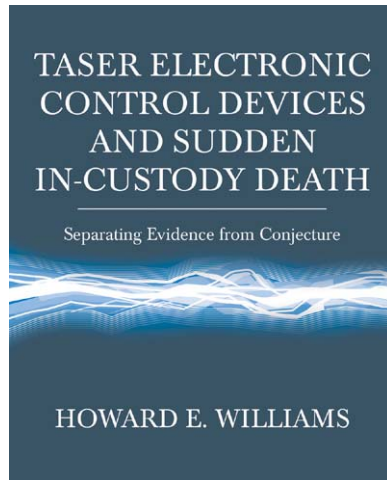


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**TASER ELECTRONIC
CONTROL DEVICES
AND SUDDEN IN-
CUSTODY DEATH:
Separating Evidence
from Conjecture**

By [Howard E. Williams](#)
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DESCRIPTION

Negative sentiment regarding conducted energy weapons is due largely to a lack of understanding about the technology behind such weapons and a misunderstanding of those weapons' physiological effects. Media accounts that speculatively associate sudden in-custody deaths with the use of conducted energy weapons only add to the confusion. **TASER ELECTRONIC CONTROL DEVICES AND SUDDEN IN-CUSTODY DEATH** documents 310 deaths in the United States proximate to the application of TASER electronic control devices from 1983 through 2006. The study examines the phenomenon of sudden death as it relates to electromuscular disruption technology and TASER electronic control devices by constructing 213 cases studies, dating from 1983 through 2005, and analyzing information available from news accounts, police reports, and autopsies. After reviewing the available evidence from this extensive case study, the author concludes that these conducted energy weapons are excluded as the cause of death in 182 of the 212 cases. In only two cases did the evidence tend to confirm the weapon was either a cause of death or a significant contributing factor. While arguing that the TASER electronic control devices are safe less-lethal weapons, the author also cautions that they are not completely effective. He notes that the weapons were not effective in subduing more than 60 percent of violent or aggressive subjects in the 213 case studies, and he documents 131 cases of fatal police shootings and one police fatality following the failure of the weapons. The only way to determine whether the TASER electronic control devices is responsible for deaths is to separate evidence from conjecture and analyze the facts of each case. This book will be an excellent resource for law enforcement professionals, attorneys, investigators, and criminal justice personnel.

TASER ELECTRONIC CONTROL DEVICES AND SUDDEN IN-CUSTODY DEATH



ABOUT THE AUTHOR

Howard E. Williams served twenty-five years with the Austin (Texas) Police Department, advancing through the ranks from patrol officer to Commander before becoming Chief of the San Marcos (Texas) Police Department in 2003. During his career, Chief Williams commanded the Training Division of the Austin Police Department, where he was responsible for developing cadet and officer training programs, including programs in the use of force and the use of less-lethal weapons.

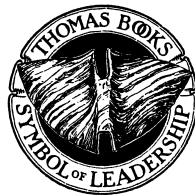
Chief Williams holds a Master Peace Officer's license from the Texas Commission on Law Enforcement Officers Standards and Education (TCLEOSE), and has served on TCLEOSE's Education Committee. Additionally, he also holds a Master of Science degree in Criminal Justice from Texas State University. He is also a graduate of the Leadership and Command College at the Law Enforcement Management Institute of Texas at Sam Houston State University. Chief Williams is an adjunct instructor in the Criminal Justice Department at Texas State University, where he instructs classes in management and forensic evidence, and he has been a guest lecturer for criminology classes at the University of Texas. He is also the author of two other books in criminal investigations, *INVESTIGATING WHITE-COLLAR CRIME: Embezzlement and Financial Fraud*, Second Edition and *ASSET FORFEITURE: A Law Enforcement Perspective*.

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By

HOWARD E. WILLIAMS



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PREFACE

Basic research is what I'm doing when I don't know what I'm doing.

(Wernher Von Braun, Attributed)

In 2001, I was the Commander of the Northeast Area Command of the Austin (Texas) Police Department (APD), and I was the first Commander at the APD to purchase TASER® electronic control devices for the patrol officers.¹ Special Weapons and Tactics (SWAT) officers had them, but line officers did not. It seemed to me that more line officers would unexpectedly encounter violently resisting subjects than would SWAT officers. Shortly after we trained the officers and deployed the TASER M26 devices, I began to hear success stories relating how well they worked. I was so sure of the effectiveness of the weapons that, when I became Chief of the San Marcos (Texas) Police Department in 2003, I purchased TASER X26 devices for the line officers there. Once again, I soon heard the success stories. I also noticed that lost work time due to on-the-job injuries decreased more than 70 percent in the first year following purchase of the TASER electronic control devices. The next year, lost time fell to zero. Officers were also taking fewer prisoners to the hospital for treatment following arrests. I was satisfied that conducted energy weapons were a beneficial addition to the arsenal.

