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**USA: TASER-Related Deaths Increasingly Frequent;
Total Exceeds 150, Reports Amnesty International**
TASER Use Amounts to Torture in Some Cases

**USA
Amnesty International's continuing concerns
about taser use**

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Found on the Internet in February, 2007 at this address:

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USA

Amnesty International's continuing concerns about taser use

Introduction

In November 2004 Amnesty International published a report detailing its concerns about taser use in the USA, including the circumstances in which more than 70 people had died in the USA and Canada after being struck with the weapons.¹ While coroners had usually attributed the deaths to other factors, such as drug intoxication, there was increasing concern as to whether the taser could exacerbate a risk of heart failure or other adverse effects in such cases. Amnesty International also raised concern about the lack of strict guidelines governing taser use in the USA, as well as the risk of abuse inherent in electro-shock weapons which, portable and easy to use, have the capacity to inflict severe pain at the push of a button, often without leaving marks. Amnesty International called on all US police departments and authorities to suspend their deployment of tasers pending a rigorous, independent inquiry into their use and effects. It made a similar call to the Canadian authorities.² For those departments who continue to deploy tasers, Amnesty International has called for their use to be strictly limited to situations where there is an immediate threat of death or serious injury, which cannot be contained by lesser means, and where a police officer would otherwise resort to firearms to protect life.

With few exceptions, law enforcement agencies in the USA have not heeded Amnesty International's call to suspend use of tasers pending further study. In fact, more agencies have moved to adopt tasers, arguing that they are safer than many other types of force. More than 7,000 law enforcement agencies in the US, out of a total of 18,000, now count tasers as part of their arsenal. Few place tasers solely on a level of "deadly force" and some have argued that placing tasers even considerably lower on the force scale may avoid situations escalating to the level of a deadly confrontation.

However, Amnesty International believes that the mounting death toll of people struck by tasers makes the need for a full, independent and rigorous inquiry, as well as restrictions on use, more urgent than ever. More than 150 people in the USA have now died after being struck by tasers since June 2001, 61 in 2005 alone. Furthermore, the patterns of concern highlighted in AI's 2004 report continue to apply. Most of those who died were agitated and/or under the influence of drugs and most were also subjected to multiple or prolonged electro-shocks. Among taser related deaths in the past year, for example, 40 were shocked more than 3 times and one person as many as 19 times. Significantly, as this report shows,

¹ USA: Excessive and lethal force? Amnesty International's concerns about deaths and ill-treatment involving tasers AI Index: AMR 51/139/2004

² Canada: Excessive and lethal force? Amnesty International's concerns about deaths and ill-treatment involving police use of tasers AI Index: AMR 20/02/2004

recent reports have also cited the above circumstances as potential risk factors in taser use. In at least 23 cases coroners have listed the taser to be a cause or contributory factor in the death, although Amnesty International believes the true number may be even higher, given that what are now acknowledged to be possible risk factors appear to have been present in many of the cases.

Many of the deaths have also continued to involve the application of physical restraint and/or pepper spray. Any inquiry must, therefore, also examine the potential health risks from electro-shocks when used in combination with other restraints.

Given these continuing safety concerns, Amnesty International believes it is highly disturbing that tasers should continue to be used in circumstances in which the suspect is unarmed and poses no serious threat. In fact, research by Amnesty International shows that most of those who have died have been unarmed men who did not appear to pose a threat of death or serious injury when they were electro-shocked - a pattern seen in taser use across the country. Although some departments have moved to place tasers higher on the "use of force continuum", most departments still place them well below the deadly force level. In some agencies the use of these electrical weapons is allowed if a person does not comply with an officer's demands. Amnesty International is particularly concerned that vulnerable groups, such as children, the disabled, pregnant women and people with mental illnesses continue to be subjected to electric shocks from tasers. Amnesty International believes that taser use in these cases constitutes excessive force in violation of international standards which provide that officers should use only the minimum necessary force; in some cases Amnesty International believes the use of tasers has amounted to cruel, inhuman or degrading treatment, and torture.

In light of these concerns, and pending the results of a comprehensive, independent and impartial medical study, AI is reiterating its call on all police departments and authorities to suspend their use of tasers or strictly limit their use to deadly force situations as defined under international standards.³ Strict guidelines and monitoring should govern all such use.

³ These require, *inter alia*, that law enforcement officials shall, as far as possible, apply non-violent means before resorting to the use of force and firearms; exercise restraint in such use and act in proportion to the seriousness of the offence and the legitimate objective to be pursued; minimize damage and injury, and respect and preserve human life. Law enforcement officials shall not use firearms except in self-defence or the defence of others against the imminent threat of death or serious injury; in any event, intentional lethal use of firearms may only be made when strictly unavoidable to protect life.

1 – Taser related deaths pass the 150 mark

Tasers, powerful electrical weapons used by law enforcement agencies in, among other countries, the USA are designed to incapacitate by conducting 50,000 volts of electricity into a suspect. The pistol shaped weapons use compressed nitrogen gas to fire sharp darts up to 21 feet [7 m]. The darts can penetrate up to two inches [5 cm] of clothing. Electricity is then conducted down wires connecting the darts and the taser gun. The electrical pulses induce skeletal muscle spasms immobilising and incapacitating a suspect and causing them to fall to the ground. They may also be used, in “drive stun” mode, as a close up stun weapon. The “drive stun” is specifically designed for pain compliance.⁴

Since June 2001, more than 150 people have died in the USA after being shocked by a taser. Of those deaths, 85 have occurred in the USA since Amnesty International released its report (in November 2004) calling for a suspension on the use and transfer of these weapons. Amnesty International raised its concerns in its previous report that the number of taser-related deaths had been rising each year. There were three deaths reported in 2001, 13 in 2002, 17 in 2003 and 48 in 2004. In 2005 there were 61 taser-related deaths, and by the mid February 2006 there have already been 10 deaths.

As with Amnesty International’s previous report, the organisation has gathered information from press, autopsy reports and police and paramedic reports and statements from coroners’/medical examiners’ offices. Amnesty International remains concerned that the large number of deaths in the past year fall into the same pattern as those deaths which had occurred previously. Of the 152 taser related deaths documented by Amnesty International:

- Most of those who died in custody were unarmed and were not posing a serious threat to police officers, members of the public, or themselves
- Those who died were generally subjected to repeated or prolonged shocks

⁴ Taser International is the largest manufacturer of stun weapons in the US. Most of the tasers in use by US law enforcement agencies are the M26 and X26 models manufactured by Taser International. The X26 is a more powerful version of the M26, it also has different monitoring mechanisms. A Taser International representative stated that there are “40 to 50,000” M26 in the field, but that 90 to 95% of new orders are for the more powerful X26 model.

Stinger Systems (Electronic Defense Technology, LLC) announced in 2004 that it would introduce a ‘Stinger non-lethal firearm’ into the US market. Similar in design to the weapon produced by Taser International, it has a longer range and fires four darts instead of two. The Stinger does not have a “drive stun” mode. Despite its announcement that it was extending its product line, no law enforcement agencies in the US have deployed the Stinger weapon. Stinger Systems also manufactures the Ultron II stun gun, 12,000 of which are in use in the US.

- Use of the taser was often accompanied by the use of restraints and/or chemical incapacitant sprays
- Many of those who died had underlying health problems, such as heart conditions or mental illness, or were under the influence of drugs
- Most of those who died went into cardiac or respiratory arrest at the scene

Amnesty International considers that the use of the tasers in many of the cases which resulted in death was excessive, amounting in some cases to cruel, inhuman or degrading treatment. In many of the cases reviewed by AI, those who came in contact with the police were not armed, or had already been restrained.

For example, Russell Walker, aged 47, died after being tasered by Las Vegas police officers on 7 June 2005. Officers were called to a hotel at 8pm when Walker was reported as creating a disturbance. Officers tasered him when he began to struggle with them, and they then placed him in handcuffs. Once handcuffed Russell Walker again began struggling and the taser was used again. The taser was used a third and final time when Walker had been placed on a gurney⁵, and he then stopped breathing. He was pronounced dead at hospital at 9pm. Although the Las Vegas policy on tasers stipulates that they may not be used on handcuffed suspects, and may not be used multiple times, a grand jury inquest into the death of Russell Walker found that the actions of the officers were justified. The coroner in the case ruled that Russell Walker died of “heart arrhythmia during restraint procedures” and commented that the struggle with officers together with the amount of cocaine Walker had ingested was a “recipe for disaster”.

This and other cases show that tasers continue to be used where deadly force would not be considered an option. Although Walker is reported to have been exhibiting “superhuman” strength, and it took five police officers and security guards to restrain him, he had already been restrained and was on a gurney when he was tasered for the final time. The UN Basic Principles on the Use of Force and Firearms by Law Enforcement Officials, states that whenever the lawful use of force is unavoidable, law enforcement officials must “exercise restraint in such use and act in proportion to the seriousness of the offence and the legitimate objective to be achieved” (Article 5(a))⁶.

On 22 September 2005, 21 year old Patrick Lee, of Nashville, Tennessee, was ejected from a night club because he was behaving erratically. Police officers of the Metropolitan Nashville Police Department were called to the scene, by which time Patrick Lee had stripped naked, and a scuffle with the officers ensued when they attempted to restrain him. During the struggle, two tasers were used on Patrick Lee and he was shocked up to 19 times in total. The police officers called the emergency medical services when they noticed that he was having

⁵ A wheeled metal stretcher used in hospitals to transport patients

⁶ Adopted by the Eighth United Nations Congress on the Prevention of Crime and the Treatment of Offenders, Havana, Cuba, 27 August to 7 September 1990

difficulty breathing. He remained in a critical condition until he died two days later. Patrick Lee had been taking LSD and marijuana on the night that he died. His autopsy found, however, that these were not lethal doses, and that the injuries he received during the scuffle with the officers were minor cuts and bruises. The autopsy ruled that Patrick Lee died of “excited delirium”⁷. His family have since filed a lawsuit against the Metropolitan Police department and Taser International. The suit claims that the department and its chief of police “were reckless, negligent, and deliberately indifferent in their training, hiring and supervision of their police officers”.⁸

Taser International claims that their weapons do not cause deaths because, among other reasons, deaths resulting from electrocution happen instantaneously, contrary to the situation with taser use. However, Amnesty International’s research shows that in at least 44 of the 85 cases of taser related deaths since the publication of its previous report, the individuals who died went into cardiac or respiratory arrest at the scene. For example, on 26 August 2005, 40 year old Shawn Norman of Ohio ran away from Ross County Sheriff’s deputies after he had crashed his car into a tree. A spokesperson for the Sheriff’s department said that Shawn Norman refused to obey officers’ orders to stop so they used a taser gun to stop him. Several police officers wrestled with him and then tasered him again. The struggle continued until another deputy arrived and hit Norman again with a taser from behind. After being handcuffed, deputies noticed he was experiencing breathing difficulties. Shawn Norman lost consciousness and lost his pulse at the scene. He was taken to Berger Hospital, where he was pronounced dead of heart failure.

Similarly, Roberto González died after being tasered on 3 January 2006 by Waukegan Police, Texas. Police were called because 34 year old González had barricaded himself in the pantry at his sister’s home and was behaving strangely. When police arrived at his house they “repeatedly urged” Roberto González to come out of the cupboard. They then fired pepper balls into the small space to drive him out. When this weapon appeared to have no effect the officers kicked down the door of the pantry and used their taser weapons on him. When they pinned him to the ground and handcuffed him they noticed that he was no longer breathing. Attempts were made at resuscitation by the police officers, and continued by medical personnel, but González was pronounced dead when he arrived at hospital. The coroner who performed the autopsy on Roberto González contradicted officers claims that González had been cutting himself on the chest with a knife -- there were no lacerations found on his torso. As well as being in a situation where deadly force would not have been justified, Roberto González’ case also illustrates Amnesty International’s concerns over the health implications of using tasers in conjunction with chemical incapacitant sprays and restraints.

