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FACTS

LAW ENFORCEMENT

CITIZEN DEFENSE

PRESS ROOM

INVESTOR RELATIONS

ABOUT TASER

WEB STORE

## INVESTOR RELATIONS

- Investor Relations

### Home

- Stock Information
- Investor Presentations
- Press Releases
- Fundamentals
- Analyst Coverage
- Financial Reports
- SEC Filings
- Insider Transactions
- Calendar of Events
- Investor FAQs
- E-mail Alerts
- Information Request
- Corporate Governance
- Code of Ethics
- Electronic Delivery

### Enrollment

[home](#) → [investor relations](#) → News Release

## News Release

[View printer-friendly version](#)

[<< Back](#)

### TASER(R) International Strongly Refutes New York Times Article Company Stands Behind Safety of TASER(R) Conducted Energy Weapons

SCOTTSDALE, Ariz., Jul 19, 2004 (PRNewswire-FirstCall via COMTEX) -- TASER(R) International, Inc. , a market leader in advanced non-lethal weapons, responds to reports regarding safety questions surrounding the use of TASER conducted energy weapons.

Long after the sun set on July 12, 2004, something snapped in 25-year-old Valerie Ballard and she chased her husband John out of the apartment with an 8-inch knife. He called 911 and the Mount Pleasant, WI police responded at 12:31 AM. The police found Valerie and her husband at the end of their driveway with the knife still in her hand. An officer repeatedly ordered her to drop the knife. She finally did -- but then picked it up again, and started advancing on the officer. Standard police training teaches officers to shoot advancing suspects armed with edged weapons within 21 feet (the Tueller Rule). It happens every day somewhere in the USA. The officer did shoot Valerie to stop her deadly threat. Luckily for Valerie, the officer had a TASER non-lethal weapon, and she is alive today. A TASER conducted energy weapon saved her life.

On the same Tuesday last week a thirty-something Kansas City, MO man was distraught over financial problems and wanted to die. His father called the police, who stopped the man's car. He exited the vehicle and walked towards the police carrying a large knife saying, "I want you to kill me." Officers ordered the man to put the knife down, but instead he began cutting his own wrist and neck with the knife. Because of the dangers of the knife, there was nothing that the officers could do with the conventional tools. Luckily for this man (whose identity is withheld) the officer had a TASER device and was able to incapacitate him long enough to remove the knife. Kansas City Police Department Captain Rex Tarwater said, "Quite simply, the TASER saved his life."

These stories are gratifying to the employees of TASER International, Inc. -- and they are not rare. Note that both of these lives were saved within the last week. In fact, we received well over 500 similar reports where officers have used the TASER to save a life -- all of these stories to date are found at <http://www.taser.com/NYT>. TASER International estimates less than one out of 10 such police reports are received (primarily because most major agencies forbid their officers from publicizing use of force incidents, and because police officers are very busy and rarely take the time to fill in our on-line use of force report). Accordingly, we conservatively estimate that there are over 5,000 such incidents where the TASER has saved a life or averted serious bodily injury -- and the number is growing every day. Many law enforcement users believe this estimate is significantly understated.

Where you will not find any such stories are in the recent New York Times article by Alex Berenson about TASER International. The fact that the reporter refused to mention a single life-saving incident tells you all you need to know about his intentions. Mr. Berenson set out to write a negative article and succeeded. What he failed to do was give a balanced view of this critical new tool. A tool that is helping police officers handle very difficult situations in ways they could never handle before our TASER technology was deployed to the patrol level officers.

To go through the article line by line and correct all the misleading information would require a manuscript longer than the article itself. But, we feel we owe it to our law enforcement professional users, our employees and our shareholders to correct the most egregious and material falsehoods.

First, Mr. Berenson discounts the fact that an estimated 100,000 police officers have volunteered to be

hit with the TASER with no deaths. He contends, "But the hits that police officers receive from the M26 in their TASER training have little in common with the shocks given to suspects. In training, volunteers usually receive a single shock of a half-second or less. In the field, TASERS automatically fire for five seconds." In a six-hour marathon of interviews with Mr. Berenson, Rick Smith informed him this was incorrect -- that the majority of police officers who have volunteered since 2001 have taken the full five-second dose. Apparently Mr. Berenson didn't believe him, or didn't feel this fact helped his agenda. We have posted a video from a training event last year showing our standard volunteer protocol -- a full five-second dose. This video is available at <http://www.taser.com/NYT>.

Second, Mr. Berenson points out, " ...the British government, in 2002, concluded 'the high-power TASERS cannot be classed, in the vernacular, as 'safe.'" However, he fails to note that subsequently, in 2003, the TASER was approved for deployment in a field trial by five UK forces, including the London Metropolitan Police, who have now deployed the TASER for over a year. Further, six months into the field trial, the UK Association of Chief Police Officers (ACPO) reported, "Where TASER has been deployed, it has invariably helped to bring a situation to a safe and positive end... with no injury or only slight injury to the subjects, the police officers involved and members of the public."

