



STATE OF CONNECTICUT

ELECTRONIC DEFENSE WEAPON ANALYSIS AND FINDINGS, 2015

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EXECUTIVE SUMMARY

In an effort to increase transparency and better understand taser¹ use, the Connecticut General Assembly passed Public Act 14-149, “*An Act Concerning the Use of Electronic Defense Weapons by Police Officers*,” in 2014. PA 14-149 directed the Police Officer Standards and Training Council (“POSTC”) to draft and distribute a model policy for regulating the use of tasers. This law requires that every police department adopt and maintain a taser policy that meets or exceeds the standards set by the POSTC model policy. The new law also requires police officers to document each incident in which a taser was used and for law enforcement agencies authorizing such use to report all incidents to the Office of Policy and Management (OPM), Criminal Justice Policy and Planning Division, by January 15 of the following year.

The Institute of Municipal and Regional Policy (IMRP), at Central Connecticut State University, was tasked by the Office of Policy and Management’s Criminal Justice Policy and Planning Division with compiling and analyzing the reported taser data for 2015.

The findings and recommendations in this report are based on analysis of the data submitted by 79 police departments in 2015, including a review of policies governing the use of tasers. This was the first year in which data on taser use has been collected in Connecticut. Based on numerous factors, IMRP researchers believe the data collected is not indicative of the entirety of required incident reporting based on PA 14-149. Therefore, while the descriptive statistics presented in this report raise many questions as to how, when, why, and on whom reported taser usage occurs within law enforcement agencies, they cannot be taken to conclusively establish what is happening with respect to all law enforcement taser use in Connecticut. As such, this first year of taser findings should be interpreted with caution.

E.1A: FINDINGS FROM THE 2015 ANALYSIS

In Connecticut in 2015, there were approximately 100,000 arrests, 600,000 traffic stops and an unknown number of other police-citizen encounters. The Connecticut State Police and 90 municipal police departments authorize officers to carry tasers. Seventy departments reported at least one taser deployment in 2015. There were 650 EDW reports documenting taser incidents involving 610 people.

Less than one percent (0.08%) of the approximately 700,000 arrest and traffic stop incidents in Connecticut in 2015 involved the use of tasers by police officers. This percentage may be even lower if the total number of statewide police-citizen encounters, including calls for service, were included.

However, ***the use of tasers by police appears to be under-reported***. Many police departments did not report all uses of a taser. Much of the underreporting appears to have involved incidents in which the taser was used in laser-sight or warning arc mode without delivering an electric shock. For

¹ TASER International Inc., is a leading manufacturer of electronic control weapons. The weapon is colloquially referred to as a “taser,” but goes by many names including Electronic Defense Weapon (EDW), Conducted Electronic Weapon (CEW) or Electronic Control Weapon (ECW). Since virtually all law enforcement agencies in Connecticut use weapons produced by TASER International Inc., this report will refer to this weapon as a “taser”, regardless of make or model.

example, the two largest police departments (Connecticut State Police and Hartford) reported almost no taser incidents in which the taser was arced or laser-sighted, but no one was tased.² It seems improbable that only one officer from either department sighted or arced a taser in 2015. Several of the largest departments told IMRP researchers that they had been unaware of the requirement to report all activation of tasers, not just incidents in which a person was tased.

At least one incident of under-reporting occurred in an incident that resulted in death: ***the Hartford Police Department did not report a taser incident that occurred on August 7, 2015 and the subject died as a result of the police encounter.***

Females were much less likely to be involved in a taser incident than males. The vast majority (94%) of persons involved in taser incident were male.

Minority persons account for 53 percent of all taser incidents compared to white persons who account for 48 percent.

Twenty-two persons under the age of 18 were involved in a taser incident. Nine of them were tased, of whom, seven were black and two were white. Five of the nine youth tased were reported as emotionally disturbed or suicidal.

Of the 610 people involved in taser incidents, 419 received an electric shock (69%). ***Of the males involved in taser incidents, white males received an electric shock 60 percent of the time, Hispanic males were shocked 66 percent of the time and black males were shocked 81 percent of the time.*** While white males involved in reported taser incidents were about as likely to be warned as to be tased, black and Hispanic males involved in taser incidents were more likely to be tased than to be warned.

The majority (83%) of persons involved in a reported taser incident were unarmed. Of the armed persons, officers only indicated that 27 percent threatened to use the weapon. More than 40 percent of armed people tased were identified as suicidal. Although black and Hispanic persons involved in reported taser incidents were more likely than white persons to be tased, ***black and Hispanic persons were less likely than whites to be armed.*** About 19 percent of white males were armed, compared to 16 percent of Hispanic males and 12 percent of black males.

One-third (33%) of persons involved in reported taser incidents were described as “emotionally disturbed.” Persons described as “emotionally disturbed” were somewhat more likely to be tased than persons who were not so described.

Furthermore, ***13 percent of reported taser incidents involved persons described as “suicidal.”*** Persons described as “suicidal” were much more likely than non-suicidal persons to be armed. Armed persons were more likely to be tased if they were suicidal than if they were not.

Nearly half of all persons involved in reported taser incidents (49%) were identified as “under the influence of alcohol/drugs” or “possibly intoxicated.” Unfortunately, the EDW report provides little contextual information by which to better assess this finding.

Of 419 persons who were tased, more than 60 percent reportedly received only one electric shock and about 30 percent received multiple shocks. Hispanic males who were tased were more likely

² Of 51 persons involved in taser incidents reported by Hartford, 100% were tased. Of 33 persons involved in taser incidents reported by CSP, 32 persons were tased.

to be shocked multiple times, whereas black males who were tased were less likely to be shocked more than once.

E.1B: RECOMMENDATIONS

1. Improve data collection form

A consistent finding throughout this report is that the available data on taser use does not suffice to answer questions raised by Public Act 14-149 and by the POSTC model policy. Although these data raise many more questions than they answer, some of those questions could be answered with more consistent reporting practices and more comprehensive data collection. Improved reporting and data collection could yield meaningful evidence that could inform public policy with respect to tasers and possibly of other uses of force. With more comprehensive data collection and more complete, consistent and accurate reporting, stronger conclusions could be drawn about cross-departmental differences in taser practices, and about the relationship between departmental policy and reported taser practice.

To allow for more accurate and consistent analysis of taser data, it is recommended that existing taser data form be amended to collect the following:

- whether the tased person was arrested and the charges filed;
- physical condition of the person upon the officer's arrival and after taser deployment;
- whether the tased person was transported to a hospital; and
- supervisor determination of justification on each deployment.

2. Clarify reporting practices

In this first year of data collection, different departments appeared to have divergent understandings of their reporting obligations. For example, some departments completed EDW reports in real time, on the day of the incident or immediately afterward, while others completed all their EDW reports at the end of the year, close to the statutory deadline. Some departments reported incidents that were not deemed reportable under the POSTC policy (i.e., incidents in which the taser was un-holstered but not activated), while other departments told researchers that they had not realized that the POSTC policy required reporting of incidents of arcing or laser-sight activation if no one was tased. Furthermore, some departments completed EDW forms without recording the number and duration of each electric shock.

It is recommended that POSTC clarify the following with respect to departmental reporting obligations:

- EDW reports must be completed at the same time as use-of-force and case incident reports;
- reporting of the number and duration of electric shocks is mandatory; and
- reporting of arcing and laser-sight activations is mandatory, while reporting of un-holstering without activation is not required.

3. Collect use-of-force and case incident reports for all taser incidents

Much of the data that could yield more meaningful results is contained in two other documents that are required by state law to be produced with respect to every use of force: the use-of-force report

and the case incident report. Departments should be required to submit, along with the taser form, all use-of-force forms and case incident reports from every incident in which a taser was activated in laser sight, warning arc, drive-stun or cartridge (prong) mode. In some circumstances, activation of the taser in laser sight or warning arc mode may not be subject to state law or departmental policy requirements to produce a use-of-force form. In such incidents, case incident reports should be submitted along with the EDW form.

It is also recommended more research be conducted in four preliminary areas:

- How—in policy and practice—are tasers and other less-lethal weapons are situated with respect to the standard use-of-force continuum?
- What is the relationship between departmental policy and practice with respect to taser use and the use of other kinds of less-lethal force?
- Which medical, behavioral and situational factors are associated with serious injuries or fatalities in reported taser incidents?
- Does the use of tasers reduce injuries to police and other persons during police-citizen encounters? If so, how and in what circumstances? How do the results of taser incidents compare to the results of similar incidents involving the use of other less-lethal weapons, or of no force at all?

This research might address variations across departments with respect to policy, use and reporting of taser use. Continued research may help to improve the routine collection of data to inform public policy. Researchers and police departments should collaborate to explore the findings of the studies. In particular, police departments may wish to use research findings to improve policies, training and protocols on taser use.

4. Additional research on persons experiencing psychiatric crisis

The manufacturer of the taser, TASER International, cautions that taser use may be ineffective against persons who are intoxicated or experiencing psychiatric crisis. Medical research also suggests that taser use against such persons may pose a heightened risk of injury. At the same time, circumstances may exist in which a taser (or other use of force) is the most appropriate option for gaining control of persons experiencing psychiatric crisis and getting them into treatment. Further research is required into when and in what circumstances taser use might be appropriate in response to persons experiencing psychiatric crisis. Research in answer to the following questions might aid the development of evidence-based policy with respect to the use of tasers and other physical force against persons experiencing psychiatric crisis:

- What are best practices with respect to emergency medical response to persons experiencing apparent psychiatric crisis?
- In which circumstances might taser use on persons experiencing psychiatric crisis pose particular health risks? In which circumstances might taser use be a safe option for officer, person in crisis, and other persons involved?

5. Collect data on other use-of-force incidents

This data collection effort sought no data about other police-citizen encounters in which less-lethal force is used. As a result, the collection of data on taser incidents cannot be compared to other incidents involving less-lethal force, or to incidents resolved without use of force. We recommend

that in all cases in which force is used, use-of-force and incident reports be submitted to the state to improve the data analysis and increase transparency.

6. Review intent and implementation of model policy as mandated by PA 14-149

POSTC complied with Public Act 14-149 in adopting a model policy on the use of tasers. Although Public Act 14-149 does not specify any required content for the POSTC model policy, the policy does not incorporate several guidelines recommended by DOJ, PERF and TASER International, Inc. The policy also does not set guidelines as for what would “meet or exceed” the model policy standards. Presumably, the intent of the law was to set a best practice standard for taser usage in Connecticut, and to have those standards uniformly promulgated throughout law enforcement agencies. As such, policymakers may want to revisit the law’s specifications for the model policy mandate and make this policy subject to review under the Uniform Administrative Procedure Act (Chapter 54 of the Connecticut General Statutes.)

7. Review additional department policies regarding use-of-force

Police departments maintain policies on the use-of-force continuum and the use of less-lethal weapons. These policies may address dealing with emotionally disturbed, mentally ill or disabled persons; handling suicidal persons; and other issues that impact an officer’s decision to deploy a taser. The departments also maintain policies and curriculum for pre- and in-service training of officers in the use of tasers and other less-lethal weapons, communication skills, de-escalation techniques, understanding and communicating with disturbed, disabled, suicidal or other persons in distress, and tactical training exercises. None of these policies were reviewed. To conduct a comprehensive evaluation of the adequacy and effectiveness of the POSTC model policy and departmental policies, all policies pertaining to and impacting the use of tasers should be reviewed to determine how they balance public safety, the safety of suspects, and the safety of police officers. Alternately, police departments could submitted an annotated version of their taser policy that explicitly cross-references rules and situations that may be addressed by other departmental policies.

INTRODUCTION

During the past four decades, new technologies have emerged that offer the promise of more effective police control over resistant and noncompliant persons with fewer or less serious injuries to the officers and the civilians involved. Electronic control devices have been used by the police since the 1970s, but in the past 10 years have come into widespread use.

TASER³ International Inc., is a leading manufacturer of electronic control weapons. The weapon is colloquially referred to as a “taser,” but goes by many names including Electronic Defense Weapon (EDW), Conducted Electronic Weapon (CEW) or Electronic Control Weapon (ECW). Since virtually all law enforcement agencies in Connecticut use weapons produced by TASER International Inc., this report will refer to this weapon as a “taser”, regardless of make or model.

Tasers are considered a less-lethal option that can allow officers to de-escalate aggressive and/or noncompliant individuals and reduce the risk of injury to officers, individuals and bystanders. In a 2010 analysis of use of force, the Connecticut State Police (CSP) Office of Professional Standards, described the taser as a “low-level use of force option that allows a trooper to bring a subject under control with minimal effort and hence minimal risk to both the subject and the trooper.” CSP noted an “inverse trend” from 2007 through 2009 by which the introduction of the taser tended to displace “other force options including pepper spray.” It noted that, “In all cases of taser deployment, some form of hands on techniques would have been reasonable and justified, but may have lead [sic] to injury to the subject, trooper or both.”

Tasers are intended to be less-lethal weapons, and are not designed to kill. Nonetheless, deaths have been reported among people who have been tased. Persons who are injured, intoxicated, under the influence of drugs, have pre-existing heart conditions or are tased multiple times appear to be at heightened risk of death or serious injury. National estimates of the number of taser-associated deaths vary: the National Institute of Justice (NIJ) reported more than 200 Americans have died after being shocked by tasers, while the American Civil Liberties Union reports that, since the early 2000s, more than 500 persons have died after being tased. The rate of death or serious injury per taser use cannot be known because national estimates of the number of taser deployments do not exist. In Connecticut¹⁴ persons have reportedly died after being tased as of January 1, 2016 since the introduction of tasers in 2005. Some of those who died were reported to be otherwise healthy adults, while others were under the influence of drugs or had physical or mental illnesses. These deaths have raised questions about whether, when and how tasers can be safely used.

In an effort to increase transparency and better understand taser use, the Connecticut General Assembly passed Public Act 14-149, “*An Act Concerning the Use of Electronic Defense Weapons by Police Officers*,” in 2014. PA 14-149 directed the Police Officer Standards and Training Council (“POSTC”) to draft and distribute a model policy for regulating the use of tasers. This law also requires that every police department adopt and maintain a taser policy that meets or exceeds the standard set by the POSTC model policy. The new law also requires police officers to document each incident

³ TASER is a trade name and an acronym. The letters stand for “Thomas A. Swift’s Electric Rifle”. Tom Swift was the science whiz hero of a series of novels written for young people in the 1940s and 1950s.

in which a taser was used and report all incidents to the Office of Policy and Management (OPM), Criminal Justice Policy and Planning Division, by January 15 of the following year.

The potential value of data collection was also emphasized in the Police Executive Research Forum (PERF) 2011 Electronic Control Weapon (taser) Guidelines. PERF guidelines suggest that, given the recent increase of taser use and their relative newness as a tool for officers, data collection can allow for cross-departmental comparisons and to identify officers who may use tasers at an increased rate or in a discriminatory or improper fashion.

The Institute of Municipal and Regional Policy (IMRP), at Central Connecticut State University, was tasked with compiling and analyzing the reported taser data for 2015. This report presents the analysis and findings from the first year of reported data.

SECTION I: DESCRIPTION OF A TASER

This section provides a description of the taser and information about how tasers work and when they can be used.

I.A: WHAT IS A TASER?

Connecticut law (CGS § 53a-3(20)) defines an “electronic defense weapon” as “a weapon which by electronic impulse or current is capable of immobilizing a person temporarily, but is not capable of inflicting death or serious physical injury.” The weapon’s purpose is to subdue a person and/or obtain compliance with an officer’s directives by administering electric shock that disrupts superficial muscle functions and/or causes pain without significantly harming the person.

Electronic defense weapons take many forms and serve many functions. Stun guns, batons (or prods), and belts can administer electric shock by direct contact. Long-range electroshock projectiles, which can be fired from ordinary shotguns and do not need the wires, have been developed as well. The firearm-style electronic defense weapons commonly described as tasers are the weapons most commonly issued by Connecticut police departments to their officers. Tasers fire projectiles that can administer a shock by firing two sharp prongs (also called darts) attached to thin, flexible wires up to 25 feet long. The prongs are designed to pierce the subject’s skin and/or clothing and lodge in muscle tissue. If both prongs pierce the subject’s skin, the taser can deliver an electric shock, the duration of which is controlled by the officer operating the firearm.

Figure 1.0: Common Taser Used in Connecticut



TASER International, Inc., based in Scottsdale, Arizona, is an American developer, manufacturer, and distributor of electronic control weapons. Figure 1 shows the most common taser design used in Connecticut. Most tasers have bright yellow markings to differentiate them from firearms.

First generation stun devices were originally designed, much like a cattle prod, to inflict severely unpleasant sensations without imposing a loss of muscle control. This was a pain-compliance tool: it is designed to administer a shock so painful that the person would comply with the police officer. The stun devices proved to be

ineffective against persons because they were under the influence of alcohol or drugs or for any other

reason — had unpredictably high pain thresholds that allowed them to continue physical resistance in spite of the painful shock.

In 2001, TASER International, Inc. developed its “Advanced Taser Electro-Muscular Disruption” systems, which introduced the modern version of tasers with a stronger charge that reached and synchronized with the activity of motor nerves lodged deep in muscle tissue. With 50 to 60 pulses per second, the newer tasers induced sustained muscle contractions, rigidity and spasms. Persons who are tased are rendered physically immobile for the duration of the electric shock.

I.B: HOW DOES A TASER WORK?

The most common deployment mode, cartridge deployment mode, is described above, it fires two electrodes (darts) tethered to long, insulated wires into a person’s skin or clothing in order to create an electrical circuit. Tasers can shoot a person from approximately 15 to 20 feet away. When the officer presses the trigger to fire the taser, the darts are projected at a speed of 180 feet per second. An electrical signal transmits through the region where the probes make contact with the skin or clothing.

Once the electrodes hit a person, the taser sends a pulse with about 50,000 volts and a few milliamps. By the time it comes in contact with the person’s body, the charge is usually diminished to about 1,800 volts. In comparison, the electrical shock delivered by a household electrical outlet delivers about 150 volts and a defibrillator delivers 450 to 750 volts.

On its standard setting, the pulse cycles for five seconds before shutting off, but the pulse continues for as long as the trigger is depressed. The five-second shock sends signals through the person’s nervous system causing considerable pain and triggers muscle contractions resulting in temporary paralysis. The weapon is intended to ensure that the nervous system does not recover instantly to allow the subject to remove the probes.

A taser can also be used in what is called drive-stun mode. This causes more localized pain and less widespread muscle contractions. Different models have different lengths of cycles. Newer models allow for longer cycles than the older models.

The basic idea of a taser is to disrupt the body’s communication system. The charge is designed not to be intense enough to damage the person’s body unless it is applied for an extended period of time. The charge (about 3 milliamps) interrupts the normal electrical signal from the person’s brain to his or her muscles, mixing it with “noise” caused by the taser. Because the brain signals cannot reach the muscles, the person temporarily becomes partially paralyzed. A person may also become confused and unbalanced and fall down, which is why it is used to subdue persons in police altercations.

Since there are muscles and nerves all over the body, the taser’s effectiveness does not vary according to where on the body a person is hit. The taser’s effectiveness varies depending on the weapon model and a person’s body size pain threshold. In general, a shock of a half a second’s duration issues a painful jolt that will startle a person. A current lasting for one or two seconds causes muscle spasms and the person will become dazed. A current of three seconds or more will render the person unbalanced and disoriented and the person may lose muscle control and fall down. There are persons with certain physiological or medical conditions who may not be incapacitated despite any length of shock.

TASER International Inc., warns that the weapon may cause breathing problems, skin irritation, small puncture wounds or minor burns. It also reports that the violent muscle contractions can result in “athletic-type injuries”.

I.C: HOW CAN A TASER BE USED?

Police officers can use a taser in a variety of ways allowing for a graduated use of the weapon based on the person’s noncompliance and/or the situational threat posed. An officer can warn a person of potential use of the weapon by simply removing it from the holster.

The taser can be arced or the laser pointed. Arcing refers to display of an electrical arc without discharging the probes or delivering any electric shock (spark test). Laser pointing refers to activation of the taser’s laser sights to warn a person that the taser is trained on him/her. A threat to use the taser may suffice to get a person to comply with the officer’s directions.

I.D: WHEN CAN A TASER BE USED?

The use of a taser, like any other less-lethal or lethal weapon, is regulated by departmental policies, and by federal and state law.

Departmental Policies: The Use-of-Force Continuum

Police officers are instructed through training about when the use of a taser is appropriate. In many departments, this training involves tasing the trainees so that officers may experience the pain and paralysis.

