

CLARKSVILLE POLICE DEPARTMENT TASER USE REPORT

Date: _____

Report No.: _____

Officer: _____

Cartridge No. _____

Name of Person used upon: _____

Juvenile?: (circle) **Yes** **No**

Charges: _____

Type of Deployment: (circle) **Probes** **Drive Stun** **Both**

Probes penetrate skin?: (circle) **Yes** **No**

Probes removed by: (circle) **Officer** **EMS** **Medical Facility**

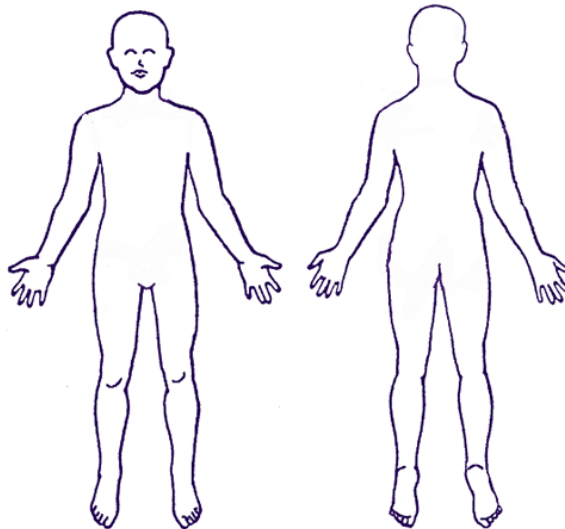
Person injured?: (circle) **Yes** **No**

Medical treatment? (explain) _____

Reason for use: (explain) _____

APPLICATION AREAS

PLEASE PLACE "X's" ON THE POINTS OF CONTACT



Note: Complete form, attach case report and forward to Major Abell, along with spent cartridge.