

Green Bay Police Department



TASER Report

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Preface

This report contains a comprehensive analysis of TASER use at the Green Bay (WI) Police Department. The report contains three parts: (1) an analysis of TASER deployments by Green Bay Police Officers, (2) a brief report on the psychological impact upon officers who carry a TASER, and (3) a sample TASER report used by the Green Bay Police Department

Introduction

In June of 2004, the City of Green Bay Police Department (GBPD) obtained four (4) X26 model TASERs and trained a select group of officers in their use. It was the goal to expand the use of force options available to GBPD officers and provide them with an effective less lethal alternative that would increase officer safety, reduce officer and subject injuries, and potentially reduce the actual use of deadly force. During the 2004 fall in-service all GBPD officers were trained to use the TASER and a total of 41 TASER units were available to officers who wished to utilize them in the line of duty. Carrying a TASER is not mandatory. Currently, two (2) of these TASER's are assigned to the SWAT team.

A TASER is a handheld Conductive Energy Weapon (CEW) that causes electromuscular disruption (EMD). There are other CEW devices on the market, but the TASER, manufactured by TASER International, is the industry leader with a significant market share. Numerous reports on TASER effectiveness have been written and published that confirm the effectiveness and safety of the device (Levine et al, 2005; United States Government Accountability Office, 2005; Force Science Research Center, 2004; and Ogden et al, 2005). According to the Institute for the Prevention of Sudden In-Custody Death, the TASER is the most researched device in law enforcement history (Peters, 2005). EMD is caused by the TASER's electrical wave of 50,000 volts and low amperage of .0162. The wave mimics the electrical impulses in the human brain that control muscle function. The TASER overrides these electrical impulses creating a loss of muscle function and control. The result is instant incapacitation and control of the subject. Recovery is instantaneous with no lasting side effects.

The GBPD follows the use of force options as outlined in the State of Wisconsin Defensive and Arrest Tactics (DAAT) system. The DAAT system provides officers with the following use of force options:*

- I. Presence - Professional Presence
- II. Dialogue - Professional Communications Skills
- III. Empty Hand Controls
 - a. Escort Holds – To safely initiate physical contact
 - b. Compliance Holds – To overcome passive resistance
 - c. Oleoresin Capsicum (O.C.) Aerosol Spray - To overcome active resistance or its threat.

- d. **Electronic Control Device (e.g. TASER)** - To overcome active resistance or its threat.
- e. Passive Countermeasures (To decentralize and overcome active resistance or its threat)
- f. Active Countermeasures (To create dysfunction and overcome active resistance or its threat)
- g. Incapacitating Techniques (To cause the immediate, temporary, cessation of violent behavior and overcome active resistance or its threat)
- IV. Intermediate Weapons, such as a baton – To impede a subject
- V. Deadly Force, such as a firearm – To stop the threat

**This is the most current “Disturbance Resolution” under consideration by the State of Wisconsin Training and Standards Board that includes Electronic Control Devices.*

The TASER is categorized as an incapacitating technique / device. Officers are justified in using a TASER when a subject is threatening to actively resist, or is actively resisting an officer and the subject poses an “articulable” threat of harm to an officer or another person. It may also be used when a subject poses a threat of harm to him/herself, such as a self-inflicting injury or a suicide attempt.

In contrast to other use of force options available to officers, such as a baton, which rely on pain compliance, the TASER does not rely on pain compliance when used in the standard TASER or “probe mode,” but rather creates incapacitation. When properly applied, the incapacitation is instantaneous and recovery immediate. In contrast, when striking an offender with a baton, it is intended to impede him/her by striking them in the elbows, knees, and abdomen. Baton strikes present a high probability of injury to the offender. The possibility of causing injury with a TASER is low, to both the offender and the officer. GBPD officers also have Oleoresin Capsicum (OC) Spray available, which is an irritant that causes significant pain (i.e. burning) and inflammation to the offender. When used in confined spaces, the OC spray can also negatively affect officers, incapacitating and rendering them unable to defend themselves and/or apprehend the suspect. Average recovery time from an OC spray exposure is anywhere from 20 to 60 minutes. The TASER is effective in confined spaces, both indoors and outdoors, and the chances of incapacitating another officer with a TASER are significantly lower than OC spray. There have been no instances of officers incapacitating other officers during a TASER deployment. However, there have been several instances of officers becoming incapacitated by OC spray in the field, which rendered them unable to defend themselves and/or apprehend the suspects.

Although a TASER is a very effective control device, it’s important to realize that it DOES NOT take the place of other intervention options available and necessary for officers to carry out their duties. The TASER IS NOT a replacement for active countermeasures, OC spray, batons, or firearms. It is yet another effective tool or option for law enforcement officers.

Recent research also indicates that CEW's, namely the TASER, are the most effective law enforcement devices available when it comes to safely and effectively controlling emotionally disturbed persons (EDP's) that may be suffering from Excited Delirium (ED) and are at high risk of sudden in-custody death.

