

**Special Investigations and  
Prosecutions Unit**

**Report on the Investigation into  
The Death of Joseph Seguin**



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## EXECUTIVE SUMMARY

On July 8, 2015, Governor Andrew Cuomo signed Executive Order No. 147 (the “Executive Order”), appointing the Attorney General as the special prosecutor “to investigate, and if warranted, prosecute certain matters involving the death of an unarmed civilian . . . caused by a law enforcement officer.” On Monday, November 30, 2015, Joseph Seguin (“Mr. Seguin”) died following an interaction with members of the Carmel Police Department (“CPD”). Governor Cuomo subsequently issued Executive Order No. 147.3, which expressly conferred jurisdiction upon the Attorney General to investigate any potential unlawful acts or omissions by any law enforcement officers relating to Mr. Seguin’s death.<sup>1</sup>

Pursuant to Executive Orders No. 147 and 147.3, the investigation by the Office of the Attorney General (“OAG”) included, among other investigative steps:

- Review of the Putnam County Coroner / Medical Examiner Report including autopsy, microscopy, and toxicology records;
- Interviews of civilian witnesses who saw or heard various parts of the incident;
- Interviews of responding Carmel Police Department officers and Emergency Medical Technicians;
- Review of video and audio captured by a taser used during the incident;
- Review of video captured by a civilian witness; and
- Review of 911 dispatch recordings.<sup>2</sup>

The evidence shows that CPD officers’ use of force against Mr. Seguin was justified under the New York Penal Law. In response to a 911 call, three officers responded to Mr. Seguin’s home, where they observed him assaulting a woman. After Mr. Seguin ignored their demands to release the woman, officers pulled Mr. Seguin away from her. As observed by several civilian witnesses, Mr. Seguin then violently resisted arrest. He kicked and punched officers and grabbed a dog cage containing a pit bull. When officers were able to free Mr. Seguin’s hands from the dog cage, he locked his hands beneath his body so that the officers could not handcuff him and continued to struggle with the officers. An officer warned Mr. Seguin that he was going to be tasered and then tried to deploy his taser in “drive-stun” mode (by pressing the instrument directly against Mr. Seguin’s skin), but it malfunctioned and had no effect. Officers continued to struggle with Mr. Seguin and again advised him that he would be

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<sup>1</sup> Attached hereto as Exhibit A are Executive Orders No. 147 and 147.3.

<sup>2</sup> Attached hereto are: (1) CPD policies on the use of force and the use of tasers (Exhibit B); (2) the User Manual for the Taser Model X26 (Exhibit C); (3) the entries for November 29-30, 2015 on the Taser Evidence Sync Report, a usage report generated by the taser that reflects information about utilization of the taser (Exhibit D); and (4) the autopsy report (Exhibit E). The audio of the 911 call and the video and audio captured by the taser and the civilian witness are available for review at the OAG.

tasered if he did not stop resisting arrest. One officer used a pain compliance technique whereby he pinched the skin on the back of Mr. Seguin's arm. After that technique did not work, another officer tasered Mr. Seguin in his lower waist/back area; although the taser functioned properly, Mr. Seguin continued to fight with the officers. Finally, an officer used a taser in dart-probe mode (*i.e.*, rather than just pressing it into Mr. Seguin, the taser released darts designed to cause temporary neuromuscular incapacitation into Mr. Seguin's side-abdomen).<sup>3</sup> The device was activated eight times over the course of 91 seconds before the officers were able to handcuff Mr. Seguin. Shortly thereafter, Mr. Seguin lost consciousness, stopped breathing, and died. The coroner found that the cause of death was "cardiac arrest during [an] excited state, while under the influence of phencyclidine [PCP], after being Tasered and handcuffed."

Under New York law, a police officer is permitted to use reasonable force when that officer reasonably believes that such force is necessary to effect an arrest. Under CPD policy, to the extent possible, officers should first use lower levels of force and then escalate to more forceful techniques if the lower levels of force are ineffective. As discussed below, use of a taser is widely regarded as a nonlethal form of force, equivalent to the use of "pepper spray" (*i.e.*, Oleoresin Capsicum) or batons. Here, officers appropriately used escalating force techniques. Prior to using the taser in dart-probe mode, the officers (a) physically removed Mr. Seguin from the assault victim; (b) repeatedly gave verbal commands and warned Mr. Seguin that he would be tasered; (c) attempted a pain compliance technique (*i.e.*, pinched the skin on the back of Mr. Seguin's arm); and (d) used the taser in drive-stun mode, which does not result in neuromuscular incapacitation.

As discussed more fully below, the officers' use of force was justified under New York State Penal Law due to Mr. Seguin's violent assault, which necessitated police intervention, and his subsequent vigorous attempts to resist arrest. Accordingly, the OAG has concluded that no criminal charges against any CPD officers are warranted.

Executive Orders No. 147 and 147.3 provide that the OAG may offer "any recommendations for systemic reform arising from the investigation." We recommend that the CPD develop policies specifically addressing taser use on individuals suspected of being under the influence of drugs. A number of law enforcement agencies have established guidelines for the use of tasers on such persons. As a general matter, these guidelines suggest that officers must have a proper justification for exposing persons under the influence of a drug to any increased risk. Here, the justification for exposing Mr. Seguin to any increased risk was clear: Officers appropriately escalated their use of force in an effort to effect the arrest of a person violently resisting arrest for what appeared to be an attempted sexual assault. Nonetheless, in order to give CPD officers more clarity concerning under which circumstances tasers may be used on individuals suspected of being under the influence of drugs, we recommend that the CPD develop policies specifically addressing taser use on individuals suspected of being under the influence of drugs. In addition, further scientific study is warranted on whether persons under

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<sup>3</sup> Tasers are used in "drive-stun" mode (*i.e.*, where two electrodes are pressed directly against the suspect) or "dart-probe" mode (*i.e.*, where darts are released from the instrument, pierce the skin, and can cause temporary neuromuscular incapacitation, causing an individual to be unable to move). Drive-stun mode delivers an electric shock, but does not cause the override of an individual's central nervous system.

the influence of PCP or other drugs may have a higher risk of serious injury or death when subjected to a taser.

### **STATEMENT OF FACTS**<sup>4</sup>

This incident can be divided into three segments: the events leading to law enforcement officers being called to Mr. Seguin's apartment; the interaction between the officers and Mr. Seguin up to and including Mr. Seguin being tasered; and the response of law enforcement personnel after Mr. Seguin was tasered.

#### **A. Events Preceding the Arrival of Law Enforcement**

F.M.<sup>5</sup> knew Joseph Seguin because she previously dated his brother. After that relationship ended, F.M. remained friendly with Mr. Seguin. On November 29, 2015, Mr. Seguin called F.M. and arranged to meet her. He picked her up at a train station in Croton Falls, New York around 2:00 p.m., and the two proceeded to a location in Yonkers, New York. There, Mr. Seguin entered a residence while F.M. stayed in the vehicle. According to F.M., Mr. Seguin purchased three or four bags of PCP at this location.<sup>6</sup>

The pair immediately smoked one-half of one of the bags of PCP before driving to Mr. Seguin's rented room on the second floor of a rooming house in Mahopac, New York; they arrived around 10:00 p.m. F.M. recalls that she and Mr. Seguin were the only people in the room and that the two smoked more PCP after arriving in the room. The last thing F.M. recalls is making a call from her cell phone in Mr. Seguin's room while he was using his phone. She has no recollection of what occurred in the room between that time and the time the police arrived.

F.M.'s next memory is seeing police lights illuminating the room and police officers trying to pull Mr. Seguin out. F.M. was disheveled and bore evidence of an assault. When police officers entered the room they noted that F.M.'s shirt was off. She sustained a black eye, scratches, and bruising on her face, back, and shoulders that she did not have prior to her encounter with Mr. Seguin. F.M. remained inside the room until the entire incident was over and did not witness the police taser Mr. Seguin, which occurred outside of the room. F.M. was ultimately transported to Putnam Hospital, where she was treated for her injuries.

E.E. and T.C. rented rooms in the same house where Mr. Seguin resided; additionally, on the night of this incident, S.S. was staying overnight with E.E. M.R. owned the residence, and he and his son, M.R. Jr., were present on the night of the incident. During the late evening and early morning hours of November 29 and November 30, 2015, E.E., M.R. Jr, S.S., and T.C. heard the sounds of an altercation coming from Mr. Seguin's room. T.C. heard what he described as moaning and groaning, things being broken, and some type of a struggle. E.E.

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<sup>4</sup> None of the information referenced in this report was obtained through the use of grand jury subpoenas. Any subpoenas issued were pursuant to New York State Executive Law Section 63(8).

<sup>5</sup> All civilian witnesses are identified by initials in order to protect their privacy.

<sup>6</sup> Phencyclidine (PCP) is an illegal, Schedule II drug, classified as a dissociative hallucinogen.

heard Mr. Seguin screaming, “I am God, I am God. Take it, take it bitch,” banging, and a woman crying. S.S. also heard Mr. Seguin screaming, “I am God, I am God,” banging and a woman crying. M.R. Jr. heard yelling, banging, and what he described as a “woman being thrown around.”

T.C., concerned that a woman was being hurt inside the room (and armed with a 20 pound hand weight) knocked on Mr. Seguin’s door. Mr. Seguin replied, among other things, “Fuck you. Fuck you.” Shortly thereafter, M.R., the owner of the home, joined the others outside of Mr. Seguin’s room. The residents advised M.R. that they believed that Mr. Seguin was assaulting a woman in his room. M.R. knocked on the door and asked Mr. Seguin to open it. Receiving no response, M.R. knocked again and told Mr. Seguin that if he did not answer the door, M.R. would call the police.

When Mr. Seguin refused to open the door, M.R. Jr. called 911. The call was made at 1:34 a.m. The OAG reviewed the dispatch recording of M.R. Jr.’s call for assistance. M.R. Jr. told the dispatcher that there was an issue with one of the tenants, that there is “a lot of banging going on” and that a woman was being “thrown around the room.” M.R. Jr. further stated that the woman “is being hurt” and “smacked, right now as we speak.”

#### **B. Law Enforcement Interaction with Mr. Seguin**

CPD Officer James Terrazas was the first officer to arrive. While outside of the home, Off. Terrazas spoke to E.E. and S.S., who reported what they had seen and heard up to that point. Off. Terrazas entered the home and spoke with M.R., the landlord, who said that his tenant had been yelling and screaming for over an hour.

By this time, Sergeant Robert Behan had also arrived. The two officers made their way to the hallway directly outside of Mr. Seguin’s room, where they could hear mumbling and what they believed to be a struggle. The officers announced their presence, knocked on the door, and ordered Mr. Seguin to open it. Despite repeated requests, Mr. Seguin would not open the door. At this point, M.R. gave the officers a key to unlock Mr. Seguin’s room.

The officers had difficulty opening the door completely because a chair had been placed behind the door. T.C. saw the officers try to enter the room; although he could not see into the room he said it sounded like Mr. Seguin “rushed” the officers. When the officers were able to open the door, they found that the room was somewhat dark and that a broken lamp was on the floor. They were able to see Mr. Seguin wrestling with F.M.; his face was red, he was sweating profusely, and he had a “blank stare.” Having learned Mr. Seguin’s name from M.R., Off. Terrazas attempted to reason with him, stating, “Joe, stop it. Let her go Joe. What’s going on?” Despite repeated instructions that he release F.M., Mr. Seguin refused to do so. According to the officers, they then warned Mr. Seguin that if he did not release F.M., he would be tasered. Still Mr. Seguin did not release her. M.R. confirmed that, during the incident, he heard officers repeatedly warn Mr. Seguin that they would taser him if he did not stop resisting them.

Working together, the officers were able to wrestle Mr. Seguin away from F.M. Mr. Seguin continued to flail, kick, and fight with the officers as they then tried to remove him from

the room. The officers repeatedly directed Mr. Seguin to lie on the floor and put his hands behind his back, but Mr. Seguin did not comply. After struggling with Mr. Seguin, Off. Terrazas and Sgt. Behan were able to remove Mr. Seguin from the room and away from F.M., but he continued to fight with them. The officers moved him down the hall and into a living room area.

While the officers and Mr. Seguin were in the living room, M.R., M.R. Jr., and T.C. were standing in a doorway down the hallway and E.E. and S.S. were on the landing of the split stairway, midway down the stairs. M.R., M.R., Jr., and T.C. observed Mr. Seguin continuing to fight with and resist the officers at this time, while E.E. and S.S. heard Mr. Seguin resisting the police officers and could see the tops of the officers' heads from their vantage point.

While Mr. Seguin and the officers were in the living room area, Mr. Seguin, as observed by M.R. Jr., grabbed a cage containing a pit bull. Mr. Seguin kicked and fought with the officers, and refused to let go of the cage. After a struggle, Off. Terrazas was able to free Mr. Seguin's hands from the dog cage. At this point, Mr. Seguin locked his hands beneath his body so that the officers could not handcuff him.

By this time, Officer Jeffrey Eagan had arrived at the scene. Off. Eagan saw Off. Terrazas and Sgt. Behan trying unsuccessfully to gain control of Mr. Seguin, and Off. Eagan tried to assist them. The three officers were unable to remove Mr. Seguin's hands from beneath his body, and each concluded that Mr. Seguin was acting under the influence of drugs. Off. Terrazas warned Mr. Seguin that he would be tasered if he did not stop resisting. Obtaining no compliance, Off. Terrazas attempted to "drive-stun" Mr. Seguin with his taser (by pressing the instrument directly against Mr. Seguin's skin as opposed to deploying its darts), but the taser malfunctioned.

The officers continued to struggle with Mr. Seguin and repeatedly advised him that he would be tasered if he did not stop resisting arrest. Sgt. Behan pinched the skin on the back of Mr. Seguin's arm (a technique used by police officers in order to obtain compliance from a resisting subject), but it had no effect. Off. Eagan again warned Mr. Seguin that he would be tasered if he did not stop resisting. Again, after obtaining no compliance, Off. Eagan used his taser and drive-stunned Mr. Seguin on the lower, right side of his back. The instrument functioned properly and Mr. Seguin called out "Oww," but he continued to fight with the officers. Mr. Seguin's continued resistance despite having been drive-stunned surprised the officers, who had all been drive-stunned as part of their taser training and described the resulting pain as "substantial."<sup>7</sup>

Mr. Seguin continued to resist the officers' attempts to handcuff him. Off. Eagan warned Mr. Seguin that he would be tasered again if he did not stop resisting. Despite the fact that he had been drive-stunned, Mr. Seguin continued to be combative. He refused to comply with the officers' orders to place his hands behind his back and stop resisting arrest. In response to Mr. Seguin's continued reaction to the officers' efforts to subdue him, Off. Eagan made the decision to deploy his taser in dart-probe mode. Two taser prongs struck Mr. Seguin in his left abdomen, roughly three inches apart. Despite the fact that Mr. Seguin was tasered six additional times, the

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<sup>7</sup> As discussed above, F.M. told the CPD that she and Mr. Seguin smoked PCP on the night of the incident. PCP affects a person's perception of pain. See National Institute of Health, PCP (Phencyclidine), May 2006.

transmitted electric current did not incapacitate him.<sup>8</sup> Instead, he continued to struggle against the officers and refused to put his hands behind his back, although he did yell in pain. Only after Off. Eagan activated his taser for a final, eighth time, were the officers able to secure Mr. Seguin's hands behind his back and take him into custody.<sup>9</sup>

The Carmel Police Department Taser Evidence Sync Report, indicates that, at 1:32:04<sup>10</sup>, Off. Eagan's taser was activated for three seconds, which appears to correspond to Off. Eagan's unsuccessful attempt to incapacitate Mr. Seguin by drive-stunning him. (Exhibit D at 1.) The Taser Evidence Sync Report states that, at 1:32:12, the taser was deployed for 8 seconds, which appears to correspond to Off. Eagan's deployment of the taser in dart probe mode. (Exhibit D at 1.) Between 1:32:21 and 1:33:03, the taser was activated five times for 5, 9, 10, 5, and 5 seconds, respectively. (Exhibit D at 1.) Twenty-seven seconds later, at 1:33:30, Off. Eagan again tasered Mr. Seguin for 5 seconds. (Exhibit D at 1.) At that point, the officers were able to handcuff Mr. Seguin and take him into custody. As noted above, Mr. Seguin did not display the type of pain responsiveness or neuromuscular incapacitation that would normally accompany drive-stun or dart-probe taser use, respectively; he remained combative throughout the incident until the final taser activation occurred.

The civilian witnesses were not positioned in a manner such that they could see the entire incident, but they made several observations that confirm key parts of the officers' account of the incident: (1) E.E. stated that she heard Mr. Seguin continue to struggle with the officers after he had been tasered; (2) S.S. heard the officers taser Mr. Seguin twice and then heard him continue to fight; (3) M.R. saw that Mr. Seguin did not stop struggling until after he was tasered; and (4) M.R. Jr. saw that while Mr. Seguin was being tasered, he was still fighting and was "just not stopping."

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<sup>8</sup> Once taser darts connect with an individual, electrical pulses are conducted through wires each time the instrument is deployed. The pulses normally incapacitate an individual by causing muscles to contract, resulting in the loss of body control. See, e.g., <http://www.theiacp.org/portals/0/pdfs/EMDT9Steps.pdf>. Optimally, when a taser is used in dart-probe mode, there should be between nine and 18 inches separating the darts, and the darts should connect with major muscle groups. See generally The Physiologic Effects of Multiple Simultaneous Electronic Control Device Discharges, West J Emer Med 2010 11(1), and <https://www.policeone.com/less-lethal/articles/4558608-TASER-basics-What-every-judge-and-jury-should-know/> ("The probes are less effective on fatty tissues than on major muscle groups.") Here, because Mr. Seguin and Off. Eagan were close to one another and because Mr. Seguin was moving, the prongs were separated by only approximately three inches and were embedded in fatty tissues, which may be why the instrument never produced the type of neuromuscular incapacitation one would normally expect.

<sup>9</sup> When the safety was removed from Off. Eagan's taser (Model X26P), its video capabilities were activated. The video is of poor quality and does not provide a clear, comprehensive view of the incident. However, the captured audio shows the officers directing Mr. Seguin to put his hands behind his back and Mr. Seguin calling out "Oww" in pain. The video captured the wires connecting the darts to Mr. Seguin, the dog cage, the hallway, and some of the civilian witnesses. Off. Terrazas' taser (Model X26) was older than Off. Eagan's, and it malfunctioned completely.

<sup>10</sup> The 911 call system indicates that M.R. Jr.'s call to 911 was made at 1:34 a.m. The taser report indicates that the time of the first taser engagement was 1:32 a.m. Unquestionably, the 911 call was made well before the first use of the taser. Based upon the evidence in this matter, it appears that the 911 timekeeping system was accurate and that the time on the taser clock was not accurate.

### **C. Law Enforcement Actions After Mr. Seguin Was Tasered**

Once Mr. Seguin was handcuffed and subdued, the officers noticed that he did not appear to be breathing. The officers turned Mr. Seguin over to see whether his chest was rising, and Sgt. Behan checked him for a pulse. At about this time M.R. Jr. captured a short (seven second) videotape on his cell phone that only captured Mr. Seguin's feet and legs on the hallway floor. Detecting neither breathing nor a pulse, Sgt. Behan directed Off. Terrazas to call for an ambulance and retrieve an Automatic Electronic Defibrillator ("AED") and Narcan<sup>11</sup> from his police vehicle, while he and Off. Eagan began administering CPR. According to M.R., the CPD officers commenced life-saving efforts immediately.

Sgt. Behan explained that while the officers suspected Mr. Seguin was under the influence of an illicit drug, they did not know what substance Mr. Seguin may have ingested. Off. Terrazas returned from his patrol vehicle and administered Narcan to Mr. Seguin. The officers administered Narcan because Mr. Seguin was not breathing, which can be indicative of an opioid overdose. The officers also attached AED pads to Mr. Seguin's chest, but received a "No Shock Advised"<sup>12</sup> message and continued CPR.

Emergency Medical Technician ("EMT") Kevin Skakel of Transcare was the first paramedic to arrive. He noted that the officers were rendering CPR to Mr. Seguin when he entered the home. Mr. Skakel administered an intra-venous line and connected Mr. Seguin to a heart monitor; Mr. Seguin had no heart beat and, according to Mr. Skakel, was in full cardiac arrest.

Shortly thereafter, various EMT members of the Mahopac Volunteer Fire Department arrived. Matthew Bondi was the EMT in charge. When he arrived, he found Kevin Skakel and a CPD officer performing chest compressions on Mr. Seguin, who was lying face up on the floor. Mr. Bondi and his partner EMTs began to suction Mr. Seguin's airway and check for vital signs. No signs of life were detected.

The EMTs placed Mr. Seguin on a stretcher and into an ambulance. As they traveled to the Putnam Hospital Center, they alternated performing chest compressions and rescue breathing, but Mr. Seguin never displayed any signs of improvement. They arrived at the

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<sup>11</sup> Narcan is a nasal spray indicated for the emergency treatment of a known or suspected opioid overdose. See <http://www.drugs.com/pro/narcan.html>.

<sup>12</sup> An automated external defibrillator is a portable device that checks the heart rhythm and is capable of sending an electric shock to the heart to try to restore a normal rhythm. AEDs are used to treat sudden cardiac arrest. Most sudden cardiac arrests result from ventricular fibrillation, a rapid and unsynchronized heart rhythm, which can lead to death. The heart can sometimes be "defibrillated" to restore a normal rhythm. Sticky pads with sensors are attached to the chest of the person who is experiencing sudden cardiac arrest. The electrodes send information about the person's heart rhythm to a computer in the AED. The computer analyzes the heart rhythm to find out whether a shock (defibrillation) is advised ("shock indicated") or not ("no shock advised"). When the machine indicates "no shock advised" on a person without a pulse, it has not detected a shockable rhythm. <https://www.nhlbi.nih.gov/health/health-topics/topics/aed>;  
[https://www.heart.org/idc/groups/heart-public/@wcm/@hcm/documents/downloadable/ucm\\_300340.pdf](https://www.heart.org/idc/groups/heart-public/@wcm/@hcm/documents/downloadable/ucm_300340.pdf).

hospital at approximately 2:33 a.m. Mr. Seguin was pronounced deceased by hospital staff at approximately 2:40 a.m.

