TASER International recently held two conference calls to discuss Training Bulletin 15.0. We have prepared this Conference Call Summary in response to requests we have received from law enforcement personnel that were unable to participate in these calls.

Are chest shots "dangerous"?

No - Field data gathered over the past decade, including a large percentage of TASER probe strikes to the chest, indicate that TASER devices have a lower risk of injury than other force options (chemical sprays carry a similarly low risk of injury).

In a recent letter to the editor of the Annals of Emergency Medicine, Dr. William Bozeman (an Emergency Room Physician who has performed studies funded by the U.S. Department of Justice) notes:

> The UK has recorded 4,046 consecutive Taser uses overall and 1330 cases in which conducted electrical weapons were discharged and an electrical shock was delivered.
> Clinical outcomes were assessed; in none of the cases was there a death attributed to the conducted electrical weapon use and in particular there were no sudden fatal collapses suggestive of a cardiac dysrhythmia…
>
> When this experience is combined with previous reports of medical outcomes after consecutive field use of conducted electrical weapons, including Eastman et al (n_426), Bozeman et al (n_1201), and a recent abstract by Angelidis et al (n_1101), there is a combined experience of 4,058 consecutively monitored conducted electrical weapon uses with an electrical shock delivered.2-4 Serious injuries are clearly rare, and there are no cases in any of the reports suggesting sudden cardiac death related to the Taser. While these findings of zero observed fatalities neither fully exclude the possibility of conducted electrical weapons having cardiac effects nor diminish the importance of that possibility, they do allow calculation of a 97.5% confidence interval that the risk of an immediate fatal event due to conducted electrical weapon use is not greater than 0.09%.

-Bozeman, W P., Annals of Emergency Medicine Volume Vol. 54, No. 5.: November 2009

Further, one of the more prominent expert witness hired by plaintiffs against TASER estimates the probability of Ventricular Fibrillation from a TASER strike to be 0.0000061, or 1 in 163,934.

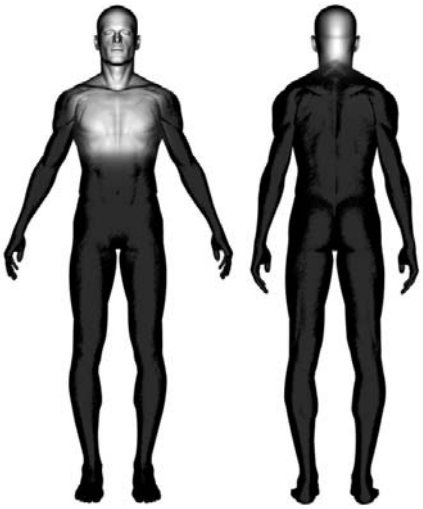
"The research data does not support the chest as being a consistently dangerous area to apply a TASER device to. There have been cases of arrhythmia induction in small swine and I would not say that the risk of this is zero in a human but I would say that the human research and field surveillance data of chest applications does not support that this is consistently happening so the risk would be very, very small."
-Dr. Jeff Ho, TASER Medical Director.

Why did TASER Recommend Lowering the Preferred Target Area?

TASER has recommended lowering the preferred target area to lower center of mass (below the sternum) for the following reasons:

1. When possible, avoiding chest shots with ECDs avoids the controversy about whether ECDs do or do not affect the human heart.
2. For frontal shots, ECDs have been found to be more effective if the probes are in the abdominal to pelvic region rather than in the sternum / chest (more nerves, more muscle, and critical balance functions in the mid body)
3. We believe this recommendation will improve the effective use of TASER ECDs while further increasing safety margins and enhancing the ability to defend such cases in post-event legal proceedings.
4. Back shots remain the preferred area when practical.

The darker area in the target man below represents the preferred target area. It should be noted that this new preferred target zone is not much lower than the 10 ring in the commonly used B-27 target which is just below the top of the preferred target zone. Also, many agencies have been teaching to split the belt line with TASER deployments to achieve maximum effectiveness and the new preferred target zone merely reinforces that training.



