



X26P TASER USE REPORT

Incident #: _____ Reporting Officer's Name/ID: _____

Supervisor Notified: Y / N Supervisor's Name/ID: _____

Officer(s) Involved: _____

Charges: _____

TASER Serial #: _____ Cartridge ID #: _____

Incident/Call Type:

Combative () Suicidal () Domestic () Barricaded ()
Armed () Warrant () Other: _____

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

Other: _____

Level of Force Used (Check all that apply):

Physical () Chemical () Less Lethal () Impact Weapon ()
Firearm ()

Medical Treatment Required: Y / N **Photographs Taken:** Y / N

Did TASER Application Cause Injury: Y / N

If YES, was the Subject Treated for the Injury: Y / N



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Admitted to the Hospital for the Injury: Y / N

Admitted to the Hospital for Psychiatric: Y / N

Medical Facility: _____ Doctor: _____

Suspect Under the Influence of Alcohol/Drugs: Y / N

Suspect Information:

DOB: _____ Age: _____ Sex: _____ Height: _____ Weight: _____

Was the TASER Application Effective: Y / N

Suspect Wearing Heavy Clothing: Y / N

Probe Contact: Y / N Drive Stun: Y / N

Number of Cartridges Fired: _____ Number of Cycles Applied: _____

Approximate Target Distance at Time of Probe Launch: _____ FT

Did Probes Penetrate the Subject's Skin: Y / N

Probes Removed on Scene: Y / N

Approximate Distance between the Probes: _____ IN

**This report does not replace or eliminate the need for a written narrative of the incident. This report is a supplement specific to the use of the TASER.*