In addition to those who stopped breathing at the scene and were pronounced dead on their arrival at hospital, a significant number, like Patrick Lee, were resuscitated but went into a coma or remained in a critical condition until their death some time after being tasered.

⁷ There is no common definition of “excited delirium”, see section below on taser related research.

⁸ “Dead man’s parents sue city, Taser for \$60m” – TheTennessean.com. 18 January, 2006

1.2 Deaths in Jails

Amnesty International remains concerned that tasers continue to be used in jails and in booking areas in police stations. By definition, suspects in these places have already been restrained and are in the custody of police officers. Amnesty International believes that taser use in these situations is an inherently excessive use of force (see section below), and is concerned that nine individuals have died after being tasered in jails. For example, Daryl Dwayne Kelley died after he was tasered while a six man Emergency Response Team was attempting to move him to another cell.

Kelley, who was diagnosed with bipolar disorder, was reportedly “uncooperative” when Harris County jail staff attempted to move him to the mental health unit and the Emergency Response Team was called. The team tasered Kelley once in dart mode then several times more in drive stun mode when he remained uncooperative. Kelley was then taken to the mental health unit, where he remained conscious and was able to talk. He collapsed half an hour later, however, and died after being transferred to hospital.

Major Don McWilliams, of the Harris County Sheriff’s Office that runs the jail, stated that “all of [the officers] training protocols are designed in such a way that it is really not an issue whether or not someone is mentally ill. If they’re [disruptive] to the point that they have to be physically controlled, the method doesn’t vary”⁹. McWilliams announced that there was “no indication” that there should be a revision of the department’s use of force policies in light of Daryl Dwayne Kelley’s death, especially with regard to mentally ill inmates. He also stated that the Sheriff’s Office was “very confident that everything our employees did is in order”.

1.3 Taser related deaths and coroners’ reports.

An increasing number of coroners have begun to register tasers as either the main cause of death or as a contributory factor. Although in most cases the cause of death is listed as “excited delirium”, often as a result of cocaine intoxication, in 23 cases out of the 152 the medical examiner or coroner performing the autopsy has cited taser as a contributory factor.¹⁰ In seven cases the autopsy has listed taser as a primary cause of death and has classified the death as a homicide.

On 7 February 2005, officers from the Chicago Police Department tasered a 14 year old boy who then went into cardiac arrest. A ward of the state living at a residential treatment centre in Chicago, the boy had reportedly calmed down when police arrived in response to a report that he had become violent, threatening staff and breaking windows. When the police officers arrived, the boy stood up from a couch where he had been sitting and assumed “an aggressive stance”. Police tasered the boy and handcuffed him on the floor. When they realised he was unresponsive, paramedics were called to resuscitate him. He was taken to hospital in a critical condition and regained consciousness from a medically induced coma three days later.

⁹ “County unit not trained to handle mentally ill” *Houston Chronicle*, Jan 26, 2006

¹⁰ Statistics based on autopsy reports and statements by coroners in the press

In August 2005 the *New England Journal of Medicine* published a letter from two of the doctors who had treated the boy at the Children's Memorial Hospital in Chicago. The doctors said that the taser shocks had caused ventricular fibrillation (a usually fatal disturbance of the heart rhythm) which was shown on an electrocardiogram. Although the boy did not die because paramedics were on hand with a defibrillator, his case exemplifies the confusion regarding the lack of research on the safety of tasers¹¹. Robert Clark Heston was not so fortunate, he died on 20 February 2005 after being shocked up to 10 times by officers from the Salinas Police Department, California. He had been using methamphetamine. In all it took three autopsies to conclude that taser had been a contributory factor in his death. The last autopsy also cited "excited delirium".

¹¹ The Scientific and Medical Advisory Board of Taser International responded to the letter with "An Open Letter to the Law Enforcement Community" <http://www.taser.com/documents/12-5-Attachement.pdf> However, no reply was published in the New England Journal of Medicine.

Box 1: Taser related deaths where taser cited by coroners as cause or contributory factor since October 2004¹²

Cause of death

- **RONALD HASSE (age 54)**

10 February 2005: Chicago Police, ILLINOIS

Ronald Hasse died after being tasered twice by Chicago police, with one of the shocks lasting 57 seconds. Police reportedly used the taser because Hasse was attempting to bite and kick them. The medical examiner ruled that Hasse died from electrocution, with methamphetamine being a contributing factor.

- **ROBERT EARL WILLIAMS (age 62)**

14 June 2005, Waco Police Department, TEXAS: 62 year old Robert Earl Williams died after Waco police officers shocked him four times with a taser and then handcuffed him. Williams had been involved with an altercation with his sister and when police arrived he picked up an iron bar. Although he was shocked four times with tasers police report that they had no effect. In all it reportedly took five officers to restrain Williams and handcuff him. Williams complained of having trouble breathing when he sat down so the officers called an ambulance. When the ambulance arrived, Williams had stopped breathing and officers were performing CPR on him, but they were unable to revive him.

The Medical Examiner ruled the death a homicide; Williams died of "acute physiologic stress associated with multiple electrical shocks during attempted restraint by police for schizophrenia with excited delirium".

- **MAURICE CUNNINGHAM (age 29)**

23 July 2005: Lancaster, SOUTH CAROLINA

After Cunningham allegedly attempted to attack two Lancaster County Jail deputies in order to escape from his cell he was shocked repeatedly and pepper sprayed. He died a short time later. Medical examiner ruled that he died of cardiac arrhythmia provoked by the application of six taser cycles, one of which lasted 2 minutes and 49 seconds. The toxicology report showed that Cunningham had not ingested any illegal substances that could have contributed to his death.

Contributory factor

- **BYRON BLACK (age 39)**

27 November 2004, Lee County Sheriff's Department, FLORIDA: 39-year-old Byron W. Black was tasered in drive stun mode in the back by Lee County Sheriff's deputies, because, according to the police report, he "did not comply with orders" to place his hands on the police patrol car. Four days later in the county jail, officers again used a taser on Black as they tried to remove him from his cell. The officers also used pepper spray. He collapsed shortly after and was pronounced dead when he was taken to hospital. The Lee County Sheriff's Department's use of force policy authorizes the use of the taser for acts ranging from "passive physical resistance" to "aggressive physical resistance".

- **DOUGLAS G. MELDRUM (age 37)**

17 December 2004, Heber City, UTAH

Douglas Meldrum, 37-years-old, was shocked with a taser, pepper-sprayed and then handcuffed after a traffic stop in which he started to fight officers. He stopped breathing at the scene.

The Wasatch County Attorney who reviewed the autopsy of Douglas Meldrum found that the use of a taser may have contributed to his death. He stated that "the officers certainly imposed restraint, which combined with other factors to cause his death, but they did not cause the excited delirium or the ephedrine intoxication. Moreover, in my opinion, the Taser may have been an additional unexpected contributing factor to Mr. Meldrum's death".

¹² For a full list of taser deaths since the publication of AI's report in November 2004 see Appendix

- **GREG SAULSBURY (age 30)**

2 January 2005, Pacifica Police Department CALIFORNIA.

Greg Saulsbury died shortly after being shocked nine times with a taser by Pacifica police officers. According to his family, who had called for medical help because Saulsbury was acting irrationally and seemed paranoid, he was cooperative when the police arrived, but police used excessive force as they handcuffed him face down and then tasered him twice. The San Mateo county coroner ruled that cocaine intoxication, taser, restraints and the struggle with officers contributed to his heart attack.

- **DENNIS HYDE (age 30)**

5 January 2005: Akron Police Department, OHIO

After breaking into a house 30 year old Dennis Hyde was tasered multiple times and then handcuffed by Akron police officers. He became unresponsive, was taken to Akron City Hospital and pronounced dead a short time later. The coroner who performed the autopsy said stun guns contributed to death, as well as other factors including methamphetamine in his system, 'underlying psychiatric illness' as well as loss of blood from a wrist cut from smashing a window. The 'electrical pulse incapacitation' from the tasers combined with the other factors to cause an abnormal heartbeat and Hyde's death.

- **JEFFREY TURNER (age 41)**

31 January 2005: Lucas County Jail, OHIO

Jeffrey Turner, 41, was tasered while being arrested by Toledo Police Officers and later while in custody at Lucas County Jail.

Lucas County jail officers used a taser four times to subdue Jeffrey Turner, 41, after he banged repeatedly on his cell window. He had earlier been shocked five times while being arrested. After he was shocked at the jail he was placed in handcuffs and leg restraints. He became unresponsive and was pronounced dead when taken to hospital. The Lucas County Coroner ruled that the death of Jeffrey Turner on 31 January was homicide, and that the use of the taser contributed to his death.

- **ROBERT FIDALGO CAMBA (age 45)**

12 February 2005, San Diego Police Department, CALIFORNIA: Robert Camba, 45-years-old, was hit with a baton by officers before they shocked him twice with a taser. He became limp after he had been handcuffed. Paramedics resuscitated him but his condition deteriorated until his death 48 hours later. The San Diego District Attorney stated that the coroner had found that "In this case a number of circumstances came together and could have contributed to Mr. Camba's death - his pre-existing physical condition, acute drug intoxication, and violent struggling, along with having the taser applied to him and being maximally restrained". An investigation by the San Diego District Attorney's office cleared the officers involved of any wrongdoing.

- **ERIC HAMMOCK (age 43)**

3 April 2005, Fort Worth Police Department, TEXAS: Eric Hammock, 43, died after a taser was used on him during a struggle with police. Hammock was suspected of trespassing by an off-duty Fort Worth police officer, at around 8.30pm, who used his taser when Hammock tried to run away. Another police officer arrived and shocked Hammock again. Eric Hammock's lawyer told AI that Hammock was tasered over twenty times before he was placed in handcuffs. The officers noticed Hammock had trouble breathing and called paramedics. He was pronounced dead when he arrived at hospital. The Tarrant County Medical Examiner's office ruled that Eric Hammock's death after being tasered by Fort Worth officers was accidental and caused by cocaine intoxication, and that although being tasered was not a cause of death there was a "temporal relationship" between taser use and death.

- **KEVIN OMAS (age 17)**

12 July 2005, Euless Police Department, TEXAS: The brother of 17 year old Kevin Omas called an ambulance because he had been taking LSD and Ecstasy tablets. Euless police were despatched to confirm that an ambulance was necessary and found Kevin Omas acting erratically. He was tasered three times,

physically restrained by four officers and placed in handcuffs and leg restraints. Omas' brother, now watching the incident from a distance, stated that he saw Omas vomiting while restrained. Omas was taken to hospital where he fell into a coma. He did not recover and died two days later. Tarrant County Medical Examiner Dr. Nizam Peerwani said he believes the use of the taser was a contributory factor in the death.

- **TIMOTHY GLENN MATHIS (age 35)**

3 October 2005: Larimer County Sheriff, COLORADO

35 year old Timothy Glenn Mathis was trying to break into a trailer when Larimer County Sheriff's deputies were called. Upon arrival deputies said that Mathis was acting confused and was bleeding. Mathis was shocked three to seven times and went into cardiac arrest at the scene. Deputies tried to resuscitate him but he did not regain consciousness and remained in a coma until he died 2 weeks after the incident. He died from heart failure, with the taser shocks, "excited delirium" and the methamphetamine in his system all contributing to his death. The death was ruled a homicide by the coroner.

- **JOSE ANGEL RIOS (Age 38)**

18 November 2005: San Jose Police Department, CALIFORNIA

38 year Jose Angel Rios fought with San Jose Police officers who had been called because Rios was fighting with his wife in a car park. In the course of the ensuing struggle Rios was pepper sprayed, hit with a baton and tasered twice. Jose Angel Rios died of heart failure caused by obesity and cocaine use, with use of the taser and pepper spray listed as contributory factors, according to the Santa Clara County Coroner .