Tasers are used to subdue a subject who is noncompliant and/or may pose a threat to the officer or other persons. Types of resistance can be categorized as follows:

- **Verbal Resistance:** a person is disregarding police commands and being verbally combative, but has not physically challenged the officer.
- **Passive Resistance:** a person is resisting officers’ control by going limp (“dead weight”) or refusing to move from their position and or location.
- **Defensive Resistance:** a person is resisting the officer’s physical control efforts by pulling away from officers, moving or spreading their arms apart as officers attempt to apply handcuffs, or any other action aimed to defeat the officer’s physical control such as spitting or fleeing. This type of resistance does not involve physical aggression against the officer.
- **Offensive Resistance:** a person is actively assaulting an officer by punching, slapping, kicking, biting, attempting takedowns, or employing a weapon generally understood to lack lethal force capability.
- **Lethal Resistance:** a person is offering resistance that constitutes an imminent deadly threat to the officer, others or himself. This obviously includes the showing a weapons like a gun and knife, but can also include physical attack or ambush.

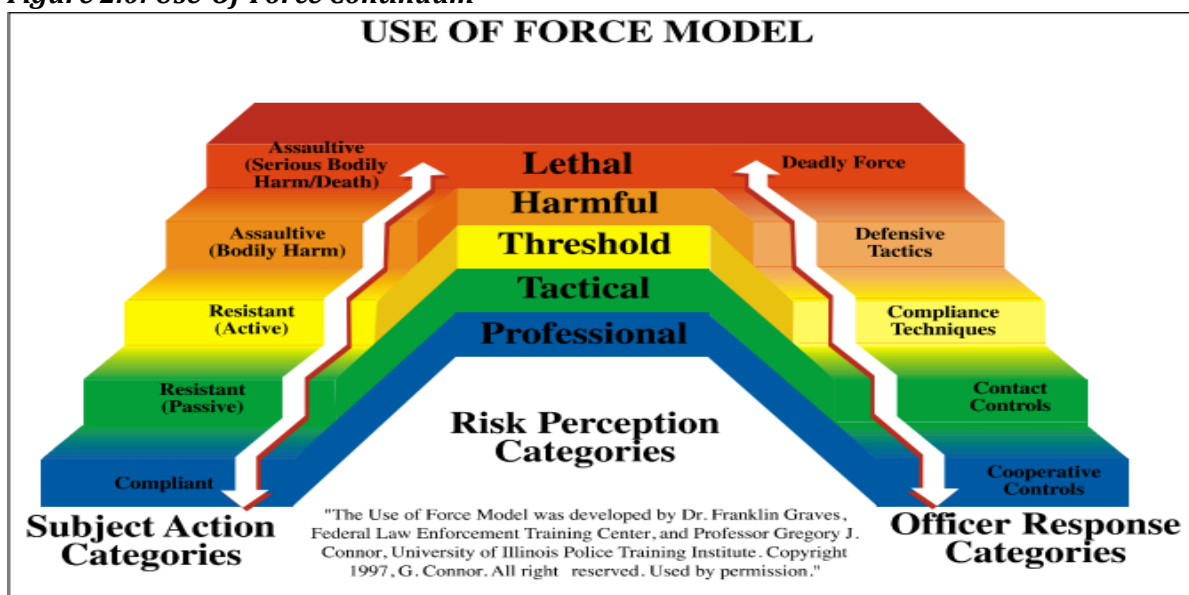
Police officers are trained in the use-of-force continuum, which is a standard that provides police officers with guidelines as to how much force may be used against a resisting or noncompliant person in a given situation. The purpose of this continuum is to clarify, both for the officers and community, the complex subject of use of force. There is no universal or standard model of the use-of-force

continuum and, in theory, each state, law enforcement agency and community determines how it will be policed.

There are, however, central components of the use-of-force continuum. First developed in the 1980s and early 1990s, the use-of-force continuum model is often depicted in a "stair step" fashion. Each level of resistance is matched by a corresponding level of force by the officer. It is generally noted that an officer need not progress through each level before reaching the highest level of force. The progression rests on the premise that an officer should escalate and de-escalate his or her level of force in response to the subject's actions, which can be erratic, spontaneous and influenced by the crowd, location, and situation.

Figure 2 is a depiction of the continuum developed by Dr. Franklin Graves and Professor Gregory J. Connor in 1997. The following are the most common "steps" in the use-of-force continuum:

Figure 2.0: Use-Of-Force Continuum



- **Officer presence:** set by the professionalism, uniform, and utility belt of the police officer and the marked patrol vehicle the officer arrives in. The visual presence of authority is normally enough for a person to comply with an officer's lawful demands. Depending on the totality of the circumstances, a situation may require additional officers or on scene officers may request assistance to gain better control of the situation and ensure a safer environment for all involved. In some models, the officer's taser or firearm un-holstered and pointed at a person may be categorized as officer presence.
- **Verbal commands/cooperative controls:** officers are trained to give clear, direct, and understandable verbal commands. In some cases, it is necessary for the officer to include a consequence to the verbal direction so that the person understands what will happen if the s/he refuses to comply with the command. The verbal command and the consequence must be lawful and not considered excessive according to the continuum.
- **Empty-hand submission techniques:** commonly referred to as Pressure Point Control Tactics (PPCT). These tactical techniques are a level of force that has a low probability of causing soft connective tissue damage or bone fractures. This would include joint

manipulation techniques, applying pressure to pressure points and normal application of hand-cuffs.

- **Hard control Techniques/Aggressive response techniques:** these tactical techniques use an amount of force that has a probability of causing soft connective tissue damage or bone fractures or irritation of the skin, eyes, and mucus membranes. This would include kicks, punches, taser drive-stuns, and use of aerosol sprays such as oleoresin capsicum (pepper spray).
- **Intermediate weapons:** use an amount of force that would have a high probability of causing soft connective tissue damage or bone fractures. (e.g. expandable baton, wood baton, pepper spray, taser deployment, beanbag rounds, rubber fin stabilized ammunition, Mace (spray), police dogs, etc.). Intermediate weapon techniques are designed to impact muscles, arms and legs, and intentionally using an intermediate weapon on the head, neck, groin, knee caps, or spine would be classified as deadly or lethal force.
- **Lethal force/Deadly force:** force with a high probability of causing death or serious bodily injury. Serious bodily injury includes unconsciousness, protracted or obvious physical disfigurement, or protracted loss of or impairment to the function of a bodily member, organ, or the mental faculty. A firearm is the most widely recognized lethal or deadly force weapon, however, an automobile or weapon of opportunity could also be defined as a deadly force utility. Use of lethal force is guided by state and federal laws and case law.

Recognizing that every person and situation is different and has the potential to quickly become dangerous and that each officer's skills are different, it is impossible to determine in advance all the circumstances in which a taser may or may not be used. Police may respond with a level of force necessary to achieve compliance or to prevail over an attacker. It is not intended to be a fair fight; the police are supposed to win. Thus, police are generally allowed to use one level of force higher than the noncompliant person (referred to as the One Plus Rule).

Generally, police officers may deploy tasers in situations where they would otherwise resort to physical tactics and restraints (such as take downs) or empty hand/pain and submission compliance techniques. Tasers may also have replaced uses of other forms of less-lethal weapons such as chemical agents (pepper spray) and baton. Some departments situate taser use at the same level as other impact weapons like a baton.

In a 2010 survey of 346 police departments in the United States and Canada, the Police Executive Research Forum found as follows:

The placement of ECWs on the use-of-force continuum varied somewhat among agencies. Most placed ECWs in the intermediate range on the continuum, either equal to or just below chemical incapacitants, chemical/kinetic hybrids, and strikes/batons. Only a few agencies had ECWs directly beneath deadly force. At the low end of the force spectrum, only a few agencies had ECWs equal to control holds. A significant majority allowed the ECW to be used when officers encountered active resistance (80%) or aggressive resistance (91%). A much lower number of agencies (7%) allowed the use of an ECW when an officer encountered passive resistance—a use that the 2005 guidelines recommended against, as do the new 2011 guidelines contained in this report.

Use of Force: Legal and Constitutional Rules

Taser use, like all other kinds of force, is governed by constitutional principles governing the use of force more generally. The use of force by an officer is constitutional if it is objectively “reasonable” under the standard set by, among other cases, the U.S. Supreme Court’s decision in *Graham v. Connor*.⁴ To determine whether a use of force was objectively reasonable, a court must balance the intrusion on the individual’s Fourth Amendment interests, that is, the severity of the force used, against the government interests at stake in the circumstances. This balance requires “careful attention to the facts and circumstances of each case, including the severity of the crime at issue, whether the suspect poses an immediate threat to the safety of the officers or others, and whether he is actively resisting or attempting to evade arrest by flight.” The court must judge the reasonableness of a particular use of force “from the perspective of a reasonable officer on the scene, rather than with the 20/20 vision of hindsight. ... [allowing] for the fact that police officers are often forced to make split-second judgments—in circumstances that are tense, uncertain, and rapidly evolving—about the amount of force necessary in a particular situation.”

Even if an officer’s use of force is unreasonable and violates the Fourth Amendment, the officer may enjoy “qualified immunity”—may be exempt from liability for violating the constitutional right—if the right was not “clearly established” at the time of the incident,⁵ or if “officers of reasonable competence could disagree” as to whether the use of force was legal at the time.⁶

⁴ 490 U.S. 386 (1989).

⁵ *Saucier v. Katz*, 533 U.S. 194 (2001).

⁶ *Walczyk v. Rio*, 496 F.3d 139, 154 (2d Cir. 2007).

SECTION II: STATE LAW REGULATING TASERS

This section provides an overview of Connecticut laws that regulate the use of tasers.

Connecticut General Statute § 53a-22 provides that an officer's use of physical force is justified where the officer reasonably believes it is necessary to:

- make an arrest of a person the officer reasonably believes to have committed an offense;
- prevent the escape from custody of a person the officer reasonably believes to have committed an offense; or
- defend him- or herself, or a third person, from the use or imminent use of physical force while attempting to make an arrest or prevent an escape.

State law (Conn. Gen. Stat. § 53-206) authorizes police officers to carry dangerous weapons, including electronic control weapons.

The Connecticut legislature has paid special attention to tasers in a number of statutes. Tasers are included in the list of dangerous weapons that citizens are prohibited from carrying on their person and in their vehicles. (Conn. Gen. Stat. § 53-206 and § 29-38) The threatened use of a taser in the commission of a felony is a class D felony crime (Conn. Gen. Stat. § 53a-216) and the state's criminal possession of a firearm law includes tasers. (Conn. Gen. Stat. § 53a-217)

Public Act No. 14-149, *An Act Concerning the Use of Electronic Defense Weapons by Police Officers*, introduced new requirements regarding police departments' use of tasers. It directs the POSTC to draft and distribute a model policy for regulating the use of tasers. The law also requires that every police department adopt and maintain a taser policy that "meets or exceeds the model policy developed by the [POSTC]," unless the department does not authorize its officers to use tasers. All such policies were to be adopted by January 31, 2015.

Public Act 14-149 also requires police officers to document each incident in which a taser was used. Police departments must report annually on all incidents in which a taser was deployed, and submit these taser reports to OPM, by January 15 of the following year.

To standardize the reporting, POSTC was required to develop a taser incident reporting form to be used by all police departments that authorize their officers to use tasers. Appendix A contains a copy of the form (the "EDW Report"). The statute requires that the EDW Report include:

- data downloads from the taser;
- data from use-of-force reports;
- the model of the taser used;
- the number of times the taser was activated and used on a person;
- the race and gender of the subject based on the perception of the police officer; and
- a description of any injury to the subject.

Lastly, police departments that do not issue tasers to their officers must file a yearly report with OPM saying so.

SECTION III: CONNECTICUT MODEL POLICY ON TASER USE

Law enforcement administrators, policy and research organizations, and proponents and opponents of the use of tasers appear to be in strong agreement that every agency should promulgate a comprehensive policy governing the use of tasers by officers. In 2011, the Department of Justice Community Oriented Policing Services Division (COPS) and the Police Executive Research Forum worked together to develop guidelines for the use of electronic control weapons. They recommended that each department's taser policy be consistent with the department's use-of-force policy, which provides police officers with a clearly defined set of rules and guidance to follow when encountering a person. Use-of-force policies address the actions of the people involved, the officer's perception of the situation, and the available types of officer responses. As previously stated, use of force policies frequently refer to the use-of-force continuum, which serves as a visual tool to help explain the application of the use-of-force policy.

PERF and COPS further recommend that the departmental taser policy should provide specific information as to the placement of the weapon on the use-of-force continuum. The policy should require that a report be submitted each time a taser is used and describe the nature of its deployment. Finally, PERF and COPS agree that departmental taser training must be address the operation of the taser, its capabilities and potential deployment effects, and the circumstances in which its use may or not be necessary, advisable, appropriate, or permissible.

The 2011 PERF and COPS guidelines recommend that departmental policies should address at least the following six areas: (1) the weapon as a deadly force alternative; (2) placement of the weapon on a use of force continuum; (3) deployment and reactivation of the taser; (4) control of a tased person; (5) taser positioning (it is recommended officers carry the weapon in reverse holster position); and (6) training for medical personnel.

III.A: MANUFACTURER RECOMMENDATIONS

TASER International Inc. does not establish binding rules with respect to the use of the taser. It acknowledges that each department is responsible for creating its own use-of-force policy and for determining how TASER devices fit into that policy based on legal and community standards. Nonetheless, its guidelines may illuminate the capabilities of the taser, its intended uses, and risks associated with its deployment. TASER International recommends that officers:

- receive training before using a taser;
- follow manufacturer instructions on use of tasers to reduce the risk of death or serious injury to the user, subject or others; and
- follow all applicable federal, state and local laws and regulations.

The TASER International Warnings, Instructions and Information pamphlet (March 1, 2013) for police officers states that tasers can cause physiological and/or metabolic effects that may increase the risk of death or serious injury, and that some persons may be particularly susceptible to the effects of a taser. These persons include the elderly, those with heart conditions, asthma or other pulmonary conditions, persons suffering from excited delirium, profound agitation, severe

exhaustion, drug intoxication or chronic drug abuse, over-exertion from physical struggle, or other physiological or metabolic changes. Using a taser on a person suffering from any of these conditions may cause or contribute to sudden death. Other high risk populations, it states, include pregnant women, persons with low body-mass index and small children.

Taser use, anticipation of use or response to use of a taser can cause startle, panic, fear, anger, rage, temporary discomfort, pain or stress which may be injurious or fatal to some persons. To reduce the risk from a taser, TASER International recommends officers:

- minimize the number and duration of taser exposures;
- avoid simultaneous taser exposures by different officers;
- control and restrain a tased person immediately;
- avoid touching probes and wires during taser deployment;
- avoid tasing a person who is:
 - on an elevated or unstable surface;
 - handcuffed, restrained, incapacitated or immobilized;
 - under the influence of alcohol, drugs or certain medications;
 - running, in motion, or moving under momentum;
 - operating or riding any mode of transportation (e.g., car, bus, bicycle, motorcycle, train);
 - located in water, mud, marsh; or
 - could fall and suffer impact injury to the head or other area or fall on a sharp object.

TASER International guidelines state that the drive-stun mode is for pain compliance only. The drive-stun mode does not cause incapacitation and may not be effective on emotionally disturbed persons or others who may not respond to pain due to mind-body disconnect. It recommends that officers avoid using repeated drive-stuns if compliance is not achieved.

TASER International identifies the preferred target areas as below the neck area from behind or the lower center mass (below the chest) for front shots. The preferred target areas increase dart-to-heart distance and reduce cardiac risks compared to tasing in the chest. Back shots are preferable to front shots when practicable. It also recommends that officers avoid intentionally targeting the sensitive areas of the body such as the face, eyes, head, throat, chest area (around the heart), breasts, groin and genitals, or known areas of pre-existing injury.

TASER offers a series of training courses including: Smart Use Considerations and Tactical Considerations as well as an Instructor and Master Instructor Courses.

III.B: POLICE OFFICERS STANDARDS AND TRAINING COUNCIL MODEL POLICY

As required, the Connecticut Police Officers Standards and Training Council adopted a model policy on the use of tasers by police officers. POSTC practices and processes to develop law enforcement policies are not evaluated in this report. The POSTC model policy does address many areas recommended by best practices and existing research.

The POSTC policy addresses how and when a taser can and cannot be used (deployment), how to treat a person who has been tased (medical treatment), reporting taser incidents and other aspects such as how a police officer should wear a taser on a duty belt (taser positioning). The POSTC policy

requires all officers to have access to their department's written policy and to be trained to comply with the policy before being authorized to carry a taser. A copy of the POSTC model policy on taser use is contained in Appendix A.

III.B (1): Deployment

The POSTC policy specifically requires that police officers should:

- give loud and clear warnings prior to using a taser;
- deploy a taser the least number of times and for no longer than necessary to accomplish a legitimate operational objective;
- secure a tased person as quickly as possible to reduce the need for repeated use of the taser; and
- in considering the need for subsequent deployments, consider that a person may not be able to respond to commands during or immediately after being tased.

The POSTC policy prohibits an officer from deploying a taser:

- in a punitive or coercive manner;
- on a subject demonstrating only passive resistance (which can be a reference to a use-of-force continuum);
- in any environment where potentially flammable, volatile, or explosive material is present (including but not limited to pepper spray with volatile propellant, gasoline, natural gas, or propane); or
- where it is likely that the subject may drown or fall from an elevated area.

While the policy prohibits officers from using a taser in a punitive or coercive manner, the policy does allow officers to use a taser in the drive-stun mode. POSTC acknowledges that drive stun-mode is a pain compliance tool, is minimally effective compared to a conventional cartridge deployment, and is more likely than a cartridge deployment to leave a mark on a person's skin.

The policy also establishes guidelines, but many of them stop short of setting standards that allow for or prohibit the use of a taser. For example, the POSTC policy notes that certain persons, such as those of small stature or those who the officer has reason to believe are pregnant, equipped with a pacemaker, are infirm, or are in obvious ill health, may be more susceptible to injury if tased, but does not set offer instructions about taser use in such circumstances.

III.B (2): Medical Attention

The POSTC policy requires an officer to offer medical attention, which that person may decline. However, an officer must request medical assistance to any person who is tased. It also mandates that every person who is tased "shall be evaluated by qualified medical personnel." Such personnel include health care providers, emergency medical personnel, and police officers with Emergency Medical Responder certification. An officer must request medical dispatch for any "obvious" injury or where it is "otherwise prudent" to do so. Finally, the POSTC policy requires that a person who has been tased be taken to hospital if s/he has been shocked more than once, received a continuous energy cycle of 15 seconds or more, or exhibits any of the following symptoms or behaviors:

- loss of consciousness;
- irregular breathing;

- is known to be under the influence of drugs or medications;
- is naked in public or exhibits signs of overheating;
- evidences slurring or slowness of speech;
- does not appear to recover properly after being tased;
- shows signs of extreme uncontrolled agitation or hyper activity prior to being tased;
- exhibits bizarre or violent behavior including self-mutilation;
- claims to be injured or in medical distress;
- was hit by a probe in a sensitive area of the body including face, head, female breasts, male groin, etc.; or
- is in a potentially susceptible population category, including persons of small stature irrespective of age, the infirm, or those whom the officer has reason to believe are pregnant, equipped with a pacemaker, or in obvious ill health.

Only a medical professional may remove probes from a person's body. However, a police officer who has been POSTC-certified or has been authorized by a medical professional may remove the probes.

III.B (3): Reporting

POSTC policy provides that the officer deploying a taser "should ... request" a supervisor respond to the scene "as soon as reasonably possible." The supervisor must assess whether the taser was deployed appropriately.

The POSTC policy requires that departments mandate completion of a use-of-force report on each incident in which a taser is "deployed," that is, activated in arc, laser-sight, cartridge or drive-stun mode. In accordance with Public Act 14-149, EDW reports must be submitted to OPM by January 15 of the following year.

III.C: COMPLIANCE WITH POSTC POLICY

Only seven departments (Groton Long Point, Old Saybrook, State Capitol Police, Supreme Court Police, University of New Haven, Western CT State University and Yale) reported that they did not authorize their officers to use tasers in 2015. Every other police department that authorizes its officers to use tasers has complied with the statutory mandate to adopt and maintain a written policy. It is less clear, however, whether all departmental policies "meet or exceed" the requirements set by the POSTC policy, as Pub. Act 14-149 requires.

The IMRP was able to examine most departmental policies, but since the POSTC policy sets few distinct mandates or prohibitions on when taser use may or may not be permissible, it is not always clear whether a departmental policy meets or exceeds the model policy. It is also possible that aspects of the POSTC policy may be incorporated in departmental policies other than the policy regarding taser use. Researchers only had access to departmental taser policies and therefore could not determine if the missing components were part of another policy. For example, a department's taser policy is most likely distinct from its use-of-force policy. However, the use-of-force policy would still apply to taser use.

