very Effective.   |
| 04/14/2000 | M | 43 | Central Point P.D.     |                |               | 1 | 0.5 | Very Effective.   |
| 04/14/2000 | M | 41 | Lane Co.Sheriff's      | Lt.Butt Cheek  | Rt.Bk Calf    | 1 | 0.5 | Extremely effective! Couldn't do anything.  |
| 04/14/2000 | M | 37 | Lakeview P.D.          | Lt.Butt Cheek  | Rt.Bk Calf    | 1 | 0.5 | Couldn't fight back. Felt muscles pusing without control very intense.  |
| 04/14/2000 | M | 34 | Lakeview P.D.          | Lt.Shoulder    | Lt.Butt Cheek | 1 | 0.5 | Absolute pain with no ability to control my body no after effects.  |
| 04/14/2000 | M | 48 | Medford P.D.           | Lt.Butt Cheek  | Rt.Bk Calf    | 1 | 0.5 | Could not fight back. Saw sparks in my vision. I wanted to go straight up.  |
| 04/14/2000 | M | 44 | Medford P.D.           | Rt.Hip         | Lt.Bk.Calf    | 1 | 0.5 | I could not fight back. Actual time of activation was 1/4 seconds. It seemed much longer & I actually remember thinking "TURN IT OFF ALREADY" My legs stiffened & I could not walk. I can feel a burning sensation on the contact points      |
| 04/14/2000 | M | 31 | Shady Cove P.D.        | Lt.Butt Cheek  | Rt.Bk.Calf    | 1 | 0.5 | My leg went stiff and pulstated into my lower back. I could not do anything but yell and want to lay down   |
| 04/14/2000 | M | 30 | Klamath Falls P.D.     | Lt. Shoulder   | Rt.Bk.Hip     | 1 | 0.5 | Major construction of back muscles with the M-26. I was unable to move & felt it wanted to go to the fetal position w/ my legs and threw my arms out.   |
| 04/14/2000 | M | 45 | Klamath Falls P.D.     | Lt.Bk.Hip      | Rt.Bk.Calf    | 1 | 0.5 | Incapacitated unable to do anything except scream   |
| 04/14/2000 | M | 31 | Ashland P.D.           | Lt.Butt Cheek  | Rt.Bk Calf    | 1 | 0.5 | After getting hit I had no desire to fight back let alone ability to fight. Lower body immobilized muscle on right leg immobilized  |
| 04/14/2000 | M | 29 | Dept. of Public Safety | Rt. Shoulder   | Lt.Bk Thigh   | 2 | 0.5 | The M-26 made it hard to fight back. I would like to see how it works on a deteremined intoxicated threat.  |
|            |   |    |                        | Rt.Butt cheek  | Rt.Bk Calf    |   | 0.5 |   |
| 04/14/2000 | M | 36 | Jackson Co. Sheriff's  | Lt.Butt Cheek  | Rt.Bk Calf    | 1 | 0.5 | Tightened up could not move. No, I would not be able to fight back.   |
| 04/14/2000 | M | 38 | Phoenix P.D.           | Lt.Butt Cheek  | Rt.Bk Calf    | 1 | 0.5 | Unable to move. I could not fight back the effect was not long lasting. It did NOT feel good.   |
| 04/14/2000 | M | 42 | Ashland P.D.           | Rt.Butt cheek  | Rt.Bk Calf    | 1 | 0.5 | Just a little sore afterwards, kind of like getting a flu shot.   |
| 04/14/2000 | M | 37 | Jackson Co.Sheriff     | Rt.Hip         | Lt.Frt.Calf   | 1 | 0.5 | Could not fight back with M-26 total stun. Could not even walk.   |
| 04/14/2000 | M | 52 | Jackson Co. Sheriff's  | Lt.Bk.Shoulder | Rt.Butt cheek | 1 | 0.5 | Been stunned with contactors before. The M-26 bites hard. Too short a hit, but I would not want a longer hit. A perfect less lethal tool for the New Millenium. Every Agency shoul have them.   |
| 04/14/2000 | M | 36 | Wash. Cc. Sheriff'     | Lt.Butt Cheek  | Rt.Bk. Calf   | 1 | 0.5 | Could not move.   |
| 04/14/2000 | M | 48 | Deschutes Sheriff's    | Lt.Butt Cheek  | Rt.Bk. Calf   | 1 | 0.5 | No way very intense   |
| 04/14/2000 | M | 47 | Josephine Sheriff's    | Lt.Butt Cheek  | Rt.Bk Calf    | 1 | 0.5 |   |
| 04/20/2000 | M | 37 | Glendale P.D.          | Rt.Bk.Shoulder | Lt.Bk.Hip     | 1 | 0.5 | Was kneeling and went to floor when activated. I could not get up and would not have been able to fight.  |
| 04/20/2000 | M | 30 | Glendale P.D.          | Rt.BkShoulder  | Lt.Bk.Hip     | 1 | 0.5 | Muscles locked. Felt like I was being struck where the points contacted unable to fight back  |
| 04/20/2000 | M | 46 | Glendale P.D.          | Lt.Hip         | Rt.Foot       | 1 | 0.5 | Loss of total control. No I could not fight back.   |
| 05/08/2000 | F | 23 |                        | Lt.Hip         | Rt.Foot       | 1 | 0.5 | Not able to fight back. Instatn drop to my knees, tingling sensation afterwards. Felt like shock/heat pulsing   |
| 05/08/2000 | M | 36 | Scottsdale P.D.        | Rt.Bk.Shoulder | Rt.Back       | 1 | 0.5 |   |
| 05/08/2000 | M | 37 | Scottsdale P.D.        | Rt.Hip         | Lt.Butt Cheek | 1 | 0.5 | Very Intense, unable to move voluntarily  |
| 05/08/2000 | M | 46 | Scottsdale P.D.        | Rt.Hip         | Lt.Foot       | 1 | 0.5 | Total Muscle locked up. Could not fight back.   |
| 05/08/2000 | M | 46 | Scottsdale P.D.        | Rt.Shoulder    | Lt.Hip        | 1 | 0.5 | Worked outstandingly well. A great improvement over the original Air Taser  |
| 05/08/2000 | M | 41 | Scottsdale P.D.        | Center Back    | Ctr.Lower Bk  | 1 | 0.5 | Tried to assault, but was unable, no problem afterward.   |
| 05/08/2000 | M | 34 | Scottsdale P.D.        | Rt.Shoulder    | Lt. Foot      | 1 | 0.5 | Could not fight back. Unable to hold onto gun I was holding   |
| 05/08/2000 | F | 39 | Scottsdale P.D.        | Rt. Hip        | Lt.Thigh      | 1 | 0.5 | Was very effective, I could not fight back. Excellent course.   |
| 05/08/2000 | M | 39 | Scottsdale P.D.        | Rt.Shoulder    | Lt.Hip        | 1 | 0.5 | Excellent program   |
| 05/08/2000 | M | 42 | Scottsdale P.D.        | Rt.Hip         | Lt.Foot       | 1 | 0.5 | Could not fight back. This was exactly 1 year to the week, after a heart attack and double bypass surgery. Able to walk just a few seconds after hit.   |
| 05/08/2000 | M | 33 | Scottsdale P.D.        | Rt.Shoulder    | Lt.Butt Cheek | 1 | 0.5 | Immediate panic contracted muscles all over body flet like jack hammer puning throughout back mass area during hit. After hit tingle in lower back & upper hamstring, soreness in lower lumbar region & loreness in jaws from cluching teeth. |
| 05/08/2000 | M | 35 | Scottsdale P.D.        | Rt.Shoulder    | Rt.Thigh      | 1 | 0.5 | Not able to fight back, overwhelmed.  |
| 05/08/2000 | M | 47 | Scottsdale P.D.        |                |               | 1 | 0.5 | Received a sudden jolt to the body. Slight tingle effectie a short period of time.  |
| 05/08/2000 | M | 33 | LAPD                   | Rt.Hip         | Rt.Foot       | 1 | 0.5 | Immediately incapacitated, held up by two police officers.  |
| 05/08/2000 | M | 35 | LAPD                   | Rt.Shoulder    | Rt.Hip        | 1 | 0.5 | Immediately incapacitated, held up by two police officers.  |

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|------------|---|----|--------------------|----------------|-------------|---|-----|--|
| 05/16/2000 | F | 37 | LA Sheriff's       | Rt.Shoulder    | Rt.Hip      | 1 | 0.5 | With Bulletresistant Vest: Fell down immediately, but did not experience muscle spasm, mild tingling sensation @ top "contact" only. Did not hurt as much. No where near as much   |
| 05/16/2000 | F | 37 | LA Sheriff's       |                |             |   |     | Hit #2: Without Vest: Fell backwards instantly, could not fight back. Burning sensation @ contact points. Flet very rigid. Could not move.   |
| 05/16/2000 | M | 52 | LA Sheriff's       | Rt.Bk.Shoulder | Rt.Bk.Hip   | 1 | 0.5 | Incapacitated, right side locked. Could not move, let alone fight back   |
| 05/16/2000 | M | 42 | LA Sheriff's       | Rt.Neck        | Rt.Hip      | 1 | 0.5 | Could not fight back. Felt stiff loss of control. Just wanted it to stop.  |
| 05/16/2000 | M | 32 | LA Sheriff's       | Rt. Shoulder   | Rt.Hip      | 1 | 0.5 | Involuntary muscle contraction, distracting pain, I am convinced that this weapon system will work in an actual encounter.   |
| 05/16/2000 | M | 37 | LA Sheriff's       | Rt.Hip         | Rt.Ankle    | 1 | 0.5 | You could not fight back. You also could not stand for more then a second, not able to move the area being shocked   |
| 05/16/2000 | M | 41 | LA Sheriff's       | Rt.Hip         | Rt.Ankle    | 1 | 0.5 | The pain was intense. My muscles locked up. I could not react and certainly could not fight. I have tased myself many times with the Tasertron unit. This was much more intense. The pain was off charts in comparison.  |
| 05/16/2000 | M | 38 | LA Sheriff's       | Rt.Hip         | Rt.Foot     | 1 | 0.5 | Felt instant pain and motor nerve disfunction. Could not fight back, could not stand.  |
| 05/16/2000 | M | 52 | LA Sheriff's       | Rt. Waist      | Rt.Ankle    | 1 | 0.5 | Intense pain, muscle contraction/spasm. Would not do it again.   |
| 05/16/2000 | M | 43 | LA Sheriff's       | Rt.Hip         | Rt.Ankle    | 1 | 0.5 | I tried to focus and walk forward. Once applied it felt as if the muscles contracted in my legs not allowing me to move (or walk). It did not feel painful but a tingly electrical jolt like grabbing an electrical wire. The jolt though it is enough to knock me to the ground.  |
| 05/11/2000 | M |    | San Francisco S.O. | Shoe           | Hip Pocket  | 1 | 0.5 | I felt each intense heat all down my leg. I felt each pulse. The pain and heat seemed to build with each pulse. My leg seemed to lock out and then fold under me. I could not help but yell out.   |
| 05/11/2000 | M |    | San Francisco S.O. | Rt.Shoulder    | Rt.Foot     | 1 | 0.5 | The shock sensation went down the entire right side of my body. I was unable to remain standing. The effect of this less lethal weapon are extremely incapacitateing. Although though a short cycle was administered. It felt like forever. A 5 second cycle is hard to imagine. This is definitely a useful tool for the law enforcement. |
| 05/11/2000 | M |    | San Francisco S.O. | Rt.Shoulder    | Rt.Leg      | 1 | 0.5 | I felt like a hot iron hwas placed on my foot and my shoulder, felt like someone placed an iron rod on my shoulder.  |
| 05/11/2000 | M |    | San Francisco S.O. | Rt.Foot        | Rt.Waist    | 1 | 0.5 | Definitely interrupts any muscle control. Residual pain (more like hot sensation) on top of foot where probe was placed. Lasted 10 minutes. The things work. Every cop should have 'em.  |
| 05/11/2000 | M |    | San Francisco S.O. | Rt.Shoulder    | Rt.Foot     | 1 | 0.5 | Foot Sensor most noticeable. Definitely more pain and for longer duration. Very hot sensation Shoulder wanted to collapse away from jolt caused me to ball up or bodily contact extremely effective.   |
| 05/11/2000 | F |    | San Francisco S.O. |                |             |   |     | I could see from the expression & reactions of my other classmates that it works. The Air/Advanced Taser should be used on a violent individual in a situation. Once it is established into the Depts. Use of force guidelines it shall be at each facility, in the Policy & Procedure Manual.   |
| 05/11/2000 | M |    | San Francisco S.O. | Rt.Foot        | Rt.Hip      | 1 | 0.5 | Hurt Like Hell, Dropped like a stone.  |
| 05/11/2000 | M |    | San Francisco S.O. | Rt.Foot        | Lt.Foot     | 1 | 0.5 | The effect was immediate and effective, the muscles in both legs were rapidly contracted and numbed. My feet felt as if they had a thousand pounds dropped on them.  |
| 05/11/2000 | M |    | San Francisco S.O. | Bk.Shoulder    | Upper Thigh | 1 | 0.5 | Shoulder felt like a knot/knuckle pressure point thigh/knee flet like it was locked out unable to bend leg. It felt more of a contraction or pressure on the points of contact then actual pain.   |
| 05/11/2000 | M |    | San Francisco S.O. |                |             | 1 | 0.5 | I felt like I had no control over my body. My body muscle was pulsating with great amount of pain. It did effect most of my body, but the most pain was focused where the two point were located. After it was over, I did notice my heart rate was much faster, but felt no real pain and revery time was almost immediate.               |
| 05/11/2000 | M |    | San Francisco S.O. | Rt.Foot        | Rt.Shoulder | 1 | 0.5 | Very Effective: It make me an instant believer   |
| 05/11/2000 | M |    | San Francisco S.O. | Rt.Hip         | Rt.Foot     | 1 | 0.5 | The charge immediately dropped me to the ground. The feeling was impending doom!.  |
| 05/11/2000 | M |    | San Francisco S.O. | Rt.Foot        | Rt.Hip      | 1 | 0.5 | It was very effective. I felt three strong pulses on my right leg.   |
| 05/11/2000 | M |    | San Francisco S.O. | Rt.Bk Shoulder | Rt.Foot     | 1 | 0.5 | It was powerful jartring and joltring feeling. You absolutely lose all muscle control.   |
| 05/11/2000 | M |    | San Francisco S.O. | Rt.Foot        | Rt.Hip      | 1 | 0.5 | Shock felt like a series of rapid punches at contact points. Right leg became numb and weak. Not very painful  |
| 05/11/2000 | M |    | San Francisco S.O. | Rt.Foot        | Rt.Hip      | 1 | 0.5 | Unable to act or attack after system turned on.  |

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|------------|---|----|-------------------------|----------------|-------------|---|--------------|---|
| 05/17/2000 | M | 63 | Suwannee County Sheriff |                |             |   |              | "A 63 year old subject involved in a domestic dispute fired shots outside of his girlfriend's house, returned to his residence and barricaded himself inside of his house. The subject refused to come out of his house after numerous negotiation attempts. The subject came out onto his front porch with a .22 cal revolver in his hand and stated that we were gonna have to come in and get him. The subject then went back inside and locked all doors. The SWAT team and SRT team members were notified and arrived quickly at the scene. SWAT and SRT members made entry at the rear of the house. The subject was in bed with the .22 cal revolver in his hands. SWAT and SRT members with ballistic shields swarmed the subject after deploying a flashbang grenade. The M26 Advanced Taser was used as a touch stun device and was very effective in incapacitating the subject long enough to remove the revolver from his hands. No member of the entry team or the suspect were injured during this incident. The .22 cal revolver was loaded and . . . |
| 05/24/2000 | M | 25 | Los Angeles Co Sheriff  | Upper back     | Lower Back  | 1 | 2.5 - 3 secs | Lt. McDermott of LA County Sheriff's Office just called regarding a 6:00 am 5/24/00 the first use of M26.<br><br>A man suspected under the influence of PCP held his wife hostage while standing behind an open refrigerator door. An officer trained by Rick Smith demonstrated the sparks of an M26 to get attention of suspect. He then added the Air Cartridge and turned the laser sight on to the man. The man asked, "Why are you pointing a gun at me?" The officer then deployed the M26 firing into the back for 2.5 - 3 seconds. The suspect instantly froze and went in to a fetal position. His arms were "Jell-O." The suspect was handcuffed and taken to a hospital (SOP). The hospital staff informed the suspect that two probes had to be pulled out. The suspect had no clue that he had two probes in him and didn't remember what had happened. The officer reported that despite his training, he was somewhat reluctant to fire the M26 as he was the first to deploy the M26. He also said he shut the unit off early to let the area . . .  |
| 05/23/2000 | M |    | Springfield Police D    | Rt.Shoulder    | Rt.Hip      | 1 | 0.5          | Daisy Chain arms locked=could not move  |
| 05/23/2000 | M |    | Springfield Police D    | Rt.Shoulder    | Rt.Hip      | 1 | 0.5          | Just locked up completely, then slumped to the ground (2) Daisy Chain both arms locked, strong pain point of contact, pulse felt in head. No after effects.   |
| 05/23/2000 | M |    | Springfield Police D    | Rt.Shoe        | Rt.Hip      | 1 | 0.5          | Muscles locked up in rt. Leg, felt fire going up leg. Felt fine afterward.  |
| 05/23/2000 | M |    | Nixa Police D           | Rt.Shoe        | Rt.Hip      | 1 | 0.5          | Locked up my rt.leg couldn't move or function.  |
| 05/23/2000 | M |    | Springfield Police D    | Rt.Shoe        | Lt.Hip      | 1 | 0.5          | Both legs felt like they went to sleep. Numb sensation in legs  |
| 05/23/2000 | M |    | Springfield Police D    | Rt.Hip         |             | 1 | 0.5          | Probe in right pants pocket holding hostage & a probe in his right pocket=I had burning sensation & tingling. Also did daisy chain arm to arm I had probe in lt. Pocket.  |
| 05/23/2000 | M |    | Springfield Police D    | Rt.Shoe        | Lt.Shoe     | 1 | 0.5          | Incapacitated, fell to floor=Felt slight burning on Lt.Ankle, feet tingled=Daisy Chain, connected to other officers by linking arms together slight burning sensation on lft. Arm.  |
| 05/23/2000 | M |    | Springfield Police D    | Lft.Hip        | Lft.Shoe    | 1 | 0.5          | Left leg lockedout, couldn't move. Foot tingled for about 30 minutes. Daisy Chain, right hip attached to other at elbow thrust forward dull feeling right hip.  |
| 05/23/2000 | M |    | Springfield Police D    | Rt.Shoulder    | Rt.Waist    | 1 | 0.5          | Could not move, slight burn afterward, muscle control some pain.  |
| 05/23/2000 | M |    | Springfield Police D    | Rt.Hip         | Rt.Foot     | 1 | 5            | Unable to move. Pulsing feeling through out right leg=Daisy Chain, Unable to move chest pulse through arms & chest.   |
| 05/23/2000 | M |    | Springfield Police D    | RtPants Pocket |             | 1 | 0.5          | Right pants pocket in Troys rt. Pants pocket, Very intense pulsating feeling-Couldn't move=Daisy Chain too.   |
| 05/23/2000 | M |    | Springfield Police D    | Rt.Shoulder    | Rt.Hip      | 1 | 0.5          | Felt pulse through body. Could not move. Daisy Chain at elbows.   |
| 05/23/2000 | M |    | Springfield Police D    | Upper Back     | Lower Back  | 1 | 0.5          | Right arm tingle & burn right leg slightly numb total incappacitation.  |
| 05/23/2000 | M |    | Springfield Police D    | Rt.Bicep       | Rt.Shoulder | 1 | 0.5          | Contracted=right side towards rear to ground right leg became immobile=Daisy Chain middle, arms locked, lurched forward.  |
| 05/23/2000 | M |    | Springfield Police D    | Rt.Foot        | Lt.Foot     | 1 | 0.5          | Numbing of feet, legs cand tail bone, about 1 hour later still numbing in feet  |
| 05/22/2000 | M | 30 |                         | Lt.Shoulder    | Lt. Foot    | 1 | 1 sec.       | When activated: It caused severe contractions and was only able to sustain for 1 second. Prior to this the M26 was applied as a touch stun on his back and although it caused severe contractions throughout his body, he was able to stand through the stun gun portion, but not when probes were applied.   |
| May-00     | M |    | West Hollywood          | Rt.Shoe        | Belt Line   | 1 | 0.5          | Very Effective  |
| May-00     | M |    | West Hollywood          | Back           | Chest       | 1 | 0.5          | I was incapacitated by it.  |
| May-00     | M |    | West Hollywood          | Rt.Foot        | Rt.Hip      | 1 | 0.5          | Excellent Tool- It worked great! Easily used, the best tool I've seen in many many years  |
| May-00     | M |    | LASD                    | Rt.Foot        | Lt.Foot     | 1 | 0.5          | Extreme Pain=complete incapacitation  |
| May-00     | M |    | West Hollywood          | Vest           | Rt.Chest    | 1 | 0.5          | Works extremely well=extreme pain.  |
| May-00     | M |    | LASD                    | Rt.Shoulder    | Rt.Elbow    | 1 | 0.5          | Contracted upper body and it hurt a lot.  |