2. Taser related research

*“The peer reviewed and open literature [on tasers] contains very limited objective scientific research data on the mechanism of action, efficacy, safety, and acute and long term effects of these devices”*¹³

*“Independent data does not yet exist concerning in-custody deaths, the safety of [tasers] when applied to drug or alcohol-compromised individuals, or other critical issues”*¹⁴

2.1 Limitations of existing research

There has been no research study completed or commissioned over the past year which has met the criteria of Amnesty International’s call for an independent, impartial and comprehensive investigation into the safety of these weapons (see below). Although there have been studies since the publication of Amnesty International’s previous report in November 2004, these have in the most part had a limited scope and methodology, often relying on reviews of existing, in itself limited, research.

For example, the report of the Potomac Institute for Policy Studies, was based on information gathered at a conference which sought to bring together experts and professionals in the field to “offer insights and suggestions on filling the current gaps in knowledge”¹⁵ surrounding the efficacy and safety of tasers. The conclusion of the report was to “strongly recommend that additional research be conducted at the organism, organ, tissue and cell levels”¹⁶. The Canadian Police Research Centre was asked by the Canadian Association of Chiefs of Police to conduct a review of taser use. In August 2005 they released a report - a “comprehensive review of the existing scientific research and data”, which they would use to “provide a national perspective on the safety and use of CEDs [Conducted Energy Devices]”. Based on their review of existing research, however, the report concluded that “Definitive research or evidence does not exist that implicates a causal relationship between CEDs and death”. Although explicitly stating that their report did not include any new substantive research, the launch of the report was lauded by Taser International.

More substantive studies have also tended to highlight the lack of independent data and the need for further research. The Joint Non-Lethal Weapons Human Effects Center of Excellence [HECOE], which produced a study for the US Department of Defence, pointed out

¹³“Human Effectiveness and Risk Characterization of the Electromuscular Incapacitation Device – A Limited Analysis of the Taser”, The Joint Non-Lethal Weapons Human Effects Center of Excellence, p. 25

¹⁴ Electro-Muscular Disruption Technology: A nine-step strategy for effective deployment” – International Association of Chiefs of Police, April 2005, p. 5

¹⁵ Taser International, the manufacturer of tasers, stated in a press release that “findings” of the Potomac Institute were “encouraging”. Taser International press release “Potomac Institute for Policy Studies Affirms the Relative Safety and Effectiveness of Electrical Stun Devices”, March 30, 2005.

¹⁶ Potomac Institute for Policy Studies Report: Number 05-04 “Efficacy and Safety of Electrical Stun Devices”, p.5

that “key data gaps and uncertainties preclude the development of effectiveness and risk probabilities”.

Importantly, the studies have also relied in the main on data provided by one of the manufacturers of taser, Taser International, and data provided by police departments on their use of tasers in the field. HECOIE noted this problem in its study, stating that reliance on data provided by Taser International was “not ideal” and noting that in relation to “exposure assessment” Taser International’s records “are not a statistically representative sample and are potentially influenced by a number of sources of bias”¹⁷. Other studies which have been commissioned or completed have been shown to have links with electro-shock weapon manufacturers¹⁸. The University of Wisconsin received a grant from the National Institute of Justice (NIJ) as part of the NIJ’s ongoing remit to “understand the human effects of less-lethal devices”. The NIJ is the research, development and evaluation agency of the US Justice Department. The University of Wisconsin study attempts to create a model of the flow of current through the human body caused by electro-shock weapons. The research attempts to define safety margins related to cardiac fibrillation by testing tasers on pigs. The pigs are divided into three groups, with one group dosed with cocaine, another shocked with tasers and a third group shocked and drugged.

It emerged in 2005 that the study had a number of links with Taser International. The study is conducted by John Webster, professor of biomedical engineering at the University of Wisconsin-Madison. Dr. Robert Stratbucker was hired as a consultant on the study even though he served as Taser International medical director. An animal rights organisation called PETA, which opposes the study on the basis that it uses tasers on live pigs, reported that another consultant on the project, Dorin Panescu, had collaborated on publications with both Webster and Stratbucker and had been retained by Taser International as an expert witness in a death case. Another consultant on the study, Dr. Wayne McDaniel, had also previously collaborated with Dr. Stratbucker on a publication on the safety of tasers¹⁹, and was also reportedly a paid consultant for Taser International. Dr. Webster responded to what he said was a “potential conflict of interest”²⁰ by removing Dr. Stratbucker from the project in May 2005.

¹⁷ “Human Effectiveness and Risk Characterization of the Electromuscular Incapacitation Device – A Limited Analysis of the Taser”, The Joint Non-Lethal Weapons Human Effects Center of Excellence p. 71

¹⁸ “Cases take aim at Taser”, Atlanta Journal Constitution, 3 July 2005. “As police use of Tasers rises, questions over safety increase”, New York Times, 18 July 2004. See also, Taser International Research Compendium, available at http://www.taser.com/documents/Compendium_Final.pdf

¹⁹ “Cardiac Safety of Neuromuscular Incapacitating Defensive Devices”, McDaniel, Stratbucker, Nerheim and Brewer, Pacing and Clinical Electrophysiology (PACE), January 2005. The study received financial support from Taser International.

²⁰ “Taser official removed as advisor on stun gun safety”, USA Today, 12 May 2005

2.2 Concerns raised by studies to date

Several of the limited studies carried out have pointed to the same areas of concern that Amnesty International had previously raised, although most have concluded that tasers are “generally” or “relatively” safe, at least on “healthy individuals”. The UK’s Defence Scientific Advisory Council’s subcommittee on the Medical Implications of Less-lethal Weapons [DoMILL] released a statement in March 2005 stating that “the risk of a life threatening event arising from the direct interaction of currents of the X26 Taser with the heart, is less than the already low risk of such an event from the M26 Advanced Taser”. The statement included a number of caveats, however, noting that the above conclusion was only relevant to “healthy individuals” and highlighted “contributing factors to cardiac susceptibility”. The statement reads:

“The possibility that other factors such as illicit drug intoxication, alcohol abuse, pre-existing heart disease and cardioactive therapeutic drugs may modify the threshold for generation of cardiac arrhythmias cannot be excluded.

Similarly, other indirect responses to Taser deployment (e.g. arrhythmias precipitated by stress- or exercise-induced catecholamine release) may, in themselves, predispose to an adverse cardiac outcome independently of the primary (electrical) action of the Taser devices”²¹

Although the studies have indicated that tasers are generally safe for healthy adults, with tests extrapolating from experiments on animals, the experiments are held in laboratory conditions and do not take into account real life use of tasers by law enforcement agencies, such as repeated or prolonged shocks and the use of restraints.

The HECOIE research study evaluated the M26 and X26 Taser guns both in terms of their effectiveness, and also ‘key potential unintended side effects [such as] ocular injury from dart strikes, seizures, ventricular fibrillation, or fall injuries’.²² While the study found that the available data suggests that healthy adults would not be at significant risk when exposed to a taser shock, one of the conclusions of the report was that ‘sufficient information does not exist to characterize the risk of all potential effects’ and detailed suggestions are provided on areas that need further study and research.

One of these areas was the application of prolonged or multiple taser shocks. The report noted that ‘if long periods of EMI²³ activation did occur, the risk of unintended adverse effects such

²¹ “Statement on the comparative medical implications of use of the X26 Taser and the M26 Advanced Taser” DSAC Sub-committee on the Medical Implications of Less-lethal Weapons, Dstl/BSC/DOC/803 dated 7 March 2005, p. 4

²² “Human Effectiveness and Risk Characterization of the Electromuscular Incapacitation Device – A Limited Analysis of the Taser”, The Joint Non-Lethal Weapons Human Effects Center of Excellence p. xiv

²³ The HECOIE study refers to the taser as an Electromuscular Incapacitation Device (EMI)

as cardiac arrhythmia, impairment of respiration or widespread metabolic muscle damage²⁴ could be severe'. Equally, it noted of multiple shocks that "the effects of multiple simultaneous exposure" or "sequential exposure" to taser shocks on the heart needed additional evaluation.

Similarly, the Canadian Police Research Centre noted that "police officers need to be aware of the adverse effects of multiple, consecutive cycles of a CED on a subject" because "the issue related to multiple CED applications and its impact on respiration, pH levels and other associated physical effects, offers a plausible theory on the possible connection between deaths, CED use and people exhibiting symptoms of CED."²⁵

²⁴This refers to a potentially fatal condition known as 'acidosis' which can effect respiration. See Amnesty International's November 2004 report *Excessive and lethal force? Amnesty International's concerns about deaths and ill-treatment involving tasers* AMR 51/139/2004, p.55-56

²⁵"Review of Conducted Energy Devices. Technical Report TR01-2006", Canadian Police Research Centre, August 2005, p. 18.

Box 2: Recommendations for further research outlined in the HECOIE report²⁶

- Develop a statistically rigorous database of field incidence exposures (target demographics, TASER International database)
- Develop a common metric for predicting physiological effects of exposure
- Determine the parameter of merit for EMI waveform (total pulse charge, body current, net charge, charge in positive phase)
- Develop a dosimetry technique to compare existing and future EMI waveforms
- Determine the threshold for ventricular fibrillation/asystole
- Determine the threshold for seizures
- Determine the effect of scale (body size, mass, age, dart location/contact) on EMI response
- Develop a dose response for EMI intended effects (varying pulse amplitude, pulse duration, pulse form, inter-pulse interval)
- Determine the effect of drugs (e.g., ethanol, cocaine, phencyclidine) on the dose response to EMI
- Determine the effect of existing morbidity (e.g., cardiac arrhythmias, epilepsy) on the dose response to EMI
- Determine the effect of increasing the duration of stimulation
- Determine the effect of EMI on respiration
- Develop 3D Impedance modelling
- Determine the impact of TASER stimuli on pregnancy & reproduction
- Examine data applicability and needs for novel applications such as remote or sensor-activated non-man-in-the-loop devices

2.3 Vulnerable groups

The HECOIE study also noted the need for further research on the use of tasers on vulnerable groups, the same vulnerable groups about which AI has raised concerns. It states that ‘due to the absence of specific threshold information in young children, the elderly, individuals with underlying heart conditions, or individuals with concurrent drug use, it is not known whether

²⁶ “Human Effectiveness and Risk Characterization of the Electromuscular Incapacitation Device – A Limited Analysis of the Taser”, The Joint Non-Lethal Weapons Human Effects Center of Excellence p. 73

there are sensitive individuals in these groups that could experience [ventricular fibrillation] under normal use of an EMI device'²⁷.

As indicated above, deaths involving taser use continue to follow the pattern outlined in Amnesty International's previous report, and they are individuals who exhibit precisely the types of behaviour or possess the underlying medical history which the DoMILL statement says may complicate the use of tasers. AI expressed concern that many individuals who had died after being tasered were subjected to multiple or prolonged shocks, had been tasered in conjunction with other restraints or chemical incapacitant sprays, had underlying health issues, or were under the influence of illicit drugs, particularly cocaine.

2.4 Excited Delirium

"The causes of Excited Delirium are multifactorial. No one really knows for certain what is happening" – Canadian Police Research Centre²⁸

In at least 31 of the cases reviewed by Amnesty International since 2001 the autopsy listed "excited delirium" "agitated delirium" or "cocaine-associated excited delirium" as a cause or a contributory factor in death. There continues to be controversy over the definition of these terms, and how the condition relates to death in relation to restraint procedures by police and prisoner officers. The Canadian Police Research Centre report noted that excited delirium was gaining increasing acceptance as the main contributor to deaths "proximal" to taser use. The Canadian study took a definition of "excited delirium" from a 2001 study by doctors Morrison and Sadler who say that the symptoms include "a state of extreme mental and physiological excitement, characterised by extreme agitation, hyperthermia, euphoria, hostility, exceptional strength and endurance without apparent fatigue"²⁹. They noted, however, that there was no medical consensus on its definition stating rather that "the condition of excited delirium is not a clinical entity on its own, but a constellation of symptoms from a varied and severe underlying process"³⁰ and that there only existed "causative theories at present".