### **MEDICAL EXAMINER / CORONER'S DETERMINATION**

Joseph Seguin's body was autopsied by Dr. Kunjlata Ashar, the Westchester County Medical Examiner,<sup>13</sup> at approximately 6:40 p.m. on November 30, 2015 (approximately sixteen hours after the time of death). Gross external examination revealed EKG patches present on Mr. Seguin's chest and abdomen and AED pads on his chest. Mr. Seguin was 68 inches tall and weighed 280 pounds. Two "puncture marks" were found on Mr. Seguin's left middle area – one on the left side of the abdomen, three inches above the umbilicus, and another above the left hip area – which correspond to the area where the taser darts made contact with Mr. Seguin's skin. Otherwise, Mr. Seguin's gross external examination was unremarkable.

Samples of Mr. Seguin's blood and bodily fluids were submitted for toxicological analysis. A number of legal and illicit substances were found in Mr. Seguin's blood, including Naloxone (which is the generic name for Narcan) and high levels of Phencyclidine (PCP). The report reflects that Phencyclidine is a "DEA Schedule II controlled dangerous hallucinogenic drug."

The final autopsy report notes as the cause of death: "Cardiac arrest during [an] excited state, while under the influence of phencyclidine, after being Tasered and handcuffed."

Mr. Seguin was 38 years old when he died.

### **LEGAL ANALYSIS**

The evidence shows that CPD officers used force against Mr. Seguin that was justified under the New York Penal Law. New York State Penal Law Section 35.30(1) provides that a police officer may: (1) "in the course of effecting or attempting to effect an arrest . . . of a person whom he or she reasonably believes to have committed an offense" (2) "use physical force when and to the extent he or she reasonably believes such to be necessary to effect the arrest . . . ."<sup>14</sup>

CPD officers clearly had a reasonable belief that Mr. Seguin committed an offense. They saw him violently grabbing a partially-clothed woman, and he refused to heed their commands for him to release her. Clumps of F.M.'s hair were apparent on the floor; she was disheveled and bore scratches and bruises.

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<sup>13</sup> Pursuant to an inter-county agreement, the Westchester County Medical Examiner performs autopsies in Putnam County as needed.

<sup>14</sup> The Carmel Police Department's use of force policy parallels and makes specific reference to Article 35: "Officers of the Carmel Police Department are expected to use only such force as is reasonable and necessary in making an arrest. They may only use the level of physical force necessary to effect lawful objectives in the performance of their duties within the limits established in Article 35 of the New York State Penal Law . . . ." (Exhibit B at 1.)

The operative question, therefore, is whether the officers had a reasonable belief that the force they used was necessary to arrest Mr. Seguin. The United States Supreme Court has held that a determination of whether police use of force is reasonable is a fact-specific inquiry that requires balancing the nature of the use of force with the countervailing government interests at stake. Relevant considerations include “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 arrest or attempting to evade arrest by flight. See Graham v. Connor, 490 U.S. 386, 396 (1989).<sup>15</sup>

Here, the severity of the crime at issue – Mr. Seguin’s assault on F.M. – was significant, and Mr. Seguin actively resisted arrest. The use of force was therefore warranted, and the nature of the CPD’s use of force was measured and graded. It progressed through verbal commands; hands-on engagement; attempted use of a taser in drive-stun mode; use of a pain compliance technique (*i.e.*, pinching the skin on the back of Mr. Seguin’s arm); actual use of the taser in drive-stun mode; and, finally, to the use of the taser in dart-probe mode. When the taser was ultimately deployed in dart-probe mode, Mr. Seguin was still actively resisting. The officers’ escalating use of force was consistent with the CPD policy on the use of force. See Town of Carmel Police Department General Order A-15, Use of Force, attached hereto as Exhibit B at 2 (“When the use of force is necessary and appropriate, officers shall, to the extent possible, utilize an escalating scale of options and will not use more forceful measures unless it is determined that a lower level of force is inadequate.”); see generally Crowell v. Kirkpatrick, 400 Fed. Appx. 592, 595 (2d Cir. 2010) (officers used a taser in drive-stun mode “only as a last resort” when other means to effect arrests had proven infeasible).

Taser use is non-lethal force.<sup>16</sup> See Buckley v. Haddock, 292 Fed. Appx. 791, 796 (11th Cir. 2008) (use of a taser is “at most-moderate, non-lethal force”); Whitfield v. City of Newburgh, 2015 WL 9275695, \*11 (S.D.N.Y. Dec. 17, 2015) (discussing where on the force continuum taser use should be and describing the use of a taser as a “significant” amount of force); Negron v. City of New York, 976 F.Supp.2d 360, 367 (E.D.N.Y. 2013) (“Common sense suggests that, in the ordinary case, the likelihood of sustaining serious, permanent injuries from a taser is relatively low”); People v. Patterson, 115 A.D.3d 1174, 1175 (4th Dept. 2014) (use of a taser is “non-lethal force”); see also Jeff Fabian, Don’t Tase Me Bro! A Comprehensive Analysis of the Laws Governing Taser Use by Law Enforcement, 62 FLA. L. REV. 763, 766 (2010) (“Research shows that the large majority of Taser incidents result in mild or no injuries to

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<sup>15</sup> In Graham, the United States Supreme Court set “the minimum standard of care which a police officer must exercise in making an arrest to avoid violation of the arrestee’s Fourth Amendment rights.” See McCummings v. New York City Transit Auth., 81 N.Y.2d 923, 927 (1993).

<sup>16</sup> “Deadly physical force” is defined as “physical force which, under the circumstances in which it is used, is readily capable of causing deadly or other serious physical injury.” Penal Law § 10.00(11). An officer may use deadly physical force if he or she reasonably believes that the person to be arrested committed “a felony or an attempt to commit a felony involving the use or attempted use or threatened imminent use of physical force against a person.” Penal Law § 35.30(1)(a)(i). Here, it appears that Mr. Seguin’s unlawful conduct may qualify as a felony or an attempted felony involving the use or threatened imminent use of physical force against F.M. Accordingly, the CPD may have been entitled to use deadly force to the extent a reasonable belief could have been held that such force was necessary to effect the arrest. Because tasers are recognized to be a use of non-lethal force, we do not address the use of deadly physical force.

the suspect.”); Town of Carmel Police Department, General Order 0-46, Electronic Energy Device (Taser) (Exhibit B at 13, 18) (classifying tasers as “nonlethal weapons” equivalent to the use of OC Spray [i.e., Oleoresin Capsicum or “pepper” spray]); U.S. Department of Justice, Office of Justice Programs, National Institute of Justice, May 2011, Police Use of Force, Tasers, and Other Less-Lethal Weapons, available at <https://www.ncjrs.gov/pdffiles1/nij/232215.pdf> (tasers have been studied extensively and found to reduce injuries to both suspects and officers alike when compared with other use of force alternatives).

Several courts have held, for purposes of civil liability, that the use of a taser is reasonable where a suspect actively resists arrest.<sup>17</sup> See, e.g., Crowell, 400 Fed. Appx. at 595 (drive-stun tasing deemed reasonable where plaintiffs actively resisted arrest by chaining themselves to a several hundred pound barrel drum); Draper v. Reynolds, 369 F.3d 1270, 1278 (11th Cir. 2004) (holding that use of a taser was not excessive force where a suspect who was stopped because his license plate was not illuminated was hostile, belligerent, and uncooperative); Neal-Lomax v. Las Vegas Metropolitan Police Dept., 574 F. Supp.2d 1170, 1185-86 (Dist. Ct. D Nevada 2008) (noting vigorous resistance in finding reasonable taser use on an individual under the influence of PCP who died of cardiac arrest, including five taser strikes after the decedent had been restrained); Wright v. Deghetto, No. 5:06CV-133-R, 2008 WL 199890 (W.D. Ky. Jan. 23, 2008) (holding that it was reasonable to taser a suspect who was verbally combative and who resisted officers’ attempts to handcuff him); Johnson v. City of Lincoln Park, 434 F. Supp.2d 467, 479-80 (E.D. Mich. 2006) (holding that the use of a taser was reasonable where a fourteen-year old, who was handcuffed and surrounded by four police officers, still violently resisted arrest).

The number of times a taser is used and the duration of the taser applications are relevant to whether the use of force was reasonable. Here, Mr. Seguin was tasered eight times, within a span of 91 seconds, for a total taser application time of 50 seconds. Mr. Seguin was combative with the officers throughout the incident and could not be subdued prior to the use of a taser. Courts have determined that multiple taser applications may be reasonable when necessary to subdue a subject. See Neal-Lomax, 574 F. Supp.2d at 1187-88 (holding that it was reasonable to taser the defendant seven times – for a total of 31 seconds – including five times after he was handcuffed, because he resisted an officer’s attempts to place him in an ambulance); Sanders v. City of Fresno, 551 F. Supp. 2d 1149, 1168-76 (E.D. CA 2008) (holding that ten total taser applications – for a total of a maximum of 70 seconds – by three officers were not unreasonable

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<sup>17</sup> Courts have placed emphasis on whether, like here, officers warned a civilian that he or she would be tasered if the civilian did not stop certain conduct. See Negron, 976 F.Supp.2d at 367 (noting the importance of giving a warning before a taser is used); Neal-Lomax v. Las Vegas Metropolitan Police Dept., 574 F. Supp.2d 1170 (Dist. Ct. D Nevada 2008) (officers gave warnings); cf. Brown v. City of Golden Valley, 574 F.3d 491 (8th Cir. 2009) (use of a taser on a car passenger for refusal to exit a car stopped for speeding constituted excessive force because the officer tasered the passenger without warning and the tasing was disproportionate to the underlying crime); Casey v. City of Federal Heights, 509 F.3d 1278 (10th Cir. 2007) (use of a taser on a passively resisting suspect was unreasonable because the officer tasered the suspect without warning and the use of force was disproportionate to the underlying crime (removing from the courthouse court records that the suspect showed an officer on the way back into the courthouse and the officer refused to take them)).

due to the suspect's apparent physical threat to his wife, his continued resistance against officers, and the inability of multiple officers to physically subdue him).<sup>18</sup>

Finally, courts have found the use of Tasers to be reasonable under circumstances involving no resistance and far less resistance than Mr. Seguin engaged in. See, e.g., Buckley v. Haddock, 292 Fed. Appx. 791, 795 (11th Cir. 2008) (holding that it was reasonable to taser a handcuffed arrestee as the arrestee sat on the side of a road during a traffic stop, refusing to stand up and walk to the patrol car); Edwards v. City of Martins Ferry, 554 F. Supp.2d 797, 807-08 (S.D. Ohio 2008) (holding that it was reasonable for an officer to taser an eighty-two year old man with Alzheimer's disease because the man struggled with an officer during an arrest for public urination); Campos v. City of Glendale, No. CV-06-610-PHX-DGC, 2007 WL 4468722 (D. Ariz. Dec. 14, 2007) (holding that it was reasonable for police to taser an unconscious man, because the man pulled his arms away as officers tried to handcuff him).

For the foregoing reasons, the CPD officers' use of force against Mr. Seguin was justified under the New York Penal Law and, therefore, no charges are warranted.

### **POLICY RECOMMENDATION**

Scientific studies regarding the use of tasers on persons under the influence of drugs are limited.<sup>19</sup> Additional research is warranted. Consequently, as a general matter, police agencies should be mindful of concerns about the use of tasers on those under the influence of drugs and take these concerns into account when developing use-of-force policies.

A number of law enforcement agencies have addressed taser use on individuals under the influence of drugs. For example, in a 2011 report, the United States Department of Justice Community Oriented Policing Services and the Police Executive Research Forum established

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<sup>18</sup> The CPD Taser policy, attached hereto as Exhibit B, states: "Officers should attempt to limit the number of repeated 5-second Taser cycles applied to any one suspect to three (3)." However, the policy does not mandate that the cycles be limited to five seconds, and it clearly contemplates that the Taser may be deployed for more than three cycles, as it states that "EMS must be called anytime there are 3 or more Taser exposures." Training materials provided to the CPD by the manufacturer of the Taser model X26P used here state that "exposure . . . for longer than 15 seconds (whether due to multiple applications or continuous cycling) may increase the risk of death or serious injury." TASER X26P Conducted Electrical Weapon (CEW) Training Materials, April 2013; see also DOJ Community Oriented Policing Services (COPS) and Police Executive Research Forum, 2011 Electronic Control Weapon Guidelines at 13, DOJ COPS Washington, D.C. (March 2011) (noting as increased risk factors "cycling time that exceeds 15 seconds in duration, whether the time is consecutive or cumulative").

<sup>19</sup> See U.S. Department of Justice, National Institute of Justice Special Report, Study of Deaths Following Electro Muscular Disruption, (May 2011), available at <https://www.ncjrs.gov/pdffiles1/nij/233432.pdf>. See also ACLU of Northern California, Stun Gun Fallacy: How the Lack of Taser Regulation Endangers Lives, September 2005 Taser Study (emphasizing the need for data on the effects of Taser use on "people under the influence of drugs"); Don't Tase Me Bro! A Comprehensive Analysis of the Laws Governing Taser Use by Law Enforcement, 62 FLA. L. REV. 763 (2010) (noting a "dearth of studies" on vulnerable individuals, including children, the elderly, the mentally ill, and those under the influence of drugs).

guidelines for use-of-force practices and policies governing tasers.<sup>20</sup> The report notes that officers should be made aware that certain vulnerable populations, including those under the influence of drugs, may be at heightened risk of serious injury or death when subjected to a taser. Similarly, the Maryland Attorney General has recommended that police departments adopt use-of-force models recognizing that persons consuming drugs may be at a heightened risk.<sup>21</sup> According to the Maryland Attorney General's report, when deciding whether to use a taser, an officer should consider the greater potential risk and "be able to articulate the justification for exposing a person to increased risk."<sup>22</sup>

Here, the justification for exposing Mr. Seguin to any increased risk was clear: Officers appropriately escalated their use of force in an effort to effect the arrest of a person violently resisting arrest for what appeared to be an attempted sexual assault.

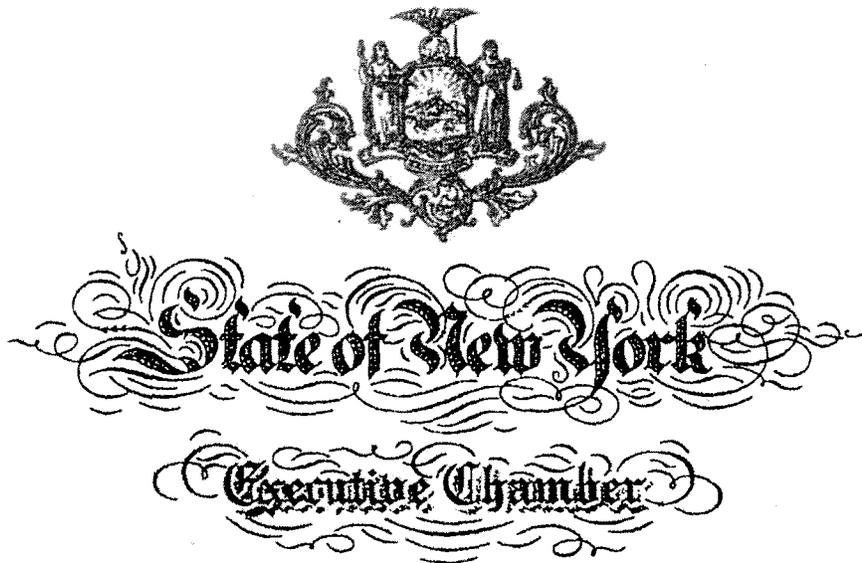
Nonetheless, in order to give officers more clarity concerning under which circumstances tasers may be used on individuals suspected of being under the influence of drugs, we recommend that the CPD develop policies specifically addressing taser use on individuals suspected of being under the influence of drugs.

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<sup>20</sup> DOJ Community Oriented Policing Services (COPS) and Police Executive Research Forum. 2011 Electronic Control Weapon Guidelines, DOJ COPS: Washington, D.C. (March 2011), available at [http://www.policeforum.org/assets/docs/Free\\_Online\\_Documents/Use\\_of\\_Force/electronic%20control%20weapon%20guidelines%202011.pdf](http://www.policeforum.org/assets/docs/Free_Online_Documents/Use_of_Force/electronic%20control%20weapon%20guidelines%202011.pdf). Cf. generally TASER X26P Conducted Electrical Weapon (CEW) Training Materials, April 2013 (use of a taser in dart "probe mode can be effective on subjects affected by chemical or mental influences because it is not solely dependent on pain for effectiveness.").

<sup>21</sup> Maryland Attorney General. Report of the Maryland Attorney General's Task Force on Electronic Weapons, 35-36 (December 2009).

<sup>22</sup> Id. at 70.



No. 147

EXECUTIVE ORDER

**A SPECIAL PROSECUTOR TO INVESTIGATE AND PROSECUTE MATTERS RELATING TO  
THE DEATHS OF CIVILIANS CAUSED BY LAW ENFORCEMENT OFFICERS**

WHEREAS, the Constitution of the State of New York obliges the Governor to take care that the laws of New York are faithfully executed; and

WHEREAS, I have solemnly sworn, pursuant to Article 13, Section 1 of the Constitution, to support the Constitution and faithfully discharge the duties of the office of Governor; and

WHEREAS, there have been recent incidents involving the deaths of unarmed civilians that have challenged the public's confidence and trust in our system of criminal justice; and

WHEREAS, public concerns have been raised that such incidents cannot be prosecuted at the local level without conflict or bias, or the public perception of conflict or bias; and

WHEREAS, it is necessary to ensure that a full, reasoned, and independent investigation and prosecution of any such incident is conducted without conflict or bias, or the perception of conflict or bias; and

WHEREAS, the foregoing compels me to conclude that my constitutional obligations provide that in cases where an issue of a real or perceived conflict of interest exists, and to ensure full confidence in our system of criminal justice, a special prosecutor should be appointed with respect to such incidents. Such appointment of a special prosecutor will supersede in all ways the authority and jurisdiction of a county district attorney to manage, interpret, prosecute or inquire about such incidents; and

NOW, THEREFORE, I, ANDREW M. CUOMO, Governor of the State of New York, by virtue of the authority vested in me by the Constitution and Laws of the State of New York, and particularly by subdivision 2 of section 63 of the Executive Law, hereby require the Attorney General (hereinafter, the "special prosecutor") to investigate, and if warranted, prosecute certain matters involving the death of an unarmed civilian, whether in custody or not, caused by a law enforcement officer, as listed in subdivision 34 of section 1.20 of the Criminal Procedure Law. The special prosecutor may also investigate and prosecute in such instances where, in his opinion, there is a significant question as to whether the civilian was armed and dangerous at the time of his or her death;

FURTHER, for any matter covered herein, the special prosecutor shall have the powers and duties specified in subdivisions 2 and 8 of section 63 of the Executive Law for purposes of this Order, and shall possess and exercise all the prosecutorial powers necessary to investigate, and if warranted, prosecute the incident. The special prosecutor's jurisdiction will displace and supersede the jurisdiction of the county district attorney where the incident occurred; and such county district attorney shall have only the powers and duties designated to him or her by the special prosecutor as specified in subdivision 2 of section 63 of the Executive Law;

FURTHER, for any matter covered herein, the special prosecutor shall conduct a full, reasoned, and independent investigation including, but not limited to, (i) gathering and analyzing evidence, (ii) conducting witness interviews, and (iii) reviewing investigative reports, scientific reports, and audio and video recordings;

FURTHER, for any matter covered herein, the special prosecutor shall, (i) attend in person, a term or terms of the County or Supreme Court to be held in and for the County of such appropriate jurisdiction consistent with this Order, (ii) appear in person before any grand jury drawn for any term(s) of said court, for the purpose of conducting any and all proceedings, examinations, and inquiries, and (iii) bring any and all criminal actions and proceedings which may be had or taken before said grand jury and other grand juries concerning or relating to any and all alleged unlawful acts as described by this Order;

FURTHER, for any matter covered herein, the special prosecutor will provide to me, or my designee, a report on all cases where, (i) the special prosecutor declines to present evidence to a grand jury regarding the death of a civilian as described in this Order, whether in custody or not, allegedly caused by a law enforcement officer, or (ii) the grand jury declines to return an indictment on any charges. The report will include, to the extent possible and lawful, an explanation of that outcome and any recommendations for systemic reform arising from the investigation.

This Executive Order shall continue until modified, suspended or terminated by the Governor.



G I V E N under my hand and the Privy Seal of the  
State in the City of Albany this eighth  
day of July in the year two thousand  
fifteen.

BY THE GOVERNOR

A handwritten signature in black ink, appearing to read "Andrew Cuomo".

A handwritten signature in black ink, appearing to read "William J. Mahow".