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|------------|---|----|-----------------------|----------------|--------------|---|-----|--|
| May-00     | M |    | LASD                  | Rt.Foot        | Lt.Foot      | 1 | 0.5 | I attempted to continue to stand. After tasing started I found it impossible to stand, my leg muscles contracted and I loss my strength and ability to stand. After effects: I felt like I had just ran 6 miles and worked out for an hour on them   |
| May-00     | M |    | LASD                  | Rt.Hip         | Rt.Shoulder  | 1 | 0.5 | Incapacitated.   |
| May-00     | M |    | LASD                  | Rt.Leg         | Lt.Leg       | 1 | 0.5 | What a ride!!!!  |
| May-00     | M |    | LASD                  | Rt.Shoulder    | Rt.Rear Pock | 1 | 0.5 | Dibilitating muscle reation and extreme sharp pain when deployed. Very effective tool. Tingling for about 15 minutes. No other after affects.  |
| May-00     | M |    | Pico Rivers           | Rt.Foot        | Rt.Bk.Pock   | 1 | 0.5 | I felt a strong jolt of electricity, initially on the right side of my body. It completely stopped me.   |
| May-00     | M |    | Pico Rivera           | Rt.Shoulder    | Rt.Elbow     | 1 | 0.5 | Total loss of control of muscle functioning. Rt. Side muscles constructed causing me to stop and drop.   |
| May-00     | M |    | Pico Rivera           | Rt. Sock       | Rt.Rear Pock | 1 | 0.5 | I could not walk forward. My leg felt numb, I had no muscle control. The aftermath, I have a small amount of muscle tightness, but no pain.  |
| May-00     | M |    |                       | Rt.Foot        | Lt.Foot      | 1 | 0.5 | Incapacitated  |
| May-00     | M |    | LASD                  | Rt.Foot        | Rt.Rear Pock | 1 | 0.5 | Incapacitated  |
| May-00     | M |    | LASD                  | Rt.Shoulder    | Rt.Bicep     | 1 | 0.5 | Incapacitated  |
| May-00     | M |    | LASD                  | Rt.Shoulder    | Rt.Frt.Pock  | 1 | 0.5 | Incapacitated  |
| May-00     | M |    | LASD                  | Rt.Foot        | Rt.Thigh     | 1 | 0.5 | Incapacitated  |
| 03/30/2000 | M | 26 | Bibb County Sheriff's | Rt.Foot        | Rt.Butt Ck   | 1 | 0.5 | Excellent  |
| 03/30/2000 | M | 31 | Bibb County Sheriff's | Rt.Foot        | Rt.Butt Ck   | 1 | 0.5 | Knock down, no way could I fight back  |
| 003/30/00  | M | 39 | Wilkison Co.Sheriff   | Rt.Foot        | Rt.Butt Ck   | 1 | 0.5 | I had an ASP Baton and was crunched in a fighting stand. With only 1/4 second jolt I immediately dropped the baton and could do nothing. My right leg and arm were totally incapacitated. However after the shock and couple of minutes I was fine. I've been sold and we're going to purchase several.  |
| 03/30/2000 | M | 53 |                       | Lt.Hip         | Lt.Foot      | 1 | 0.5 | I was on the ground as soon as I was hit. It was very painful.   |
| 03/30/2000 | M | 52 |                       | Lt.Hip         | Lt.Foot      | 1 | 0.5 | Did not want to fight back, very, very effective. We will buy some.  |
| 03/30/2000 | M | 42 |                       | Rt.Shoulder    | Rt.Foot      | 1 | 0.5 | Could not fight back, felt like spasms in arm and leg, put me on the ground instantly.   |
| 03/30/2000 | M | 28 | Wilkison Co.Sheriff   | Rt.Hip         | Rt.Foot      | 1 | 0.5 | It felt like I blacked out for a few seconds and I could not fight back. If I could fight back I wouldn't.   |
| 03/29/2000 | M |    |                       |                |              | 1 | 0.5 | Incapacitated  |
| 03/29/2000 | M | 45 |                       | Rt.Shoulder    | Rt.Foot      | 1 | 0.5 | Temporary Numbness   |
| 03/29/2000 | M | 21 |                       | Rt.Shoulder    | Rt.Foot      | 1 | 0.5 | Immediate reaction was paralysis. It was surprising to see how quickly I was incapacitated.  |
| 03/29/2000 | M | 31 |                       | Rt. Foot       | Rt.Butt Ck   | 1 | 0.5 | Totally incapacitating in under one second, was relatively pain free but caused me to become totally incapable of controlling or directing my extremities. While my desire to fight was still there, my ability to, was destroyed. An awesome capability for law enforcement. I foresee this weapon saving countless lives on both sides of the fence. Keep up the research. |
| 03/29/2000 | M | 38 |                       | Lt.Foot        | Lt.Back Hip  | 1 | 0.5 | I could not fight back. I was able to step with rt. Leg and then locked up and fell. No control over my body. The M-26 sent an intense wave through the muscles. The unit did not cause extreme pain, it felt like pressure from inside that you could not resist.   |
| 03/29/2000 | M | 40 |                       | Rt.Foot        | Rt.Hip       | 1 | 0.5 | Pain over all of body unable to walk, had to go to ground. Could not fight back.   |
| 03/29/2000 | M | 24 |                       | Rt.Foot        | Rt.Butt Ck   | 1 | 0.5 | Immediate pain and overwhelming feeling. On impact your body contracts and all you can do is fall and hope its over soon.  |
| 04/17/2000 | M | 57 | Desoto Sheriff's      | Lt.Bk.Shoulder | Lt.Heal      | 1 | 0.5 | Most affect was in the lower leg and foot area. I just wanted to sit down and get off of it. I couldn't fight back at the time. Fifteen minutes later I don't feel any discomfort.   |
| 04/17/2000 | M | 27 | Hardee Sheriff's      | Rt.Shoulder    | Rt.Hip       | 1 | 0.5 | First no muscle control like I was carrying a truck load of people and couldn't move to put them down. Then there was stingy feeling afterwards.   |
| 04/17/2000 | M | 36 | Hardee Corrections    | Rt.Shoulder    | Rt.Waist     | 1 | 0.5 | I had an elephant on my shoulders. Feeling in my waist.  |
| 05/26/2000 | M | 34 | Salt Lake Sheriff     | Rt.Shoulder    | Rt.Wrist     | 1 | 0.5 | My only objective was to get as far away from the pain as I could. I had a slight amount of burning between the contact that went away in minutes. I also had slight swelling (like a bug bite) on my forearm. I could not have fought back in any way.  |
| 05/26/2000 | M | 41 | Salt Lake Sheriff     | Rt.Foot        | Lt.Foot      | 1 | 0.5 | The effect caused by the advanced taser was an electrical pounding sensation. This caused total incapacitation of my legs from my mid shins to my toes. I was totally unable to move or offer any resistance. Once the M-26 was off I could not resist attempt to be taken into custody. After a brief 3-5 minutes I was fine.   |
| 05/26/2000 | M | 24 | Salt Lake Sheriff     | Lt.Hip         | Rt.Foot      | 1 | 0.5 | Tremendous muscle contraction, disorientation, burning & tingling. Collapse no way to fight back was perfectly fine 30 seconds later.  |

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|------------|---|----|---------------------|----------------|----------------|---|--------|--|
| 05/26/2000 | M | 26 | Salt Lake Sheriff   | Lt.Hip         | Lt.Bk.Shoulder | 1 | 0.5    | Overwhelming= Could not fight nor think of fighting back   |
| 05/26/2000 | M | 34 | Salt Lake Sheriff   | Rt.Bk.Shoulder | Rt.Bk.Waist    | 1 | 0.5    | I was able to remain standing only for about 1-1 1/2 seconds. I was not able to move my feet & my muscular skelton was completely rigid & locked up. Minor typical pain afterward. Recovery within seconds after unit was turned off.  |
| 05/28/2000 | M | 37 | Amarillo PD         | Lt. Arm        | Lt. Arm        | 2 | 5 secs | EMOTIONALLY DISTURBED & SUICIDAL WITH KNIFE: At approximately 12:50 am on 5/28/00 I heard a call go out at XXXX Mesa Verde on a suicidal subject with a knife. I arrived at that location at approximately 1:06 am along with Officer Chadwick, Anderson, and Ulch. We approached the residence and the front door was ajar. Upon Officer Chadwick getting to the front door he advised there was a person in a chair with something in his hand, and then Officer Chadwick advised it was a knife. Sgt. Ottoson arrived a couple of minutes later.<br><br>I got upon the porch along with Sgt. Ottoson. I could see that a white male, 5'10", 210 lbs., who was sitting in a chair had a small knife in his right hand and had it pressed against his wrist. The white male was saying "make them stop" and was getting agitated and started to press the knife against his wrist harder. Sgt. Ottoson deployed his ADVANCED TASER M26 but one of the darts missed the subject and struck the chair he was sitting in. The other dart hit the subject in th . . . |
| 06/05/2000 | F | 43 | Phx. Police Dept    | Rt.Hip         | Rt.Ankle       | 1 | 0.5    | I could not of fought back. You feel tingling, then your muscles tighten up. Afterwards there is a burning sensation of the points where the probes were applied. The burning and pain remains for about 10-15 minutes later (at least).   |
| 06/05/2000 | M | 23 | Phx. Police Dept    | Rt.Hip         | Rt.Foot        | 1 | 0.5    | I hurt and if I could haven given up I would have. I felt burning in my hip and hot numbness in my ankle. Everhting in between contracted, tingles and hurt. It sucked.  |
| 06/05/2000 | M | 48 | Phx. Police Dept    | Rt.Hip         | Rt.Ankle       | 1 | 0.5    | Very painful, unable to fight back   |
| 06/05/2000 | M | 37 | Phx. Police Dept    | Lt Hip         | Lt.Hip         | 1 | 0.5    | 2 guys locked arms=Extremely effective. More incapacitating than I had envisioned. I was locking arms with a second officer and the M-26 immediately caused us to dislodge.  |
| 06/05/2000 | M | 37 | Phx. Police Dept    | Rt.Hip         | Lt.Butt cheek  | 1 | 0.5    | 2 guys locked arms= Immense pain, thought process went out the window. Unable to function, I returned back to normal quickly I could not fight back.   |
| 06/05/2000 | M | 38 | Phx. Police Dept    | Rt.Shoulder    | Rt.Elbow       | 1 | 0.5    | On application, my arm immediately became useless & felt extreme pain & a burning sensation. I fell to the ground incapacitated unable to continue any aggressive action as soon as the taser was turned off I immediately recovered.  |
| 06/05/2000 | M | 46 | Phx. Police Dept    | Lt.Butt Cheek  | Lt.Bk.Heal     | 1 | 0.5    | Muscles constricted couldn't move very effective. Great Tool for the right situation   |
| 06/05/2000 | M | 33 | Phx. Police Dept    | Rt.Hip         | Rt.Foot        | 1 | 0.5    | No I could not fight back very effective, the effects, pain. Unable to move, unable to think about moving  |
| 06/05/2000 | M | 31 | Phx. Police Dept    | Lt.Waist       | Lt.Foot        | 1 | 0.5    | Tingling in leg near ankle, and opposite, left arm, left side neck, brief tense of body muscle in leg anf left arm. Impossible to fight back at anytime during activation of weapon or shortly after deactivation.   |
| 06/05/2000 | M | 44 | Phx. Police Dept    | Rt.Hip         | Rt.Bk.Calf     | 1 | 0.5    | Could not resist or have ability to think about resisting  |
| 06/05/2000 | F | 29 | Phx. Police Dept    | Rt.Hip         | Rt.Bk.Ankle    | 1 | 0.5    | I felt muscle contraction down my right leg no I could not fight back.   |
| 06/05/2000 | M | 35 | Phx. Police Dept    | Rt.Hip         | Rt.Ankle       | 1 | 0.5    | One word "impressive". Could not fight back.   |
| 06/05/2000 | M | 45 | Phx. Police Dept    | Rt.Hip         | Rt.Ankle       | 1 | 0.5    | Could not fight back.  |
| 06/05/2000 | M | 45 | Phx. Police Dept    | Rt.Hip         | Rt.Calf        | 1 | 0.5    | I cannot accurately describe the sensation. I had no control over my response. I could not fight back  |
| 06/05/2000 | M | 45 | Phx. Police Dept    | Lt.Shoulder    | Rt.Hip         | 1 | 0.5    | Immediately put down on the floor with no ability to fight back.   |
| 06/05/2000 | M | 37 | Phx. Police Dept    | Rt.Hip         | Rt.Foot        | 1 | 0.5    | It worked. Couldn't fight back.  |
| 05/18/2000 | M | 31 | Groveport Pol. Dept | Rt.Shoulder    | Rt. Foot       | 1 | 0.5    | Intense pain at contact points. Lingering, burning sensation at contact points w/red marks.  |
| 05/17/2000 | F | 42 | Groveport Pol. Dept | Rt. Shoulder   | Lt. Hip        | 1 | 0.5    | Burning sension on contact. Loss of control of movement. No lasting effects except burn marks.   |
| 05/18/2000 | M | 35 | Groveport Pol. Dept | Rt. Shoulder   | Rt. Foot       | 1 | 0.5    | total muscle lock up.No way to continue to fight had gun in hand and couldn't raise it or drop it. Didn't even think about the gun.  |
| 05/18/2000 | M | 42 | Groveport Pol. Dept | Rt. Foot       | Lt. Foot       | 1 | 0.5    | Felt as if I was hit with a electronic hammer. Lost all control and ability to perform. Was going down!  |
| 05/18/2000 | M | 35 | Groveport Pol. Dept | Rt Shoulder    | Other Person   | 1 | 0.5    | Probe was taped to rt. Shoulder. Other probe was pated to rt. Thigh of my sgt. Did a gostage situation with me as terrorist & he as hostage. I had gun to his head. We were both hit and fell backwards & had no control of gun  |
| 05/18/2000 | M | 38 | Groveport Pol. Dept | Rt Shoulder    | Lt Foot        | 1 | 0.5    | Good shock took place very happy with effects. Outstanding weapon.Kept me from aiming gun & shooting.  |
| 05/18/2000 | M | 47 | Groveport Pol. Dept | Rt Hip         | Other Person   | 1 | 0.5    | Hostage/Victim scenerio. Suspect had left arm around neck & I had his arm with both hands. When we were hit felt extreme sensation in both arms & leg where probe was attached.I immediately fell and was immobilized.   |
| 05/18/2000 | M | 39 | Groveport Pol. Dept | Rt. Shoulder   | Rt Hip         | 1 | 0.5    | Muscular contraction,loss of coordination,tunnelvision.Nerve pain in shoulder & lower back fro short period of time. Couln't   |

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|            |   |       |                        |              |          |   |       |  |
|------------|---|-------|------------------------|--------------|----------|---|-------|--|
|            |   |       |                        |              |          |   |       | fight back.  |
| 05/18/2000 | M | 25    | Groveport Pol. Dept    | Lt. Shoulder | Lt Foot  | 1 | 0.5   | Couldn't fight. Uncontrollable muscle contraction to point of falling over to left, which I was unaware of. Great tool for law enforcement.  |
| 05/18/2000 | M | 29    | Groveport Pol. Dept    | Lt. Shoulder | Rt Foot  | 1 | 0.5   | Coun't have fought back. Uncontrollable contraction of the muscles & immense pain. Only hit for 1/2 second. The police would get instant compliance out of me!   |
| 05/18/2000 | M | 43    | Groveport Pol. Dept    | Rt Shoulder  | Rt Foot  | 1 | 0.5   | Very sharp feeling of pounding to areas where probes were placed. I threw my handgun down, I thought if I got rid of the gun he'd stop zapping me. I couldn't fight back!  |
| 05/18/2000 | M | 29    | Groveport Pol. Dept    | Rt Shoulder  | Lt Foot  | 1 | 0.5   | There is no real memory of pain. I couldn't have done anything consciously, no way that I could have fought back.  |
| 05/18/2000 | M | 34    | Groveport Pol. Dept    | Rt Shoulder  | Lt Hip   | 1 | 0.5   | Felt like all muscles in body concentrated with no fine motor skills. Couldn't even point firearm or fight back  |
| 05/18/2000 | M | 28    | Groveport Pol. Dept    | Rt Shoulder  | Rt Hip   | 1 | 0.5   | Disabling jolts of pain, unable to focus on original goal to shoot gun.  |
| 05/29/2000 | M | 20-30 | SDSU Police Chief Demo | Rt Shoulder  | Rt Belt  | 2 | 1 sec | 1st Shot: Ran and immediately fell. 2nd Shot legs locked and stood up. Incapacitated quick, but very nonchalantly. Slight discomfort where the probes were taped. No other residual effects.   |
| 05/29/2000 | M | 30-40 | SDSU Police Chief Demo | Rt Biceps    | Rt Thigh | 1 | 1 sec | Defensive Tactics Inst. Screamed and fell immediately to the side. Shooter asked: "You weren't going to get me?" Mike said, "No. (jokingly) I was just looking for a place to fall." He had been hit with a stun gun in the past and was able to come after the applying trainer. Vertigo and slight headache for several hours. Slight discomfort at probe locations.   |
| 05/29/2000 | M | 25-35 | SDSU Police Chief Demo | Rt Shoulder  | Rt Hip   | 1 | 1 sec | (Retired from GSW disability/medically retired) Police academy DT instructor/martial arts expert w/ several black belts and owns a dojo. Likes to be OC'ed and leave it in to see if it gets worse. Immediately incapacitated and fell to the mat. "That works bitchin!" Prior to the SDSU demo, Chief of Police said that the pepperball and beanbag weapons were enough and that we don't need TASERS. After the demo, he said, "Let me find some way money so we can one in each car. Believer. |
| 06/02/2000 | M | 20-30 | UCSD Police Chief Demo | Rt Thigh     | Rt Ankle | 1 | 1 sec | Fell down quickly to the mat while trying to run. "I didn't intentionally fall down." Recovered instantly. No residual pain.   |
| 06/02/2000 | M | 50    | UCSD Police Chief Demo | Rt Belt      | Rt Ankle | 1 | 1 sec | Attempted to attacker the M26 shooter with flashlight in a run. Was stopped mid-way through the run and through down the flashlight and fell to the mat. "I couldn't hold onto the flashlight. It hurt." No residual pain.   |
| 06/06/2000 | M | 28    | Georgia Police Acad    | Rt Hip       | Rt Foot  | 1 | 0.5   | Burning Sensation, complete lack of muscle control on right side almost immediately.   |
| 06/06/2000 | M | 40    | Georgia Police Acad    | Rt Hip       | Rt Foot  | 1 | 0.5   | Total drain of power from body   |
| 06/06/2000 | M | 42    | Georgia Police Acad    | Rt Shoulder  | Rt Foot  | 1 | 0.5   | Muscle contraction, pain running from right foot through shoulder. Couldn't fight back.  |
| 06/06/2000 | M | 36    | Georgia Police Acad    | Rt Hip       | Rt Foot  | 1 | 0.5   | Couldn't fight back. Felt like a burst of heat going through my right leg. Couldn't control any of my muscles.   |
| 06/06/2000 | M | 54    | Georgia Police Acad    | Rt Hip       | Rt Foot  | 1 | 0.5   | Couldn't fight back nor did I want to. Slight redness on rt. Foot and upper rt. Buttocks from contact. Temporary redness.  |
| 06/06/2000 | M | 27    | Georgia Police Acad    | Rt Hip       | Lt Hip   | 1 | 0.5   | Totally incapacitated. Unable to fight back.   |
| 06/06/2000 | M | 36    | Georgia Police Acad    | Rt Shoulder  | Rt Hip   | 1 | 0.5   | Very Effective   |
| 06/06/2000 | M | 39    | Georgia Police Acad    | Rt Shoulder  | Rt Foot  | 1 | 0.5   | Muscle contraction on right side. Burning sensation on hip. Cramping in neck on right side.  |
| 06/06/2000 | M | 39    | Georgia Police Acad    | Lt Hip       | Lt Foot  | 1 | 0.5   | It immediately incapacitated me. I was unable to respond in any manner. I couldn't fight back.   |
| 06/06/2000 | M | 29    | Georgia Police Acad    | Rt. Hip      | Rt. Foot | 1 | 0.5   | Unable to fight back. Immediate incapacitation.Felt like constant contraction of the muscles.  |
| 06/06/2000 | M | 48    | Georgia Police Acad    | Rt Hip       | Rt Foot  | 1 | 0.5   | Total loss of muscle control. Couldn't freely move with any direct intent.   |
| 06/06/2000 | M | 36    | Georgia Police Acad    | Rt Hip       | Rt Foot  | 1 | 0.5   | Couldn't fight. Felt heat then loss of movement. I wanted to get down on the floor.  |
| 06/06/2000 | M | 37    | Georgia Police Acad    | Rt Hip       | Rt Foot  | 1 | 0.5   | Fast burst of high electro energy on right side causing me to become unimobile. Felt burning effect several minutes after shot.  |
| 06/06/2000 | M | 39    | Georgia Police Acad    | Rt. Hip      | Rt Foot  | 1 | 0.5   | Immediate pain in my right side causing me to fall.I was totally incapacitated. The farthest thing from my mind was to attempt to fight anyone   |

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|------------|---|----|---------------------------------------|---------------------------|---------------------------|-------------|-------------|--|
| 06/11/2000 | M | 18 | WI Dept of Corrections                | Lower leg                 | Upper leg                 | 1           | 5           | Capt. Molnar: Last evening, I had another occasion to utilize the M26 to cause incapacitation of an unruly offender that had been dousing Correctional Officers with urine. The youthful (approximately 18 years old) offender was within a segregation cell and continued to be disruptive and defiant of staff orders to comply with restraint procedures. Because of the offender's continued disobedience, the M26 was utilized to cause incapacitation so that staff could safely enter the cell and apply mechanical restraints. The target subject was anticipating the ADVANCED TASER use and made a feeble attempt to block the projectiles using a pillow. When the laser was raised, subject raised pillow exposing lower extremities allowing for target acquisition. The M26 was discharged at a distance of about 12 feet and struck the subject in the lower extremity causing immediate dysfunction. The target subject was anticipating the taser use and made a feeble attempt to block the projectiles using a pillow. When the laser |
| 06/13/2000 | M | 40 | Gahanna Police, OH                    | Upper Rt Thigh/Hip        | Mid Rt Ches               | 1           | 5           | Suicidal heavy 40-yr-old male, 5'11" holding a boxcutter to his throat threatening to kill himself. He was sitting in the drivers seat of a van with the windows down. The driver's door was open and window of the passenger door was down. Negotiations were not progressing with subject becoming more and more agitated. Subject would not lower or rid himself of the knife. Decision was made to use the M26. Officer speaking with subject was given a visual cue that M26 was to be deployed, he moved out of the way. ADVANCED TASER The discharging officer then fired the M26 through the open window of the passenger door. M26 was deployed from 6 feet away causing subject to drop the boxcutter and to be taken into custody without injury to officers or subject. Probes hit subject and penetrated skin on right mid-chest line and right hip. The subject dropped the boxcutter as he reacted to the discharge. Subject was then moved onto the ground during the discharge. No injuries from penetration. After deployment, subj    |
| 06/14/2000 | M | 30 | India Protective Services (New Delhi) | Rt Shoulder & Upper Thigh | Lt Shoulder & above groin | Double Shot | Both 5 Secs |  |
| 06/05/2000 | M | 50 | Phoenix, AZ                           | Lt Hip                    | Lt. Shoulder              | 1           | 0.5         | I felt tremoudous pounding, feeling in large muscle groups in my leg. Could not fight back-lost awareness of how I got on the ground.  |
| 06/20/2000 | M | 55 | Mobile, AL                            | Rt. Hip                   | Rt. Foot                  | 1           | 0.5         | I couldn't fight back. Felt like hit with hammer.  |
| 05/08/2000 | F | 35 | Mobile, AL                            | Rt. Shoulder              | Rt. Foot                  | 1           | 0.5         | Extreme Muscle Contraction. Sharp pain from electricity which terminated upon discontinuing current. The sharp pain & incapacitation was definitely a deterrent for future violence/threat.  |
| 06/20/2000 | M | 38 | Mobile, AL                            | High Back                 | Lower Back                | 1           | 0.5         | Like I got hit by a truck. I had no fight in me.   |
| 06/20/2000 | M | 45 | Mobile, AL                            | Rt. Shoulder              | Rt. Foot                  | 1           | 0.5         | Stunned/ unable to maintain balance or think clearly at time of application. Appears to be the best less than lethal us of force method available.   |
| 06/20/2000 | M | 43 | Mobile, AL                            | Rt. Hip                   | Rt. Foot                  | 1           | 0.5         | Felt charge on foot first then experienced dysfunction and fell on ground. Pain during cycle, very intense. Lasting effect was bee sting pain in foot and hip for 10-15 minutes.   |
| 06/20/2000 | M | 41 | Mobile, AL                            | Rt. Hip                   | Rt. Foot                  | 1           | 0.5         |  |
| 06/20/2000 | M | 54 | Mobile, AL                            | Rt. Hip                   | Rt. Foot                  | 1           | 0.5         | Couldn't fight. Unable to move until current turned off.   |
| 06/20/2000 | M | 32 | Mobile, AL                            | Rt Hip                    | Rt. Foot                  | 1           | 0.5         | I couldn't fight back. Felt like someone drove a truck over me.  |
| 06/20/2000 | M | 43 | Mobile, AL                            | Rt Hip                    | Rt Foot                   | 1           | 0.5         | Felt like a bolt of electricity on both foot and hip. I couldn't stand or fight back.  |
| 06/20/2000 | M | 41 | Mobile, AL                            | Rt. Hip                   | Rt Foot                   | 1           | 0.5         | Totally incapacitated. No way to fight back. Hurt like hell immediately, but the pain left as quickly as it came on.   |
| 06/20/2000 | M | 40 | Mobile, AL                            | Rt Hip                    | Rt Foot                   | 1           | 0.5         | The effect of the TASER was a total "shock". The effect totally incapacitated my bodily functions. Excellent tool.   |
| 06/20/2000 | M | 50 | Mobile, AL                            | Lt Hip                    | Lt Hip                    | 1           | 0.5         | Numbness, burning sensation, uncontrollable, loss of muscular movement.  |
| 06/20/2000 | F | 35 | Mobile, AL                            | Rt. Shoulder              | Rt. Hip                   | 1           | 0.5         | Overwhelming confusion.Pain on right side of body with complete lack of muscle control. I couldn't fight back.   |
| 06/20/2000 | F | 51 | Mobile, AL                            | Rt. Hip                   | Rt. Foot                  | 1           | 0.5         | Bad feelings. Couldn't fight back.   |
| 06/20/2000 | M | 35 | Mobile, AL                            | Rt. Hip                   | Rt. Foot                  | 1           | 0.5         | Immense pain. Couldn't concentrate on anything other than the pain. Was unable to move. I wouldn't have been able to fight back.   |
| 06/20/2000 | M | 31 | Mobile, AL                            | Rt. Hip                   | Rt. Foot                  | 1           | 0.5         | I couldn't fall to the ground fast enough. My right leg and hip felt like it was going to explode. However, there was no effects after power was turned off.   |
| 06/20/2000 | M | 30 | Mobile, AL                            | Rt. Hip                   | Rt. Foot                  | 1           | 0.5         | Completely incapacitated. Felt like being hit by a truck.  |
| 06/20/2000 | M | 33 | Mobile, AL                            | Lt Hip                    | Lt Foot                   | 1           | 0.5         | Contraction of muscle. Slight burning feeling at probe. Couldn't fight back.   |
| 06/20/2000 | M | 31 | Mobile, AL                            | Lt Shoulder               | Lt. Foot                  | 1           | 0.5         | No control of my body. I couldn't fight back.  |

