

**LINCOLN POLICE TASER USAGE REPORT**

<b>Incident Number:</b>	<b>Ambulance #</b>
<b>Date of the incident:</b>	<b>Time of incident:</b>
<b>Location of the Incident:</b> Inside    Outside    Open Area    Enclosed Area    Vehicle	
<b>Subjects Name: Last:</b>	<b>First:</b>
<b>Call Type:</b>	<b>Photographs Taken:</b> Yes    No
<b>Supervisors: Sgt:</b>	<b>Lt:</b>
<b>Report Completed By:</b>	
<b>Serial Number of Device:</b>	
<b>Serial Number of probe cartridge if expended:</b>	
<b>Officers Involved:</b>	
Primary _____	Support _____
Support _____	Support _____

**APPLICATION INFORMATION**

<b>Advanced Taser Probe Contact:</b> Yes    No <b>Touch Stun Gun Contact:</b> Yes    No
Number of times Taser Display Only      _____
Number of Touch Stuns      _____
Number of times Applied (Probe Contact)      _____
Number of activations after probe contact      _____
<b>Type of Response used prior to taser:</b> None    Low Level    Intermediate    High
<b>Type of Rersponse used After Taser:</b> None    Low Level    Intermidiate    High
<b>Approximate Target Distance at the time of dart Launch:</b>
<b>Did the taser gain subjects complience:</b> Yes    No <b>Need for Additional Shot:</b> Yes    No
<b>Did the dart contacts penetrate the subjects skin:</b> Yes    No
<b>Was the subject under the influence of:</b> Drugs    Alcohol
<b>Subject's demeanor after taser was used or displayed:</b> Cooperative    Belligerent    Combative Abusive    Aggressive    Complaining

**MEDICAL INFORMATION**

<b>Was an Officer, Police Employee or Citizen injured:</b> Yes      No
<b>Nature of injury and Medical Treatment Required other than normal injury caused by taser darts:</b> _____ _____ _____ _____ _____