Secretary to the Governor



State of New York  
Executive Chamber

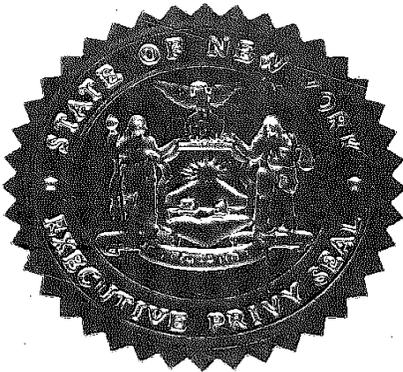
No. 147.3

EXECUTIVE ORDER

In view of the request of Attorney General Eric T. Schneiderman, my order and requirement, embodied in Executive Order Number one hundred and forty seven, dated July 8, 2015, is hereby amended to include two additional paragraphs to the penultimate paragraph as amended by Executive Order Number 147.1, to read as follows:

**FURTHER**, the requirement imposed on the Special Prosecutor by this Executive Order shall include the investigation, and if warranted, prosecution:

- (b) of any and all unlawful acts or omissions or alleged unlawful acts or omissions by any law enforcement officer, as listed in subdivision 34 of section 1.20 of the Criminal Procedure Law, arising out of, relating to or in any way connected with the death of Joseph Seguin on November 30, 2015, in Putnam County.
- (c) of any and all unlawful acts or omissions or alleged unlawful acts or omissions by any law enforcement officer, as listed in subdivision 34 of section 1.20 of the Criminal Procedure Law, arising out of, relating to or in any way connected with the death of Miguel Espinal on December 8, 2015, in Westchester County.



GIVEN under my hand and the Privy Seal of the  
State in the City of Albany this seventh  
day of March in the year two thousand  
sixteen.

BY THE GOVERNOR

*William J. Mahow*  
Secretary to the Governor

TOWN OF CARMEL POLICE DEPARTMENT  
GENERAL ORDER A-15

TITLE: Use of Force	ACCRED. STANDARD: 20.1, 20.2, 20.3, 20.6, 20.7	REVIEW DATES _____
EFFECTIVE DATE: November 6, 2002	DATE OF LAST REVISION 4/15/09	_____ (Initials & Date of Review)

USE OF FORCE

Officers of the Carmel Police Department are expected to use only such force as is reasonable and necessary in making an arrest. They may only use the level of physical force necessary to effect lawful objectives in the performance of their duties within the limits established in Article 35 of the New York State Penal Law and consistent with training received by each officer in this Department. It is the responsibility of each member to be aware of the requirements of Article 35 and to guide his/her actions based upon law.

The use of indiscriminate force is prohibited. Unnecessary force occurs when unjustified physical abuse of a person has occurred or when it is apparent that the type or degree of force employed was neither necessary or appropriate, or when any degree of force is utilized as summary punishment or vengeance

I. Use of Force

Generally, officers may use force in the performance of their duty in the following circumstances:

- A. To prevent the commission of a crime;
- B. To prevent a person from injuring him/herself;
- C. To effect the lawful arrest of persons resisting arrest or attempting to flee from custody;
- D. In self-defense or in the defense of another person.

Only issued and approved equipment will be carried on duty, and used only when applying physical force, except in an emergency when the officer may use other resources at his/her disposal.

## II. Levels of Force

When the use of force is necessary and appropriate, officers shall, to the extent possible, utilize an escalating scale of options and will not use more forceful measures unless it is determined that a lower level of force is inadequate. The scale of options in increasing severity is as follows:

A. Verbal Persuasion: The practice of courtesy in all public contacts encourages understanding and cooperation. Lack of courtesy arouses resentment and often physical resistance. Simple directions which are complied with while you accompany the subject are by far the most desirable method of dealing with an arrest situation. Control may be achieved through advice, persuasion, and warnings before resorting to actual physical force.

This should not be construed to suggest that officers should ever relax and lose control of a situation, thus endangering personal safety or the safety of others.

B. Physical Strength: Frequently, subjects are reluctant to be taken into custody and offer some degree of physical resistance. Normally, all that is required to overcome this resistance is physical strength and skill in defensive tactics.

C. Nonlethal Weapons: The police baton, expandable baton and Mag Light may be used in accordance with training and Departmental General Orders, **ONLY TO THE DEGREE NEEDED TO GAIN CONTROL OF THE RESISTING SUBJECT.**

Whenever chemical agents (department issued Oleoresin Capsicum (OC) spray) or Electronic Control Devices (Taser), are used (except for training purposes), they should be used in accordance with the established policy **ONLY TO THE DEGREE NEEDED TO GAIN CONTROL OF THE RESISTING SUBJECT.**

D. Lethal Force - refer to General Order A-16

After physical force is used, the officer shall immediately evaluate the need for medical assistance and, if necessary, arrange for such attention. Notification must be made without delay to the highest-ranking officer on the shift. The officer must complete the "Use of Force" report or "Firearms Discharge Report" and submit this report within 48 hours of the incident. In the case number section of the "Use of Force Report", reference shall be made to the arrest number, offense sheet number and/or blotter number.

Any incident in which an officer uses physical force in which an object is utilized other than physical strength, a "Use of Force Report" will be prepared by that officer. The officer will immediately verbally notify the supervisor on duty. If no supervisor is on duty, the Patrol Division Commander will be notified.

The supervisor on duty will conduct an investigation and interview potential witnesses and assess whether the use of force was warranted under the circumstances. These reports will be forwarded to the Patrol Division Commander for his/her review and assessment if further action or investigation is warranted.

### III. USE OF OC SPRAY

OC spray is a nonlethal device that is designed to subdue a person by projecting a specially formulated liquid onto a combative individual. It thus provides the officer with another alternative level of force, short of the use of the baton or firearm. It is a safe and humane means of controlling a violent person compared to the alternatives of the baton or firearm.

OC Spray should only be used in circumstances when it is necessary to overcome violent physical force, or, resistance likely to result in injury to the suspect, the officer, or another person.

#### A. OC spray shall never be used:

1. As a threat to make a person comply with an officer's verbal order.
2. Against any person in retaliation for their verbal or other abuse of an officer.
3. To elicit information from any person.
4. Only OC spray purchased by the Department and issued to officers is authorized for use by officers of the Department.

#### B. Instructions for use

The effective range of OC spray is 12 to 15 feet. It is most effective from 3 or more feet. This distance allows the stream to develop a spray pattern.

The most effective use of OC spray is a well-aimed, one-second burst, aimed into the face of the aggressor from three or more feet. It is not necessary to spray directly into the aggressor's eyes.

The officer shall insure that water is made available to the person to flush the affected areas as soon as practical after being sprayed. The person shall also be informed that medical attention is available. If the person desires medical attention, or otherwise appears in need of same, it is the responsibility of the officer discharging the OC spray to ensure that the person is transported to the nearest hospital for treatment.

#### C. Reporting the Use of OC Spray:

In all cases when OC Spray is used the officer using it shall file a USE OF FORCE REPORT.

### IV. USE OF PEPPER BALL

Pepper Ball projectiles are spheres that are filled with powdered or liquid Oleoresin Capsicum (OC). The projectiles, when delivered by an air-powered launching device, burst on impact and release the OC. Pepper Ball projectiles are a non-lethal force which will subdue suspects by strongly irritating their nose, lungs, and breathing. Some individuals experience eye irritation as well. The Pepper Ball System can deliver the projectiles with enough kinetic energy to produce temporary abrasions, bruises, and/or welts.

The Town of Carmel Police Department authorizes only those personnel who are trained and certified in the use of the Pepper Ball System to deploy and use the OC Pepper Ball launcher. OC Pepper Ball may be used in the following situations:

- A. When a suspect exhibits violent or potentially violent behavior that threatens the safety of others and attempts to subdue the subject by conventional means of persuasion, escort control, self-defense techniques and/or pain compliance measures have not been or reasonably appear unlikely to be effective, or;
- B. When it is unsafe for a member of this department to approach a suspect within contact range, or;
- C. When higher use of force options may be justified, but an opportunity exists for use of OC Pepper Ball before these other options are employed, or
- D. To defend one's self or another from an aggressive and/or attacking animal, or;
- E. To disperse unruly or rioting crowds threatening unlawful property damage or physical force, or;
- F. Inside the detention cells, OC Pepper Ball may be used after ample verbal warning if a prisoner refuses to comply with a lawful order, and the prisoner takes an aggressive posture (i.e., clenched fists, fighting stance, etc.), or makes aggressive movements toward officers, or;
- G. Although classified as a less-than-lethal device, the potential exists for Pepper Ball Projectiles to inflict injury when they strike the face, eyes, neck and groin. Therefore, personnel deploying the Pepper Ball System shall avoid intentionally striking those body areas unless a life-threatening situation exists.
- H. Officers encountering a situation, which requires the use of the Pepper Ball System, when feasible, shall immediately notify the Tour Supervisor. The system can be used before the arrival of the Tour Supervisor when the situation dictates such use. The Tour Supervisor shall respond to all Pepper Ball deployments where the suspect has been hit.
- I. The Tour Supervisor shall see to it that all notifications are made and reports required as per department policy. The USE OF OLEORESIN CAOSICUM (OC) FORM will be filed by the officer using the OC Pepper Ball. The Supervisor will review this form, and complete the Reporting Supervisor portion.
- J. One Pepper Ball Launcher will be stored in the trunk of the vehicle assigned to the Patrol Supervisor. The second Pepper Ball Launcher will be utilized by any trained and certified officer who wants to take the equipment on patrol with them. The Pepper Ball Launcher should be stored in the trunk of the patrol vehicle, and should be returned to the squad room at the culmination of the officers' tour of duty.
- K. The need for any maintenance, repairs and/or the refilling of the air tank shall be made via TFR to the Department Firearms Instructor and/or Firearms Supervisor.
- L. The Pepper Ball System is to be left in the case provided whenever transporting to and from headquarters or inside the police vehicle. Located in the bag are extra RED pepper projectiles, GREEN marker rounds, WHITE glass breaking rounds, masks, goggles and directions on how to utilize the system.
- M. Members will render appropriate medical aid after the use of the Pepper Ball System.

TOWN OF CARMEL POLICE DEPARTMENT  
 GENERAL ORDER A-16

<b>TITLE:</b> Use of Deadly Force and Use of Firearms	<b>ACCRED. STANDARD:</b> 20.4, 20.5, 21.1, 21.2	<b>REVIEW DATES</b> _____
<b>EFFECTIVE DATE:</b> November 6, 2002	<b>DATE OF LAST REVISION</b> March 12, 2013	_____ (Initials & Date of Review)

USE OF DEADLY FORCE AND  
 USE OF FIREARMS

To establish clear guidelines for officers regarding the use of deadly physical force. Officers of the Department have traditionally displayed commendable restraint in resorting to the use of deadly physical force. The irreversible consequences of such force places a responsibility on the Department to establish a policy which:

1. Clearly guides personnel in its application
2. Maximizes officers safety
3. Minimizes the possibility of injury to innocent persons
4. Reduces the unnecessary loss of human life to the lowest level consistent with the need for public safety.

**I. Background**

There is probably no more serious act that a law enforcement officer can engage in than the use of firearms. The occasions for such use are, literally, life and death situations which are inevitably confusing and complex affording precious little time for mediation and reflection. It is imperative that the officer, through training and the absorption of these guidelines, be able to respond quickly, confident that he or she is acting within the limits of Department policy. This serves to protect the public from unlawful and unreasonable use of force; at the same time, it enables officers to act without hesitation to protect themselves or another person. Perhaps equally important, it minimizes the second-guessing to which the officer is subjected to when no such guidelines exist.

Officers should have a thorough knowledge of Article 35 of the New York State Penal Law and should periodically review this body of law. Officers should bear in mind that Article 35 of the Penal Law only authorizes use of physical force/deadly physical force; it does not command its use. Officers should also be aware that the DEPARTMENT POLICY IS MORE RESTRICTIVE THAN ARTICLE 35 IN THE USE OF PHYSICAL FORCE/DEADLY PHYSICAL FORCE.

## II. Policy

In all cases, only the minimum amounts of force necessary to effect lawful objectives, which are consistent with the accomplishment of a mission, will be used and is authorized. The firearm shall be viewed as a defensive weapon.

DEADLY PHYSICAL FORCE SHALL BE USED ONLY IN SELF-DEFENSE OR IN DEFENSE OF THE LIFE OF ANOTHER PERSON WHEN THE OFFICER REASONABLY BELIEVES THAT DEADLY PHYSICAL FORCE WILL BE USED BY THE SUSPECT.

## III. Use of Deadly Physical Force

Town of Carmel Police personnel shall discharge a firearm ONLY under the following situations:

1. CONFRONTATION SITUATIONS - To defend the officer or another from what the officer reasonably perceives as an imminent threat of death or serious physical injury when there is no apparent practical alternative.
2. APPREHENSION AND PURSUIT SITUATIONS - When an officer has reasonable cause to believe that an armed and dangerous subject has committed a felony which involves the use of deadly physical force against a person AND there is substantial risk that the fleeing subject will cause death or serious bodily harm if not immediately apprehended AND there is no other reasonable means to effect the arrest AND the discharge creates no foreseeable risk to innocent bystanders.
3. ANIMALS - To kill a dangerous animal or an animal so badly sick or injured that it should be destroyed to prevent further suffering. All other options should be exhausted, however and before shooting the animal, all other department procedures governing same must be adhered to. Officers are referred to and must conform to the Agricultural and Market Law of the State of New York that addresses humane destruction and other disposition of animals.
4. FIREARMS PRACTICE - For target practice at an approved range.

## I. Considerations and Prohibitions

1. JUVENILES - The provisions of this procedure are based on "DANGER" and are not intended to distinguish between adults and juveniles. This is only to the extent when age, and the related factors of size and strength, influence the capacity to inflict deadly physical force or serious harm, are to be considered.
2. MOVING VEHICLES - Officers are prohibited from discharging firearms from a moving vehicle or at a moving vehicle unless the occupant(s) of that vehicle are using deadly physical force against the officer, or another, by means other than the vehicle.
3. WARNING SHOTS - No officer shall fire "warning shots".
4. DRAWING OR DISPLAYING FIREARMS - An officer shall unholster or display a firearm only if directed by competent authority or if there is reason to believe such may be necessary for the safety of the officer or others.

5. DRY FIRING - "Dry Firing" or snapping the action of a firearm is forbidden except when authorized during firearms training programs.
6. FIRING SHOTS FOR ALARM - Firearms shall not be discharged to summon assistance except where the officer's safety or that of another is endangered and there is no other reasonable alternative. Extreme care must be exercised in such situations to prevent injury to another person.
7. LESS LETHAL WEAPONS AND EQUIPMENT - Less lethal weapons, such as: batons, tear gas, mace, OC spray etc., shall be used only as prescribed in departmental training. These items or other authorized equipment shall never be converted or used in such a way as to represent the use of deadly force unless the officer reasonably believes such is necessary to repel the imminent use of deadly force against the officer or another.

#### V. Deadly Force Emergency Measure

Since all possible combinations of circumstances cannot be envisioned, notwithstanding any provisions of this General Order, a police officer may use deadly force as an emergency measure to avoid the imminent unlawful use of deadly force which is about to occur by reason of a situation occasioned or developed through no fault of the officer; and, which is of such gravity that, according to ordinary standards of intelligence and morality, the desirability of avoiding such injury clearly out-weighs the desirability of avoiding the conduct sought to be prevented by these rules and procedures.

#### VI. Legal Disclaimer

This directive regarding the use of force and firearms is for Departmental administrative use only and, to the extent that it constrains conduct otherwise permissible under law, shall not apply in any criminal or civil proceeding. The Carmel Police Department's rules regarding the use of deadly force should not be construed as creating a higher standard of safety or care, in an evidentiary sense, with these rules will only be used as the basis for Departmental administrative sanctions. Violations of law will form the basis for civil and criminal sanctions in recognized judicial settings.

Sanctions - In all cases where an officer's action is determined to be a violation of these rules but not a violation of law, this distinction shall be made clear in all public discussion of such incidents and in any disciplinary action which may result. An officer found to have acted in violation of this order shall be subject to internal discipline ranging from reprimand up to and including dismissal, in addition to any criminal sanctions which may be imposed in the courts.

Responsibility - The responsibility for the unholstering and/or use of a firearm shall be borne by the officer who unholsters or fires the weapon.

## VII. Use of Shotguns / Patrol Rifles

Because of the unusually dangerous potential of a shotgun/patrol rifles, the carrying and use of such weapons must be carefully controlled and monitored at all levels. Shotguns/patrol rifles will be carried and used only by personnel who have qualified in their use by a state-certified Firearms Instructor. Only Department issued ammunition will be used therein, and all issued ammunition will be kept with the weapon, or turned in. All policies governing the use of force and the discharge of firearms apply to the use of shotguns/patrol rifles.

### A. Situations where the deployment of a shotgun/patrol rifle might be appropriate are:

1. Felony situations where a suspect is believed to be on the scene and is possibly armed.
2. When dispatched to the scene of a crime where it is known that a firearm is involved in the commission thereof.
3. In searches for suspects reported to be armed.
4. To destroy a dangerous animal.
5. Civil disorders under strict discipline.

### B. Situations where the deployment of a shotgun/patrol rifle would NOT be appropriate are:

1. Routine Calls.
2. Disturbance calls, except when the caller indicates that a weapon is present and being used in the disturbance.
3. As a show of force.

### C. SECURITY:

Shotguns shall be kept secured while in vehicles. The weapon shall be locked in the appropriate rack. NO ROUND SHALL BE IN THE CHAMBER, AND THE ACTION SHALL BE CLOSED. WHEN A SHOTGUN IS REMOVED FROM THE GUN LOCK FOR POSSIBLE USE, A ROUND SHOULD BE CHAMBERED AND THE SAFETY APPLIED. As soon as the shotgun is no longer needed, the chamber should be carefully emptied and the weapons secured in the vehicle or returned to police headquarters.

Patrol rifles shall be kept secured while in the vehicles. The weapon shall be locked in the appropriate rack, NO ROUND SHALL BE IN THE CHAMBER, BOLT FORWARD, SELECTOR SWITCH ON "SAFE", THE EJECTION PORT DUST COVER CLOSED AND A LOADED MAGAZINE LOCKED IN THE MAGAZINE WELL. As soon as the patrol rifle is no longer needed, the chamber should be carefully emptied and the weapons secured in the vehicle or returned to police headquarters.

D. SAFETY:

Extreme caution will be used when handling a shotgun/patrol rifles. Each shift supervisor and command officer and Weapons Officer shall be alert to and correct any careless handling of such weapons. The following safety precautions will be strictly adhered to:

1. While inside a police building, the shotgun will not be loaded; it shall be carried with the action open and the safety in the "on" position. The patrol rifles will not be loaded; it shall be carried with the bolt forward, and the selector switch on "safe".
2. Except when in the act of using the weapon, the shotgun/patrol rifles shall be carried with the muzzle pointing downward.
3. Officers should routinely inspect the weapon to be certain that it is in good working order. If there appears to be any problem with the weapon, such will immediately be brought to the attention of the shift supervisor or Weapons Officer.

E. RESPONSIBILITY:

Responsibility for the security and/or the use of a shotgun/patrol rifles will be borne by the officer assigned the weapon. No officer shall accept the assignment of a shotgun/patrol rifles unless they have been determined to be qualified to use said shotgun/patrol rifles by a state certified police firearms instructor.

VIII. Investigation

All incidents of a firearm being discharged by an officer of this department will be reported and thoroughly investigated.

If the firearm discharged struck or was aimed towards a human being the initial investigation into the circumstances surrounding the firearm discharge will be conducted in conjunction with the supervising sergeant, Patrol Division Commander or in his/her absence, the Detective Division Commander. The Chief of Police will be immediately notified of any such incident.

If the firearm was discharged to destroy an animal the investigation will be conducted by the supervising sergeant. In either case the report and investigation will be initiated on the "Firearm's Discharge Report"

The initial portion of the "Firearm's Discharge Report" will be completed by the officer who discharged the weapon: the report will then be forwarded to the officer's immediate supervisor who will then complete the Supervisor's portion of the investigation. The supervisor will then forward his/her investigation to the Patrol Division Commander, or in his/her absence the Detective Division Commander. An initial blotter entry will be completed when a firearm is discharged.

IX. Equipment Guidelines

1. Other than police officers assigned to desk or station house duty, only department issued service weapons or approved service weapons will be carried by uniform officers. Officers assigned to desk or station house duty may carry a weapon approved by the Chief of Police, and that the officer has displayed annual proficiency in its use as per stipulated in the next paragraph.
2. In the event the department hires an officer with large hands and it is determined by the department's firearms instructor that the officer is having difficulty grasping the department issued pistol. The firearms instructor may recommend to the Chief of Police that the officer be permitted to utilize as a duty weapon, the larger frame Glock 22, 40 caliber pistol. The weapon and magazines will be entirely funded by that officer, and the officer and weapon will be governed by the department rules and regulations. A memo will be placed in that officer's personnel file indicating the Chief's approval of the use of the larger frame pistol and the serial # of the pistol purchased for on-duty department use by that officer.
3. If a member opts to carry a back-up weapon while on duty, or a weapon other than his/her service weapon while off-duty, this type of weapon has to be approved by the Chief of Police. The officer shall demonstrate proficiency for such use of the weapon with the department's firearm instructor annually. The firearm instructor will submit a memo to the Chief of Police indicating that the officer has demonstrated proficiency with that particular handgun. A copy of the memo will be made part of the police officer's personnel file.
- 4.. Police officers assigned to duty in civilian clothes are usually restricted to use the duty department issued weapon. If a particular investigation necessitates that a different weapon should be used it will be an approved off-duty weapon.
5. All ammunition used in service weapons and approved off-duty weapons are subject to approval by the Chief of Police. Only major brand ammunition will be used.
- 6.. Newly purchased firearms for off duty use shall be test fired at the range prior to use.
- 7.. It is the officer's responsibility to safe guard their weapons at all times.
- 8.. Weapons may not be modified without prior permission from the Chief of Police, NO OFFICER WILL CHANGE THE SIGHTS OF A DEPARTMENT RIFLE. Only a department firearm instructor shall zero in a department rifle.