Third, and most importantly, Mr. Berenson states, "the number of TASER associated deaths is rising," implying that the TASER is the cause of the deaths. Berenson reports that there were nine in-custody deaths in May and June 2004 in incidents where a TASER device was used along with other tactics and restraint procedures. What Mr. Berenson fails to report is that there were at least 29 additional unexpected in-custody deaths during roughly this same time period where the TASER was not used. Considering that 30% of U.S. police agencies deploy TASER weapons, 11 of the in-custody deaths would statistically have occurred randomly in agencies deploying TASER devices (30% of 38). This does NOT indicate a causal effect, but rather is consistent with random chance.

This result is also consistent with the conclusion in an April, 2003 report from Dr. Anthony Bleetman, a consultant in Accident and Emergency Medicine in the United Kingdom, "I do not believe that any of the deaths described in subjects who had been 'TASERed' during their arrest can be conclusively linked to the use of these devices. It seems to me that these individuals shared acknowledged and well-established risk factors of more 'routine' deaths in custody. Namely, young males, with an association with drug abuse who had exhibited bizarre behavior or who had shown signs of excited delirium just prior to arrest. There is also no convincing evidence that 'TASERed' subjects have a higher than average risk of developing major cardiac or other serious complications."

"Any chief of a major agency knows that there will be sudden, unexpected deaths in police custody no matter what tactics the police use," relates Bernard Kerik, former Commissioner of the New York City Police Department, now a board member and adviser to TASER International. "Police respond to dangerous situations, often involving subjects in a medical crisis. Frequently, these subjects have been engaged in a series of dangerous activities that set in motion a lethal chain of events long before police were ever called. Police agencies implement equipment like pepper spray and TASER devices in efforts to save as many of these people as possible. In the early 1990's, concerns were raised about pepper spray, which was involved in 26 in-custody deaths in the state of California alone in a two and half year period. A subsequent Department of Justice Study investigated 63 pepper spray related deaths and largely cleared the safety of pepper spray. The current situation with TASER is very similar, and should be expected with the introduction of any new technology, where coincidental deaths are emphasized in the media to question police tactics."

Berenson further states that, "In at least two cases, local medical examiners have said TASERS were partly responsible," for in-custody deaths. In both of these cases, any causal link of the TASER to the death of the subject is speculative.

The first case he refers to is the case of James Borden, who died in custody after a confrontation with law enforcement in Indiana. The autopsy report lists the cause of death as Cardiac dysrhythmia secondary to hypertrophic cardiomyopathy, pharmacologic intoxication and electrical shock. However, the TASER device was only applied to the lower abdomen and buttock area -- areas where the current could not possibly have reached the heart. Review by Dr. Robert Stratbucker and other medical experts at TASER International conclude that there is no basis for the electric shock to be listed as a contributing factor. Mr. Borden's blood concentration of the drugs Ephedrine and Promethazine were roughly 20 times the normal doses -- levels that have historically caused deaths. The degree to which the TASER could have been a contributing factor is speculative at best. This case has been referred to nationally renowned forensic pathologist Dr. Cyril Wecht, whose ruling is expected in the near future.

The second case is that of William Lomax, who died in the custody of the Las Vegas Metro Police

Department approximately 19 1/2 hours after a struggle in which he was subdued with tactics including use of the TASER (used in contact stun mode). The primary cause of Lomax's death is listed in the Clark County Coroner's report as "cardiac arrest during restraint procedure." "PCP Intoxication" and "bronchopneumonia" were listed as secondary causes. This data was relayed via phone from representatives of the Clark County Coroner's office, but written documentation was not released. However, a coroner's inquest involving a jury of lay persons opined that, "the combination of the force of the knee in his back, the TASER, his drug use, and the restraining: They all played an equal role in his demise." No TASER experts or personnel were present at the coroner's inquest, and the jury was not given access to any of the safety data regarding TASER technology. Accordingly, we strongly contest the outcome, we have requested a transcript of the hearing, and are evaluating legal channels to correct this inquest which was made without technical representation for our technology.

While there is room for well intentioned debate on these two cases, it is a factual certainty that any link of the TASER as causal to these deaths is not clear. The fact is that TASER devices have never been named as the primary cause of death in any in-custody death, and any links as a contributing factor are subjective and unsupported by clear evidence.

Finally, Berenson states, "Little evidence supports the theory that TASERs reduce police shootings." Police chiefs of the 930 agencies who deploy TASER devices to all patrol officers would strongly disagree. Shootings fell dramatically in Phoenix, Seattle, Miami and Orange County (FL), and numerous other agencies following TASER deployment. Before introducing TASER guns, Miami police averaged 20 shootings a year, killing two or three people. In the past 19 months, they have not fired a single shot. "That has never happened in the history of American police," said Miami Police Chief John F. Timoney. "Not even a single bullet that was shot at an individual and missed -- not a single bullet was shot."