The Canadian Police Research Centre recommended that there be an international and multi-disciplinary study into excited delirium and its relationship to deaths in custody following the use of restraints, and for any study to make recommendations for changes to medical intervention protocols. Amnesty International supports this approach, and recommends that it be widened to include the relationship between excited delirium and the use of tasers. As

²⁷ "Human Effectiveness and Risk Characterization of the Electromuscular Incapacitation Device – A Limited Analysis of the Taser", The Joint Non-Lethal Weapons Human Effects Center of Excellence p. 42

²⁸ "Excited Delirium and its correlation to sudden and unexpected death proximal to restraint", Canadian Police Research Centre, p.19

²⁹ Quoted in "Review of Conducted Energy Devices. Technical Report TR01-2006", Canadian Police Research Centre, August 2005, p. 36

³⁰ "Review of Conducted Energy Devices. Technical Report TR01-2006", Canadian Police Research Centre, August 2005, p. 37

well as recommending medical procedures, it should also make recommendations to law enforcement agencies on the use of tasers.

2.5 The need for further research

The confusion surrounding “excited delirium” and a growing acceptance by coroners and other health professionals that the use of tasers has potentially harmful effects on health, has been reflected in the concerns of certain law enforcement agencies, as well as manufacturers of the electro-shock weapons. Following a request by Madison Police Chief Noble Wray and Dane County Sheriff Gary Hamblin for the Law Enforcement Standards Board to develop standards for taser use across Wisconsin, the Board released its recommendations on 7 June 2005. The Board recommended that tasers not be used against suspects who are running away, children, the elderly and those engaged in civil disobedience. It also recommended that officers be trained to recognise medical conditions that might precipitate death if a taser is used, especially “excited delirium”.

It was revealed in 2005 that the Department of Homeland Security’s two largest law enforcement agencies, the Immigration and Customs Enforcement (ICE) and Customs and Border Protection (CBP), had rejected arming their officers with tasers. ICE and CBP employ 20,000 officers in total. A spokesman for CBP, stated that there were “enough questions about the safety of the [taser] device” to preclude the agency deploying them. ICE banned the use of tasers on 10 December 2003 after a review by their Firearms and Tactical Training Unit. An ICE spokesman said that “the decision [to ban tasers] was made out of an abundance of caution related to safety”³¹.

In light of a number of lawsuits by relatives of those who died after being shocked by tasers, and the fact that the use of their product was being listed in autopsy reports, Taser International, the main manufacturer of taser stun guns, included in a training bulletin in June 2005 a warning that there were potential health risks in the use of its product. It noted the relation between “excited delirium”, taser use and death. The bulletin stated:

‘Repeated, prolonged, and/or continuous exposure(s) to the TASER electrical discharge may cause strong muscle contractions that may impair breathing and respiration, particularly when the probes are placed across the chest or diaphragm. Users should avoid prolonged, extended, uninterrupted discharges or extensive multiple discharges whenever practicable in order to minimise the potential for over-exertion of the subject or potential impairment of full ability to breathe over a protracted period of time...[people experiencing excited delirium] are at significant and potentially fatal health risks from further prolonged exertion and/or impaired breathing’.

Taser International also noted in a submission to the US Securities and Exchange Commission that their products “are often used in aggressive confrontations that may result in

³¹ “Federal bureaus reject stun guns”, USA Today, 17 March 2005

serious, permanent bodily injury or death to those involved. Our products may cause or be associated with these injuries”³²

Amnesty international reiterates its call for the use, sale and transfer of taser stun weapons to be suspended pending an independent and rigorous study into their effects on the health of those stunned. None of the studies cited above include an analysis of the deaths in the USA. A comprehensive study into the safety of the weapon would, at a minimum, include a review of all existing death and injury reports, a literature review, computer modelling, review of existing volunteering experiences, such as of police officers who are tasered as part of their training, and other laboratory studies. Any study must take into account real life situational factors such as the use of tasers in conjunction with chemical incapacitant sprays like OC, and the use of tasers on suspects who are restrained in a prone position. Such a study should be independent of any commercial or security or law enforcement interests. Amnesty International believes that such research should be carried out by, *inter alia*, a reputable university, research institute or similar body having no direct connection to any company making these devices.

3. Excessive uses of force involving tasers

“Law enforcement officials, in carrying out their duty, shall, as far as possible, apply non-violent means before resorting to the use of force and firearms. They may use force and firearms only if other means remain ineffective or without any promise of achieving the intended result” – UN Code of Conduct for Law Enforcement Officials, Article 4.

“It hurt so bad, I just wanted them to stop. And I don’t understand why they did it over and over and over again.” – Javonna Williams, who was tasered 7 times by deputies from the King’s County Sheriff’s Office, Washington, reportedly for being drunk and disorderly. The deputies were found to have acted within departmental policy.

Independent of the health issues surrounding these weapons, Amnesty International remains concerned over the lack of consistent guidelines on their use in the USA and increasing reports that they are being used inappropriately and at times abusively. Although some of the studies outlined above do make recommendations on where tasers should be used on law enforcement agencies ‘use of force continuum’³³ there is still no standard framework for their use across the USA, only a patchwork of inconsistent regulations. Amnesty International believes that the operational guidelines and training protocols for the use of electro-shock weapons need to be consistent with international human rights standards and subject to appropriate oversight mechanisms.

³² TASER INTERNATIONAL, INC. Quarterly Report on Form 10-Q for The Three Months Ended September 30, 2005, p.6

³³ For example the DoMILL study recommends that tasers should only be used by UK police officers “in situations where an authority for firearms would be granted”. Amnesty International also believes that, if tasers are to be used at all, they should be at the level of deadly force.

Amnesty International acknowledges that there may be situations where use of tasers in dart firing mode may be a preferable alternative to deadly force in order to save lives. These situations might include instances where officers or bystanders face serious injury from a sharp edged instrument such as a knife or a broken bottle, or in an armed stand off. Tasers may be used in situations like these when less extreme measures have proved ineffective or without a promise of the intended result. However, police officers who deploy tasers should, according to the UN Principles, “exercise restraint in such use and act in proportion to the seriousness of the offense and the legitimate object to be achieved” and must “minimise damage and injury and respect and preserve human life”³⁴. Accordingly, Amnesty International believes these weapons should never be considered a ‘low’ or ‘intermediate’ force option.

In practice, however, tasers are often used in situations where deadly force would never be justified. The taser continues to be used as a routine force tool, not as a last resort where the only other option would be use of a conventional firearm. Police departments in the USA continue to place tasers too low on their force scales, with some departments allowing tasers to be used when individuals refuse to comply with officers demands. Amnesty International remains concerned that tasers continue to be used in jails, where suspects are already in custody in a controlled environment.

3.1 Too low on force scale

Amnesty International has collected information on US police departments policies regarding taser use over the past year. Although not a complete picture of all police departments most that continue to deploy tasers place them low down on the force scale.

3.1.1 Selected police departments’ policies

The **Mesa Police Department, Arizona**, places tasers at the same level as “limited hard hands”, and below “hard hands”³⁵, “impact weapons/bean bag rounds” and well below lethal force on the use of force continuum. This policy allows officers to deploy the taser if they encounter “defensive resistance”. Actions by suspects which constitute defensive resistance are defined as “physical actions on the part of a suspect who is ignoring verbal commands, which attempt to prevent the officers’ control, but do not constitute an assault” and gives examples such as “ignoring [an] officer’s verbal commands *and* pulling away, hiding behind/under objects, pinning arms under the body, thrashing around, body going rigid, assuming a fighting stance”

Amnesty International considers that deploying a taser on an individual who is resisting passively by trying to hide their hands (for example a protester at a demonstration who is resisting arrest) is an excessive use of force.

Statistics provided to Amnesty International in February 2005 by the Mesa Police Department showed that while taser use increased over a one year period other methods such as “soft

³⁴ UN Basic Principles on the Use of Force and Firearms by Law Enforcement Officials, Article 5.

³⁵ Using physical pressure which causes pain to restrain an individual against the ground or an object.

hands”, the use of chemical incapacitant sprays and “limited hard hands” decreased. Interestingly, the use of “hard hands” techniques, higher up than taser on the use of force scale increased also, and the use of deadly force remained constant. This reinforced Amnesty International’s concern that far from being used as a substitute for deadly force, tasers are increasingly being used as a routine force tool at the expense of other, less dangerous or painful techniques.

Information gathered by Amnesty International also shows that tasers continue to be used to gain “compliance” from police suspects. The **Amarillo Police Department, Texas**, classifies taser as “pain compliance technique”. Amnesty International believes that the policy authorizes the use of excessive force by Amarillo police officers. One provision of the department’s use of force policy states that tasers may be used “if an unhandcuffed, passively resisting individual cannot be overcome by verbal or control hold techniques the taser may be used to gain compliance”. The policy also allows the use of tasers in drive stun mode on suspects who are already handcuffed if they “refuse to get into or out of a vehicle” and if a verbal warning has been given.

The **San Diego Police Department, California**, places taser on the level of “greater controlling force” at the same level as chemical incapacitant sprays and “takedown techniques” and “distraction techniques”³⁶. In correspondence with Amnesty International the San Diego Police Department stated that the department utilises the taser as part of a strategy to “reduce the amount of force, particularly deadly force, used in our law enforcement community and to effectively deescalate dangerous situations”.

Similarly, the **San Jose Police Department in California**, introduced tasers in 2004, equipping all officers on the force, in order, according the department’s chief of police, to reduce officer-involved shootings. However, in the same year that tasers were introduced in San Jose, fatal officer-involved shootings reached a five year high, with only 1999 having more officer involved fatal shootings since 1993. There were also two officer-involved shootings in the first half of 2005³⁷. San Jose police introduced new taser training guidelines following the publication of a report by the San Jose Independent Police Auditors in June 2005 which made a number of recommendations regarding the department’s taser policy and the death of Jose Angel Rios (see Box 1, above).

Information collected by other organisations and government bodies have raised similar concerns about the lack of consistent and appropriate regulation governing tasers. The American Civil Liberties Union (ACLU) conducted surveys of police departments in Nebraska and California regarding their use of tasers. Both reports noted a lack of uniformity

³⁶ The use of force policy states that “distraction techniques are not intended to cause serious injury. These techniques may be used to redirect a subjects mental focus away from the restive behaviour in order to assist the officer in gaining control of the individual”, and that these techniques should be followed by some form of control hold.

³⁷ Statistics only available until mid 2005. See San Jose Independent Police Auditors 2004 Year End Report <http://www.sanjoseca.gov/ipa/reports/04ye.pdf> and 2005 Mid Year Report <http://www.sanjoseca.gov/ipa/reports/05MY.pdf> The San Jose’s Office of the Police Auditor’s year end report for 2005 was unavailable at the date of publication.

in the regulation of the electro-shock weapons. The report on northern and central California notes that “the vast majority of departments have no policy on the books to prevent multiple shocks” and that there was a lack of regulation on taser use on the elderly, children and pregnant women.³⁸ The ACLU report also raised concerns that most of the departments surveyed did not have independent training programmes and relied on manufacturers’ training programmes – often outdated ones.³⁹ Moreover, the reports also show that most of the departments place tasers too low down on the force scale. It noted that over 80% of departments surveyed had no policy “prohibiting or regulating the use of tasers on passive resisters”. The report on Nebraska noted that the policies regulating taser use were “inconsistent” and “vague and confusing” and raised the same concerns about taser use on individuals who are passively resisting arrest⁴⁰.

The US Government Accountability Office also noticed in its study of seven law enforcement agencies that “the placement of the taser on the use of force continuums of the agencies varied” and that the seven agencies placed tasers “at three different levels on their use of force continuums”.

³⁸ “Stun Gun Fallacy: How the lack of taser regulation endangers lives” American Civil Liberties Union of Northern California, September 2005 p. 12

³⁹ Amnesty International raised concerns about the training manuals provided by Taser International in its report of 2004 see “Excessive and lethal force: Amnesty International’s concerns about deaths and ill-treatment involving tasers” AMR 51/139/004, p. 46

⁴⁰ See “Taser use by Nebraska Law Enforcement Agencies: The case for policy reform, American Civil Liberties Union of Nebraska, September 2005.



