



Conducted Electrical Weapon Reporting Form

To be completed by any Vermont Law Enforcement Officer after the display or deployment of a Conducted Electrical Weapon (CEW)

SECTION ONE: Display and/or Deployment Information

| | | | |
|--|---|---|---------------------------|
| Case Number: | 21LC003518 | Location of Incident: | North Hyde Park |
| Date of Incident: | 08-10-2021 | Time of Incident: | 1823 |
| CEW Model: | X-26P | CEW Serial Number: | 11003x3x13001459 |
| Use of CEW: Check all that apply | <input checked="" type="checkbox"/> CEW displayed | | |
| | <input checked="" type="checkbox"/> Probes fired | Location where probes hit subject: | lower back upper buttocks |
| | <input type="checkbox"/> Drive stun mode | No. of cycles: | |
| | | Location where was CEW held against subject's body: | |
| Was a recording device running at the time of the incident? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, was it a <input checked="" type="checkbox"/> Body Cam <input type="checkbox"/> Dashboard Cam <input type="checkbox"/> other (describe): | | | |
| Was the subject: <input checked="" type="checkbox"/> Human OR <input type="checkbox"/> Animal (if animal, STOP here and submit form) | | | |
| Was subject charged with a crime? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, what charge(s): Domestic Assault | | | |

SECTION TWO: Incident Information

| | | | | | | | | | | | | | | | | |
|---|--|--|---|---|---|--|---|--|--|--|-------------------------------------|---|--|---|--|--|
| 1. Subject Gender: <input type="checkbox"/> Female <input checked="" type="checkbox"/> Male | 2. Subject Age (if unknown, give an approximate guess): 35 | 3. Perceived race of subject at the time of display or deployment: <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Black or African-American <input type="checkbox"/> Hispanic or Latino <input checked="" type="checkbox"/> White <input type="checkbox"/> Unknown | | | | | | | | | | | | | | |
| 4. Before deployment, did you have reason to believe the subject was a member of a special population? If yes, check all that apply. (If none apply, go to Question 6) <table border="0"><tr><td><input type="checkbox"/> Pregnant</td><td><input type="checkbox"/> Traumatic Brain Injury</td></tr><tr><td><input type="checkbox"/> Elderly (Over the age of 65)</td><td><input type="checkbox"/> Emotional crisis to the extent subject may have had difficulty understanding requests or orders</td></tr><tr><td><input type="checkbox"/> Child (Under the age of 18)</td><td><input type="checkbox"/> Epilepsy/seizure disorder</td></tr><tr><td><input type="checkbox"/> Low body-mass index (Body type is Thin)</td><td><input type="checkbox"/> Heart condition</td></tr><tr><td><input type="checkbox"/> Disability</td><td><input type="checkbox"/> Deaf/hard of hearing</td></tr><tr><td><input type="checkbox"/> Mental health condition</td><td><input type="checkbox"/> Low vision/blind</td></tr><tr><td><input type="checkbox"/> Developmental/intellectual disability</td><td></td></tr></table> | | | <input type="checkbox"/> Pregnant | <input type="checkbox"/> Traumatic Brain Injury | <input type="checkbox"/> Elderly (Over the age of 65) | <input type="checkbox"/> Emotional crisis to the extent subject may have had difficulty understanding requests or orders | <input type="checkbox"/> Child (Under the age of 18) | <input type="checkbox"/> Epilepsy/seizure disorder | <input type="checkbox"/> Low body-mass index (Body type is Thin) | <input type="checkbox"/> Heart condition | <input type="checkbox"/> Disability | <input type="checkbox"/> Deaf/hard of hearing | <input type="checkbox"/> Mental health condition | <input type="checkbox"/> Low vision/blind | <input type="checkbox"/> Developmental/intellectual disability | |
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| <input type="checkbox"/> Mental health condition | <input type="checkbox"/> Low vision/blind | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Developmental/intellectual disability | | | | | | | | | | | | | | | | |
| 5. How did you obtain information leading to your belief that the subject was a member of a special population? Check all that apply: <table border="0"><tr><td><input type="checkbox"/> Subject notified officer</td><td><input type="checkbox"/> Civilian witness</td></tr><tr><td><input type="checkbox"/> Professional witness</td><td><input type="checkbox"/> Dispatch</td></tr><tr><td><input type="checkbox"/> Personal perception of the subject</td><td></td></tr></table> | | | <input type="checkbox"/> Subject notified officer | <input type="checkbox"/> Civilian witness | <input type="checkbox"/> Professional witness | <input type="checkbox"/> Dispatch | <input type="checkbox"/> Personal perception of the subject | | | | | | | | | |
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| <input type="checkbox"/> Personal perception of the subject | | | | | | | | | | | | | | | | |
| 6. To the best of your knowledge, was the person under the influence of alcohol or other drugs at the time of the incident? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | | | | | | | | | | | | | | | | |
| 7. Were mental health or developmental disabilities professionals contacted for assistance with the subject? <input checked="" type="checkbox"/> No (If no, go to Section Three) <input type="checkbox"/> Yes | | | | | | | | | | | | | | | | |

If yes, contacted by: ☐ Officer or ☐ Someone Else (list whom): _____

If yes, when?

☐ Prior to the display or deployment

☐ During the display or deployment

☐ After the display or deployment

Other comments:

8. What was the outcome of that attempt to contact mental health care or developmental disability professionals? Check all that apply:

☐ Professional assisted to resolve situation more promptly or with less coercion than without contact;

☐ Professional did not result in any positive or helpful impact on the situation;

☐ Professional provided limited positive or helpful impact on the situation;

☐ Contact was attempted but no one could be reached;

☐ Professional helped reduce the time officers had to be at the scene;

☐ Professional helped avoid involuntary placement in detention or emergency department;

☐ Professional helped provide appropriate follow-up and service provision;

☐ Intervention was ineffective.

SECTION THREE: ADDITIONAL INFORMATION

Decision to use CEW was based on:

☐ Active aggression of subject;

☒ Active resistance of subject, with injuries to others or subject likely to occur;

☐ Anticipated injuries to subject, officer, or others at scene.

What was the subject's response to the use of the CEW?

☒ Subject was compliant directly after use of CEW;

☐ Subject was not compliant directly after use of CEW, requiring additional force;

☐ CEW failed; subject had to be handled through other means. State reason for failure if known:

Was any other force used in addition to the CEW? Check all that apply:

☐ OC

☐ Firearm

☐ Physical force

☐ Baton

☐ other (describe):

Was this additional use of force before or after use of the CEW? ☐ Before ☐ After

Was medical assistance provided to the subject following the use of the CEW? ☒ Yes ☐ No

If yes, by whom? ☒ Officer ☐ EMS personnel ☐ Other emergency or health care professionals

Check any box below relating to noteworthy details not already described:

☐ Incident occurred on an elevated location such as a roof, stairs, or bridge;

☐ Subject was near or in water at time of incident;

☐ Subject was wearing heavy clothes;

☐ Subject was more than 25 feet away when CEW probe shot;

☐ Subject was fleeing when CEW probe shot.

Was the training "Interacting with People Experiencing a Mental Health Crisis" (also known as Act 80 training) useful in dealing with this incident? ☐ Yes ☐ No ☒ N/A

If no, describe why not:

Return this completed form via scan or email to:

Vermont Criminal Justice Training Council

317 Academy Road, Pittsford, VT 05763

Tel: (802)483-6228 Fax: (802)483-2343

Jacob.Hansell@vermont.gov