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|------------|---|----|-----------------|--------------|---------------|---|-----------|---|
| 06/20/2000 | M |    | Phoenix, AZ     | Upper Back   | Lower Waist   | 2 | 5 secs ea | <p>On June 20 at approx 0430, SAU was called out to a Circle K at 67th &amp; McDowell in reference to a male, slight build, mid 30-s, 140 lbs. (There was a report of gunfire being shot in the air, also.) Upon arrival the information relayed was the hostage was possibly a girlfriend due to the fact that on several occasion she chose not leave when the opportunity presented itself. Police were also told that the suspect had pointed the .380 semi-automatic gun at both himself and the femal on a couple occasions.</p> <p>At 0500 a scout team consisting of OfficerS;pitler adn Gonzales was sent out to relay information from the scene. By 0515 SAU was taking over the inner perimeter. Three snipers were deployed with varying shots from 25 to 45 yards. Two arrest teams were also assembled and deployed. One of the teams was placed behind the Circle K, only 10 yards from the suspect, but out of sight. The second team was set up 25 yards away, in view of the subject, but behind a police car.</p> <p>As SAU was continuing to set, th</p> |
| 06/22/2000 | M | 38 | Perry, FL       | Rt Hip       | Rt Foot       | 1 | 0.5       | I was unable to move or hold onto anything. Muscles locked up until unit was turned off.  |
| 06/22/2000 | M | 35 | Perry, FL       | Rt Hip       | Rt Foot       | 1 | 0.5       | I couldn't fight back. I tossed the gun & went to the ground. I couldn't understand why anyone would need a 2nd shock.  |
| 06/22/2000 | M | 41 | Perry, FL       | Rt. Shoulder | Rt Hip        | 1 | 0.5       | Went to the ground and was unable to fight back   |
| 06/22/2000 | M | 35 | Perry, FL       | Rt Hip       | Rt Foot       | 1 | 0.5       | Couldn't fight back. Rt. Leg locked & I fell over to the left. Muscle pain at first then just discomfort afterwards.  |
| 06/22/2000 | M | 39 | Perry, FL       | Rt Hip       | Rt Foot       | 1 | 0.5       | Couldn't fall fast enough. Couldn't & wouldn't fight back   |
| 06/22/2000 | M | 38 | Perry, FL       | Lt Shoulder  | Lt Foot       | 1 | 0.5       | Immediate incapacitation. Control of my action through verbal commands.   |
| 06/22/2000 | M | 48 | Perry, FL       | Rt. Arm      | Lt Hip        | 1 | 0.5       | Complete Immobilization, thrown to ground. I couldn't fight back.   |
| 06/22/2000 | M | 35 | Perry, FL       | Rt. Hip      | Rt Foot       | 1 | 0.5       | I was unable to control my movement and fell to ground  |
| 06/22/2000 | M | 34 | Perry, FL       | Rt. Hip      | Rt. Foot      | 1 | 0.5       | Put me straigh to the ground, Couldn't fight back.  |
| 06/22/2000 | M | 30 | Perry, FL       | Rt. Hip      | Rt Foot       | 1 | 0.5       | No ability to react. Lots of pain down right leg. Mild irritation to right hip & foot. An excellent weapon. Should be the only intermediate weapon.   |
| 06/22/2000 | M | 43 | Albuquerque, NM | Upper Chest  | Lower Chest   | 2 | 5 secs    | <p>APD Field Officers pulled a male suspect, 43,175 lbs., over for traffic violations and during their investigation suspect refused to cooperate. Suspect believed Police had no authority and was anti-government. At some point during the initial investigation suspect rolled up his windows on his camper truck and officer's observed a handgun and two bayonets. Officer's at the scene then moved to a position of advantage and attempted to make P.A. announcements to try and get the suspect to exit his vehicle and surrender. After the suspect ignored all commands given and began moving about in his camper causing a great safety concern the SWAT team was activated. The SWAT team was called for a barricaded armed subject and upon arrival team members took their positions. After several attempts to negotiate with the subject he attempted to drive off into the neighborhood where he was stopped. As his vehicle went forward his tires were flattened by a spike belt and gas was deployed into the camper. The vehicle did s</p>            |
| 06/27/2000 | M | ?  | Ottawa, Canada  | Upper Chest  | Waist         | 2 | 2 Secs ea | <p>At approximately 21:36 hrs. officers attended an attempted suicide call involving a knife. On arrival the roommate of the subject met officers in the lobby of the apartment building. The roommate stated the subject was upstairs in the apartment stabbing himself with a knife. Officers made their way to the apartment, opened the apartment door and observed the male standing in the washroom. The floor of the apartment was covered in blood. Officers told the male to drop the knife. At this time the subject started to stab himself in the neck with a 7 inch bladed knife. Cst Mark Barclay deployed the ADVANCED TASER M26 at the subject. The subject dropped the knife and was immediately incapacitated. The M26 was activated for aprox. 2 seconds and fired from a distance of 7 feet. The top probe struck him in the chest area, bottom probe in the waist area. Two follow-up activations were required as the subject was noncompliant.</p> <p>Once the subject was controlled, the full extent of the self-mutilation was</p>                  |
| 06/12/2000 | F | ?  | La Grange, KY   | Lt Hip       | Lt thigh      | 1 | 0.5       | I had immediate involuntary muscle spasms. At first it was a slight sting. I wouldn't have been able to concentrate on something enough to make a logical decision.   |
| 06/12/2000 | M | ?  | La Grange, KY   | Lt Shoulder  | Rt Thigh      | 1 | 0.5       | The shock incapacitated me almost immediately and took me straight to the ground if not for being caught by other officers.   |
| 06/12/2000 | M | ?  | La Grange, KY   | Abdoman      | Lt Chest area | 1 | 0.5       | The sensation I received was similar to touching the prongs of a light in a wall socket. The muscles in my chest and stomach contracted drawing my arms in toward my chest.   |
| 06/12/2000 | M | ?  | La Grange, KY   | Lt Thight    | Abdoman       | 1 | 0.5       | Within 1/2 second after the application of electric current and fell to my knees.   |

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|------------|---|----|----------------|-------------|-------------|---|---------|---|
| 07/04/2000 | M | 39 | Ottawa, Canada | Lf Armpit   | Lt Hip      | 2 | 5 secs. | At 20:45 hrs, Tues 4 July 2000, Officers attended an attempt suicide call involving a knife. Two constables made their way to an apartment, opened the apartment door and observed the 39-yr-old, male subject sitting on a couch in the livingroom. He was holding a 12" filet knife and had a pillow across his lap. The subject had been drinking and was depressed over the fact he had recently experienced a stroke. The subject would not put down the knife and started poking himself in the chest area (over his heart) and along his throat. He asked officers where he should cut himself. The pillow blocked a clear front shot, officers had to reposition themselves to obtain an angled shot. The ADVANCED TASER was fired from a distance of 15 feet. The top dart struck the subject in his left forearm, the bottom dart struck the pillow. The circuit was completed momentarily until the subject moved the pillow. The M26 shooter reloaded a second cartridge. At this time, the subject started using the pillow to block |
| 07/10/2000 | M | 36 | Homewood, AL   | Rt Hip      | Rt Foot     | 1 | 0.5     | Locks muscles up, couldn't fight, works well  |
| 07/10/2000 | M | 31 | Homewood, AL   | Lt Hip      | Lt Foot     | 1 | 0.5     | Immediate contraction of muscles, unable to stand. Definitely unable to fight back.   |
| 07/10/2000 | M | 26 | Homewood, AL   | Lt Hip      | Lt Foot     | 1 | 0.5     | If felt like being hit with 100 baseball bats in the chest. I couldn't fight back. I just wanted the pain to go away.   |
| 07/10/2000 | M | 36 | Homewood, AL   | Rt Shoulder | Lt Mid Back | 1 | 0.5     | Couldn't fight back. Complete incapacitation.   |
| 07/10/2000 | M | 31 | Homewood, AL   | Rt Hip      | Rt Foot     | 1 | 0.5     | Numb. Short bursts of pain. Left side was locked up. Unable to react.   |
| 07/10/2000 | M | 26 | Homewood, AL   | Lt Ribs     | Rt. Foot    | 1 | 0.5     | Felt horrible. Couldn't fight back.   |
| 07/10/2000 | M | 43 | Homewood, AL   | Neck        | Lt Hip      | 1 | 0.5     | Immediately disabled. Intense Pain.   |
| 03/21/2000 | M | ?  | Lethbridge, BC | Lt Quadrant | Rt Quadrant | 1 | 0.5     | Dropped   |
| 03/21/2000 | M | ?  | Lethbridge, BC | Lt Quadrant | Rt Quadrant | 1 | 0.5     | Dropped   |
| 03/23/2000 | M | ?  | Lethbridge, BC | Lt Quadrant | Rt Quadrant | 1 | 0.5     | Dropped   |
| 03/23/2000 | M | ?  | Lethbridge, BC | Lt Quadrant | Rt Quadrant | 1 | 0.5     | Dropped   |
| 03/23/2000 | M | ?  | Lethbridge, BC | Lt Quadrant | Rt Quadrant | 1 | 0.5     | Dropped   |
| 04/06/2000 | M | ?  | Lethbridge, BC | Lt Quadrant | Rt Quadrant | 1 | 0.5     | Dropped   |
| 04/06/2000 | M | ?  | Lethbridge, BC | Lt Quadrant | Rt Quadrant | 1 | 0.5     | Dropped   |
| 05/04/2000 | M | ?  | Lethbridge, BC | Lt Quadrant | Rt Quadrant | 1 | 0.5     | Dropped   |
| 05/04/2000 | M | ?  | Lethbridge, BC | Lt Quadrant | Rt Quadrant | 1 | 0.5     | Dropped   |
| 05/04/2000 | M | ?  | Lethbridge, BC | Lt Quadrant | Rt Quadrant | 1 | 0.5     | Dropped   |
| 05/04/2000 | M | ?  | Lethbridge, BC | Lt Quadrant | Rt Quadrant | 1 | 0.5     | Dropped   |
| 06/15/2000 | M | ?  | Lethbridge, BC | Lt Quadrant | Rt Quadrant | 1 | 0.5     | Dropped   |
| 06/15/2000 | M | ?  | Lethbridge, BC | Lt Quadrant | Rt Quadrant | 1 | 0.5     | Dropped   |
| 06/18/2000 | M | ?  | Lethbridge, BC | Lt Quadrant | Rt Quadrant | 1 | 0.5     | Dropped   |
| 06/18/2000 | M | ?  | Lethbridge, BC | Lt Quadrant | Rt Quadrant | 1 | 0.5     | Dropped   |
| 06/18/2000 | M | ?  | Lethbridge, BC | Lt Quadrant | Rt Quadrant | 1 | 0.5     | Dropped   |
| 06/18/2000 | M | ?  | Lethbridge, BC | Lt Quadrant | Rt Quadrant | 1 | 0.5     | Dropped   |
| 06/18/2000 | M | ?  | Lethbridge, BC | Lt Quadrant | Rt Quadrant | 1 | 0.5     | Dropped   |
| 06/18/2000 | M | ?  | Lethbridge, BC | Lt Quadrant | Rt Quadrant | 1 | 0.5     | Dropped   |
| 06/18/2000 | M | ?  | Lethbridge, BC | Lt Quadrant | Rt Quadrant | 1 | 0.5     | Dropped   |
| 06/18/2000 | M | ?  | Lethbridge, BC | Lt Quadrant | Rt Quadrant | 1 | 0.5     | Dropped   |
| 06/18/2000 | M | ?  | Lethbridge, BC | Lt Quadrant | Rt Quadrant | 1 | 1       | Dropped   |
| 06/18/2000 | M | ?  | Lethbridge, BC | Lt Quadrant | Rt Quadrant | 1 | 0.5     | Dropped   |
| 06/25/2000 | M | ?  | Lethbridge, BC | Upper Back  |             | 1 | Stun    | Stunned/ Fell Forward   |
| 06/25/2000 | M | ?  | Lethbridge, BC | Upper Back  |             | 1 | Stun    | Stunned/ Fell Forward   |
| 06/25/2000 | M | ?  | Lethbridge, BC | Lt Quadrant | Rt Quadrant | 1 | 0.5     | Dropped   |
| 06/25/2000 | M | ?  | Lethbridge, BC | Lt Quadrant | Rt Quadrant | 1 | 0.5     | Dropped   |
| 06/25/2000 | M | ?  | Lethbridge, BC | Lt Quadrant | Rt Quadrant | 1 | 0.5     | Dropped   |
| 06/25/2000 | M | ?  | Lethbridge, BC | Lt Quadrant | Rt Quadrant | 1 | 0.5     | Dropped   |
| 06/25/2000 | M | ?  | Lethbridge, BC | Lt Quadrant | Rt Quadrant | 1 | 0.5     | Dropped   |
| 06/25/2000 | M | ?  | Lethbridge, BC | Lt Quadrant | Rt Quadrant | 1 | 0.5     | Dropped   |
| 06/25/2000 | M | ?  | Lethbridge, BC | Lt Quadrant | Rt Quadrant | 1 | 0.5     | Dropped   |
| 07/11/2000 | M | ?  | Sacramento, CA | Rt Leg      | Rt Hip      | 1 | 0.5     | Instant incapacitation  |

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|            |      |    |                     |                 |                         |   |         |  |
|------------|------|----|---------------------|-----------------|-------------------------|---|---------|--|
| 07/11/2000 | M    | ?  | Sacramento, CA      | Rt Leg          | Rt Hip                  | 1 | 0.5     | Instant incapacitation   |
| 07/11/2000 | M    | ?  | Sacramento, CA      | Rt Leg          | Rt Hip                  | 1 | 0.5     | Instant incapacitation   |
| 07/11/2000 | M    | ?  | Sacramento, CA      | Rt Leg          | Rt Hip                  | 1 | 0.5     | Instant incapacitation   |
| 07/11/2000 | M    | ?  | Sacramento, CA      | Rt Leg          | Rt Hip                  | 1 | 0.5     | Instant incapacitation   |
| 07/11/2000 | M    | ?  | Sacramento, CA      | Rt Leg          | Rt Hip                  | 1 | 0.5     | Instant incapacitation   |
| 07/13/2000 | Male | 45 | Jacksonville PD     | Several         | Several                 | 3 | Unknown | Officers were dispatched to a EDP, suicidal, violent, 45, male, 200 lbs., 5'11", who was or already had taken some type of drugs. As officers were attempting to reason with the suspect, he jumped up into the contact officer face and started to take a fighting stance. The cover officer then unholstered the M26 ADVANCED TASER and as the suspect became more combative, cover officer then brought the M26 on to the target. As the TASER came onto the target, the suspect started to charge the cover officer. The cover officer fired the first M26 at the suspect and the top probe struck the suspect in the chest and the bottom missed the suspect. The contact officer then unholstered and fired the second M26 at the suspect striking the suspect in the back and left arm. The suspect managed to tackle the cover officer. The cover officer then made contact with the M26 to the suspect's back. As the suspect and the cover officer went down, the contact officer then made contact to the suspect's buttock area. The contact o |
| 06/27/2000 | M    | 59 | Darville, IL        | Ctr upper chest | Ctr Lower Belt          | 1 | ?       | Suicidal, male, 5'9", 200 lbs., manic depressive subject made threats of bodily harm to officers and himself and obtained a large steel pipe, attempting to batter officers. M26 fired from 7-11 feet hitting subject in center chest and center beltline penetrating skin. Use of the M26 was immediate success - subject dropped item and dropped himself. According to the report, suspect was only momentarily down and was easily controlled after one M26 shot. Probes removed at medical. No injuries to suspect or officers.   |
| 07/14/2000 | M    | 35 | Camp Verde, AZ      | ?               | ?                       | 1 | 1 sec   | Dropped him immediately (shot by Bud Clark of AZ DPS)  |
| 07/14/2000 |      | ?  | Camp Verde, AZ      | ?               | ?                       | 1 | 1 sec   | Dropped him immediately (shot by Bud Clark of AZ DPS)  |
| 07/14/2000 |      | ?  | Camp Verde, AZ      | ?               | ?                       | 1 | 1 sec   | Dropped him immediately (shot by Bud Clark of AZ DPS)  |
| 07/14/2000 | M    | 51 | Sacramento, CA      | Rt Knee         | Rt Foot                 | 1 | 0.5     | The pain felt like the worst cramp I've ever had, and also felt like someone was twisting the leg bone. It really hurt! All I wanted to do was to have the pain stop. There was no way that I could have fought back or resisted in anyway. Within a few minutes after the application ended, I was fully functional.  |
| 07/14/2000 | M    | 30 | New Orleans, LA     | Mid Chest       | upper inner right thigh | 1 | 5-secs. | New Orleans SWAT responded to a barricaded suicidal male subject, 30, 5'9", medium build wearing no shirt armed with 12-gauge shotgun. Subject was ex-Marine sniper who had just broken up with girlfriend. After several hours of dialogue with negotiators, subject exited the garage where he had barricaded himself to speak with a friend. The subject requested water at which time a bottle of waters was thrown to where the subject was. 12-gauge sawed-off shotgun was 10 feet away. As he moved forward to retrieve the water, the ADVANCED TASER officer deployed the M26 from a concealed position from 8-10 feet away. The TASER immediately took effect causing subject to fall to the ground, screaming as if in pain. Originally combative and belligerent, but became submissive after M26 application. The apprehension team moved in and took subject into custody without injury. Probes penetrated skin at the midchest and the upper inner right thigh. Incident began at 3:28 am and subject was apprehended at 10:42 am.          |
| 07/11/2000 | M    | 37 | Calaveras County SO | Rt Shoulder     | Rt Foot                 | 1 | 0.5     | I was immediately disabled. I would not or could not have fought back in anyway. It left me totally disoriented and submissive, I could have been easily arrested.   |
| 07/18/2000 | M    | 30 | Fayetteville, NC    | Lt Hip          | Lt Foot                 | 1 | 0.5     | Couldn't fight back.Fell over backwards to ground.Nothing I could do with weapon.  |
| 07/18/2000 | M    | 33 | Fayetteville, NC    | Rt Hip          | Rt Foot                 | 1 | 0.5     | I was completely incapacitated & put on my back. I couldn't fight back or do anything. It felt like I had stuck my finger in an electrical outlet and couldn't get away from it.   |
| 07/18/2000 | M    | 32 | Fayetteville, NC    | Lt Hip          | Lt Foot                 | 1 | 0.5     | Lost all control of my functions. I couldn't fight back at all.  |
| 07/18/2000 | M    | 39 | Fayetteville, NC    | Rt Hip          | Rt Foot                 | 1 | 0.5     | It hurt like hell and NO I couldn't have fought back!  |
| 7/18/2000  | M    | 47 | Fayetteville, NC    | Rt Hip          | Rt Foot                 | 1 | 0.5     | Felt like someone was hitting me in the side   |
| 07/19/2000 | M    | 27 | Florence County,SC  | Rt Hip          | Rt Foot                 | 1 | 0.5     | I lost control over muscle functions and mental functions. I couldn't fight back.  |
| 07/19/2000 | M    | 39 | Florence County,SC  | Rt Hip          | Rt Foot                 | 1 | 0.5     | No control , intense pain from muscle contraction after cycle. Just a burning sensation at affected spot.  |
| 07/19/2000 | M    | 42 | Florence County,SC  | Rt Hip          | Rt Foot                 | 1 | 0.5     | Felt like 110 volts going through body.Couldn't fight back. Dropped weapon, immediately fell to ground.  |
| 07/19/2000 | M    | 35 | Florence County,SC  | Lt Hip          | Lt Foot                 | 1 | 0.5     | Totally incapacitated,couldn't fight back.   |
| 07/19/2000 | M    | 40 | Florence County,SC  | Rt Knee         | Rt Foot                 | 1 | 0.5     | A burning feeling with good contraction.   |

