MN DOC Taser Energy Weapon Use Report

Date:	Time:
TASER Energy Weapon Officer's Name:	
Facility:	Supervisor On Scene:
Officer's Involved:	

INCIDENT & SUBJECT INFORMATION

Incident Type:					
Location of Incident:					
Medical Treatment required:			Subject injuries from Taser:		
Admiitted to Hospital:			Medical Exam:		
Subject under the influence:			Hospital name:		
Was an officer injured?			Photographs taken:		
Subject demographics			Incarcerated Person OID:		
	Age:	Sex:	Height:	Weight:	
TASER Energy Weapon Model:					
Was any other video captured:			Type of Camera:		
TASER Energy Weapon Use:	_____Success		_____Failure		
Suspect wearing heavy or loose clothing:					
# of cartridges deployed:			# of cycles applied:		
Usage:	Arc Display Only __		LASER Display Only __	TASER Energy Weapon Application __	
Approximate target distance at the time of probe launch: Feet					
Did probe contacts penetrate the subject's skin?				Probes removed on scene?	
Need for additional TASER Energy Weapon applications?					
Did TASER Energy Weapon application cause injury?					
If yes, was the subject treated for the injury?					
Description of injury:					

Additional information:

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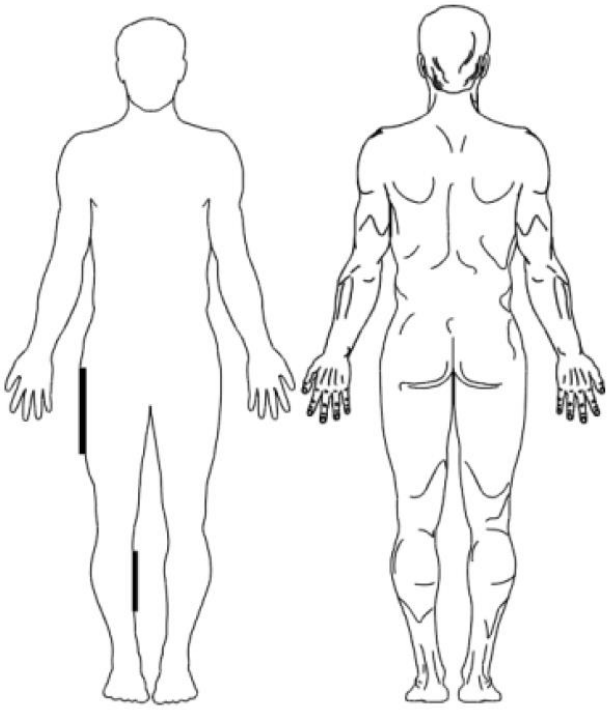
Application Areas (Places X's where probes hit subject)