## X. Patrol Pistol Option

The Carmel Police Department recognizes the law enforcement nationwide trend in which many police entities are gradually transitioning to the utilization of .45 caliber pistols as the standard sidearm weapon. Members of the Putnam County Emergency Response Team, of which officers of the Town of Carmel Police Department are assigned to, utilize the .45 caliber as their standard side arm in training and at major incidents as team members. The police department has decided to allow all officers in the police department the option to carry their own personal .45 caliber weapon on duty as of 5/1/08. The following guidelines are to be followed:

1. The approved .45 caliber weapon for patrol will be the Kimber .45 caliber ACP with a 5 inch barrel, and a factory trigger pull or a Glock Model 21 .45 caliber with an 8 pound trigger pull, with fixed sights, and be of a black matte finish with black hand grips.
2. The weapon and the following accessory equipment: a Type II basket weave black holster; a basket weave black magazine pouch capable of holding two magazines and two additional magazines will be purchased by the individual officer who wishes to avail himself/herself of this option.
3. The weapon may be equipped with a department approved weapon-mounted flashlight as long as the officer voluntarily becomes certified in its use and maintains such certification yearly by taking a low light weapon course at a minimum of every year. Members of the ERT Team who normally train with weapon-mounted flashlights, must train in lowlight conditions and be certified annually by the ERT firearms instructor. The Administrative Lieutenant will certify annually a list of officers who are permitted to have their weapons equipped with a weapon light. The weapon flashlight will be only utilized in possible deadly physical force confrontational situations, and is not to take the place of the department issued flashlight used in normal patrol situations.
4. Only department certified ammunition will be utilized in the weapon.
5. Upon being certified in the use and proficiency of the .45 caliber weapon for on-duty use, the officer will return the department issued .40 caliber Glock pistol to the Administrative Lieutenant.
6. The departments firearms instructors annually will recommend, certify, and submit a written report to the Administrative Lieutenant, who will record the serial numbers and names of the officers, who are certified to be proficient with their personal .45 caliber pistol for patrol use. The Chief of Police will have final approval and authorization for the officers' who are interested in availing themselves of this option.

7. All rules and regulations regarding department firearms and procedures will be followed regarding optional duty weapons.
8. The department may seize an optional firearm for investigative purposes, when used in the course of investigation in a police work incident or investigation.
9. Any damage to the weapon and accessory equipment will be the responsibility of the officer. Any major repair work or upgrades to the weapon must be done by a certified armorer or licensed gunsmith.
10. The department will supply the duty ammunition and ammunition necessary for the annual firearms re-qualification.
11. Each individual weapon will be inspected and certified annually by the department's firearms instructor and/or armorers.

**TOWN OF CARMEL POLICE DEPARTMENT  
GENERAL ORDER O-46**

<b>Electronic Energy Device (Taser)</b>			<b>ORDER #O-46</b>
<b>DATE ISSUED</b> 11/27/06	<b>EFFECTIVE DATE</b> 11/27/06	<b>REVISION #</b>	<b>PAGE</b> 1 of 8

**Policy:** It is the policy of the Town of Carmel Police Department to use only that level of force reasonably necessary to control or otherwise subdue violent or potentially violent individuals. Electronic Energy Devices (Tasers) are considered as Non-Lethal Force and are equivalent in the Use of Force Continuum to OC Spray—see attached Department Use of Force Continuum Chart.

**Purpose:** To establish the department philosophy on when to utilize a electronic energy device (Taser) and define procedures to be followed with the use of this equipment.

**Philosophy:** As with all uses of force, the use of non-lethal force options shall be considered pursuant to the totality of the circumstances that confront officers. It is not possible to specify in advance all the various scenarios under which electronic energy devices (Taser) are likely to be deployed, but it is possible to identify the types of situations for which electronic energy devices are likely to be deployed, as well as those for which they are not.

- A. Electronic Energy Devices are intended to provide officers with a force option that may be appropriately used, when necessary, to confront any of the following circumstances:
1. To overcome a subject's, physical resistance, and/or assaultive behavior including threatening to commit an assault, or
  2. To control, disable, or subdue persons bent on harming themselves or others, or
  3. To provide self-defense.
- B. At the same time, electronic energy devices may not be used where statutory requirements for the use of force cannot be satisfied. Examples include the use of electronic energy devices against non-resistant subjects, or for the purpose of recovering evidence or compelling compliance, absent suspect resistance justifying the legal application of necessary force.

- C. Officers are not required to use non-lethal force options if deadly physical force is being directed or threatened towards them or a third person. Electronic energy devices provide officers with alternative resolutions short of the use of deadly force. Factors that may be taken into account when considering use of these alternatives include, but are not limited to:
1. The amount of time the officer has to react to the threat.
  2. The officer's relative proximity to the person(s) posing the threat.
  3. The officer's ability to isolate or contain the person(s) posing the threat.
  4. The limitations of the electronic energy device, and the manner in which it is being employed, and
  5. The belief that the application is likely to be successful.
- D. In the interests of civilian and officer safety, electronic energy devices shall not be employed against lethal threats except when lethal cover is available and in place to provide protection for the officers employing these devices as well as innocent parties whom are not involved.
- E. The department training curricula provides an assessment of electronic energy devices from a use of force perspective. This is to let officers know how these devices compare to other uses of force with which they may be more familiar. Because such assessments do not account for the totality of circumstances faced by officers that may warrant a greater or lesser force response, they remain guidelines and do not substitute for the professional judgement of officers in individual cases.
- F. Other considerations for the prohibited use of electronic energy devices:

In case of a fleeing subject, the fact that the subject is fleeing should not be the sole justification for use of the electronic energy device. The severity of the offense, as well as other circumstances, should be considered before officers use an electronic energy device on a fleeing subject.

Unless exigent circumstances exist, the electronic energy device will not be used:

- On women known to be or that obviously appear to be pregnant
- On elderly persons, young children, and visibly frail persons
- On passive subjects
- In combustible environments
- On a handcuffed subject unless actively resisting or exhibiting active aggression to prevent individuals from harming themselves or others
- On subjects in physical control of a vehicle in motion, including automobiles, trucks, motorcycles, ATVs, bicycles, and scooters
- On subjects in a location where a fall may cause substantial injury or death

- Officers should attempt to limit the number of repeated 5-second Taser cycles applied to any one suspect to three (3).

**Procedures:**

## A. The following provisions are established:

1. Tasers shall be issued to and used only by officers who have successfully completed the department's Taser Training Program.
2. To maintain control of equipment, Tasers are assigned to the Patrol Division Supervisors and issued by the tour supervisor, and may be issued to other department members trained in its use by authority of the Chief of Police.
3. Only properly functioning and charged Tasers shall be issued for field use.
4. The issued Taser will be worn by the assigned officer in the "support side carry position (ie. the weak side thigh holster).
5. Officers shall secure tasers and associated equipment in the department gun closet when not in use.
6. Every taser application will necessitate a Taser Use of Force Report, which will suffice for the Department Use of Force Report..
7. Any Taser or component thereof found to be defective or damaged shall be put out of service and returned to the Administrative Lieutenant for repair or replacement, with a detailed explanation of the malfunction or cause of damage.

## B. Supervisor Responsibilities

1. Supervisors shall be responsible for ensuring that:
  - a. Incidents involving ANY discharge of a Taser are investigated and appropriately documented.
  - b. Ensure use of the Taser is delegated to a Taser certified officer.
  - c. Monitor the use of Tasers and related tactics.
  - d. Ensure proper procedures are followed when issuing Tasers.
  - e. Ensure that when returned at the end of the shift ALL Tasers and cartridges are accounted for.
  - f. Ensure that Tasers are returned from field use are in proper working order.
  - g. Ensure that officers who use the Taser complete a Taser Use Of Force Report.
  - h. Investigate EACH Taser incident in which a Taser is fired, review the incident report.
  - i. Properly protect the Taser from loss or damage.

- j. Ensure that report of a defective Taser or component is sent to the Administrative Lieutenant.
- k. Shall respond to the scenes where the Taser may be or has been deployed.
- l. Shall ensure that the subject receives medical attention as per department guidelines.

#### C. Certified Taser User Officer Responsibilities

##### 1. Specific Procedures

- a. In the event an officer utilizes the Taser on a suspect and there is no supervisor on the scene, the officer must notify headquarters as soon as practically possible that the Taser has been used on a suspect.

NOTE: There is no requirement that a supervisor be on the scene of situation before the Taser may be used.

- b. At the earliest practical opportunity, an on-duty supervisor must respond to the scene when an officer reports the use of the Taser.
- c. If a patrol supervisor is not on-duty, then the officer utilizing the Taser will notify as soon as practical after a Taser, the Detective Sergeant, Lieutenant or Police Chief in that order until a superior officer is notified.

#### D. Taser Post-Application Procedures

##### a. Medical Attention

1. EMS must be called anytime there are 3 or more Taser exposures.
2. Whenever a Taser cartridge is fired at a subject and the Taser darts penetrate the subject's skin; the defendant will be transported to a local hospital.
3. Barring an emergency making removal of the Taser darts immediately necessary, only qualified medical personnel may remove darts that penetrate an individual's skin.
4. The subject will be transported to a hospital facility for medical treatment and clearance in every case where the Taser darts penetrate the skin. When a qualified officer uses the Taser in the "drive-stun" mode only, and no darts are fired penetrating the skin, it is not necessary for the subject to be transported to the hospital for medical treatment and/or clearance unless:
  - a. The supervisor deems medical treatment necessary, or the arresting officer deems it necessary--OR
  - b. The subject requests medical attention.

D. Reporting Procedure

1. All injuries to the subject shall be photographed and such photographs shall be entered into evidence, including any secondary injuries caused by falling to the ground, etc..
2. Each Taser involved, all spent cartridges, and all darts shall be entered into evidence. Expended Taser darts shall be handled as a biohazard.
3. Police Officers using the Taser shall complete, before the end of the tour--- the "Taser Use Of Force Report".
4. The Taser that was used will be put out of service and secured in an evidence locker, so that the video and other information can be downloaded by the Administrative Lieutenant and placed in evidence. The officer using the Taser will ensure that the Administrative Lieutenant is apprised of the location of the Taser.

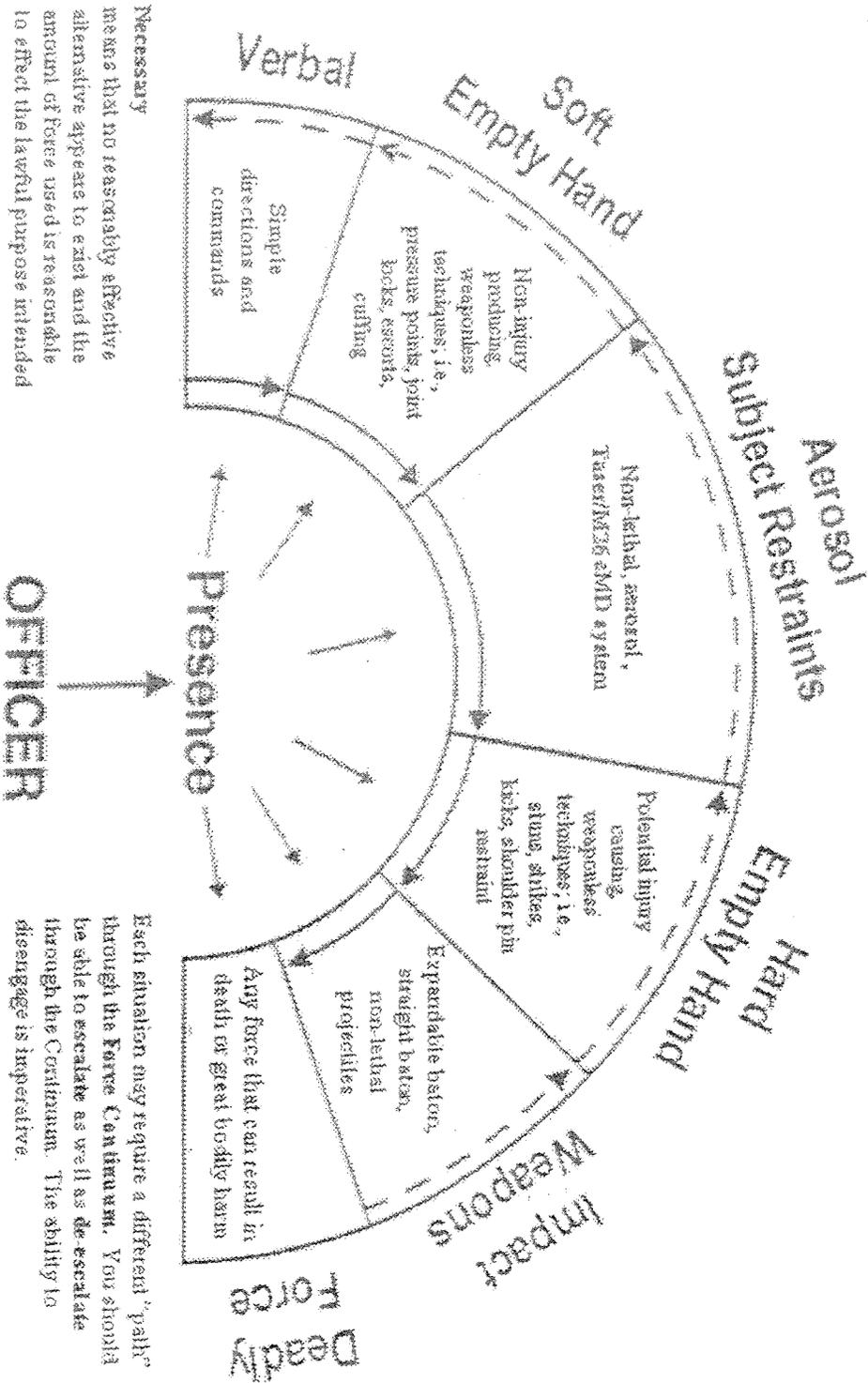
E. Review

1. The Patrol Lieutenant will review the Taser Use of Force Report and other evidence to ensure that the Taser was utilized as per department guidelines, any take any appropriate action after conferring with the Chief of Police.

Town of Carmel Police Department

USE OF FORCE CONTINUUM

Force is used "when and only to the extent necessary"



Necessary means that no reasonably effective alternative appears to exist and the amount of force used is reasonable to effect the lawful purpose intended

Each situation may require a different "path" through the Force Continuum. You should be able to escalate as well as de-escalate through the Continuum. The ability to disengage is imperative.

TOWN OF CARMEL POLICE DEPARTMENT
TASER MODEL X26 USE OF FORCE REPORT

Date: \_\_\_\_\_ TASER Officer's Name: \_\_\_\_\_

Time: \_\_\_\_\_ Incident #: \_\_\_\_\_

On scene Supervisor: \_\_\_\_\_

Officer(s) Involved: \_\_\_\_\_

TASER Serial #: \_\_\_\_\_ Air Cartridge Type(s) \_\_\_ 15-ft \_\_\_ 21-ft \_\_\_ 21-ft XP
(Yellow Cartridge)

Nature of Call or Incident: \_\_\_\_\_

Type of Subject: \_\_\_\_\_ Human \_\_\_\_\_ Animal (Check Box)

Name of Suspect: \_\_\_\_\_

Age: \_\_\_ Sex: \_\_\_ Hgt. \_\_\_ Wgt: \_\_\_ Race: \_\_\_\_\_

Location of Incident: ( ) Indoor ( ) Outdoor ( ) Automobile ( ) Other

Type of Force Used: ( ) Physical ( ) Less-lethal ( ) Firearm ( ) Chemical
(Check all that apply)

Nature of Injuries and Medical Treatment Required: \_\_\_\_\_

Transported to hospital by: \_\_\_\_\_

Medical Facility \_\_\_\_\_ Doctor \_\_\_\_\_

Was Suspect Under the Influence Alcohol/Drugs (specify): \_\_\_\_\_

Incident Type (circle one) General Disturbance Suicidal Suicide by Cop

Violent Suspect Barricaded Warrant Other

TASER Use (circle one) Success/Failure Suspect wearing heavy clothing: Y/N

Number of Cartridges Fired: \_\_\_\_\_ Number of Cycles Applied: \_\_\_\_\_

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

Approximate target distance at time of dart launch: \_\_\_\_\_ feet

Approximate distance between probes: \_\_\_ inches Need for an additional shot Y/N

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

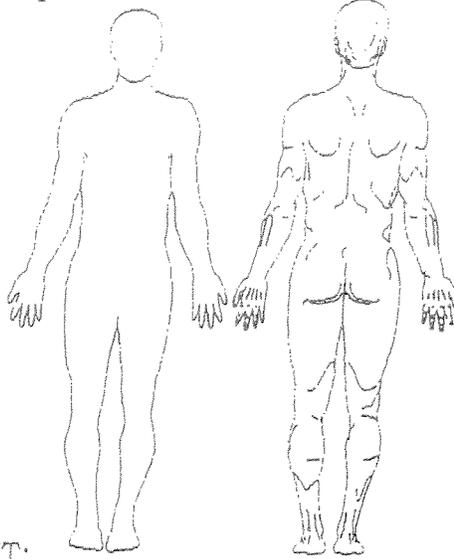
Did Taser application cause injury Y/N If yes, was subject treated for injury Y/N

DESCRIPTION OF INJURY:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

APPLICATION AREAS

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



SYNOPSIS OF EVENT:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Need for additional applications? Y/N

Did the device respond satisfactorily? Y/N

If the Taser firing was unsuccessful, was the DRIVE STUN used? Y/N

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

\_\_\_\_\_  
\_\_\_\_\_

OC Spray used? Y/N

Impact weapon used Y/N

Describe other means attempted to control subject \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Photographs Taken by \_\_\_\_\_

This Report Completed by \_\_\_\_\_

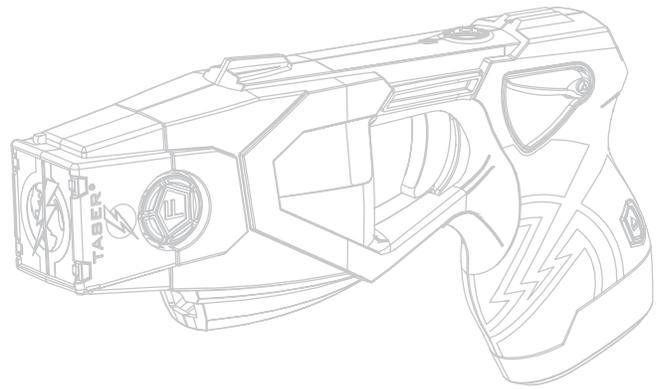
\_\_\_\_\_  
Taser Officer Signature  
Date \_\_\_\_\_ Time \_\_\_\_\_

\_\_\_\_\_  
Supervisor Signature  
Date \_\_\_\_\_ Time \_\_\_\_\_



# TASER<sup>®</sup> X26P<sup>™</sup> ECD

## User Manual



Models 11000, 11001, 11002, 11003



### **IMPORTANT SAFETY INSTRUCTIONS.**

Read all warnings and instructions. Save these instructions.

MMU0042 Rev: A

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# Warnings

# 1

## Important Safety and Health Information

Read, understand and follow the most current product warnings, safety instructions, and training materials. All product warnings are not included in this Manual. A Product Warnings document is included with this electronic control device (ECD) and the most current warnings are posted on our website at [www.TASER.com](http://www.TASER.com). The most current training materials are available by contacting TASER's Training Department. Do not attempt to use this ECD until you have completed training with a TASER International, Inc. (TASER) Certified Instructor.

 <b>WARNING</b>	
	<p><b>Complete Training First</b></p> <p>Significant differences exist between each of the TASER ECD models. Do not use or attempt to use any ECD model unless you have been trained and certified by a Certified TASER Instructor on that particular model.</p>
	<p><b>Read and Obey</b></p> <p>Read, study, understand, and follow all instructions, warnings, information, training bulletins and TASER training materials before using the TASER X26P™ ECD. Failure to comply with the product instructions, warnings, information, training bulletins, and TASER training materials could increase the risk of or result in death or serious injury to the user, force recipient, and others.</p>
	<p><b>Obey Applicable Laws</b></p> <p>Use the ECD only in accordance with applicable federal, state, and local laws and other regulations or legal requirements. Your agency's guidance must also be followed. Any ECD use must be legally justifiable.</p>
<div style="display: flex; align-items: center; justify-content: center;">  <div style="border: 1px solid black; padding: 5px;"> <p style="text-align: center; background-color: #f4a460; margin: 0;"><b>WARNING</b></p> <p><b>Electronic Control Device</b></p> <ul style="list-style-type: none"> <li>• Can temporarily incapacitate target.</li> <li>• Can cause death or serious injury.</li> <li>• Obey warnings, instructions and all laws.</li> <li>• Comply with current training materials and requirements.</li> <li>• See <a href="http://www.TASER.com">www.TASER.com</a>.</li> </ul> </div> </div>	

TASER® ECDs are designed in probe-deployment mode to temporarily incapacitate a person from a safer distance while reducing the likelihood of serious injuries or death. When used as directed, TASER ECDs have been found to be safer and more effective than other traditional use-of-force tools and techniques. However, it is important to remember that the use of force and physical incapacitation, by their very nature, involve risk that someone will get hurt or may even die from factors that include, but are not limited to: physical resistance, exertion, individual susceptibilities, and/or unforeseen circumstances. Any use of force or physical exertion involves risks that a person may get hurt or die.

## Use of Force Policy

Each agency is responsible for creating its own use-of-force policy and determining how TASER ECDs fit into their use-of-force matrix based on legal and community standards. Make sure your agency has a use-of-force

policy that addresses TASER ECD use and that this policy is clearly addressed during end-user training.

## Firmware Update

Before using your X26P ECD, confirm with your armorer or other qualified person that the X26P firmware has been updated.