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|            |   |    |                     |                  |              |   |     |   |
|------------|---|----|---------------------|------------------|--------------|---|-----|---|
| 07/19/2000 | M | 36 | Florence County, SC | Rt Hip           | Rt Foot      | 1 | 0.5 | Rhythmic pulsations at mentioned areas. Muscle tightening & soreness at areas.  |
| 07/19/2000 | M | 50 | Florence County, SC | Between Shoulder | Low Back     | 1 | 0.5 | Took Physical hits with probes. Couldn't fight back. Felt like upper back torso inside an electrical outlet   |
| 07/20/2000 | M | 30 | Richmond County, GA | Lt Hip           | Rt. Ankle    | 1 | 0.5 | Loss of all muscle control. Couldn't move my legs or arms. Couldn't fight back if I wanted to. Would do anything you told me just as long as you didn't zap me again.   |
| 07/20/2000 | M | 46 | Richmond County, GA | Lt Hip           | Lt Foot      | 1 | 0.5 | Shook uncontrollably, knees went out from under me. Hit floor with loud thump. Couldn't fight back.   |
| 07/20/2000 | F | 39 | Richmond County, GA | Rt Hip           | Rt Foot      | 1 | 0.5 | Couldn't fight back at all. Hurt like hell! Legs gave out immediately. Excellent Weapon!  |
| 07/24/2000 | M | 41 | Escondido, CA       | Rt Shoulder      | Rt Hip       | 1 | 0.5 | It hurt, couldn't move, extreme muscle contraction.   |
| 07/24/2000 | M | 30 | Escondido, CA       | Rt Hip           | Rt Leg       | 1 | 0.5 | Complete incapacitation, couldn't fight back.   |
| 07/24/2000 | M | 36 | Escondido, CA       | Lt Shoulder      | Lt Hip       | 1 | 0.5 | I was completely incapacitated during the application of the advanced TASER. The pain, chock and muscular contraction that I experienced totally and completely took the fight out of me.   |
| 07/24/2000 | M | 39 | Escondido, CA       | Rt Hip           | Rt Foot      | 1 | 0.5 | Convulsed and fell forward, extreme brief pain.   |
| 07/24/2000 | F | 25 | Escondido, CA       | Rt Arm           | Rt Hip       | 1 | 0.5 | Upon feeling the effects I felt as if I was paralyzed. I couldn't move much less fight back. All I could do was scream like a baby! A few seconds after the conductivity was released I recovered quickly.  |
| 07/24/2000 | M | 32 | Escondido, CA       | Rt Shoulder      | Rt Hip       | 1 | 0.5 | Completely incapacitated me. Unable to fight back.  |
| 07/24/2000 | M | 32 | Escondido, CA       | Rt Hip           | Rt Foot      | 1 | 0.5 | I started to move and my entire right leg locked. My entire body started to fall. I couldn't control my body. I wanted the pain to stop. After, I felt a great sense of relief. Small dot like burn, red mark on ankle and upper thigh. I am a believer! I can't wait to have this tool in the field.           |
| 07/24/2000 | M | 41 | Escondido, CA       | Rt Arm           | Rt Hip       | 1 | 0.5 | I tried to stand up but fell immediately. I had no control of my muscles.   |
| 07/24/2000 | F | 38 | Escondido, CA       | Rt Hip           | Rt Foot      | 1 | 0.5 | Sharp pain throughout body. Concentrated pain between probes. Couldn't move and had to be supported by others. Body became rigid. Body relaxes quickly upon stopping of conductive energy.  |
| 07/24/2000 | M | 56 | Escondido, CA       | Rt Hip           | Rt Foot      | 1 | 0.5 | Kicked my butt! I was immediately knocked down.   |
| 07/24/2000 | M | 32 | Escondido, CA       | Rt Shoulder      | Rt Hip       | 1 | 0.5 | Burning sensation. I was unable to fight and I was unable to fight. I had in my mind before hand that I was going to hit my partner. One the M26 was activated, there was no chance of that happening. Left red burn mark on hip. Very minor.   |
| 07/24/2000 | M | 31 | Escondido, CA       | Rt Hip           | Rt Foot      | 1 | 0.5 | My right leg locked up, a shooting pain generated up and down. Profanity spewed forth my filthy mouth.  |
| 07/24/2000 | M | 37 | Escondido, CA       | Rt Leg           | Rt Foot      | 1 | 0.5 | Cramping, loss of body control. Didn't want to fight back.  |
| 07/24/2000 | M | 42 | Escondido, CA       | Rt Hip           | Rt Foot      | 1 | 0.5 | Immediate immobilization of leg. Couldn't move limb. Caused me to fall due to loss of control of leg. Full recovery within 30 seconds without lasting effects. I couldn't move or fight back.   |
| 07/24/2000 | M | 42 | Escondido, CA       | Rt Shoulder      | Rt Hip       | 1 | 0.5 | Tingling, then numbness, couldn't fight back  |
| 07/24/2000 | M | 31 | Escondido, CA       | Rt Hip           | Rt Foot      | 1 | 0.5 | Painful, incapacitating.  |
| 07/24/2000 | M | 43 | Escondido, CA       | Rt Hip           | Rt Foot      | 1 | 0.5 | Incapacitated.  |
| 07/24/2000 | M | 36 | Escondido, CA       | Rt Shoulder      | Rt Arm       | 1 | 0.5 | Very effective. Full contraction on right bicep. Felt total incapacitation in the rest of my body.  |
| 07/24/2000 | M | 53 | Escondido, CA       | Rt Shoulder      | Rt Hip       | 1 | 0.5 | Burning sensation. Total contraction. Much pain. Couldn't fight back.   |
| 07/24/2000 | M | 34 | Escondido, CA       | Rt Hip           | Other person | 1 | 0.5 | I was in a hostage situation with wire in my front right pants pocket, second wire was in suspects pocket who was behind me. Suspect had me in a bar arm hold around my neck. I could feel it in my hip and my neck.  |
| 07/28/2000 | M | 27 | Glendale, AZ        | Lt Hip           | Lt Foot      | 1 | 0.5 | Strongest at contact points. Seems like current got stronger between pathway. Thought I was yelling "Oh God Stop!" All I remember hearing is stop. Couldn't fight back.   |
| 07/28/2000 | M | 30 | Glendale, AZ        | Rt Hip           | Rt Foot      | 1 | 0.5 | Instructor challenged me not to fall. My left leg remained still and my right leg came straight up off the ground. I focus on not screaming. I didn't scream but I did say "God!" I couldn't have performed any neuromuscular function and afterwards my whole right leg hurt and I limped for several minutes. |
| 07/28/2000 | M | 32 | Glendale, AZ        | Rt Shoulder      | Rt Hip       | 1 | 0.5 | Locked muscles, felt like blunt jabbing at contact points. Tingling afterwards. Light burn on hip.  |
| 07/28/2000 | M | 35 | Glendale, AZ        | Rt Hip           | Rt Foot      | 1 | 0.5 | This was my second experience with the Advanced TASER, and just as my 1st experience, "Awesome." I yelled like a girl.  |
| 07/28/2000 | M | 29 | Glendale, AZ        | Rt Hip           | Rt Foot      | 1 | 0.5 | No possible way to control my body or movements. Took leg right out from under me. Excellent tool!  |
| 07/28/2000 | M | 31 | Glendale, AZ        | Rt Hip           | Rt Foot      | 1 | 0.5 | The M26 was completely incapacitating during the contact but left no affects. During contact was unable to move or keep from yelling as asked. Very good product!   |
| 07/28/2000 | M | 31 | Glendale, AZ        | Rt Hip           | Rt Foot      | 1 | 0.5 | Cussed and tensed up, hurts a lot!  |
| 07/28/2000 | M | 37 | Glendale, AZ        | Rt Hip           | Rt Foot      | 1 | 0.5 | Was trying to stand up, leg immediately tightened and lost control of it then began to fall backwards.  |

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|            |   |    |                     |                 |                      |   |         |   |
|------------|---|----|---------------------|-----------------|----------------------|---|---------|---|
| 07/28/2000 | M | 33 | Glendale, AZ        | Lt Hip          | Lt Foot              | 1 | 0.5     | The front of my leg hurt the worst. Felt numb for a couple of minutes afterwards. I couldn't fight back!  |
| 07/28/2000 | M | 29 | Glendale, AZ        | Lt Hip          | Lt Foot              | 1 | 0.5     | It felt like a barrage of hits on the outside of my left hip. I was unable to fight back.   |
| 07/28/2000 | M | 34 | Glendale, AZ        | Rt Shoulder     | Rt Hip               | 1 | 0.5     | It is an undescrivable pain that I have never felt. Totally incapacitates.  |
| 07/28/2000 | M | 40 | Glendale, AZ        | Rt Hip          | Rt Foot              | 1 | 0.5     | I couldn't move. Right leg curled up and to the left. I would have fallen if not held up. Most painful I have ever felt for so short a time.  |
| 07/28/2000 | M | 25 | Glendale, AZ        | Rt Hip          | Rt Foot              | 1 | 0.5     | It completely made my right leg stiff and painful. I was not able to walk towards the instructor.   |
| 07/28/2000 | M | 34 | Glendale, AZ        | Rt Shoulder     | Rt Hip               | 1 | 0.5     | At no time during th time I was shocked did I ever feel that I caould advance towards the subject holding the M26. It completely took the fight or any further will to fight or resist out of me. I lost total control of my right side and completely locked up.   |
| 07/28/2000 | M | 51 | Glendale, AZ        | Lt Hip          | Lt Foot              | 1 | 0.5     | Sharp overwhelming pain from left ankle to left side of hip. Totally over whelming. Have never felt anything like that. You have sold me on the M26!  |
| 07/28/2000 | M | 44 | Glendale, AZ        | Rt Hip          | Rt Foot              | 1 | 0.5     | Intense vibrating, more pain in pocket than foot intense muscle contraction. Unable to fight back.  |
| 07/28/2000 | M | 33 | Glendale, AZ        | Rt Hip          | Rt Foot              | 1 | 0.5     | I couldn't do anything. I have never felt anything like that in my life & never want to again. "That Sucked!"   |
| 07/28/2000 | M | 30 | Glendale, AZ        | Lt Hip          | Lt Foot              | 1 | 0.5     | Very incapacitating. Thumping on foot, cussed.  |
| 07/28/2000 | M | 31 | Glendale, AZ        | Rt Shoulder     | Rt Foot              | 1 | 0.5     | It didn't really hurt but it's something I never want to experience again.  |
| 07/28/2000 | F | 36 | Glendale, AZ        | Rt Hip          | Rt Foot              | 1 | 0.5     | Felt the pain mostly in hip, it stiffened my right leg, tingling sensation throughtou my right leg. After the test was over, I felt the tingling sensation and numbness in my right ankle. Instructor challenged me not to scream and I cussed. It felt like forever being hooked up to the M26.  |
| 07/28/2000 | M | 31 | Glendale, AZ        | Rt Hip          | Rt Foot              | 1 | 0.5     | I thought I was focused, This surprised me. I couldn't concentrate on continuing to be focused. Great Product! Great class! It just locked me up!   |
| 07/28/2000 | M | 44 | Glendale, AZ        | Rt Hip          | Rt Foot              | 1 | 0.5     | Pain, yelled, had no ability to resist, deep muscle contraction. The most intense fast pain I have ever felt.   |
| 07/28/2000 | M | 45 | St. George, UT      | Upper Mid-Chest | Lower Mid-Chest      | 1 | 3 secs. | St. George PD officer detained a male subject, 45, 5'6, 150 lb., that was a convicted/deported felon sex offender who had re-entered the U.S. Subject resisted detention and was verbally non-compliant while officer waited for a response from INS and walked/ran away from him. Officer pursued and pushed the subject down, but lost control of his flashlight in doing so. The subject gained control of the officer's flashlight and used it to effectively blind the officer. Giles retreated and tried to deploy OC spray. OC deployment was not successful and the subject advanced, still using the light. The possibility of unseen weapons existed and the subject also had an effective impact weapon in the flashlight. Giles deployed his ASP Baton and tried to strike the light and/or subject's hands and arm. The strikes landed, but not effectively and the subject still advanced toward the officer. Giles deployed his OC spray again, this time with better success. The subject stopped advancing, but still held the light a |
| 08/03/2000 | M | 43 | Paradise Valley, AZ | Lt Hip          | Lt Ankle             | 1 | 0.5     | "Electric jolt, muscle collapse at applied area. Could not fight back. Quick recovery with no after effects."   |
| 08/02/2000 | M | 40 | Billings, MT        | Rt Shoulder     | Lt Shoulder          | 1 | 0.5     | Incapacitated. Couldn't fight back.   |
| 08/07/2000 | M | 20 | Goodyear, AZ        | Upper Mid-Back  | Lower Mid-Back       | 2 | 5 secs  | At about 1907 hours Avondale Police Units responded to assist Goodyear Police Units with a violent male, subject, 5'7, 140 lb., who was in possession of a knife and syringe. Subject was wanted for felony charges and refusing to drop the knife. Subject was verbally non-compliant, violent, resisting arrest, assaultive to officers and on heroin. OC spray was deployed and ineffective. The ADVANCED TASER M26 was deployed on the subject, he immediately dropped a syringe he had in his possession and began walking backwards. Fire from 7-11 Ft with probes hitting upper middle back and lower middle back. One probe penetrated skin and the other to clothing. Probes were removed at medical. No injuries to suspect or officers. A five-second burst was given to the subject after he did not drop the knife. Goodyear Police also fired two beanbag rounds striking the subject in both legs. Subject then went to his knees and subject was taken into custody. (Officer's Note: Batteries in the M26 were not fully charged and   |
| 07/12/2000 | M | 20 | Jail                | Middle Back     | Right Buttock/Thigh1 |   | 5 secs  | A violent, male suspect, 20, 5'11", 200 lb. was attacking another inmate in a cell. He ignored repeated verbal commands to stop fighting. The M26 was fired from 3-7 feet for 5 seconds and dropped him in mid-punch. The probes hit him middle of the back and right buttock/thigh penetrating skin. Medical staff removed probes. No injuries to inmate or officers. Comment: The suspect was interviewed on tape after the incident. Ironically he stated that he worked as an electrician on the streets. He said it felt like he grabbed a live 110-Volt wire.   |

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|------------|---|----|------------------------|----------------|---------------|-------------------|-----------|---|
| 07/18/2000 | M | 45 | Grants Pass, OR        | Upper Mid-Back | Lower Rt Back | 1                 | 5 secs    | Report of a suicidal subject with a knife. Male, 45, 6'2", 225 lb., subject was sitting in his truck with the door open. Would display a knife when we got close to him and was verbally non-compliant. When we backed up he would put the knife away. We were able to talk him out of the cab of the truck. However, we were unable to get him to leave the truck. Subject turned his back to me and reached in to the cab of the truck. I thought he was getting the knife, so I deployed the TASER from 7-11 feet away striking the subject at upper mid back and the lower right back for five-second cycle. Medical personnel removed probes. Suspect had minor injuries with skinned knees from fall to the ground. No officer injuries. Subject's comment: "I was just getting a cigarette."   |
| 07/16/2000 | M | 32 | Washington Co Jail, OR | Upper Rt Chest | Mid-Lt Chest  | 1 shot (2 cycles) | 5 secs ea | A male, 32, 6-ft, 180, suspect was arrested for Assault 4 Felony/Resist arrest and assaulting a Police Officer. Suspect become assaultive and disruptive once placed in holding cell. Suspect began yelling, kicking and punching cell door. Suspect refused to comply with orders given to stop. Suspect was danger to self. Sergeant on duty authorized the ADVANCED TASER M26 and CERT team called out. Suspect was given one last opportunity to comply with verbal orders but refused and continued punching and kicking cell door. Cell door opened and the ADVANCED TASER was deployed to center mass of suspect from 7-11 feet away striking the subject in upper right chest and mid-left chest. Suspect received two cycles of 5 secs. CERT team entered and restrained suspect. Medical staff saw suspect and probes removed. No other injuries to suspect or Deputies involved. Officer's comment: Suspect was passive and non-combative. Suspect was on cocaine, alcohol and meth. Event was videotaped. No injuries occurred with         |
| 06/03/2000 | M | 34 | Abbotsford Jail        | ?              | ?             | 1                 | 5 secs    | Subject was violent, actively aggressive and resistive was shot by ADVANCED TASER with a full 5-second applications which was very successful. No injuries to suspect or officers.  |
| 07/03/2000 | M | ?  | Abbotsford             | Upper torso    | Lower torso   | 1                 | 5 secs    | Officers received a 911 disturbance call to a house trailer. The subject's mother requested removal of an emotionally disturbed subject who was intoxicated with cocaine and dying of AIDS. Officers on scene found male subject, 34, located in living room / kitchen area. Upon refusing to comply and walking away and towards the hallway and bedroom area the ADVANCED TASER was activated but unfortunately the air cartridge malfunctioned. Air cartridge was removed and replaced with same bad cartridge but subject retreated to the bedroom. The subject did not respond to negotiations and was verbally noncompliant. Other officers arrived on scene including one with a second M26. Negotiations were unsuccessful with subject. Officers made entry with the M26. The second ADVANCED TASER and a beanbag officer simultaneously deployed the second M26 with the addition of the beanbag with very successful results. Subject immediately went into a fetal position during the 5-second cycle while other officers arrested him. AD |
| 07/12/2000 | M | 26 | St. George, UT         | Lt Shoulder    | Rt Hip        | 1                 | 0.5       | "It felt like a sledge hammer to area where contacts were placed. I was hit for about 1/4 to 1/2 a second. I was totally out of commission while unit was on. Effects after were minor after a minute I was fine  |
| 06/29/2000 | M | 33 | St. George, UT         | Lt Arm         | Lt Shoulder   | 1                 | 0.5       | "Knocked me to my knees. I lost motor control of my muscles. It was painful while it was on. But the pain stopped when the unit was turned off. I would not have been able to fight back."  |
| 06/29/2000 | M | 42 | St. George, UT         | Rt Shoulder    | Rt Hip        | 1                 | 0.5       | "After contact I went right to the ground. I had no control over my body parts."  |
| 08/11/2000 | M | 42 | Concord, CA            | Lt. Hip        | Rt Arm        | 1                 | 0.5       | "End of chain in group of 15. Sharp tingling sensation at contact point. No other effects. Powerful impact. Having been stuck with 7 watt system, there is no comparison."  |
| 08/11/2000 | M | 34 | Concord, CA            | Arms Connected | Arms Connec   | 1                 | 0.5       | "Group shot, 15 at once. Arms numbed, felt like grabbing a powerful auto coil wire."  |
| 08/11/2000 | M | 34 | Concord, CA            | Arms Connected | Arms Connec   | 1                 | 0.5       | "Jiggle type shock, only in forearms at first. 5-10 minutes later, my triceps felt tired."  |
| 08/11/2000 | M | 42 | Concord, CA            | Arms Connected | Arms Connec   | 1                 | 0.5       | "I was not able to fight. I felt like a shock like putting finger in receptical."   |
| 08/11/2000 | M | 43 | Concord, CA            | Arms Connected | Arms Connec   | 1                 | 0.5       | "Couldn't resist or fight back."  |
| 08/11/2000 | M | 51 | Concord, CA            | Arms Connected | Arms Connec   | 1                 | 0.5       | "Linked arms with group, took hit and fell on floor. Couldn't fight back, felt the jolt/ shock in forearms, could have went right on duty, no doubt it's an excellent less lethal device."  |
| 08/11/2000 | M | 21 | Concord, CA            | Arms Connected | Arms Connec   | 1                 | 0.5       | "Fell down immediately. It just felt like a strong long shock."   |
| 08/11/2000 | M | 30 | Concord, CA            | Arms Connected | Arms Connec   | 1                 | 0.5       | "It was a blunt pounding feeling."  |
| 08/11/2000 | M | 34 | Concord, CA            | Arms Connected | Arms Connec   | 1                 | 0.5       | "Only felt the current running through my arms. Felt exactly like I grabbed a sparkplug wire"   |
| 08/11/2000 | M | 36 | Concord, CA            | Arms Connected | Arms Connec   | 1                 | 0.5       | "Arms linked in chain- immediate tingling in both arms inside elbows, no pain or after effect."   |
| 08/11/2000 | M | 45 | Concord, CA            | Arms Connected | Arms Connec   | 1                 | 0.5       | "Part of 15 officer group. Strong sensation in arms, unpleasant but not painful."   |
| 08/11/2000 | M | 49 | Concord, CA            | Arms Connected | Arms Connec   | 1                 | 0.5       | " Similar to being shocked by vehicle engine or T.V. Could feel the muscles in my arm begin to cramp, like a charley horse. A longer exposure would have locked up my arms."  |

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|            |   |    |                    |                    |                         |   |             |   |
|------------|---|----|--------------------|--------------------|-------------------------|---|-------------|---|
| 08/11/2000 | M | 44 | Concord, CA        | Arms Connected     | Arms Connec             | 1 | 0.5         | " It felt like grabbing a coil wire on a car engine."   |
| 07/29/2000 | M | 30 | Longmont, CO       | Upper Rt Shoulder  | Upper Rt Shoulder Blade | 1 | 5 secs      | A 5'8 (heavy to medium build) DUI suspect became upset upon learning of his arrest. The suspect became verbally and physically aggressive in a dark parking lot. Officer was alone for seven minutes until assistance arrived. Confined area and family members came into the area. Subsequent to handcuffing subject became verbally aggressive and wanted to know why he was being arrested. The ADVANCED TASER was pointed at the subject with the laser sight on his chest. He became more aggressive and threatened the officer. He became more aggressive and the officer put the M26 in his pocket and grabbed the suspect's right arm and wrist. Subject tensed up and resisted arrest by struggling. Another officer used knee strikes to leg using PPCT on common paronial area without success. Wrist locks and arm bars were also unsuccessful. Suspect continued to struggle and was not able to place under arrest. The officers backed off and activated the M26 from 18 inches away. Suspect immediately slumped to the ground duri   |
| 08/11/2000 | M | 22 | Longmont, CO       | Upper Middle Chest | Near belly button       | 1 | 2 secs      | A 5'8, medium build renewed his fight with another male subject. Suspect was thought to originally be the aggressor of an assault per witness. An officer got between the two fighting males. The ADVANCED TASER M26 was deployed and pointed at one of the suspects and ordered to get on his knees. Suspect ignored verbal commands and balled his fist up and stepped toward the officer. At 10 feet away, the officer shot the advancing suspect. Both probes struck the suspect, one in the middle of his chest and the other in his abdomen near the belly button. The suspect screamed and his hands shot upwards. The suspect tangled the wires with his upward moving hand. The officer let the M26 cycle for 2-seconds, but feared the suspect would break the wires by accident. He then "speed loaded" a 2nd Air Cartridge in the event another shot was required. The M26 was pointed at the suspect and told not to move or he would be fired upon again. The suspect cried out, "No mas, no mas! (meaning no more). The suspect was    |
| 08/12/2000 | M | ?  | Los Angeles        | Earlobe            | Upper back              | 5 | 5 secs      | A suspect was under the influence of PCP. An ADVANCED TASER was fired at him. One probe hit in the earlobe and the other in the back. Two activations were cycled without knocking him down and then he pulled it from his earlobe. Suspect took three more activations with one probe in his back and he was noticeably impaired until he fell and was arrested without further incident. No further injuries reported.  |
| 06/28/2000 | M | 21 | Los Angeles        | Lower Lt Back      | Groin                   | 2 | 5 sec+2 sec | The 5'9, 21-yr-old, 160-lb., male inmate in question was drunk on pruno and gassing sworn personnel. (Pruno is jail made alcohol. The inmates hoard fruit and then allow it to ferment. Gassing is a legal term in CA and is a crime. Any time an inmate throws fluids or substances on a deputy, usually his own waste, this is considered a gassing.) Inmate also had access to a shank. Two short bursts of Deep Freeze (CS/OC) blend were directly sprayed on him. This failed to gain compliance. The ADVANCED TASER M26 was fired through the cell bars from 7-11 feet away. Both probe probes penetrated skin: one in his groin and the other in his back. The inmate experienced a full 5-second cycle, but the configuration of the cell caused him to be propped up. It was obvious that his left side locked out and he cried out in pain. When the cycle completed the M26 was activated again prior to the cell extraction teams entry. A 2-second burst was applied and was discontinued when the team approached due to concern that   |
| 08/18/2000 | M | 30 | Nassau Co, FL Jail | Upper Mid-Chest    | Stomach                 | 1 | 3-secs.     | Due to overcrowding at the County Jail, a 30-yr-old male 5'11, 180 inmate was instructed to put on handcuffs and shackles so that he could be transferred to another facility. The inmate then stated that the only way he was going to leave the jail was to be unconscious. This inmate has been in several altercations with correctional officers, other inmates and has known to resist arrest with violence on the streets. The inmate was told twice to put on the shackles and handcuffs twice and refuse, taking a defensive stance. He was then shot with the ADVANCED TASER M26 with both probes penetrating the skin in the middle chest and stomach. He immediately fell. The M26 was only deployed once and it was estimated that it cycled app. 3 seconds. There were no injuries to the inmate or the correctional officers that were involved. Probes were removed on scene. This was the day after we had nine officers trained as instructors. Inmate's comment: "What the hell did you do that for? All you had to do was tell me |