Pittsburgh Police officers use tasers on a restrained protester in August 2005

© Matt Toups/Pittsburgh Indymedia

In addition to its concerns that tasers are not properly regulated and are placed too low on police departments' use-of-force continuums, Amnesty International has continued to receive reports of the continuing misuse of tasers.

3.2. Taser use in jails

Amnesty International has received numerous reports of tasers being used in the booking sections of prisons and jails, often on intoxicated or mentally disturbed individuals in order to gain compliance. Amnesty International considers that taser use in many of these situations – on individuals who are already in a controlled environment, unarmed and not posing a serious threat to themselves or officers – constitutes an excessive use of force, sometimes amounting to torture or other cruel, inhuman or degrading treatment.

For example, on 27 March 2005 Patricia Skelly was tasered between nine and fifteen times by correctional officers while in their custody at the Okaloosa County County Jail, Florida, and later in hospital. Skelly had been arrested by Valparaiso police for failing to check out of the hotel she was staying in. When booked into the county jail, she began to resist officers and it was at this point the taser was first used. According to a Okaloosa County Department of Corrections use of force report obtained by Amnesty International, when Skelly was being taken into the booking section she “tensed up and grabbed the vestibule door frame and attempted to fight [officers’] attempts to control her. Sgt Haynes then deployed the taser”. Skelly was then tasered a second time in drive stun mode. Sergeant Haynes then reloaded his taser and fired it in dart mode when Skelly tried to “rise from the floor”. As a result of falling

over after one of the taser applications, Skelly had cut her eye and jail medical staff determined she should be taken to hospital.

A use of force report filed by another officer states that upon arrival at the hospital Skelly refused to get out of the officers' car and "grabbed the cage in the car and refused to release her hold...I applied a drive stun to the inmate's lower right back region which made her release her hold on the cage. [Another officer] then removed her from the car and laid her face down in the sally port. At that time [two officers] attempted to get the inmate off her hands but she refused to do so she the[n] grasped herself to further resist their efforts. I again applied a drive stun to the inmate's lower right back region. The drive stun was unsuccessful. I applied another drive stun to the lower right region of the inmate's back, this attempt was successful....Inmate Skelly [then] managed to get her left index finger in her mouth and began biting herself...I applied another drive stun to the inmate's right hamstring, after refusing order to remove her fingers from her mouth, which was unsuccessful...applied another drive stun [to] the back left shoulder which was successful in the release of her fingers."

An internal investigation by the Okaloosa Corrections Department found that the officers had acted within the department's policy and that no disciplinary action was required. Ms Skelly described the incident as "the most horrendous experience" of her life, adding that "At one point I just pretended like I was dead because I thought if I pretended like I was dead then they would stop,"

Amnesty International raised its concerns about this case with the Okaloosa Corrections Department stating that the use of force appeared to contravene international standards on the use of force and restraints. The Department's Operations Officer replied to Amnesty International that although the number of taser applications was "alarming" he had recommended that the "use of force be approved".

Box 3: International sales of tasers

Taser International continues to sell its weapons for use by countries around the world, some with particularly poor human rights records.

Taser International has focussed overseas sales efforts on the U.K., Australia, France and South Korea, with UK sales accounting for 46 % of all international sales. International sales accounted for 4% of Taser International's entire sales in the last financial year, a significantly lower percentage than the previous year (12%) although this is accounted for by growing US sales. The volume of overseas sales actually grew significantly, to approximately \$1million compared with \$400,000 the year before, with products shipped to 43 countries. In a press report in August 2005, a Taser International representative stated that export sales were up to \$2.7 million and that the company hoped that "in the next five years we think overseas sales could easily match group sales".⁴¹ In seeking to expand overseas sales further, the company has appointed a Vice President of International Sales who Taser International hope will "focus his energies in growing the export market" for tasers. Taser International's filing to the Securities and Exchange Commission states that "during 2005 we plan to bolster our international presence by expanding our focus to a larger number of countries. We also plan to establish more of a global presence by attending many large international tradeshows." In a meeting with Amnesty International the chief executive of Taser International refused to agree to suspend the sale of its products to countries with a record of torture by police officers in prisons and jails.

In addition to sales to overseas governments, Amnesty International is concerned that over 100,000 taser weapons are owned by private citizens worldwide.

3.3 Shocked while restrained

Amnesty International acknowledges that some restrained individuals can still be violent and aggressive towards officers, and that police officers have the right to defend themselves. However, the organisation remains concerned about reports of individuals who are subjected to taser shocks when they are already handcuffed or have been placed in other mechanical restraints. The use of the taser in conjunction with restraints has been a common factor in many of the deaths reviewed by Amnesty International (see above and appendix). Moreover, AI considers that inflicting excruciating pain on a suspect who is restrained, and not able to pose a serious threat to their own life or that of police officers or members of the public, constitutes an excessive use of force, sometimes amounting to torture or other cruel, inhuman or degrading treatment.

⁴¹ "Taser expects surge in sales to Britain's police" The Times, August 1 2005, accessed at <http://business.timesonline.co.uk/article/0,,9073-1716235,00.html>

3.3.1 Case example Antonio Wheeler

Antonio Wheeler was tasered by an Orlando Police Department officer while restrained and handcuffed to a hospital bed for refusing to give a urine sample. Mr Wheeler had been arrested on 4 March 2005 on drug charges and was being treated in the emergency room at the Florida Hospital in Orlando as he had told officers that he had ingested cocaine. He was told that he was required to give a urine sample, and that if he refused the medical staff at the hospital would insert a catheter to extract the sample. According to the police incident report, when Mr. Wheeler refused to provide a urine sample in the allotted time, the medical staff lay an open catheter kit on the table, and at this point he got off the gurney, although his left hand remained handcuffed to the pop-up rail, and threw the catheter kit to the floor. Officer Linnenkamp of the Orlando Police Department then threatened to use his taser on Mr Wheeler unless he remounted the gurney.

Once back on the gurney, medical staff then proceeded to put Mr Wheeler in leather restraints, while officer Linnenkamp was kneeling on his chest. Once restrained Mr Wheeler began thrashing around and tried to prevent medical staff from inserting the catheter. At this point officer Linnenkamp warned Mr Wheeler that he would use his taser if he continued to resist. He then applied the taser in drive stun mode to Mr. Wheeler's forearm. When the medical staff once more tried to insert the catheter, Mr Wheeler again resisted and the taser was used on him a second time, the police report reads that the "taser application was repeated as before with the same effect" of gaining Wheeler's compliance, and that "after the second shock [Wheeler] stated that he would urinate".

Amnesty International wrote to the Orlando Police Department in March 2005 expressing concern that Antonio Wheeler was repeatedly tasered despite the fact that, according to the police report, he was "resisting without violence" and that he was posing no threat to himself, medical personnel or the police officers present. The use of the taser also appeared to violate the Orlando Police Department's own policies on the use of force and tasers, which state that tasers may be used "to control a dangerous or violent suspect" whose actions are intended to facilitate an escape or prevent an arrest. Amnesty International asked for full public disclosure of an investigation of the incident by the Florida Department of Law Enforcement, and to be informed of whether the use of the electro-shock weapon violated departmental policy. No reply was received.

3.4 Use on vulnerable groups

Over the past year Amnesty International has continued to collate information on the use of tasers on vulnerable groups, including on mentally ill people, often in response to calls from family members that the person is acting erratically. While Amnesty International accepts that

taser use in some of these situations may be justified to protect a member of the public or relatives, the organisation considers taser use to be an inherently excessive use of force when used on certain vulnerable groups – particularly on juveniles, pregnant women and the elderly. Amnesty International is increasingly concerned about reports that tasers are being increasingly relied upon by school resource officers, particularly in Florida, and has received numerous reports of tasers being used to control unruly or uncooperative schoolchildren.

3.4.1 Use of tasers on children

- **Lorain Police Department, Ohio:** An investigation by the newspaper The Morning Journal found that Lorain police officers used tasers on juveniles in two separate incidents in the space of four days:
 - 9 June 2005: A 12 year old boy was tasered on a school bus after an altercation with another pupil. The school bus driver called in a police officer and locked the doors. A group of 20 to 30 people had gathered around the bus and began banging on the windows to protest how the police officer was treating the boy, who continued to resist. When the officer heard a window shatter she used the taser in “drive stun” mode in the chest against the juvenile. More police were called to remove the people who had surrounded the bus. The police department has stated that it is reviewing the incident.
 - 12 June 2005: A 16 year old, who had been involved in a street fight, ran from a Lorain police officer and hid under the decking of a nearby house. When the boy refused the officer’s request to show his hands the officer used his taser on him twice. The boy said that the officer “was still shocking me while he was putting on the [hand]cuffs”⁴²
- **Orange County Sheriff’s Office, and other Florida Law Enforcement Agencies:** The Florida Legislature is currently considering a bill on regulating the use of tasers. However, tasers continue to be used in schools in Florida and on juveniles around the state:
 - A 12 year old boy was tasered by Orange County Deputies, even though he had already been placed in handcuffs, and was being restrained by other deputies.
 - A 14 year old girl who was fighting with her classmates was shocked by a deputy three times. Three other girls were also tasered during the incident.
 - A 17 year old boy was tasered at Seminole High School. He was reportedly attempting to leave the school premises to visit the grave of his younger sister, and was stunned when a teacher and an officer could not persuade him to stay.
 - A 16 year old was tasered between seven and ten times by Hialeah police officers in October 2005
 - A 15 year old autistic boy was tasered by Lee County Sheriff’s school resource officer in November 2005 while he was pinned down on the ground. He had been

⁴² “Lorain Police fire taser at teen”, The Morning Journal, 14 June 2005

fighting with teachers when the officer was called. The boy was charged with disturbing the peace, resisting an officer and interfering with a school function.

3.5 Use of tasers on “war on terror” detainees.

In June 2005 Taser International received an order worth \$1.4 million from the US military for an unspecified number of the electro shock weapons. Amnesty International is concerned at reports that these weapons may have been used in the US led “war on terror” to torture detainees or subject them to cruel, inhuman or degrading treatment.

In September 2005, several members of the California National Guard were sentenced to up to 12 months’ imprisonment after pleading guilty at courts-martial to ill-treating Iraqi detainees in March 2005. Although the military authorities have declined to provide full details, the ill-treatment reportedly included using a taser on handcuffed and blindfolded detainees. The Los Angeles Times referred to a member of the battalion as having reported that “the stun gun was used on at least one man’s testicles”⁴³.

Although the US authorities apparently took swift action to investigate the abuses and prosecute the perpetrators in the above cases, Amnesty International is concerned that there are insufficient safeguards to protect detainees from abuse using tasers. There have been other reports of the abusive use by US troops of electro-shock weapons. Memos obtained by the ACLU in December 2004 under Freedom of Information Act requests, for example, revealed that four members of a US special operations unit in Iraq had been disciplined for excessive force, including improperly using tasers on prisoners. According to the memos, dated June 2004, detainees held in Iraq often arrived at prisons bearing “burn marks” on their backs. An eye-witness told Amnesty International about a more recent incident in November 2005 in which two detainees were shocked with tasers used as stun guns while they were being transferred to a medical facility within Camp Bucca in Iraq.

4 Conclusion and recommendations

Amnesty International remains concerned that the use of tasers by law enforcement agencies in the USA is leading to the deaths of suspects. Amnesty International has reviewed the cases of the 152 people who have now died in the USA since 2001 and reiterates its call for the use and transfer of tasers to be suspended pending an independent, impartial and comprehensive inquiry into the effects of their use.

⁴³ Associated Press, Jeremiah Marquez, *California Guard sergeant gets year in Iraq detainee abuse case*, 10 September 2005; Los Angeles Times, Scott Gold and Rone Tempest: *More Tumult besets guard unit in Iraq*, 15 October 2005

Amnesty International has reviewed the research studies on tasers which have been completed or commissioned since 2004 and has concluded that none meet the criteria of the investigation called for in the organisation's previous report. Moreover, most of those studies themselves have highlighted the paucity of current research and made recommendations for further studies, particularly with respect to high risk groups such as those who have taken illicit drugs or who have underlying heart conditions.

