



COTATI POLICE DEPARTMENT

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TASER[®] USE REPORT

Date/Time: _____ CR #: _____ Fire/Med. Incident #: _____

TASER Officer's Name: _____ E-mail: _____

Department Address: _____ Phone: _____

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

TASER Serial #: _____ Medical Facility: _____ Doctor: _____

Nature of the Call or Incident: _____ Charges: _____ Booked: _____

Location of Incident: Indoor Outdoor Jail Hospital _____

Type of Force Used (Check all that apply): Physical Less-lethal Firearm

Nature of the Injuries and Medical Treatment Required: _____

Admitted to Hospital for Injuries: _____ Admitted to Psychiatric Emergency Services: _____

Medical Exam: _____ Suspect Under the Influence: Alcohol / Drugs (specify): _____

Was an Officer, Police Employee, Volunteer or Citizen Injured? _____

Incident Type: _____

SUBJECT – Age: _____ Sex: _____ Height: _____ Race: _____ Weight: _____

TASER Use: _____ Suspect wearing heavy clothes: _____

Number of Air Cartridges fired: _____ Number of cycles applied: _____

Type of Usage: _____

TASER: Is this a dart probe contact: _____ Is this a stun gun contact: _____

TASER[®] weapon used: M-26 ADVANCED TASER

Approximate target distance at the time of the dart launch: _____

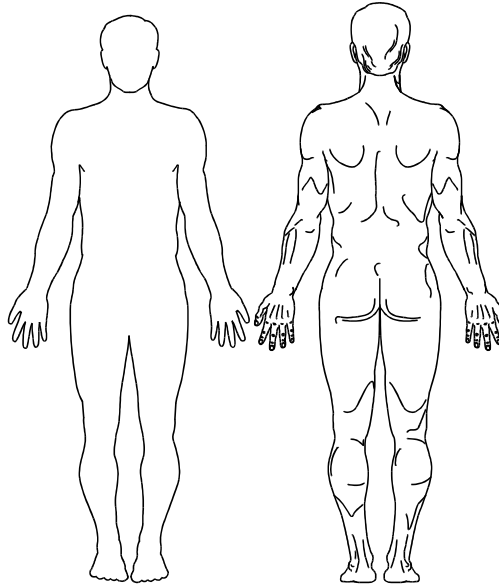
Distance between the two probes: _____ Need for an additional shot? _____

Did dart contacts penetrate the subject's skin? _____ Probes removed on scene: _____

TASER: Did the application cause injury: _____ If yes, was the subject treated for the injury: _____

DESCRIPTION OF INJURY:

APPLICATION AREAS - Points of contact (place "X's" where probes hit suspect)



SYNOPSIS:

Need for additional applications? _____ **Did the device respond satisfactorily?** _____

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



Chemical Spray: _____ **Baton:** _____ **Blunt Instrument:** _____

Authorized control holds: _____ **If yes, what types:** _____

Describe other means attempted to control the subject: _____

Photographs Taken: _____ **Report Completed by:** _____

ADDITIONAL INFORMATION