Excited Delirium is a descriptive phrase and describes somebody who is usually excited, agitated, and often engages in bizarre and violent behavior. Also, the person has incredible strength, seemingly endless endurance, feels little or no pain, may be sweating profusely (hyperthermia), disrobing, showing aggression (especially towards glass), and extreme paranoia. **Sudden In-Custody Death** is any unintentional death that occurs while a subject is in police custody. (Peters, 2005)

The tragic end result of ED is death. Those who are most likely to suffer from ED are typically males between the ages of 35-44 who are under the influence of a mind-altering narcotic (e.g. cocaine, methamphetamine, etc) or have a history of such drug use, and become involved in a struggle with police. Normally, impact weapons and OC spray are ineffective against these offenders and in some instances officers throughout the nation have been forced to utilize deadly force. The longer the struggle with police ensues the greater the chance these offenders will ultimately suffer the negative effects of ED, which consists of four stages:*

- I. Hyperthermia
- II. Delirium
- III. Respiratory Arrest
- IV. Death

The sooner officers can gain control and custody of the offender suffering from ED the quicker they can get the emergency medical attention that is needed. There are no documented cases of offenders recovering from Stage III of ED. Therefore, officers should intervene during Stage II. The longer the struggle occurs the more likely these offenders will suffer cardiac arrest and ultimately death. Even though these offenders may be under arrest for a criminal offense, the medical emergency takes precedence in these instances. The TASER allows the quickest and most effective way to obtain control and custody of these offenders.

**For additional information on Excited Delirium visit the website of the Institute for the Prevention of Sudden In-Custody Death, www.ipicd.com.*

Green Bay Police Department Case

On 12-06-05 at 2:55am – officers were dispatched to a residence where a 28 year-old male emotionally disturbed person (EDP) was attempting to break into the complainants house. It was the middle of winter and the subject was only wearing khaki pants and tennis shoes, no shirt. He demanded that officers refer to him as “Jesus Christ.” He would not listen to legal / lawful commands and undressed in the presence of the officers. All of these behaviors are consistent with somebody who is under the influence of mind-altering hallucinogens (e.g. cocaine or methamphetamines) and a potential candidate for “excited delirium.” Officers attempted passive countermeasures and directed the subject to the ground. Officers were unable to place the subjects hands behind his back as he violently resisted. Officers disengaged and applied a TASER for several cycles until the subject was safely taken into custody and transported by ambulance. Without the TASER, additional use-of-force measures would have been employed including impact weapons or potentially deadly force. The TASER prevented physical injury to the subject and officers.

Methodology

All GBPD “TASER Use Reports” from June 2004 through December 2005 were studied. A total of eighty-six (86) TASER “deployments” were recorded by officers. Consistent with the TASER policy, a “deployment” is defined as, “The activation of a CEW resulting in an arching of the unit, a contact maneuver on a subject or animal, and/or the discharge of an air cartridge whether or not the probes strike their intended target. **The mere display or threat of the use of the CEW is not a deployment.**” These reports are handwritten by officers and then forwarded to the Training Division where they are examined and archived. *Appendix A* contains a sample “TASER Use Report.” Early on, some officers filed a report when the TASER was merely turned on and pointed at an offender to gain compliance. Again, this is not considered a deployment, but these reports were included in the study and appropriately categorized. The “TASER Use Reports” were utilized to gather and report on the following information:

- Time of day
- Day of Week
- Criminal charges
- Injuries
- Suspects under the influence
- Nature of call / incident type
- Subject age
- Race / gender
- TASER failure / success
- Number of cycles
- Distance when deployed
- Armed suspects

Statistical Analysis

Time of Day

Hours	Deployments	Percentage
0000-0059	9	10%
0100-0159	11	13%
0200-0259	12	14%
0300-0359	4	5%
0400-0459	0	0%
0500-0559	0	0%
0600-0659	1	1%
0700-0759	1	1%
0800-0859	0	0%
0900-0959	0	0%
1000-1059	1	1%
1100-1159	1	1%
1200-1259	3	3%
1300-1359	0	0%
1400-1459	1	1%
1500-1559	3	3%
1600-1659	6	7%
1700-1759	4	5%
1800-1859	2	2%
1900-1959	4	5%
2000-2059	7	8%
2100-2159	4	5%
2200-2259	5	6%
2300-2359	7	8%
Total	86	100

There are four shifts at the GBPD:

- Day Shift – 6:15am-2:45pm
- Late Day Shift – 7:30am-4:00pm
- Afternoon Shift – 2:15pm-10:45pm
- Evening Shift – 7:00pm-3:30am
- Night Shift – 10:15pm-6:45am

The majority of all TASER deployments (55) occurred between the hours of 20:00 hours and 03:59 hours. The majority of offenders that officers encounter during these hours are under the influence of alcohol and/or drugs. These offenders can be the most difficult to subdue, especially when they are under the influence of mind altering controlled substances (e.g. cocaine or methamphetamine) that provide them with “superhuman” strength. Other use of force options, such as active countermeasures,

baton, or OC spray are often ineffective on these offenders who present a significant threat of injury and/or death to officers. However, the TASER has been shown to be nearly 100% effective on these types of offenders, which allows them to be quickly and safely subdued with low risk of injury.