# General Information

# 2

## What Is the TASER X26P ECD?

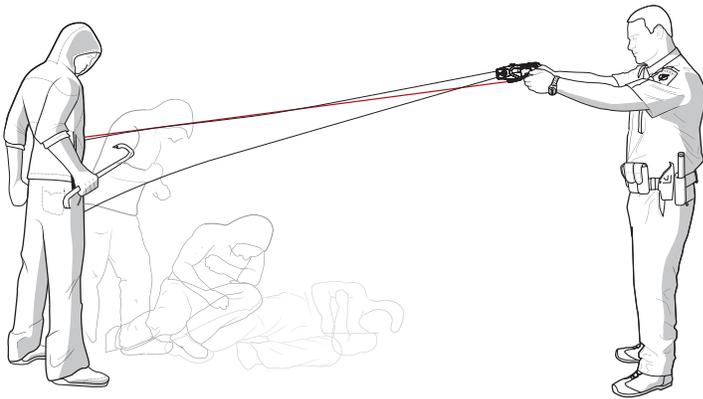
The X26P ECD is a software upgradable weapon manufactured by TASER International, Inc.

The X26P ECD uses a replaceable cartridge containing compressed nitrogen to deploy two small probes that are attached to the X26P ECD cartridge by insulated conductive wires. The cartridges are available with various wire lengths from 15' to 25' (4.6 m to 7.6 m). Sale of cartridges with wire length longer than 15' is limited to law enforcement and military only.

The X26P ECD's Trilogy™ log can be uploaded securely to EVIDENCE.com. The X26P ECD has an internal memory that stores the operating software and a deployment record. See the **Trilogy Log** section in this manual for more details. Those who do not have an EVIDENCE.com account can use the Offline EVIDENCE Sync software to download a simplified log to a local computer.

The X26P ECD has an estimated useful life of 5 years.

## Neuro Muscular Incapacitation (NMI)



TASER technology is designed to use electrical impulses similar to those in your body's nervous system to cause stimulation of the sensory and motor nerves. Neuro Muscular Incapacitation (NMI) occurs when an ECD is able to cause involuntary stimulation of both the sensory nerves and the motor nerves. It is not dependent on pain and can be effective on subjects with a high level of pain tolerance.

Previous generations of stun guns primarily affected the sensory nerves only, resulting in pain compliance. A subject with a very high tolerance to pain (e.g., a drug abuser, person in serious psychological distress, or a trained, focused fighter) may not be affected by the pain or might be able to fight through the pain of a traditional stun gun.

## Common Effects of NMI

### **WARNING**

The use of TASER technology is designed to cause incapacitation and strong muscle contractions making secondary injuries a possibility. These potential injuries include but are not limited to: cuts, bruises, impact injuries, and abrasions caused by falling, and strain-related injuries from strong muscle contractions such as muscle or tendon tears, or fractures. These injuries are secondary in nature and not directly attributable to the electric output of the ECD, but are possible consequences of the strong muscle contractions the ECD may induce.

Some of the effects may include:

- Falls immediately to the ground and be unable to catch oneself;
- Risk of drowning if ability to move in water or wet environments is restricted;
- Yelling or screaming;
- Involuntary strong muscle contractions;
- Freezing in place with legs locked;
- Dazed feeling for several seconds or minutes;
- Potential vertigo;
- Temporary tingling sensation; or
- May experience critical stress amnesia (may not remember any pain).

For a full list of warnings, visit [www.TASER.com](http://www.TASER.com).

## Basic X26P ECD Electrical Theory

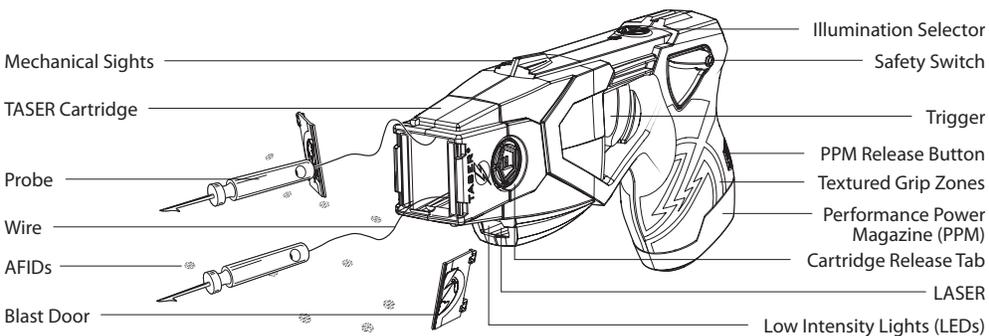
- Electricity must be able to flow between the probes to deliver an electrical charge and will generally follow the path of least resistance between the probes.
- The greater the spread between the probes on the target, generally the greater the effectiveness.
- Electricity will generally not pass to others in contact with the subject unless contact is made directly between or on the probes, or the wires are touched.
- Electricity can arc through most clothing, and even some bullet-resistant materials.
- Exposure to water will not cause electrocution or increase the power to the subject (the electrical charge is fixed inside the TASER ECD, and will not increase significantly even with environmental changes).
- The Current Metering technology is designed to deliver optimal charge.
- Medical studies have found that modern pacemakers and implanted cardiac defibrillators withstand external electrical defibrillators many orders of magnitude stronger than the TASER ECD conducted energy pulses.

# Features

# 3

## X26P ECD Features

Get to know the X26P ECD:



NOTE: The serial number is located inside the cartridge bay.

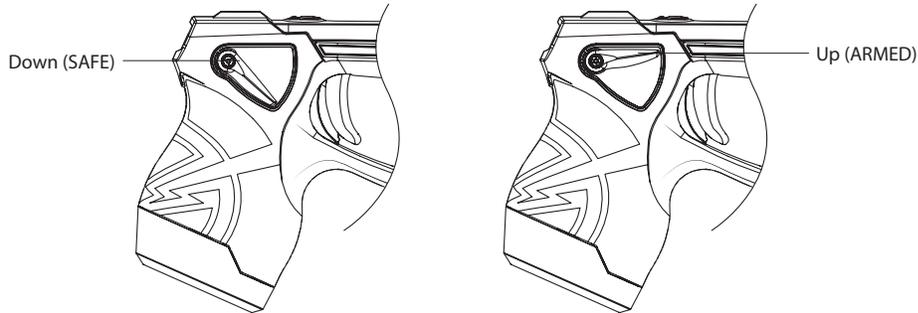
### WARNING

Ensure the ECD is unloaded, the safety is in the down (SAFE) position, and your fingers are away from the trigger before reading the serial number.

## Safety Switch

Ambidextrous safety can be operated from either side of the ECD.

- Safety switch down (SAFE).
- Safety switch up (ARMED) and ready to deploy.
- Do not block the safety on one side of the X26P ECD while attempting to move it on the other side. This can break the safety and disable the ECD.
- With default settings, if the X26P ECD's safety switch is left in the up (ARMED) position for more than 20 minutes, the system goes into low power mode to reduce the amount of power consumed, and the ECD will not fire. The ECD will not fire, but power is still consumed and will eventually drain the battery if the safety switch remains in the 'ARMED' position. (This feature can be turned off, which then will cause the X26P ECD to be left on indefinitely when the safety is up (ARMED). See the **Setting Auto Power Down (Power Save)** section in this manual for more information.) To re-arm the ECD, shift the safety to the down (SAFE) position, and then shift it back to the up (ARMED) position.

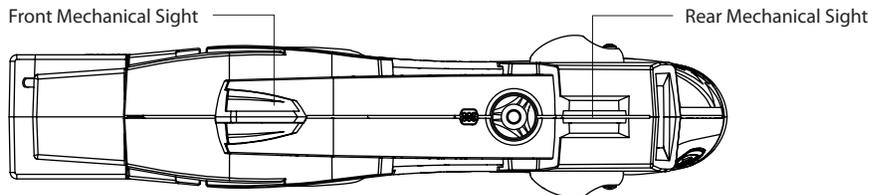


## LASER

The LASER installed in the X26P ECD is oriented with the mechanical sights. At 15 feet (4.6 m), the aiming point is aligned to the approximate trajectory of a cartridge's top probe.

## Mechanical Sights

The mechanical sights on the X26P ECD are molded to provide manual aiming of the ECD. The mechanical sights are set to coincide with a top probe's trajectory at a 15' (4.6 m) distance.

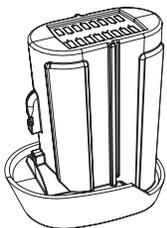


## Tactical Accessory Power Interface

This is a power plug for future X26P accessories.

## Performance Power Magazine (PPM) Battery Pack

The Performance Power Magazine is a lithium energy cell power supply system for the X26P ECD.



NOTE: X26P battery packs will not work with the X3® or X26™ ECDs, and battery packs designed for the X3 or X26 ECDs will not work with the X26P ECD. Battery packs designed for the X2™ ECD *will* work in the X26P ECD.

Do not store the PPM anywhere that the gold contacts on the top of the PPM may touch metal objects. If you

cause an electrical short between these contacts, the short will drain the battery and may cause the pack itself to become dangerously hot.

The PPM battery has enough power for approximately 500 five-second discharges depending on temperature, environment, use of the flashlight, and other factors. The PPM battery will deplete faster in colder weather than warm weather. Likewise, the battery will deplete faster with the flashlight active.

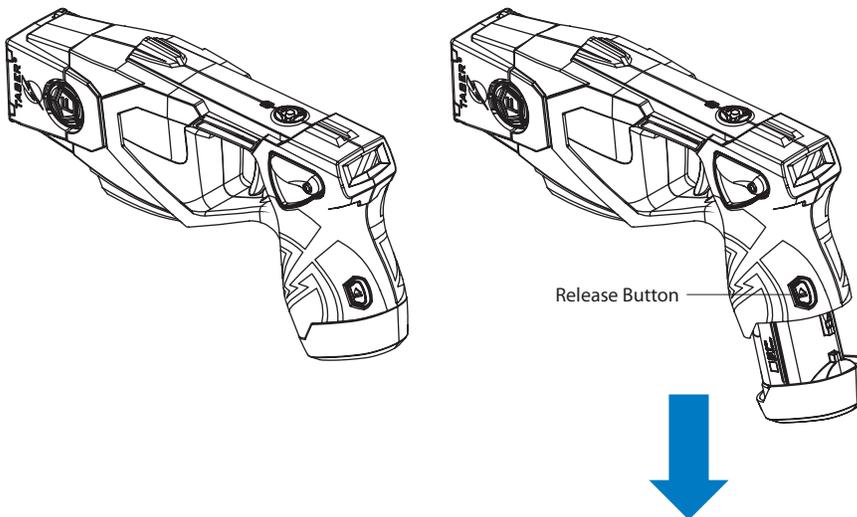
For more information on installing the PPM, see the *Changing the PPM Battery Pack* section in this manual.

NOTE: Other battery pack options are available for the X26P ECD. See the *Tactical Performance Power Magazine (TPPM) Battery Pack*, *Automatic Shut-Down Performance Power Magazine (APPM) Battery Pack*, and *eXtended Performance Power Magazine (XPPM) Battery Pack* sections in this manual.

## Changing the Battery Pack

The X26 ECD is shipped with the DPM battery pack pre-installed. To change the battery pack:

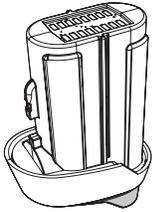
- 1 Point the ECD in a safe direction.
- 2 Ensure the safety switch is in the down (SAFE) position.
- 3 Safely remove the TASER cartridge (do not place any body parts in front of the cartridge). See the *Unloading* section in this manual for more information.
- 4 To unload the battery pack, depress the battery pack release button and remove the battery pack from the handle of the ECD.



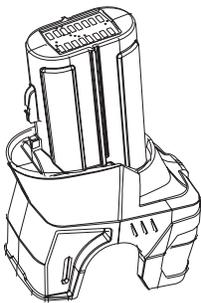
- 5 Inspect the battery contacts. Ensure that they appear in working order and are free from dirt or other residue that may interrupt the battery connection to the ECD.
- 6 Install the new battery pack and ensure that it is fully inserted into the X26P ECD. Apply sufficient force to ensure the battery pack is fully seated. When the battery pack seats properly, the release button should pop out from the recessed position with an audible click.

## Tactical Performance Power Magazine (TPPM) Battery Pack

The optional TPPM has an extension to provide a larger grip on the ECD. The TPPM does not hold an extra cartridge.



## eXtended Performance Power Magazine (XPPM) Battery Pack



To install a cartridge in an XPPM:

- 1 Keeping your hand away from the blast doors, depress the tabs on the sides of the cartridge.
- 2 Insert the cartridge in the XPPM so the blast doors face forward, toward the front of the ECD. You should hear a click when the cartridge seats in the XPPM.

To remove the cartridge, keeping your hand away from the blast doors, depress the tabs again and pull the cartridge out of the XPPM.

## Automatic Shut-Down Performance Power Magazine (APPM) Battery Pack

The optional APPM is a modified battery pack that shuts down the output of the X26P ECD after 5 seconds and also contains a built-in speaker that alerts you to the impending shut down.

### **WARNING**

Under stressful situations, audio exclusion might prevent you from hearing the alert from the APPM.

The APPM provides an audible beeping alert for the last 2 seconds of a trigger-initiated cycle before automatically shutting down the cycle. After 5 seconds' deployment duration, the energy burst will stop even if your finger is still pulling the trigger switch. To reenergize the deployed cartridge, first ensure that your finger is off the trigger switch, and then press the trigger again.

Your ECD will recognize the APPM as a unique type of battery pack. If you remove the APPM and replace it with a different type of battery pack, the X26P ECD will return to its normal configuration. That is, there will no longer be an audio alert, and the energy cycle will continue after 5 seconds if your finger is still holding down the trigger switch. Always confirm that the ECD performs as expected before returning it to duty after changing any battery pack.

## **WARNING**

Remove the cartridge before testing the ECD function. See the *Unloading* section in this manual for more information.

## Advanced Central Information Display (CID)

The CID is a monochrome organic light emitting display on the back of the X26P ECD. When the safety switch is shifted into the up (ARMED) position, the CID will display the battery status.



## System Status Icons

## **WARNING**

The system status icons are designed to inform you of the system status of the X26P ECD. It is the user's responsibility to conduct proper maintenance and repair, and ensure that the ECD is working properly before any use. Failure to heed the system status icons could cause serious injury or death.



**Major Fault indication.** A yellow triangle indicates that the logging or date and time functions are not working properly. The ECD will still produce an electrical output (e.g., the ECD should still arc and deploy cartridges), but the accountability functions are compromised.

Shift the safety switch to the down (SAFE) position and then to the up (ARMED) position; the fault may clear. If the fault does not clear, it may still be possible to use the ECD for a short time.

Whether the fault clears or not, it will be recorded in the Engineering log. If the fault does not clear, and the ECD is still under warranty, send the ECD to TASER International for repair.



**Critical Fault indication.** A yellow stop sign in the upper-right side of the CID indicates a system failure. The ECD is NOT to be used.

Do NOT attempt to use the ECD. Contact TASER International customer service.



**Invalid Battery Pack.** If you see a blinking exclamation point and battery icon, this indicates that the ECD did not recognize the battery correctly. Remove the battery pack and reinsert it. If the error is still present, try another battery pack. If the icon still displays, the ECD should be sent in for service if it is still under warranty.



An APPM battery pack is installed in the ECD.



A TASER® CAM™ HD recorder is installed in the ECD.



A TASER CAM HD recorder with the automatic shut-down feature is installed in the ECD. This recorder offers an audio warning and shut-down feature like that of an APPM battery pack.



The USB connection status icon displays when the USB connection is good.

## Battery Level Icons

When the safety switch is in the up (ARMED) position, the CID will display the percentage of battery power remaining. Remaining capacity will display in 19 percent increments.

When the battery level drops to 20 percent, TASER International recommends that the battery pack be replaced.



Battery  
81–100%



Battery  
61–80%



Battery  
41–60%



Battery  
21–40%



When the battery capacity is at 1–20 percent, the CID will flash the warning **LO BATT** on the CID when the safety switch is cycled to the up (ARMED) position.



Battery  
01–20%  
Blinking

If the battery capacity is at 1–20 percent, and the ECD is being discharged, this icon displays in the lower-right portion the CID.



Battery  
Depleted

If the battery is depleted, a zero percent indication (00%) will flash on the CID when the safety is shifted to the up (ARMED) position. The ECD then will shut down and not operate.

## Spark Duration

The CID displays a count indicating how many seconds the deployment cycle lasts. The ECD will count up from the number 1 up to 99. At 99 seconds, the count will restart at 1.



## Sample CID Displays

The CID below shows the X26P ECD with a TASER CAM HD recorder installed and a battery capacity of 61–80 percent.



The CID below shows an ECD that has been discharging for 4 seconds, with a battery pack that is at 41–60 percent capacity.



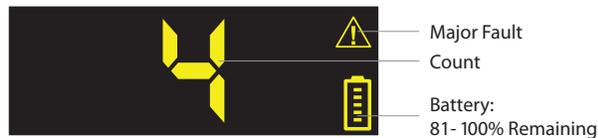
The CID below shows an ECD with an APPM battery pack installed that has a battery capacity of 61–80 percent.



The CID below shows an ECD with a battery pack error.



The CID below shows an ECD that is 4 seconds into an energy burst, has a battery pack that is 81–100 percent charged, and a major fault with the ECD.



## LED Flashlight

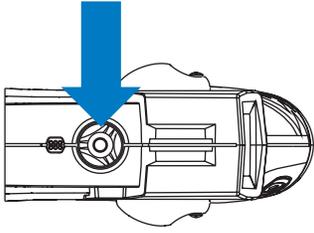
The X26P ECD has a high intensity white LED to aid the user in dark environments.



## Selector Switch (LASER and LED Flashlights)

You can select four modes of illumination when using the X26P ECD. To change the illumination setting:

- 1 Point the ECD in a safe direction.
- 2 Ensure the safety switch is in the down (SAFE) position.
- 3 Keeping your hand away from the blast doors, depress the tabs on the sides of the cartridge and remove.
- 4 Press and hold the selector switch for approximately 1 second until the CID display illuminates.



NOTE: Using pens or paper clips to press the selector switch may damage it. Only use your finger to press the selector switch.

- 5 Press and release the selector switch to toggle through the four available settings until the setting you desire is designated on the CID. Stop when the setting you desire is displayed.



**OO:** Neither the LASER nor the Flashlight will illuminate.

**LO:** Only LASER will illuminate

**OF:** Only Flashlight will illuminate

**LF:** LASER and Flashlight both illuminate

The selected mode displays for 5 seconds, and will be the default mode the next time the safety switch is moved to the up (ARMED) position.

The selector switch may also be used to activate the Stealth Mode, which will shut off the LASER and flashlight, and dim the CID display. To do this, press the selector switch when the safety is in the up (ARMED) position. To take the ECD out of Stealth Mode, press the selector switch again or shift the safety to the down (SAFE) position. You will have to reactivate the Stealth mode each time you place the safety in the up (ARMED) position.

### **WARNING**

Do not place your fingers or any part of your body in front of the cartridge when activating the Stealth Mode.

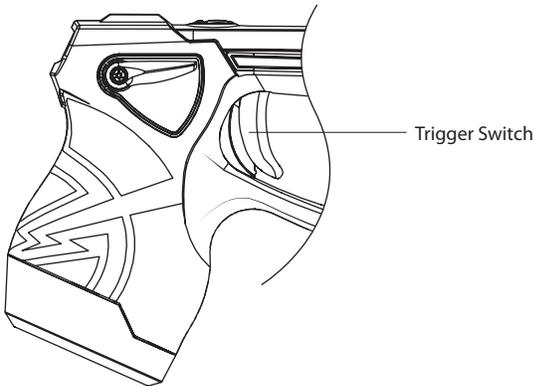
## Trigger Switch

Unlike a firearm trigger, the X26P ECD trigger is a momentary electrical switch. The switch is operational only when the safety switch is in the up (ARMED) position. Pulling and releasing the trigger switch will result in an approximately 5-second discharge cycle unless the safety switch is shifted to the down (SAFE) position to discontinue the 5-second cycle. Pulling and holding the trigger switch for more than 5 seconds will result in a continuous discharge until the trigger switch is released, or the battery is depleted—whichever comes first.

An X26P ECD equipped with the APPM battery pack is limited to 5-second discharges and emits an audio alert 2 seconds before the end of the cycle. See the *Automatic Shut-Down Performance Power Magazine (APPM) Battery Pack* section in this manual for more information.

## WARNING

In the event of an accidental discharge, immediately move the safety switch to the down (SAFE) position to stop the discharge cycle.



## Ergonomic Grip Design

The handle of the X26P ECD is optimized for comfort with specific features for safe and effective use for people of most sizes.

# Cartridges & ECD Operation

# 4

## Removing the Shipping Cover from the Cartridge



Cartridges are shipped with a shipping cover in place. Carefully remove these covers before attempting to load a cartridge into the X26P ECD. Be careful to not allow any body part to be in front of the cartridge. Static electricity can discharge a cartridge, and injuries have occurred. A cartridge cannot be loaded into the ECD with the cover in place. Once the cartridge cover is removed, it can be disposed of.

- 1 Before removing the covers, make sure the front of the cartridge does not point at any body part or at anyone.
- 2 Carefully place the cartridge with cover face down (blast door down) onto a stable/solid surface, i.e., a table.
- 3 Place your index and middle fingers onto the sides of the cartridge where the wedges/electrodes are located and place your thumbs onto the locking portions of the cover.
- 4 Push in with your fingers and pull outward with your thumbs and the cartridge will pop upward, releasing it from the cover.

NOTE: The cartridge may pop upward quickly when the pressure is released from the locking portions of the cover.

## 15, 21, LS, and XP25™ TASER Cartridges

### **WARNING**

Never attempt to open or modify a TASER cartridge. Tampering with a live TASER cartridge could cause it to fire or malfunction (which may result in serious injury).

Handle all TASER cartridges with care. Probes may deploy unexpectedly if exposed to physical shock, or static electricity.

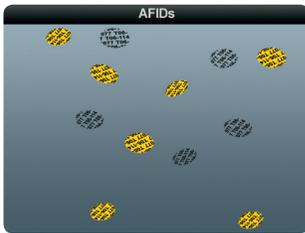
TASER cartridges should be kept away from conditions known to create an electrostatic discharge, such as rubbing cloth (e.g., jacket liner or uniform pants) across a cartridge in an environment known to create static shocks.