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|------------|---|----|-----------------|-------------------------|-----------------|---|-----------|--|
| 08/18/2000 | M | 45 | Nassau PD, NY   | Upper Mid-Chest         | Abdomen         | 1 | 3 secs.   | Responded to assist Glen Cove City PD with call of a violent emotionally disturbed person locked in his private residence. Police Officers at scene could not control subject (he is a former boxer attempting to knock out anyone who would challenge him). Emergency Service Unit deployed two teams with a supervisor and entered the residence. The 46 yr-old, 275 lb., 6'3 male, subject resisted control techniques and physically overpowered the teams. At this point the ADVANCED TASER M26 was deployed from 7-11 feet away. Both probes penetrated skin, one in the upper mid-chest and the other in the abdomen. The subject bent over and fell to the floor. The M26 cycled for the full 5-seconds. It got his attention anyway. the subject was then handcuffed and removed to an ambulance. In route to the hospital the subject was escorted by an ESU officer with M26 probes in place if further control was needed. By the officer and ambulance paramedics own words, this subject stayed calm knowing he could get TASERed again.   |
| 07/15/2000 | M | 22 | Westminster, CO | Stun to upper mid chest | N/A             | 2 | 5 secs    | At 0200 an officer arrived on scene where two officers were actively struggling on the ground to arrest a 5'9, medium build, 22 yr-old male who had been stopped for a traffic violation/fight. The subject actively resisted as the officers attempted to place him in cuffs and a hobble restraint. While the subject was on his stomach, the ADVANCED TASER officer removed the cartridge, yelled clear and made contact with M26 stun gun on the upper mid-back. Although the officer could hear it activated, it did not appear to have any effect. The officer activated the M26 touch stun again and it did not appear to have any effect as the subject continued to fight. Officers were able to get the cuffs on the subject and place hobble restraints on him. Even in this position the subject continued to struggle and curse at the officers. It was necessary to carry the subject to the patrol car and into the booking area. While on the floor of the booking cell, the subject continued to curse at and threaten officers while b |
| 08/21/2000 | M | ?  | Reno, NV        | ?                       | ?               | 1 | 5 secs    | An intoxicated male sliced his wrists with a piece of glass and ran from police. Covered in blood, the man his in some bushes and refused to obey police commands. An officer stood 4 feet away and fired an ADVANCED TASER at the subject. The man fell immediately to the ground during the 5-second cycle. Officer's comments: "He was very non-compliant and very drunk. Even in that state he wanted no more. He said, 'I'm not going to move. Don't electrocute me again.'" The man was taken to a medical center where a doctor examined him and found no injury. The man was given a CAT scan to determine whether the darts and electricity caused any tissue damage. Subject suffered cuts from suicide attempt but no injuries from the TASER.  |
| 08/15/2000 | M | 24 | Jail            | Lower Lt Back           | Lt side stomach | 3 | 5 secs    | At 1600 a male, 6'1 294-lb. 24-yr-old inmate demanded recreation time. Inmate was improperly dressed to go outside for recreation as he had ripped his uniform to shreds and had rags draped on his body. His genitals were exposed. His bed was overturned on its side and was feces on the floor where he had urinated. Inmate complied officer directions after six officers were present in a forceful authoritative state. Inmate was transferred to new cell so his bed could be bolted down and room cleaned. While in the new cell, the inmate was instructed to dress in another jumpsuit. The inmate failed to comply and the ADVANCED TASER was used in the stun mode on the inmate's lower back. Inmate tried to move away but the officer followed him with the M26 so the full 5-second cycle would be felt. Inmate broke contact only briefly. Inmate again refused to dress in the jumpsuit and the M26 was applied. The inmate quickly dressed and was instructed to sit with his back to the door and place his hands on his head. T   |
| Jul-00     | M |    | Reno, NV        |                         |                 | 2 |           | Volunteered twice. First time was with a low battery and was able to move during the test. The second time was with fully charged batteries. 5'9, 205-lb. "I went down like a tree. The test was to see if I could poll my weapon and fire. I was determined not to fall down, but it became apparent real quick I was going to the ground. You literally freeze. I couldn't have put my hand out to catch my fall. Ifelt 100 percent. I was pretty confused about something that powerful. But as soon as it was over, it was completely over with I was not a believer. I'm a believer now." From Reno Gazette-Jrnl Aug 24, 2000   |
| 07/23/2000 | M |    | Reno, NV        | Upper chest             | Shorts          | 1 | 0.75 secs | During a media demo, Nutall grunted loudly and began to collapse before another officer caught his fall. He seemed distorted for several seconds afterward but soon was walking around as if nothing had happened. "I feel where it burned a little," showing a red mark on his chest where the electrode was taped. "(Other than that) I don't feel anything at all." From Reno Gazette-Jrnl Aug 24, 2000.  |

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|------------|---|----|-------------------------|------------------|----------------|---|--------------|---|
| 08/31/2000 | F | 45 | Columbus, OH            | Upper left side  | Left Hip       | 2 | 5 secs       | <p>A stout, 185-200 lb., 45-yr-old, female subject was served a warrant for transport to a mental health facility. When deputies were in the apt. to put her in custody, she suddenly went very violent and physical force was tried. She threw 2 officers against the wall. She broke away from 2 officers and ran to kitchen area. After trying to grab a kitchen knife, the officers backed off and sprayed the women with pepper spray. She laughed. She continued to go for a knife, when an officer fired a M26 from 3-7 feet away at her while she was turning to get to a knife in a drawer. The probes hit her near her left side and the other near her left hip area. The spread was 6-8" apart and both had penetrated through clothing and into skin. During the first 5-sec cycle she did not go down, said, "turn that damn thing off," and was not subdued.</p> <p>When the cycle ended she tried to pull out one of the probes while reaching for a knife with her other hand. A second 5-second burst was applied at which time she went to h</p> |
| 08/21/2000 | M | 24 | St. George, UT          | Upper Rt Chest   | Mid-Rt Chest1  | 1 | 5 secs.      | <p>Officers responded to a male suspect's house on report of a suicidal subject. Officers found the 26-yr-old, 195-lb., 6'4 subject had destroyed the interior of the house with a baseball bat. Subject was under the influence of alcohol and retained access to the baseball bat. He drank rum as the incident progressed. Subject was extremely emotionally as he recently had his wife, then his girlfriend leave him. The house he destroyed had been repossessed. Glass and broken items were strewn all over the house. This created a risk of injury to the subject and officers if they tried arrest control tactics, due to possible injury on the broken items if the fight were to go to the ground. The subject still had access to the bat, which negated use of a baton, and too much distance for use of OC spray. After an hour (+) of negotiations, the subject turned his back on officers and he was shot with the M-26 in the back from 7-11 feet away. The M26 cycled for 5-seconds. He was not wearing a shirt and both probes pe</p>       |
| 08/31/2000 | M | 34 | Los Angeles County Jail | Upper Rt Back    | Mid-Rt Arm     | 2 | 2 cycle of 5 | <p>A mentally disturbed 34-yr-old, 175-lb., 5'11, male inmate became combative after a visit. He was located inside a locked visiting booth. After all efforts to talk the inmate out of the area failed the M26 was deployed. The inmate was standing on the visiting seat. The M26 was inserted through the pass through in the door several feet below where the inmate was standing. The deputy used the laser sight only from 1-3 feet away. The first Air Cartridge was fired. The top probe of the first cartridge struck the inmate in the middle chest, but the lower dart missed. A second cartridge was fired. This second shot struck the inmate in the right mid-back and the right mid-arm. After the first five-second cycle the inmate stepped down off the seat and put one hand out the pass through to be handcuffed. The inmate was slow placing his second hand through so another five-second cycle was applied. He was fully lucid and totally cooperative after this point. No injuries to inmate or officers and the two prob</p>          |
| 08/21/2000 | M | 44 | Pueblo, CO              | Below Pec Muscle | Beltline       | 5 | 5 secs       | <p>Police officers made contact with a violent 44-yr-old 5'10, 170-lb., male intoxicated with cocaine and alcohol. Suspect was threatening several persons with a large piece of plate glass. Suspect became combative and was shot with ADVANCED TASER from 6 to 10 feet away. One probe hit below the pectoral muscle. The bottom probe hit above the belt line. Both probes penetrated skin. The probes were 6-8 inches apart. Sparks were heard according to the shooter. Suspect retreated back but was able to break leads from probes. He then attacked officers in a fistfight. The officer pulled out the Air Cartridge and used the M26 as a contact stun device. The officer hit subject in the lower back with the stun contact - it was immobilizing him, but as soon as he released the unit, he started fighting again. The suspect was physically subdued by the officer who got the contact stun on the subject for 5 seconds after being stunned 4 to 5 more times in stun gun application, finally gaining compliance. The probes fir</p>        |
| 08/06/2000 | M | 20 | Pueblo, CO              | Left mid-back    | Mid-lower back | 2 | 5secs.       | <p>A violent 20-yr-old 5'8, 165-lb., male on alcohol was assaulting female with a golf club. First officer intervened with baton strikes. The baton strikes to suspect had no effect. The suspect shot once with ADVANCED TASER M26 from 3-7 feet away and immediately fell to ground during the 5-second cycle. The probes hit the suspect's left mid-back and middle lower back with only one probe penetrating skin. The suspect refused verbal command to stay down and was subjected to second 5-second discharge, which gained full compliance. Suspect's comment: Did not know what hit him. Suspect sustained moderate injuries with swelling to back of hand from other tactics and a minor injury wound from the point of probe. The one probe was removed at scene.</p>  |

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|------------|---|----|--------------------|-------------------|-----------------|---|---------|---|
| 09/12/2000 | M | 39 | Manmouth Lakes, CA | Upper Rt. Back    | Mid-Rt Back     | 2 | 5 secs. | A 5'10, 170-lb., 39-year-old male suspect under the influence of alcohol had assaulted his girlfriend sending her to the hospital to be stitched up. Suspect fled the scene prior to officers arrival but returned several hours later. Suspect attempted to hide in a nearby parked car and initially refused to exit when ordered. Numerous verbal directions at gunpoint finally led to suspect exiting the car. Suspect was Verbally abusive/assaultive and continued his non-compliance. Suspect wore a heavy hooded sweatshirt which concealed waist area etc. (The suspect was not known to be armed but nobody assumed that he wasn't armed.) Suspect fairly well contained between two parked cars. Only two officers available to handle situation: one armed with a handgun and OC spray, (water based) the other with and ADVANCED TASER. The suspect was OC sprayed twice with no apparent effect. The laser sight was also directed at the suspect's chest and he was verbally advised of the pending TASER shot. This had no impact alth |
| 09/13/2000 | M | 37 | Akron, OH          | Mid-Chest         | Upper Rt. Thigh | 2 | 5 secs  | EMS called to "Man Down." When EMS arrived, the 37-year-old, 5'7, 180-lb. male was bleeding profusely from a two-inch gash in his forearm where he had cut himself deeply. Suspect was under the influence of alcohol, emotionally disturbed and violent. The suspect kept stating that he wanted to die. He held a straight razor to his own throat. EMS called for a TASER Officer. Officer arrived shortly and tried to talk to suspect. Suspect would not talk to him. Officer moved close enough to deploy ADVANCED TASER. Suspect stated, "Are you going to shoot me with that?" Officer responded "Yep," and in fact did. After 5-second current suspect was still very verbal but not aggressive. The M26 current caused immediate incapacitation. The man fell backwards to the ground, stiffened up and made the razor drop from his hand and far enough away from him that officer could secure it before handcuffing suspect. Top probe penetrated the skin exactly where laser was pointed. The M26 was fired from 10-15 feet away a       |
| 09/10/2000 | M | 28 | Pueblo, CO         | Stunned over body |                 | 3 | 5 secs  | Police were called to a large bar disturbance. A violent, 28-year-old, 5'8 180-lb., drunk male suspect was one of the combatants. Actively resisted when placed under arrest. Officer locked in wrestling match and deployed first stun application of the ADVANCED TASER that caused the suspect to stop resisting but continued after stun stopped. Suspect was stunned 2 more times with the last cycle being 5 seconds, which gained complete compliance. Officers and suspect sustained no injuries.   |
| 09/09/2000 | M | 17 | Pueblo, CO         | Stunned over body |                 | 1 | 5 secs  | Police contacted a suspect abandoning his vehicle. The 17-year-old, 5-7, 170-lb., male suspect was combative, suicidal and under the influences of alcohol and marijuana. OC spray was ineffective. At one point, suspect was wrestled to the ground. Suspect continued to fight and was stunned with a contact deployment. Suspect immediately complied and remained cooperative the rest of the contact. Officers and suspect sustained no injuries.  |
| 09/14/2000 | M |    | Longmont, CO       | Upper Back        | Lower Back      | 2 | 5 secs  | Dispatch advised police of a man wandering in and out of traffic who was suspected to be intoxicated. The man had blood about his forehead. An officer found the man next to a school and approached him. The officer noted a "wild eyed look" consistent with the use of illegal drugs. The man went over a fence. Police and fire personnel on scene pursued. The male stopped and crouched next to a tree in an unlit field. The officer announced himself and that he wanted to help the man. The man began to run away, and another officer chased the man. The man fell tripped and fell to the ground. The officer deployed the ADVANCED TASER on the man before he could get up striking him in the bare back. The suspect did not react to the TASER right away. It appeared that his reaction time was 2-3 seconds at which time he became angry and yelled at the officer. The man refused verbal commands. The officer applied a second 5-second cycle and the suspect became agitated and began cursing and yelling at the officer.        |
| 09/07/2000 | M | 30 | Seattle, WA        | Mid-Rt Chest      | Rt Calf         | 1 | 5 secs  | A call was dispatched to patrol of a man with a gun. Officers arrived and found that the suspect did not have a gun. Instead, he had a knife to his throat. Seattle SWAT heard the call and responded. A crisis intervention officer arrived and attempted to communicate with the 30-year-old, 5'10, 170-lb. delusional and suicidal male. The suspect would not listen. The man was hearing imaginary voices and talking to imaginary people. The ADVANCED TASER officer, with lethal cover, closed to a distance of 12 feet. At that time the suspect appeared as if he was going to run. The TASER officer deployed the M26 from 11-15 feet. Both darts hit the man in the mid-right back and the right calf. The suspect immediately went down. Arresting officers started to handcuff the suspect prior to the five seconds elapsing (the M26 was still activated). There were no injuries to the suspect or responding officers. Probes were removed on scene. Officer's comment: The suspect stated, "What the hell was that?"                  |
| 09/15/2000 | M | 46 | Long Island, NY    | Lt Hip            | Lt Foot         | 1 | 0.5     | OH @#&* ! I'm a believer!   |
| 09/15/2000 | M | 44 | Long Island, NY    | Lt Hip            | Rt Foot         | 1 | 0.5     | Couldn't fight back at all. It was shocking!  |
| 09/15/2000 | M | 52 | Long Island, NY    | Lt Hip            | Rt Foot         | 1 | 0.5     | Muscle weakness, fell off feet, unable to offer residence.  |

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|------------|---|----|-----------------|--------------|-------------|---|---------|---|
| 09/15/2000 | F | 42 | Long Island, NY | Rt Hip       | Lt Foot     | 1 | 0.5     | Total incapacitation- can't fight your way out of this.   |
| 09/15/2000 | M | 42 | Long Island, NY | Lt Hip       | Rt Ankle    | 1 | 0.5     | I couldn't fight back. Totally incapacitated.   |
| 09/15/2000 | M | 33 | Long Island, NY | Lt Hip       | Rt Hip      | 1 | 0.5     | Excellent. No way to fight back!  |
| 09/15/2000 | M | 29 | Long Island, NY | Lt Arm       | Lt Ankle    | 1 | 0.5     | I've never felt anything like this. There is no way I could have fought back.   |
| 09/15/2000 | M | 29 | Long Island, NY | Lt Arm       | Lt Hip      | 1 | 0.5     | Unable to fight. I felt like I was hit by lightning.  |
| 09/15/2000 | M | 53 | Long Island, NY | Lt Hip       | Lt Foot     | 1 | 0.5     | Immediately got my total attention. Incapacitated. Not a chance of resisting.   |
| 09/15/2000 | M | 40 | Long Island, NY | Lt Arm       | Lt Foot     | 1 | 0.5     | Left side numbness, muscle contraction, left side to left foot stinging sensation.  |
| 09/15/2000 | M | 49 | Long Island, NY | Lt Hip       | Rt Hip      | 1 | 0.5     | Burning on hips- no loss of any balance.  |
| 09/15/2000 | M | 27 | Long Island, NY | Rt Hip       | Lt Foot     | 1 | 0.5     | Felt like a fire cracker exploded in my shoe, lost balance, muscular control of legs  |
| 09/15/2000 | M | 32 | Long Island, NY | Rt Hip       | Lt Hip      | 1 | 0.5     | It hurt like hell! And I couldn't fight back.   |
| 09/15/2000 | M | 43 | Long Island, NY | Rt Hip       | Lt Hip      | 1 | 0.5     | Burning on both hips, shocking.   |
| 09/15/2000 | M | 38 | Long Island, NY | Front Pocket | Rear Pocket | 1 | 0.5     | Very interesting and painful.   |
| 09/15/2000 | M | 32 | Long Island, NY | Lt Hip       | Rt Theight  | 1 | 0.5     | It totally incapacitated me.  |
| 09/15/2000 | M | 52 | Long Island, NY | Lt Hip       | Lt Foot     | 1 | 0.5     | Knocked me down.  |
| 09/15/2000 | M | 42 | Long Island, NY | Lt Hip       | Rt Foot     | 1 | 0.5     | Knocked me down.  |
| 09/15/2000 | M | 39 | Long Island, NY | Lt Hip       | Lt Foot     | 1 | 0.5     | My muscles tightened up, all my contractions went to the pain, I couldn't fight back.   |
| 09/15/2000 | M | 35 | Long Island, NY | Lt Wrist     | Lt Hip      | 1 | 0.5     | Pain in my left leg and left wrist, burning feeling in my left hip.   |
| 09/15/2000 | M | 44 | Long Island, NY | Lt Side      | Rt Side     | 1 | 0.5     | I could do nothing but shout and fall. No chance of fighting back.  |
| 09/15/2000 | M | 32 | Long Island, NY | Lt Hip       | Lt Foot     | 1 | 0.5     | It works! I was unable to initiate any movement, I just froze in place and collapsed.   |
| 09/15/2000 | M | 33 | Long Island, NY | Lt Hip       | Lt Foot     | 1 | 0.5     | Immobilized left leg. No, I couldn't fight back.  |
| 09/15/2000 | M | 33 | Long Island, NY | Lt Peck      | Rt Hip      | 1 | 0.5     | Tightened all muscles, couldn't fight back, felt fine after 10 seconds.   |
| 09/15/2000 | M | 40 | Long Island, NY | Rt Bicep     | Lt Hip      | 1 | 0.5     | Couldn't fight back- just shocking.   |
| 09/15/2000 | M | 53 | Long Island, NY | Lt Hip       | Lt Foot     | 1 | 0.5     | Couldn't fight back- loss of muscle control in area where probes were located. Loss of focus, other than wanting relief.  |
| 09/15/2000 | M | 30 | Long Island, NY | Lt Hip       | Lt Foot     | 1 | 0.5     | Wow! I can't imagine how anyone can stand more than 5 seconds.  |
| 09/26/2000 | M | 24 | Gahanna, OH     | Lt Mid-Back  | Lt Buttock  | 1 | 5 secs. | A 24-year-old, 5'6, 155-lb., male had pulled his vehicle onto a freeway over pass and threatened to jump to his death. Officer began crisis negotiations, containment officer deployed M26. After negotiating subject back onto road surface of bridge, he had been standing on the outside of the bridge holding on, an ADVANCED TASER M26 was used to gain control. Suspect started to pull his sweatshirt off over his head. When subject leaned forward to take off the shirt, and changed his center of gravity, the M26 was fired from 11-15 Feet away. Top probe hit left mid-back and the bottom one hit left buttock with both probes penetrating skin. Subject went to the ground where he was controlled by officers. Subject was secured and searched, subsequently taken by medics to a mental health facility. Probes were removed at scene. Suspect removed his shirt prior to M26 shot and had sustained slight abrasions from contact with road surface. No officers sustained any injuries. |
| 09/22/2000 | M | 45 | Fresno, CA      | Lt Hip       | Lt Arm      | 1 | 0.5     | Muscle contractions through arm, I couldn't fight out of it.  |
| 09/22/2000 | M | 31 | Fresno, CA      | Rt Bicep     | Rt Hip      | 1 | 0.5     | Muscles tightened & I couldn't fight back.  |
| 09/22/2000 | M | 38 | Fresno, CA      | Rt Hip       | Rt Foot     | 1 | 0.5     | Complete incapacitation. Caused muscle contraction. There is no way I could fight back.   |
| 09/22/2000 | M | 32 | Fresno, CA      | Directs Stun | Chest       | 1 |         | Burning feeling to center of chest. I was knocked down without being able to resist.  |
| 09/22/2000 | M | 50 | Fresno, CA      | Lt Bicep     | Lt Hip      | 1 | 0.5     | Not able to function. Went down. Not Fun! No long term effects.   |
| 09/22/2000 | M | 35 | Fresno, CA      | Rt Shoulder  | Rt Hip      | 1 | 0.5     | Unable to control body. Went to floor unable to fight back. No injury after contact.  |
| 09/22/2000 | M | 33 | Fresno, CA      | Rt Hip       | Rt Foot     | 1 | 0.5     | Loss of muscle control. Moderate pain. Inability to fight back.   |
| 09/22/2000 | M | 40 | Fresno, CA      | Lt Hand      | Rt Hand     | 1 | 0.5     | Painful disorienting shock. Could fight back after 30 seconds.  |
| 09/22/2000 | M | 41 | Fresno, CA      | Lt Hand      | Rt Hand     | 1 | 0.5     | Sharp pain in both arms, unable to stand, couldn't fight back.  |
| 09/22/2000 | M | 49 | Fresno, CA      | Rt Hip       | Rt Foot     | 1 | 0.5     | Once the system was actuated, I could not move. My only option was to go to the ground. My whole body was affected and I couldn't fight back.   |
| 09/22/2000 | M | 53 | Fresno, CA      | Lt Leg       | Lt Foot     | 1 | 0.5     | Couldn't fight back. Had a sensation of being hit.  |
| 09/22/2000 | M | 34 | Fresno, CA      | Lt Hand      | Rt Hand     | 1 | 0.5     | Incapacitated. Couldn't fight back.   |
| 09/22/2000 | M | 34 | Fresno, CA      | Lt Hip       | Lt Foot     | 1 | 0.5     | Immediately went to the ground and yelled out in pain. Excellent knock down and deterrent against any further actions.  |