Day of Week of Deployments

Day of Week	Deployments	Percentage
Sunday	19	22%
Monday	10	12%
Tuesday	9	10%
Wednesday	3	3%
Thursday	13	15%
Friday	8	9%
Saturday	24	28%
Total	86	100%

The majority of all TASER deployments (43) occurred on Saturday's and Sunday's, which is expected. Police calls for service also increase during these weekend hours and it's expected to see TASER deployment increases during these time periods.

Criminal Charges

Charges	Number of charges	Percentage
Misdemeanor Charges Only	53	62%
Misdemeanor & Felony Charges	12	14%
Traffic Offenses (OWI)	9	10%
Protective Custody, Emergency Detention, etc.	12	14%
Total	86	100%

Most offenders that were exposed to the X26 were charged with Misdemeanor offenses with the most common one being resisting an officer. Some of the felony charges included battery to a police officer, burglary, carjacking, and knowingly flee an officer. The protective custody cases include emergency detentions and alcohol holds where it was necessary to control the subjects with a TASER.

Injuries

Nature of Injuries	Deployments
None	84 (98%)
Incidents in which suspects were injured beyond probe punctures (e.g. falling injuries)	2 (2%)
Incident in which officers were injured	0
Officer injuries requiring medical treatment	0

For the purposes of this study, a qualified injury related to TASER use is considered anything above and beyond the punctures caused by the probes or burns caused by

drive stuns. Officers can remove the probes in the field unless a probe(s) penetrates a sensitive or soft tissue area, such as the face, neck, or female/male genitalia. In these cases, qualified medical personnel must remove the probes and there are no instances of this occurring. When probes are removed in the field, the minor puncture wounds are cleaned with an alcohol wipe and covered with a bandage. Also, any injuries caused by the use of other force applications, such as active countermeasures (i.e. hand strikes) or baton strikes is NOT considered a TASER related injury. The use of these other force options carries a higher propensity of injury to both the offender and officer.

There were only two (2) documented incidents of offender injuries directly related to a TASER deployment. In one instance officers exposed to the X26 a subject who had been holding two knives to his throat and threatening to kill himself. He fell to the ground and hit his head on a rock. The subject was safely taken into custody and refused medical treatment for any potential head injuries. He was medically cleared at the hospital for ingestion of non-prescription medications that he also took in his suicide attempt. As part of the medical clearance process he was examined for any potential head injuries with negative results. In another instance, an offender complained of back pain after being Exposed to the X26 and was transported to the hospital. The emergency room doctor provided him "Advil" and he was transported to jail.

Nearly 100% of all TASER deployments resulted in NO SUSPECTS being injured

There were twenty-four (24) documented incidents of offenders requiring medical treatment or exams NOT related to TASER use. Some examples of offenders needing medical treatment or an exam include: one who suffered an Asthma attack after running from police, others cleared for alcohol incapacitation, one who was treated for compound fractures in both ankles after jumping out of a window while fleeing from officers, others cleared for O.C. spray exposure, a self-inflicted cut to a wrist, and self-inflicted puncture wounds.

In eight (8) instances where a TASER was deployed, the offenders were ultimately admitted to the hospital for psychiatric care. In these instances, officers encountered emotionally disturbed persons who often have high pain tolerance and traditional use of force measures are ineffective. The TASER safely and effectively controlled these individuals.

There were NO instances of officers being injured during a TASER deployment

Suspects Under the Influence

Type of Intoxicant	Number of Subjects	Percentage
Alcohol	60	70%
Drugs	4	5%
Alcohol and Drugs	6	7%
None / Unknown	16	19%
Total	86	100%

It is common for officers to encounter subjects who are under the influence of alcohol and/or drugs. Through simple observation, officers can accurately determine if a subject is under the influence of alcohol. In sixty (60) instances (70%), officers reported that the subjects were under the influence of alcohol. Determining if a subject is under the influence of drugs can be more difficult. Subjects may tell officers that they have ingested a particular drug, well-trained officers in narcotics recognition may be able to accurately determine that a subject is under the influence of drugs, witnesses may report a subject is under the influence of drugs, or medical examinations may reveal it. In six (6) instances (7%) officers reported that subjects were under the influence of alcohol and drugs. **A combined total of seventy (70) offenders (82%) were under the influence of alcohol and/or drugs.** In sixteen (16) instances it was unknown if the offenders were under the influence or it was determined that they were sober.