Cartridge blast doors can be knocked off the front of a cartridge. Because those cartridges cannot be relied upon to consistently discharge, TASER recommends removing those cartridges from service. Attempting to deploy a cartridge with no blast doors could result in a charge being created and held in the wires. Any conductive material that comes into contact with the front of the cartridge, even after the cycle has ended, could draw the charge to the ignition pin and deploy the probes.

TASER offers a Blast Door Repair Kit that can be used to replace blast doors that come off. Cartridges with replaced blast doors should only be used for training and should not be deployed to the field. Go to [www.TASER.com](http://www.TASER.com) for more information on the Blast Door Repair Kit.

## AFID

Every time a TASER cartridge is deployed, approximately 20–30 small confetti-like Anti-Felon Identification (AFID) tags are ejected. Cartridges can be assigned to individual users, as each is serialized. Each AFID tag is printed with the corresponding serial number of the cartridge deployed, allowing determination of which user deployed the particular cartridge.

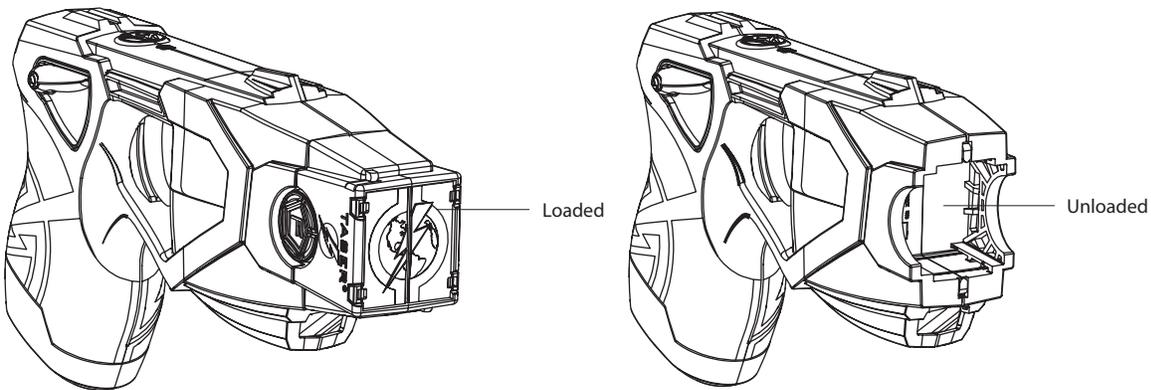


## Load the TASER Cartridge

### **WARNING**

Never place your hands or fingers in front of the cartridge. This is especially important when loading and unloading the cartridge. Serious injury could result. When loading and unloading always hold the cartridge on the sides or top.

TASER cartridges are shipped with a shipping cover in place. Remove these covers before attempting to load a cartridge into an X26P ECD. See the *Removing the Shipping Cover from the Cartridge* section in this manual for more information.



## Load the TASER Cartridge

### Loading

- 1 Point the ECD in a safe direction.
- 2 Ensure that the safety switch is in the down (SAFE) position.
- 3 Make sure the protective shipping cover is removed from the TASER cartridge.
- 4 Keeping your hand away from the blast doors, place the cartridge (with the cartridge cover removed) into the front of the ECD until an audible click is heard.
- 5 Verify that the cartridge is secure by pulling on the sides of the cartridge.

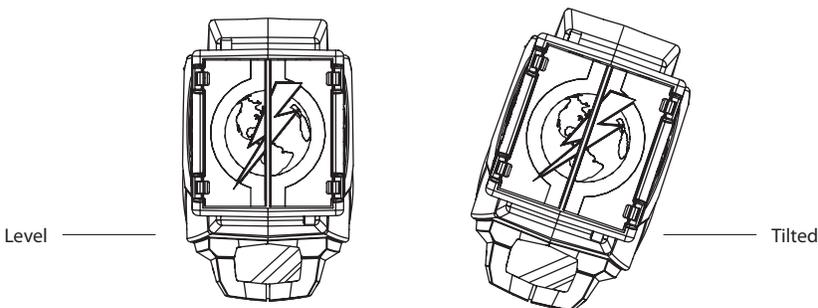
## Load the TASER Cartridge

### Unloading

- 1 Point the ECD in a safe direction.
- 2 Ensure that the safety switch is in the down (SAFE) position.
- 3 Keeping your hand away from the blast doors, depress the tabs on the sides of the cartridge and remove.

The 15-, 21-, and 25-foot (4.6-, 6.4-, and 7.6-meter, respectively) TASER cartridges are specifically designed so there is no “up” or “down” position – enabling you to quickly reload one in a stressful situation without worrying about putting it in upside down.

## Aiming and Probe Placement



For most deployments, hold the ECD level. Do not tilt the ECD unless it is necessary to do so to align the ECD with the target.

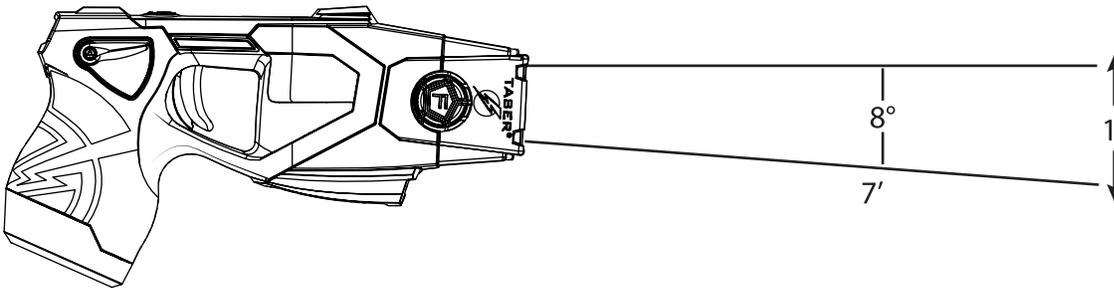
All TASER ECD deployments should be in accordance with current TASER training and warnings, and department training, policies, and procedures.

Normally, aim the LASER at the preferred target areas of the body, which are the lower center-mass (below the chest) and legs when the subject is facing you, or the subject's back if the subject is turned away from you.

### **WARNING**

When possible, avoid intentionally targeting the ECD on sensitive areas of the body such as the head, throat, chest/breast, or known pre-existing injury areas without legal justification.

The top probe impacts the target near the LASER beam; however, the probe impact distance from the LASER will vary depending on the distance between the ECD and the target, type of cartridge, etc. At 15' (4.6 m), the LASER's position corresponds to the trajectory of a 25' (7.6 m) cartridge's top probe at the same range.



The bottom probe impacts at an 8-degree angle from the top probe. This results in a spread of approximately 1' (0.3 m) for every 7' (2.1 m) of distance from the ECD. Greater probe spread increases effectiveness.

## “Silence Is Golden”

The TASER ECD's electrical current is relatively quiet when both probes make direct contact with a human or an animal. In contrast, some practice conductive targets are loud because the energy is arcing in the air.

If electrical current is loud during field deployment and the subject is not reacting as expected, the electrical circuit may not be completed or the current may be shorting out and may not be effective. Deploy a second cartridge or consider other options in accordance with your agency's policies.

## Potential Causes of Reduced or No Effectiveness

- **Loose or Thick Clothing.** If the probes lodge in clothing and are too far away from the subject, ECD effectiveness is reduced and can be eliminated.
- **Miss or Single Probe Hit.** The current must pass between the probes. If one probe misses, a second cartridge should be deployed if practical and legally justifiable. Also, using the X26P ECD in the drive-stun mode as described below may complete the circuit between the single probe and the ECD electrode.

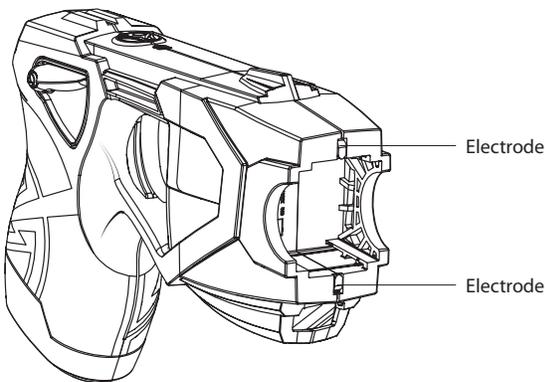
- **Low Nerve or Muscle Mass.** If the probes impact in an area where there is very little muscle mass (e.g., the side of the rib cage), the effectiveness can be significantly diminished.
- **Limited Probe Spread.** Probe spreads of less than 4 inches (10 cm) (including drive-stun) may result in little or no effect and become primarily a pain compliance option.
- **Wires Break.** If a wire breaks (e.g., during a struggle), the current will not flow to the probes and an additional deployment may be required. Drive-stun may still be available.

## ! WARNING

Do not become over-dependent on the TASER ECD. No force option, including ECDs, is 100% effective in every situation. Do not deploy the ECD without following your department policies and procedures.

## Electrodes

The front of the X26P ECD has two metal electrodes. These electrodes direct the charge to the electrodes on the cartridge to initiate deployment of the probes. In addition, the electrodes provide the ability to use the X26P ECD in a “drive-stun” mode as a traditional stun-gun type ECD.



## Drive-Stun Backup

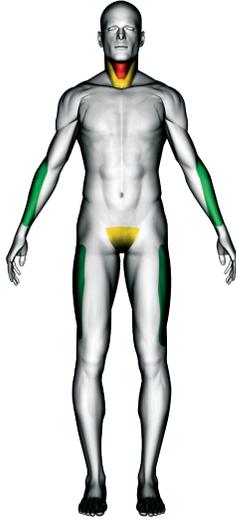
Drive-stun capability is available with or without a TASER cartridge installed. To apply a drive-stun, place the safety in the up (ARMED) position and pull the trigger. The drive-stun mode is not designed to cause NMI and generally becomes primarily a pain compliance option. Probe deployment is usually considered more desirable if NMI is the desired objective, even at close range. Some of the advantages of probe deployment include:

- Drive-stun is only effective while the ECD is in contact with the subject or when pushed against the subject’s clothing. As soon as the ECD is moved away, the energy being delivered to the subject stops. Deploying the probes allows the user to separate from the subject while maintaining control.
- Due to automatic reflex actions, most subjects will struggle to separate from the ECD. Each time the ECD comes back in contact with the subject, another set of marks may be visible on the subject’s skin. Using the probes allows for one point of discharge.
- If the probes are deployed, even at very close range, the user may drive-stun to another portion of the body that is further away from the probes, thereby increasing the possibility of inducing NMI.

If the drive-stun is not effective, evaluate the location of the drive-stun, consider an additional cycle to a different pressure point, or consider alternative force options in accordance with your agency's policies. When using the drive-stun, push (drive) the front of the X26P ECD firmly against the body of the subject. Simply "touching" the X26P ECD against the subject is not sufficient. The subject is likely to recoil and try to get away from the ECD. It is necessary to aggressively drive the front of the ECD into the subject for maximum effect.

## Recommended Drive-Stun Areas for Maximum Effect

Only use the X26P ECD pursuant to your agency's policies and guidance. Drive the X26P ECD into the following areas for maximum effectiveness:



- Carotid (sides of neck) (see warning below).
- Radial (forearm).
- Pelvic triangle (see warning below).
- Outside of thigh.
- Tibialis (calf muscle).

### **WARNING**

Use care when applying a drive-stun to the neck or groin. These areas are sensitive to mechanical injury (such as crushing to the trachea or testicles if applied forcefully). However, these areas have proven highly effective targets. These areas should only be targeted when users are defending themselves from violent attacks. Refer to your department's policy regarding drive-stuns in these and other sensitive areas.

# Maintenance/Troubleshooting

# 5

## Function Test

TASER recommends conducting a function test every 24 hours or prior to the start of your shift for your individually issued X26P ECD. The function test is done to verify that the ECD's core electronics are working properly.

There is no need to use an extended duration. As long you see a visible spark between the electrodes (2 to 3 seconds), the X26P ECD is functional.

## Function Test Instructions

- 1 Point the ECD in a safe direction.
- 2 Shift the safety switch to the down (SAFE) position.
- 3 Remove the TASER cartridge. A function test should never be conducted with a TASER cartridge in the ECD.
- 4 Ensure that that your fingers and no other part of your body are in front of the X26P ECD.
- 5 Shift the safety switch to the up (ARMED) position.
- 6 Pull the trigger and visually confirm sparking across the electrodes.

### **WARNING**

View the arc from the top or side of the ECD. Do not point the ECD at your face or have it near your face.

- 7 Look at the CID display and verify the following:
  - No fault icons display on the CID.
  - The battery icon displays a 20 percent or greater capacity.

If any of the above verifications fail, return the unit to your agency's ECD technician for service.

- 8 Shift the safety switch to the down (SAFE) position.

## What to Do Following ECD Use

### Considerations for Handling Used Probes



#### Biohazard

Each agency will establish its own procedure for probe removal, collection, biohazards, evidence collection and maintenance. Treat probes that have penetrated the body as contaminated needles (biohazard). Remember, however, that the probes may also be valuable evidence.

If the probes must be removed from the subject, follow all department policies and procedures, including for handling biohazards.

Below are suggested methods for probe removal.

- Grab the probe firmly and quickly pull it straight out. Do not twist the probe as the barbed tip may cause additional injury.
- If the probes are not going to be collected and maintained for evidence, carefully place used probes sharp-tip first into a sharps container, secure in place, and place in a secure location where no one will accidentally touch the probes.
- Once the subject is restrained, prior to removing the probes, evaluate the need for medical attention as you would with any other use-of-force incident.\*
- Take photos of any injuries, place the photos into evidence.\*
- Collect the expended cartridge, probes, and AFIDs and place them into evidence.\*

\* As directed by department policy. The TASER training materials provide additional information on forensic evidence collection procedures. The probes, wires, AFIDs, and cartridge can yield important forensic evidence if properly collected, maintained, and analyzed. Ensure that the ECD is downloaded and the downloaded logs are collected per your agency's policy.

## Effects on Animals

The M26 and X26 ECDs can be an effective option for dealing with aggressive animals and have generally been successful in most deployments. The X26P ECD uses similar technology, but does not yet have the same service record as the previous models.

NOTE: If a probe deployment completed circuit is initiated and maintained, the aggressive animals are usually incapacitated/stunned momentarily in M26 and X26 deployments, but recover quickly. The vast majority of the animals quickly left the scene and broke the wires.

If deployed on a domestic animal, consider having animal control available to restrain the animal.

## Police/Military K-9 Caution

ECD operators and K-9 officers must work closely together to develop policies and procedures for deploying the ECD when a K-9 is present. If a K-9 bites a probe or bites the suspect between the probes, the K-9 could receive a shock. This could have a negative impact on the future duty use of the K-9.

## Uploading Firmware Revisions

The X26P ECD internal firmware provides functionality for all aspects of the ECD. The firmware can be upgraded to the most recent version by using an X26P/X2 ECD Dataport Download Kit (purchased separately) and EVIDENCE Sync software (Online or Offline).

### CAUTION

Do not remove the USB cable or shift the safety switch to the up (ARMED) position during the reprogramming cycle.

## Dataport Download Kit

Optional download kits are available to permit agencies to access the deployment information in the X26P ECD memory through the EVIDENCE Sync software (Online or Offline).

NOTE: If you have a TASER CAM HD recorder, please see the *TASER CAM HD Operating Manual* for downloading instructions.

The X26P ECD uses a USB adapter (download cable) to connect to any Windows® XP or Windows 7 computer. The simplicity of USB makes using the dataport download kit an easy, fast process. The cable connects to the ECD through the battery compartment.

## USB Connection Status

The USB icon will blink at a 1-second rate when the connection is good.



## EVIDENCE Sync Offline Software

If you do not have an EVIDENCE.com account, the EVIDENCE Sync software can be used in the Offline mode to download the simplified Event Log to your local computer and print it. The EVIDENCE Sync Offline software will not enable you to download the full Trilogy Log.

## Trilogy Log

Upon upload to EVIDENCE.com, the system displays the information into 3 related data logs called the Trilogy Logs:

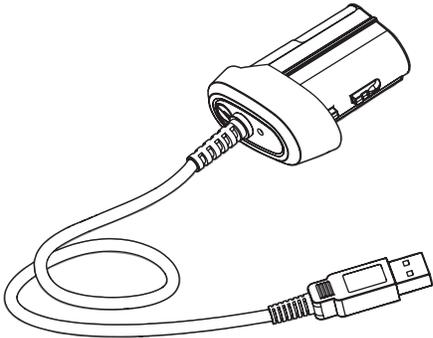
- Event Log
- Pulse Log
- Engineering Log

The data set from the Trilogy Log is uploaded securely to EVIDENCE.com, where the information is encrypted, stored securely, and organized into dashboards that allow your agency to easily monitor the usage and system status of your entire arsenal of X26P ECDs.

Upon upload to EVIDENCE.com, the system displays the information from the Event and Pulse Logs.

## Event Log

The Event Log tracks events and may help protect a user from claims of excessive use of force by providing documentation of the time and date for each ECD deployment. The Event Log also provides agencies with a powerful management tool to track usage patterns and help prevent misuse. You do not need to download the X26P to EVIDENCE.com services to obtain the Event Log – this can be downloaded directly to your PC using the EVIDENCE Sync (Offline) software.



The Event Log includes the following information for the most recent 10,000+ records:

- Date, time, and duration of each discharge in local time.
- The beginning (safety switch up [ARMED]) and end of (safety switch down [SAFE]) of each session
- Temperature and battery percentage remaining.
- Record of any time changes made to the X26P ECD's memory.
- X26P ECD serial number and current firmware version.

## Pulse Log

The Pulse Log records any pulse activity. The records include how long the ECD was discharged, and the charge of every pulse.

## Engineering Log

The Engineering Log monitors the performance of key sub-systems within the X26P ECD. It provides alerts if a subsystem is not performing properly and if maintenance is advisable. Any internal circuitry errors that occur inside the X26P ECD are written to this log. This information is used for diagnostics.

## Time Synchronization

The ECD has a real-time clock powered by the battery pack and an internal battery as well. The ECD should keep accurate time even when the battery pack is removed.

Every time the X26P ECD is connected to EVIDENCE.com services, the system will perform a time synchronization. The conversion to local time, including adjustments to daylight savings time, are all computed by EVIDENCE Sync software. There is no need to program the X26P ECD to local time or to reprogram the ECD to daylight savings time.

NOTE: In EVIDENCE Sync Offline mode, if your computer time is incorrect, the incorrect time will be displayed in your EVIDENCE Sync-generated report.

## X26P ECD Maintenance and Care

Each agency should establish a maintenance and handling program.

### CAUTION

The X26P product is a sensitive piece of electronic equipment, and should be handled with care. Avoid dropping an X26P ECD. Do not use an X26P ECD that has a cracked handle.

- Check the battery pack regularly. Replace it when the battery percentage reaches 20%.
- Occasionally wipe out the X26P cartridge deployment bay with a dry cloth. Multiple cartridge firings create carbon build-up (particularly after training courses) that should be removed.
- Secure the X26P ECD in a protective holster when the ECD is not in use.
- Function test the ECD regularly.
- Update the ECD's firmware when updated firmware is released.
- Download your X26P ECD data to EVIDENCE.com services or your local PC at least once per quarter and always before sending the ECD to TASER International.
- Avoid immersing the X26P ECD in water or exposing the X26P ECD to excessive moisture or water.
- See the troubleshooting guide at [www.TASER.com](http://www.TASER.com) for additional maintenance instructions.

Check expiration of TASER cartridges (5-year expiration date is listed on the base of the cartridge). Do not use an expired TASER cartridge in the field. They should only be used for training.

## Dropped or Wet X26P ECD

- 1 Point the ECD in a safe direction and away from your body.
- 2 Shift the safety switch to the down (SAFE) position.
- 3 Safely remove the battery pack.
- 4 Safely remove the TASER cartridge.
- 5 Let the ECD dry out.

### CAUTION

Dry the X26P ECD thoroughly (at least 24 hours). Do not use an external heat source such as a microwave oven or hair dryer to dry the X26P ECD.

- 6 Point the ECD in a safe direction and away from your body and ensure that the safety switch to the down (SAFE) position.
- 7 Safely reinstall the battery pack.
- 8 Shift the safety to the up (ARMED) position.
- 9 Look at the CID to ensure the X26P ECD is functioning properly and the CID is not showing any fault icons.
- 10 Press the trigger switch to test the functioning. See the instructions under *Function Test* for more information.

## TASER Online Troubleshooting Guide

A troubleshooting guide is available by visiting [www.TASER.com](http://www.TASER.com). If you need product support on accessories or have any other questions, please contact customer service online at [www.TASER.com](http://www.TASER.com) or at:

U.S.: 1.800.978.2737

International: +1.800.978.2737

## Product Returns

To return a TASER product for service, first follow the procedures at [www.TASER.com](http://www.TASER.com).

### CAUTION

Always perform a complete download from the X26P ECD before returning it for RMA. Any data information will be lost during servicing work performed by TASER.

If the TASER ECD has been exposed to bodily fluids or other bio-hazards, please contact the customer service department at 1.800.978.2737 for specific instructions BEFORE returning the X26P ECD.

# Optional Accessories

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## EVIDENCE.com

You can upload the data from your X26P ECD to EVIDENCE.com or EVIDENCE.com Lite services. EVIDENCE.com Lite is free and allows downloading the X26P ECD, viewing the Event and Pulse logs, and updating the ECD software.

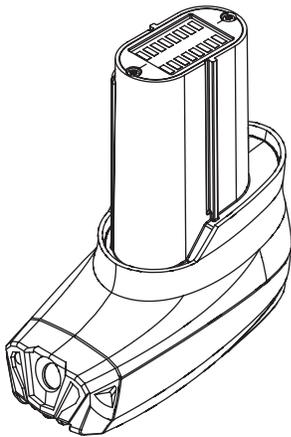
The full EVIDENCE.com pay service allows you to manage video records in addition to your ECD records. Visit [www.evidence.com](http://www.evidence.com) for details.