Soon, however, I began to hear concerns regarding the deaths that had followed the use of a TASER device. I read the Amnesty International reports that questioned the safety of TASER electronic control devices and the many news media articles that insinuated, or in some cases alleged, that TASER products were the cause of many deaths. I also read articles defending TASER devices, including some that employees at TASER International, Inc. had written. However, I noticed that many of the criticisms I read were rife with conjecture. I could understand questioning the safety and efficacy of the weapons that the police use, but, being an old cop, I did not want Amnesty International or TASER International telling me what to think. I

1. TASER® is a trademark of TASER International, Inc. registered in the United States. All rights reserved.

wanted to see the evidence. As I have often told my students at Texas State University, where I am adjunct faculty in the Criminal Justice Department, “You do not have to trust what anyone tells you. Research it yourself.”

So, I determined to take my own advice. Not being sure exactly what I needed to learn, with apologies to the memory of Doctor Von Braun, I began with some basic research. I decided that one cannot draw conclusions regarding the use of TASER devices without first knowing how the devices work, knowing what other researchers and scientists have learned about the workings of electronic control devices, knowing the facts of what happened in each case, and knowing what the medical examiner or coroner said about each death. The amount of information necessary to make an informed decision was not available in the reports that I had read.

Finding journal articles and published reports of scientists and other researchers was not too difficult. The library resources at Texas State University made that part of the research simple enough. Obtaining the relevant police and autopsy reports was another matter. The public information laws of the various states made that task much more difficult, and, in some cases, made it impossible. Nevertheless, I gathered as much information as I could from the primary sources, and when primary sources of information were not available, I relied on news reports. I then analyzed the information by comparing what happened in each incident to what we know about the phenomenon of sudden death and the workings of TASER electronic control devices. I tried to set aside my preconceived ideas and simply examine each case on the merits of its own evidence. Was there sufficient evidence to confirm the TASER devices as the cause of death? Was there sufficient evidence to exclude the TASER devices as the cause of death?

I believe that the evidence presented in *TASER ELECTRONIC CONTROL DEVICES AND SUDDEN IN-CUSTODY DEATH: Separating Evidence from Conjecture* will show why, after completing the research, I am still a proponent of the use of TASER devices. Of course, TASER electronic control devices are weapons, and I will never refer to them as anything but weapons. The police should never take lightly using weapons on the citizenry, but the judicious use of force is necessary to enforce the law and to maintain order. As with any new tool, police officers will have to adapt and learn to use the tool with the proper discretion. As with any new technology, police managers will have to define policies and procedures to govern the use of TASER electronic control devices and other conducted energy weapons, but policy discussions are for another book.

TASER International does not need me to defend their products. They are quite capable of defending themselves. My purpose is only to try to separate the evidence from conjecture. The evidence makes the case that TASER devices are not instruments of death, and I believe that the only conclusion the evidence supports is that TASER electronic control devices are safe weapons. At least, they are as safe as weapons can be.

In the spirit of full disclosure, I have no financial interest in TASER International, Inc. I do not own stock, I am not on their payroll, and I have re-

ceived no financial support from anyone in conducting the research for/or the writing of this book.

Additionally, while researching this book, I may not have discovered cases that occurred between 1983 and 2006. If anyone knows of a case that I should examine for future research, please contact me at my e-mail address: howardewilliams@msn.com.

