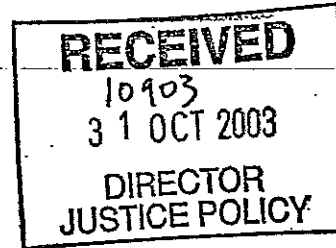
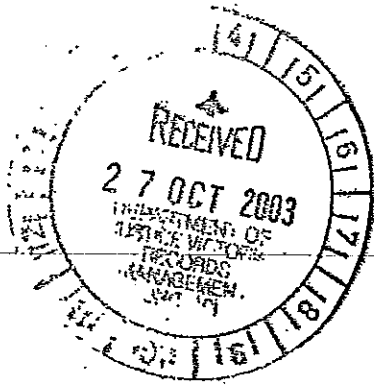




VICTORIA POLICE



BUSINESS SERVICES
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28 OCT 2003
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Christine Nixon APM
Chief Commissioner of Police

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Mr Andre Haermeyer
Minister for Police and Emergency Services
GPO Box 4356QQ
MELBOURNE VIC 3001

Dear Minister,

Re: Possible Operational Use Of Air Tasers By Victoria Police

This letter is in response to your letter dated 15 July 2003 in which you have outlined the Tasar advisory groups' report and requested a response to their finding and recommendations.

As a consequence, Victoria Police engaged the Alfred Hospital Biomedical Engineering Department to undertake a comprehensive scientific evaluation of the M-26 Air Taser. A copy of the final report from this Department is attached.

The evaluation mentions two models of Air Taser, the M-26 that was tested and the X-26, the model recommended by the Special Operations Group, that was not available for testing. I am advised that that the X-26 model has the following improvements without any change to the output power or strength of current.

- It is 60% smaller than the M-26;
- Uses the same cartridge as the M-26;
- Records 2000 uses as opposed to 500 uses on the M-26;
- Contains a visual display screen providing accurate indicator to remaining battery power;
- Contains a display indicating length of charge 0 - 5 seconds;
- It is fitted with a light source, laser source and can be utilised with either or both sources at the same time or in stealth mode without either source operating.

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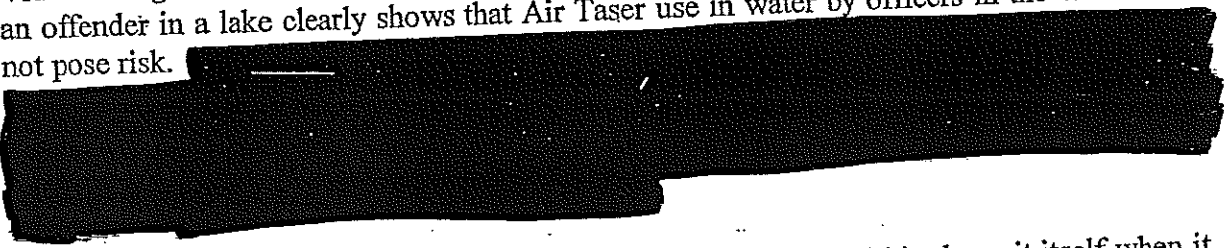
The Ministerial Advisory Group, in their report to you dated September 2002, stated there was a distinct lack of supporting documentation regarding the safe use of Air Tasers. The attached documentation from the Alfred Hospital addresses that issue.

The advisory group expressed concern over a lack of knowledge of the power output and capabilities of the Air Taser. The Alfred Hospital report explores this issue in detail and provides comprehensive information in relation to the capabilities of the Air Taser and the likely effects on a variety of persons.

With regard to Air Taser use on certain classes of person, (pregnant women, people with cardiovascular disease, people affected by the use of stimulant drugs, children, adolescents, older people and people with mental illness) the findings show, that the Air Taser poses no greater threat to persons afflicted with cardiovascular disease, mental illness or affected by stimulant drugs. In the literature review provided by the Alfred Hospital, the issue of Taser use on pregnant women is addressed and one disputed case of miscarriage which did not involve the M-26 Taser is mentioned. The Taser involved in the incident mentioned was an early model device with a different pulse width, pulse frequency and amplitude.

When applying the use of force philosophy outlined in Police Operating Procedures Manual and a use of force continuum, there would need to be exceptional and extreme circumstances before the Special Operations Group would deploy the Air Taser on these classes of person. The resultant risk of injuries due to falling after the Taser is used on a subject person remain and are common with the use of O/C spray or a firearm.

Video footage obtained by the Special Operations Group of an actual Air Taser deployment on an offender in a lake clearly shows that Air Taser use in water by officers in the water does not pose risk.



Accountability of use is enforced by automatic storage of details within the unit itself when it is deployed. To monitor trends and manage use, normal police records (Use of Force Forms) would be required when an Air Taser is deployed. A database would store all details of incidents at which Air Tasers were deployed during any trial period.

It is my view that justification for the use of Air Taser would be restricted to the same current justification for the use of OC spray, that is:

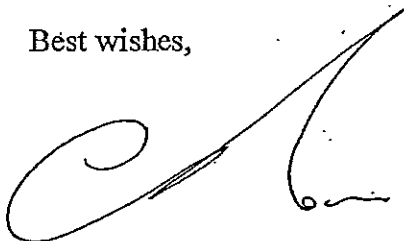
- *In situations of violent and serious physical confrontation
- *Where a person is involved in violent or other physical conduct likely to seriously injure themselves or result in suicide.
- *Where it is appropriate to deter attacking animals

Section 462A of the Crimes Act remains the statutory authority for police to use reasonable force.

In respect to the issue of medical after-care, the Alfred Hospital report recommends that a Medical Practitioner, at a hospital, examine all persons exposed to the Air Taser. I concur with this recommendation for the duration of any trial period.

In view of the outcomes of the Alfred Hospital report; I recommend a twelve-month trial evaluation of the X-26 Air Taser. It is proposed that the trial be limited to Special Operations Group personnel and that a comprehensive evaluation report be produced to assess the viability of permanent and wider use of the Air Taser.

Best wishes,



Christine Nixon ,APM
Chief Commissioner

23 / 10 / 2003

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