



Background: TASER International issues warnings regarding the use of our Electronic Control Devices to ensure that end users are aware of risks associated with the use of these devices. As more research is completed and/or more knowledge is obtained, the warnings are updated to ensure that TASER device operators are provided with the most current information. Please go to www.TASER.com to find the new TASER International, Inc. (TASER) law enforcement ADVANCED TASER[®] M26[™] and TASER[®] X26[™] Electronic Control Device (ECD or device) warnings. These device warnings are effective on Monday April 28, 2008, and supersede prior law enforcement warnings and relevant training materials and bulletins, specifically including TASER Training Bulletin 12.0 – 04 (June 28, 2005¹).

These warnings are being updated to reflect new data from recent human scientific and medical studies which found, in part, the following:

- (Breathing²) The available human data directly contradicts prior animal studies and does not reveal any evidence of breathing impairment or respiratory acidosis.
- (Metabolic Acidosis³) While prolonged muscle activity does produce lactic acid, human studies of ECD exposures up to 15 seconds (or 3 cycles) have shown that there is no evidence of metabolic acidosis. Strong physical exertion (e.g., resisting law enforcement restraint) can lead to profound metabolic acidosis and measures to limit the period of resistance might be beneficial in already acidotic persons.
- (Rhabdomyolysis⁴) With ECD use, it is reasonable to expect some elevation in markers of skeletal muscle injury consistent with participation in an athletic event; however, this elevation is not believed to be important in the sudden in-custody death phenomenon. Rhabdomyolysis does not cause injury for days after the inciting event and in the case of severe rises in creatine kinase, the clinical course is deteriorating renal function that can be treated with dialysis if needed.
- (Ventricular Fibrillation [VF]⁵) The preponderance of the data, including all of the human studies, suggests that VF is not caused by ECDs in real-world usage. There is no evidence of important electrocardiogram changes, or capture (pacing response of the heart to electrical stimulation), and finite element modeling does not suggest a current density in real-world use able to induce fibrillation in humans. Also, epidemiological studies do not find that real-world human ECD use causes VF.

These new warnings remove the prior warnings regarding breathing impairment and continuous exposure risks. These warnings continue to emphasize the importance of minimizing any application of force or restraint, cuffing under power, and minimizing objectively reasonable force and restraint to accomplish lawful objectives.

¹ See, March 1, 2006 Memorandum, Re: Reason for June 28, 2005, TASER Training Bulletin, regarding multiple TASER electronic control device exposures alleged effects on respiration and pH levels warnings.

² For brief summary, see TASER Reference Sheet (TRS) - Detail (D) Breathing Effect (April 24, 2008).

³ For brief summary, see TRS-D Metabolic Acidosis (April 24, 2008).

⁴ For brief summary, see TRS-D Rhabdomyolysis (April 25, 2008).

⁵ For brief summary, see TRS-D VF (April 24, 2008).

(These reference materials are available at www.TASER.com.)