CONTENTS

	<i>Page</i>
<i>Preface</i>	v
<i>Chapter</i>	
1. SUDDEN IN-CUSTODY DEATH	3
Excited Delirium	6
Restraint Asphyxia	8
Metabolic Acidosis	9
Rhabdomyolysis	9
Handling Excited Delirium Patients	9
Catecholamine	11
Sympathomimetics	11
Neuroleptics	12
Correlation versus Causation	13
Summary	15
Key Terms	16
2. CONDUCTED ENERGY WEAPONS	17
A Short History of TASER International, Inc.	17
Electronic Characteristics	19
Physiological Effects	19
Literature Reviews	22
Technical Studies	24
Medical Studies	26
Adverse Studies	31
TASER Devices as Nonlethal Force	31
Summary	33
Key Terms	33
3. CASE STUDIES	34
First and Second Generation TASER Weapon Cases	35
Vincent Alvarez	36
Raul Guevara, Jr.	36

Larry Donnell Gardner	37
Cornelius Garland Smith	37
Lannie Stanley McCoy	38
Joseph Rodriguez	38
Anthony Manwell Williams, III	39
Robert Zapata	39
Robert (Charles) Herbert Bobier	40
Yale Lary Wilson	40
Miguel Contreras	41
Mario Antonio “Tony” Gastelum	41
Stewart Alan Vigil	42
William McCall	42
Edward Breen	43
Charles Eugene Miles	43
Jose Torres	44
Anthony Puma	44
Jeffrey Michael Leonti	45
Duane Jay Johnson	45
Douglas L. Danville	46
Douglas Charles	47
Max Leyza Garcia	47
Donnie Ray Ward	48
James Ricard	48
Clarice A. Younger	49
David Martinez	49
Michael James Bryant	50
Vital Montilla	50
Daniel Scott Gizowski	51
Richard Wayne Harris	51
LeeGrand Griffin	52
Bruce Klobuchar	52
Byron Williams	53
Scott Jaron Norberg	53
James Quentin Parkinson	54
Kimberly LaShon Watkins-Oliver	54
Andrew Hunt, Jr.	55
Garner Roosevelt Hicks, Jr.	55
Mark Andrew Brown	56
Michael Labmeier	56
David Torres Flores	57
Third and Fourth Generation TASER Weapon Cases	58
Enrique Juarez Ochoa	58
Mark Lorenzo Burkett	58
Steven Vasquez	59
Marvin Hendrix	59
Vincent Delostia	60

Anthony Spencer	60
Henry William Canady	61
Richard Joseph Baralla	62
Eddie Rene Alvarado	62
Nicholas Aguilar	63
Jason Nichols	64
Fermin Rincon	64
Clever Craig, Jr.	65
Gordon Randall Jones	65
Johnny Lozoya	66
Frederick Steven Webber	66
Stephen L. Edwards	67
Ronald Edward Wright	68
Christopher Smith	68
Corey Calvin Clark	68
Joshua Alva Hollander	69
Timothy Roy Sleet	69
David Sean Lewandowski	70
Troy Dale Nowell	70
John Lee Thompson	71
Walter Curtis Burks, Jr.	72
Gordon Benjamin Rauch	72
Ray Charles Austin	73
Glenn Richard Leyba	74
Roman Gallius Pierson	74
Dennis D. Hammond	75
Louis N. Morris, Jr.	75
James Lee Borden	76
Michael Sharp Johnson	77
Kerry Kevin O'Brien	77
Lewis Sanks King	78
Curtis Lamar Lawson	78
David Glowczenski	79
Raymond Siegler	80
William D. Lomax, Jr.	80
Curt Lee Rosentangle	81
Terry L. Williams	82
Phillip LeBlanc	82
Melvin Samuel	83
Robert Harold Allen	83
Anthony Alfredo Diaz	84
Eric Wolle	85
Henry John Lattarulo	85
Frederick Jerome Williams	86
Daryl Lavon Smith	86
Anthony Carl Oliver	87

Jerry W. Pickens	88
James Arthur Cobb, Jr.	88
Jacob John Lair	89
Abel Ortega Perez	89
Kris J. Lieberman	90
Eric Bernard Christmas	90
Demetrius Tillman Nelson	91
Willie Smith, III	91
Milton Francisco Salazar	92
Keith Tucker	92
David Riley	93
Ernest J. Blackwell	94
Anthony Lee McDonald	94
William Malcolm Teasley	95
Richard “Kevin” Karlo	96
Michael Lewis Sanders	96
Lawrence Samuel Davis	97
Jason David Yeagley	97
Michael Robert Rosa	98
Samuel Ramon Wakefield	99
Andrew Lamar Washington	99
John Alex Merkle	100
Dwayne Anthony Dunn	100
Christi Michele Ball	101
Greshmond Gray	101
Robert Guerrero	102
Keith Raymond Drum	103
Ricardo Reyes Zaragoza	103
Jessie Robert Tapia	104
Charles Christopher Keiser	105
Byron W. Black	106
Patrick Fleming	106
Kevin Downing	107
Lyle Lee Nelson	107
Douglas G. Meldrum	108
David J. Cooper	108
Jeanne Marie Hamilton	109
Ronnie James Pino	109
Timothy Bolander	110
Christopher Dearlo Hernandez	111
Gregory Saulsbury	111
Dennis S. Hyde	112
Carl Nathaniel Trotter	113
Jerry John Moreno	114
James Edward Hudson	114
Jeffrey A. Turner	115

