



RESPONSE TO RESISTANCE FORM

CASE # _____

DATE OF INCIDENT ____ / ____ / ____

INCIDENT LOCATION _____

TIME OF INCIDENT _____

- ! **SUPERVISOR** IS TO COMPLETE THIS FORM IN DETAIL
- ! **COPY** OF COMPLETED **INCIDENT REPORT** IS TO BE ATTACHED
- ! **ORIGINAL** (W/ATTACHMENTS) WILL BE FORWARDED TO THE **CHIEF'S OFFICE**, VIA CHAIN OF COMMAND

OFFICER / EMPLOYEE INFORMATION (FORM COMPILED FOR EACH OFFICER USING FORCE)	
NAME	ID# _____
YES* NO MEDICAL TREATMENT REQUIRED	INJURY/WORK COMP. PAPERWORK COMPLETED
*DESCRIBE INJURY	
TRANSPORTED ADMITTED TO HOSPITAL TREATED-RELEASED EMS OTHER	
MEDICAL FACILITY/TREATING PHYSICIAN	
<input type="checkbox"/> PHOTOGRAPHS TAKEN	
<input type="checkbox"/> DUTY STATUS	

SUBJECT / SUSPECT INFORMATION	
NAME	
DOB	RACE SEX
CRIMINAL CHARGE(S)	
<input type="checkbox"/> NO INJURY <input type="checkbox"/> COMPLAINT OF INJURY <input type="checkbox"/> VISIBLE INJURY <input type="checkbox"/> MEDICAL ATTENTION <input type="checkbox"/> REFUSED	
*DESCRIBE INJURY	
TRANSPORTED ADMITTED TO HOSPITAL TREATED/RELEASED EMS OTHER	
<input type="checkbox"/> PHOTOGRAPHS TAKEN	

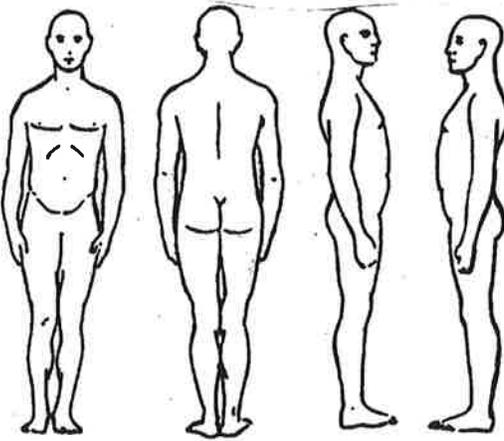
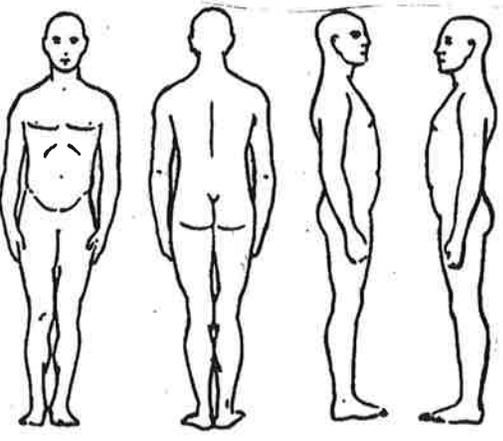
DID ANYONE WITNESS THE RESPONSE TO RESISTANCE? YES NO
STATEMENT (S) TAKEN <input type="checkbox"/> YES <input type="checkbox"/> NO (INDICATE ON WITNESS LINE FOR EACH TAKEN)
IDENTIFY NAME, ADDRESS, PHONE
WITNESS #1
WITNESS #2
WITNESS#3