## EVIDENCE Sync Offline Software

The EVIDENCE Sync software can be used in the Offline mode for ECD users who do not have an EVIDENCE.com account. EVIDENCE Sync Offline enables you to download the Event Log to your local computer and print it. Visit [www.evidence.com](http://www.evidence.com) or [www.TASER.com](http://www.TASER.com) for details.

## TASER CAM HD Recorder

The TASER CAM HD recorder allows users to capture vital information prior to, during, and after deployment or potential deployment of the X26P ECD. The TASER CAM HD recorder is an audio-video recording device inserted into a rechargeable X26P ECD power supply that replaces the standard battery pack and is compatible with all X26P ECDs. The TASER CAM HD recorder is activated when the safety switch is in the up (ARMED) position. There is a boot-up time delay of approximately 2 seconds after the safety switch is moved to the up (ARMED) position before it starts to record.



The TASER CAM HD battery is rechargeable and is capable of approximately 100 5-second firings when completely charged. Charging is accomplished through a 110-volt wall adapter through the USB cable.

The TASER CAM HD can record approximately 1 hour of video at maximum resolution before recording over previous files (continuous loop system).

Video and audio is downloaded via a USB cable and EVIDENCE Sync software to your local computer or to EVIDENCE.com services.

There also is an automatic shutoff (AS) version of the TASER CAM HD recorder that emits an alarm and shuts down the energy cycle after 5 seconds, like the APPM battery pack.

## Holsters

Several holsters are designed for use with the X26P ECD. Both right- and left-handed configurations are available. Visit our website at [www.TASER.com](http://www.TASER.com) for details.

# Additional Items

# 7

## Additional Information

New TASER brand products are under development. Visit our website at [www.TASER.com](http://www.TASER.com) for the latest information.

Material Safety Data Sheets (MSDS) for lithium batteries are available by contacting TASER International.

## TASER Training Academy

The TASER Training Academy is designed to provide training on the use of TASER-brand ECDs. Training is geared toward the special needs of law enforcement officers, correctional officers, medical personnel, the military, professional security, and private citizens. ECD functions, medical issues, device maintenance, and personal safety are just a few of the topics covered in the offered courses.

Located at TASER's headquarters in Scottsdale, Arizona, the TASER Training Academy features a state-of-the-art classroom facility complete with 48 work stations equipped with power and Internet access, safety mats, and the Ti Training interactive training simulator.

We "fight like we train." It is for this reason that we emphasize hands-on, interactive and scenario-based training. Most of our courses involve some degree of physical activity and participation. We make reasonable efforts to simulate real-life stress and circumstances, to provide realistic training to better prepare the student for success in the field. Through the use of our Ti Training interactive force simulator and Simulation Training Suits, we promote sound use of force judgment, tactics and follow up procedures.

Our cadre of instructors consists of active and former law enforcement officers and military trainers. Many are internationally recognized experts in use of force at all levels with extensive training backgrounds.

All of our instructors are committed to providing high-level training and to forming lasting relationships to support our students long after they leave the TASER Training Academy.

For more information visit our website [www.TASER.com](http://www.TASER.com) or give us a call at 1.800.978.2737.

Courses:

- TASER Electronic Control Device Instructor Course
- TASER Online User Course
- TASER Master Instructor Course
- TASER Technician Course
- TASER Evidence Collection and Analysis Course

- TASER Use of Force, Risk Management and Legal Strategies Seminar

## Medical Research

TASER ECDs are among the most extensively studied force options. Numerous ECD-related medical and field studies have been published. For more information go to [www.TASER.com](http://www.TASER.com).

See the current product warnings, training materials, licensing agreements, and specification sheets for more information about your TASER product.

Product functions and specifications may change without notice and the actual product may vary from the illustrations in this manual.



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**TASER Information**

**Dept.** TOWN OF CARMEL POLICE DEPT NY  
**Serial** X13000973  
**Model** TASER X26P  
**Firmware Version** Rev. 04.010  
**Application Version** 3.13.4  
**Health** Good

**Report Generated by**

**Name** Brown, Neil  
**Badge ID** 41  
**Local Timezone** Eastern Standard Time (UTC -05:00)  
**Generated On** 30 Nov 2015 18:04:47

**Dates from : Sun Nov 29 22:00:00 2015 to : Mon Nov 30 23:00:00 2015**

**Device (X26P)**

Seq #	Local Time [DD:MM:YYYY hh:mm:ss]	Event [Event Type]	Duration [Seconds]	Temp [Degrees Celcius]	Batt Remaining [%]
2545	29 Nov 2015 22:51:56	Armed		23	44
2546	29 Nov 2015 22:51:59	Trigger	5		44
2547	29 Nov 2015 22:52:05	Safe	9	25	44
2548	30 Nov 2015 01:32:00	Armed		25	44
2549	30 Nov 2015 01:32:04	Trigger	3		44
2550	30 Nov 2015 01:32:07	Safe	7	26	43
2551	30 Nov 2015 01:32:11	Armed		25	43
2552	30 Nov 2015 01:32:12	Trigger	8		43
2553	30 Nov 2015 01:32:21	Trigger	5		42
2554	30 Nov 2015 01:32:29	Trigger	9		42
2555	30 Nov 2015 01:32:39	Trigger	10		41
2556	30 Nov 2015 01:32:51	Trigger	5		40
2557	30 Nov 2015 01:32:58	Trigger	5		39
2558	30 Nov 2015 01:33:03	Safe	52	30	39
2559	30 Nov 2015 01:33:04	Armed		29	39
2560	30 Nov 2015 01:33:30	Trigger	5		39
2561	30 Nov 2015 01:34:13	Safe	69	32	37
2562	30 Nov 2015 16:27:39	USB Connected			

<b>Seq #</b>	<b>Local Time</b> [DD:MM:YYYY hh:mm:ss]	<b>Event</b> [Event Type]	<b>Duration</b> [Seconds]	<b>Temp</b> [Degrees Celcius]	<b>Batt Remaining</b> [%]
2563	30 Nov 2015 16:46:37	Time Sync	30 Nov 2015 16:32:52 to 30 Nov 2015 16:46:37		
2564	30 Nov 2015 17:08:54	Time Sync	30 Nov 2015 17:08:53 to 30 Nov 2015 17:08:54		

**Camera Information**

**Serial** V21000934  
**Model** TASER CAM HD  
**Firmware Version** 0.30.0

**Report Created**

30 Nov 2015 18:04:47

**Local Timezone**

Eastern Standard Time (UTC -05:00)

**Videos**

#	Title	Local Time [DD:MM:YYYY hh:mm:ss]	Duration [Seconds]
1	X13000973-0626	30 Nov 2015 01:33:07	66
2	X13000973-0625	30 Nov 2015 01:32:13	50
3	X13000973-0624	30 Nov 2015 01:32:01	5
4	X13000973-0623	29 Nov 2015 22:51:58	7
5	X13000973-0622	26 Nov 2015 07:01:24	4
6	X13000973-0621	24 Nov 2015 07:08:54	1
7	X13000973-0620	23 Nov 2015 15:22:04	6
8	X13000973-0619	23 Nov 2015 00:06:17	1
9	X13000973-0618	22 Nov 2015 06:57:42	4
10	X13000973-0617	21 Nov 2015 06:54:28	13
11	X13000973-0616	20 Nov 2015 14:53:39	8
12	X13000973-0615	19 Nov 2015 07:10:37	5
13	X13000973-0614	17 Nov 2015 22:59:01	7
14	X13000973-0613	17 Nov 2015 11:07:48	2
15	X13000973-0612	15 Nov 2015 15:04:59	1
16	X13000973-0611	14 Nov 2015 23:08:40	6
17	X13000973-0610	14 Nov 2015 07:02:24	4
18	X13000973-0609	13 Nov 2015 15:03:05	6
19	X13000973-0608	11 Nov 2015 09:06:27	4
20	X13000973-0607	10 Nov 2015 23:01:21	7
21	X13000973-0606	10 Nov 2015 14:51:53	5
22	X13000973-0605	07 Nov 2015 07:01:14	2
23	X13000973-0604	06 Nov 2015 07:03:11	5
24	X13000973-0603	05 Nov 2015 15:08:22	6
25	X13000973-0602	05 Nov 2015 00:16:59	5
26	X13000973-0601	03 Nov 2015 07:57:10	5
27	X13000973-0600	01 Nov 2015 08:47:03	4
28	X13000973-0599	31 Oct 2015 07:01:44	1
29	X13000973-0598	30 Oct 2015 06:58:25	4
30	X13000973-0597	28 Oct 2015 15:09:50	5
31	X13000973-0596	27 Oct 2015 23:39:34	5
32	X13000973-0595	27 Oct 2015 14:36:22	12
33	X13000973-0594	26 Oct 2015 23:08:41	6
34	X13000973-0593	26 Oct 2015 15:05:13	5
35	X13000973-0592	25 Oct 2015 07:11:10	5
36	X13000973-0591	24 Oct 2015 22:55:03	6
37	X13000973-0590	23 Oct 2015 14:56:41	7
38	X13000973-0589	21 Oct 2015 16:39:15	4
39	X13000973-0588	21 Oct 2015 15:04:32	1
40	X13000973-0587	18 Oct 2015 14:58:50	1

STATE OF NEW YORK  
 DEPARTMENT OF HEALTH  
 VITAL RECORDS SECTION

Medical/Burial Death Correction Report

Name of Deceased <i>Joseph Seguin</i>		Date of Death MONTH DAY YEAR <i>11 30 15</i>		Place of Death <i>Carmel Putnam</i>	
20A.1 <input type="checkbox"/> BURIAL 2 <input type="checkbox"/> CREMATION 3 <input type="checkbox"/> REMOVAL 4 <input type="checkbox"/> HOLD 5 <input type="checkbox"/> DONATION 6 <input type="checkbox"/> ANATOMICAL GIFT		20B. PLACE OF BURIAL, CREMATION, REMOVAL OR OTHER DISPOSITION:		20C. LOCATION; (City or town and state)	
21A. NAME AND ADDRESS OF FUNERAL HOME:		21B. REGISTRATION NUMBER:		21C. REGISTRATION NUMBER:	
22A. NAME OF FUNERAL DIRECTOR:		22B. SIGNATURE OF FUNERAL DIRECTOR:		22C. REGISTRATION NUMBER:	
23A. SIGNATURE OF REGISTRAR:		23B. DATE FILED: MONTH DAY YEAR		24A. BURIAL OR REMOVAL PERMIT ISSUED BY:	
24B. DATE ISSUED: MONTH DAY YEAR		25A. CERTIFICATION: To the best of my knowledge, death occurred at the time, date and place and due to the causes stated.		Certifier's Name: License No.: Signature: Month Day Year	
Certifier's Title: 0 <input type="checkbox"/> Attending Physician 0 <input type="checkbox"/> Physician acting on behalf of Attending Physician 1 <input type="checkbox"/> Coroner 2 <input type="checkbox"/> Medical Examiner / Deputy Medical Examiner		Address:		25B. If coroner is not a physician, enter Coroner's Physician's name & title: License No.: Signature: Month Day Year	
25C. If certifier is not attending physician, enter Attending Physician's name & title: License No.: Address:		26A. Attending physician attended deceased: FROM MONTH DAY YEAR TO MONTH DAY YEAR		26B. Deceased last seen alive by attending physician: MONTH DAY YEAR	
26C. Pronounced Dead by M.E. or Coroner: ON MONTH DAY YEAR AT MONTH DAY YEAR		27. MANNER OF DEATH: NATURAL CAUSE <input type="checkbox"/> 1 ACCIDENT <input checked="" type="checkbox"/> 2 HOMICIDE <input type="checkbox"/> 3 SUICIDE <input type="checkbox"/> 4 UNDETERMINED CIRCUMSTANCES <input type="checkbox"/> 5 PENDING INVESTIGATION <input type="checkbox"/> 6		28. WAS CASE REFERRED TO CORONER OR MEDICAL EXAMINER? 0 <input type="checkbox"/> NO 1 <input type="checkbox"/> YES	
28A. AUTOPSY? NO <input type="checkbox"/> 0 YES <input type="checkbox"/> 1 REFUSED <input type="checkbox"/> 2		28B. IF YES, WERE FINDINGS USED TO DETERMINE CAUSE OF DEATH? NO <input type="checkbox"/> 0 YES <input type="checkbox"/> 1		CONFIDENTIAL SEE INSTRUCTION SHEET FOR COMPLETING CAUSE OF DEATH CONFIDENTIAL	
30. DEATH WAS CAUSED BY: ENTER ONLY ONE CAUSE PER LINE FOR (A), (B) AND (C).		PART I. IMMEDIATE CAUSE: (A) <i>Cardiac arrest during excited state</i>		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
DUE TO OR AS A CONSEQUENCE OF: (B) <i>While under the influence of Phencyclidine,</i>		DUE TO OR AS A CONSEQUENCE OF: (C) <i>after being Tased + handcuffed</i>		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (A):	
31A. IF INJURY, DATE: MONTH DAY YEAR		31B. INJURY LOCALITY: (City or town and county and state)		31C. DESCRIBE HOW INJURY OCCURRED:	
31D. PLACE OF INJURY:		31E. INJURY AT WORK? NO <input type="checkbox"/> 0 YES <input type="checkbox"/> 1		31F. IF TRANSPORTATION INJURY, SPECIFY: 1 <input type="checkbox"/> Driver/Operator 2 <input type="checkbox"/> Passenger 3 <input type="checkbox"/> Pedestrian 4 <input type="checkbox"/> OTHER (specify)	
32. WAS DECEDENT HOSPITALIZED IN LAST 2 MONTHS? NO <input type="checkbox"/> 0 YES <input type="checkbox"/> 1		33A. IF FEMALE: 0 <input type="checkbox"/> Not pregnant within last year 1 <input type="checkbox"/> Pregnant at time of death 2 <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death 3 <input type="checkbox"/> Not pregnant, but pregnant 45 days to 1 year before death 4 <input type="checkbox"/> Unknown if pregnant within last year		33B. DATE OF DELIVERY: MONTH DAY YEAR	

Affirmation to be completed by Funeral Director (Item 20A-24B) or Certifying Physician (Item 25A-33B):

I affirm under penalties for perjury that the information given in the facsimile of the certificate of death for the deceased person identified above is true and correct information to be added to the original certificate of death and the local registrar's record.

Signature <i>Michael [Signature]</i>	Title or Relationship to Deceased <i>SON</i>	Date <i>3/22/16</i>
---	---	------------------------

To be completed by registrar of vital statistics:

The above information has been added to the local record of death on file in this office.

Registrar's Signature	District Number	Date
-----------------------	-----------------	------

Department of Pathology  
670 Stoneleigh Avenue  
Carmel, NY 10512  
Phone: 845-279-5711 x3243 Fax: 845-279-2513  
Putnam County Coroner Autopsy

**MEDICAL EXAMINER AUTOPSY REPORT**

~~\*Preliminary\*~~

<b>Patient:</b> Seguin, Joseph	<b>Accession #:</b> PM15-68	
<b>MR #:</b> A03111977	<b>Diener:</b> Joseph Malakian	<b>Expired:</b> 11/30/2015 02:40
<b>Billing #:</b>	<b>Pathologist:</b> Ashar Kunjlata M.D.	<b>Autopsy:</b> 11/30/2015 18:40
<b>DOB/ Sex:</b> [REDACTED] (Age: 38) M	<b>Submitting Phys:</b> Ashar Kunjlata M.D.	<b>Reported:</b>
<b>Copies To:</b>		

**Coroner:** Michael Nesheiwat, MD

**Present at Autopsy:**

Joseph Malakian, Diener.  
Detective Sergeant Nagel, Carmel Police Department.  
Detective Lopiccolo, Carmel Police Department.

**FINAL ANATOMIC DIAGNOSIS**

- I. CARDIOMEGALY, HEART WEIGHT = 510 GRAMS.
- II. PULMONARY EDEMA AND CONGESTION.
- III. TASER PROBE MARKS ON THE LEFT SIDE OF THE ABDOMEN.

**TOXICOLOGY:**

SAMPLES OF BLOOD FROM FEMORAL VEIN ARE SUBMITTED FOR DRUG AND ALCOHOL ANALYSIS.

SAMPLE OF BLOOD, URINE, VITREOUS HUMOR, STOMACH CONTENTS, PORTIONS OF LIVER AND BRAIN ARE SAVED.

**HISTOLOGY:**

THE TISSUES ARE SAVED.

**PHOTOGRAPHS:**

PHOTOGRAPHS ARE TAKEN BY DETECTIVE SERGEANT NAGEL.

**CAUSE OF DEATH:**

CARDIAC ARREST DURING AN EXCITED STATE, WHILE UNDER THE INFLUENCE OF PHENCYCLIDINE, AFTER BEING TASED AND HANDCUFFED.

*Kunjlata Ashar MD*

**Gross Description**

**EXTERNAL DESCRIPTION:**

The body is received clad in a hospital gown with the following therapeutic procedures:

- I. An endotracheal tube is present in the mouth.
- II. EKG patches are present over the chest and abdomen.
- III. Defibrillator pads are present over the chest.
- IV. The left wrist has a hospital identification bracelet with the deceased's name on it.
- V. The left big toe has a tan colored tag with the deceased's name on it.
- VI. An intravenous catheter is present on the ventral surface of the right forearm.

A coiled up taser is present in the bag which is given to Detective Sergeant Nagel.

The body is that of a white male measuring about 68 inches in height, weighing approximately 280 pounds and appears to be the stated age of 38 years. The body is cold and has full rigidity. Non-blanching purplish-red lividity is present on the back. The scalp hair is mainly brown and some grey. Hair is short in temporal and occipital region. The facial bones are symmetrical. The eyes show equal round pupils measuring 5 mm in diameter, blue-grey irides and slightly congested conjunctivae without petechial hemorrhages. The nasal bones are intact on inspection and palpation. The nasal septum is intact. The moustache and beard are clean shaven. Some natural teeth are present in the mouth. The external auditory canals and earlobes are unremarkable. The neck shows centrally located trachea and is free of trauma or deformity. The chest is well expanded and is symmetrical. The abdomen is moderately protuberant. The left side of the abdomen 3 inches above the umbilicus shows a puncture mark surrounded by a red ecchymosis. The puncture mark measures less than 1/16 inch in diameter and the surrounding ecchymosis is 1/8 inch in thickness. Above the left hip area in the flank is another puncture mark measuring less than 1/16 inch in diameter. The external genitalia are those of an adult male. The foreskin is short. Both upper as well as lower extremities are free of deformity. The fingernails are cyanotic. The dorsum of the left index finger below the nail shows a red abrasion measuring 1/8 inch in greatest dimension. The anterior aspect of the right upper arm in its midportion shows a blue-purple ecchymosis measuring 2 x 1 inch. The left flank has a 1/4 inch hyperpigmented hyperkeratotic skin lesion. The back shows normal curvature and is free of trauma or deformity.

**PRIMARY INCISION:**

The body is opened by the usual Y-shaped, thoracoabdominal incision. The abdominal pannus measures up to 2 3/4 inches in thickness. The pleural cavities, pericardial sac and peritoneal cavity are free of excess fluid or adhesions. All the abdominal viscera are in their usual anatomical site. The vermiform appendix is present.

The soft tissues and muscles of sides and the back of the chest are reflected through the same incision and they fail to reveal hemorrhage. Multiple incisions are placed on the inner aspect of the anterior abdominal wall and no hemorrhage is seen.

A Y-shaped incision is placed on the back and is forked over both buttocks. There is no hemorrhage in the soft tissues or muscles of the back except at the back of the left shoulder where there is 1 inch hemorrhage in the underlying muscle.

**CENTRAL NERVOUS SYSTEM:**

The scalp is reflected by the usual intermastoid coronal incision. The soft tissues of scalp are unremarkable. The underlying skull bones and dura are intact. The brain weighs 1,450 grams. The leptomeninges are thin and transparent. There is no evidence of epidural, subdural or subarachnoid hemorrhage. The sulci and gyri are unremarkable. The grey and white matter is well delineated. No lesions are seen within the brain parenchyma. The cerebellum, midbrain, pons and medulla are unremarkable. The blood vessels at the base of the brain are thin-walled and widely patent.

The soft tissues and muscles of the back of the neck in upper cervical region are reflected through the same incision and they fail to reveal hemorrhage. The tectorial membrane is incised and no hemorrhage is seen in the ligaments. There is no hemorrhage in the anterior paraspinal muscles. The cervical spine is intact on inspection and palpation.

**CARDIOVASCULAR SYSTEM:**

The heart weighs 510 grams. The epicardium contains the usual amount of adipose tissue. There is no dilatation of chambers. The valves are soft and pliable. The chordae tendinea are unremarkable. The papillary muscles are hypertrophic. The measurements of the valvular circumferences are as follows: tricuspid - 12 cm, pulmonic - 9 cm, mitral - 10 cm and aortic - 8 cm. The endocardium is smooth and glistening. The myocardium is brown and meaty. The right ventricle is 0.5 cm in thickness while the left ventricle is 1.6 cm in thickness. The coronary ostia are widely patent. The coronary arteries are normal in distribution, are thin-walled and widely patent. The aorta and its major branches reveal a few yellow streaks on the intimal surface. The inferior vena cava is unremarkable.

**NECK ORGANS:**

The hyoid bone and thyroid cartilages are intact. The strap muscles are free of hemorrhage. The thyroid is of usual adult size and has brown, colloidal parenchyma. The laryngeal and tracheal mucosa is unremarkable. No foreign material is present in their lumina.

**RESPIRATORY SYSTEM:**

The right lung weighs 910 grams while the left lung weighs 810 grams. The visceral pleura is smooth and glistening. The lung parenchyma is red, soft and oozes frothy fluid on cut surface. The bronchi and pulmonary arteries are patent.