Ronald Alan Hasse	115
Robert Fidalgo Camba	116
Joel Don Casey	117
Robert Clark Heston, Jr.	118
Shirley Andrews	118
David Levi Evans, Jr.	119
Willie Michael Towns	119
Mark Young	120
Milton Woolfolk, Jr.	120
Eric J. Hammock	121
James Floyd Wathan, Jr.	121
Ricky Paul Barber	122
John Cox	123
Jesse Cleon Colter, III	123
Keith Edward Graff	124
Lawrence Berry	124
Stanley Wilson	125
Vernon Anthony Young	125
Leroy Pierson	126
Randy Martinez	126
Lee Marvin Kimmel	127
Richard James Alvarado	128
Walter Lamont Seats	128
Richard Thomas Holcomb	128
Nazario Javier Solorio	129
Ravan Jermont Conston	130
Russell Walker	131
Horace Owens	131
Michael Anthony Edwards	132
Shawn Christopher Pirolozzi	132
Robert Earl Williams	133
Melinda Kaye (Fairbanks) Neal	134
Carolyn J. Daniels	134
Phoarah Kareem Knight	135
Tommy Valentine Gutierrez	135
Rockey Bryson	136
Kevin Ray Omas	136
Otis Gene Thrasher	137
Ernesto Valdez, Jr.	137
Carlos Casillas-Fernandez	138
Michael Leon Crutchfield	138
Maurice Cunningham	139
Eliseo Maldonado	140
Terrence Thomas	140
Eric Michael Mahoney	141
Brian Patrick O'Neal	141

Dwayne Zachary	142
Olson Agoodie	143
Frank Gilman Edgerly	143
Robert E. Boggon	144
Brian Lichtenstein	144
Shawn A. Norman	145
David Anthony Cross	146
Timothy Michael Torres, Jr.	146
Patrick Aaron Lee	147
Michael Lesean Clark	147
Mary Eleanor Malone Jeffries	148
Timothy Glen Mathis	148
David Michael Croud	149
Steven Michael Cunningham	150
Jose Maravilla Perez, Jr.	150
Miguel Serrano	151
Cedric Stemberg-Barton	151
Joshua Brown	152
Jose Angel Rios	152
Hansel Cunningham, III	153
Barney Lee Green	153
Tyler Marshall Shaw	154
Tracy Rene Shippy	155
Kevin Dewayne Wright	155
Jeffrey Dean Earnhardt	156
Michael Stanley Tolosko	156
Howard Starr	157
David L. Moss, Jr.	157
4. ANALYSIS OF TASER CASE STUDY DATA	159
Group One Analysis	159
Group Two Analysis	162
Summary	164
<i>Appendices</i>	
Appendix A: Unexpected Deaths Following Application of TASER–2006	165
Appendix B: Unexpected Deaths by Jurisdiction–1983 through 2006	169
Appendix C: List of Fatal Shootings 1987 to 2006	173
<i>Glossary</i>	177
<i>Bibliography</i>	185
<i>Index</i>	205

**TASER ELECTRONIC CONTROL DEVICES
AND SUDDEN IN-CUSTODY DEATH**

Chapter 1

SUDDEN IN-CUSTODY DEATH

Death is terrifying because it is so ordinary. It happens all the time.

Susan Cheever, *Home Before Dark*

No single incident can spark as much controversy and create as many public relations difficulties for a law enforcement executive than an in-custody death, especially when someone who appears strong and healthy suddenly dies. Now, more than ever, the public, the news media, and the courts scrutinize the actions of law enforcement officers. Nowhere is that scrutiny more apparent than in use of force encounters, and the scrutiny intensifies dramatically when a death is involved. Unexpected deaths generally create great public controversy regarding police tactics and the legitimate need for the use of force.