TASER International has performed quality medical safety tests and will continue to do more. Even in an FDA sanctioned clinical trial for medical devices, only a few hundred human subjects would be included. TASER devices have been deployed in over 50,000 real-life police confrontations and on over 100,000 volunteers -- numbers that dwarf most FDA sanctioned medical studies. Further, over the past three months, we have been assembling a Scientific and Medical Advisory Board of prominent cardiovascular electrophysiologists and other scientific experts on electrical stimulation. Already these members are giving us ideas for further safety studies, which we eagerly look forward to performing. The results of these studies will give all of us even more comfort with the life-saving capabilities of the TASER weapon and help us to continuously improve it.

Sadly, we can already conclude that none of those studies will satisfy the New York Times. Medical studies are indeed expensive, and we are willing to pay for them. However, since the medical schools and their involved staff will be paid by TASER International, the work will become the product of "company-paid researchers, not independent scientists..." (to quote the Times article) and hence the results will be, apparently, tainted. Despite the fact that medical studies for virtually every medical device or new drug are financed by the companies that develop them (rarely if ever does the government pay for such studies), our medical safety testing can never quite meet the medical safety standards of the New York Times business section. We personally find it ironic that Mr. Berenson first assails our medical testing because TASER International paid for it, then he castigates us for not having paid for more studies.

Let us state emphatically that TASER International is supportive of additional medical studies in this area, and we will provide technical support to any responsible group undertaking such studies. In a June 2, 2004, press release, we invited Amnesty International to jointly develop a test protocol to satisfy their concerns and to jointly fund the study with TASER International. We have not heard a response to date.

We have personally taken a full TASER weapon discharge 12 times between the two of us: Six times from the original AIR TASER; twice from the M26; and four times from the X26. Our entire senior management team, the vast majority of our employees, and even some of our shareholders, including a 74-year-old who took a five-second hit at our shareholder meeting, have taken a full exposure from our TASER devices. When we say that this weapon is safe we back the claim with personal demonstration.

The most extreme suggestion of the article is that police officers should be denied the use of the TASER weapon until some definitive "case-closed" medical studies are done. (Presumably financed by some unknown third party yet to come forward, so that the researchers are not "biased.") There is a young Canadian widow in the small town of Saanich, BC that might disagree. Last Sunday (July 11, 2004) her 33-year-old husband "snapped" and she called the police stating that her husband needed

urgent medical attention. The police on the scene called for a backup TASER device as their department only had a few of them. The police and paramedics attempted to control the man without a TASER but were unsuccessful. They were forced to shoot him in self-defense before the TASER could arrive. Perhaps if every officer had a TASER weapon, that widow might not be a widow today.

All of the scientific jargon and conjecture cannot change what that widow and thousands of police already know. The more TASER weapons deployed, the more lives will be saved. The public, and sworn law enforcement professionals who serve them, will be safer with more TASER weapons in the hands of these officers -- not less. And, the sooner that happens -- the better.

Rick Smith, CEO  
Tom Smith, President

About TASER International, Inc.

TASER International, Inc. provides advanced non-lethal weapons for use in the law enforcement, private security, and personal defense markets. Its flagship ADVANCED TASER(R) M26 product uses proprietary technology to incapacitate dangerous, combative, or high-risk subjects that may be impervious to other non-lethal means. Its latest product, the TASER X26 is 60% smaller and lighter than the ADVANCED TASER M26 and reduces injury rates to suspects and officers, thereby lowering liability risk and improving officer safety. TASER(R) technology is currently in testing or deployment at over 5,400 law enforcement and correctional agencies in the U.S. and Canada. Call 480-991-0797 or visit our website at <http://www.taser.com/> to learn more about the new standard in non-lethal weapons.

#### Note to Investors

This press release contains forward-looking information within the meaning of Section 27A of the Securities Act of 1933 and Section 21E of the Securities Exchange Act of 1934, and is subject to the safe harbor created by those sections. The forward-looking information is based upon current information and expectations regarding TASER International. These estimates and statements speak only as of the date on which they are made, are not guarantees of future performance, and involve certain risks, uncertainties and assumptions that are difficult to predict. Therefore, actual outcomes and results could materially differ from what is expressed, implied, or forecasted in such forward-looking statements.

TASER International assumes no obligation to update the information contained in this press release. TASER International's future results may be impacted by risks associated with rapid technological change, new product introductions, new technological developments and implementations, execution issues associated with new technology, ramping manufacturing production to meet demand, litigation including lawsuits resulting from alleged product related injuries, media publicity concerning allegations of deaths occurring after use of the TASER device and the negative impact this could have on sales, product quality, implementation of manufacturing automation, potential fluctuations in quarterly operating results, competition, financial and budgetary constraints of prospects and customers, international order delays, dependence upon sole and limited source suppliers, fluctuations in component pricing, government regulations, variation among law enforcement agencies with their TASER product experience, dependence upon key employees, and its ability to retain employees. TASER International's future results may also be impacted by other risk factors listed from time to time in its SEC filings, including, but not limited to, the Company's Form 10-QSBs and its Annual Report on Form 10-KSB.

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