Nature of Call / Incident Type

Nature of Call / Incident Type	Number of Incidents	Percentage
Civil Disturbance	25	29%
Suicidal	9	10%
Suicide by cop	0	0
Violent suspect	30	35%
Barricaded suspect	1	1%
Warrant service	3	3%
Other	14	16%
Unknown	4	5%
Total	86	100%

The “Nature of Call / Incident Type” are determined by the officer at the time they complete the “TASER Use Report.” The purpose of these categories is to identify, from a general perspective, the type of incident or offender that officers encountered. A “Civil Disturbance” can be classified as any breach of the peace caused by disorderly conduct or even a fight. A “Violent Suspect” can be defined as any subject who refuses to comply with the legal, lawful orders given by GBPD officers and actively resists or threatens to actively resist, or is actively resisting an officer and poses an “articulable” threat of harm to an officer or another person. “Suicidal” subjects are classified as those who are threatening to harm themselves. The remaining categories – Suicide by

Cop, Barricaded Suspect, and Warrant Service – are self-explanatory. Officers used the “Other” category when none of the aforementioned categories appeared appropriate. For example, in some instances officers indicated “other” when dealing with a combative drug offender or animals that were controlled with a TASER. Examples of a civil disturbance and violent offender that required a TASER to be safely controlled are summarized below.

On 09-18-04 at 12:48pm, officers responded to a Community Based Residential Facility (CBRF) facility for an emotionally disturbed person (EDP) that had assaulted staff members. Upon arrival, the EDP was very “aggressive” towards officers and tried to evade them. Officers directed the EDP to the floor and he began actively resisting. Officers disengaged and pointed the TASERs laser at the subject and warned that he was going to be exposed to the X26 if he continued to resist. This alone stopped the EDP’s resistance and he was taken into custody without further incident.

On 10-25-04 at 1:49am, officers responded to a disturbance where a male had shoved his girlfriend through a glass window. Officers attempted to control and subdue the subject with wooden baton strikes to his knees with no effect. The subject continued to resist and fight with officers. A TASER was deployed and the subject was taken into custody without further incident.

Subject Age

Age Range	Number of Subjects	Percentage
<14-18	7	8%
19-23	19	22%
24-28	19	22%
29-33	11	13%
34-38	7	8%
39-43	6	7%
44-48	6	7%
49-53	3	3%
54+	1	1%
Unknown	4	5%
Total	83	97%

Eighty-three (83) of the TASER deployments were used against offenders. The remaining three (3) incidents were used against violent and aggressive dogs that had either already attacked another person or threatened to attack. Most of the offenders Exposed to the X26 (72%) were within the average offender age range of 14 to 35 years of age.

An uncontrollable juvenile was the youngest offender that required a TASER deployment to safely control. Officers were dispatched to an apartment where a ten-year-old was throwing things around the house and trying to bite his mother while she attempted to restrain him until help arrived. Upon arrival, the juvenile would not comply

with officers and grabbed an extension cord that he began to swing around above his head threatening to strike officers with it. One officer displayed a test arch, which distracted the juvenile, and allowed another officer to safely take him into custody with lower force measures. Although the ten-year-old stood at 5'0" tall and weighed 140 pounds, it was later discovered that he was only seven-years-old.

In another case, an intoxicated sixteen-year-old male had been transported home and refused to cooperate with his mother's wishes. The subject went into his bedroom and obtained a long 2x4 wooden board. The teenager advanced towards and threatened to strike the officer with it. The teenager was exposed to the X26 and it had immediate effect. He fell to the ground and was taken into custody without further incident.

The oldest person Exposed to the X26 was a seventy-four-year-old male subject that had been stopped for suspicion of drunk driving. The officer had observed the subjects vehicle swerving all over the road and nearly strike some road construction equipment. Upon stopping the vehicle, the subject exited and immediately took a "pre-fight stance holding his arms away from his sides with his fists clinched. [His] stance was slightly canted with his right foot back from his left" (i.e. a pre-attack posture). Several times the officer told him to get back inside his vehicle and he refused. The subject then stepped towards the officer and the officer discharged his TASER striking the obese male in the stomach area. The subject bent over slightly and then began to run away. The officer chased after him and upon catching up applied a drive-stun to his back and he fell to the ground a few steps later. Several patrons and acquaintances of the subject exited the bar and began to surround the officer. The subject attempted to get up and the officer applied the TASER again. The subject stayed on the ground until back up officers arrived and he was taken into custody.

Gender / Race

Gender / Race	Deployments	Percentage
Male / White	34	40%
Male / Black	22	26%
Male / Asian	1	1%
Male / Hispanic	2	2%
Male / Indian	17	20%
Female / White	2	2%
Female / Black	0	0
Female / Asian	0	0
Female / Hispanic	1	1%
Female / Indian	3	3%
Unknown	1	1%
Total	83	97%

A total of seventy-six (76) or 92% of all TASER incidents involved a male offender. A total of four (4) females were Exposed to the X26, representing 5% of all offenders. Three (3) of the incidents involved aggressive or violent animals.

TASER Failure Rate

Failure Cause	Number	Percentage
Probes Missed (one or both)	3	3%
Thick / Heavy Clothing	1	1%
Wires Broke During Fall or Handcuffing	0	0
Drive-Stun Failure	2	2%
Weapon Malfunction	3	3%
Other	1	1%
Total	10	12%

As stated earlier, the TASER is yet another use of force option or tool that is available to GBPD officers. GBPD officers are trained to react to a TASER failure, which isn't common, but it has happened in the field. Some of the more common causes for failure are noted above.