RESISTANCE				RESPONSE	
1	VERBAL			1	PRESENCE
2	PASSIVE PHYSICAL			2	COMMUNICATION
3	ACTIVE PHYSICAL			3	PHYSICAL CONTROL
4	AGGRESSIVE PHYSICAL			4	INTERMEDIATE WEAPONS
5	AGGRAVATED PHYSICAL			5	INCAPACITATION
				6	DEADLY FORCE
SUSPECT FACTORS:			SUSPECT WEAPONS:		
SEX	DRUG	YES NO	HANDS	FIREARM	
HEIGHT	ALCOHOL	YES NO	FEET	VEHICLE	
WEIGHT	UNKNOWN DRUG/ALC. <input type="checkbox"/>		IMPACT	CHEMICAL	
AGE			EDGED	Other	
OFFICER RESPONSES (CHECK ALL THAT APPLY)					
<input type="checkbox"/> COMMAND PRESENCE		<input type="checkbox"/> VERBAL COMMANDS		<input type="checkbox"/> SOFT EMPTY HAND CONTROL	
<u>RESTRAINT DEVICES</u>		<u>ESCORTS</u>		<u>TAKE DOWNS</u>	
HANDCUFFS <input type="checkbox"/> CHECK-FIT <input type="checkbox"/> DOUBLE-LOCK LEG IRONS HOBBLE		FIELD BENT WRIST <input type="checkbox"/> PRESSURE POINT FINGER LOCK SHOULDER LOCK HAMMER LOCK		ARM BAR BENT WRIST FINGER LOCK SHOULDER LOCK HAMMER LOCK CALF STRIKE PULL DOWN	
				<u>STRIKES:</u>	
				PUNCH PALM HEEL HAMMER FIST FORE ARM ELBOW KNEE STRIKE LEG KICK	
<u>BATON</u>		<u>CHEMICAL (OC OR OTHER)</u> (CIRCLE APPROPRIATE DEVICE)		<u>BEAN BAG OR COMPATIBLE</u>	
FORE HAND STRIKE REVERSE STRIKE CLOSED BATON STRIKE		FULL INCAPACITATION PARTIAL INCAPACITATION NO APPARENT AFFECT		<input type="checkbox"/> FULL INCAPACITATION # ROUNDS _____ <input type="checkbox"/> PARTIAL INCAPACITATION <input type="checkbox"/> NO AFFECT DISTANCE _____ FEET	
<u>M26 / X26 TASER</u> (CIRCLE APPROPRIATE DEVICE)			<u>FIREARM DISCHARGED OR POINTED</u>		
<input type="checkbox"/> DEPLOYED <input type="checkbox"/> DRIVE STUN DEPLOYMENT DISTANCE _____ FT NUMBER OF CYCLES _____ <input type="checkbox"/> EFFECTIVE <input type="checkbox"/> NON-EFFECTIVE <input type="checkbox"/> M26 / X26 SERIAL # _____ <input type="checkbox"/> CARTRIDGES(S) SERIAL #(S) _____ _____			<input type="checkbox"/> PISTOL <input type="checkbox"/> SHOTGUN <input type="checkbox"/> LONG GUN POINTED ONLY _____ COMPLIANCE <input type="checkbox"/> YES <input type="checkbox"/> NO NUMBER OF SHOTS _____ NUMBER OF HITS TO TARGET _____ SHOTS ACCOUNTED FOR _____ SHOTS UNACCOUNTED FOR _____ WEAPON SERIAL # _____		

RESPONSE TO RESISTANCE

CASE # _____

DATE OF INCIDENT ____ / ____ / ____

CIRCLE THE AREA (S) OF IMPACT AND/OR INJURY PHOTOGRAPHS OF INJURIES ... YES No ... BY WHOM	
 <p style="text-align: center; margin-top: 10px;">SUSPECT</p>	 <p style="text-align: center; margin-top: 10px;">OFFICER</p>

Video Review
<input type="checkbox"/> Video Available
<input type="checkbox"/> Video Reviewed by:
<input type="checkbox"/> Video Preserved

REVIEWED BY / SIGNATURE / COMMENTS	ID#	DATE
SUPERVISOR:		
ON-SCENE <input type="checkbox"/> YES <input type="checkbox"/> NO		
COMMENTS		
TRAINING OFFICER		
COMMENTS		

CONT'D

INTERNAL AFFAIRS

COMMENTS

CHIEF OF POLICE:

COMMENTS:



SUPERVISORY TASER USE REPORT

Suspect Name: []

Report Date: []

Location: []

Booked: []

Charges: []

Officer's Name: []

Sgt.: []

Supervisor []

TASER Serial #: []

Medical Facility: []

Doctor: []

OR#: []

Fire DR#: []

Date of the Incident: []

Time of Incident: []

Location of the Incident: []

Officer(s) Involved: []

Nature of the Call or Incident: []

Type of Subject: Human Animal

Type of Force Used in addition to TASER (Check all that apply):

OC/Chemical Physical Baton Impact Munition Firearm

Nature of the Injuries and Medical Treatment Required: []

Admitted to Hospital for Injuries: []

Admitted to Hospital for Psychiatric: []

Medical Exam: []

Summary of the Actions of Officer(s) Involved: []

Was an Officer, Law Enforcement Employee Injured?: []