Several police departments have adopted the POSTC policy with relatively few substantive changes (see, *e.g.* Bridgeport, Danbury, Farmington, Glastonbury, Milford, Naugatuck, and Simsbury). Other departments have developed their own policies, not all of which appear to be entirely congruent with

the POSTC model policy. It is possible, of course, that some departments' practices governed by additional departmental policies might be more or less congruent with the POSTC model policy than their taser policies as written might suggest.

Here are a few examples of ways in which a number of departmental taser policies appear to diverge from the POSTC policy in a way that may not "meet or exceed" the POSTC minimum:

- Although the POSTC policy mandates that all officers "receive training as to [departmental taser policy] content prior to obtaining authorization to carry a CEW," at least nine departmental policies did not explicitly mandate that tasers be deployed only by officers who have satisfactorily completed training in the department's taser policy.
- Although the POSTC policy mandates that "the officer shall energize the subject the least number of times and no longer than necessary to accomplish the legitimate operational objective" and that "Each application of the CEW should be independently justifiable," at least ten departmental policies fail to adopt these rules.
- Although the POSTC policy prohibits taser deployment in a punitive or coercive manner or on a person demonstrating only passive resistance, at least nine departmental policies fail to prohibit deployment in such circumstances.
- Although the POSTC policy mandates transportation to a hospital for every person who loses consciousness after being tased, is hit in a sensitive area (e.g., head, groin, breasts), is tased three or more times, is naked in a public place, exhibits bizarre or violent behavior, shows signs of extreme uncontrolled agitation, or appears to be of small stature, infirm, pregnant, equipped with a pacemaker, or otherwise appears to be in obvious ill health, at least eight departments fail to mandate transportation to the hospital in such circumstances.

Other departmental policies have adopted restrictions on taser use that appear to be more exacting than the minimum set by the POSTC model policy. Some departmental policies prohibit or discourage the use of a taser against:

- children and aged persons (see, *e.g.* Ansonia, Cheshire, East Haven, Fairfield, Greenwich, UConn, Groton Town, New Haven, New London, Ridgefield, Stratford, Waterbury, Vernon, Wethersfield);
- persons operating motor vehicles (see, *e.g.* Ansonia, CCSU, Connecticut State Police, Cheshire, Fairfield, Groton Town, Norwalk, Stratford, UConn, Waterbury, Wethersfield);
- persons who are fleeing (see, *e.g.* East Haven, Stratford);
- persons who are handcuffed or restrained (see, *e.g.* Ansonia, CCSU, Cheshire, Groton Town, Newington, New London, UConn, Vernon, Wallingford, Wethersfield);
- persons in medical or mental crisis (see, *e.g.* East Haven, Wallingford); or
- hitting a person in the chest with darts (probes) (see, *e.g.* Norwalk, UConn, Waterbury).

SECTION IV: TASER DATA ANALYSIS

In January 2016, the IMRP received 650 EDW reports from 79 police departments reporting Taser incidents involving 610 people. IMRP researchers examined all the taser reports and compiled a database containing all the information logged in the reports. This database comprised the basis for IMRP's analysis.

IV.A: RESEARCH QUESTIONS

Public Act 14-149 requires the collection of data on the following aspects of each taser deployment:

- number of times the taser was deployed against the person;
- taser mode used (e.g., laser sight, warning arc, drive-stun, or cartridge deployment);
- race and gender of persons involved in reportable taser incidents; and
- any injury suffered by a tased person.

Since the law also requires the establishment of a POSTC model policy and departmental adoption of departmental policies that comply with that minimum, it also suggests an analysis of the effectiveness of the POSTC model policy: Have departments adopted policies that are in compliance with the statute and the POSTC policy? How do the EDW reports reflect the effectiveness of the statute and the POSTC model policy in practice?

As IMRP researchers examined the data presented in the EDW reports to answer the questions posed by Public Act 14-149 and the POSTC Policy, additional questions emerged. IMRP researchers attempted to flag these questions and—where possible, given the limitations of the available data—to answer them.

IV.B: LIMITATIONS OF THE DATA

The IMRP review of the reported taser dataset reveals significant limitations that should be clarified at the outset. In particular, the EDW form does not allow for independent evaluation of compliance with departmental and/or POSTC policies. Unlike a use-of-force report, the EDW form does not indicate whether a supervisor found the use of a taser in that specific incident to be justifiable.

While the statute requires reporting of any injury suffered by a tased person, the EDW form does not clarify the condition of the person prior to the police use of a taser. The form does not indicate whether reported injuries resulted from taser deployment, existed at the time of officers' arrival at the scene, were inflicted by third parties, or resulted from officers' application of force other than tasers. Furthermore, while the policy mandates transportation to the hospital for certain persons who are most susceptible to injury when tased, the form does not ask whether persons involved in taser incidents were transported to hospital.

Evaluation of compliance with state statute and the POSTC policy is also limited by the absence of data on which crimes were suspected or charged. In accordance with state law and Fourth Amendment constraints, the POSTC policy notes that the justification of any use of force depends in part on the severity of the crime suspected and the threat posed by the suspect. Since the EDW form

does not record what, if any, crime was suspected or charged, compliance with these aspects of the POSTC policy (and with state and federal law) cannot be evaluated through this dataset.

The EDW forms do not appear to provide a complete tally of reportable incidents in which tasers were used in 2015. There are two primary reasons for concluding that this total may be incomplete. First, media reports confirm that, in 2015, two men died after being tased in Connecticut. The Hartford Police Department did not submit any EDW report for one such incident. The Branford Police Department submitted an EDW report for the other such incident, but left blank the field indicating how many times the person was tased. Second, although nearly a third of all reported taser incidents involved no deployment, it appears from a review of the use-of-force and case incident reports that many departments may not have reported all incidents in which a taser was activated (laser sighted, warning arc), without administering any electric shock. Representatives of some of these departments (including Bridgeport, Hartford, New Britain and the Connecticut State Police) have advised researchers that they did not realize that they were mandated to report activations of the taser in which no one was tased (i.e., shocked via cartridge or drive-stun mode). It seems likely that the number of reportable taser incidents in which a taser is shown but no one is tased may be greater than represented in the existing dataset.

A review of EDW reports also reveals inconsistency in departmental reporting practices that hinders meaningful cross-departmental comparisons. A comparison of EDW report data with a sample of use-of-force and case incident reports revealed areas in which data reporting appeared to be especially unreliable. For example, the number of deployments was often left blank on the EDW forms; taser injuries appear to be incompletely reported; and some departments appear to have routinely checked that a verbal warning had been given by the officer when nothing in the use-of-force or case incident report indicated that any verbal warning had been given.

Furthermore, while some departments appear to have completed EDW forms on the date of the incident or shortly thereafter, many departments completed the taser forms all at once and close to the January 15, 2016 deadline. This practice increases the likelihood that some taser incidents may have been missed and not reported to OPM. It also appears that, in many departments, officers and/or supervisors directly involved in the incident may not have been involved in to completion of the EDW reports.

Despite these limitations, the available data raises some potential questions that the statutory framework and the POSTC model policy imply. Within the limitations of this data collection, this report begins to ask and answer some questions about departmental compliance with the POSTC policy, and about the efficacy of the POSTC policy.

IV.C: DATA ANALYSIS

The Connecticut Uniform Crime Report reported there were more than 100,000 arrests in Connecticut in 2015. According to the *Connecticut Traffic Stop Data Analysis and Findings 2014-2015 report*, there are approximately 600,000 traffic stops each year, the majority of which did not result in a custodial arrest. The total number of incidents in which police respond is even higher, as not all incidents involve an active crime or are initiated as a traffic stop. Police officers may be called upon by citizens to report a crime, for community service, or to respond to quality of life issues. Officers also routinely provide the public with information and referrals, or other services and tasks. The total number of police-citizen contacts in Connecticut each year is not known.

In 2015, there were 650 taser reports involving 610 people.⁷ The number of reported taser incidents is less than one percent (.61%) of arrests in Connecticut in 2015. The rate drops to .08 percent when the number of arrest and traffic stop incidents are added; 610 reported taser incidents out of approximately 700,000 police-citizen encounters in 2015. Thus the proportion of police-citizen encounters in which a taser incident is reported appears to be small.

IV.C (1): Number of Taser Reports

A total of 79 police departments submitted EDW reports⁸ in 2015. Of these, 75 were municipal police departments, three were university police departments, and one was the Connecticut State Police. Twenty-three departments submitted no EDW reports. The average number of submitted reports per department was eight. Of the 79 departments that submitted reports, 42 reported fewer than five, 19 reported between five and 10, and 18 reported more than 10. Departments that submitted more than 10 reports each accounted for 67 percent of all taser incidents. The 10 departments that submitted the most reports made up almost half (46%) of the statewide taser reports. Those departments are identified in Table 1.0.

Table 1.0: Total Number of Taser Reports Submitted (Top 10 Departments)

Department Name	Number of Taser Incidents	% of Statewide Taser Incidents
Hartford	51	8.4%
Norwalk	35	5.7%
East Hartford	34	5.6%
Connecticut State Police	33	5.4%
Manchester	28	4.6%
Waterbury	22	3.6%
Bridgeport	20	3.3%
Danbury	19	3.1%
Vernon	19	3.1%
New London	18	3.0%

The EDW reports submitted indicate wide variability in the number of incidents reported in towns of similar size. In light of the inconsistent reporting practices described above, though, cross-departmental comparisons must be viewed with great caution. Some departments reported taser incidents involving no electric shock while others did not, and some departments completed EDW reports in real time while others completed them all at the end of the year, close to the deadline. It cannot be assumed, then, that submission of a larger number of EDW reports necessarily indicates a larger number of reportable taser incidents or a larger number of persons tased. Cross-departmental comparisons are further complicated by the absence of information about the number and proportion of officers in each department who have been issued tasers.

IV.C (2): Demographic Information for Taser Incidents

Table 2.0 presents some basic demographic data on persons tased or threatened to be tased by police in 2015. Not surprisingly, females were much less likely to be involved in a reported taser incident than were males. The vast majority (94%) of persons involved in taser incidents were males. Nearly half of the males involved in reported taser incidents were white (48%), about one-third of males

⁷ There were four incidents in which dogs were tased, but these are omitted from the analysis.

⁸ A report must be submitted for all incidents involving a taser, including if the taser was threatened to be used, but not actually deployed. Therefore, not all reports result in an electric shock to the subject.

were black (30%) and almost one-quarter of males were Hispanic (21%). White persons make up less than 50 percent of reported taser incidents and minorities account for just over 50% of the incidents.

Table 2.0: Taser Subject Demographics

Race/Ethnicity		Gender		Age	
White	47.5%	Male	93.9%	15 or younger	1.0%
				16 – 20	8.5%
Black	30.1%			21 – 30	32.1%
				31 – 40	30.5%
All Other Races	0.5%	Female	6.1%	41 – 50	17.3%
				51 – 60	7.5%
Hispanic	21.3%			Older than 61	2.1%
				Unknown	1.0%

The statewide model policy is silent with respect to the use of tasers on persons younger than 18 or older than 65. Nonetheless, the PERF guidelines, TASER International and several Connecticut police departments caution against using tasers on children or elderly persons. The EDW form reports the age of the individual involved in the taser incident.

Police departments reported 22 persons under 18 years were involved in taser incidents (4% of the total). Nine of them were tased. Of the nine tased, seven were black, and two were white. All four youth under fifteen years old who were tased were black (4). The youngest persons reported to have been tased was 12 years old. A 14-year-old boy was reported to have been tased at least three times; the other eight were tased only once. Five of the nine youth who were tased were reported as “emotionally disturbed” or “suicidal.”

Six persons 65 years old or older⁹ were involved in a taser incident in 2015. Five of the six individuals were tased and one received a warning. All were males described as armed with a weapon including firearms and edged weapons. All but one were white.

IV.C (3): Type of Taser Deployment

The taser can be used in essentially two different ways: as a warning, or to deliver an electric shock. To warn a person, an officer may activate the laser sights or warning arc, or may simply un-holster the weapon without activating it. Incidents where a taser is un-holstered without being activated are not required to be reported under the POSTC policy, but incidents where the officer activates the laser sight or warning arc are required to be reported. Nonetheless, nine EDW forms reported incidents in which a taser had been un-holstered but not activated.

Two modes of taser operation administer an electric shock to the subject (that is, “tase” them): drive-stun and cartridge deployment. About two-thirds of people involved in reported taser incidents were tased: subjected to cartridge deployment (44%), drive-stun application¹⁰ (15%), or both a cartridge

⁹ One man was reportedly 130 years old; since it is not clear how old he really was, he has been omitted from the analysis of incidents involving older persons.

¹⁰ The POSTC policy appears to discourage use of the taser in drive-stun mode. Paragraph 6G of the policy provides:

Deployment of the CEW in drive stun mode, from a policy perspective, is no different than a cartridge deployment. It is important to note that when the device is deployed in this manner, it is primarily a pain compliance tool: *is*

and drive-stun application (9%). About 1.5 percent of the reported incidents did not indicate the type of taser deployment. The remaining 30 percent of reported incidents involved a subject who was warned, but not tased.

Table 3.0: Type of Taser Deployment

Type of Deployment	Number	Percent
Warning*	182	29.8%
Cartridge Deployment	271	44.4%
Drive-Stun Deployment	91	15.0%
Cartridge and Drive-Stun	57	9.3%
Not Reported	9	1.5%

*Warning includes laser sight only, warning arc, or removing the taser from the holster. Electric shock was not administered in any of these circumstances.

Of 610 persons involved in reported taser incidents, 419 received an electric shock (68.7%). The data shows that in taser incidents where the taser was un-holstered, laser-sighted or arced without application of electric shock, 61 percent of persons were white. White males were as likely to be warned as they were to receive an electrical shock. By contrast, although only 31 percent of persons involved in reported taser incidents were black, 58.5 percent of them were tased¹¹. Black males were approximately three times more likely to be tased with a cartridge deployment than to be warned with the laser sights. Hispanic males were more than 40 percent more likely to be tased than to be warned.

Of the males involved in reported taser incidents, 68 percent were tased (the other 32% were warned). White males were tased in 60 percent of incidents, Hispanic males were tased in 66 percent of incidents, and black males were tased in 81 percent of incidents. A similar pattern exists among females involved in taser incidents. Black females were the most likely to be tased, followed by Hispanic females and then white females. Table 4.0 is a breakdown by gender and race of persons involved in taser incidents and the types of deployments used by police.

minimally effective compared to a conventional cartridge deployment; and is more likely to leave marks on the subject's skin.

¹¹ Four taser reports indicated that an attempted cartridge deployment had missed. Since there was no field for reporting a miss, others of the 195 reports of cartridge and drive-stun deployments may have involved incidents in which the prongs were fired or drive-stun mode was attempted, but no electric shock was delivered because, for example, the prongs missed or were blocked by the subject's clothing.

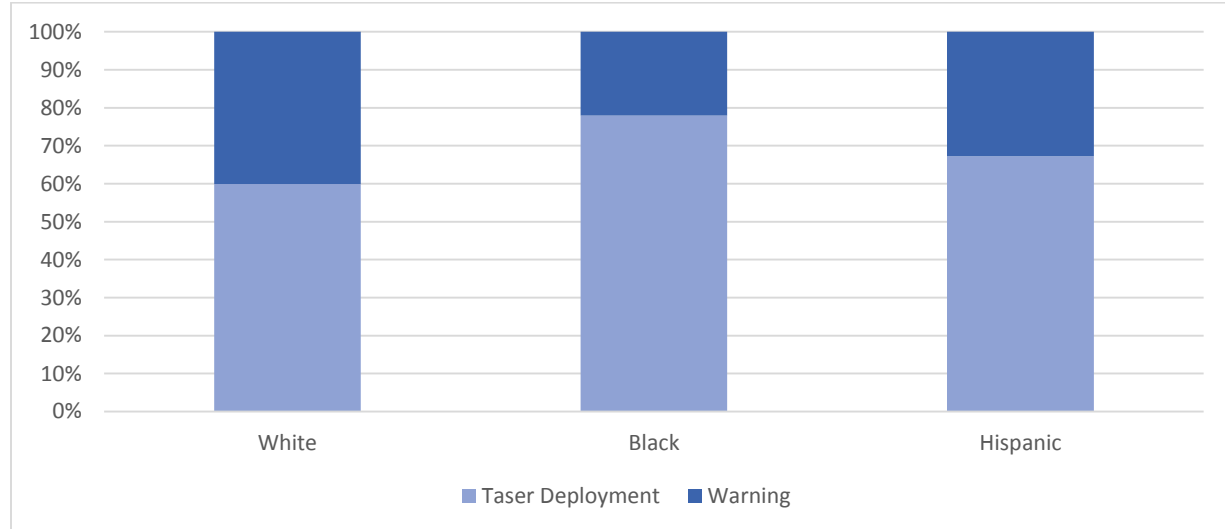
Table 4.0: Type of Deployment by Race and Gender

	Warning*		Cartridge		Drive-Stun		Cartridge and Drive-Stun	
	N	%	N	%	N	%	N	%
Race/Ethnicity								
White	116	40.0%	108	37.2%	46	15.9%	20	6.9%
Black	35	18.7%	106	56.7%	26	13.9%	20	10.7%
Hispanic	40	30.8%	56	43.1%	19	14.6%	15	11.5%
All Other Races	0	0.0%	2	66.7%	1	33.3%	0	0.0%
Gender								
Male	181	31.6%	253	44.2%	86	15.0%	53	9.2%
Female	10	27.0%	19	51.4%	6	16.2%	2	5.4%

* Warning includes laser sight only, warning arc, or removing the taser from the holster. Electric shock was not administered in any of these circumstances.

**Percentages are derived based on the total incidents for each racial, ethnic, or gender group (not the total number of incidents.) For example, 40% of white subjects involved in a taser incident received a warning.

Figure 3.0: Taser Deployment vs. Taser Warning (Race/Ethnicity)



Although 79 departments reported taser incidents, nine departments reported only taser warning incidents in which no one was tased. There are differences in the rate at which a department threatens to use the taser and actually deploys the taser. Of the 70 departments that reported tasing persons, 45 reported that fewer than five persons were tased, 13 reported between five and 10 persons tased, and 12 reported more than 10 persons tased. The departments that reported more than 10 persons tased accounted for 58 percent of all incidents in which a person was tased. The ten departments that reported the most persons tased accounted for 53 percent of persons tased statewide. Those departments are identified in Table 5.0.

Table 5.0: Total Number of Persons Tased (Top 10 Departments)

Department Name	Number of Taser Deployments	% of Statewide Persons Tased
Hartford	51	12.2%
Connecticut State Police	32	7.6%
East Hartford	26	6.2%
Norwalk	24	5.7%
Manchester	17	4.1%
Bridgeport	16	3.8%
Norwich	15	3.6%
New Britain	14	3.3%
Meriden	13	3.1%
Waterbury	13	3.1%

IV.C (4): Nature of the Threat

As discussed above, the Fourth Amendment, state law, and the POSTC model policy establish that use of a taser may be justified when an officer reasonably believes that such use of force is necessary to:

- arrest or prevent the escape from custody of a person reasonably believed to have committed a crime; or
- defend the officer or another person from the suspect's use or imminent use of physical force during an arrest or to prevent an escape.

Moreover, as the POSTC policy notes, "the severity of the crime that the officer believed the suspect to have committed or be committing" is a factor in determining whether a use of force is reasonable (see *Graham v. Connor*, 490 U.S. 386 (1989), discussed in Part I, above).

This is not to say that the use of force is never justified against a person suspected of committing a low-level or nonviolent crime, if the person uses physical force or their use of physical force is imminent while an officer is trying to arrest the person or prevent his or her escape¹². Moreover, officers' apprehension of "imminent use of physical force" does not necessarily require an overt threat by the person involved.¹³

To assess whether a taser deployment complied with constitutional constraints, state law, and/or the POSTC policy, researchers would need to know the offense(s) the officer believed the person to have committed, whether an arrest was actually made, and the person's behavior while interacting with them. Unfortunately, because the EDW reports do not provide any information about offenses suspected or charged, and provide scant information about the behavior of persons involved in reported taser incidents, this dataset cannot answer this question.

The POSTC policy specifies four circumstances in which tasers should not be deployed:

¹² In 2010, for example, the Court of Appeals for the Second Circuit held that it was objectively reasonable for police officers to tase two nonviolent protesters who were "not threatening the safety of any person with their behavior" and were suspected only of the "relatively minor crimes of trespass and resisting arrest." The protesters had chained themselves to a "several hundred-pound barrel drum" and police had "attempted to use other means to effect the arrest, none of which proved feasible, and used the taser only as a last resort, after warning Plaintiffs and giving them a last opportunity to unchain themselves." *Crowell v. Kirkpatrick*, 400 Fed. Appx. 592 (2d Cir. 2010)

¹³ For example, the Court of Appeals for the Second Circuit recently found that the use of force was "reasonable" when an officer tased a man who stood up after he had been told to kneel. The man was suspected of criminal activity and had just led police on a car chase. *MacLeod v. Town of Brattleboro*, 548 Fed.App'x. 6 (2d Cir.2013).

