



APPENDIX H - TASER DEPLOYMENT FORM (v10 Nov 2008)

For an explanation of requirements and instructions for completing this form refer to page 5

SUMMARY: TO BE COMPLETED IN ALL CASES

FORCE MET

INCIDENT DATE 02/10/2012 INCIDENT TIME 0040 INCIDENT NUMBER 9657/02OCT1

INCIDENT LOCATION POSTCODE BR3 If postcode unknown - STREET

PLEASE INDICATE INCIDENT TYPE

AFO USE IN AUTHORISED FIREARMS OPERATION

AFO EXTENDED USE OUTSIDE A FIREARMS OPERATION

USE BY NON-AFO

TOTAL NUMBER OF TASERS USED IN OPERATION (To Include All Officers) 12

COMPLETION OF THIS FORM RELATES TO THE FOLLOWING USE OF TASER.

Please specify the highest level(s) of use (indicate if both drive stun and firing methods were used):

Drawn Aimed
Red dot Arced } Complete page 1 only

Firing
Drive-Stun mode } Complete pages 1-4

1. TASER OFFICER DETAILS

If multiple TASER officers present, indicate how many 12

1

2. INTENDED SUBJECT CHARACTERISTICS and BEHAVIOUR/THREAT

Sex: Male Female please state if animal e.g. dog

Age: Yrs (Tick if estimate) DOB:

Officer defined ethnicity: W9 Any other white background (please use Home Office ethnicity classification)

Height: <5' 5-5'6" 5'6"-6' >6'

Muscular/athletic build Yes No

Build: Light Average Heavy

Was subject displaying moderator effects? Alcohol Drugs Psychological issues

Was subject threatening any of the following? (tick all that apply) Self Public Police

Was the subject using or threatening to use a weapon of any sort? Yes No

Weapon classification: Select classification Details:
Select primary perceived threat if multiple weapons e.g. knife against own throat, shotgun in close proximity

3. PRIME TACTICAL PURPOSE

Reason for TASER use (tick all that apply): Spontaneous Planned

Prevent offence Protect public Secure evidence
Effect arrest Effect search Prevent harm
Prevent escape Accidental Remove handcuffs
Protect self Suspected weapon Other

Brief Details: See attached MG11. Patients holding staff at MH Hosp Hostage



4. TASER CHARACTERISTICS

TASER Variant X26 M26 TASER Serial No. Barb Cartridge Serial No.

5. TASER DISCHARGE DETAILS

Approx. range to subject: M (at time of TASER use) Subject position: Please select Subject orientation: Please select Subject movement: Please select

TASER Drive Stun and Firing

Drive Stun Mode

Application point: Please select Cartridge status during stun: on off Did drive-stun subdue subject? Yes No Repeat application? Yes No State how many:

Why did you opt for the drive stun mode rather than firing?

Text box for reason

Application contact Points: please list according to referenced zone on picture Stun application zones (please list ALL stuns e.g. 1st = G, 2nd = 7)

Firing

Aim point: Please select How many TASER barbs attached to intended subject: Both One None Did the TASER barbs contact any person other than the intended subject? Yes No If yes, complete a separate form

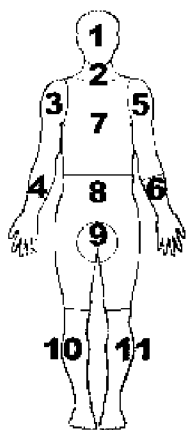
If TASER discharge failed to subdue subject, please state reason why.

Text box for reason

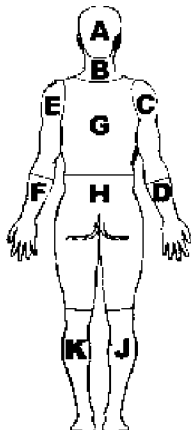
Barb Contact Points: please list according to referenced zone on picture

Top barb attachment zone e.g. 5: Please select Bottom barb attachment zone: Please select

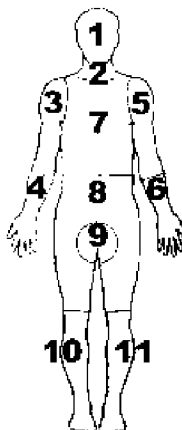
For additional cartridges used with this TASER go to the end of form