Amnesty International is also concerned that tasers continue to be used as a routine force tool and not as a weapon of last resort. Police departments in the USA continue to place tasers too low on their force scales, with some departments allowing tasers to be used when individuals refuse to comply with officers' demands. Amnesty International remains concerned that tasers continue to be used in jails, where suspects are already in custody in a controlled environment.

Amnesty International is particularly concerned that vulnerable groups, such as children, the disabled, pregnant women and people with mental illnesses continue to be subjected to electric shocks from tasers. Amnesty International believes that taser use in these cases constitutes excessive force in violation of international standards which provide that officers should use only the minimum necessary force; in some cases Amnesty International believes use of tasers has amounted to cruel, inhuman or degrading treatment, and torture.

Amnesty International makes the following recommendations to federal, state and local authorities:

1. Suspend all transfers and use of tasers and other electro-shock weapons pending a rigorous, independent and impartial inquiry into their use and effects. Such an inquiry should be carried out by acknowledged medical, scientific, legal and law enforcement experts who are independent of commercial and political interests in promoting such equipment. They should rigorously assess their medical and other effects in terms of international human rights standards regulating the treatment of prisoners and use of force; the inquiry should include the systematic examination of all known cases of deaths and injury involving the use of such weapons and also consider the mental impact of being subjected to electro-shock. The study should recommend strict rules, safeguards and oversight procedures to prevent misuse of any types of electro-shock equipment that may be viewed as having a legitimate use in law enforcement. A report of the findings of such an inquiry should be made public promptly after completion of the study.
2. International standards recognize that situations will arise in which police officers will have to use force. However, these standards, specifically the (UN) Code of Conduct for Law Enforcement Officials and the Basic Principles on the Use of Force and Firearms by Law Enforcement Officials, set specific guidelines on when, how and the extent to which force can

legitimately be used. All law enforcement agencies should ensure that officers are trained to use force strictly in accordance with these standards.⁴⁴

3. Federal, state and local authorities should ensure that use of force training programs for law enforcement officials include international standards on human rights, particularly the prohibition against torture and cruel, inhuman or degrading treatment or punishment.
4. All allegations of human rights violations and other police misconduct should be fully and impartially investigated. All officers responsible for abuses should be adequately disciplined and, where appropriate, prosecuted.

Where law enforcement agencies refuse to suspend their use of tasers, pending the outcome of the above-mentioned inquiry, Amnesty International recommends that:

5. departments using tasers should strictly limit their use to situations where the alternative would be use of deadly force. Examples would include: armed stand-offs, instances in which a police officer faces a life-threatening attack or injury, or threat of attack with a deadly weapon, or where the target presents an immediate threat of death or serious injury to him/herself or others. In such circumstances, tasers should be used only where less extreme measures are ineffective or without a promise of achieving the intended result.
6. Unarmed suspects should not be shot with a taser for arguing or talking back, being discourteous, refusing to obey an order, resisting arrest or fleeing a minor crime scene, unless they pose an immediate threat of death or serious injury that cannot be controlled through less extreme measures.
7. Operational rules and use of force training should include a prohibition against using tasers on the following groups, except as a last resort to avoid deadly force when no alternatives other than firearms are available: pregnant women; the elderly; children; emotionally disturbed persons or people who are mentally or physically disabled; people in vulnerable positions where there is a risk of serious secondary injury (e.g. in dangerously elevated positions, or near flammable substances); people under the influence of drugs.
8. Repeated shocks should be avoided unless absolutely necessary to avoid serious injury or death.
9. Departments should introduce guidelines which prohibit the application of prolonged shocks beyond the five-second discharge cycle.
10. Tasers should only be used in stun gun mode as a back-up to dart-firing tasers and only when no other options are available to an officer and there is an immediate threat of death or serious injury to the officer, the suspect or another person. The stun gun function should never be used to force a person

⁴⁴ *supra*, note 3

to comply with an order given by an officer where there is no immediate threat to the life or safety of the officer or others.

11. Whenever an individual has been shot with a taser, police officers or custody staff should be required to call paramedics or other medical professionals to administer treatment. It is advisable to take tasered subjects to hospital to have the barbs removed and to monitor for other adverse effects.
12. Federal, state and local agencies should ensure strict reporting by the departments concerned on all use or display of tasers, with regular monitoring and data made public. In particular:
 - Departments should download data recorded by officers' tasers after every incident in which they are used. A summary of this data should be included in all use of force reports.
 - Each display, "sparking" or shock administered by a taser should be reported in use of force reports, as well as whether the taser was used in dart-firing or stun gun mode and the reasons why a taser was used. The number of trigger-pulls and duration of the shock should be reported in each instance. The age, race and gender of each person against whom a taser is deployed should also be reported.
 - Prisons and other institutional facilities should install remote monitoring equipment to record taser usage automatically as it occurs.
 - Each department should provide a detailed break-down of its taser use in regular, public reports.

Additional recommendations:

13. Mentally ill or disturbed individuals should receive appropriate treatment and alternatives to force in line with best practice. Where officers have reason to believe that a disturbed individual may be acting in a violent or threatening manner as a result of mental illness, efforts should be made to involve mental health specialists in dealing with the disturbed person. Policing methods based on force should only be used as a last resort.
14. Dangerous restraint holds such as hogtying and use of carotid neckholds or chokeholds should be banned.
15. There should be strict limitations and guidelines on the circumstances in which pepper spray should be used, with clear monitoring procedures.

5. Appendix: Taser related deaths in the USA between November 2004 and February 2006

Number of deaths	Name/Age	Police agency/ City/State. Month/Year of death	State	Cause of death	Contributing factors/ Underlying health condition	No. Taser activations	Other Restraint	Time between taser use and death or cardiac arrest/loss of consciousness
1	Greshmond Gray Age 25	LaGrange Police Department GA 2 November 2004	GA	" Lethal heart rhythm due to the emotional and physical stress during the struggle with police, including being shocked with a Taser"	'Autopsy results reveal Gray had significant abnormalities of the heart muscle, a condition he was probably born with'	3x		After last stun police realised Gray was unresponsive and called for medical help. Pronounced dead shortly after arriving at hospital
2	Robert Guerrero Age 21	Fort Worth police TX 2 November 2004	TX	Accident caused by acute cocaine intoxication		4x (one for 10 seconds)		Neighbours account that Guerrero appeared 'lifeless' after being shocked. The police dragged him down the stairs, hitting his head. At this point his eyes rolled and lips turned blue, and he stopped breathing
3	Ricardo Zaragoza Age 40	Sacramento County Sheriffs CA 8 November 2004	CA	Heart attack due to excited delirium and schizophrenia. Taser not a cause of death	Had been acting erratically, officers came to take him for a mental health examination.	2x	Pepper spray/Handcuffed/officer used his knee to hold the neck to the ground	Collapsed forward while being taken out of the house, struck his head. One officer used his knee to hold his neck to the ground, according to his brother. His father, stating Zaragoza had stopped breathing, asked officers to administer CPR. When paramedics arrived took off his cuffs, his hands were
4	Charles C. Keiser Age 47	Livingston County Sheriffs Dept MI 25 November 2004	MI	Livingston County Medical Examiner's Office, ruled the cause of death to be drowning, and an accident. "The use of Taser while immersed would have enhanced the drowning process," wrote Dr. Werner Spitz, hired to conduct the second autopsy by the dead man's family.	Relatives said he was acting "paranoid, delusional ... psychotic and out of control, (and) heard voices telling him what to do."	3x (drive stun mode)	Pepper sprayed/physical blows/baton/handcuffed	Stopped breathing at scene. Deputies performed CPR until medics arrived. Pronounced dead at hospital

Number of deaths	Name/Age	Police agency/ City/State. Month/Year of death	State	Cause of death	Contributing factors/ Underlying health condition	No. Taser activations	Other Restraint	Time between taser use and death or cardiac arrest/loss of consciousness
5	Byron Black Age 39	Lee County Sheriffs Department FL 27 November 2004	FL	Death ruled a homicide. Struggle and shock from the Taser contributed to Black's death from cardiac arrhythmia, coroner said. Drug tests were negative.		1x during arrest 1x in jail	Pepper sprayed during struggle in jail	Collapsed shortly after struggle and was pronounced dead in hospital
6	Patrick Fleming Age 35	Jefferson Parish Sheriffs LA 3 December 2004	LA	Sheriff's department would not comment on the case and to the date no cause of death has been determined.		At least 2 Was touch stunned when removed from his car, again when he became combative later		After taser used a second time officers noticed that Fleming began 'having labored breathing'. Arrested Friday 1am, pronounced dead on Sunday at 3.15pm
7	Kevin Downing Age 36	Hollywood Police Department, FL 15 December 2004	FL	Cocaine overdose. "We were able to exclude the Taser as a factor in his death" Broward County medical examiner said. Autopsy reports concludes that Downing died of cocaine psychosis and excited delirium.	Rare myocardial fibrosis. Pulmonary edema. Kidney congestion.	At least 2x	handcuffed	Died less than two hours after being tasered
8	Douglas G. Meldrum Age 27	Heber City Police UT 17 December 2004	UT	Preliminary autopsy report did not identify any physical cause of death. Review by County Attorney says taser may have been a contributory factor and that he died of "heart failure because of agitated delirium and a high concentration of ephedrine."		2x	Pepper spray/ handcuffed	Stopped breathing at scene.

Number of deaths	Name/Age	Police agency/ City/State. Month/Year of death	State	Cause of death	Contributing factors/ Underlying health condition	No. Taser activations	Other Restraint	Time between taser use and death or cardiac arrest/loss of consciousness
9	Lyle Nelson Age 35	Columbia Police IL 16 December 2004	IL	Cause of death: "Acute cocaine toxicity" according to Coroner's Jury	History of cocaine abuse	8x		Collapsed 90 minutes after arrest/ being taken to jail. Taken to hospital where he died 5 hours after being tasered.
10	Timothy Bolander Age 31	Delray Beach Police Department FL 23 December 2004	FL	Death ruled accidental. Cause of death: cocaine toxicity.	History of mental problems and drug abuse. High temperature (102.5)	Several times, once in drive stun mode	Handcuffed.	Collapsed while being escorted by police to police car Police arrived after 4.30 am Pronounced dead at 4.52 in hospital
11	Ronnie Pino Age 31	Sacramento Sheriffs, CA 24 December 2004	CA	Sacramento county coroner: "Sudden unexpected death syndrome"	Heart condition, mental illness. Had a Vega Nerve Stimulator implanted near his heart	2x	Handcuffed after shocks	Died in Sacramento County jail. Arrested at 1.30pm Wednesday 23, found dead in cell sometime after 10 am Thursday 24, during a routine check.
12	Christopher Hernandez Age 19	Collier County Sheriffs FL 28 December 2004	FL	Medical examiners determined the drugs and Hernandez's medical condition caused his death from cardiac arrest	Ecstasy, cocaine and marijuana in his system and suffered from sickle cell anemia, a blood disease	2x	Pepper spray/Handcuffed after taser	Treated for cut above his eye in hospital. Relatives say he was badly beaten, head swollen etc, when they saw him at the hospital. Preliminary investigation by Sheriffs office found no wrong-doing on part of officers Arrested 1am, died 8.40am

Number of deaths	Name/Age	Police agency/ City/State. Month/Year of death	State	Cause of death	Contributing factors/ Underlying health condition	No. Taser activations	Other Restraint	Time between taser use and death or cardiac arrest/loss of consciousness
13	Jeanne Hamilton Age 46	Inyo County Sheriffs CA 29 December 2004	CA		Trace of drugs		Pepper sprayed by California Highway Patrol Officers before Deputies arrived	She was tasered around 2:30 a.m. She was pronounced dead at 7:14 a.m.
14	David J. Cooper Age 40	Whiteland police Department Johnson County Jailers IN 30 December 2004	IN		History of heart problems	Tasered on two separate occasions – once on his arrest (7x) 19 December, and in a psychiatric ward on 21		Stopped breathing after being tasered in jail on December 24. He was taken to hospital where he died on December 30.
15	Gregory Saulsbury Age 30	Pacifica Police Department CA 2 January 2005	CA	Cocaine intoxication, taser, restraints and the struggle with police all contributed to heart attack.	Mentally ill.	Several times	Handcuffed According to the family he was co-operative when police arrived, but they rushed him handcuffed him face down, then tasered him several times	Died “shortly after” being shocked
16	Dennis Hyde Age 30	Akron Police, OH 5 January 2005	OH	The 'electrical pulse incapacitation' from the tasers combined with other factors to cause an abnormal heartbeat and Hyde's death. Medical Examiner Lisa J. Kohler ruled that a Taser, in addition to methamphetamines and blood loss, contributed to the death.	Summit County medical investigators said stun guns contributed to death, as well as other factors including methamphetamine in his system, 'underlying psychiatric illness' as well as loss of blood from a wrist cut from smashing a window.	Multiple times	After Hyde was tasered he was handcuffed	He became unresponsive after being tasered, was taken to Akron City Hospital and pronounced dead a short time later.