Please note that the recommendation for **intentionally** targeting the preferred target zone is qualified by "**when possible**" and "**unless legally justified**." These qualifiers address the reality that an arrest situation is fast moving and dynamic, and that exact shot placement in a preferred target zone is not always going to be possible. In addition, it may not even be possible to intentionally aim the ECD, but rather point and shoot. In cases where an officer may deploy a TASER ECD outside of the preferred target areas, this action will not automatically constitute an act of excessive force.

Is it permitted to hit the chest with a TASER Probe?

Yes – the new guidelines were specifically designated as a preferred target zone. It is expressly acknowledged that this is not a prohibited area. In fact, it actually recognizes that in many situations, the officer will not be able to avoid a chest shot because of movement, dynamics of the scenario, tactical issues and/or time. The Training Bulletin only recommends that when the officer has the luxury of time and can aim to place a shot, they should try to aim for the preferred target areas for maximum effectiveness with minimal risk. However, in fluid and dynamic situations, the officers should take the best shot available to them. This recommendation is all about improving the officer's odds of success while minimizing risk and potential liability.

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How does TASER's targeting recommendation affect excessive use-of-force claims?

Based on stories in the media, some inquiries have expressed concerns about whether TASER devices increase the liability exposure of a police department. However, statistics from customers and risk management agencies have actually shown reductions in use of force claims when TASER ECDs have been deployed. The reason is simple: suspects are not getting injured as often in the course of arrest.

A great example of this reduction in use of force claims after TASER deployment is from the Michigan Municipal Risk Management Authority (MMRMA). Since they began reimbursing their member agencies for purchasing TASER devices in 2003, the losses for excessive claims have fallen by over 95% - from over $7 million per year to less than $400,000 per year. Note in figure 3 that the claims expenses started to drop 2 years after the TASER deployment – which is attributable to the fact that legal claims normally take several years to adjudicate or settle.