1. in a punitive or coercive manner;
2. on any subject demonstrating only passive resistance.
3. in any environment where an officer knows that a potentially flammable, volatile, or explosive material is present (including but not limited to OC spray with volatile propellant, gasoline, natural gas, or propane); [or]
4. where it is likely that the subject may drown or fall from an elevated area.

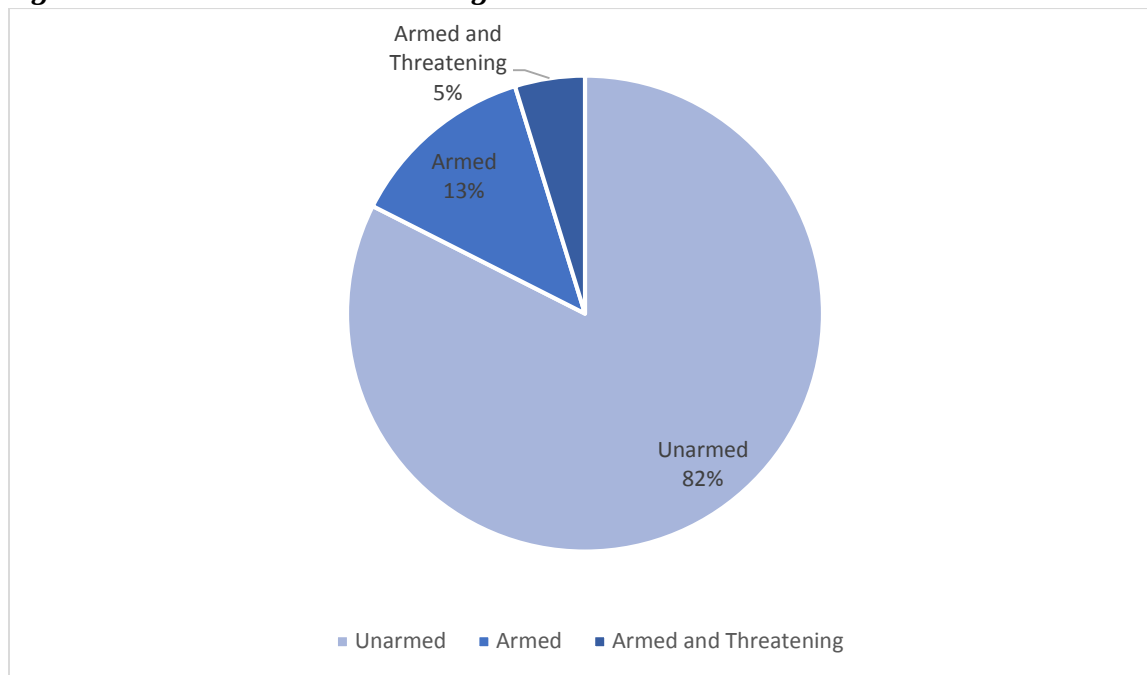
The EDW forms do not provide information that would allow assessment of whether these rules are being followed. No field on the forms asks for information about the presence of flammable, volatile or explosive materials, nor whether the encounter took place where a subject might drown or fall from a height. Even if the EDW form had a field for checking off whether the taser had been deployed “in a punitive or coercive manner,” it seems unlikely that such a field would generate useful information. Two documents that might allow for external evaluation of whether a taser deployment complies with the model policy might be the use-of-force form and the case incident report provided by the officers. The use-of-force form, completed by a supervisor, provides information to determine whether the officer’s use of force complied with departmental policy or was otherwise justified. A case incident report provides a narrative—the officer’s account of events—that might provide information to answer this question.

Taser Incidents Involving Armed vs. Unarmed Persons

Our review of a sample of case incident reports, described in section IV.D. below, suggests that descriptions of people as armed or unarmed may not be reliable. The taser report forms do not contain information about whether officers realized that a person was armed before a taser was deployed, whether officers discovered the weapon after deployment, or whether the subject grabbed a weapon after the taser was deployed. The sample of case incident reports indicates that all these scenarios occurred in 2015.

An overwhelming majority of persons (83%) involved in taser incidents were reportedly unarmed. The EDW form contains separate fields for whether the person was armed and for whether the person threatened to use a weapon. Of armed people involved in taser incidents, only 27 percent (29 people) reportedly threatened to use the weapon. Thus less than 5 percent of all persons involved in taser incidents were armed and threatened to use the weapon. Just more than half of these people (15) were reportedly suicidal. Out of 610 persons involved in taser incidents, only 14 reportedly threatened to use a weapon without being suicidal. Figure 3.0 illustrates taser incidents involving armed people and people threatening to use a weapon.

Figure 4.0: Taser Incidents Involving Armed Persons



Armed persons who threatened to use their weapons were tased at a higher rate than armed persons who did not threaten to use their weapon. More than 40 percent of armed persons tased were identified as suicidal.

Although the number is small, females were more likely to be armed (41%) than males (16%) involved in taser incidents. A majority (67%) of armed females involved in taser incidents were suicidal compared to 30 percent of armed males.

Black and Hispanic persons were less likely to be armed, but more likely to be tased than their white counterparts. White males were somewhat more likely than Hispanic males and much more likely than black males to be armed. White males were armed in 19 percent of incidents, Hispanic males in 16 percent of incidents, and black males in 12 percent of incidents. Table 6.0 indicates the number of persons who were armed and unarmed and the rate at which they were tased.

Overall, people involved in reported taser incidents were more likely to be tased if they were unarmed than if they were armed. While white and Hispanic males were tased at roughly the same rate regardless of whether they were armed, black males were more likely to be tased if they were unarmed than if they were armed.

Table 6.0: Armed and Unarmed Persons Tased by Race/Ethnicity

Race/Ethnicity	Armed		Unarmed	
	N	% Tased	N	% Tased
White	60	61.7%	230	59.6%
Black	25	68.0%	162	83.3%
Hispanic	21	71.4%	109	68.8%
All Other Races	1	100.0%	2	100.0%
Total	107	65.4%	503	69.4%

The taser reports indicate a general category for the type of weapon an armed person had. Most persons described as armed had an “edged weapon” (55%). The majority of “edged weapons” were described as knives. Twenty persons were described as armed with “other weapon.” These included a hammer, broken glass, a vehicle, a “winged corkscrew”, a pit bull, a replica handgun, two knives, and a knife sharpening steel. Two other persons were identified as armed, but the descriptions were “unknown if armed/heroin use”, and “nude and covered in feces.” Table 7.0 summarizes the type of weapon reportedly used by race and ethnicity.

Table 7.0: Type of Weapon Used by Race/Ethnicity

Race/Ethnicity	Firearm		Edged Weapon		Blunt Instrument		Other	
	N	% Tased	N	% Tased	N	% Tased	N	% Tased
White	1	100.0%	40	60.0%	7	42.9%	10	80.0%
Black	5	20.0%	10	90.0%	3	66.7%	5	60.0%
Hispanic	4	100.0%	9	55.6%	3	100.0%	5	60.0%
Other Races	0	0.0%	0	0.0%	1	100.0%	0	0.0%
Total	10	60.0%	59	64.4%	14	64.3%	20	70.0%

Taser Incidents Involving “Emotionally Disturbed” Or Suicidal Persons

Police officers receive extensive training in identifying, responding to and interacting with persons with emotional and/or intellectual disabilities or illnesses and suicidal persons. Nonetheless, it is not entirely clear what officers or administrators may have meant when they chose to check or not to check boxes on the EDW form indicating that a person was “emotionally disturbed.” As with other data gleaned from the taser reports, it seems that departments and officers may have followed inconsistent reporting procedures with respect to identifying persons who might have been experiencing psychiatric distress. For example, 12 of 77 persons described as “suicidal” in the taser reports were not described as being “emotionally disturbed”. Moreover, our review of a sample of incident reports indicated that several persons described in those incident reports as exhibiting obvious signs of psychiatric or mental disturbance may not have been noted as “emotionally disturbed” on the EDW forms. It is also possible that a police officer might describe a person as “emotionally disturbed” to mean agitated or distressed without suspecting any underlying psychiatric illness. The taser reports, therefore, cannot be taken as a complete or accurate tally of the number of persons involved in taser incidents who may have been exhibiting signs of mental illness or psychiatric crisis.

However, according to information submitted on the EDW forms, persons involved in taser incidents were somewhat more likely to be tased if they were described as “emotionally disturbed” than if they were not: 73 percent of “emotionally disturbed” persons were tased, compared to 67 percent of persons who were not described as “emotionally disturbed”. This finding was consistent across racial-gender demographic groups, except for Hispanic males and females, who were less likely to be tased if they were reportedly “emotionally disturbed” than if they were not.

About one-third (33%) of persons involved in reported taser incidents was described as “emotionally disturbed” (202 of 610 persons). Table 8.0 indicates the gender and race/ethnicity of the persons identified as emotionally disturbed involved in taser incidents and the percent that were actually tased.

Table 8.0: “Emotionally Disturbed” People Tased

	Total Identified: “Emotionally Disturbed”	% Tased
Race/Ethnicity		
White	127	69.3%
Black	47	87.2%
Hispanic	26	57.7%
All Other Races	2	100.0%
Gender		
Male	181	71.8%
Female	21	76.2%

Females who were “emotionally disturbed” appear to have been at high risk of involvement in taser incidents. Of all “emotionally disturbed” persons involved in taser incidents, 10 percent were female. Females comprised only 4 percent of non-“emotionally disturbed” persons involved in taser incidents. In addition, females were more likely than males to be described as “emotionally disturbed”: 57 percent of females involved in taser incidents were described as “emotionally disturbed”, compared to 31.6% of men. While 80% of white women involved in taser incidents were described as “emotionally disturbed”, fewer than half of black and Hispanic females involved in taser incidents were described as “emotionally disturbed”

Because the number of taser deployments was not consistently reported, IMRP researchers could not determine whether persons who were described as “emotionally disturbed” were or were not more often subjected to multiple deployments. Of “emotionally disturbed” persons who were tased, 32 percent were reportedly tased more than once, compared to 29 percent of persons who were not described as “emotionally disturbed”.

The EDW forms also contained a field in which it could be noted that a person was suicidal. Thirteen percent of reported taser incidents involved persons described as “suicidal.” Suicidal persons were reportedly much more likely to be armed than other people involved in reported taser incidents. The reports showed that 49 percent of suicidal persons were armed, compared to 13 percent of non-suicidal persons. Table 9.0 indicates the percentage of reportedly suicidal persons who were tased and armed or unarmed.

Table 9.0: Suicidal Persons Tased (Armed vs. Unarmed)

Race/Ethnicity	Armed		Unarmed	
	N	% Tased	N	% Tased
White	27	77.7%	30	56.6%
Black	5	100.0%	5	100.0%
Hispanic	5	40.0%	4	25.0%
Total	37	75.7%	39	59.0%

Suicidal armed persons were reportedly tased at higher rates than armed persons who were not described as suicidal. As shown, 73 percent of armed suicidal persons involved in taser incidents were tased, compared to 61 percent of armed persons who were not reported to be suicidal.

Among suicidal males, 63 percent were tased. Twenty percent of these males were tased more than once, including one male tased four times, one tased five times, and one tased eight times. Suicidal

females were reportedly tased at a higher rate than suicidal males. Among suicidal females, 83 percent were tased at least once. Every armed female who was reported to have threatened to use a weapon was also reported to be suicidal. All of them were tased.

Although suicidal white and Hispanic persons were more likely than suicidal black persons to be armed, they were less likely to be tased. Thirty percent of suicidal Hispanics and 63 percent of suicidal whites were tased, compared to all (100%) of suicidal black persons.

Taser Incidents Involving Intoxicated Persons

Research on taser-related deaths indicates that many people who died after being tased had been in an extremely agitated state because of mental illness and/or use of stimulant drugs such as cocaine, PCP, or other methamphetamines. The POSTC policy appears to acknowledge the heightened risk of injury to a person who exhibits: (1) irregular breathing or is known to be under the influence of drugs or medications; (2) signs of extreme uncontrolled agitation or hyperactivity; (3) bizarre or violent behavior including self-mutilation; and/or (4) is naked in a public place or exhibits signs of overheating. If a person is tased while exhibiting any of these behaviors, the POSTC policy requires s/he must be transported to a hospital even if that person declines medical treatment.

Nearly half of persons involved in reported taser incidents (49%) were identified as “under influence of alcohol/drugs” or “possibly intoxicated.” These persons were more likely than average to be tased (74%), and 26 percent were tased more than once.

Unfortunately, the EDW report provides little contextual information by which to better assess this finding. The EDW form cannot identify compliance or noncompliance with the state model policy because the form provides no information as to whether an intoxicated person was transported to a hospital. Moreover, unlike an incident report, the EDW form offers no details as to the person’s behavior or the suspected intoxicant. While tasing a person who is exhibiting the effects of alcohol or marijuana—two common intoxicants that have not often been associated with deaths after taser use—might not raise special concerns about taser use, tasing a person who is overheating, agitated and naked in public, or whom the officer suspects may be high on cocaine or methamphetamines, could raise concerns about health risks from taser deployment.

IV.C (5): Type of Resistance that Resulted in Taser Use

The taser form asks the officer to report the type of resistance that resulted in the use of a taser. Most people involved in reported taser incidents exhibited more than one form of resistance. Of the 503 unarmed persons involved in taser incidents, subjects were described as follows:

- Unarmed, but threatened use of weapon (14)
- Threat/Hostile (262)
- Unarmed assault (63)
- Fighting stance/combatative (238)
- Fleeing (180)
- Dead weight/noncompliant (111)
- Failed to follow officers directions (288)

The POSTC model policy states that tasers should not be deployed on any subject demonstrating only passive resistance. For 160 unarmed people, the only form of reported resistance was listed as “fleeing,” “suicidal,” “dead weight/noncompliant,” and/or “failed to follow directions.” For purposes

of this report and based on the limited information available to IMRP researchers, incidents where the subject's only resistance was reported as "dead weight/noncompliant" and/or "failed to follow directions" will be categorized as "passive resistance." In 56 reported taser incidents, the only form of resistance was reported as "dead weight/noncompliant" and/or "failed to follow directions." In those incidents, 45 percent of persons were tased. Table 10.0 summarizes the unarmed persons reported as passively resisting and the percent tased.

Table 10.0: Unarmed Persons "Passively Resisting" by Race/Ethnicity

Race/Ethnicity	N	% Tased
White	31	32.3%
Black	15	53.3%
Hispanic	10	70.0%
Total	56	44.6%

Taser policies with respect to fleeing suspects vary across departments: while a handful discourage or prohibit tasing fleeing suspects unless they pose a safety risk, others recommend taser deployment as an appropriate means to prevent the escape of a fleeing suspect. As noted above, Taser International cautions against taser deployment against people who are running.

About one-third of persons involved in reported taser incidents (34%) fled police.¹⁴ Persons who reportedly fled were more likely be tased than those who did not. The EDW forms do not specify whether a person who fled was tased while fleeing, or at some other point during the encounter. Virtually all persons who fled were male (99%) and black or Hispanic (86%). Table 11.0 summarizes taser incidents involving persons who fled police by race and ethnicity.

Table 11.0: Taser Incidents Involving Fleeing Persons by Race/Ethnicity

Race/Ethnicity	N	% Tased
White	79	67.1%
Black	86	84.9%
Hispanic	43	76.7%
All Other Races	1	100.0%
Total	209	76.1%

IV.C (6): Multiple Taser Deployments

The POSTC model policy mandates that an officer shall energize a person the least number of times and for no longer than necessary to subdue the person. The policy states an officer should deploy a taser for one standard cycle and then evaluate the situation to determine if subsequent cycles are necessary. Each taser use or deployment should be independently justifiable and an officer should only deploy a taser to the extent necessary to gain control of a person. This minimum standard is

¹⁴ Courts in the Second Circuit have gone both ways on the constitutionality of tasing a fleeing suspect who is not threatening officers or other persons. *See, e.g. Fudge v. Jones*, No. 5:11-CV-00525, 2014 U.S. Dist. LEXIS 131487 (N.D.N.Y. Sept. 19, 2014) (upholding officers who tased a suspect who fled a traffic stop); *Arnold v. Buck*, No. 3:11-CV-1343 VLB, 2013 U.S. Dist. LEXIS 108629 (D.Conn. Aug. 2, 2013) (finding it objectively reasonable to tase a fleeing suspect because he was argumentative, fled, and disobeyed orders to stop); *Bombard v. Volp*, No. 2:13-cv-58, 2014 U.S. Dist. LEXIS 124940 (D.Vt. Sept. 8, 2014) (denying summary judgment to officers who tased a fleeing suspect in the back of the head, in circumstances where, the court held, a reasonable jury could find that the man had been fleeing to avoid a fight, and posed no threat of harm to the officer. The court also cited Taser International's guidance that tasing a running suspect may exacerbate the risk of injury).

congruent with national best practices and manufacturer recommendations, and federal courts adjudicating use-of-force claims have required separate justifications for each time an individual is tased.¹⁵

Reports of the number of times each person was tased should be viewed with caution. IMRP researchers' review of the sample of case incident reports found several instances in which the EDW report understated the number of deployments indicated in the officer's narrative and by the taser download data. Moreover, in 9 percent of incidents in which a person was reportedly tased, researchers could not ascertain the number of deployments because the fields on the EDW form were left blank and the taser download data was missing or undecipherable¹⁶.

Of 419 persons who were tased, more than 60 percent reportedly received only one shock and about 30 percent reportedly received multiple shocks. Hispanic males who were tased were more likely than average to receive multiple shocks. Black males who were tased were less likely than average to be subjected to multiple shocks. Table 12.0 indicates the number of deployments by race and gender.

Table 12.0: Number of Deployments by Race and Gender

Race/Ethnicity	One Deployment		Two Deployments		More than 3 Deployments		Unknown Deployments	
	N	%	N	%	N	%	N	%
Race/Ethnicity								
White	102	58.6%	32	18.4%	20	11.5%	20	11.5%
Black	103	67.7%	22	14.5%	15	9.9%	12	7.9%
Hispanic	47	52.2%	24	26.7%	12	13.3%	7	7.8%
All Other Races	3	100.0%	0	0.0%	0	0.0%	0	0.0%
Gender								
Male	238	60.7%	75	19.1%	45	11.5%	34	8.7%
Female	17	63.0%	3	11.1%	2	7.4%	5	18.5%

*Percentages are derived based on the total incidents for each racial, ethnic, or gender group (not the total number of incidents.) For example, 58.6% of white subjects involved in a taser incident were tased one time.

As with taser reporting in general, reporting of multiple deployments varied so widely across departments that cross-departmental comparisons cannot be made with confidence. Several departments consistently left blank all the fields indicating the number of taser deployments (Bethel, East Windsor, New Milford, Trumbull, and Winchester). For these departments, it was impossible to ascertain whether anyone who was tased received one or more electric shock. Nonetheless, it is worth noting that several departments, including most of the largest departments, reported higher-than-average percentages of multiple deployments. Middletown reported that 40 percent of taser incidents were multiple deployments; the Connecticut State Police reported 41 percent; Bridgeport reported 38 percent; New Haven reported up to 41 percent;¹⁷ and Waterbury reported 62 percent of people were tased more than once. Interestingly, every department that reported tasing five or more people in 2015, reported at least one multiple deployment.

¹⁵ See, e.g. *Soto v. Gaudette*, No. 3:10-cv-106 (WWE), 205 U.S. Dist. LEXIS 144129 (D.Conn. Oct. 23, 2015); *Chamberlain v. City of White Plains*, 986 F.Supp.2d 363 (S.D.N.Y. 2013); *Towsley v. Frank*, No. 5:09-cv-23, 2010 LEXIS 137005 (D. Vt. Dec. 28, 2010).

¹⁶ The taser form contains two fields indicating the number of deployments for persons who were tased: "#, Length of Drive-Stun Applications" and "#, Length of Activations after Probe Contact." Most departments completed these fields for every reported deployment of the taser in cartridge or drive-stun mode.

¹⁷ One person was reportedly tased more than once; for four others, the number of deployments was unstated.