Incident Type [check appropriate response(s) below]

- Civil Disturbance Violent Suspect Warrant Service
 Suicidal Barricade Other

Age: []
Height: []

Sex: []
Race: []

Build: Heavy Medium Trim

Suspect wearing heaving clothes: []

TASER Application: Actual Use Arc Display Only Display Only

TASER Use Mode: Dart Probe Contact Touch Stun Contact

Type of TASER Device [check appropriate response(s) below]

- TASER X26 ADVANCED TASER M26

If ADVANCED TASER M26 what type of batteries (not TASER X26) [check appropriate response(s) below]

- Rechargeable NIMH Alkaline

Type of AIR CARTRIDGE [check appropriate response(s) below]

- 21-Ft Standard 21-Ft XP 15-Ft AC
 25-Ft Standard 25-Ft XP 35-Ft AC

25-Ft Standard 25-Ft XP 35-Ft AC

Was a TASER CAM Attached to the TASER X26? [check appropriate response(s) below]

TASER CAM Used NO TASER CAM

Approximate target distance at the time of the dart launch:

Need for an additional shot?:

Did dart contacts penetrate the subject's skin?:

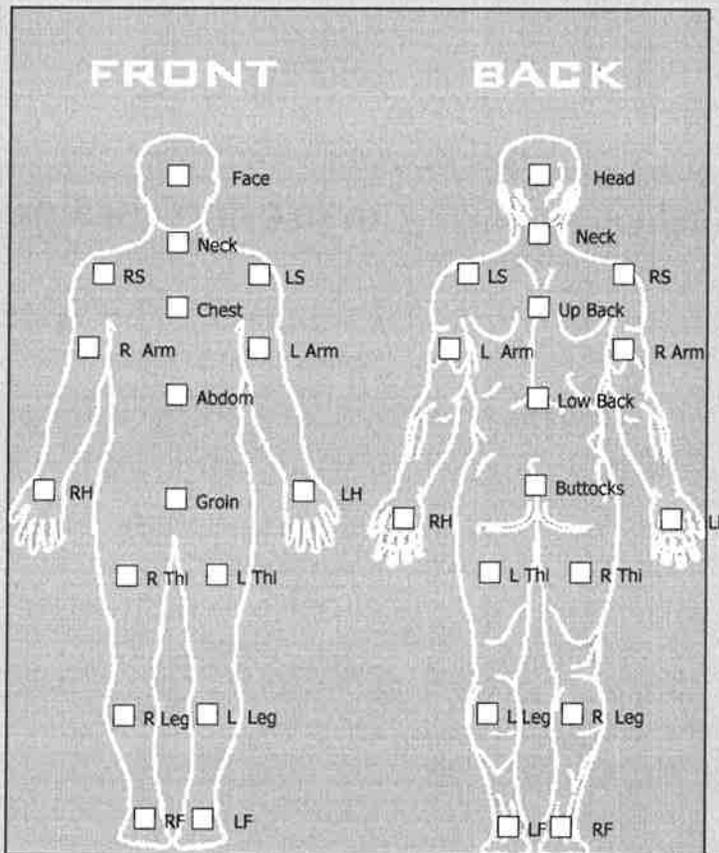
Regarding the TASER X/M26:

Did the application cause injury:

If yes, was the subject treated for the injury?:

DESCRIPTION OF INJURY:

APPLICATION AREAS - Points of contact



SYNOPSIS:

Need for additional applications?:

Did the device respond satisfactorily?:

If the TASER deployment was unsuccessful was a DRIVE STUN followup used?

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

Suspect Under the influence:
Confirmed by:

Describe the danger present:

Describe other means attempted to control the subject: (If not used, explain)

Chemical Spray Used?:
Explanation:

Baton or Blunt Instrument?:
Explanation:

Authorized control holds?:

Photographs Taken?:
If not, explain:

Report Completed by:

X _____
Signature (Hard Copy)

ADDITIONAL INFORMATION

INSTRUCTIONS:

1. Save this file to your hard drive. It will not email properly until after being saved.
2. Submit this report to the national TASER technology incident database.

Email to: Andrew@TASER.com

Click "File" -> "Send" -> "Mail Recipient" (send to: Andrew@TASER.com)

3. If you cannot email, please fax this report to: (480) 991-0791 Attn: Andrew Hinz, 800-978-2737 ext. 2048
4. Save a copy of this report to your department archives.
5. Print and sign a copy of this report and deliver to supervising officer for filing in department records.



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