Number of deaths	Name/Age	Police agency/ City/State. Month/Year of death	State	Cause of death	Contributing factors/ Underlying health condition	No. Taser activations	Other Restraint	Time between taser use and death or cardiac arrest/loss of consciousness
17	Carl Trotter Age 33	Escambia County Sheriffs Florida 8 January 2005	FL	Listed as undetermined. Excited delirium may have cause the death but it is thought that taser shocks may have been a contributing factor.		3x	Handcuffs.	Collapsed and died during struggle.
18	Jerry John Moreno Age 33	LA County Sheriff's Department, CA 10 January 2005	CA	Cardiac arrest	Under the influence of methamphetamines and marijuana	3x	Pepper spray/ handcuffs/ leg restraint/ blanket over head/ lying face down.	He went into cardiac arrest. He was revived in hospital but was declared brain dead 4 days later.
19	James Edward Hudson Age 33	Grady County Sheriffs Oklahoma 28 January 2005	OK		Apparently swallowed cocaine during drug raid	At least 1x		Tasered while trying to escape, recovered and was walking and talking . Seemed to have a reaction, was taken to Grady Memorial Hospital where he died.
20	Jeffrey Turner Age 41	Toledo Police Department/ Lucas County Sheriffs Department OH 31 January 2005	OH	Homicide. Taser listed as a contributory factor.	Heart disease	5x by Toledo Police 4x by Lucas Sheriffs at County Jail	Handcuffs and leg restraints, after taser used in jail	Was responsive after being tasered and restrained, unresponsive later.

Number of deaths	Name/Age	Police agency/ City/State. Month/Year of death	State	Cause of death	Contributing factors/ Underlying health condition	No. Taser activations	Other Restraint	Time between taser use and death or cardiac arrest/loss of consciousness
21	Ronald A. Hasse Age 54	Chicago Police Department IL 10 February 2005	IL	Medical examiner ruled taser as principal device in the man's death	methamphetamine	2x (1x for 57 seconds)		Paramedics called at 12.30, called police when man became threatening Pronounced dead 1.58am
22	Robert Camba Age 45	San Diego Police CA 12 February 2005	CA	Autopsy report found he died as a result of "cardiac arrest following Taser shocks while intoxicated with cocaine and in a state of excited delirium"	Authorities say he was overdosing on alcohol and drugs. Heart disease contributed to his death.	2x	Police used baton before taser, then placed him in handcuffs	When handcuffed, paramedics arrived and found him limp. Resuscitated him took him to hospital. Condition deteriorated over 48 hours and died.
23	Joel D. Casey Age 52	Harris County Sheriff's Office TX 18 February 2005	TX	Homicide. "psychotic delirium with physical restraint and cardiovascular disease." An autopsy showed Casey had a broken hyoid bone, which could indicate that he suffocated.	Had heart condition, mentally ill, potentially Hepatitis B	3x	Restrained by four officers, handcuffed	Police called at 4.30pm. Noticed he was having difficulty breathing when they put him in patrol car, performed mouth to mouth resuscitation. Pronounced dead at hospital.
24	Robert Clark Heston Age 40	Salinas Police Department CA 20 February 2005	CA	3 autopsies performed on Heston. All 3 list taser as a contributory factor. Primary cause of death methamphetamine use/enlarged heart. Last autopsy cited "excited delirium"	History of drug addiction, enlarged heart	Several (up to 10x)		Hospitalised in serious condition after incident 1.30pm on the 19th, pronounced dead 7.30am, 20th.

Number of deaths	Name/Age	Police agency/ City/State. Month/Year of death	State	Cause of death	Contributing factors/ Underlying health condition	No. Taser activations	Other Restraint	Time between taser use and death or cardiac arrest/loss of consciousness
25	Willie Michael Towns Age 30	DeLand Police Department, FL 6 March 2005	FL	Cocaine intoxication. Death ruled an accident. Toxicology report said that he had "acute cocaine intoxication".	Had told police he had been using cocaine earlier in the day	3x	Pepper sprayed prior to being tasered	"The actual time that he stopped breathing...was maybe 10 minutes away from the taser shot", according to the Chief of Police
26	Mark Young Age 25	Indianapolis Police Department, IN 11 March 2005	IN	Preliminary autopsy results show he died of overdose though role of taser still being investigated. Marion County coroner has ruled that Young was killed by a drug overdose, not electric shock.	Tested positive for cocaine and marijuana in his system. Marion County Coroner said he "swallowed a whole bunch of drugs" during a raid on the house he was in.	At least 1x	Handcuffed	Had a seizure 40 minutes after taser use, died 1 hour later
27	Milton Woolfolk Age 39	Columbia County Sheriff's FL 11 March 2005	FL		Mentally ill	several	Handcuffed	Deputies tasered him. Once officers had him on the ground, Woolfolk became unresponsive and was transported to Shands at Lake Shore. He was pronounced dead a short time later.
28	Eric Hammock Age 43	Fort Worth police TX 3 April 2005	TX	Results show that Hammock died from cocaine intoxication. Tarrant County Medical Examiner said the Taser may have played a role because he "collapsed within a very, very short time after being tased."		At least 20x	Handcuffed	Tasered once by off-duty police officer, and at least once more when another police officer arrived. Stopped breathing at scene, pronounced dead at hospital at 9.30 pm.

Number of deaths	Name/Age	Police agency/ City/State. Month/Year of death	State	Cause of death	Contributing factors/ Underlying health condition	No. Taser activations	Other Restraint	Time between taser use and death or cardiac arrest/loss of consciousness
29	James F. Wathan Jr. Age 32	Livingston Police Department CA 3 April 2005	CA		History of drug and alcohol abuse	At least 1x	Baton/ Pepper Spray	After 25 minute struggle police stopped to check whether Wathan was breathing, then tasered him. Pronounced dead shortly after
30	John Cox Age 39	Suffolk Police, NY 22 April 2005	NY		Cocaine/alcohol. Mentally ill. Heart problems. Was taking anti-psychotic drugs	5x	10 minute struggle with nine police officers. Placed face down on a gurney and handcuffed in front of his stomach	While at hospital, police tried to put him on another gurney, noticed he was not breathing. Witnesses and police give differing accounts, witnesses say he was beaten severely during struggle.
31	Keith Graff Age 24	Phoenix Police, AZ 5 May 2005	AZ	Death ruled accidental. Methamphetamine contributed to his death	Drug use	Multiple times (Taser was used for 20 to 30 seconds- according to police, witness say 45 to 60)	Handcuffed	About 1 hour after being tasered
32	Lawrence Berry Age 34	Jefferson Parish Sheriff's Department, LA 5 May 2005	LA			At least 2x	Restraining Chair	Became unresponsive after being hit with the taser in the restraint chair, taken to hospital and pronounced dead.

Number of deaths	Name/Age	Police agency/ City/State. Month/Year of death	State	Cause of death	Contributing factors/ Underlying health condition	No. Taser activations	Other Restraint	Time between taser use and death or cardiac arrest/loss of consciousness
33	Stanley Wilson Age 44	Miami -Dade Police Department FL 6 May 2005	FL	Autopsy showed he succumbed to "acute cocaine psychosis"		At least 1x	Struggled with police, handcuffed, restrained while in jail	Died in jail after being restrained.
34	Vernon A. Young Age 31	Union Township Police Department, Cincinnati, OH 13 May 2005	OH	Preliminary results showed he had enough cocaine in the system to died of an overdose.		At least 1x		Police arrived after 8.39 am. Pronounced dead at 9.45 am.
35	Randy Martinez Age 40	Albuquerque Police Department, NM 20 May 2005	NM		Drugs in system	at least 3x		Tasered on Wednesday May 18, suffered a heart attack, died Friday afternoon at University of New Mexico Hospital
36	Lee Marvin Kimmel Age 38	Spring Township Police Department, PA 22 May 2005	PA	Died of a heart attack probably brought on by cocaine according to coroner.	Marijuana use	Multiple times	Sprayed with chemical spray	Cardiac arrest immediately after being tasered. Pronounced dead on arrival at hospital.

Number of deaths	Name/Age	Police agency/ City/State. Month/Year of death	State	Cause of death	Contributing factors/ Underlying health condition	No. Taser activations	Other Restraint	Time between taser use and death or cardiac arrest/loss of consciousness
37	Richard Alvarado Age 38	Tustin Police Department CA 23 May 2005	CA	Lethal dose of cocaine in his system.	Appeared to be intoxicated. He was bleeding.	At least 5x	Handcuffed	Tasered during struggle, lost consciousness. Never regained consciousness, died next day
38	Richard T. Holcomb Age 18	Springfield Township Police, OH 28 May 2005	OH	Justifiable homicide. Irregular heartbeat caused by the drugs	Under influence of alcohol and drugs. Methamphetamine and Ecstasy in his system.	4x	Handcuffed	Police called at 12:49 am. He died in hospital shortly after.
39	Nazario J. Solorio Age 38	Escondido Police Department, CA 28 May 2005	CA	Irreversible brain damage caused by prolonged loss of oxygen. Positional asphyxia.	Schizophrenia (had stopped taking medicines), Methamphetamine use, 'hyperexcited state'	At least 1x		He went into a coma and died one week later.
40	Ravan J. Conston Age 33	Sacramento Police Department, CA 4 June 2005	CA		Under influence of drugs	3x		Died on way to hospital of a cardiac arrest.

Number of deaths	Name/Age	Police agency/ City/State. Month/Year of death	State	Cause of death	Contributing factors/ Underlying health condition	No. Taser activations	Other Restraint	Time between taser use and death or cardiac arrest/loss of consciousness
41	Russell Walker Age 47	Las Vegas Police, NV 7 June 2005	NV	Cocaine abuse and excited delirium.		3x	Handcuffed	Tasered at 8pm, pronounced dead at 9pm.
42	Horace Owens Age 48	Broward County Sheriff's Office 11 June 2005	FL	Cardiac arrest caused by cocaine. Ruled accidental	Enlarged heart, diabetic and mentally ill. Cocaine use.	1x		Police called at 6pm, pronounced dead at 7pm
43	Michael Anthony Edwards Age 32	Putnam County Sheriff's Office, FL 13 June 2005	FL	Excited delirium due to drug use.		3x	Handcuffed after shocks	Paramedics called to treat cuts from handcuffs, performed CPR when they noticed he was not breathing. Pronounced dead on arrival at hospital
44	Shawn Christopher Pirolozzi Age 30	Canton Police Department, OH 13 June 2005	OH	Excited delirium; self-inflicted injuries	Trace of marijuana found in system, multiple blunt and sharp force injuries to head, trunk and extremities (self-inflicted), loss of blood and loss of oxygen, mental health issues	at least 3x	Struck by officers while handcuffed and lying in the street	Died shortly after being taken to hospital

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45	Robert Earl Williams Age 62	City of Waco Police Department, TX 15 June 2005	TX	Homicide. Died of "acute physiologic stress associated with multiple electrical shocks during attempted restraint by police for schizophrenia with excited delirium".	High-blood pressure, heart disease, complications from diabetes and obesity, mental conditions	At least 4x	Handcuffed after shocks	Once handcuffed he had trouble breathing. When paramedics arrived he had stopped breathing and officers were performing CPR.
46	Carolyn Daniels Age 25	Fort Worth Police Department, TX 24 June 2005	TX	Cocaine intoxication		2x	Handcuffed during second taser application	Died 90 minutes after being tasered
47	Phoarah Knight Age 33	Miami Dade Police Department, FL 29 June 2005	FL		Thought to be under the influence of drugs	1x		Went to cardiac arrest and died while on the way to Hospital
48	Kevin Omas Age 17	Eules Police Department, TX 10 July 2005	TX	Dr. Peerwani, the county's medical examiner said that Tasers may have played some role.	Ecstasy/LSD	3x	Physically restrained by four officers then placed in handcuffs, leg restraints	Was treated by paramedics at the scene, went into a coma at hospital and died two days later.