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|            |   |    |            |             |              |   |     |  |
|------------|---|----|------------|-------------|--------------|---|-----|--|
| 09/22/2000 | M | 37 | Fresno, CA | Rt Bicep    | Rt Hip       | 1 | 0.5 | Couldn't fight back. Disoriented. Tingling all over body.                |
| 09/22/2000 | M | 48 | Fresno, CA | Rt Shoulder | Rt Hip       | 1 | 0.5 | Intense tingling, inability to move. Couldn't fight back.                |
| 09/22/2000 | M | 27 | Fresno, CA | Stun        | Stun         | 1 | 0.5 | Incapacitated.   |
| 09/22/2000 | M | 38 | Fresno, CA | Rt Arm      | Other person | 1 | 0.5 | Linked arms with other person. Intense and quick. I highly recommend it! |

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UNIVERSITY OF OTTAWA HEART INSTITUTE / INSTITUT DE CARDIOLOGIE DE L'UNIVERSITÉ D'OTTAWA  
40 rue Ruskin Street, Ottawa, Ontario K1Y 4W7 [www.ottawaheart.ca](http://www.ottawaheart.ca)

September 28, 1999

Cst. John E. McDonald  
Tactical Team Operations  
474 Elgin Street  
Ottawa, ON

**RE: ADVANCED TASER**

Dear Cst. McDonald,

Further to our meeting regarding the new advanced Taser system, I believe that the new device is superior to the original Taser system in that it seems to be more effective in controlling violent offenders. With regard to its medical safety, based on the information that was provided to me I cannot see that it should provide any increased risks to patients with either pacemakers or implantable defibrillators. Once again the risk and benefit ratio must be examined and certainly in the case of a violent offender, it would be favored to use this system regardless of any cardiac condition when compared to the alternative or violent way to incapacitate an offender.

Thank you very much for allowing me to review this system and I hope that it proves to be a useful tool for your tactical team. I would be happy to continue our discussions at any time.

Yours Sincerely,

A handwritten signature in black ink, appearing to read "Paul Hendry". The signature is fluid and cursive.

P. Hendry, M.D., FRCSC  
Division of Cardiac Surgery  
Co-Director Pacemaker Clinic  
University of Ottawa  
Heart Institute

PH/gh

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**TASER**  
INTERNATIONAL®

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**FAX TRANSMISSION**

**FROM:** Thomas Smith, Chief Operating Officer  
Direct Line: (602) 905-2001

**PAGES:** 1

**April 19, 2000**

---

This letter is to explain the connections required through the dataport on the back of the M26 to remotely operate the unit. The pins are in order from left to right when looking at the dataport on the back of the M26 starting with Pin 1 on the left.

Pin 1 is the ground (negative) pin.  
Pin 2 is the Trigger On Pin.

These two pins should be connected by a push-button switch to "Fire" the M26 after the power and safety have been connected.

Pin 4 is the input power pin.  
Pin 8 is the power to the Taser controller (safety) pin.

These two pins should be connected by a rocker-style switch to activate the "Safety" which will turn on the Laser Sight.

The sequence of events to power and fire the remote-operated M26 would be to slide the "safety" to the "armed" position. Next is to press the "fire" button to activate the M26.

Please feel free to contact me if you need anything further.

Best Regards,







Thomas P. Smith  
Chief Operating Officer



# TASER® XREP™ Projectile Warnings, Instructions, and Information

## Important Product Safety and Health Information

These safety warnings are for your protection as well as the safety of others. Disregarding this information could result in death or serious injury.<sup>1</sup>

|  <b>WARNING</b>   |  |
|--|--|
|   | <p><b>Complete Training First</b><br/>           Significant differences exist between each of the TASER International, Inc. (“TASER”) Electronic Control Device (“ECD”) models. Do not Use<sup>2</sup> or attempt to Use any ECD model unless you have been trained and certified by a Certified TASER Instructor<sup>3</sup> on that particular model.</p>   |
|   | <p><b>Read and Obey</b><br/>           Read, study, understand, and follow all instructions, warnings, information, training bulletins and TASER training materials<sup>4</sup> before Using the TASER® XREP™ ECD (“XREP ECD”). Failure to comply with these instructions, warnings, information, training bulletins, and TASER training materials could result in death or serious injury to the User, force recipient, and others.</p>   |
|   | <p><b>Obey Applicable Laws</b><br/>           Use the XREP ECD only in accordance with applicable federal, state, local laws and other regulations or legal requirements. Your law enforcement agency’s Guidance<sup>5</sup> must also be followed.<sup>6</sup> Any Use of an XREP ECD must be legally justifiable. Resistance to law enforcement interaction incurs substantial risk of death or serious injury and subjects who resist law enforcement assume all such risks of death or serious injury.</p> |
|   | <p><b>Follow Shotgun’s Warnings, Training, and Instructions</b><br/>           When Using the XREP ECD, follow shotgun warnings, training, and instructions.</p>   |
| <p><b>These warnings are effective October 23, 2009, and supersede all prior revisions and relevant Training Bulletins.</b> The most current warnings are online at <a href="http://www.TASER.com">www.TASER.com</a>.</p>  |  |
| <div style="display: flex; align-items: center; justify-content: center;">  <div style="font-size: small;"> <p><b>WARNING</b></p> <p><b>Electronic Control Device</b></p> <ul style="list-style-type: none"> <li>• Can temporarily incapacitate target.</li> <li>• Can cause injury.</li> <li>• Can cause blunt impact injuries.</li> <li>• Obey warnings, instructions and all laws.</li> <li>• Comply with current training materials and requirements.</li> <li>• See <a href="http://www.TASER.com">www.TASER.com</a>.</li> </ul> </div> </div> <p style="font-size: x-small; margin-top: 5px;"><i>This warning label appears on newer ECD models.</i></p> |  |

<sup>1</sup> These warnings are state of the art but cannot address all possible ECD application circumstances or permutations. They are intended to inform Users about reasonably foreseeable potential risks of harm. The decision to Use the ECD in a particular manner or circumstance must follow applicable legal standards. These warnings do not create a standard of care. Herein, the singular is also the plural, the plural includes the singular, and the masculine is also the feminine.

<sup>2</sup> The terms “Use,” “Used,” “Using,” or “User” include, but are not limited to: acquiring; accessing; entrusting; providing; possessing; storing; handling; manipulating; carrying; holstering; drawing; brandishing; displaying; deploying; shooting; utilizing; drive-stunning; using alligator or other types of clips or attachments; or discharging an ECD.

<sup>3</sup> A Certified TASER Instructor possesses and maintains a current TASER instructor certification for the specific product model they are teaching, demonstrating, or Using and is required to be fully compliant with TASER’s most current training requirements and materials.

<sup>4</sup> Current TASER Instructor Training materials may be obtained by contacting TASER’s Training Department.

<sup>5</sup> Law enforcement agencies are force and force tools experts and are solely responsible for their own Guidance. “Guidance” includes, but is not limited to, policy, procedure, rule, order, directive, training, continuum, and standard. TASER has no power or authority to mandate or require Guidance, set policy, or establish standards of care or conduct.

<sup>6</sup> Law enforcement agencies, government entities, and Users are sophisticated purchasers, sophisticated users, and learned intermediaries with respect to law enforcement weapons (including ECDs), force, force use, legality of force use, and reporting.

## Scope and Purpose

This document presents important safety warnings, instructions, and information intended to reasonably minimize hazards associated with XREP ECD deployment, intended Use, side effects, and environment of Use.

Confronting, apprehending, capturing, controlling, restraining, incapacitating, and taking persons into custody are high risk events that could result in death or serious injury.

When lawfully Used as directed, XREP ECDs are designed to temporarily incapacitate a person from a safer distance than some other force options, while reducing the likelihood of death or serious injury. Any use of force, blunt impact, physical exertion, capture, control, restraint, or incapacitation involves risks that a person may get hurt or die.<sup>7</sup>

Within this document certain safety signals and signal words are used to call attention to safety messages:









The safety alert symbol is used to alert Users to potential injury hazards. ALWAYS Obey all safety messages that follow this symbol to reasonably minimize the risk of death or serious injury when the XREP ECD is Used and to enhance safe operation of the XREP ECD.














The signal word WARNING indicates a hazardous situation which, if not avoided or heeded, could result in death or serious injury. It is intended to direct the User's attention to hazards that may not be obvious, but may be reasonably mitigated by heeding training and instructions, or avoiding certain actions, circumstances, or behaviors, thereby improving the safety of the XREP ECD. WARNINGS may be followed by instructions and information integral to the WARNING.




## Safety Information: General Precautions














|  <b>WARNING</b> |   |
|--|---|
|  | <p><b>XREP Training Rounds</b><br/>Do not fire XREP Training Rounds at humans or animals. The XREP Training Round will cause penetration wounds resulting in death or serious injury. The XREP Training Round is intended solely for practice target shooting in order to gain familiarity with the flight profile of the live XREP ECD.</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p style="text-align: center; background-color: red; color: white; margin: 0;"> <b>DANGER</b></p> <ul style="list-style-type: none"> <li>• Can cause injury or death due to penetration risk.</li> <li>• Not for use on humans or animals. For target practice only.</li> <li>• Keep out of reach of children.</li> <li>• Obey warnings, instructions and all laws.</li> <li>• Comply with current training materials and requirements.</li> <li>• See <a href="http://www.TASER.com">www.TASER.com</a>.</li> </ul> <p style="text-align: center; font-size: x-small; margin: 0;"><i>This warning label is on the XREP Training Rounds.</i></p> </div> |
|                 | <p><b>Only Use the XREP ECD in Approved 12-Gauge Shotguns</b><br/>Only use the XREP projectile in 12-gauge standard manufactured model single shot, double barrel, or pump action shotguns that are in good condition ("Approved Shotguns"). The XREP projectile will not cycle and eject from a semi-automatic shotgun. Use of anything other than Approved Shotguns or other TASER-recommended accessories may cause the XREP projectile to fire or malfunction, will void the warranty, and may put the User, subject, and others at risk of death or serious injury.</p>  |
|                 | <p><b>Minimum Safe Distance</b><br/>The minimum safe distance for an XREP ECD from the shotgun muzzle is 15 feet (4.5 meters).</p>  |
|                 | <p><b>Maximum Effective Distance</b><br/>The maximum effective distance for an XREP ECD is approximately 100 feet (30.48 meters).</p>   |
|                 | <p><b>Citizen Flee Danger</b><br/>Citizens should immediately flee any perceived danger after use of an XREP projectile.</p>  |

<sup>7</sup> "Almost every use of force, however minute, poses some risk of death." *Garrett v. Athens-Clarke County*, 378 F.3d 1274, 1280, n.12 (11th Cir. 2004).

|   |   |
|---|---|
|    | <p><b>Unintentional Deployment Hazard</b><br/>Unintentional XREP ECD deployment could result in death or serious injury to the User, force recipient, and others. Follow and comply with the following instructions to reduce the risk of unintentional Use, deployment, or activation.</p>   |
|    | <p><b>Store In A Secure Location</b><br/>Store the XREP ECD in a secure location inaccessible to children and other unauthorized persons to prevent inappropriate Use, which may result in death or serious injury to the User, other persons, or animals. The XREP ECD is not a toy.</p>   |
|    | <p><b>Wear Firearm Appropriate Eye and Ear Protection</b></p>   |
|    | <p><b>Avoid Unintentional Activation</b><br/>Always assume that a shotgun is loaded and capable of discharging. Keep the shotgun's safety on and your finger away from the trigger until ready and justified to use. If the shotgun fails to fire, avoid exposure to the breech when unloading and keep the muzzle pointed in a safe direction.</p> |
|    | <p><b>Keep Body Parts away from Front of XREP ECD and Shotgun</b><br/>Keep your hands and body parts away from the front of the XREP ECD and away from the muzzle of the shotgun. A discharging XREP ECD or shotgun could result in serious injury.</p>   |
|    | <p><b>Beware of Electronic Equipment Interference</b><br/>Interference from electronic transmission equipment in close proximity to the XREP ECD could interfere with the proper operation of the XREP ECD and cause the XREP ECD to discharge. Keep the XREP ECD at least several inches away from other electronic equipment.</p>                 |
|    | <p><b>Avoid Dropping XREP ECD</b><br/>If an XREP ECD is dropped or damaged it may unintentionally deploy or discharge, become inoperable, or fail to function, making it unsafe for continued use.</p>  |
|    | <p>Failure to maintain an XREP ECD as instructed may cause the XREP ECD to malfunction or fail to function optimally and could result in death or serious injury. Follow and comply with the following instructions to reduce the risk of XREP ECD malfunction, including failure.</p>  |
|  | <p><b>Damaged XREP ECD</b><br/>If an XREP ECD is damaged do not attempt to use the XREP ECD. Repair or modification by an unauthorized person may cause the XREP ECD to fire or malfunction, will void the warranty, and may put the User or other person at risk of death or serious injury.</p>   |
|  | <p><b>Avoid Exposure to Significant Moisture</b><br/>If the XREP ECD is exposed to significant moisture, drenched, or immersed in water or other liquid, DO NOT Use the XREP ECD.</p>   |
|  | <p><b>Battery</b><br/>The XREP ECD is powered by a battery of small electrical cells. As with any battery operated device the life of the battery will vary depending upon numerous factors, including, but not limited to: storage temperature(s); battery charge; and load characteristics.</p>   |

## Safety Information: Deployment and Use

|  |   |
|--|---|
|  <b>WARNING</b> |   |
|                 | <p><b>Avoid Misuse</b><br/>Use an XREP ECD only for its intended purpose, in legally justifiable situations, and in accordance with User's agency's Guidance.</p>   |
|                 | <p><b>Never Confuse Lethal Ammunition with XREP ECD</b><br/>Confusing lethal ammunition with XREP ECD could result in death or serious injury. <b>ALWAYS</b> follow your agency's Guidance and training regarding equipment storage, carrying, and distinguishing between lethal shotgun shells, other ammunition, and XREP ECDs.</p> |

|  |   |
|--|---|
|   | <p><b>Be Aware that an XREP ECD may Fail to Fire, Operate, or be Effective</b></p> <p>No weapons system, tool, technique, or ECD is always effective. If an ECD or accessory is inoperable, fails to function, or the intended ECD application is ineffective in achieving the desired effect, consider reloading and redeploying, using other force options, disengaging, or using other alternatives according to agency Guidance. The failure of the XREP ECD to fire, operate, or be effective could result in death or serious injury.</p> |
|   | <p><b>Prepare to Redeploy or Use Backup Plan</b></p> <p>Always prepare to redeploy another XREP ECD or Use a backup plan. Be familiar with backup plans and acceptable alternatives in the event of ineffective deployment.</p>   |
|   | <p><b>Probe or Electrode Injury or Infection Hazard</b></p> <p>XREP ECD Use may cause blunt trauma impact injuries, a mark, burn, scar, penetration, other skin, or tissue damage or infection. Provide First Aid and medical care as needed.</p>   |
|   | <p><b>Blunt Trauma Impact Injuries</b></p> <p>The impact of the XREP ECD may result in blunt trauma impact injuries, including the possibility of broken bones or projectile penetration. The XREP Training Round will cause penetration wounds resulting in death or serious injury.</p>   |
|   | <p><b>Scarring</b></p> <p>Use of an XREP ECD may cause irritation, puncture, mark, abrasion, rash, burn, keloid, or other scarring that may be permanent. The nature and severity of these effects depends on the area of exposure, individual susceptibility, and other circumstances surrounding XREP ECD Use, exposure, and after care.</p>  |
|   | <p><b>Penetration Injury</b></p> <p>The XREP ECD probes have small dart points which may cause a penetration injury to blood vessel, or internal organ (including lung, bone, or nerve). The probe or dart point (which may detach) can also puncture or become embedded into a bone, organ, or tissue, which may require immediate medical attention, surgical removal, or may result in scarring, infection, or other serious injury.</p>   |
|    | <p><b>Penetration Injury Care</b></p> <p>Injury due to penetration of the probe or dart point into a blood vessel, organ, nerve, or bone may require medical attention. A probe, dart point, or barb embedded in a sensitive area such as the eye, the genital area, breast, neck, throat, or vascular structure may cause serious injury and may require special medical attention and further evaluation.</p>   |
|   | <p><b>Probe Removal</b></p> <p>Probe removal may cause injury. Leaving a probe in the body may result in pain or injury. Follow your agency's Guidance and biohazard protocols for probe removal. In the case of embedment, organ or bone penetration, or probe, dart point, or barb detachment, immediate medical attention and possible surgical removal may be required. Citizens should utilize medical assistance for probe removal.</p>   |
|   | <p><b>Skin, Wound, or Infection Treatment</b></p> <p>XREP ECD Use may cause a skin irritation, puncture wound, abrasion, mark, rash, burn, keloid or other scar which may require medical attention and may be permanent. As with any injury of this type, infection or tetanus may occur in some circumstances.</p>  |
|   | <p><b>Biohazards</b></p> <p>Utilize appropriate biohazard protocols and personal protective equipment including Body Substance Isolation procedures, gloves, masks, and washing of hands and exposed areas as necessary. Follow your agency's Guidance and appropriate biohazard, waste, and evidence protocols when dealing with biohazards.</p>   |
|   | <p><b>Skin Contact Required</b></p> <p>Skin contact or penetration of the XREP ECD probes or connecting wire is required for the XREP ECD to deliver an electrical charge into a person or animal. If the XREP ECD probes do not come in direct contact with or penetrate the skin, the XREP ECD will have no electrical effect.</p>  |
| <br> | <p><b>Eye Injury Hazard</b></p> <p>If a XREP ECD probe or electrical discharge contacts or comes into close proximity to an eye it could result in serious injury, including permanent vision loss. DO NOT intentionally aim an XREP ECD at the eye of a person or animal without justification.</p>  |



### Sensitive Body Part Hazard

When possible, avoid intentionally targeting the XREP ECD on sensitive areas of the body such as the head, throat, chest/breast, or known pre-existing injury areas without legal justification. The preferred target areas are the lower center mass (below chest) for front shots and below the neck area for back shots.



### Minimize Repeated, Continuous, or Simultaneous<sup>8</sup> Exposures

Reasonable efforts should be made to minimize the number of ECD exposures. ECD Users should use the lowest number of ECD exposures that are objectively reasonable to accomplish lawful objectives and should reassess the subject's resistance level before initiating or continuing the exposure.



### Control and Restrain Immediately

Begin control and restraint procedures, including restraining the subject during XREP ECD exposure, as soon as reasonably safe and practical to do so in order to minimize total XREP ECD exposure. The XREP ECD User, and those individuals assisting the User, should avoid touching the probes, wires, and the area between the probes to avoid accidental or unintended shock during XREP ECD electrical discharge.



### Incapacitation, Falling, and Startle Hazard

XREP ECD Use may cause muscular contraction, Neuro Muscular Incapacitation ("NMI"), startling, and falling, which could result in death or serious injury.



### NMI and Secondary Injuries



In most cases, the electrical discharge through only the frontal electrodes in the nose of the XREP ECD will not result in NMI. The XREP ECD is designed to achieve NMI through the reflex engagement electrodes. The pain from impact and the electrical discharge through the front facing dart points of the XREP ECD head will normally cause a physiological response in a human target to remove the source of pain by grabbing either the nose with its rear facing probes, the Cholla probes of the chassis, the non-insulated electrical wire connecting the nose and chassis or the exposed tips of the fins, thereby completing an electrical circuit beyond the ability to let go with sufficient spread resulting in NMI. Alternatively, the Cholla probes may penetrate the skin due to the recoil from the projectile impact with the target or from the movement of the target after impact with sufficient spread to produce NMI.

An XREP ECD may cause NMI if an adequate circuit is completed and maintained rendering the subject temporarily unable to control movement and may cause a fall. Also, XREP ECD use may cause a startle response. This loss of control or startle may increase risk of death or serious injury resulting from loss of balance, fall, change in momentum, drowning, or loss of control of any mode of transportation, conveyance, or machinery. Especially at risk is a person who:

- could fall and suffer impact injury to the head or other sensitive area;
- is on an elevated or unstable surface (e.g., tree, roof, ladder, ledge, balcony, porch, bridge, crane, dock, chair, bunk bed, or stair);
- is less able to catch or protect self in a fall (e.g., restrained, handcuffed, incapacitated, or immobilized);
- could fall on a sharp object (e.g., holding a knife or other edged weapon or sharp object on ground);
- is running, in motion, or moving under momentum;
- is operating or riding in or on any mode of transportation (e.g., vehicle, bus, bicycle, motorcycle, cart, train, or airplane), conveyance (e.g., escalator, moving walkway, elevator, skateboard, skates, or rollerblades), or machinery;
- is located in water, mud, or marsh environment if the ability to move is restricted; or
- is physically infirm, elderly, or pregnant.



### Fire and Explosion Hazard












XREP ECD Use could result in a fire or explosion when flammable gases, fumes, vapors, liquids, or materials are present.



<sup>8</sup> "Simultaneous" means delivery to the body of electrical charge by multiple ECDs or multiple completed circuits at the same time.

An XREP ECD can ignite explosive and flammable clothing or materials, liquids, fumes, gases, or vapors (e.g., gasoline, vapor or gas found in sewer lines or methamphetamine labs, butane-type lighters, or flammable hair gels). Do not knowingly Use an XREP ECD in the presence of any explosive or flammable substance without legal justification. Note that some self-defense sprays use a flammable carrier, such as alcohol.