The most significant controversy of the past decade is the use of electromuscular disruption technology to subdue aggressive or resisting subjects. Electromuscular disruption technology is a less-lethal technology that uses pulses of electricity to incapacitate suspects. Conducted energy weapons are defensive systems that deploy an electromuscular disruption technology to affect the sensory and motor functions of the somatic nervous system, the part of the peripheral nervous system associated with the voluntary control of body movements through the action of skeletal muscles and with the reception of external stimuli. Although many different types and brand names of conducted energy weapons exist, because of their popularity with law enforcement agencies across the United States, the controversy has centered on TASER

devices, which are manufactured by TASER International, Inc. of Scottsdale, Arizona.

Unlike most discussions about police tactics, which attract little public attention, the debate over the use of TASER devices is a very public battle. Newspapers consistently publish headlines announcing deaths supposedly related to the use of TASER electronic control devices. Amnesty International and the American Civil Liberties Union are waging campaigns, if not to ban law enforcement from using electromuscular disruption technology, at least to impose a moratorium on using conducted energy weapons. Critics of the technology argue that research on conducted energy weapons is lacking and that the numbers of deaths following the use of such weapons are evidence that they are not safe. Supporters counter that conducted energy weapons are safer than traditional less-lethal weapons, such as batons and chemical sprays, and that they reduce the incidence of injury to officers and to the public. The crux of the debate is whether the TASER devices are responsible for the sudden unexpected deaths that have followed their use.

We know little about the frequency or causes of sudden in-custody deaths; however, we do know that people die unexpectedly while in police custody, with and without the use of a TASER device. To understand whether TASER devices significantly contribute to sudden in-custody deaths, one must

first understand something of the phenomenon of sudden death. The World Health Organization, a specialized agency of the United Nations that acts as a coordinating authority on international public health, compiles the internationally recognized International Classification of Diseases. The International Classification of Diseases (ICD) defines sudden death as cardiorespiratory collapse occurring within twenty-four hours of the beginning of symptoms (ICD 798.2). Roberts (1986) defines sudden death as one that is nonviolent or nontraumatic, that is unexpected, that is witnessed, and that is instantaneous or occurs within a few minutes of an abrupt change in a previous clinical state. In contrast to sudden death, instantaneous death is death with immediate collapse without preceding symptoms (DiMarco, 2003). Most in-custody deaths fall within Roberts' definition of sudden death, which excludes police-related shootings, since a shooting is violent and traumatic, and death is an entirely expected consequence of the use of deadly force.

Although sudden death has recently become a hot topic for law enforcement executives, it is not a new or uncommon phenomenon. Each year in the United States, more than 300,000 individuals die suddenly from some form of cardiovascular disease, alone (DiMarco, 2003). Sudden death is a complicated and complex process, and it is not reasonable to expect law enforcement officers to diagnose medical conditions that may lead to sudden death. In fact, most predisposing factors of sudden death are not visible to officers. Only a review of a person's medical history and a physical examination will reveal those factors. Research has discovered several predisposing factors that increase the risk for sudden death:

- Obesity;
- Cardiomegaly (an enlarged heart);
- Coronary atherosclerosis (coronary artery disease);
- A previous heart attack;
- Myocarditis (an inflammation of the muscles of the heart);
- A fibrotic heart;
- Under the influence of illicit drugs, although some instances of sudden death can occur

- months after the last ingestion of illicit drugs;
- Too much or too little neuroleptic medication (drugs used to treat psychoses), or the medications are not working;
- Failure to take prescribed drugs;
- Diabetes and hypoglycemia (a lower than normal amount of glucose in the blood);
- Hyperthyroidism;
- A head injury, or a previous head injury;
- Dehydration;
- Underlying psychiatric disease; and
- Alcohol intoxication or withdrawal (Peters, 2006c).

Several clinical and autopsy-based studies have reported triggering of sudden cardiac death with exercise. Data supporting the concept that vigorous physical activity can trigger ventricular fibrillation have come from emergency medical records showing that 11 to 17 percent of adults collapsed during or immediately after exertion, but the amount of exertion is rarely quantified (Pinto & Josephson, 2004). In one review in Seattle, 11 percent of 316 consecutive victims of sudden death died during or immediately after exercise. In Miami, 17 percent of 150 patients had exertion-related sudden death. In Seattle, researchers estimated the incidence of exercise-related sudden death at 5.4 per 100,000. During vigorous activity, the incidence is 5 times higher for men who exercise frequently and 56 times higher for men who exercise infrequently (Fletcher, Flipse, & Oken, 2004). Clearly, the risk of sudden death following violent exertion, such as a struggle with police or straining against restraints, increases manifold for people with predisposing factors for sudden death.