In many small and mid-size departments, more than half of persons tased received multiple shocks. It should be noted that the total number of tasing incidents in most of these towns is small (less than 5 incidents). These towns included Ansonia, Branford¹⁸, Bristol, Canton, Cheshire, Clinton¹⁹, Brookfield, Danbury²⁰, East Hartford, East Windsor, Glastonbury, Greenwich, Hamden²¹, Manchester²², Milford, North Branford, Putnam, Shelton²³, Southington, Stratford²⁴, Wallingford, Waterford, Watertown, Windsor, and Windsor Locks.

Finally, a few departments reported no multiple deployments. These departments were: Berlin; Bloomfield; East Haven; Enfield; Groton City; Guilford; North Haven; Orange; Plainville; Plymouth; Portland; Redding; Ridgefield; Seymour; Suffield; Town of Groton; Vernon. Most of these departments reported only a single tasing incident in 2015, and the rest reported less than five incidents.

IV.C (7): Injuries Resulting from Tasers

IMRP researchers' review of the EDW reports suggests that reports of injuries to persons may be unreliable. For example, 327 persons were reportedly subjected to a cartridge deployment. Presumably, all these persons would have experienced at least superficial injuries from the probe puncture (unless the taser prongs missed or were embedded in their clothing). It was reported that 221 of these persons (68%) experienced any probe puncture injury. Thus, presumably, nearly a third of probe puncture injuries went unreported.

Moreover, as noted above, the "subject condition" section of the taser form, which provides for notation of injuries to persons involved in taser incidents, does not ask for any information about how or when any of the injuries was sustained. It is unclear whether injuries reported on the form had occurred before the time officers arrived on scene, or whether they were inflicted by persons other than officers, resulted from taser use by officers, or resulted from non-taser use of force by officers.

Of 610 persons involved in reported taser incidents, 419 were reportedly tased at least once. The EDW reports indicate that 316 people were injured in taser incidents, but only 298 of these persons were tased. Presumably, the 18 persons who were injured but not tased either were already injured when officers arrived, or were injured by some use of force other than the taser.

Some persons who were tased were reported to have suffered multiple injuries. Based on the descriptions provided, an overwhelming majority of the injuries appeared to be minor (i.e, probe puncture, bruise, and abrasions). Reported injuries to the 316 persons who were tased were as follows:

- 227 probe puncture injuries;

¹⁸ Of three persons who were tased in Branford, one was tased once, one was tased seven times, and for one, the form did not report the number of deployments. However, the unreported number of deployments resulted in death. **Error! bookmark not defined.**

¹⁹ One person was reportedly tased once. Two more were tased an unstated number of times.

²⁰ The Danbury reports indicated that 6 of 8 persons who were tased were tased multiple times. A seventh person was tased an unstated number of times.

²¹ Two persons were reportedly tased more than once; the number of deployments for a third was unstated.

²² Five persons were reportedly tased more than once; for six others, the number of deployments was unstated.

²³ One person was reportedly tased more than once; three more people were tased an unstated number of times.

²⁴ One person was reportedly tased more than once; another was tased an unstated number of times.

- 70 abrasions;
- 51 “other” (unspecified);
- 32 bruises;
- 8 experienced breathing difficulty; and
- 2 lost consciousness;
- 1 death²⁵ (not including the unreported death in Hartford)

The taser reports do not provide the number of officers involved in each reported taser incidents. As a result, it is impossible to calculate the percentage of officers who are injured in reported taser incidents. Similarly, without information about the percentage of officers who are injured in incidents involving other uses of less lethal force, it is impossible to evaluate whether the use or availability of tasers makes officers more or less safe.

Officers were reportedly injured in 72 of 610 reported taser incidents (12%). The types of injuries reported, most of which also appeared to be minor, were as follows:

- 35 bruises;
- 37 abrasions;
- 2 probe puncture only (two officers were accidentally tased);
- 1 breathing difficulty;
- 1 lost consciousness;

Persons Susceptible to Injury

The POSTC policy states: “Officers should be aware of the greater potential for injury when deploying a CEW against persons of small stature irrespective of age, or those who the officer has reason to believe are pregnant, equipped with a pacemaker, the infirm, or those in obvious ill health.” The EDW forms collect data on a person’s height and weight, but not on any physical infirmity or condition. It may be difficult for officers to know whether a person is in ill health, has a pacemaker, or is pregnant.

Researchers defined small stature as 5 feet 4 inches or shorter. A total of 34 people involved in taser incidents were identified as being of small stature. These persons were tased at about the same rate (65%) as other persons involved in taser incidents. The height and weight of 39 people involved in taser incidents was unstated.

The POSTC policy cautions that “Officers should be aware of the greater potential for injury when deploying a (taser) against ... those who the officer has reason to believe are ... in obvious ill health.”

The EDW reports provide no field in which to report the health of the person before s/he is tased. Since the taser forms do not request information about the health of persons involved in taser incidents, there has been no systematic collection of information as to the apparent health of persons involved in taser incidents. As a result, the taser reports cannot indicate much about how often people might have been tased while in “obvious ill-health.”

²⁵On August 7, 2015, a man named Matthew Russo died after being tased in Hartford, but the department submitted no EDW report with respect to this incident.

Nonetheless, notes written into the taser forms, as well as some case incident reports, suggest that persons may have been tased while they are in “in obvious ill health” (that is, physically injured).²⁶ For example, one case incident report indicated that a man was tased after police had found him “bleeding profusely from the top of his head and face,” “naked and screaming.” Another man reportedly was tased after police had found him “covered in blood”. A third man was tased after “touching a police officer with bloody hands.” Another case incident report indicated that a man was tased seven times while “missing front top tooth and bleeding from the mouth ... prior to police arrival on scene”. Another man was tased while “nude and bleeding from the head.” A fifth man, described in the case incident report as “mentally ill,” was tased while he had what the officer described as a “head injury, bleeding profusely.”

IV.D: DETAIL AND CONTEXT: USE OF FORCE AND INCIDENT REPORTS

The EDW reports provide a sketch of the reported incidents in which tasers were deployed in 2015. As is described above, this sketch is missing many crucial details, and it raises more questions than it answers. What do officers perceive to be happening in reported taser incidents? Why might an officer choose to use a taser over other use-of-force options or less-lethal weapons? How does the display or use of a taser affect the police-citizen encounter? Does it tend to escalate or de-escalate tense situations? What happens to people after they are tased or threatened with a taser?

The information available from this data collection cannot answer these questions. Nonetheless, IMRP researchers had the opportunity to review use-of-force reports and case incident reports for a selection of taser incidents. These reports provided more detail about how reported taser incidents unfold, and raised additional questions that warrant further research.

As is described above, it appears that EDW reports are typically completed by administrative staff who were not involved in the taser incident, often many months after the incident occurred. By contrast, use-of-force reports and case incident reports are required by state law to be prepared every time force is used, within 24 hours of the incident. An incident report is prepared by each officer involved in the incident and provides each officer’s detailed narrative of what happened and why. It also records the charges, if any, against the person who was subjected to the force, and notes whether the person received medical treatment or was transported to hospital afterward. The use-of-force report is prepared by a supervisor (typically a sergeant), who must determine whether the use of force fell within departmental policy and whether it was justified. It may also indicate where on the body the force was used (*e.g.*, where the prongs landed, where the drive-stun was applied, and/or where a person was injured). Some departmental use-of-force reports also contain a field for supervisors to assess whether lethal force would have been justified.

²⁶ Federal courts in the Second Circuit have questioned the constitutionality of tasing a person when officers can see that s/he is seriously injured: *see, e.g. Soto v. Gaudette*, No. 3:10-cv-106 (WWE), 205 U.S. Dist. LEXIS 144129 (D.Conn. Oct. 23, 2015) (denying summary judgment to officers alleged to have tased a man while he was “lying face down on the ground,” bleeding from the head or face, “after having been hit by a car and tasered in the back”); *See also Taylor v. Schaffer*, No. 1:14-cv-123-jgm, 2015 U.S. Dist. LEXIS 16119 (D. Vt. Feb. 10, 2015) (denying summary judgment to officers alleged to have tased a man after being told by group home owner that the man had just had a seizure and should be left alone); *Doonan v. Village of Spring Valley*, No. 10 CV 7139(VB), 2013 LEXIS 94221 (S.D.N.Y. June 25, 2013) (denying summary judgment to officers alleged to have tased a man after he had had a seizure, fell, and “was covered in blood”); *Towsley v. Frank*, *supra* (denying summary judgment to officers alleged to have tased a man after he fell out a window breaking his pelvis).

Use-of-force and case incident reports, therefore, add context and detail to the skeletal information contained in the EDW reports. This context and detail may begin to address additional questions raised by the statute, the POSTC policy and the EDW reports.

Public Act 14-149 does not require the submission of use-of-force or case incident reports, but four departments—Bridgeport, Milford, Norwich, and West Hartford—submitted these reports along with their EDW reports. Milford also enclosed case incident reports with its EDW reports. In addition, researchers requested a representative sample of case incident and use-of-force reports for five taser incidents randomly selected from those reported by each of Bridgeport, the Connecticut State Police, Hartford, New Haven and New London. IMRP researchers received the use-of-force and case incident reports from Bridgeport, Hartford and New Haven.²⁷ The Connecticut State Police did not provide copies of its use-of-force or case incident reports,²⁸ but provided aggregate data about all but two of its reported taser incidents.

The qualitative analysis contained in this subsection is based on 65 use-of-force reports received from six police departments (Bridgeport, Hartford, Milford, New Haven, Norwich, and West Hartford), and de-identified aggregate data received from the CSP (representing 31 of 33 taser incidents reported by CSP).

The use-of-force and case incident reports received constitute a very small sample of reported taser incidents, and the sample is not entirely random (*i.e.*, Milford's reports were submitted without any request). The case incident and use-of-force reports examined by IMRP researchers cannot be assumed to accurately represent reported taser incidents for which researchers have not received such reports. Nonetheless, they may shed some light on the taser incidents reported in the EDW forms: they reveal caveats about the accuracy of certain information contained in the EDW forms, and they reveal patterns in reported taser incidents that raise questions that warrant further investigation.

IV.D (1): Accuracy of EDW Reporting

The use-of-force and case incident reports highlight areas in which EDW reports may not have accurately recorded the events of each reported taser incident. IMRP researchers' review of these reports suggested a risk that EDW reports may tend systematically to understate the number of multiple deployments of the taser. Researchers also found several instances in which EDW reports stated that a verbal warning had been given when nothing in the use-of-force or case incident report indicated any such warning.²⁹ It is possible, of course, that an officer may have given a warning before taser use without documenting that s/he had done so, but it is unclear how administrators completing the EDW form might know this from reading the use-of-force or case incident reports.

IMRP researchers' review of the case incident reports found several instances in which the EDW report understated the number of taser deployments indicated by the officer's narrative and by the taser download data. For example, one EDW report from Hartford stated that a male was tased once.

²⁷ New London PD's response to researchers' request was received too late for inclusion in the analysis.

²⁸ CSP declined to provide copies of Use of Force and Incident Reports, but offered to allow researchers to attend at CSP headquarters to review them in person. This was not possible in the compressed time frame available for preparation of this report.

²⁹ Section 6E of the POST policy states that, "whenever possible," a "loud, clear warning" should be given before CEW deployments.

By contrast, the case incident report, use-of-force report and taser download indicated that he had been tased three times by two different officers: twice by one officers and once by another.

Similarly, EDW reports from Milford reported that, of four males tased in 2015, two were tased twice, and two were tased once. By contrast, the case incident reports indicated that three of the four men were subjected to multiple deployments. Another Milford EDW report stated that a male had been tased once, but the case incident report stated that the officer had tased the male “multiple times” through a closed door. The taser download data record indicated that the male may have been tased 26 times in less than 4½ minutes.

IV.D (2): Trends in Reported Taser Incidents

The case incident and use-of-force reports reviewed by researchers reveal several trends that raise questions whose policy implications cannot be meaningfully addressed without access to those reports for a broader sample of reported taser incidents. The findings of IMRP researchers’ review of case incident and use-of-force reports raise questions in the following areas, which may warrant further investigation:

- compliance with departmental policy;
- criminal offenses charged against persons tased;
- relationship to other uses of force;
- persons tased while restrained;
- persons tased in the chest; and
- use of tasers on emotionally disturbed and intoxicated persons.

Compliance with Departmental Policy

Pub. Act 14-149 mandates statewide adoption of departmental policies that “meet or exceed” a floor set by the POSTC model policy. If the effectiveness of the POSTC mandate is to be evaluated, researchers would need to review departmental policies including, but not limited to: the use-of-force continuum; the use and maintenance of each less-lethal weapon (taser, pepper spray, baton, etc.); interactions with emotionally disturbed, mentally ill and intellectually disabled persons; administration of first-aid and emergency medical treatment; de-escalation techniques and tactics; and training and curriculum. Alongside taser policies, these departmental policies comprise the comprehensive guidelines that police officers use to respond to and gain control over a situation and govern the discretionary decision made by officers when responding to an agitated, noncompliant and/or aggressive person. Taser policies should not be viewed in isolation.

IMRP researchers would also need to know, for each reported taser incident: (a) the circumstances in which a taser was deployed; and (b) whether a supervisor determined the taser deployment to fall within or outside departmental policy. These question can be answered only with the case incident reports from all officers on scene and the use-of-force reports. The available taser data cannot begin to answer these questions. Researchers did find that, of 65 use-of-force reports reviewed, all taser deployments were determined to have complied with departmental policy.

Criminal Offenses Charged

As is noted above, the legal and constitutional justification for a taser deployment (or any other use of force) depends in part on the nature and severity of the offense suspected or charged; EDW reports provide no such information. Researchers’ review of case incident reports from Bridgeport, Hartford,

New Haven and Milford found that less than 60 percent of persons who were tased (10 of 17) were subsequently arrested and charged with a criminal offense.

Most persons who were arrested after being tased were charged with offenses such as breach of the peace, reckless driving, criminal trespass, operating an unregistered motor vehicle, failing to carry license or registration, and interfering with police. The most serious criminal charges found in the review of the case incident reports were possession of drugs with intent to sell and motor vehicle theft. Researchers found that the only serious violent crimes documented in the case incident reports were two persons charged with assault on a police officer. While in these two incidents it was reported the officers suffered no serious injuries, assaulting a police officer automatically escalates a situation and the officers react according to the use-of-force continuum.

Relationship to Other Uses of Force

Police officers carry other less-lethal weapons such as a pepper spray and baton. These weapons were used prior to the introduction of the taser, and continue to be used today. A use-of-force form and case incident report are also created when these weapons are used. This analysis raised the following questions about the use of less-lethal weapons: Why was a taser used versus another less-lethal weapon? How were similar situations resolved by police prior to the issuance of tasers? Can officers resolve similar situations without the use of any force? How does taser use affect the rate of injury to police officers? The taser data cannot answer these questions, but a comprehensive review of use-of-force forms and case incident reports for a variety of police-citizen encounters may begin to identify patterns in police use of less-lethal force.

Persons Tased while Restrained

While the POSTC policy is silent with respect to tasing persons who are handcuffed or otherwise restrained, PERF recommends that persons who are handcuffed should not be tased “unless doing so is necessary to prevent them from causing serious bodily harm to themselves or others and if lesser attempts at control have been ineffective.”³⁰ No field on the EDW report inquires whether the person was restrained at the time the taser was deployed. IMPR researchers found that two of the incident reports indicated that a person may have been restrained at the time he was tased. One man was tased while he had one hand handcuffed to a bed and “took a swing” at officers; the other man was tased while he was in the back of a police car (the case incident report does not state whether the individual was handcuffed). Incident reports may help researchers better understand whether a person was restrained and what events may have led to a taser deployment.

Persons Tased in the Chest

Medical research suggests that the risk of death or cardiac complications may be elevated when taser shocks are delivered to the chest. In 2009, TASER International revised its guidelines to recommend that officers avoid tasing persons in the chest. Instead, it recommends that, when shooting from the front, officers aim for “lower center of mass” in order to avoid “controversy about whether [tasers] do or do not affect the human heart.”³¹ IMPR Researchers have received no information about the content of departmental taser training curricula. Case incident and use-of-force reports suggest that

³⁰ PERF 2011 policy, at 20.

³¹ Taser International, “Training Bulletin 15.0 Regarding Medical Research update and Revised Warnings” (2009).

departmental training may vary with respect to the advisability of targeting the chest in a taser deployment.

Researchers found that, of 46 use-of-force reports in which the part of the body tased was ascertainable, 10 indicated the person was tased in the chest. In Hartford, four of five use-of-force reports noted that the person was tased in the chest. In two, the officers stated that they had aimed for the chest.

By contrast, in Bridgeport, an officer reported that he had had the laser sights trained on an agitated man, but did not tase him because the taser was aimed at the man's chest. Of four Bridgeport use-of-force reports in which the part of the body tased was ascertainable, none indicated that the person was tased in the chest.

Use of Tasers on Emotionally Disturbed and Intoxicated Persons

Several federal courts, including courts in Connecticut, have questioned the constitutionality of tasing a person to secure the person's own safety, or to transport a person to hospital when s/he is refusing medical treatment.³²

The case incident reports suggest that some "emotionally disturbed" persons may have been tased because they were believed to pose a danger to themselves, rather than to others. For example, a male who was at an emergency room for a psychiatric committal was tased when he ran away "toward heavy traffic." Another male was tased while he was "bleeding profusely" and refusing medical assistance. A female who was suicidal and said she had been raped was tased when she pressed a knife against her own wrist.

Case incident reports also indicate that police have occasionally used their weapons to subdue disruptive patients at psychiatric facilities. For example, two males were tased while they were at a psychiatric hospital and another was tased at a group home for people with emotional and cognitive impairments. A psychiatric patient was tased in the hospital after a police officer who was guarding a prisoner at the hospital overheard a commotion in another room and called police.

These reports showed that several persons were tased when they exhibited aggressive behavior during an apparent psychiatric crisis. The male who was first tased when he fled the emergency room "toward heavy traffic" was tased a second time when he fought with police and health care providers upon being returned to the emergency room. In another incident, a male described as a "naked ... screaming at the pizza shop" was tased when he ran toward the police cruiser, "screaming and swearing" while "bleeding profusely from the top of his head and face." Another male who was described as "emotionally disturbed" and suspected to be under the influence of PCP, was tased after police found him "walking around with his fists clenched and appeared to be yelling ... walking around in circles and talking to himself." When the police officer asked him to calm down so they could talk, the man swore and "utter[ed] random words and had difficulty forming cognitive speech." He "charged [the officer] screaming and clenching his fists." He was tased twice, by two different officers.

³² See, e.g. *Orell v. Muckle*, No. 3:11-cv-00097-WWE, 2012 WL 3231017 (D. Conn. Aug. 6, 2012); *Bryans v. Cossette*, No. 3:11-CV-01263(JCH), 2013 WL 4737310 (D. Conn. Sept. 3, 2013); *Doonan v. Village of Spring Valley*, *supra*; *Garcia v. Dutchess Cty*, 43 F. Supp. 3d 281 (S.D.N.Y. 2014).

Of the incident reports from Bridgeport, Hartford, Milford and New Haven, more than 40 percent of persons who were tased (7 of 17) were not charged with any criminal offense. Each person who was not charged was transported to a hospital for psychiatric treatment, except for the two males who were already at the hospital. Six of the seven people who were tased before or during psychiatric commitment were reportedly black.

This trend was broadly consistent with aggregate data received from the Connecticut State Police that indicated that about one-third of persons who were tased by CSP troopers (10 of 31³³) were not charged with a criminal offense, but transported to a hospital for a psychiatric committal. Of persons reportedly tased by CSP prior to a psychiatric committal, nine out of ten were white.

While it would not be safe to assume that these findings confirm a statewide trend of taser use to secure psychiatric commitments, they warrant further investigation. Case incident reports from Bridgeport, Hartford and New Haven were randomly selected, although the sample size was very small. Aggregate data received from CSP reflected nearly every reported tasing in 2015, and the four Incident Reports from Milford reflected every reported tasing in Milford in 2015. All five departments for which Incident Reports or aggregate data were received (including the four largest police departments in the state) showed the same pattern.³⁴ Only by reviewing incident reports for all reported taser incidents could researchers ascertain when, where and how often tasers are being used to secure psychiatric commitments, and whether the use of a taser in these situations is the most appropriate way to secure the safety of the person and officer.

Finally, the POSTC guidelines obliquely acknowledge the elevated risk of injury to persons who are “known to be under the influence of drugs or medications” by mandating that such persons be transported to hospital if they are tased. Case incident reports reviewed by IMRP researchers described several incidents in which a person was tased while naked and screaming in a public place, and the officer noted a belief that the person had been high on PCP or other drugs.

³³ Although CSP submitted EDW reports for 33 taser incidents, it provided aggregate data for 31 of them.