# Safety Information: Known and Potential Side Effects

|  <b>WARNING</b>  |  |
|---|--|
|  Always follow and comply with all instructions, warnings, information, and current TASER training materials to reasonably minimize the risks associated with possible Use and side effects listed below.  |  |
|    | <p><b>Muscle Contraction or Strain-Related Injury</b><br/>           XREP ECDs can cause strong or moderate muscle contractions that may result in physical exertion, athletic, or sport-type injury, including, but not limited to, injury such as hernia, rupture, dislocation, tear, or other injury to soft tissue, organ, muscle, tendon, ligament, nerve, bone, or joint. Fracture to bone, including compression fracture to vertebrae, may occur. These injuries may be more serious and more likely to occur in people with pre-existing injuries, conditions or special susceptibilities, which include but are not limited to, known or unknown: pregnancy; osteopenia; osteoporosis; spinal injury; or previous muscle, disc, ligament, joint, bone, or tendon damage or surgery. Such injuries may also occur when a person reacts to the XREP ECD deployment or discharge by making a rapid movement.</p>  |
|    | <p><b>Neurocardiogenic Response (Fainting)</b><br/>           A person may experience an exaggerated response to an XREP ECD exposure, or threatened exposure, which may result in a person fainting or falling with possible secondary injury.</p>  |
|    | <p><b>Seizure</b><br/>           Repetitive stimuli (e.g., flashing light or electrical stimuli) can induce seizure in some people. This risk may be increased in a person with seizure history or if electrical stimuli pass through the head area. This may also result in a person falling with a possible secondary injury.</p>  |
|    | <p><b>Stress and Pain</b><br/>           The XREP ECD can cause temporary discomfort, pain, stress, panic, or startle which may be injurious to some people. Anticipation of XREP ECD exposure can cause stress, trepidation, panic, startle, or fear, which may also be injurious to some people.</p>   |
|    | <p><b>Physiologic or Metabolic Effects</b><br/>           The XREP ECD can produce physiologic or metabolic effects which include, but are not limited to, changes in: acidosis; adrenergic states; blood pressure; calcium, creatine kinase ("CK"); electrolytes (including potassium), heart rate and rhythm; lactic acid; myoglobin; pH; respiration; stress hormones or other biochemical neuromodulators (e.g., catecholamines). Reasonable effort should be made to minimize the number of XREP ECD exposures and resulting physiologic and metabolic effects. In human studies of electrical discharge from a single ECD of up to 15 seconds, these effects on acidosis, CK, electrolytes, stress hormones, and vital signs have been comparable to or less than changes expected from physical exertion similar to struggling, resistance, fighting, fleeing, or from the application of some other force tools or techniques. Adverse physiologic or metabolic effects may increase risk of death or serious injury.</p>  |
|    | <p><b>Higher Risk Populations</b><br/>           XREP ECD Use on a pregnant, infirm, elderly, small child, or low body-mass index (BMI) person could increase the risk of death or serious injury. XREP ECD Use has not been scientifically tested on these populations. The XREP ECD should not be Used on members of these populations unless the situation justifies possible higher risk of death or serious injury.</p>   |
|    | <p><b>Physiologically or Metabolically Compromised Persons</b><br/>           Law enforcement personnel are called upon to deal with individuals in crises who are often physiologically or metabolically compromised and may be susceptible to arrest-related death ("ARD"). The factors that may increase susceptibility for an ARD have not been fully characterized but may include: a hypersympathetic state, autonomic dysregulation, capture myopathy, hyperthermia, altered electrolytes, severe acidosis, cardiac arrest, drug or alcohol effects (toxic withdrawal, sensitization to arrhythmias, etc), alterations in brain function (agitated or excited delirium), cardiac disease, pulmonary disease, sickle cell disease, and other pathologic conditions. These risks may exist prior to, during, or after law enforcement intervention or XREP ECD Use, and the subject may already be at risk of death or serious injury as a result of pre-existing conditions, individual susceptibility, or other factors. In a physiologically or metabolically compromised person any physiologic or metabolic change may cause or contribute to death or serious injury. Follow your agency's Guidance when dealing with physiologically or metabolically compromised persons.</p> |
| <p>  <b>Hazardous Substances</b><br/>  The XREP ECD contains components that contain chemicals known to the State of California and others to cause cancer and birth defects or other reproductive harm. Do not disassemble. Refer to your agency's Guidance for proper handling and disposal.         </p> |  |



TASER International, Inc. (TASER) does **not** require a TASER® electronic control device (ECD) electrical discharge (TASER ECD Exposure) as a condition for instructor or user Certification. It is up to each agency's policy to determine whether its instructors and users experience a TASER ECD Exposure as part of their training. If TASER ECD Exposures are performed they must be performed by a TASER certified instructor<sup>1</sup> or an authorized TASER distributor (for non-US ECD training classes only). This document incorporates all current TASER ECD warnings by reference.

**All persons must read and sign this form PRIOR to attending any TASER ECD Training or PRIOR to any TASER ECD Exposure.**

### IMPORTANT ECD PRODUCT SAFETY AND HEALTH INFORMATION

Read, understand, and follow current TASER training, safety instructions, and warnings before experiencing a TASER ECD Exposure and before participating in TASER ECD training. (This document is effective May 1, 2010, and supersedes all prior revisions.)



When lawfully used as directed, ECDs are designed in probe-deployment mode to temporarily incapacitate a person from a safer distance than some other force options, while reducing the likelihood of death or serious injury. Any use of force, physical exertion, capture, control, restraint, or incapacitation involves risks that a person may get hurt or die.

### SAFETY INFORMATION: GENERAL PRECAUTIONS

**XREP™ Training Rounds.** Do not fire XREP Training Rounds at humans or animals. The XREP Training Round will cause penetration wounds resulting in death or serious injury. The XREP Training Round is intended solely for practice target shooting in order to gain familiarity with the flight profile of the XREP ECD.

**Spotters.** All persons taking a TASER ECD Exposure must be properly supported by spotters so they do not fall or must be lying down on a mat. Each spotter should hold an upper arm under the armpit, so that the person can be safely supported and lowered to the ground after being hit without twisting or putting undue stress on the arm or shoulder. If probes are deployed in lieu of attaching spent wires or alligator clips, then eye protection is required for both the spotters and the person being exposed. Provided that no probes are attached to the person's arms, there should be no electrical pulses flowing into the spotters and they can safely support the person being exposed without negative impact.

**No Minors.** Because of parental/guardian consent issues, no minor will be exposed to a TASER ECD as part of a training course, demonstration, or otherwise.

**Unintentional Deployment Hazard.** Unintentional ECD activation could result in death or serious injury to the User, force recipient, and others. Follow and comply with the following instructions to reduce the risk of unintentional Use, deployment, or activation.

**Keep Body Parts away from Front of ECD or Cartridge.** Keep your hands and body parts away from the front of the ECD and cartridge, unless instructed otherwise. A discharging ECD or cartridge could result in serious injury.

**Avoid Static Electricity.** Keep the cartridge away from sources of static electricity. Static electricity can cause the ECD or X26™ or M26™ cartridge to discharge unexpectedly, which could result in serious injury.

**Beware of Electronic Equipment Interference.** Interference from electronic transmission equipment in close proximity to the ECD could interfere with the proper operation of the ECD and cause the ECD to discharge. Keep the ECD at least several inches away from other electronic equipment. Place the ECD safety switch in the down (SAFE) position whenever it is immediately adjacent to electronic equipment (including transmitting radios and cell phones). Remember to place the ECD safety switch in the up (ARMED) position prior to attempting Use.

**Hazardous Substances.** The ECD contains components that contain chemicals known to the State of California and others to cause cancer and birth defects or

other reproductive harm. Do not disassemble. Refer to your agency's Guidance for proper handling and disposal.

### SAFETY INFORMATION: ECD DEPLOYMENT AND USE

**Minimize Repeated, Continuous, or Simultaneous Exposures.** Reasonable efforts should be made to minimize the number of ECD exposures. ECD Users should use the lowest number of ECD exposures that are objectively reasonable to accomplish lawful objectives and should reassess the subject's resistance level before initiating or continuing the exposure.

**Sensitive Body Part Hazard.** When possible, avoid intentionally targeting the ECD on sensitive areas of the body such as the head, throat, chest/breast, or known pre-existing injury areas without legal justification. The preferred target areas are the lower center mass (below chest) for front shots and below the neck area for back shots.

**Incapacitation, Falling, and Startle Hazard.** ECD Use may cause muscular contraction, Neuro Muscular Incapacitation ("NMI"), startling, and falling, which could result in death or serious injury.

**Eye Injury Hazard.** If a TASER probe, electrode, or electrical discharge contacts or comes into close proximity to an eye it could result in serious injury, including permanent vision loss. DO NOT intentionally aim an ECD at the eye of a person or animal without justification.

**LASER light could result in serious eye injury.** The ECD uses a LASER as a targeting aid. Avoid intentionally aiming the LASER at the eye of a person or animal without justification. NEVER aim the LASER at aircraft.

**Fire and Explosion Hazard.** ECD Use could result in a fire or explosion when flammable gases, fumes, vapors, liquids, or materials are present.

### SAFETY INFORMATION: ECD KNOWN AND POTENTIAL SIDE EFFECTS

**Muscle Contraction or Strain-Related Injury.** ECDs can cause strong or moderate muscle contractions that may result in physical exertion, athletic, or sport-type injury, including, but not limited to, injury such as hernia, rupture, dislocation, tear, or other injury to soft tissue, organ, muscle, tendon, ligament, nerve, bone, or joint. Fracture to bone, including compression fracture to vertebrae, may occur. These injuries may be more serious and more likely to occur in people with pre-existing injuries, conditions or special susceptibilities, which include but are not limited to, known or unknown: pregnancy; osteopenia; osteoporosis; spinal injury; or previous muscle, disc, ligament, joint, bone, or tendon damage or surgery. Such injuries may also occur when a person reacts to the ECD deployment or discharge by making a rapid movement.

**Physiologic or Metabolic Effects.** The ECD can produce physiologic or metabolic effects which include, but are not limited to, changes in: acidosis; adrenergic states; blood pressure; calcium, creatine kinase ("CK"); electrolytes (including potassium), heart rate and rhythm; lactic acid; myoglobin; pH; respiration; stress hormones or other biochemical neuromodulators (e.g., catecholamines). Reasonable effort should be made to minimize the number of ECD exposures and resulting physiologic and metabolic effects. In human studies of electrical discharge from a single ECD of up to 15 seconds, these effects on acidosis, CK, electrolytes, stress hormones, and vital signs have been comparable to or less than changes expected from physical exertion similar to struggling, resistance, fighting, fleeing, or from the application of some other force tools or techniques. Adverse physiologic or metabolic effects may increase risk of death or serious injury.

**Higher Risk Populations.** ECD Use on a pregnant, infirm, elderly, small child, or low body-mass index (BMI) person could increase the risk of death or serious injury. ECD Use has not been scientifically tested on these populations. The ECD should not be Used on members of these populations unless the situation justifies possible higher risk of death or serious injury.

**Physiologically or Metabolically Compromised Persons.** Law enforcement personnel are called upon to deal with individuals in crises that are often physiologically or metabolically compromised and may be susceptible to arrest-related death ("ARD"). The factors that may increase susceptibility for an ARD have not been fully characterized but may include: a hypersympathetic state, autonomic dysregulation, capture myopathy, hyperthermia, altered electrolytes, severe acidosis, cardiac arrest, drug or alcohol effects (toxic withdrawal, sensitization to arrhythmias, etc), alterations in brain function (agitated or excited delirium), cardiac disease, pulmonary disease, sickle cell disease, and other pathologic conditions. These risks may exist prior to, during, or after law enforcement intervention or ECD Use, and the subject may already be at risk of death or serious injury as a result of pre-existing conditions, individual susceptibility, or other factors. In a physiologically or metabolically compromised person any physiologic or metabolic change may cause

<sup>1</sup> A Certified TASER Instructor possesses and maintains a current TASER instructor certification for the specific product model they are teaching, demonstrating, or using and is required to be fully compliant with TASER's most current training requirements and materials.

or contribute to death or serious injury. Follow your agency's Guidance when dealing with physiologically or metabolically compromised persons.

**Neurocardiogenic Response (Fainting).** A person may experience an exaggerated response to an ECD exposure, or threatened exposure, which may result in a person fainting or falling with possible secondary injury.

**Seizure.** Repetitive stimuli (e.g., flashing light or electrical stimuli) can induce seizure in some people. This risk may be increased in a person with a seizure history or if electrical stimuli pass through the head area. This may also result in a person falling with a possible secondary injury.

**Stress and Pain.** The ECD can cause temporary discomfort, pain, stress, panic, or startle which may be injurious to some people. Anticipation of ECD exposure can cause stress, trepidation, panic, startle, or fear, which may also be injurious to some people.

### **SAFETY INFORMATION: PROBE OR ELECTRODE INJURY OR INFECTION**

**Probe or Electrode Injury or Infection Hazard.** ECD Use may cause a mark, burn, scar, penetration, other skin, or tissue damage or infection. Provide First Aid and medical care as needed.

**Scarring.** Use of an ECD may cause irritation, puncture, mark, abrasion, rash, burn, keloid, or other scarring that may be permanent. This risk may be increased when using the M26 or X26 ECD in drive-stun mode with the cartridge removed or the X3 ECD in drive-stun mode due to the multiple sets of electrical contacts. The nature and severity of these effects depends on the area of exposure and method of application, individual susceptibility, and other circumstances surrounding ECD Use, exposure, and after care.

**Penetration Injury.** The TASER probe has a small dart point which may cause a penetration injury to a blood vessel or internal organ (including lung, bone, or nerve). The probe or dart point (which may detach) can also puncture or become embedded into a bone, organ, or tissue, which may require immediate medical attention, surgical removal, or may result in scarring, infection, or other serious injury.

**Penetration Injury Care.** Injury due to penetration of the probe or dart point into a blood vessel, organ, nerve, or bone may require medical attention. A probe, dart point, or barb embedded in a sensitive area such as the eye, the genital area, breast, neck, throat, or vascular structure may cause serious injury and may require special medical attention and further evaluation.

**Probe Removal.** Probe removal may cause injury. Leaving a probe in the body may result in pain or injury. Follow your agency's Guidance and biohazard protocols for probe removal. In the case of embedment, organ or bone penetration, or probe, dart point, or barb detachment, immediate medical attention and possible surgical removal may be required.

**Skin, Wound, or Infection Treatment.** ECD Use may cause a skin irritation, puncture wound, abrasion, mark, rash, burn, keloid or other scar which may require medical attention and may be permanent. As with any injury of this type, infection or tetanus and resulting complications may occur in some circumstances.

**Biohazards.** Utilize appropriate biohazard protocols and personal protective equipment including Body Substance Isolation procedures, gloves, masks, and washing of hands and exposed areas as necessary. Follow your agency's Guidance and appropriate biohazard, waste, and evidence protocols when dealing with biohazards.

**Untethered Discharged Probe.** In probe deployment, it is possible that a discharged probe that does not impact a subject or target may become untethered from the wire and travel a significant distance. A loose, untethered probe can cause serious injury.

\*\*\*\*\*

**If you have a condition or pre-existing injury that would be aggravated by muscle contractions, physical exertion, or stress, check the appropriate box below and notify the Instructor prior to participating in the TASER ECD Exposure or Training:**

I have no injuries or known physical or mental conditions that could be aggravated by muscle contractions, physical exertion, stress, or exposure to the electrical discharge of TASER ECDs.

I agree to participate in the Training Course but I do NOT agree to be exposed to the electrical discharge of the TASER ECD.

I have the following pre-existing physical or mental injuries or physical conditions that could be aggravated by TASER Training or exposure to the TASER ECD:

I freely and voluntarily agree to participate in the Training Course and be exposed to the electrical discharge of the TASER ECD under the following conditions:

### **LIABILITY RELEASE, COVENANT NOT TO SUE AND HOLD HARMLESS**

In consideration of the use of TASER copyrighted training materials and participation in a TASER training course, I acknowledge and agree as follows:

- 1) I acknowledge that I have read the above Warnings and Risks and current TASER ECD warnings and with full knowledge of such risks, I voluntarily agree to participate in the training course and I assume all risks, whether known or unknown, foreseen or unforeseen.
- 2) For those who will experience a TASER ECD Exposure: I understand that a TASER ECD Exposure results in strong muscle contractions, physical exertion, and stress and involves the risk of physical or other injury. I acknowledge that I have read the above Warnings and Risks and current TASER ECD warnings and with full knowledge of such risks, I voluntarily agree experience a TASER ECD Exposure and I assume all risks, whether known or unknown, foreseen or unforeseen, inherent in the TASER ECD Exposure.
- 3) Intending that this form be legally binding upon me, my heirs, executors, administrators, and assigns, I hereby waive, release, and forever discharge the instructor, the TASER distributor, my agency and employer, TASER International, Inc. and all of its agents, directors and employees of and from any and all claims, demands, rights and causes of action of whatsoever kind and nature, arising from, and by reason of any and all known and unknown physical and mental injuries and consequences thereof, whether foreseen or unforeseen, suffered by me from any and all activities during the training class, including any TASER ECD Exposure. I specifically waive any statutory rights I may have regarding the release of known or unknown claims.
- 4) I further agree that neither I nor my heirs, estate, personal representative, nor any other person or entity will ever institute any action, litigation or suit at law or in equity against the instructor, the TASER distributor, my agency and employer, TASER International, Inc. and all of its agents, directors and employees for any damages, costs, loss or injury arising out of any and all activities during the training class, including any TASER ECD Exposure.
- 5) I further agree to indemnify and save harmless the instructor, the TASER distributor, my agency and employer, TASER International, Inc. and all of its agents, directors and employees from all liability, loss, costs and obligation of any and every kind on account of or arising out of any injuries or losses incurred by me, however occurring, arising out of any and all activities during the training class, including any TASER ECD Exposure.
- 6) In signing this form, I agree that I have read and understand this entire form; I affirm that I am competent to agree to, sign, and be bound by this form; I understand that it is a promise not to sue and a release and indemnity for all claims; I further understand that by signing this form I am giving up certain legal rights including the right to recover damages in case of injury; and I agree to abide by the terms and conditions of this form.
- 7) This release does not release any rights I may have under Workers' Compensation Laws. I waive any Workers' Compensation subrogation rights against TASER. I agree that any recoveries under Workers' Compensation Laws do not change, extend or enlarge the waivers and protections inherent in this agreement.

Date \_\_\_\_\_ Signed \_\_\_\_\_

Printed Name \_\_\_\_\_

Agency \_\_\_\_\_

### **Mail or fax a copy of this form to:**

TASER International  
17800 N. 85<sup>th</sup> St.  
Scottsdale, AZ 85255  
Fax: (480) 905-2027



**PROTECT LIFE**

TASER International, Inc.  
17800 N. 85<sup>th</sup> St. • Scottsdale, Arizona 85255-6311 • [www.TASER.com](http://www.TASER.com)  
Phone: 480.905.2000 • 800.978.2737 • Fax: 480.991.0791

To all TASER Instructors, Media Relations and Public Information Officers,

On the disk, I have done my best to provide the most commonly requested information regarding TASER<sup>®</sup> technology based upon the daily requests I receive by public information officers and the media. It is my hope that these resources will better enable you to educate your agency, community members, third parties, and media outlets on the facts regarding our life-saving TASER technology.

Please share this information with others within your agency and throughout the law enforcement and public safety communities. This collection would not have been possible without the support of the many agencies that have shared information and their experiences deploying TASER technology with our company.

This resource kit is a work in progress that I will update periodically with the latest information as I receive it. I invite you to send any recent experiences, field results statistics, press release examples, or any issues you would like to see represented in future editions of this resource kit.

I welcome any feedback and encourage you to send any ideas, suggestions, updates or requests along with your email and phone contact info to [Press@TASER.com](mailto:Press@TASER.com).

Sincerely,

Steve Tuttle  
Vice President of Communications  
TASER International



17800 N. 85<sup>th</sup> St. • Scottsdale, Arizona 85255 • www.TASER.com

Phone: 480.991.0797 • 800.978.2737 • Fax: 480.991.0791

## **TASER International Inc. U.S. Trademark Guidelines**

“TASER” is one of several trademarks of TASER International, Inc. and should only be used as follows: **TASER<sup>®</sup> electronic control device**. The following guidelines must be followed to avoid improper use:

### **1. Use each TASER trademark in its proper form.**

The trademark “TASER” must always refer to a product marketed by TASER International, for example, a TASER<sup>®</sup> electronic control device.

- The letters in “TASER” should be block letters and always capitalized whether used in the trademark or the name of the company. (It is an acronym for “Thomas A. Swift’s Electric Rifle.”)
- Do not display the mark in any unusual typeface or in any other manner that might blur its distinctiveness.
- TASER trademarks should only be used as an adjective followed immediately by the word “brand” or a generic term, e.g. “TASER<sup>®</sup> brand cartridges” or “TASER<sup>®</sup> electronic control device.”

### **2. Identify each TASER trademark with the proper trademark notice.**

The “®” trademark notice indicates that the mark “TASER” is a registered trademark. Place the proper notice ® immediately following the trademark, without any space between the mark and the notice (i.e., TASER<sup>®</sup>). Always place the notice *before* the generic term that must follow the trademark (e.g., TASER<sup>®</sup> electronic control device), as it acts as a dividing line between the trademark and the generic name of the product or service to which the mark relates.

### **3. Use the trademark notice with the trademark's first and/or most prominent appearance in any material.**

To best serve its purpose, the ® trademark notice should always accompany the trademark's first and/or most prominent appearance in a document, program, packaging, etc. You need not use the notice each time the mark appears thereafter. Where portions of a document may be accessed out of sequence (e.g., a Web site), use the notice where the mark first appears *in each portion*.

### **4. Attribute properly any use of a TASER trademark in a separate trademark attribution section.**

TASER<sup>®</sup> is a registered trademark of TASER International, Inc.

Each document in which a TASER trademark appears *must* contain a trademark attribution sentence identifying each trademark as a trademark of TASER International, Inc.

- *At a minimum, use this* attribution: TASER® is a registered trademark of TASER International, Inc.

The attribution should include all TASER trademarks that appear in the text. For example:

- AIR TASER, M26, and X26 are trademarks of TASER International, Inc.
- TASER® and ADVANCED TASER® are registered trademarks of TASER International, Inc.

The attribution sentence should appear, as appropriate, below the document's copyright notice (typically opposite the title page of a book), at the end of a data sheet or marketing brochure, or at the bottom of an advertisement, news article, etc. and always in legible type (7 point or larger).

#### **5. Use each TASER trademark accurately.**

Each TASER trademark can only be used to indicate technology, specifications, products and services originating from TASER International, Inc. *The trademark "TASER" cannot be used for any other purpose. Do not use a TASER trademark to identify or describe products, services, or technology unrelated to TASER International, Inc.* Specifically:

- "TASER" or "ADVANCED TASER" must not be used referring to products or services of others or in a description of other products or services.
- Your use of a TASER trademark must not imply that other products or services are sponsored, authorized, or endorsed by TASER International.
- Your use of a TASER trademark must not suggest to the public that TASER International is the origin of any of the goods and services shown or described in advertising of another company.