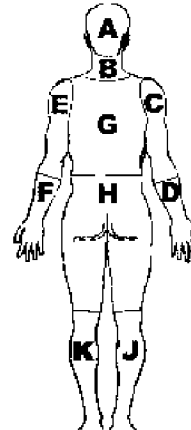
Front



Back



Front



Back

If subject was exposed to multiple TASER applications, state the sequence of usage for ALL officers e.g. 1st officer - firing, 2nd officer - drive-stun, 1st - firing

Text box for sequence of usage

Did TASER function properly? Yes No 5 sec application interrupted? Yes No

Repeat cycle of same cartridge? Yes No State how many:

6. POTENTIAL MODERATORS TO TASER EFFECTIVENESS

The effectiveness of the TASER may vary, depending on a number of factors or behavioural moderators; some are listed below. Please indicate if any of these may have been relevant and indicate whether the presence of this moderator was known to the firer, prior to TASER delivery.

	Yes	Known prior to TASER delivery	
Alcohol:	<input type="checkbox"/>	<input type="checkbox"/>	<i>Give details:</i> <div style="border: 1px solid black; height: 80px; width: 100%;"></div>
Drugs:	<input type="checkbox"/>	<input type="checkbox"/>	
Existing mental health disorder:	<input type="checkbox"/>	<input type="checkbox"/>	
Existing medical condition (e.g. epilepsy):	<input type="checkbox"/>	<input type="checkbox"/>	
Psychological factors(e.g. motivation / arousal):	<input type="checkbox"/>	<input type="checkbox"/>	
Other:	<input type="checkbox"/>	<input type="checkbox"/>	

Identify any countermeasures which were used by the subject to modify the intended physical effect of the TASER:

7. CONSEQUENCE MANAGEMENT

Please indicate the nature of all observable injuries sustained during the incident and provide details. We are aware that police officers are not professional medical practitioners, but their observations provide a valuable indicator for assessments made by an independent medical panel:

ADVERSE EFFECT TYPE	PRIMARY - possibly caused by direct effect of current flow	SECONDARY - as a result of an indirect delivery such as injuries from barbs or falls	COINCIDENTAL - injuries received in the incident not directly related to TASER use e.g. self-inflicted wounds, gunshot wounds, dog bites.
Adverse effect description			
First aid given? (Select response)	Yes/No	Yes/No	Yes/No
Ambulance/medic treatment at scene?	Yes/No	Yes/No	Yes/No
Treatment required in hospital?	Yes/No	Yes/No	Yes/No

Barb removal: By whom Location e.g. scene

Subject detained in custody: Yes No

Referral to FME during custody: Yes No

Referral to hospital during custody: Yes No

Medical Evaluation of subject conducted in custody: Yes No

ALL subjects exposed to physical contact with TASER should be assessed by an FME



8. SUMMARY OF OPERATION FROM COMMENCEMENT TO RESOLUTION.

To be completed when TASER has been fired or used in drive-stun mode (this will be used as a basis for a brief to all forces and is **MANDATORY**). This is not provided for evidential purposes (see officer's statement) but is subject to the rules of disclosure. Incomplete forms cannot be accepted and will be returned. Please complete following The Conflict Management Model.

<p>1. Information/Intelligence: Commissioners reserve call out to The Bethlem high security mental health unit. Staff had been taken hostage by the patients after a break out of disorder. The thirteen (13) patients within the unit all had severe mental health conditions and a number of them were convicted murderers. They had access to the kitchen area and free reign of the ward allowing possible access to weapons. Reports were also received that someone had been stabbed within the unit and patients were attempting to break into the area in which staff were secured.</p>
<p>2. Threat Assessment: High - The staff were at high risk of attack from the thirteen (13) patients and were trapped in the middle of the unit with no escape route. The patients none of which were secured in the ward had access to possible weapons and free reign. They all suffer from severe mental health disorders and a number of them were convicted murderers. Two (2) of the patients were making death threats to officers at the cordon. Patients knew the specific lay out of the unit and officers did not.</p>
<p>3. Powers/Policy S17 PACE to save life or limb. Section 3 of the Criminal law act 1967. Section 117 PACE 1984. Common Law.</p>
<p>4. Options (tactical) considered: Negotiators Prison training tactics Taser Entry to save life and limb</p>
<p>5. Actions Taken: Officers used prison training tactics and cleared the unit with the use of taser. Each of the bedrooms were cleared and all patients were contained in the lounge area. The staff were removed from the room they were in and the main trouble makers removed form the group of patients.</p>