³⁴ 1 of 4 persons tased in Bridgeport, 2 of 4 tased in Hartford, 2 of 4 tased in Milford, 2 of 4 tased in New Haven and 10 of 31 tased by CSP were not charged with any criminal offense, and were transported to hospital for psychiatric treatment.

SECTION V: FINDINGS AND RECOMMENDATIONS

The section presents findings and recommendations based on analysis of the data submitted by 79 police departments in 2015 and a review of policies governing the use of tasers. 2015 was the first year in which data on taser use has been collected in Connecticut. It is therefore not yet possible to identify temporal trends. While the descriptive statistics presented in this report raise many questions, they cannot be taken to conclusively establish what is happening with respect to taser use in Connecticut. This first year of taser findings should be interpreted with caution.

V. A: SUMMARY OF FINDINGS

Police officers and citizens interact continuously every day throughout the United States. The Bureau of Justice Statistics (1999) reported that police use of force against a person is statistically rare, occurring in approximately one-percent of all police-citizen encounters. The total number of nationwide taser deployments is not known. Connecticut is the first state to require comprehensive, statewide data collection with respect to taser use.

In Connecticut in 2015, there were more than 100,000 arrests and approximately 600,000 traffic stops, as well as an unknown number of other types of police-citizen encounters. The Connecticut State Police and 90 municipal police departments authorize officers to carry tasers. Seventy departments reported at least one taser deployment in 2015. IMRP received 650 EDW reports documenting taser incidents involving 610 people.

Less than one percent (0.08%) of the approximately 700,000 arrest and traffic stop incidents in Connecticut in 2015 involved the use of tasers by police officers. This percentage may be even lower if the total number of statewide police-citizen encounters, including calls for service, were included.

However, ***the use of tasers by police appears to be under-reported.*** Many police departments did not report all uses of a taser. Much of the underreporting appears to have involved incidents in which the taser was used in laser-sight or warning arc mode without delivering an electric shock. For example, the two largest police departments (Connecticut State Police and Hartford) reported almost no taser incidents in which the taser was arced or laser-sighted, but no one was tased.³⁵ It seems improbable that only one officer from either department sighted or arced a taser in 2015. Several of the largest departments told IMRP researchers that they had been unaware of the requirement to report all activation of tasers, not just incidents in which a person was tased.

At least one incident of under-reporting occurred in an incident that resulted in death: ***the Hartford Police Department did not report a taser incident that occurred on August 7, 2015 and the subject died as a result of the police encounter.***

Females were much less likely to be involved in a taser incident than males. The vast majority (94%) of persons involved in taser incident were male.

³⁵ Of 51 persons involved in taser incidents reported by Hartford, 100% were tased. Of 33 persons involved in taser incidents reported by CSP, 32 persons were tased.

Minority persons account for 53 percent of all taser incidents compared to white persons who account for 48 percent.

Twenty-two persons under the age of 18 were involved in a taser incident. Nine of them were tased, of whom, seven were black and two were white. Five of the nine youth tased were reported as emotionally disturbed or suicidal.

Of the 610 people involved in taser incidents, 419 received an electric shock (69%). ***Of the males involved in taser incidents, white males received an electric shock 60 percent of the time, Hispanic males were shocked 66 percent of the time and black males were shocked 81 percent of the time.*** While white males involved in reported taser incidents were about as likely to be warned as to be tased, black and Hispanic males involved in taser incidents were more likely to be tased than to be warned.

The majority (83%) of persons involved in a reported taser incident were unarmed. Of the armed persons, officers only indicated that 27 percent threatened to use the weapon. More than 40 percent of armed people tased were identified as suicidal. Although black and Hispanic persons involved in reported taser incidents were more likely than white persons to be tased, ***black and Hispanic persons were less likely than whites to be armed.*** About 19 percent of white males were armed, compared to 16 percent of Hispanic males and 12 percent of black males.

One-third (33%) of persons involved in reported taser incidents were described as “emotionally disturbed.” Persons described as “emotionally disturbed” were somewhat more likely to be tased than persons who were not so described.

Furthermore, ***13 percent of reported taser incidents involved persons described as “suicidal.”*** Persons described as “suicidal” were much more likely than non-suicidal persons to be armed. Armed persons were more likely to be tased if they were suicidal than if they were not.

Nearly half of all persons involved in reported taser incidents (49%) were identified as “under the influence of alcohol/drugs” or “possibly intoxicated.” Unfortunately, the EDW report provides little contextual information by which to better assess this finding.

Of 419 persons who were tased, more than 60 percent reportedly received only one electric shock and about 30 percent received multiple shocks. Hispanic males who were tased were more likely to be shocked multiple times, whereas black males who were tased were less likely to be shocked more than once.

V. A: RECOMMENDATIONS

1. Improve data collection form

A consistent finding throughout this report is that the available data on taser use does not suffice to answer questions raised by Public Act 14-149 and by the POSTC model policy. Although these data raise many more questions than they answer, some of those questions could be answered with more consistent reporting practices and more comprehensive data collection. Improved reporting and data collection could yield meaningful evidence that could inform public policy with respect to tasers and possibly of other uses of force. With more comprehensive data collection and more complete, consistent and accurate reporting, stronger conclusions could be drawn about cross-departmental

differences in taser practices, and about the relationship between departmental policy and reported taser practice.

To allow for more accurate and consistent analysis of taser data, it is recommended that existing taser data form be amended to collect the following:

- whether the tased person was arrested and the charges filed;
- physical condition of the person upon the officer's arrival and after taser deployment;
- whether the tased person was transported to a hospital; and
- supervisor determination of justification on each deployment.

2. Clarify reporting practices

In this first year of data collection, different departments appeared to have divergent understandings of their reporting obligations. For example, some departments completed EDW reports in real time, on the day of the incident or immediately afterward, while others completed all their EDW reports at the end of the year, close to the statutory deadline. Some departments reported incidents that were not deemed reportable under the POSTC policy (i.e., incidents in which the taser was un-holstered but not activated), while other departments told researchers that they had not realized that the POSTC policy required reporting of incidents of arcing or laser-sight activation if no one was tased. Furthermore, some departments completed EDW forms without recording the number and duration of each electric shock.

It is recommended that POSTC clarify the following with respect to departmental reporting obligations:

- EDW reports must be completed at the same time as use-of-force and case incident reports;
- reporting of the number and duration of electric shocks is mandatory; and
- reporting of arcing and laser-sight activations is mandatory, while reporting of un-holstering without activation is not required.

3. Collect use-of-force and case incident reports for all taser incidents

Much of the data that could yield more meaningful results is contained in two other documents that are required by state law to be produced with respect to every use of force: the use-of-force report and the case incident report. Departments should be required to submit, along with the taser form, all use-of-force forms and case incident reports from every incident in which a taser was activated in laser sight, warning arc, drive-stun or cartridge (prong) mode. In some circumstances, activation of the taser in laser sight or warning arc mode may not be subject to state law or departmental policy requirements to produce a use-of-force form. In such incidents, case incident reports should be submitted along with the EDW form.

It is also recommended more research be conducted in four preliminary areas:

- How—in policy and practice—are tasers and other less-lethal weapons are situated with respect to the standard use-of-force continuum?
- What is the relationship between departmental policy and practice with respect to taser use and the use of other kinds of less-lethal force?
- Which medical, behavioral and situational factors are associated with serious injuries or fatalities in reported taser incidents?

- Does the use of tasers reduce injuries to police and other persons during police-citizen encounters? If so, how and in what circumstances? How do the results of taser incidents compare to the results of similar incidents involving the use of other less-lethal weapons, or of no force at all?

This research might address variations across departments with respect to policy, use and reporting of taser use. Continued research may help to improve the routine collection of data to inform public policy. Researchers and police departments should collaborate to explore the findings of the studies. In particular, police departments may wish to use research findings to improve policies, training and protocols on taser use.

4. Additional research on persons experiencing psychiatric crisis

The manufacturer of the taser, TASER International, cautions that taser use may be ineffective against persons who are intoxicated or experiencing psychiatric crisis. Medical research also suggests that taser use against such persons may pose a heightened risk of injury. At the same time, circumstances may exist in which a taser (or other use of force) is the most appropriate option for gaining control of persons experiencing psychiatric crisis and getting them into treatment. Further research is required into when and in what circumstances taser use might be appropriate in response to persons experiencing psychiatric crisis. Research in answer to the following questions might aid the development of evidence-based policy with respect to the use of tasers and other physical force against persons experiencing psychiatric crisis:

- What are best practices with respect to emergency medical response to persons experiencing apparent psychiatric crisis?
- In which circumstances might taser use on persons experiencing psychiatric crisis pose particular health risks? In which circumstances might taser use be a safe option for officer, person in crisis, and other persons involved?

5. Collect data on other use-of-force incidents

This data collection effort sought no data about other police-citizen encounters in which less-lethal force is used. As a result, the collection of data on taser incidents cannot be compared to other incidents involving less-lethal force, or to incidents resolved without use of force. We recommend that in all cases in which force is used, use-of-force and incident reports be submitted to the state to improve the data analysis and increase transparency.

6. Review intent and implementation of model policy as mandated by PA 14-149

POSTC complied with Public Act 14-149 in adopting a model policy on the use of tasers. Although Public Act 14-149 does not specify any required content for the POSTC model policy, the policy does not incorporate several guidelines recommended by DOJ, PERF and TASER International, Inc. The policy also does not set guidelines as for what would “meet or exceed” the model policy standards. Presumably, the intent of the law was to set a best practice standard for taser usage in Connecticut, and to have those standards uniformly promulgated throughout law enforcement agencies. As such, policymakers may want to revisit the law’s specifications for the model policy mandate and make this policy subject to review under the Uniform Administrative Procedure Act (Chapter 54 of the Connecticut General Statutes.)

7. Review additional department policies regarding use-of-force

Police departments maintain policies on the use-of-force continuum and the use of less-lethal weapons. These policies may address dealing with emotionally disturbed, mentally ill or disabled persons; handling suicidal persons; and other issues that impact an officer's decision to deploy a taser. The departments also maintain policies and curriculum for pre- and in-service training of officers in the use of tasers and other less-lethal weapons, communication skills, de-escalation techniques, understanding and communicating with disturbed, disabled, suicidal or other persons in distress, and tactical training exercises. None of these policies were reviewed. To conduct a comprehensive evaluation of the adequacy and effectiveness of the POSTC model policy and departmental policies, all policies pertaining to and impacting the use of tasers should be reviewed to determine how they balance public safety, the safety of suspects, and the safety of police officers. Alternately, police departments could submitted an annotated version of their taser policy that explicitly cross-references rules and situations that may be addressed by other departmental policies.

APPENDIX

Appendix A:

Public Act 14-149: *An Act Concerning the Use of Electronic Defense Weapons by Police Officers*

POSTC General Notice 14-02 (Council Action- Adoption of the Model Policy Concerning the Use of Conducted Electronic Weapons by Police Officers Pursuant to Public Act 14-149.)

Electronic Defense Weapon Data Collection Form

Appendix B: Full tables are available for certain information presented in Section IV of this report. The table number listed below corresponds with the table number in Section IV.

Table 1.0: Total Number of Taser Reports Submitted

Table 2.0a: Taser Subject Demographics by Race/Ethnicity

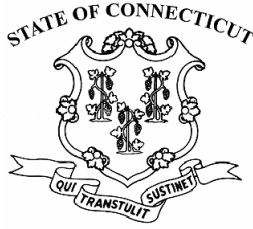
Table 2.0b: Taser Subject Demographics by Gender

Table 3.0: Type of Taser Deployment by Department

Table 5.0: Total Number of Persons Tased by Department

Table 12.0: Number of Taser Deployments by Department

APPENDIX A



Substitute House Bill No. 5389

Public Act No. 14-149

AN ACT CONCERNING THE USE OF ELECTRONIC DEFENSE WEAPONS BY POLICE OFFICERS.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

Section 1. (NEW) (*Effective January 1, 2015*) (a) For purposes of this section, "law enforcement agency" means the Division of State Police within the Department of Emergency Services and Public Protection or any municipal police department, "police officer" means a state police officer or a sworn member of a municipal police department and "electronic defense weapon" has the same meaning as provided in section 53a-3 of the general statutes.

(b) (1) Each law enforcement agency that authorizes a police officer employed by such agency to use an electronic defense weapon shall: (A) Not later than January 31, 2015, adopt and maintain a written policy that meets or exceeds the model policy developed by the Police Officer Standards and Training Council regarding the use of an electronic defense weapon; (B) require police officers to document any use of an electronic defense weapon in use-of-force reports; (C) not later than January fifteenth following each calendar year in which an electronic defense weapon is used, prepare an annual report using the form developed and promulgated by the Police Officer Standards and Training Council pursuant to section 2 of this act that details the use of

Substitute House Bill No. 5389

electronic defense weapons by police officers employed by such agency and includes (i) data downloaded from the electronic defense weapons after their use, (ii) data compiled from the use-of-force reports, and (iii) statistics on each such use of an electronic defense weapon, including, but not limited to, (I) the race and gender of each person on whom the electronic defense weapon was used, provided the identification of such characteristics shall be based on the observation and perception of the police officer that used the electronic defense weapon, (II) the number of times the electronic defense weapon was activated and used on such person, (III) the injury, if any, suffered by such person against whom the electronic defense weapon was used, and (IV) if the electronic defense weapon that was used had different usage modes, the mode used; and (D) not later than January 15, 2016, and annually thereafter, submit the report to the Criminal Justice Policy and Planning Division within the Office of Policy and Management.

(2) Not later than January 15, 2016, and annually thereafter, a law enforcement agency that does not authorize police officers employed by such agency to use an electronic defense weapon shall submit a report to the Criminal Justice Policy and Planning Division within the Office of Policy and Management stating that such agency does not authorize its officers to use electronic defense weapons.

(c) The Office of Policy and Management shall post the annual reports submitted pursuant to subsection (b) of this section on its Internet web site.

Sec. 2. (NEW) (*Effective October 1, 2014*) Not later than January 1, 2015, the Police Officer Standards and Training Council established under section 7-294b of the general statutes shall develop and promulgate (1) a model policy that provides guidelines on the use of an electronic defense weapon by a police officer, and (2) a standardized form for reporting the use of electronic defense weapons

Substitute House Bill No. 5389

pursuant to subdivision (1) of subsection (b) of section 1 of this act.

Approved June 6, 2014



State of Connecticut

Police Officer Standards and Training Council Connecticut Police Academy



GENERAL NOTICE 14-02

To: Chief Law Enforcement Officers
Training Officers
Protective Services
Resident Troopers

From: Thomas E. Flaherty
Police Academy Administrator

A handwritten signature in black ink, appearing to read "Thomas E. Flaherty".

Date: December 24, 2014

Subject: Council Action – Adoption of the Model Policy Concerning the Use of Conducted Electronic Weapons by Police Officers Pursuant to Public Act No. 14-149 which SUPERSEDES General Notice No. 13-01

At a Special Meeting of the Police Officer Standards and Training Council on December 22, 2014, the Council adopted the attached documents entitled "Model Policy – Use of Conducted Electrical Weapons" and "Electronic Defense Weapon Annual Report" pursuant to Public Act No. 14-149. This Council action supersedes the recommended model policy included in General Notice No. 13-01.

Also included with this notice is a Model Use of Force Report endorsed by the Council and this is recommended for implementation by those Law Enforcement agencies whose existing Use of Forces reports do not capture all of the data required in the Annual Report that is to be submitted to the Office of Policy and Management.

The Council has additionally included with this notice, a copy of Public Act No. 14-149.

Please note that Public Act No. 14-149 requires "each law enforcement agency that authorizes a police officer employed by such agency to use an electronic defense weapon shall: (A) Not later than **JANUARY 31, 2015** adopt and maintain a written policy that meets or exceeds the



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model policy developed by the Police Officer Standards and Training Council regarding the use of an electronic defense weapon”; (B) “require police officers to document any use of an electronic defense weapon in use-of-force reports”; (C) “not later than January fifteenth following each calendar year in which an electronic defense weapon is used, prepare an annual report using the form developed and promulgated by the Police Officer Standards and Training Council” which includes:

- (i.) “data downloaded from the electronic defense weapons after their use”
- (ii.) “data compiled from the use of force reports”
- (iii.) “statistics on each use of an electronic defense weapon, including, but not limited to,”
 - a. “the race and gender of each person on whom the electronic defense weapon was used, provided the identification of such characteristics shall be based on the observation and perception of the police officer that used the electronic defense weapons”
 - b. “the number of times the electronic defense weapon was activated and used on such person”
 - c. “the injury, if any, suffered by such person against whom the electronic defense was used”
 - d. “if the electronic defense that was used had different modes, the mode used”.

The Public Act also requires that not later than January 15, 2016 and annually thereafter, the law enforcement agency shall submit a report to the Criminal Justice Policy and Planning Division within the Office of Policy and Management.

Not later than January 15, 2016, and annually thereafter, a law enforcement agency that does not authorize police officers employed by such agency to use an electronic defense weapon shall submit a report to the Criminal Justice Policy and Planning Division with the Office of Policy and Management stating that such agency does not authorize its officers to use electronic defense weapons.

It should be noted, because of the number of data points that must be captured on the Electronic Defense Weapon Annual Report, the forms should be submitted to OPM per the instructions on the form “as soon as practicable after approval by the submitting agency”.

Finally, the Use of Force Report is distributed to be employed at the option of a law enforcement agency to meet the requirements of reporting such uses.

This policy can be found at the POST website www.ct.gov/post.

Questions or comments may be directed to my attention in writing either by e-mail or letter.

**State of Connecticut
Police Officer Standards and Training Council
Model Policy
Use of Conducted Electrical Weapons**

1. PURPOSE AND SCOPE:

A. Purpose: To establish Department policy governing the use of Conducted Electrical Weapons (CEW) by sworn members of the (INSERT NAME OF INDIVIDUAL POLICE DEPARTMENT HERE) Police Department and to ensure compliance with applicable State statute(s) and regulations adopted by the Police Officer Standards and Training Council.

B. This Model Policy is intended to provide guidance for proper deployment and use of a CEW by a police officer in the field. This Model Policy is implemented via a Model Lesson Plan and related Instructor's Addendum compiled in conjunction with this policy as part of a Connecticut CEW Model Policy and Training Module.

2. DISCUSSION:

A. This policy deals with the use of the CEW. Per CGS 53a-22, police officers are justified in using physical force when and to the extent that he or she reasonably believes such to be necessary to: (1) Effect an arrest or prevent the escape from custody of a person whom he or she reasonably believes to have committed an offense, unless he or she knows that the arrest or custody is unauthorized; or (2) defend himself or herself or a third person from the use or imminent use of physical force while effecting or attempting to effect an arrest or while preventing or attempting to prevent an escape.

B. Officers are specifically granted the legal authority to carry weapons under C.G.S. 53-206 "while engaged in the pursuit of such officer's official duties."

C. The reasonableness of a use of force under this policy will be measured by standards established by the Supreme Court in *Graham v. Connor*, 490 U.S. 386 (1989). The reasonableness of a particular use of force must be judged from the perspective of a reasonable officer on the scene, in light of the facts and circumstances confronting them, without regard to their underlying intent or motivation, and not by the "20/20 vision of hindsight." The calculus must embody an allowance for the fact that police officers are often forced to make split-second decisions about the amount of force necessary in a particular situation. Factors relevant to the determination of reasonableness include the severity of the crime that the officer believed the suspect to have committed or be committing, whether the suspect presented an immediate threat to the safety of officers or the public, and whether the suspect actively resisted arrest or attempted to escape, along with any other fact or circumstance which reasonably bears upon the decision to use force.

3. DEFINITIONS:

A. CONDUCTED ELECTRICAL WEAPON: (Also referred to as an 'Electronic Defense Weapon', or 'EDW.' The CEW is a less than lethal weapon designed to disrupt a subject's central nervous system by deploying battery-powered electrical energy sufficient to cause uncontrolled muscle contractions and override voluntary motor responses.

B. PHYSICAL FORCE: Per CGS 53a-22, police officers are justified in using physical force when and to the extent that he or she reasonably believes such to be necessary to: (1) Effect an arrest or prevent the escape from custody of a person whom he or she reasonably believes to have committed an offense, unless he or she knows that the arrest or custody is unauthorized; or (2) defend himself or herself or a third person from the use or imminent use of physical force while effecting or attempting to effect an arrest or while preventing or attempting to prevent an escape.

C. LESS-THAN-LETHAL FORCE: A use of force which is not likely to cause death or serious physical injury.

D. ACTIVE RESISTANCE: Any physical act, or failure to act, undertaken by a subject, against an officer, that could reasonably interfere with or defeat a lawful attempt by the officer to gain physical control of the subject.