In order for a TASER to be effective both probes must make contact with the person to complete an electrical circuit. If one probe misses the TASER will not work and officers can then follow up with another cartridge or a direct contact drive stun. There were three (3) documented cases of the TASER probe(s) missing the subject.

Thick or heavy clothing worn by offenders, especially during the winter months, can prevent TASER effectiveness. The standard TASER probes are meant to penetrate clothing that is no more than two-inches cumulative. In other words, one probe can arch through two cumulative inches of clothing or one inch of clothing per probe. The twenty-five (25) foot hybrid probe used by the GBPD is heavier than the standard probe and is more accurate and consistently penetrates two cumulative inches of clothing. There was one (1) incident of TASERs being ineffective against an offender wearing thick or heavy clothing.

It is uncommon for wires to break during the deployment itself. However, offenders who might roll after being exposed to the X26 can potentially break the wires and render the probes ineffective. There were no documented cases of this occurring.

A drive stun is the act of firmly pressing the front of the TASER against the offender's body and "driving" it into them after the cartridge has been deployed or removed from the end of the weapon. TASER recommends that a drive stun be applied on the following regions of the human body: Carotid artery on the neck, brachial plexus, radial nerves, pelvic triangle, common peroneal nerve, and Tibial region of the legs. The drive stun relies solely on pain compliance and EDP's and other offenders that are under the influence of alcohol or drugs can and have fought through this type of pain. Officers are trained to apply drive-stuns as a last resort. There were two (2) instances of drive stun failure.

Although uncommon, a TASER can also malfunction for various reasons, including mechanical defects (i.e. hang fire) or environmental conditions (i.e. extremely wet). A hang fire occurs when an officer turns on the TASER and pulls the trigger, but the cartridge doesn't deploy. This is usually caused by a slight separation of the cartridge from the TASER unit itself. There have been three (3) documented incidents of TASER malfunction in the field.

Number of Cycles

Cycles	Number of cycles	Percentage
1	49	57%
2	19	22%
3	5	6%
4 or more	2	2%
TOTAL	75	87%

When a TASER is deployed it automatically delivers one five (5) second cycle. The user can turn it off before the five seconds lapses. The first five (5) second cycle is considered to be one (1) cycle. The remaining cycles are controlled by the user and can be delivered by pulling the trigger and turned off by toggling the on/off switch along the top of the TASER. In most cases (57%) only one cycle was required to gain control of the offender. In two cases officers had to administer more than four cycles in order to control the offenders. In one instance the TASER probes were ineffective and the officer was forced to drive-stun the offender six (6) times in order to gain control. In the other instance, which is also discussed above, an EDP suspected to be under the influence of alcohol and drugs who had disrobed in the officer's presence, was Exposed to the X26 seven (7) times throughout a forty-nine (49) minute contact with the offender. He was not only combative with officers, but medical personnel as well and continued to be a threat to them.

The remaining eleven (11) of the recorded "deployments" consisted of laser displays only and the officers indicated that no cycles were required to gain control.

Distance

Distance	Deployments	Percentage
Drive-stun (alone)	6	7%
1-3 feet	10	11%
4-7 feet	34	38%
8-11 feet	17	20%
12-15 feet	2	2%
16-21 feet	1	1%
Unknown	2	2%
Total	72	81%

The TASER cartridges used by the GBPD have a maximum range of twenty-five (25) feet. Most offenders (76%) were exposed to the X26 within zero (0) to eleven (11) feet, which is a common, albeit dangerous, reactionary gap for officers to be in. The

reactionary gap is considered to be the distance between the offender and the officer. The greater the reactionary gap the more time an officer has to respond to a threat. The lesser the reactionary gap the less time the officer has to respond to sudden aggression. The TASER allows officers to effectively protect themselves and safely control subjects within a reactionary gap that can be closed in less than a second by the average offender.

The TASER is also effective within very short distances, such as zero (0) to three (3) feet where 18% of the deployments occurred. Other use of force options, such as O.C. spray are not effective within this short distance due to a “wash out” effect and/or officer contamination that can occur when the spray splashes off the offender and onto the officer. OC spray can also cause eye injuries at very close distances. However, TASER applications within closed quarter battles have been proven effective and safe.

TASER Used to Free Five-Year Old Girl

On 09-14-04 at 1:01am, GBPD officers were dispatched to a 911 open line and upon arrival discovered a disturbance. During the encounter, a male subject took his five-year old daughter hostage and held her as a shield in front of him to prevent officers from using a TASER to subdue him. An officer then “drive-stunned” the subject, which allowed them to control him, rescue the five-year old, and take him safely into custody.

TASER Usage

Type of Use	Number of Uses	Percentage
Full Deployment	57	66%
TASER Displayed – Laser dot	13	15%
Arc Displayed – compliance	10	12%
Drive Stun (alone)	6	7%
Total	86	100%

In most deployments (66%), a full deployment of the TASER was used to obtain control of the offender. The mere presence and turning on the TASER with the laser dot pointed at the offender or the arching of the device gained control in 26% of all deployments.

