



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:	21BA008250	Location of Incident:	Tremont St near Winter Meadow
Date of Incident:	09/23/2021	Time of Incident:	app 1041 hrs
CEW Model:	X2	CEW Serial Number:	X30007YKX
Use of CEW: Check all that apply	<input checked="" type="checkbox"/> CEW displayed		
	<input type="checkbox"/> Probes fired	Location where probes hit subject:	n/a
	<input type="checkbox"/> Drive stun mode	No. of cycles:	n/a
		Location where was CEW held against subject's body:	n/a
Was a recording device running at the time of the incident? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, was it a <input 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): VCOR/arrest warrant request as of 9/23/21			

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; text-align: center;">28</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)		
<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		
5. How did you obtain information leading to your belief that the subject was a member of a special population? Check all that apply: <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		
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		

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 fled/not apprehended
 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: *n/a*
 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 *n/a*
 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
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