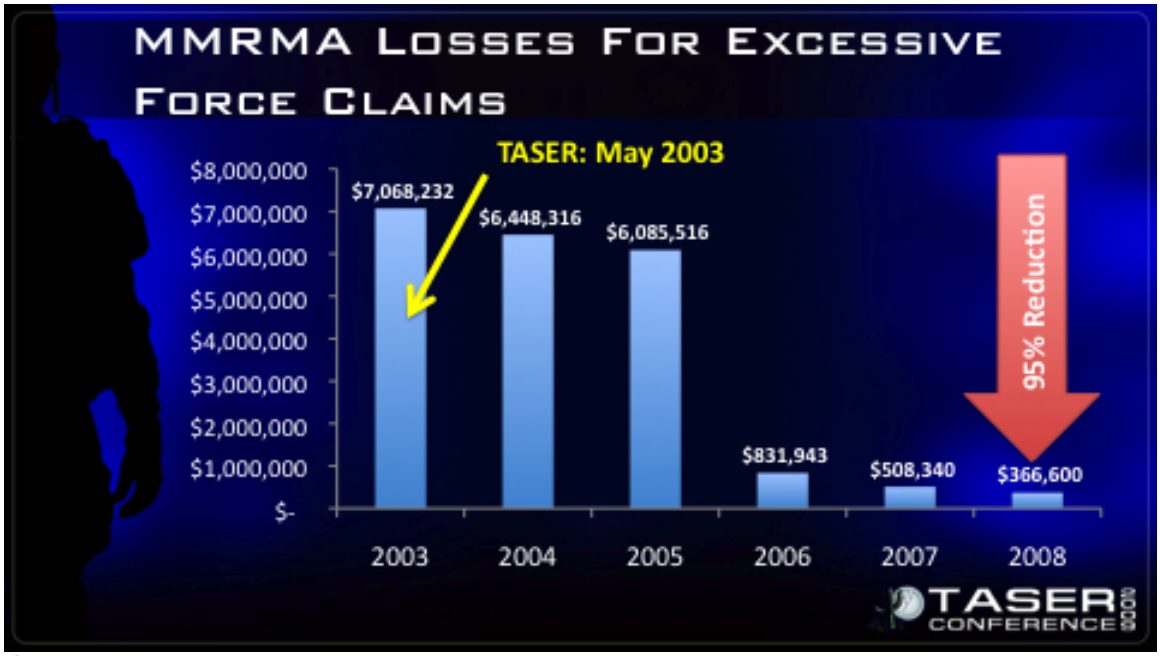

Figure 1

Note that the data above is a small sample of the field data showing that TASER devices reduce injuries and reduce risk. In addition, following are some of the reports of decreases in excessive force claims from our customers as a result of TASER deployments:

- El Paso TX: 75% reduction in force related complaints from 2003 (year prior to TASER deployment) to 2007
- Oakland County MI Sheriff's Office: Since the TASER program started in 2003, no officers or suspects have been injured during a TASER deployment and there no excessive use of force lawsuits filed.
- Syracuse Police Dept NY May 2005 – May 2007 Field Results: Complaints against police have gone way down since TASER device deployed.
- Austin (TX) Police reported excessive use-of-force complaints decreased 32.1% per 1,000 custody arrests from 2002 to 2004.

While statistics from our customers and law enforcement risk pools show that the TASER ECD has played an important role in decreasing excessive use of force claims against law enforcement, TASER International is encouraging smart use of the TASER ECD with the targeting recommendations to promote better risk management practices and to avoid **any** excessive use of force claim or litigation against law enforcement.

Law enforcement officers are required to make split-second judgments in circumstances that are fast moving, tense, uncertain, and/or fluid, and the law recognizes that the amount of force necessary may vary from one particular situation to another. TASER International's targeting recommendations do not alter an officer's ability to assess and determine the most effective use of the TASER ECD. The recommendations simply provide guidance on physical factors that an officer may

consider when deploying a TASER ECD -- much like consideration for pregnant women, persons in water, or persons on a high ledge.

In cases where an officer may deploy a TASER ECD outside of the preferred target areas, this action does not automatically constitute an act of excessive force. For example, the unintentional discharge of a TASER ECD probe to persons' head when the officer did not intentionally try to hit the suspect's head - did not support an excessive force violation. *(Wylie v. Overby*, Slip Copy, 2006 WL 1007643, E.D.Mich. April 14, 2006).

Will TASER help defend cases involving hits to the chest?

Yes we will. TASER International has a long history of successfully defending our technology and assisting in the defense of officers who have used our technology in the field. These guidelines are designed to improve overall risk-management. TASER International will continue to stand behind the extraordinary safety record of our technology, and behind the men and women who use it every day to protect life.

TASER ECDs have reduced injuries to both suspects and officers.

Law Enforcement incidents involving the use of force are inherently high-risk endeavors. Compared to alternative options, the risk of injury or death related to the use of a TASER ECD is very low – but there are no risk free options. The primary risk of injury or death related to TASER device usage are injuries related to falls – which are unavoidable. The lowering of the preferred point of aim improves effectiveness while further reducing the very low risks of adverse cardiac interaction.

Figure 1 below demonstrates the relative risk of injury associated with TASER discharges versus alternative force options.