Drive stun use was documented a total of fourteen (14) times by officers during a deployment. Eight (8) of the drive stuns were used in conjunction with a probe deployment. In six (6) instances a drive stun alone was administered.

Armed Suspects

Armed Suspects	Number of Armed Suspects	Percentage
Number of armed suspects (actual TASER deployment)	5	6%
Number of armed suspects (incidents where TASER was displayed or use was threatened)	2	2%
Total	7	8%

The TASER is not considered a substitute for deadly force. It is yet another tool that officers can use to safely subdue violent offenders. When encountering a potentially deadly force scenario, if a TASER is a viable option, officers are trained to also have another officer present with their firearm ready in case the TASER fails and deadly force is necessary.

During the eighteen (18) months that this study encompasses, Green Bay Police Officers encountered at least seven (7) instances where deadly force would have been a legitimate option. However, the use of the TASER prevented deadly force from being used and ultimately saved the lives of these individuals. It also saved potential injury or even death to officers and prevented them from having to go through the physiological and psychological ramifications of using deadly force, which can be just as tragic and even career ending. These seven (7) incidents are summarized below.

On 11-24-04 at 2:50am, officers were dealing with an EDP who had barricaded herself in a bathroom armed with a knife. Entry was made and EDP was exposed to the X26 and successfully taken into custody without further incident.

On 01-02-05 at 3:51am, officers responded to a residence for a suicidal female with a knife. Upon arrival, officers encountered the female holding the knife to her stomach. Officers ordered her to drop the knife and she was unresponsive. Officers exposed her to the X26, which created incapacitation and allowed officers to take her into custody without further incident. The TASER prevented officer and subject injury.

On 03-25-05 at 2:23am, officers responded to an apartment for an unwanted intoxicated subject. The subject was uncooperative with officers and armed with a knife that was strapped to his boot. The subject lunged for the knife once and taunted officers, threatening them. The subject lunged for the knife a second time and was exposed to the X26. The TASER had immediate effect and the subject fell to the ground. The subject was safely taken into custody without further incident. Without the TASER, deadly force may have been the only other option.

On 04-07-05 at 3:40am, officers responded to a residence for a suicidal subject threatening to kill himself with a knife. Upon arrival, the subject exited the residence holding two knives to his throat. The subject repeatedly threatened that he was going to

kill himself. The subject was exposed to the X26, which had immediate effect, and he was taken into custody. The TASER prevented officer and subject injury and without it deadly force may have been the only other option.

On 05-09-05 at 1:10am, officers responded to a burglary of a gun store and located the suspect vehicle leaving the scene. Officers initiated a felony stop and the front passenger didn't comply and reached under his front seat. Officers approached with handguns and a TASER drawn. An officer exposed the subject to the X26, which incapacitated him and allowed officers to pull him out of the vehicle and onto the ground. The subject began to resist and two drive stuns along with active countermeasures were employed, which allowed officers to get custody and control of him. A loaded handgun was discovered under the seat where the subject was reaching. Without the TASER, officers would have likely engaged in a deadly force encounter.

On 05-28-05 at 2:57am, officers responded to a suicidal subject with a knife. Upon arrival, officers encountered the subject seated at a kitchen table and he was still holding the knife. Officers told him to drop the knife, turned on the TASER and pointed the laser dot at him. Officers told him again to drop the knife or he would be exposed to the X26. The mere sight of the TASER convinced the subject to drop the knife and he was safely taken into custody.

On 06-20-05 at 12:12am, officers were dispatched to a suicidal male with a knife. Officers encountered the male who was holding a "Rambo style" knife and threatening to harm himself. The subject refused to drop the knife and was exposed to the X26. The first deployment was ineffective, but the second cycle was effective. After the first five-second cycle, the subject attempted to reach for the knife and a second cycle was applied, which allowed the officers to obtain custody and control of him. Without the TASER deadly force may have been the end result. It's fair to say that the TASER likely saved his life.

Frequency of TASER Use

Calls for Service	Deployments	Percentage
41,467 (06-30-04 to 12-31-04)	34	.082%
81,514 (01-01-05 to 12-31-05)	52	.064%

GBPD officers do not frequently use their TASER as a control device. However, when used it has been shown to be a safe and effective tool for controlling violent offenders. In both 2004 and 2005 GBPD officers used their TASER's at a rate of less than 1% of all their calls for service.

Conclusion

The key findings of this study include:

- The X26 TASER is an effective and safe device to control combative offenders who pose a significant threat to themselves, officers, or others.
- The X26 TASER is used sparingly to control violent offenders with no instances of serious injury to officers and/or offenders.
- In several instances, the mere presence of an X26 TASER has convinced offenders to comply with no additional use of force measures needed.
- The X26 TASER is an effective device to control those most at risk for sudden in-custody death and when used appropriately can prevent the end result of excited-delirium, that being death.
- Although not a deadly force tool, the X26 TASER has been used at least seven (7) times to gain control of offenders who were posing a significant and potentially deadly force threat to officers or others. Therefore, the use of this tool prevented at least seven potentially deadly force incidents.
- GBPD officers are deploying the TASER in an appropriate manner consistent with their training and policy.