#### **6. Do not use a TASER trademark as, or as part of, any other trademark, company name, website URL or metatag.**

- Your use of a TASER trademark must not falsely imply that there is any kind of a relationship between another company and TASER International.
- Other companies may *not* incorporate the TASER trademark into their own trademarks, service marks, company names, trade names, website URL, or web page metatags.
- Never combine a TASER trademark with any other description or identification



## **7. Always use a TASER trademark properly in text.**

Each TASER trademark indicates products and services exclusively marketed by TASER International, Inc. To preserve its distinctiveness and its source-designating function, follow these rules when using a trademark in text:

- Always use a TASER trademark as an **adjective**, not a noun or verb. For example, never write: “The officer shot his taser” or “I’m going to TASER you.”
- Never pluralize a TASER trademark, e.g. TASERs or TASERS.
- Never render the TASER trademark possessive by use of an apostrophe, for example, “the TASER’s battery pack”. However, it is proper to use the company name in the possessive sense when referring to TASER International, for example, “TASER’s symbol is TASN (NASDAQ).”
- Do not misuse the name of the product. For example, “AAcme Distribution offers the TASER.” is incorrect, but “AAcme Distribution offers the TASER TASER<sup>®</sup> is a registered trademark of TASER International, Inc. electronic control device” is correct.

## **8. Please call with any questions about these guidelines.**

TASER International is happy to assist you with matters addressed by these guidelines or other questions about TASER International trademarks. Should you have questions not answered by these trademark guidelines, feel free to contact TASER International’s Intellectual Property Counsel by phone at (480) 905-2091 or email to [IP@TASER.com](mailto:IP@TASER.com). ***Only TASER International’s legal counsel may grant authorization for trademark uses and related issues not in accord with these guidelines.***

## Voluntary Exposure Guidelines

**WARNING: Strict adherence to all safety guidelines contained in the syllabus is mandatory. Probe deployments must be to the back of the torso or back of the legs only. Probe deployments to the front of the torso are prohibited to prevent accidental hits to the face, throat, eyes, or other sensitive parts of the body. Use proper bio hazard procedures when removing probes that have penetrated the skin.**

Remember, volunteer exposure is not mandatory. Every student volunteering for a TASER ECD exposure **MUST first read, understand, agree to, and sign the current Instructor or User Warnings, Risks, Liability Release and Covenant Not to Sue.** These forms are located on the Training DVD in the Voluntary Exposure Guidelines folder contained in the the Support Materials folder. You may also send an email request for the forms to Training@TASER.com. The instructor must read the form for any physical or mental conditions that could be aggravated by the exposure and either reasonably work around the condition if reasonably possible or waive the exposure. However, it is solely the student's decision and full acceptance of all risks to continue. The Master Instructor may also deny a student to be exposed.

Before starting the demonstrations, provide the class a chance to take a break and use the restroom facilities. This can help prevent an unnecessary embarrassment to a volunteer who becomes overly nervous before or during the demonstration.

When conducting the volunteer demonstrations, Master Instructors should expose the students to a variety of possible probe placements. This will reinforce the remainder of the syllabus when discussing probe placement, missed probes, drive-stun backup, etc. Once a reasonable number of different probe placements have been demonstrated, the remainder of the volunteer exposures should be done with the student face down on the mat and probes or clips deployed to the legs only. This is done to further minimize risk of injury due to muscle contractions or falling. Students may elect to have a full 5-second deployment or a shorter exposure.

Exposures should always be done on proper matting in an area that is clear of any hazards that a volunteer or spotter might trip on or hit while falling.

Exposing three students simultaneously with a single X3 ECD will require additional precautions. First, if the students are standing, each will require two spotters as with any other exposure. Second, you will need a large matted area where the volunteers can be safely lowered without risk of spotters interfering with each other. Consider having students lie face down a safe distance from each other for these types of volunteer exposures.

All volunteers should stretch thoroughly before taking their volunteer exposure. This includes the back, torso, legs, and shoulders.

### **Procedures for Spotters:**

- Always use two spotters when volunteers are standing
- Spotters must hold the volunteer under the armpit to avoid twisting or putting undue pressure or stress on the shoulder or arm
- The volunteer should be carefully supported and lowered to the ground during the cycle

### **Procedures for Using Live Cartridges with Probes**

- Ensure that volunteer and spotters are wearing eye protection and looking away from the weapon. The dart point may penetrate eye protection.
- Always deploy probes to the back (back or legs) of volunteer consistent with preferred target zones and warnings
- Aim weapon slightly to one side or the other of the torso to prevent lower probe from passing between legs if slightly low.
- Be sure the area beyond the volunteer is clear of any bystanders or equipment that could be damaged by a probe strike.
- Probe placement should simulate realistic deployments

### **Wire/Clip attachment**

- If using cartridge wires (no clips available), remove probe and tape or secure wires to the volunteer. If using clips, secure firmly.
- Attach wires/clips to preferred target zones of the volunteers (legs, back, abdomen) in a manner that simulates field deployments
- Demo low muscle mass (oblique) hit and show that volunteer may fight through it. Then move one probe farther away or drive stun (X26 ECD) to provide a better probe spread and greater effectiveness.
- Ensure spotters use proper procedures to minimize risk of injury

### **Drive Stun**

- The X3 ECD leaves more significant signature marks than the X26 ECD because it is arcing across three sets of electrodes as opposed to just one set. Therefore, the risk of skin damage and scarring is greater. For this reason we do not recommend using the X3 ECD for drive stuns on students during training.
- Volunteer should either be standing with spotters or laying down on matting
- Drive the weapon into volunteer in instructed areas (pressure points). Do not use the carotid or groin pressure points for demonstration purposes as they could have greater risk of injury
- Apply only one wire/clip to subject and follow up with drive stun



If TASER® electronic control device (ECD) Exposures are performed they must be performed by a TASER certified instructor<sup>1</sup> or an authorized TASER distributor (for non-US ECD demonstrations only). This document incorporates all current TASER ECD warnings by reference

**All volunteers must read and sign this form PRIOR to any TASER ECD Exposure.**

## IMPORTANT ECD PRODUCT SAFETY AND HEALTH INFORMATION

Read, understand, and follow current TASER training, safety instructions, and warnings before experiencing a TASER ECD Exposure. (*This document is effective May 1, 2010, and supersedes all prior revisions.*)



When lawfully used as directed, ECDs are designed in probe-deployment mode to temporarily incapacitate a person from a safer distance than some other force options, while reducing the likelihood of death or serious injury. Any use of force, physical exertion, capture, control, restraint, or incapacitation involves risks that a person may get hurt or die.

## SAFETY INFORMATION: GENERAL PRECAUTIONS

**XREP™ Training Rounds.** Do not fire XREP Training Rounds at humans or animals. The XREP Training Round will cause penetration wounds resulting in death or serious injury. The XREP Training Round is intended solely for practice target shooting in order to gain familiarity with the flight profile of the XREP ECD.

**Spotters.** All persons taking a TASER ECD Exposure must be properly supported by spotters so they do not fall or must be lying down on a mat. Each spotter should hold an upper arm under the armpit, so that the person can be safely supported and lowered to the ground after being hit without twisting or putting undue stress on the arm or shoulder. If probes are deployed in lieu of attaching spent wires or alligator clips, then eye protection is required for both the spotters and the person being exposed. Provided that no probes are attached to the person's arms, there should be no electrical pulses flowing into the spotters and they can safely support the person being exposed without negative impact.

**No Minors.** Because of parental/guardian consent issues, no minor will be exposed to a TASER ECD as part of a training course, demonstration, or otherwise.

**Unintentional Deployment Hazard.** Unintentional ECD activation could result in death or serious injury to the User, force recipient, and others. Follow and comply with the following instructions to reduce the risk of unintentional Use, deployment, or activation.

**Keep Body Parts away from Front of ECD or Cartridge.** Keep your hands and body parts away from the front of the ECD and cartridge, unless instructed otherwise. A discharging ECD or cartridge could result in serious injury.

**Avoid Static Electricity.** Keep the cartridge away from sources of static electricity. Static electricity can cause the ECD or X26™ or M26™ cartridge to discharge unexpectedly, which could result in serious injury.

**Beware of Electronic Equipment Interference.** Interference from electronic transmission equipment in close proximity to the ECD could interfere with the proper operation of the ECD and cause the ECD to discharge. Keep the ECD at least several inches away from other electronic equipment. Place the ECD safety switch in the down (SAFE) position whenever it is immediately adjacent to electronic equipment (including transmitting radios and cell phones). Remember to place the ECD safety switch in the up (ARMED) position prior to attempting Use.

**Hazardous Substances.** The ECD contains components that contain chemicals known to the State of California and others to cause cancer and birth defects or

other reproductive harm. Do not disassemble.

## SAFETY INFORMATION: ECD DEPLOYMENT AND USE

**Minimize Repeated, Continuous, or Simultaneous Exposures.** Reasonable efforts should be made to minimize the number of ECD exposures. ECD Users should use the lowest number of ECD exposures that are objectively reasonable to accomplish lawful objectives and should reassess the subject's resistance level before initiating or continuing the exposure.

**Sensitive Body Part Hazard.** When possible, avoid intentionally targeting the ECD on sensitive areas of the body such as the head, throat, chest/breast, or known pre-existing injury areas without legal justification. The preferred target areas are the lower center mass (below chest) for front shots and below the neck area for back shots.

**Incapacitation, Falling, and Startle Hazard.** ECD Use may cause muscular contraction, Neuro Muscular Incapacitation ("NMI"), startling, and falling, which could result in death or serious injury.

**Eye Injury Hazard.** If a TASER probe, electrode, or electrical discharge contacts or comes into close proximity to an eye it could result in serious injury, including permanent vision loss. DO NOT intentionally aim an ECD at the eye of a person or animal without justification.

**LASER light could result in serious eye injury.** The ECD uses a LASER as a targeting aid. Avoid intentionally aiming the LASER at the eye of a person or animal without justification. NEVER aim the LASER at aircraft.

**Fire and Explosion Hazard.** ECD Use could result in a fire or explosion when flammable gases, fumes, vapors, liquids, or materials are present.

## SAFETY INFORMATION: ECD KNOWN AND POTENTIAL SIDE EFFECTS

**Muscle Contraction or Strain-Related Injury.** ECDs can cause strong or moderate muscle contractions that may result in physical exertion, athletic, or sport-type injury, including, but not limited to, injury such as hernia, rupture, dislocation, tear, or other injury to soft tissue, organ, muscle, tendon, ligament, nerve, bone, or joint. Fracture to bone, including compression fracture to vertebrae, may occur. These injuries may be more serious and more likely to occur in people with pre-existing injuries, conditions or special susceptibilities, which include but are not limited to, known or unknown: pregnancy; osteopenia; osteoporosis; spinal injury; or previous muscle, disc, ligament, joint, bone, or tendon damage or surgery. Such injuries may also occur when a person reacts to the ECD deployment or discharge by making a rapid movement.

**Physiologic or Metabolic Effects.** The ECD can produce physiologic or metabolic effects which include, but are not limited to, changes in: acidosis; adrenergic states; blood pressure; calcium, creatine kinase ("CK"); electrolytes (including potassium), heart rate and rhythm; lactic acid; myoglobin; pH; respiration; stress hormones or other biochemical neuromodulators (e.g., catecholamines). Reasonable effort should be made to minimize the number of ECD exposures and resulting physiologic and metabolic effects. In human studies of electrical discharge from a single ECD of up to 15 seconds, these effects on acidosis, CK, electrolytes, stress hormones, and vital signs have been comparable to or less than changes expected from physical exertion similar to struggling, resistance, fighting, fleeing, or from the application of some other force tools or techniques. Adverse physiologic or metabolic effects may increase risk of death or serious injury.

**Higher Risk Populations.** ECD Use on a pregnant, infirm, elderly, small child, or low body-mass index (BMI) person could increase the risk of death or serious injury. ECD Use has not been scientifically tested on these populations. The ECD should not be Used on members of these populations unless the situation justifies possible higher risk of death or serious injury.

**Physiologically or Metabolically Compromised Persons.** Law enforcement personnel are called upon to deal with individuals in crises that are often physiologically or metabolically compromised and may be susceptible to arrest-related death ("ARD"). The factors that may increase susceptibility for an ARD have not been fully characterized but may include: a hypersympathetic state, autonomic dysregulation, capture myopathy, hyperthermia, altered electrolytes, severe acidosis, cardiac arrest, drug or alcohol effects (toxic withdrawal, sensitization to arrhythmias, etc), alterations in brain function (agitated or excited delirium), cardiac disease, pulmonary disease, sickle cell disease, and other pathologic conditions. These risks may exist prior to, during, or after law enforcement intervention or ECD Use, and the subject may already be at risk of death or serious injury as a result of pre-existing conditions, individual

<sup>1</sup> A Certified TASER Instructor possesses and maintains a current TASER instructor certification for the specific product model they are teaching, demonstrating, or using and is required to be fully compliant with TASER's most current training requirements and materials.



# Volunteer Warnings, Risks, Liability Release and Covenant Not to Sue

susceptibility, or other factors. In a physiologically or metabolically compromised person any physiologic or metabolic change may cause or contribute to death or serious injury.

**Neurocardiogenic Response (Fainting).** A person may experience an exaggerated response to an ECD exposure, or threatened exposure, which may result in a person fainting or falling with possible secondary injury.

**Seizure.** Repetitive stimuli (e.g., flashing light or electrical stimuli) can induce seizure in some people. This risk may be increased in a person with a seizure history or if electrical stimuli pass through the head area. This may also result in a person falling with a possible secondary injury.

**Stress and Pain.** The ECD can cause temporary discomfort, pain, stress, panic, or startle which may be injurious to some people. Anticipation of ECD exposure can cause stress, trepidation, panic, startle, or fear, which may also be injurious to some people.

**SAFETY INFORMATION: PROBE OR ELECTRODE INJURY OR INFECTION**

**Probe or Electrode Injury or Infection Hazard.** ECD Use may cause a mark, burn, scar, penetration, other skin, or tissue damage or infection. Provide First Aid and medical care as needed.

**Scarring.** Use of an ECD may cause irritation, puncture, mark, abrasion, rash, burn, keloid, or other scarring that may be permanent. This risk may be increased when using the M26 or X26 ECD in drive-stun mode with the cartridge removed or the X3 ECD in drive-stun mode due to the multiple sets of electrical contacts. The nature and severity of these effects depends on the area of exposure and method of application, individual susceptibility, and other circumstances surrounding ECD Use, exposure, and after care.

**Penetration Injury.** The TASER probe has a small dart point which may cause a penetration injury to a blood vessel or internal organ (including lung, bone, or nerve). The probe or dart point (which may detach) can also puncture or become embedded into a bone, organ, or tissue, which may require immediate medical attention, surgical removal, or may result in scarring, infection, or other serious injury.

**Penetration Injury Care.** Injury due to penetration of the probe or dart point into a blood vessel, organ, nerve, or bone may require medical attention. A probe, dart point, or barb embedded in a sensitive area such as the eye, the genital area, breast, neck, throat, or vascular structure may cause serious injury and may require special medical attention and further evaluation.

**Probe Removal.** Probe removal may cause injury. Leaving a probe in the body may result in pain or injury. Follow biohazard protocols for probe removal. In the case of embedment, organ or bone penetration, or probe, dart point, or barb detachment, immediate medical attention and possible surgical removal may be required.

**Skin, Wound, or Infection Treatment.** ECD Use may cause a skin irritation, puncture wound, abrasion, mark, rash, burn, keloid or other scar which may require medical attention and may be permanent. As with any injury of this type, infection or tetanus and resulting complications may occur in some circumstances.

**Biohazards.** Utilize appropriate biohazard protocols and personal protective equipment including Body Substance Isolation procedures, gloves, masks, and washing of hands and exposed areas as necessary. Follow appropriate biohazard, waste, and evidence protocols when dealing with biohazards.

**Untethered Discharged Probe.** In probe deployment, it is possible that a discharged probe that does not impact a subject or target may become untethered from the wire and travel a significant distance. A loose, untethered probe can cause serious injury.

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**If you have a condition or pre-existing injury that would be aggravated by muscle contractions, physical exertion, or stress, check the appropriate box below and notify the Instructor prior to participating in the TASER ECD Exposure:**

I have no injuries or known physical or mental conditions that could be aggravated by muscle contractions, physical exertion, stress, or exposure to the electrical discharge of TASER ECDs.

I have the following pre-existing physical or mental injuries or physical conditions that could be aggravated by TASER ECD Exposure:

\_\_\_\_\_  
\_\_\_\_\_  
I freely and voluntarily agree to be exposed to the electrical discharge of the TASER ECD under the following conditions:  
\_\_\_\_\_  
\_\_\_\_\_

**LIABILITY RELEASE, COVENANT NOT TO SUE AND HOLD HARMLESS**

In consideration of receiving a TASER ECD Exposure, I acknowledge and agree as follows:

- 1) I understand that a TASER ECD Exposure results in strong muscle contractions, physical exertion, and stress and involves the risk of physical or other injury. I acknowledge that I have read the above Warnings and Risks and current TASER ECD warnings and with full knowledge of such risks, I voluntarily agree to experience a TASER ECD Exposure and I assume all risks, whether known or unknown, foreseen or unforeseen, inherent in the TASER ECD Exposure.
- 2) Intending that this form be legally binding upon me, my heirs, executors, administrators, and assigns, I hereby waive, release, and forever discharge the instructor, the TASER distributor, my agency and employer, TASER International, Inc. and all of its agents, directors and employees of and from any and all claims, demands, rights and causes of action of whatsoever kind and nature, arising from, and by reason of any and all known and unknown physical and mental injuries and consequences thereof, whether foreseen or unforeseen, suffered by me from any TASER ECD Exposure. I specifically waive any statutory rights I may have regarding the release of known or unknown claims.
- 3) I further agree that neither I nor my heirs, estate, personal representative, nor any other person or entity will ever institute any action, litigation or suit at law or in equity against the instructor, the TASER distributor, my agency and employer, TASER International, Inc. and all of its agents, directors and employees for any damages, costs, loss or injury arising out of any and all activities related to and including any TASER ECD Exposure.
- 4) I further agree to indemnify and save harmless the instructor, the TASER distributor, my agency and employer, TASER International, Inc. and all of its agents, directors and employees from all liability, loss, costs and obligation of any and every kind on account of or arising out of any injuries or losses incurred by me, however occurring, arising out of any and all activities relating to and including any TASER ECD Exposure.
- 5) In signing this form, I agree that I have read and understand this entire form. I affirm that I am competent to agree to, sign, and be bound by this form. I understand that it is a promise not to sue and a release and indemnity for all claims; I further understand that by signing this form I am giving up certain legal rights including the right to recover damages in case of injury; and I agree to abide by the terms and conditions of this form.
- 6) This release does not release any rights I may have under Workers' Compensation Laws. I waive any Workers' Compensation subrogation rights against TASER. I agree that any recoveries under Workers' Compensation Laws do not change, extend or enlarge the waivers and protections inherent in this agreement.

Date \_\_\_\_\_ Signed \_\_\_\_\_  
Printed Name \_\_\_\_\_  
Agency \_\_\_\_\_

**Mail or fax a copy of this form to:**  
TASER International  
17800 N. 85th St.  
Scottsdale, AZ 85255  
Fax: (480) 905-2027

# **XREP Range Requirements and Safety Guidelines**

## **XREP RANGE REQUIREMENTS**

The XREP Training Round is a solid plastic projectile with a steel core. It exits the barrel at approximately 260 fps. The XREP Training Round is not designed for use on humans. It could cause serious injury or property damage. **The XREP firing range should be clear of all personnel that could be injured and property that could be damaged.**

The XREP Training Rounds and Live Rounds will penetrate a typical cardboard target backer. A minimum of four cardboard backers should be stacked together to stop either round. The XREP Live Round will typically stick to foam or soft dummy-type targets. The XREP Training Round will bounce off of foam or soft dummy targets and could deflect off to the side or bounce back toward the shooter. For this reason, it is recommended that targets within 60 feet of the shooter should be angled down slightly so the rounds are deflected into the ground.

Although the maximum effective range of the XREP Round is 100 feet, the rounds can travel several hundred feet. Be sure your XREP range has a good backstop that can catch any rounds that miss or penetrate the target.

## **FOUR PRIMARY RULES OF FIREARMS SAFETY**

- Treat all firearms as if they were loaded
- Never point your weapon at anything you don't intend to shoot
- Keep your finger off the trigger and on the frame until you are on target and have decided to shoot
- Be sure of your target and beyond

## **SAFETY EQUIPMENT**

- Eye protection is mandatory for all personnel

## **FIRING LINE PROCEDURES**

- Muzzles are pointed down range or in a safe direction at all times
- Do not move forward of the firing line without authorization from the range instructors
- Do not bend down and pick up anything unless given the OK from the range instructors
- Do not leave the firing line without authorization from the range instructors
- There will be no horseplay on the range

## **MEDICAL SAFETY**

- The medical kit is located \_\_\_\_\_.
- \_\_\_\_\_ will be the designated Safety Officer with a cell phone to activate EMS
- Report all injuries to the lead instructor before leaving the range
- Everyone is a safety officer, if you see an unsafe act, call cease fire

## **XREP COURSE OF FIRE**

- Tactically Load (1) XREP Training Shell
- Load (4) XREP Training Shells in the Magazine Tube
- Fire (1) Training XREP at the 30 foot target
- Fire (1) XREP at the 30 foot target, follow up with (1) at the 60
- Fire (1) XREP at the 100 foot
- Fire (1) XREP at the target of the students choice
- Action open, Safety On
- Physically and Visually inspect the Chamber and Magazine Tube

# Critical Incident Support

To provide assistance for investigations, the three following sites have been created. TASER's goal in creating these sites is to provide support for our law enforcement partners by addressing questions that may come up during the course of an investigation where a TASER ECD was used.

## **Time Critical Event Assistance**

[http://taser.com/support/Pages/contact\\_us.aspx](http://taser.com/support/Pages/contact_us.aspx) (CEA pager contact for contact within 60 minutes) The pager is a support function that allows the investigators quick contact to TASER investigation support 24 hours a day 7 days a week. When activated the requestor will be contacted within 60 minutes of pressing the submit button.

## **Investigation Related Resources**

[http://taser.com/legal/Pages/Critical\\_Event\\_Assistance\\_Resources.aspx](http://taser.com/legal/Pages/Critical_Event_Assistance_Resources.aspx)

Library of investigation resources for medical examiners, Investigators and Legal

## **TASER brand equipment under investigation**

<https://support.taser.com/troubleshooting/Customer.aspx>

Dedicated investigation device analysis return form. This will allow the customer to send back equipment to TASER for analysis that follows a specific chain of custody and handling to further ensure integrity to evidence handling.