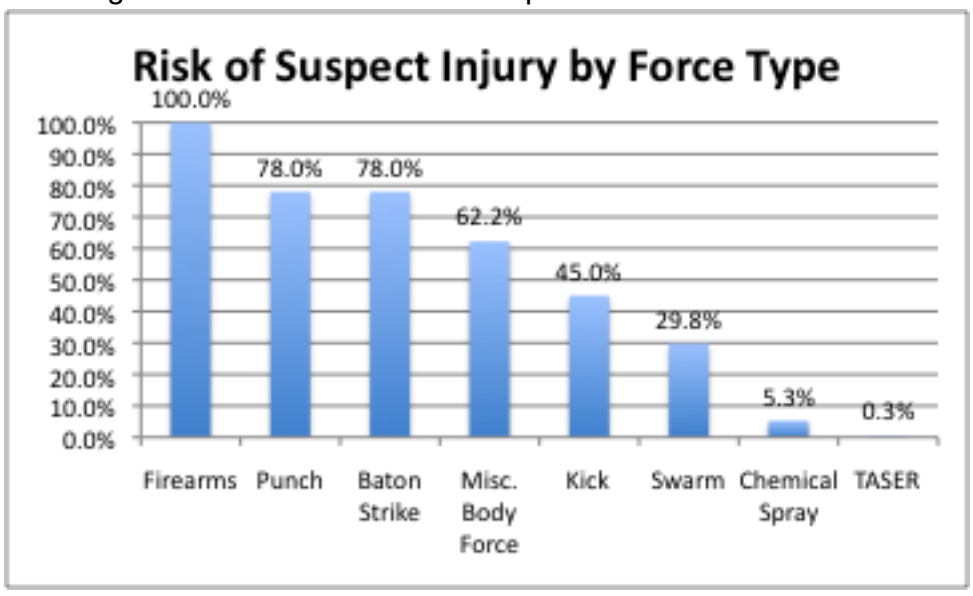

Figure 2

In addition to reducing injuries to suspects, TASER devices have also significantly reduced the risk of injury to officers. The data below is from the Houston Police Department, documenting a greater than 90% reduction in worker's compensation claims for force related injuries.

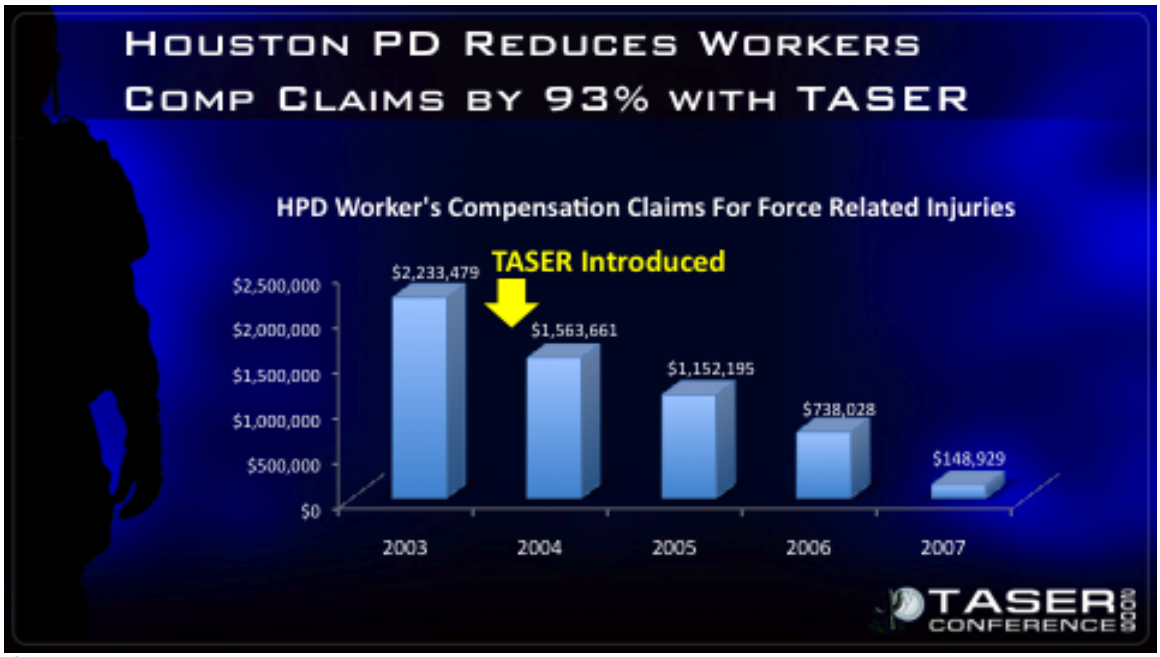

Figure 3

More Information: www.TASER.com/bulletin