Sources

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TASER Report Supplement

By Lisa A. Knetzger

The Psychology of TASER Use at the Green Bay Police Department

Introduction

<p>This report was initially created for a psychology study in late 2005 and accompanies the Green Bay Police Department TASER Report.</p>
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News reports abound about the TASER's effectiveness and in some cases opponents argue that they are too dangerous and should be forbidden. The purpose of this study is not to measure their level of effectiveness on the adversaries that police encounter, but rather to measure whether or not a TASER increases an officers level of confidence on the street and/or provides them with a psychological edge.

Methodology

In an effort to measure whether or not TASER's provide officers with a psychological edge and increased confidence, a survey was distributed to members of the Green Bay Police Department. *Appendix B* contains an example of the survey. The survey measures two psychological factors, (1) whether or not a TASER provides the officers with a psychological edge and/or (2) increases their level of confidence in the performance of their duties. The survey further requested them to identify whether or not they have deployed (used) the TASER in the line of duty.

A TASER deployment is defined as, "the activation of a TASER resulting in an arching of the unit, a contact maneuver on a subject or animal, and/or the discharge of an air cartridge whether or not the probes strike their intended target. The mere display or threat of use of the CEW is not a deployment" (source: Green Bay Police Department "Conducted Energy Weapon Policy"). Whether or not they deployed it was then compared to the level at which the TASER provides a psychological edge and/or increases their confidence. In other words, is there a direct correlation between whether or not the TASER has actually been used in the field and the psychological edge and/or level of confidence it provides?

Surveys were distributed at the police department roll calls over a twenty-four hour period on Friday, December 9, 2005 at 7:00pm and ending on Saturday, December 10, 2005 at 7:00pm. Surveys were distributed at all four roll calls over that time period. Roll calls are held for each of the five shifts at the police department: Early day shift, late day shift, afternoon shift, evening (power) shift, and the night shift. All officers that carry TASER's during these shifts were provided with and returned a copy of the survey.

There are a total of 186 sworn officers at the Green Bay Police Department, with 130 of them assigned to the patrol division. It is estimated that 60% or seventy-eight (78) of these patrol officers voluntarily carry a TASER. A total of 38 surveys were completed and returned, representing a sample size of 49%.

Analysis

Twenty (21) of the respondents indicated that they have deployed a TASER in the line of duty. Seventeen (17) of the respondents indicated that they have not deployed a TASER in the line of duty.

For those who responded with “YES” (21) that they have deployed a TASER in the line of duty, the survey results are as follows:

Statement related to level of confidence	Results
Carrying a TASER increases my level of confidence when dealing with a combative or violent suspect.	12 (57%)
Carrying a TASER does not increase my level of confidence when dealing with a combative or violent suspect.	1 (5%)
Carrying a TASER neither increases nor decreases my level of confidence when dealing with a combative or violent suspect.	8 (38%)

Statement related to psychological edge	Results
Based on my experience, a TASER provides me with a psychological edge over the adversary.	8 (38%)
Based on my experience, a TASER does not provide me with a psychological edge over the adversary.	2 (10%)
Based on my experience, a TASER neither increases nor decreases the psychological edge over the adversary.	4 (19%)

For those who responded with “NO” (17) that they have deployed a TASER in the line of duty, the survey results are as follows:

Statement related to level of confidence	Results
Carrying a TASER increases my level of confidence when dealing with a combative or violent suspect	8 (47%)
Carrying a TASER does not increase my level of confidence when dealing with a combative or violent suspect.	2 (12%)
Carrying a TASER neither increases nor decreases my level of confidence when dealing with a combative or violent suspect.	6 (35%)

Statement related to psychological edge	Results
Based on my experience, a TASER provides me with a psychological edge over the adversary.	12 (71%)
Based on my experience, a TASER does not provide me with a psychological edge over the adversary.	2 (12%)
Based on my experience, a TASER neither increases nor decreases the psychological edge over the adversary.	3 (18%)

Analysis & Conclusions

Based upon the results of this survey, we can conclude that for those officers who carry a TASER in the line of duty and **have deployed it**, 57% of them report that it increases their level of confidence when carrying out their duties. Of these same respondents, 38% of them report that the TASER provides them with a psychological edge over the adversary. 19% of them report that it neither increases nor decreases their psychological edge.

For those officers that **have not deployed** their TASERs in the line of duty, 47% of them report that it increases their level of confidence and 71% report that it provides them with a psychological edge over the adversary.

Each part of the survey contained one negative question about the TASER; that being that it does not increase their level of confidence and it does not provide them with a psychological edge. For those that **have not deployed** their TASER in the line of duty, only 12% report that it does not increase their confidence and 12% report that it does not provide a psychological edge. This statistic could very well change when they experience a deployment. For those that **have deployed** their TASER in the line of duty, only 5% report that it does not increase their level of confidence and only 10% report that it does not provide a psychological edge.

These survey results indicate that there is an overwhelming belief that a TASER does provide officers with a psychological edge over the adversary and it does increase their level of confidence on the street.