E. PASSIVE RESISTANCE: The mere failure or refusal to cooperate with the lawful directions of a police officer by one or more unarmed, non-violent persons, such as in the case of an act of civil disobedience or a non-violent handcuffed prisoner.

F. DEPLOYMENT: Does not include the mere removal of the CEW from the holster, but does include any use of a CEW against any person, including the illumination of the laser sight onto an individual.

4. POLICY:

A. It shall be the policy of the (INSERT NAME OF INDIVIDUAL POLICE DEPARTMENT HERE) Police Department that all officers will only use the level of force necessary to accomplish lawful objectives.

B. It shall be the policy of the (INSERT NAME OF INDIVIDUAL POLICE DEPARTMENT HERE) Police Department that when a subject is injured through any deployment of a CEW, the officer shall offer the injured party medical assistance. In the case of obvious physical injury or when otherwise prudent, the officer shall request medical dispatch.

C. Beginning January 1, 2015, it shall be the policy of the (INSERT THE NAME OF INDIVIDUAL POLICE DEPARTMENT HERE) Police Department that following any deployment of a CEW, a written Use of Force report will be generated and filed to accommodate CEW deployment tracking. Reports must be completed in their entirety and specifically describe the justification for the use

of force, including events and communications leading up to the physical confrontation, the subject's behavior, the environment in which the incident took place, and any injuries sustained by anyone during the event.

D. It shall be the policy of the (INSERT NAME OF INDIVIDUAL POLICE DEPARTMENT HERE) Police Department that all written reports generated regarding the deployment of a CEW be promptly reviewed by a supervisor to determine that the deployment of the CEW was appropriate. Should a determination be made by the supervisor that the deployment of the CEW was questionable or inappropriate, the matter shall be immediately referred for further review per Department policy. The supervisor's findings regarding the deployment of the CEW shall be documented in the Use of Force Report.

E. It shall be the policy of the (INSERT NAME OF INDIVIDUAL POLICE DEPARTMENT HERE) Police Department that all sworn persons have access to the Departmental CEW policy and receive training as to its content prior to obtaining authorization to carry a CEW. CEW's may only be deployed by sworn personnel who have satisfactorily completed this agency's approved training.

F. Beginning January 1, 2016, it shall be the policy of the (INSERT NAME OF INDIVIDUAL POLICE DEPARTMENT HERE) Police Department to complete the POSTC EDW/CEW Annual Report Form as required by statute. Said Report Form is to be submitted to the State of Connecticut Criminal Justice Policy and Planning Division within the Office of Policy and Management no later than January 15th covering the preceding calendar year. The report is required for any department having deployed a CEW against any individual within the calendar year; any department authorizing the deployment of a CEW but not having any deployments within that calendar year; and, finally, by any department not authorizing the deployment of the CEW. Fields are provided on the Annual Report for those departments falling into the latter two (2) categories.

G. It shall be the policy of the (INSERT NAME OF INDIVIDUAL POLICE DEPARTMENT HERE) Police Department to conduct an annual review of all CEW deployments in the field in order to evaluate policy compliance.

5. WEARING OF THE CEW:

A. The device shall be carried in an approved holster on the side of the body opposite the service handgun if it is to be worn in a waist holster or a thigh holster. Officers not assigned to uniformed patrol may be authorized to utilize other Department-approved holsters and carry the device consistent with Department training and the requirement as set out in this paragraph.

B. The device shall be carried in accordance with manufacturer's recommendations and Department training. The CEW shall be pointed in a safe direction during loading, unloading, or when handled in other than an operational deployment.

C. Officers authorized to deploy the device shall be issued a minimum of one spare cartridge as a backup in case of cartridge failure, the need for redeployment, or in case the first cartridge's leads break during engagement.

The spare cartridges shall be stored and carried in a manner consistent with training and the cartridges replaced consistent with the manufacturer's expiration requirements.

6. DEPLOYMENT OF THE CEW:

A. As soon as reasonably possible, a supervisor should be requested to respond to the scene of a potential or completed CEW deployment.

B. As in all uses of force, certain individuals may be more susceptible to injury. Officers should be aware of the greater potential for injury when deploying a CEW against persons of small stature irrespective of age, or those who the officer has reason to believe are pregnant, equipped with a pacemaker, the infirm, or those in obvious ill health.

C. Upon discharging the device, the officer shall energize the subject the least number of times and no longer than necessary to accomplish the legitimate operational objective.

D. The subject should be secured as soon as practical while disabled by the CEW to minimize the number of deployment cycles. In determining the need for additional energy cycles, officers should be aware that an energized subject may not be able to respond to commands during or immediately following exposure. Personnel should deploy the CEW for one standard cycle and then evaluate the situation to determine if subsequent cycles are necessary. Each application of the CEW should be independently justifiable. Officers should only deploy the CEW to the extent necessary to gain control of the subject.

E. Whenever possible, prior to a CEW deployment, a loud, clear warning of a CEW deployment should be made. When aiming the CEW at a subject, officers should adhere to the manufacturer's preferred target zones whenever reasonably possible. Officers should take into consideration the capabilities and limitations of the CEW whenever employing it at close quarters.

F. A CEW should be aimed by use of the aiming laser(s) when possible. Fixed sights shall be used when the laser sight(s) are ineffective or as a secondary aiming tool.

G. The device may also be deployed in certain circumstances in a "drive stun" mode. Deployment of the CEW in drive stun mode, from a policy perspective, is no different than a cartridge deployment. It is important to note that when the device is deployed in this manner, it is primarily a pain compliance tool; is minimally effective compared to a conventional cartridge deployment; and is more likely to leave marks on the subject's skin.

H. Officers should not intentionally activate more than one CEW at a time against a subject.

I. The CEW should not be deployed:

1. In a punitive or coercive manner;

2. On any subject demonstrating only passive resistance.
3. In any environment where an officer knows that a potentially flammable, volatile, or explosive material is present (including but not limited to OC spray with volatile propellant, gasoline, natural gas, or propane);
4. Where it is likely that the subject may drown or fall from an elevated area.

7. MEDICAL ATTENTION:

A. Any subject against whom a CEW is deployed shall be evaluated by qualified medical personnel. Qualified medical personnel include medical professionals including medical doctors, licensed nurses, EMS first responders, or police officers certified in the deployment of a CEW and currently certified at no less than the Emergency Medical Responder (EMR) level (formerly known as Medical Response Technician (MRT)). The Department must also be cognizant of any medical regulations or guidelines regarding CEW's asserted by any medical authority having jurisdiction over the agency in whose jurisdiction the CEW is deployed.

B. Police officers shall not remove probes which have implanted anywhere on a subject's body unless authorized to do so by competent medical authority or the officer has been certified to do so by a POSTC certified instructor.

C. The following persons shall be transported to a hospital for examination following exposure to a CEW. Any person who:

1. Loses consciousness, exhibits irregular breathing or is known to be under the influence of drugs or medications;
2. Is hit in a sensitive area (e.g., face, head, female breasts, male groin);
3. Does not appear to recover properly after being energized;
4. Has been energized more than three times or has been subjected to a continuous energy cycle of 15 seconds or more;
5. Has had more than one CEW effectively used against him or her in any given incident;
6. Has exhibited signs of extreme uncontrolled agitation or hyperactivity prior to CEW deployment;
7. Is in a potentially susceptible population category, including persons of small stature irrespective of age, the infirm, or those who the officer has reason to believe are pregnant, equipped with a pacemaker, or in obvious

ill health;

8. Exhibits bizarre or violent behavior, including self-mutilation;
9. Is naked in a public place or exhibits signs of overheating;
10. Evidences slurring or slowness of speech;
11. Subject claims to have been injured or in medical distress.

State of Connecticut - Office of Policy and Management

Electronic Defense Weapon Annual Report

Submit form to OPM as soon as practicable after approval by submitting agency

Page 1 of ____

Law Enforcement Agency		Report Prepared By		Reporting Year		Date of Report	
<input type="checkbox"/> Law Enforcement Agency does not authorize its officers to use electronic defense weapons <input type="checkbox"/> Law Enforcement Agency authorizes its officers to use electronic defense weapons, but had no deployments during the calendar year							
Incident Case Number		Date of Report		Date of Incident		Time of Incident	
Sex	Race	Height	Weight	Age	Hispanic <input type="checkbox"/> Yes <input type="checkbox"/> No		
EDW Deployment Type <input type="checkbox"/> Laser Only <input type="checkbox"/> Warning Arc <input type="checkbox"/> Cartridge <input type="checkbox"/> Drive Stun #, Length of Displays or Arcs _____ #, Length of Drive-Stun Applications _____ #, Length of Activations After Probe Contact _____ EDW Downloaded By _____ (Attach Data Report)							
Warning Provided to Subject? <input type="checkbox"/> Yes <input type="checkbox"/> No							
Subject Condition <input type="checkbox"/> Not Injured <input type="checkbox"/> Probe Puncture Only <input type="checkbox"/> Bruises <input type="checkbox"/> Lost Consciousness <input type="checkbox"/> Abrasions <input type="checkbox"/> Death <input type="checkbox"/> Breathing Difficulty <input type="checkbox"/> Other: _____				Officer Condition <input type="checkbox"/> Not Injured <input type="checkbox"/> Probe Puncture Only <input type="checkbox"/> Bruises <input type="checkbox"/> Lost Consciousness <input type="checkbox"/> Abrasions <input type="checkbox"/> Death <input type="checkbox"/> Breathing Difficulty <input type="checkbox"/> Other: _____			
Location Environment <input type="checkbox"/> Subject's Residence <input type="checkbox"/> Indoors - Public Building <input type="checkbox"/> Other Residence <input type="checkbox"/> Indoors - Private Property <input type="checkbox"/> Outdoors - Public Area <input type="checkbox"/> Educational Facility <input type="checkbox"/> Outdoors - Private Property <input type="checkbox"/> Commercial Establishment							
Officer's Arrival (Check one) <input type="checkbox"/> Marked Cruiser <input type="checkbox"/> Officer not in Uniform <input type="checkbox"/> Other _____ <input type="checkbox"/> Unmarked Vehicle <input type="checkbox"/> Officer Identified Self <input type="checkbox"/> Officer in Uniform <input type="checkbox"/> Not Initial Officer on Scene							
Activity that Led to Incident (Check all that apply) <input type="checkbox"/> Crime in Progress <input type="checkbox"/> Suspicious Person <input type="checkbox"/> Domestic Disturbance <input type="checkbox"/> Executing Warrant <input type="checkbox"/> Disturbance (other) <input type="checkbox"/> Under Influence of Alcohol and/or Drugs <input type="checkbox"/> Traffic Stop <input type="checkbox"/> Other _____ <input type="checkbox"/> Emotionally Disturbed Subject							
Officer's Initial Perception of Subject (Check all that apply) <input type="checkbox"/> Non-aggressive <input type="checkbox"/> Actively Aggressive (Verbal) <input type="checkbox"/> Previous Hostility Toward Police <input type="checkbox"/> Actively Aggressive (Physical) <input type="checkbox"/> Possibly Intoxicated <input type="checkbox"/> Armed with _____ <input type="checkbox"/> Emotionally Disturbed <input type="checkbox"/> Other _____							
Subject Resistance Resulting in Application of Force (Check all that apply) <input type="checkbox"/> Threat/Hostile <input type="checkbox"/> Armed with Edged Weapon <input type="checkbox"/> Dead Weight/Non-compliant <input type="checkbox"/> Armed with Blunt Instrument <input type="checkbox"/> Fighting Stance/Combative <input type="checkbox"/> Armed with Other _____ <input type="checkbox"/> Threaten Use of Weapon <input type="checkbox"/> Failed to Follow Officer's Directions <input type="checkbox"/> Fleeing <input type="checkbox"/> Suicidal <input type="checkbox"/> Unarmed Assault <input type="checkbox"/> Other _____ <input type="checkbox"/> Armed with Firearm							

APPENDIX B

**Table 1.0: Total Number of Taser Reports Submitted
(Sorted Alphabetically)**

Department Name	Number of Taser Incidents	% of Statewide Taser Incidents
Ansonia	4	0.66%
Berlin	6	0.98%
Bethel	2	0.33%
Bloomfield	2	0.33%
Branford	16	2.62%
Bridgeport	20	3.28%
Bristol	5	0.82%
Brookfield	2	0.33%
Canton	2	0.33%
Cheshire	5	0.82%
Clinton	3	0.49%
Coventry	4	0.66%
Cromwell	1	0.16%
CSP (State Police)	33	5.41%
Danbury	19	3.11%
Darien	2	0.33%
Derby	5	0.82%
East Hampton	5	0.82%
East Hartford	34	5.57%
East Haven	6	0.98%
East Windsor	2	0.33%
Easton	1	0.16%
Enfield	2	0.33%
Fairfield	2	0.33%
Farmington	6	0.98%
Glastonbury	3	0.49%
Greenwich	1	0.16%
Groton City	2	0.33%
Guilford	2	0.33%
Hamden	5	0.82%
Hartford	51	8.36%
Manchester	28	4.59%
Mashantucket	7	1.15%
Meriden	14	2.30%
Middletown	10	1.64%
Milford	8	1.31%
Naugatuck	11	1.80%
New Britain	15	2.46%
New Canaan	2	0.33%
New Haven	15	2.46%
New London	18	2.95%
New Milford	6	0.98%
Newington	4	0.66%
North Branford	2	0.33%
North Haven	6	0.98%

**Table 1.0: Total Number of Taser Reports Submitted
(Sorted Alphabetically)**

Department Name	Number of Taser Incidents	% of Statewide Taser Incidents
Norwalk	35	5.74%
Norwich	17	2.79%
Orange	4	0.66%
Plainfield	1	0.16%
Plainville	2	0.33%
Plymouth	3	0.49%
Portland	1	0.16%
Putnam	6	0.98%
Redding	1	0.16%
Ridgefield	2	0.33%
Seymour	1	0.16%
Shelton	6	0.98%
Southington	4	0.66%
Stamford	3	0.49%
Stratford	3	0.49%
Suffield	3	0.49%
Torrington	17	2.79%
Town of Groton	4	0.66%
Trumbull	6	0.98%
Uconn Health	1	0.16%
University of Connecticut	2	0.33%
Vernon	19	3.11%
Wallingford	3	0.49%
Waterbury	22	3.61%
Waterford	5	0.82%
Watertown	2	0.33%
West Hartford	13	2.13%
West Haven	8	1.31%
Westport	3	0.49%
Willimantic	3	0.49%
Wilton	5	0.82%
Winchester	3	0.49%
Windsor	2	0.33%
Windsor Locks	1	0.16%

**Table 2.0a: Taser Subject Demographics by Race/Ethnicity
(Sorted Alphabetically)**

Department Name	White		Black		Hispanic		All Other	
	N	%	N	%	N	%	N	%
Ansonia	1	25.0%	2	50.0%	1	25.0%	0	0.0%
Berlin	3	50.0%	1	16.7%	1	16.7%	1	16.7%
Bethel	0	0.0%	1	50.0%	1	50.0%	0	0.0%
Bloomfield	1	50.0%	1	50.0%	0	0.0%	0	0.0%
Branford	16	100.0%	0	0.0%	0	0.0%	0	0.0%
Bridgeport	2	10.0%	11	55.0%	7	35.0%	0	0.0%
Bristol	2	40.0%	1	20.0%	2	40.0%	0	0.0%
Brookfield	2	100.0%	0	0.0%	0	0.0%	0	0.0%
Canton	2	100.0%	0	0.0%	0	0.0%	0	0.0%
Cheshire	4	80.0%	0	0.0%	1	20.0%	0	0.0%
Clinton	2	66.7%	1	33.3%	0	0.0%	0	0.0%
Coventry	4	100.0%	0	0.0%	0	0.0%	0	0.0%
Cromwell	0	0.0%	1	100.0%	0	0.0%	0	0.0%
CSP (State Police)	22	66.7%	7	21.2%	3	9.1%	1	3.0%
Danbury	9	47.4%	4	21.1%	6	31.6%	0	0.0%
Darien	0	0.0%	1	50.0%	1	50.0%	0	0.0%
Derby	3	60.0%	2	40.0%	0	0.0%	0	0.0%
East Hampton	5	100.0%	0	0.0%	0	0.0%	0	0.0%
East Hartford	9	26.5%	16	47.1%	9	26.5%	0	0.0%
East Haven	3	50.0%	1	16.7%	2	33.3%	0	0.0%
East Windsor	1	50.0%	0	0.0%	1	50.0%	0	0.0%
Easton	1	100.0%	0	0.0%	0	0.0%	0	0.0%
Enfield	1	50.0%	0	0.0%	1	50.0%	0	0.0%
Fairfield	1	50.0%	1	50.0%	0	0.0%	0	0.0%
Farmington	4	66.7%	1	16.7%	1	16.7%	0	0.0%
Glastonbury	2	66.7%	0	0.0%	1	33.3%	0	0.0%
Greenwich	1	100.0%	0	0.0%	0	0.0%	0	0.0%
Groton City	0	0.0%	2	100.0%	0	0.0%	0	0.0%
Guilford	2	100.0%	0	0.0%	0	0.0%	0	0.0%
Hamden	1	20.0%	3	60.0%	1	20.0%	0	0.0%
Hartford	3	5.9%	32	62.7%	16	31.4%	0	0.0%
Manchester	16	57.1%	7	25.0%	5	17.9%	0	0.0%
Mashantucket	7	100.0%	0	0.0%	0	0.0%	0	0.0%
Meriden	4	28.6%	3	21.4%	7	50.0%	0	0.0%
Middletown	6	60.0%	2	20.0%	2	20.0%	0	0.0%
Milford	7	87.5%	1	12.5%	0	0.0%	0	0.0%
Naugatuck	10	90.9%	1	9.1%	0	0.0%	0	0.0%
New Britain	0	0.0%	4	26.7%	11	73.3%	0	0.0%
New Canaan	2	100.0%	0	0.0%	0	0.0%	0	0.0%
New Haven	1	6.7%	14	93.3%	0	0.0%	0	0.0%
New London	6	33.3%	5	27.8%	6	33.3%	1	5.6%
New Milford	5	83.3%	1	16.7%	0	0.0%	0	0.0%
Newington	2	50.0%	1	25.0%	1	25.0%	0	0.0%
North Branford	2	100.0%	0	0.0%	0	0.0%	0	0.0%
North Haven	3	50.0%	2	33.3%	1	16.7%	0	0.0%

**Table 2.0a: Taser Subject Demographics by Race/Ethnicity
(Sorted Alphabetically)**

Department Name	White		Black		Hispanic		All Other	
	N	%	N	%	N	%	N	%
Norwalk	9	25.7%	13	37.1%	13	37.1%	0	0.0%
Norwich	10	58.8%	7	41.2%	0	0.0%	0	0.0%
Orange	2	50.0%	2	50.0%	0	0.0%	0	0.0%
Plainfield	1	100.0%	0	0.0%	0	0.0%	0	0.0%
Plainville	1	50.0%	1	50.0%	0	0.0%	0	0.0%
Plymouth	2	66.7%	1	33.3%	0	0.0%	0	0.0%
Portland	1	100.0%	0	0.0%	0	0.0%	0	0.0%
Putnam	6	100.0%	0	0.0%	0	0.0%	0	0.0%
Redding	1	100.0%	0	0.0%	0	0.0%	0	0.0%
Ridgefield	2	100.0%	0	0.0%	0	0.0%	0	0.0%
Seymour	1	100.0%	0	0.0%	0	0.0%	0	0.0%
Shelton	3	50.0%	1	16.7%	2	33.3%	0	0.0%
Southington	4	100.0%	0	0.0%	0	0.0%	0	0.0%
Stamford	0	0.0%	2	66.7%	1	33.3%	0	0.0%
Stratford	2	66.7%	1	33.3%	0	0.0%	0	0.0%
Suffield	3	100.0%	0	0.0%	0	0.0%	0	0.0%
Torrington	13	76.5%	2	11.8%	2	11.8%	0	0.0%
Town of Groton	3	75.0%	1	25.0%	0	0.0%	0	0.0%
Trumbull	4	66.7%	1	16.7%	1	16.7%	0	0.0%
Uconn Health	0	0.0%	0	0.0%	1	100.0%	0	0.0%
University of Connecticut	2	100.0%	0	0.0%	0	0.0%	0	0.0%
Vernon	14	73.7%	2	10.5%	3	15.8%	0	0.0%
Wallingford	2	66.7%	0	0.0%	1	33.3%	0	0.0%
Waterbury	4	18.2%	10	45.5%	8	36.4%	0	0.0%
Waterford	3	60.0%	2	40.0%	0	0.0%	0	0.0%
Watertown	2	100.0%	0	0.0%	0	0.0%	0	0.0%
West Hartford	3	23.1%	4	30.8%	6	46.2%	0	0.0%
West Haven	1	12.5%	4	50.0%	3	37.5%	0	0.0%
Westport	2	66.7%	0	0.0%	1	33.3%	0	0.0%
Willimantic	3	100.0%	0	0.0%	0	0.0%	0	0.0%
Wilton	4	80.0%	1	20.0%	0	0.0%	0	0.0%
Winchester	3	100.0%	0	0.0%	0	0.0%	0	0.0%
Windsor	0	0.0%	2	100.0%	0	0.0%	0	0.0%
Windsor Locks	1	100.0%	0	0.0%	0	0.0%	0	0.0%

