



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:	21MT001201	Location of Incident:	Sparrow Circle, Milton VT
Date of Incident:	03/26/21	Time of Incident:	1402 hours
CEW Model:	X2	CEW Serial Number:	X29002M33
Use of CEW: <small>Check all that apply</small>	<input checked="" type="checkbox"/> CEW displayed		
	<input type="checkbox"/> Probes fired	Location where probes hit subject:	
	<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): DLS			

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): <div style="font-size: 2em; font-weight: bold; text-align: center;">37</div>	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 style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/> Pregnant</td> <td style="width: 50%; border: none;"><input type="checkbox"/> Traumatic Brain Injury</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Elderly (Over the age of 65)</td> <td style="border: none;"><input type="checkbox"/> Emotional crisis to the extent subject may have had difficulty understanding requests or orders</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Child (Under the age of 18)</td> <td style="border: none;"><input type="checkbox"/> Epilepsy/seizure disorder</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Low body-mass index (Body type is Thin)</td> <td style="border: none;"><input type="checkbox"/> Heart condition</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Disability</td> <td style="border: none;"><input type="checkbox"/> Deaf/hard of hearing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Mental health condition</td> <td style="border: none;"><input type="checkbox"/> Low vision/blind</td> </tr> <tr> <td style="border: none;"><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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5. How did you obtain information leading to your belief that the subject was a member of a special population? Check all that apply:																
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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 type="checkbox"/> Yes <input checked="" 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																

<p>If yes, contacted by: <input type="checkbox"/> Officer or <input type="checkbox"/> Someone Else (list whom): _____</p> <p>If yes, when?</p> <p><input type="checkbox"/> Prior to the display or deployment</p> <p><input type="checkbox"/> During the display or deployment</p> <p><input type="checkbox"/> After the display or deployment</p> <p>Other comments:</p>
<p>8. What was the outcome of that attempt to contact mental health care or developmental disability professionals? Check all that apply:</p> <p><input type="checkbox"/> Professional assisted to resolve situation more promptly or with less coercion than without contact;</p> <p><input type="checkbox"/> Professional did not result in any positive or helpful impact on the situation;</p> <p><input type="checkbox"/> Professional provided limited positive or helpful impact on the situation;</p> <p><input type="checkbox"/> Contact was attempted but no one could be reached;</p> <p><input type="checkbox"/> Professional helped reduce the time officers had to be at the scene;</p> <p><input type="checkbox"/> Professional helped avoid involuntary placement in detention or emergency department;</p> <p><input type="checkbox"/> Professional helped provide appropriate follow-up and service provision;</p> <p><input type="checkbox"/> Intervention was ineffective.</p>
<p>SECTION THREE: ADDITIONAL INFORMATION</p>
<p>Decision to use CEW was based on:</p> <p><input type="checkbox"/> Active aggression of subject;</p> <p><input checked="" type="checkbox"/> Active resistance of subject, with injuries to others or subject likely to occur;</p> <p><input checked="" type="checkbox"/> Anticipated injuries to subject, officer, or others at scene.</p>
<p>What was the subject's response to the use of the CEW?</p> <p><input checked="" type="checkbox"/> Subject was compliant directly after use of CEW;</p> <p><input type="checkbox"/> Subject was not compliant directly after use of CEW, requiring additional force;</p> <p><input type="checkbox"/> CEW failed; subject had to be handled through other means. State reason for failure if known:</p>
<p>Was any other force used in addition to the CEW? Check all that apply:</p> <p><input type="checkbox"/> OC <input type="checkbox"/> Firearm <input checked="" type="checkbox"/> Physical force <input type="checkbox"/> Baton</p> <p><input type="checkbox"/> other (describe):</p> <p>Was this additional use of force before or after use of the CEW? <input type="checkbox"/> Before <input type="checkbox"/> After</p>
<p>Was medical assistance provided to the subject following the use of the CEW? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, by whom? <input type="checkbox"/> Officer <input checked="" type="checkbox"/> EMS personnel <input type="checkbox"/> Other emergency or health care professionals</p>
<p>Check any box below relating to noteworthy details not already described:</p> <p><input type="checkbox"/> Incident occurred on an elevated location such as a roof, stairs, or bridge;</p> <p><input type="checkbox"/> Subject was near or in water at time of incident;</p> <p><input type="checkbox"/> Subject was wearing heavy clothes;</p> <p><input type="checkbox"/> Subject was more than 25 feet away when CEW probe shot;</p> <p><input type="checkbox"/> Subject was fleeing when CEW probe shot.</p>
<p>Was the training "Interacting with People Experiencing a Mental Health Crisis" (also known as Act 80 training) useful in dealing with this incident? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A</p> <p>If no, describe why not:</p>

Return this completed form via scan or email to:
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