It is recognized that this survey represents the views of a small number of officers. Additional research would need to be conducted in this area to determine if this is a global trend.



Appendix A

Green Bay Police Department TASER Use of Force Report

Date/Time: _____ Report # _____

TASER Officer's Name: _____ Other Officers Involved _____

On Scene Supervisor: _____

Air Cartridge Type(s): ___ 25ft. XP (Black/Green) ___ 21-ft Standard ___ 21-ft XP ___ 15-ft

TASER Unit # _____ TASER Serial #: _____ Medical Facility: _____ Doctor: _____

Nature of the Call or Incident: _____ Charges: _____ Booked: Y / N

Type of Subject: ___ Human ___ Animal

Location of Incident: () Indoor () Outdoor () Jail () Hospital () Other _____

Type of Force Used (Check all that apply): () Physical () Baton () Impact Munition () Chemical
() Firearm

Nature of the Injuries and Medical Treatment Required: _____

Admitted to Hospital for Injuries: Y / N Admitted to Hospital for Psychiatric: Y / N

Medical Exam: Y / N Suspect Under the influence: Alcohol / Drugs (specify): _____

Was an officer/law enforcement employee injured other than by TASER? Y / N

Incident Type (circle appropriate response(s) below):

**Civil Disturbance Suicidal Suicide by Cop Violent Suspect Barricaded
Warrant Other**

Age: _____ Sex: _____ Height: _____ Race: _____ Weight: _____

TASER use (circle one): Success / Failure

Suspect wearing heaving or loose clothes: Y / N

Number of Air Cartridges fired: _____

Number of cycles applied: _____

**Usage (check one): () Arc Display Only () Laser Display Only () TASER
Application**

TASER: Is this a dart probe contact: Y / N Is this a drive stun contact: Y / N

Approximate target distance at the time of the dart launch: _____ feet

Distance between the two probes: _____ inches Need for an additional shot? Y / N

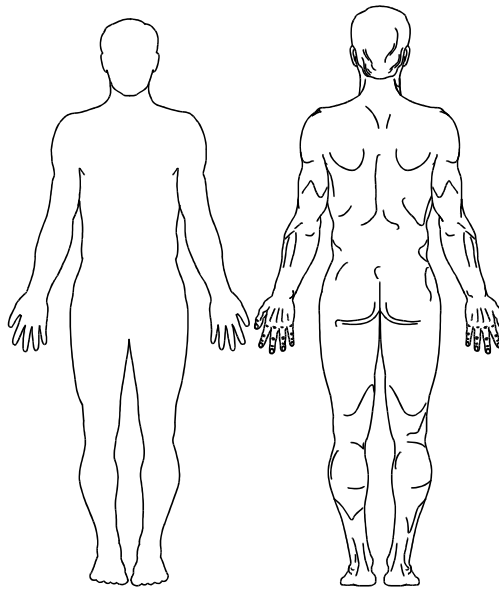
Did dart contacts penetrate the subject's skin? Y / N Probes removed on scene: Y / N

Did TASER application cause injury: Y / N If yes, was the subject treated for the injury: Y / N

DESCRIPTION OF INJURY:

APPLICATION AREAS

(Place "X's" where probes hit suspect AND "O's" where stunned)



SYNOPSIS:

(Continued on next page)

Need for additional applications? Y / N Did the device respond satisfactorily? Y / N

If the TASER deployment was unsuccessful was a DRIVE STUN followup used? Y / N

Describe the subject's demeanor after the device was used or displayed?

Chemical Spray: Y / N

Baton or Blunt Instrument: Y / N

Authorized control holds: Y / N

If yes, what types: _____

Describe other means attempted to control the subject: _____

Photographs Taken: Y / N

Report Completed by:

ADDITIONAL INFORMATION

Appendix B – TASER Survey that was distributed

Anonymous TASER Survey

Lisa Knetzger

I am conducting an anonymous TASER survey in conjunction with a psychology study. **Please DO NOT put your name on the survey. ONLY complete this survey if you carry a TASER on a regular basis. DO NOT complete this survey if you have already completed one. Please complete the TASER survey upon receipt of it.**

1. Have you ever had to deploy a TASER in the line of duty? **A deployment** is defined as the activation of a TASER resulting in an arching of the unit, a contact maneuver on a subject or animal, and/or the discharge of an air cartridge whether or not the probes strike their intended target. **The mere display or threat of use of the CEW is not a deployment.**
 NO YES
2. Please circle the statement that most accurately applies to you:
 - a. Carrying a TASER increases my level of confidence when dealing with a combative or violent suspect.
 - b. Carrying a TASER does not increase my level of confidence when dealing with a combative or violent suspect.
 - c. Carrying a TASER neither increases nor decreases my level of confidence when dealing with a combative or violent suspect.
3. Please circle the statement that most accurately applies to you:
 - a. Based on my experience, a TASER provides me with a psychological edge over the adversary.
 - b. Based on my experience, a TASER does not provide me with a psychological edge over the adversary.
 - c. Based on my experience, a TASER neither increases nor decreases the psychological edge over the adversary.