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49	Otis Thrasher Age 42	Butte-Silver Bow County Sheriff's Department, MO 15 July 2005	MO	Medical examiner ruled Thrasher died from a heart attack due to a heart disease. He thought Taser shock and drugs were contributing factors.	Drug use	1x	Pepper spray	Went into cardiac arrest on way to hospital, was unconscious for 3 days after which he was removed from life support
50	Ernesto Valdez Age 37	Phoenix Police, AZ 15 July 2005	AZ		Chronic drug user	3x		Pronounced dead at the scene
51	Carlos Casillas Fernandez Age 31	Sonoma County Sheriff's Department, CA 16 July 2005	CA	"Drug-induced excited delirium from methamphetamine intoxication"	Drug use	6x	Pepper spray/ carotid restraint/lying face down with hands cuffed behind his back	He had breathing problems at the scene, CPR by officers pronounced dead at hospital
52	Michael Leon Crutchfield Age 40	West Palm Beach Police, FL 17 July 2005	FL	Acute cocaine toxicity		3x		Police was called at 6.20am, he was pronounced dead at 6.35am.

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53	Maurice Cunningham Age 29	Lancaster County Sheriff Department, SC 23 July 2005	SC	Cardiac arrhythmia due to taser shocks. He had no alcohol or drugs in system.		6x (1 for 2 minutes and 49 seconds)	Pepper spray	Died at the scene
54	Terrence Thomas Age 35	New York Police Department, NY 27 July 2005	NY	Cardiac arrest due to cocaine intoxication. Taser not listed as contributing to the death		At least 1x	restrictive netting	45 min, death 4:20 am
55	Brian Patrick O'Neil Age 33	San Jose Police Department, CA 01 August 2005	CA	Autopsy has not been released.		At least 1x	Pepper spray baton	During struggle with police he lost consciousness, he was pronounced dead at hospital
56	Eric Mahoney Age 33	Fremont Police Department, CA 3 August 2005	CA		Methamphetamine/ History of drug abuse	As many as 8x		Mahoney was taken to hospital where he was able to walk inside by himself. Twenty minutes later Mahoney fell into coma. He died in hospital after his family removed him from life support.

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57	Dwayne Zachary Age 44	Sacramento County Sheriff's Department, CA 4 August 2005	CA		Criminal history of illegal drug use	3x	Restrained by 5 officers	Pronounced dead at hospital
58	Olson Ogodidde Age 30	Glendale Police Department, AZ 5 August 2005	AZ		Drug and alcohol problem	2x		Had a seizure and died shortly after arriving at the hospital.
59	Unknown Age 47	Phoenix Police Department, AZ 07 August 2005	AZ		Breathing problems	5x		Pronounced dead at hospital
60	Shawn Norman Age 40	Ross County Sheriff Department, OH 26 August 2005	OH	Heart attack. Preliminary reports showed cocaine and marijuana in his system	Drugs, mental health issues	3x	Struggled with several officers/handcuffs	Went into unconsciousness and lost his pulse at the scene, was pronounced dead at hospital

Number of deaths	Name/Age	Police agency/ City/State. Month/Year of death	State	Cause of death	Contributing factors/ Underlying health condition	No. Taser activations	Other Restraint	Time between taser use and death or cardiac arrest/loss of consciousness
61	Brian Lichtenstein Age 31	Martin County Sheriff's Office, OH 28 Aug. 2005	FL	Cardiac arrest, strokes due to cocaine abuse, taser not listed as cause of death	Cocaine abuse	possibly 2x		died the next morning in the hospital
62	David Anthony Cross Age 44	Santa Cruz County Sheriff's Office, CA 17 September 2005	CA	Coroner ruled that he died because the deputies choked off his oxygen supply. Accident.	Amphetamine in his system. hypertensive heart disease and obesity	2x	Restrained by four officers	During the altercation Cross stopped breathing and lost consciousness. He was taken to hospital where he died the next day
63	Timothy Michael Torres Age 24	Sacramento County Sheriff's Department, CA 23 Sep. 2005	CA			At least 1x	struggle with six Pos/batons and handholds	stopped breathing after being restrained with handcuffs. Pronounced dead at hospital
64	Patrick Aaron Lee Age 21	Metropolitan Nashville Police Department, TN 25 Sep. 2005	TN	Excited delirium	Cannabis, LSD/ Enlarged heart	19 times in chest and back	Pepper spray/ Baton strikes	He had a respiratory and cardiac arrest at the scene, fell unconscious on the way to hospital and died 2 days later

Number of deaths	Name/Age	Police agency/City/State. Month/Year of death	State	Cause of death	Contributing factors/ Underlying health condition	No. Taser activations	Other Restraint	Time between taser use and death or cardiac arrest/loss of consciousness
65	Michael Clark Age 33	Austin Police Department, TX 26 Sep. 2005	TX	Consequences of massive intravascular sickling (sickle cell anemia) associated with extreme physical exertion due to PCP and cocaine induced excited delirium	PCP, cocaine and inherited blood disease	3x	Pepper spray/ leg restraints	Went into 'medical distress' and died more than 1 hour later at hospital
66	Timothy Glenn Mathis Age 35	Larimer County Sheriff Department, CO 3 Oct. 2005	CO	Died of heart failure from being shocked three to seven times with the stun gun during an altercation with Larimer County Sheriff's deputies, the coroner's office said. Death ruled a homicide. Excited delirium syndrome was a factor	Methamphetamine in system	3-7x	Baton and physical control techniques	He went into cardiac arrest at the scene fell into a coma and died 3 weeks after.
67	Steven Cunningham Age 45	Fort Myers Police, FL 13 Oct. 2005	FL	Medical examiner ruled that Cunningham died of cocaine toxicity with excited delirium	Mentally ill	3-4x		Cunningham collapsed and later died at Southwest Florida Regional Medical Centre
68	Jose Maravilla Perez Age 33	San Leandro Police Department, CA 20 Oct. 2005	CA			Multiple times	Leg restraints, straitjacket-like device	Became unresponsive after being taken to jail and died.

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69	Jose Angel Rios age 38	San Jose Police Department, CA 18 November 2005	CA	A ``contributory cause of death" was ``Post Tasering and pepper-spraying." Obesity and heart disease caused by cocaine use were also listed as causes. Manner of death was ``undetermined."		at least 2x	Pepper spray, baton, handcuffed	After being tasered he was handcuffed and placed in an ambulance. In the way to hospital he lost consciousness. Not clear if he died on the way.
70	Hansel Cunningham Age 30	Des Plaines Police Department, IL 20 November 2005	IL	Died from suffocation. He was restrained for up to four minutes before he died, according to the medical examiner's office	Autistic	2x	pepper spray, tackled and handcuffed on his abdomen, sedated by paramedics	He had trouble breathing at the scene and lost consciousness. Paramedics tried to revive him unsuccessfully. Was pronounced dead at local hospital.
71	Tracy Rene Shippy Age 35	Lee County Sheriffs Department, FL 26 November 2005	FL	Medical Examiner ruled the death was accidental. The cause of death was "acute cocaine toxicity with excited delirium."	Drugs in system.	1x	Handcuffed when tasered	Was evaluated by Paramedics at 7.08pm. Deputy noticed she was turning blue 15 minutes later. Was pronounced dead at hospital 8pm
72	Jeffrey D. Earnhardt Age 47	Orange County Sheriff Department, FL 1 December 2005	FL		History of drug abuse	2x	Restrained by several deputies	Pronounced dead in hospital less than an hour after police attempted his arrest

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73	Michael Tolosko Age 31	Sonoma County Sheriff's Department, CA 7 December 2005	CA	Coronary artery disease	Mentally ill	3x (tased in torso, tased in contact mode in abdomen)	Handcuffed and a nylon restraint was used on his waist and feet	Stopped breathing when handcuffed, officers performed CPR, died in hospital.
74	Howard Starr Age 32	Florence County Sheriff's Office, SC 17 December 2005	SC			2x	Handcuffed	Fell face down with hands in his chest. When handcuffed officers noticed he wasn't breathing. Died later at a hospital.
75	David Moss Jr. Age 26	Omaha Police, NE 29 December 2005	NE			1x	Handcuffed and his legs were in shackles	He went into cardiac arrest as he was being placed in an ambulance
76	Roberto Gonzalez Age 34	Waukegan Police Lake County, TX 3 January 2006	TX	Coroner said police using a Taser seems not to have contributed to the death.	Had cocaine in his systems and minor cuts on the head	At least 1x	Pepper spray/ handcuffed	Wrestled to the ground and handcuffed. Officers discovered he was not breathing moments later.

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77	Daryl Dwayne Kelley Age 29	Harris County Sheriff's Department, TX 13 January 2006	TX		Bipolar disorder	1x	Handcuffed	Collapsed 15 to 30 minutes after being tasered. Medical staff present.
78	Nick Ryan Hanson Age 24	Jackson County Sheriffs Department, OR 20 January 2006	OR	Final tests pending, overdose of sleeping pills, taser use ruled out as a cause of death		1x		He died on the way to a medical centre.
79	Jaime Coronel Age 27	County of Monterey Sheriff Department, CA 24 January 2006	CA		Cocaine and methamphetamine	2x		Cardiac arrest at the scene, died 6 days later in hospital
80	Murray Bush Age 47	Jefferson Parish Sheriffs Office New Orleans, LA 25 January 2006	LA		Mentally ill	At least 2x		Officers arrived at his house at about 1.30 pm, he was pronounced dead in hospital at 2.23pm.

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81	Jorge Luis Trujillo Age 34	San Jose Police Department, CA 27 January 2006	CA		Had been beaten with a baseball bat before the police tasered him	At least 2x	Pepper spray	Officers fired tasers at him, then took him into custody and to a local hospital, where he was pronounced dead at 9:30 a.m.
82	Karl W. Marshall Age 32	Kansas City Police, MO 28 January 2006	MO		PCP and cocaine use	3x		died in custody 2 hours after being tasered
83	Benites Saimon Sichiro Age 39	Spokane County Sheriff's Office, WA 29 January 2006	WA	Internal bleeding - laceration to the liver while in jail	Alcohol withdrawal	3x	Severely beaten prior to being taken into custody/struggle with officers /kneed in torso twice/ bag placed over head	Lost consciousness shortly after being tasered, and while officers were attempting to place him in a restraint chair. Pronounced dead at hospital.
84	Darval Smith Age unknown	New Orleans Police, LA 13 February 2006	LA		He was being assisted by medical personnel when he became aggressive.	At least 1x	Handcuffed Smith and put on a stretcher	Went into cardiac arrest and died en route to the hospital.
85	Gary Bartley Age 36	St. Tammany Parish Sheriff's Office 19 February 2006	LA	Had cuts in arms. Tested positive for drugs.			Pepper spray/handcuffs and leg shackles	After shocked and restraint he was taken to hospital where he went into cardiac arrest, lost consciousness and died. Deputies did not know how much time had elapsed between the use of the taser and the man's death.