Force Medical Examiner Report(s) attached? Yes No

ATTACH FME REPORT TO THIS FORM
Successful TASER Firings/Drive Stuns require the completion of a Force Medical Examination Form – THIS WILL NEED TO BE OBTAINED IN ALL CASES. If not obtained, please provide explanation:

REQUIREMENT

- The purpose of this form is to gather research information about the operational effectiveness of the TASER system and any medical implications of its use.
- The questions specifically relate to the operational environment and the responses of the individual hit by the TASER
- The data is required to enable regular operational use audits and evaluations to ensure that any emerging issues are properly reflected in TASER training and guidance, as recommended by ACPO and DOMILL¹

INSTRUCTIONS

1. This form is to be completed following all incidents where a TASER is **used**. This refers to a TASER being drawn, aimed, red dotted, arced, drive-stunned or fired.
2. If a TASER is used by **more than one officer** at any given incident, a separate form is required for each officer.
3. If a TASER is **used on more than one SUBJECT** by any individual officer, a separate form is required for each individual targeted.

1 DSAC Sub-Committee on the Medical Implications of Less-Lethal Weapons (DOMILL): Statement on the medical implications of M26 and X26 TASER use at incidents where firearms authority has not been granted (May 2007)

OFFICERS COMPLETING THIS FORM SHOULD EMAIL FORMS AND FORCE MEDICAL EXAMINERS FORMS TO APPROPRIATE FORCE TASER LIAISON OFFICERS WHO WILL REFER TO ACPO & HOSDB.



Additional Taser cartridge discharge details:

Please complete for all additional cartridges used with this Taser.

2nd cartridge details:

Approx. range to intended subject:

Subject position:

Subject orientation:

Subject movement:

Barb Cartridge Serial No.

Aim point

How many TASER barbs attached to intended subject?

Both One None

Did the TASER barbs contact any person other than the intended subject?

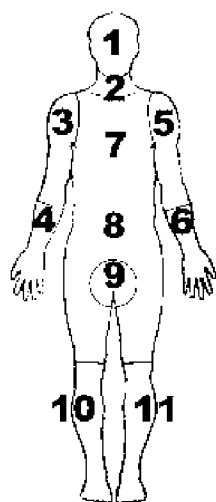
Yes No *If yes, complete a separate form*

If TASER discharge failed to subdue subject, please state reason why.

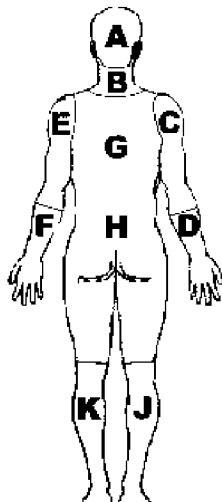
Contact Points :

Top barb attachment zone e.g. 5

Bottom barb attachment zone



Front



Back

Did TASER function properly?

5 sec application interrupted?

Repeat cycle of same cartridge?

Yes No State how many:

3rd cartridge details:

Approx. range to intended subject:

Subject position:

Subject orientation:

Subject movement:

Barb Cartridge Serial No.

Aim point

How many TASER barbs attached to intended subject?

Both One None

Did the TASER barbs contact any person other than the intended subject?

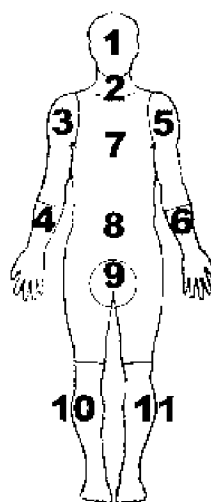
Yes No *If yes, complete a separate form*

If TASER discharge failed to subdue subject, please state reason why.

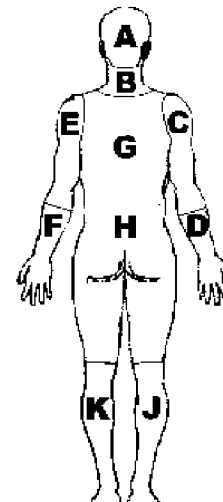
Contact Points :

Top barb attachment zone e.g. 5

Bottom barb attachment zone



Front



Back

Did TASER function properly?

5 sec application interrupted?

Repeat cycle of same cartridge?

Yes No State how many:

For additional cartridges please continue on a separate sheet