**Table 2.0b: Taser Subject Demographics by Gender
(Sorted Alphabetically)**

Department Name	Male		Female	
	N	%	N	%
Ansonia	4	100.0%	0	0.0%
Berlin	6	100.0%	0	0.0%
Bethel	2	100.0%	0	0.0%
Bloomfield	2	100.0%	0	0.0%
Branford	16	100.0%	0	0.0%
Bridgeport	20	100.0%	0	0.0%
Bristol	4	80.0%	1	20.0%
Brookfield	2	100.0%	0	0.0%
Canton	2	100.0%	0	0.0%
Cheshire	4	80.0%	1	20.0%
Clinton	3	100.0%	0	0.0%
Coventry	4	100.0%	0	0.0%
Cromwell	1	100.0%	0	0.0%
CSP (State Police)	31	93.9%	2	6.1%
Danbury	19	100.0%	0	0.0%
Darien	2	100.0%	0	0.0%
Derby	5	100.0%	0	0.0%
East Hampton	5	100.0%	0	0.0%
East Hartford	30	88.2%	4	11.8%
East Haven	6	100.0%	0	0.0%
East Windsor	2	100.0%	0	0.0%
Easton	0	0.0%	1	100.0%
Enfield	2	100.0%	0	0.0%
Fairfield	2	100.0%	0	0.0%
Farmington	6	100.0%	0	0.0%
Glastonbury	3	100.0%	0	0.0%
Greenwich	1	100.0%	0	0.0%
Groton City	2	100.0%	0	0.0%
Guilford	2	100.0%	0	0.0%
Hamden	5	100.0%	0	0.0%
Hartford	47	92.2%	4	7.8%
Manchester	27	96.4%	1	3.6%
Mashantucket	7	100.0%	0	0.0%
Meriden	14	100.0%	0	0.0%
Middletown	10	100.0%	0	0.0%
Milford	7	87.5%	1	12.5%
Naugatuck	11	100.0%	0	0.0%
New Britain	13	86.7%	2	13.3%
New Canaan	2	100.0%	0	0.0%
New Haven	12	80.0%	3	20.0%
New London	17	94.4%	1	5.6%
New Milford	4	66.7%	2	33.3%
Newington	4	100.0%	0	0.0%
North Branford	2	100.0%	0	0.0%
North Haven	5	83.3%	1	16.7%

**Table 2.0b: Taser Subject Demographics by Gender
(Sorted Alphabetically)**

Department Name	Male		Female	
	N	%	N	%
Norwalk	35	100.0%	0	0.0%
Norwich	14	82.4%	3	17.6%
Orange	3	75.0%	1	25.0%
Plainfield	1	100.0%	0	0.0%
Plainville	1	50.0%	1	50.0%
Plymouth	3	100.0%	0	0.0%
Portland	1	100.0%	0	0.0%
Putnam	6	100.0%	0	0.0%
Redding	1	100.0%	0	0.0%
Ridgefield	2	100.0%	0	0.0%
Seymour	0	0.0%	1	100.0%
Shelton	6	100.0%	0	0.0%
Southington	4	100.0%	0	0.0%
Stamford	2	66.7%	1	33.3%
Stratford	2	66.7%	1	33.3%
Suffield	3	100.0%	0	0.0%
Torrington	17	100.0%	0	0.0%
Town of Groton	4	100.0%	0	0.0%
Trumbull	5	83.3%	1	16.7%
Uconn Health	1	100.0%	0	0.0%
University of Connecticut	2	100.0%	0	0.0%
Vernon	17	89.5%	2	10.5%
Wallingford	3	100.0%	0	0.0%
Waterbury	22	100.0%	0	0.0%
Waterford	5	100.0%	0	0.0%
Watertown	2	100.0%	0	0.0%
West Hartford	12	92.3%	1	7.7%
West Haven	8	100.0%	0	0.0%
Westport	3	100.0%	0	0.0%
Willimantic	3	100.0%	0	0.0%
Wilton	5	100.0%	0	0.0%
Winchester	3	100.0%	0	0.0%
Windsor	2	100.0%	0	0.0%
Windsor Locks	0	0.0%	1	100.0%

**Table 3.0: Type of Taser Deployment by Department
(Sorted Alphabetically)**

Department Name	Warning		Cartridge		Drive-Stun		Cartridge and Drive Stun		Not Reported	
	N	%	N	%	N	%	N	%	N	%
Ansonia	1	25.0%	2	50.0%	1	25.0%	0	0.0%	0	0.0%
Berlin	5	83.3%	1	16.7%	0	0.0%	0	0.0%	0	0.0%
Bethel	1	50.0%	0	0.0%	1	50.0%	0	0.0%	0	0.0%
Bloomfield	1	50.0%	0	0.0%	1	50.0%	0	0.0%	0	0.0%
Branford	13	81.3%	2	12.5%	1	6.3%	0	0.0%	0	0.0%
Bridgeport	4	20.0%	9	45.0%	4	20.0%	3	15.0%	0	0.0%
Bristol	0	0.0%	3	60.0%	0	0.0%	2	40.0%	0	0.0%
Brookfield	1	50.0%	0	0.0%	1	50.0%	0	0.0%	0	0.0%
Canton	0	0.0%	2	100.0%	0	0.0%	0	0.0%	0	0.0%
Cheshire	2	40.0%	1	20.0%	0	0.0%	1	20.0%	1	20.0%
Clinton	0	0.0%	3	100.0%	0	0.0%	0	0.0%	0	0.0%
Coventry	4	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Cromwell	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
CSP (State Police)	1	3.0%	24	72.7%	6	18.2%	2	6.1%	0	0.0%
Danbury	9	47.4%	2	10.5%	1	5.3%	5	26.3%	2	10.5%
Darien	2	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Derby	0	0.0%	4	80.0%	1	20.0%	0	0.0%	0	0.0%
East Hampton	0	0.0%	4	80.0%	1	20.0%	0	0.0%	0	0.0%
East Hartford	8	23.5%	14	41.2%	3	8.8%	9	26.5%	0	0.0%
East Haven	5	83.3%	1	16.7%	0	0.0%	0	0.0%	0	0.0%
East Windsor	0	0.0%	2	100.0%	0	0.0%	0	0.0%	0	0.0%
Easton	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Enfield	0	0.0%	2	100.0%	0	0.0%	0	0.0%	0	0.0%
Fairfield	0	0.0%	2	100.0%	0	0.0%	0	0.0%	0	0.0%
Farmington	2	33.3%	4	66.7%	0	0.0%	0	0.0%	0	0.0%
Glastonbury	2	66.7%	1	33.3%	0	0.0%	0	0.0%	0	0.0%
Greenwich	0	0.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%
Groton City	0	0.0%	2	100.0%	0	0.0%	0	0.0%	0	0.0%
Guilford	0	0.0%	2	100.0%	0	0.0%	0	0.0%	0	0.0%
Hamden	0	0.0%	5	100.0%	0	0.0%	0	0.0%	0	0.0%
Hartford	0	0.0%	41	80.4%	5	9.8%	5	9.8%	0	0.0%
Manchester	11	39.3%	4	14.3%	12	42.9%	1	3.6%	0	0.0%
Mashantucket	1	14.3%	3	42.9%	3	42.9%	0	0.0%	0	0.0%
Meriden	1	7.1%	5	35.7%	5	35.7%	3	21.4%	0	0.0%
Middletown	0	0.0%	4	40.0%	4	40.0%	2	20.0%	0	0.0%
Milford	4	50.0%	4	50.0%	0	0.0%	0	0.0%	0	0.0%
Naugatuck	3	27.3%	6	54.5%	1	9.1%	1	9.1%	0	0.0%
New Britain	1	6.7%	7	46.7%	4	26.7%	3	20.0%	0	0.0%
New Canaan	2	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
New Haven	3	20.0%	8	53.3%	3	20.0%	1	6.7%	0	0.0%
New London	9	50.0%	2	11.1%	5	27.8%	2	11.1%	0	0.0%
New Milford	0	0.0%	5	83.3%	1	16.7%	0	0.0%	0	0.0%
Newington	0	0.0%	2	50.0%	2	50.0%	0	0.0%	0	0.0%
North Branford	0	0.0%	1	50.0%	1	50.0%	0	0.0%	0	0.0%
North Haven	4	66.7%	1	16.7%	1	16.7%	0	0.0%	0	0.0%
Norwalk	11	31.4%	21	60.0%	2	5.7%	1	2.9%	0	0.0%
Norwich	2	11.8%	3	17.6%	9	52.9%	3	17.6%	0	0.0%
Orange	2	50.0%	2	50.0%	0	0.0%	0	0.0%	0	0.0%
Plainfield	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Plainville	1	50.0%	1	50.0%	0	0.0%	0	0.0%	0	0.0%
Plymouth	2	66.7%	1	33.3%	0	0.0%	0	0.0%	0	0.0%
Portland	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%
Putnam	4	66.7%	1	16.7%	1	16.7%	0	0.0%	0	0.0%
Redding	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%
Ridgefield	1	50.0%	1	50.0%	0	0.0%	0	0.0%	0	0.0%
Seymour	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%
Shelton	0	0.0%	1	16.7%	2	33.3%	3	50.0%	0	0.0%
Southington	2	50.0%	1	25.0%	0	0.0%	1	25.0%	0	0.0%
Stamford	0	0.0%	3	100.0%	0	0.0%	0	0.0%	0	0.0%
Stratford	0	0.0%	1	33.3%	0	0.0%	2	66.7%	0	0.0%

**Table 3.0: Type of Taser Deployment by Department
(Sorted Alphabetically)**

Department Name	Warning		Cartridge		Drive-Stun		Cartridge and Drive Stun		Not Reported	
	N	%	N	%	N	%	N	%	N	%
Suffield	0	0.0%	2	66.7%	1	33.3%	0	0.0%	0	0.0%
Torrington	9	52.9%	7	41.2%	1	5.9%	0	0.0%	0	0.0%
Town of Groton	2	50.0%	1	25.0%	1	25.0%	0	0.0%	0	0.0%
Trumbull	1	16.7%	1	16.7%	0	0.0%	0	0.0%	4	66.7%
Uconn Health	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
University of Connecticut	1	50.0%	0	0.0%	0	0.0%	0	0.0%	1	50.0%
Vernon	14	73.7%	2	10.5%	0	0.0%	2	10.5%	1	5.3%
Wallingford	1	33.3%	1	33.3%	0	0.0%	1	33.3%	0	0.0%
Waterbury	9	40.9%	12	54.5%	0	0.0%	1	4.5%	0	0.0%
Waterford	4	80.0%	0	0.0%	1	20.0%	0	0.0%	0	0.0%
Watertown	0	0.0%	1	50.0%	0	0.0%	1	50.0%	0	0.0%
West Hartford	6	46.2%	6	46.2%	1	7.7%	0	0.0%	0	0.0%
West Haven	0	0.0%	6	75.0%	2	25.0%	0	0.0%	0	0.0%
Westport	3	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Willimantic	0	0.0%	3	100.0%	0	0.0%	0	0.0%	0	0.0%
Wilton	3	60.0%	1	20.0%	0	0.0%	1	20.0%	0	0.0%
Winchester	0	0.0%	2	66.7%	1	33.3%	0	0.0%	0	0.0%
Windsor	0	0.0%	1	50.0%	1	50.0%	0	0.0%	0	0.0%
Windsor Locks	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%

**Table 5.0: Total Number of Persons Tased by Department
(Sorted Alphabetically)**

Department Name	Number of Taser Deployments	% of Statewide Taser Deployments
Ansonia	3	0.72%
Berlin	1	0.24%
Bethel	1	0.24%
Bloomfield	1	0.24%
Branford	3	0.72%
Bridgeport	16	3.82%
Bristol	5	1.19%
Brookfield	1	0.24%
Canton	2	0.48%
Cheshire	2	0.48%
Clinton	3	0.72%
Coventry	0	0.00%
Cromwell	0	0.00%
CSP (State Police)	32	7.64%
Danbury	8	1.91%
Darien	0	0.00%
Derby	5	1.19%
East Hampton	5	1.19%
East Hartford	26	6.21%
East Haven	1	0.24%
East Windsor	2	0.48%
Easton	0	0.00%
Enfield	2	0.48%
Fairfield	2	0.48%
Farmington	4	0.95%
Glastonbury	1	0.24%
Greenwich	1	0.24%
Groton City	2	0.48%
Guilford	2	0.48%
Hamden	5	1.19%
Hartford	51	12.17%
Manchester	17	4.06%
Mashantucket	6	1.43%
Meriden	13	3.10%
Middletown	10	2.39%
Milford	4	0.95%
Naugatuck	8	1.91%
New Britain	14	3.34%
New Canaan	0	0.00%
New Haven	12	2.86%
New London	9	2.15%
New Milford	6	1.43%
Newington	4	0.95%
North Branford	2	0.48%
North Haven	2	0.48%

**Table 5.0: Total Number of Persons Tased by Department
(Sorted Alphabetically)**

Department Name	Number of Taser Deployments	% of Statewide Taser Deployments
Norwalk	24	5.73%
Norwich	15	3.58%
Orange	2	0.48%
Plainfield	0	0.00%
Plainville	1	0.24%
Plymouth	1	0.24%
Portland	1	0.24%
Putnam	2	0.48%
Redding	1	0.24%
Ridgefield	1	0.24%
Seymour	1	0.24%
Shelton	6	1.43%
Southington	2	0.48%
Stamford	3	0.72%
Stratford	3	0.72%
Suffield	3	0.72%
Torrington	8	1.91%
Town of Groton	2	0.48%
Trumbull	1	0.24%
Uconn Health	0	0.00%
University of Connecticut	0	0.00%
Vernon	4	0.95%
Wallingford	2	0.48%
Waterbury	13	3.10%
Waterford	1	0.24%
Watertown	2	0.48%
West Hartford	7	1.67%
West Haven	8	1.91%
Westport	0	0.00%
Willimantic	3	0.72%
Wilton	2	0.48%
Winchester	3	0.72%
Windsor	2	0.48%
Windsor Locks	1	0.24%

**Table 12.0: Number of Taser Deployments by Department
(Sorted Alphabetically)**

Department Name	One Deployment		Two Deployments		More than 3 Deployments		Unknown Deployments	
	N	%	N	%	N	%	N	%
Ansonia	1	33.3%	2	66.7%	0	0.0%	0	0.0%
Berlin	1	100.0%	0	0.0%	0	0.0%	0	0.0%
Bethel	0	0.0%	0	0.0%	0	0.0%	1	100.0%
Bloomfield	1	100.0%	0	0.0%	0	0.0%	0	0.0%
Branford	1	33.3%	0	0.0%	1	33.3%	1	33.3%
Bridgeport	10	62.5%	4	25.0%	2	12.5%	0	0.0%
Bristol	2	40.0%	2	40.0%	1	20.0%	0	0.0%
Brookfield	0	0.0%	0	0.0%	1	100.0%	0	0.0%
Canton	1	50.0%	0	0.0%	1	50.0%	0	0.0%
Cheshire	1	50.0%	1	50.0%	0	0.0%	0	0.0%
Clinton	1	33.3%	0	0.0%	0	0.0%	2	66.7%
CSP (State Police)	19	59.4%	9	28.1%	4	12.5%	0	0.0%
Danbury	1	12.5%	4	50.0%	2	25.0%	1	12.5%
Derby	3	60.0%	2	40.0%	0	0.0%	0	0.0%
East Hampton	3	60.0%	1	20.0%	1	20.0%	0	0.0%
East Hartford	21	80.8%	3	11.5%	2	7.7%	0	0.0%
East Haven	1	100.0%	0	0.0%	0	0.0%	0	0.0%
East Windsor	0	0.0%	0	0.0%	0	0.0%	2	100.0%
Enfield	2	100.0%	0	0.0%	0	0.0%	0	0.0%
Fairfield	2	100.0%	0	0.0%	0	0.0%	0	0.0%
Farmington	3	75.0%	0	0.0%	1	25.0%	0	0.0%
Glastonbury	0	0.0%	1	100.0%	0	0.0%	0	0.0%
Greenwich	0	0.0%	1	100.0%	0	0.0%	0	0.0%
Groton City	2	100.0%	0	0.0%	0	0.0%	0	0.0%
Guilford	2	100.0%	0	0.0%	0	0.0%	0	0.0%
Hamden	2	40.0%	0	0.0%	2	40.0%	1	20.0%
Hartford	34	66.7%	10	19.6%	7	13.7%	0	0.0%
Manchester	6	35.3%	5	29.4%	0	0.0%	6	35.3%
Mashantucket	5	83.3%	1	16.7%	0	0.0%	0	0.0%
Meriden	9	69.2%	3	23.1%	1	7.7%	0	0.0%
Middletown	6	60.0%	1	10.0%	3	30.0%	0	0.0%
Milford	2	50.0%	2	50.0%	0	0.0%	0	0.0%
Naugatuck	7	87.5%	1	12.5%	0	0.0%	0	0.0%
New Britain	10	71.4%	1	7.1%	1	7.1%	2	14.3%
New Haven	7	58.3%	0	0.0%	1	8.3%	4	33.3%
New London	6	66.7%	2	22.2%	1	11.1%	0	0.0%
New Milford	0	0.0%	0	0.0%	0	0.0%	6	100.0%
Newington	3	75.0%	0	0.0%	1	25.0%	0	0.0%
North Branford	1	50.0%	1	50.0%	0	0.0%	0	0.0%
North Haven	2	100.0%	0	0.0%	0	0.0%	0	0.0%
Norwalk	17	70.8%	3	12.5%	4	16.7%	0	0.0%
Norwich	9	60.0%	4	26.7%	1	6.7%	1	6.7%
Orange	2	100.0%	0	0.0%	0	0.0%	0	0.0%
Plainville	1	100.0%	0	0.0%	0	0.0%	0	0.0%
Plymouth	1	100.0%	0	0.0%	0	0.0%	0	0.0%
Portland	1	100.0%	0	0.0%	0	0.0%	0	0.0%
Putnam	1	50.0%	1	50.0%	0	0.0%	0	0.0%

**Table 12.0: Number of Taser Deployments by Department
(Sorted Alphabetically)**

Department Name	One Deployment		Two Deployments		More than 3 Deployments		Unknown Deployments	
	N	%	N	%	N	%	N	%
Redding	1	100.0%	0	0.0%	0	0.0%	0	0.0%
Ridgefield	1	100.0%	0	0.0%	0	0.0%	0	0.0%
Seymour	1	100.0%	0	0.0%	0	0.0%	0	0.0%
Shelton	2	33.3%	1	16.7%	0	0.0%	3	50.0%
Southington	1	50.0%	0	0.0%	1	50.0%	0	0.0%
Stamford	2	66.7%	0	0.0%	0	0.0%	1	33.3%
Stratford	1	33.3%	0	0.0%	1	33.3%	1	33.3%
Suffield	3	100.0%	0	0.0%	0	0.0%	0	0.0%
Torrington	5	62.5%	2	25.0%	1	12.5%	0	0.0%
Town of Groton	2	100.0%	0	0.0%	0	0.0%	0	0.0%
Trumbull	0	0.0%	0	0.0%	0	0.0%	1	100.0%
Vernon	4	100.0%	0	0.0%	0	0.0%	0	0.0%
Wallingford	1	50.0%	1	50.0%	0	0.0%	0	0.0%
Waterbury	5	38.5%	4	30.8%	4	30.8%	0	0.0%
Waterford	0	0.0%	0	0.0%	1	100.0%	0	0.0%
Watertown	1	50.0%	1	50.0%	0	0.0%	0	0.0%
West Hartford	6	85.7%	1	14.3%	0	0.0%	0	0.0%
West Haven	5	62.5%	2	25.0%	0	0.0%	1	12.5%
Willimantic	2	66.7%	0	0.0%	0	0.0%	1	33.3%
Wilton	1	50.0%	0	0.0%	0	0.0%	1	50.0%
Winchester	0	0.0%	0	0.0%	0	0.0%	3	100.0%
Windsor	1	50.0%	1	50.0%	0	0.0%	0	0.0%
Windsor Locks	0	0.0%	0	0.0%	1	100.0%	0	0.0%