The case studies in Chapter 3 show that, in the 213 custody deaths following the application of a TASER electronic control device from 1983 through 2005, the medical examiner or coroner observed one or more predisposing factors of sudden death in at least 187, or 87.8 percent, of those cases. In at least 75 cases, or 35.2 percent, the medical examiner or coroner observed more than one predisposing factor. Because not all autopsy reports were available, the exact number of cases with predisposing factors for sudden death is unknown.

The major difficulty with studying in-custody deaths is that, unlike crime records reporting, no central database exists to collect data on in-custody deaths. Consequently, it is difficult to ensure that data are complete and accurate. Emergency physicians at the University of Minnesota faced that daunting task when they conducted a twelve-month surveillance study of in-custody deaths in 2004 and 2005 (Ho, Miner, Heegaard & Reardon, 2005). The study relied on news reports to collect data on subject gender, age, behavior, force and weapons used to affect the arrest, time of collapse proximal to the arrest, and the presence of illicit substance abuse. They conducted follow-up interviews with law enforcement agencies when necessary to clarify information. The physicians reported on 162 in-custody deaths: 21 were instantaneous deaths, 85 deaths occurred in less than one hour, and 56 deaths occurred between one and forty-eight hours after the initial contact with law enforcement officers. Males accounted for 156 deaths, or 96.3 percent, and females accounted for six. The mean age of the deceased was 35.7 years, with an age range of 15 to 75 years. Just prior to arrest, 102, or 63 percent exhibited bizarre behavior and 101, or 62.3 percent, had confirmed illicit drug use (Ho et al., 2005).

Perhaps the most interesting finding of the study was the type of force that law enforcement officers used. In 22 cases, the law enforcement officers used no force beyond the application of handcuffs. In 111 cases, the suspect and the officers engaged in significant hands-on force. In 84 cases, the officers used intermediate or less-lethal weapons, including 20 uses of chemical spray, 14 uses of impact weapons, and 50 applications of a TASER device. Because officers sometimes used more than one level of force in a given incident, the numbers total more than the 162 cases. In every case, the police used handcuffs to secure the subject (Ho et al., 2005).

The authors of the study noted that in none of the 21 instantaneous deaths was a TASER electronic control device involved, which is an important observation. If the electrical discharge from the device disrupted the rhythm of the heart, as many critics claim, then collapse and death should have been almost instantaneous, within 5 to 15 seconds.

Since death did not occur instantaneously following any of the TASER device applications in the University of Minnesota study, the cause of death must have been something other than the electrical impulses of a conducted energy weapon.

Unlike in the United States, the government in the United Kingdom, for years, has required the reporting of custody deaths. Before the introduction of TASER devices in the United Kingdom, deaths in custody occurred at the rate of approximately one a week. The subjects who died following the application of TASER devices in the United States and the subjects who died in custody in the United Kingdom shared many of the same risk factors for sudden death (Bleetman & Steyn, 2003).

The case studies in Chapter 3 show that, in the 213 in-custody deaths following the application of a TASER electronic control device from 1983 through 2005, the demographics closely match those of the University of Minnesota study. Males accounted for 204 deaths, or 95.8 percent, and females accounted for nine. The mean age of the deceased was 35.5 years of age, and the age range was 17 to 65. Just prior to arrest, 156, or 73.2 percent, exhibited bizarre behavior, and 145, or 68.1 percent, had confirmed illicit drug use. Table 1, Sudden Death Study Comparisons, demonstrates how similar the findings of the University of Minnesota sudden death study are to the findings of the TASER device case studies in Chapter 3.

Table 1
SUDDEN DEATH STUDY COMPARISONS

	<i>University of Minnesota Study</i>	<i>Case Studies from Chapter 3</i>
Gender		
Male	96.3 %	95.8 %
Female	3.7 %	4.2 %
Mean Age	35.7 years	35.5 years
Age Range	15 to 75 years	17 to 65 years
Bizarre Behavior	63.0 %	73.2 %
Illicit Drug Use	62.3 %	63.8 %

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 **Email Charly at:** c-d-miller@neb.rr.com
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