**GASTROINTESTINAL SYSTEM:**

The esophagus is lined by intact mucosa. The stomach contains about 100 cc of dark brown liquid. No food particles are present. The gastric mucosa is intact and shows the usual rugal pattern. The duodenum is free of ulceration. The jejunum, ileum and large intestines are unremarkable. The vermiform appendix is present.

**HEPATOBIILIARY SYSTEM:**

The liver weighs 2,750 grams. Its capsule is smooth and glistening. The free edges are blunted. The cut surface shows preserved lobular architecture, is brown and is of usual consistency. The gallbladder contains about 30 cc of bile. The gallbladder mucosa is green and velvety.

**SPLEEN:**

The spleen weighs 220 grams. Its capsule is smooth and glistening. The cut surface is dark purplish-red and shows the usual trabecular and follicular pattern.

**PANCREAS:**

The pancreas lies in the usual anatomical site, is of usual adult size and has tan, lobular parenchyma.

**ADRENALS:**

The adrenals lie in their usual anatomical site, are of usual adult size and have golden yellow cortices and brown medullae.

**GENITOURINARY SYSTEM:**

Each kidney weighs 200 grams. Their capsules strip with ease. The cortical surfaces are smooth. The corticomedullary junction is well delineated. The calyces, pelves and ureters are patent. The urinary bladder contains about 200 cc of clear, yellow urine. The urinary bladder mucosa is unremarkable. The prostate is of usual adult size and is grossly unremarkable. The testes are descended in scrotum. Their cut surfaces are tan. The seminiferous tubules can be strung out with ease.

**MUSCULOSKELETAL SYSTEM:**

The muscles are well developed. No fractures are noted on inspection and palpation.

**LYMPHATIC SYSTEM:**

There is no evidence of lymphadenopathy.

Joseph Malakian

**CPT / ICD-9 Code(s)**

000

**SNOMED Code(s)**

- 1: M36100 (Congestion, nos), M36500 (Edema, nos), M71000 (Hypertrophy, nos), T28000 (Lung, nos), T32000 (Heart, nos), TY4100 (Abdomen, nos)
- 2: E5512 (Ethyl alcohol), E7000 (Drug, nos), T0X000 (Blood, nos), T49410 (Femoral vein, nos), T56000 (Liver, nos), T63000 (Stomach, nos), T7X100 (Urine), TX2000 (Brain, nos), TXX000 (Eye, nos)
- 5: F70340 (Cardiac arrest), FY1800 (Death, nos)

**Provisional Anatomic Diagnosis**

- I. CARDIOMEGALY, HEART WEIGHT = 510 GRAMS.
- II. PULMONARY EDEMA AND CONGESTION.
- III. TASER PROBE MARKS ON THE LEFT SIDE OF THE ABDOMEN.

**TOXICOLOGY:**

SAMPLES OF BLOOD FROM FEMORAL VEIN ARE SUBMITTED FOR DRUG AND ALCOHOL ANALYSIS.  
SAMPLE OF BLOOD, URINE, VITREOUS HUMOR, STOMACH CONTENTS, PORTIONS OF LIVER AND BRAIN ARE SAVED.

**HISTOLOGY:**

THE TISSUES ARE SAVED.

**PHOTOGRAPHS:**

PHOTOGRAPHS ARE TAKEN BY DETECTIVE SERGEANT NAGEL.

**CAUSE OF DEATH:**

PENDING FURTHER STUDY.

Electronically Signed By: Kunjlata Ashar, M.D., proxy for Ashar Kunjlata M.D.

Date/Time Reported: 12/28/2015 18:27:57



**NMS Labs**

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Robert A. Middleberg, PhD, F-ABFT, DABCC-TC, Laboratory Director

Autopsy Report 006  
**CONFIDENTIAL**

**Toxicology Report**

Report Issued 12/15/2015 08:59

Patient Name SEGUIN, JOSEPH  
Patient ID PME 15-68  
Chain 11891274  
Age 38 Y DOB [REDACTED]  
Gender Male  
Workorder 15362418

Page 1 of 6

To: 10001  
Putnam County Coroner's Office  
Attn: Dr. Michael J. Nesheiwat  
112 Old Route 6  
Carmel, NY 10512

**Positive Findings:**

<u>Compound</u>	<u>Result</u>	<u>Units</u>	<u>Matrix Source</u>
Naloxone	Positive	ng/mL	001 - Peripheral Blood
Nicotine	Positive	ng/mL	001 - Peripheral Blood
Phencyclidine	350	ng/mL	001 - Peripheral Blood
Buprenorphine - Free	3.4	ng/mL	001 - Peripheral Blood
Norbuprenorphine - Free	5.4	ng/mL	001 - Peripheral Blood
Amphetamine	150	ng/mL	001 - Peripheral Blood
Chlorpromazine	42	ng/mL	001 - Peripheral Blood
Fluoxetine	1600	ng/mL	001 - Peripheral Blood
Norfluoxetine	1000	ng/mL	001 - Peripheral Blood

See Detailed Findings section for additional information

**Testing Requested:**

<u>Analysis Code</u>	<u>Description</u>
8052B	Postmortem Toxicology - Expanded, Blood (Forensic)

**Specimens Received:**

<u>ID</u>	<u>Tube/Container</u>	<u>Volume/ Mass</u>	<u>Collection Date/Time</u>	<u>Matrix Source</u>	<u>Miscellaneous Information</u>
001	Gray Vial	4.75 mL	11/30/2015 19:00	Peripheral Blood	
002	Gray Vial	4.4 mL	11/30/2015 19:00	Peripheral Blood	
003	Red Vial	8.75 mL	11/30/2015 19:00	Peripheral Blood	
004	Red Vial	8.25 mL	11/30/2015 19:00	Peripheral Blood	

All sample volumes/weights are approximations.  
Specimens received on 12/02/2015.



Detailed Findings:

Analysis and Comments	Result	Units	Rpt. Limit	Specimen Source	Analysis By
Naloxone	Positive	ng/mL	1.0	001 - Peripheral Blood	LC/TOF-MS
Nicotine	Positive	ng/mL	100	001 - Peripheral Blood	LC/TOF-MS
Phencyclidine	350	ng/mL	5.0	001 - Peripheral Blood	LC-MS/MS
Buprenorphine - Free	3.4	ng/mL	0.50	001 - Peripheral Blood	LC-MS/MS
Norbuprenorphine - Free	5.4	ng/mL	0.50	001 - Peripheral Blood	LC-MS/MS
Amphetamine	150	ng/mL	5.0	001 - Peripheral Blood	LC-MS/MS
Chlorpromazine	42	ng/mL	20	001 - Peripheral Blood	GC
Fluoxetine	1600	ng/mL	20	001 - Peripheral Blood	GC
Norfluoxetine	1000	ng/mL	20	001 - Peripheral Blood	GC

Other than the above findings, examination of the specimen(s) submitted did not reveal any positive findings of toxicological significance by procedures outlined in the accompanying Analysis Summary.

Reference Comments:

1. Amphetamine (Benzphetamine Metabolite) - Peripheral Blood:

Amphetamine (Adderall, Dexedrine) is a Schedule II phenethylamine CNS-stimulant. It is used therapeutically in the treatment of narcolepsy and obesity and also in the treatment of hyperactivity in children. Amphetamine has a high potential for abuse. When used in therapy, initial doses should be small and increased gradually. In the treatment of narcolepsy, amphetamine is administered in daily divided doses of 5 to 60 mg. For obesity and children with attention deficits, usual dosage is 5 or 10 mg daily.

Following a single oral dose of 10 mg amphetamine sulfate, a reported peak blood concentration of 40 ng/mL was reached at 2 hr. Following a single 30 mg dose to adults, an average peak plasma level of 100 ng/mL was reported at 2.5 hr. A steady-state blood level of 2000 - 3000 ng/mL was reported in an addict who consumed approximately 1000 mg daily.

Overdose with amphetamine can produce restlessness, hyperthermia, convulsions, hallucinations, respiratory and/or cardiac failure. Reported blood concentrations in amphetamine-related fatalities ranged from 500 - 41000 ng/mL (mean, 9000 ng/mL). Amphetamine is also a metabolite of methamphetamine, benzphetamine and selegiline.

2. Buprenorphine - Free (Buprenex) - Peripheral Blood:

Buprenorphine is a Schedule III controlled synthetic opioid that has both analgesic and opioid antagonist effects. Clinically it is used for pain treatment and as a pharmacotherapy for opioid dependence. Because buprenorphine has mixed agonist-antagonist activity, there is a ceiling to the subjective and adverse effects of the drug. Buprenorphine is metabolized in the liver by N-dealkylation to inactive norbuprenorphine and both buprenorphine and norbuprenorphine undergo glucuronide conjugation.

Sublingual tablets are commonly prescribed as a combination of buprenorphine and naloxone to discourage intravenous administration. Typical doses are 12 to 16 mg buprenorphine per day, although higher doses can be prescribed. Maximum plasma buprenorphine concentrations in patients maintained on varying buprenorphine doses were:  
2 mg/day: 0.3 +/- 0.1 ng/mL  
16 mg/day: 6.3 +/- 0.9 ng/mL  
32 mg/day: 13 +/- 4.2 ng/mL

Symptoms of overdose include confusion, dizziness, respiratory depression and lethargy. While buprenorphine is well tolerated, even at high doses, fatal interactions with benzodiazepines have been reported. In 20 fatalities where buprenorphine was detected, blood concentrations were 1.1 - 29 ng/mL (mean=8.4 ng/mL). Other drugs were present in 19 cases, 18 of which were positive for benzodiazepines, primarily nordiazepam. The blood to plasma ratio of buprenorphine is approximately 1.0 - 1.4.

**Reference Comments:****3. Chlorpromazine (Thorazine®) - Peripheral Blood:**

Chlorpromazine is the prototype of the major phenothiazine tranquilizers, and is used for the symptomatic management of psychotic disorders, and the treatment of severe behavioral problems in children. It is also used for the prevention and treatment of nausea and vomiting.

Chlorpromazine has an average half-life of 18 - 30 hours (range 7 to 119 hours). Thirteen schizophrenic patients receiving 150 mg/day chlorpromazine achieved average peak blood concentrations following a 50 mg test dose of 19 ng/mL (SD 10 ng/mL). A patient receiving 500 mg/day achieved a peak blood concentration of 22 ng/mL. These considerable variations likely reflect genetic differences in metabolism.

Toxic symptoms of chlorpromazine are manifest at levels in excess of 500 ng/mL. Deaths due to excessive concentrations of the substance are rare but do occur at concentrations in excess of 2000 ng/mL. A syndrome known as 'phenothiazine sudden death' has been seen in subjects receiving large daily doses of the medication.

**4. Fluoxetine (Prozac®) - Peripheral Blood:**

Fluoxetine is a chemically-atypical antidepressant used to help control major depressive disorders. Norfluoxetine, the major metabolite of fluoxetine, is also active pharmacologically. Recommended daily doses range between 20 to 80 mg.

Following a single 40 mg dose, reported peak plasma levels were between 20 - 60 ng/mL after 6 to 8 hr. Chronic daily doses of 40 mg for 1 month produced reported plasma concentrations ranging from 90 - 300 ng/mL for fluoxetine and 70 - 300 ng/mL for norfluoxetine. There is, however, no clear relationship between plasma concentrations of fluoxetine and/or norfluoxetine and efficacy.

Toxicity with fluoxetine is not routinely observed at pre-mortem combined concentrations of fluoxetine and norfluoxetine below 2000 ng/mL. Concentrations much greater than 2000 ng/mL are not necessarily fatal. There have been reports of survived overdose involving fluoxetine with combined blood or plasma concentrations of parent compound and metabolite over 4000 ng/mL. In deaths attributable to fluoxetine overdose, reported blood or plasma combined concentrations range from 2000 - 11000 ng/mL.

**5. Naloxone (Narcan®) - Peripheral Blood:**

Naloxone is a narcotic antagonist used to counter the central nervous system depression effects of opioids, including respiratory depression. It is also used for the diagnosis of suspected acute opioid overdosage. Naloxone is available as a 0.4 mg/mL solution of the hydrochloride for parenteral injection.

Naloxone is also available in combination with buprenorphine (Suboxone®) for the treatment of opioid dependence. This combination is available in tablets of 2 mg buprenorphine with 0.5 mg naloxone or 8 mg buprenorphine with 2 mg of naloxone for sublingual administration.

The reported qualitative result for this substance was based upon a single analysis only. If confirmation testing is required please contact the laboratory.

**6. Nicotine - Peripheral Blood:**

Nicotine is a potent alkaloid found in tobacco leaves at about 2 - 8% by weight. It is also reportedly found in various fruits, vegetables and tubers, e.g., tomatoes and potatoes, but at a smaller per weight fraction. As a natural constituent of tobacco, nicotine is found in all commonly used smoking or chewing tobacco products. It is also in smoking cessation products. Nicotine has been used as a pesticide, although not as widely since the advent of more effective agents.

Nicotine is extensively metabolized, the primary reported metabolite is the oxidative product cotinine. Many factors influence the levels found in an individual, including: frequency of use; amount of nicotine exposed to; route of administration; etc.

**Reference Comments:**

Toxic effects of nicotine overdose include nausea, vomiting, dizziness, sweating, miosis, EEG and ECG changes, tachycardia, hypertension, respiratory failure, seizures and death. Death from nicotine exposure usually results from either a block of neuromuscular transmission in respiratory muscles or from seizures.

Anabasine is a natural product occurring in tobacco, but not in pharmaceutical nicotine. A separate test for anabasine in urine can be used to distinguish tobacco from pharmaceutical nicotine use.

The reported qualitative result for this substance was based upon a single analysis only. If confirmation testing is required please contact the laboratory.

**7. Norbuprenorphine - Free (Buprenorphine Metabolite) - Peripheral Blood:**

Buprenorphine is a Schedule III controlled synthetic opioid that has both analgesic and opioid antagonist effects. Clinically it is used for pain treatment and as a pharmacotherapy for opioid dependence. Because buprenorphine has mixed agonist-antagonist activity, there is a ceiling to the subjective and adverse effects of the drug. Buprenorphine is metabolized in the liver by N-dealkylation to inactive norbuprenorphine and both buprenorphine and norbuprenorphine undergo glucuronide conjugation.

Sublingual tablets are commonly prescribed as a combination of buprenorphine and naloxone to discourage intravenous administration. Typical doses are 12 to 16 mg buprenorphine per day, although higher doses can be prescribed. Maximum plasma buprenorphine concentrations in patients maintained on varying buprenorphine doses were:

2 mg/day: 0.3 +/- 0.1 ng/mL  
16 mg/day: 6.3 +/- 0.9 ng/mL  
32 mg/day: 13 +/- 4.2 ng/mL

Symptoms of overdose include confusion, dizziness, respiratory depression and lethargy. While buprenorphine is well tolerated, even at high doses, fatal interactions with benzodiazepines have been reported. In 20 fatalities where buprenorphine was detected, blood concentrations were 1.1 - 29 ng/mL (mean=8.4 ng/mL). Other drugs were present in 19 cases, 18 of which were positive for benzodiazepines, primarily nordiazepam. The blood to plasma ratio of buprenorphine is approximately 1.0 - 1.4.

**8. Norfluoxetine (Fluoxetine Metabolite) - Peripheral Blood:**

Daily therapy with 40 mg fluoxetine/day: Steady-state concentration at 4 to 8 hr after dosing ranges from 72 - 258 ng/mL serum.

**9. Phencyclidine (Angel Dust; PCP; Sperm) - Peripheral Blood:**

Phencyclidine (PCP) is a DEA Schedule II controlled dangerous hallucinogenic drug. There exists a dearth of pharmacokinetic data of PCP usage in humans; however, it has been reported that blood levels of phencyclidine ranged from 7 - 240 ng/mL (mean, 75 ng/mL) in individuals stopped for driving under the influence of drugs or for being intoxicated in public.

Ataxia, agitation, combativeness, seizures, spasticity, coma and respiratory depression are associated with phencyclidine concentrations ranging from 90 - 220 ng/mL plasma.

The physiological effects of PCP can be classified as low or high dose. In low doses, PCP can elicit visual disturbances, drowsiness, agitation, hallucinations, aggressiveness, increased pulse rate and blood pressure, bronchospasm, increased respiratory rate and hyperthermia. In high doses, PCP can elicit convulsions, opisthotonos, coma, arrhythmias, decreased blood pressure and respirations and rhabdomyolysis.

There appears to be no relation between plasma levels of phencyclidine and degree of intoxication. Even so, death has been reported following the use of only 120 mg of phencyclidine. Blood concentrations in phencyclidine-related fatalities have been reported to range from 300 - 25000 ng/mL (mean, 5000 ng/mL).

Unless alternate arrangements are made by you, the remainder of the submitted specimens will be discarded six (6) months from the date of this report; and generated data will be discarded five (5) years from the date the analyses were performed.



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Workorder 15362418  
Chain 11891274  
Patient ID PME 15-68

Autopsy Report 010

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Workorder 15362418 was electronically signed on 12/15/2015 08:44 by:

Susan Crookham,  
Certifying Scientist

**Analysis Summary and Reporting Limits:**

All of the following tests were performed for this case. For each test, the compounds listed were included in the scope. The Reporting Limit listed for each compound represents the lowest concentration of the compound that will be reported as being positive. If the compound is listed as None Detected, it is not present above the Reporting Limit. Please refer to the Positive Findings section of the report for those compounds that were identified as being present.

**Acode 50017B - Phencyclidine Confirmation, Blood (Forensic) - Peripheral Blood**

-Analysis by High Performance Liquid Chromatography/  
TandemMass Spectrometry (LC-MS/MS) for:

<u>Compound</u>	<u>Rpt. Limit</u>	<u>Compound</u>	<u>Rpt. Limit</u>
Phencyclidine	5.0 ng/mL		

**Acode 52407B - Synthetic Opioids - Free (Unconjugated) Confirmation, Blood (Forensic) - Peripheral Blood**

-Analysis by High Performance Liquid Chromatography/  
TandemMass Spectrometry (LC-MS/MS) for:

<u>Compound</u>	<u>Rpt. Limit</u>	<u>Compound</u>	<u>Rpt. Limit</u>
Buprenorphine - Free	0.50 ng/mL	Nalbuphine - Free	0.50 ng/mL
Butorphanol - Free	0.50 ng/mL	Norbuprenorphine - Free	0.50 ng/mL

**Acode 52409B - Amphetamines Confirmation, Blood (Forensic) - Peripheral Blood**

-Analysis by High Performance Liquid Chromatography/  
TandemMass Spectrometry (LC-MS/MS) for:

<u>Compound</u>	<u>Rpt. Limit</u>	<u>Compound</u>	<u>Rpt. Limit</u>
Amphetamine	5.0 ng/mL	Phendimetrazine	10 ng/mL
Ephedrine	5.0 ng/mL	Phenmetrazine	5.0 ng/mL
MDA	5.0 ng/mL	Phentermine	10 ng/mL
MDEA	10 ng/mL	Phenylpropanolamine	5.0 ng/mL
Methamphetamine	5.0 ng/mL	Pseudoephedrine	5.0 ng/mL
Norpseudoephedrine	5.0 ng/mL		

**Acode 52450B - GC Confirmation Set 1, Blood (Forensic) - Peripheral Blood**

-Analysis by Gas Chromatography (GC) for:

<u>Compound</u>	<u>Rpt. Limit</u>	<u>Compound</u>	<u>Rpt. Limit</u>
Amitriptyline	20 ng/mL	Fluoxetine	20 ng/mL
Amoxapine	20 ng/mL	Maprotiline	20 ng/mL
Brompheniramine	40 ng/mL	Mirtazapine	10 ng/mL
Chlorpromazine	20 ng/mL	Norfluoxetine	20 ng/mL
Clomipramine	20 ng/mL	Nortriptyline	20 ng/mL
Desmethylclomipramine	20 ng/mL	Pentazocine	20 ng/mL
Desmethyldoxepin	20 ng/mL	Pheniramine	40 ng/mL
Doxepin	20 ng/mL	Trazodone	0.20 mcg/mL
Doxylamine	100 ng/mL	Verapamil	20 ng/mL



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Workorder 15362418  
Chain 11891274  
Patient ID PME 15-68

Autopsy Report 011

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**Analysis Summary and Reporting Limits:**

Acode 8052B - Postmortem Toxicology - Expanded, Blood (Forensic) - Peripheral Blood

-Analysis by Enzyme-Linked Immunosorbent Assay (ELISA) for:

<u>Compound</u>	<u>Rpt. Limit</u>	<u>Compound</u>	<u>Rpt. Limit</u>
Barbiturates	0.040 mcg/mL	Salicylates	120 mcg/mL
Cannabinoids	10 ng/mL		

-Analysis by Headspace Gas Chromatography (GC) for:

<u>Compound</u>	<u>Rpt. Limit</u>	<u>Compound</u>	<u>Rpt. Limit</u>
Acetone	5.0 mg/dL	Isopropanol	5.0 mg/dL
Ethanol	10 mg/dL	Methanol	5.0 mg/dL

-Analysis by High Performance Liquid Chromatography/

Time of Flight-Mass Spectrometry (LC/TOF-MS) for: The following is a general list of compound classes included in this screen. The detection of any specific analyte is concentration-dependent. Note, not all known analytes in each specified compound class are included. Some specific analytes outside these classes are also included.

For a detailed list of all analytes and reporting limits, please contact NMS Labs.

Amphetamines, Anticonvulsants, Antidepressants, Antihistamines, Antipsychotic Agents, Benzodiazepines, CNS Stimulants, Cocaine and Metabolites, Hallucinogens, Hypnotics, Hypoglycemics, Muscle Relaxants, Non-Steroidal Anti-Inflammatory Agents, Opiates and Opioids.