



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:	22BA008268	Location of Incident:	Summer/Tomasi Street Barre City, VT
Date of Incident:	08/05/2022	Time of Incident:	approximately 0504 hours
CEW Model:	X2	CEW Serial Number:	X3000E2RF
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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, what charge(s): n/a			

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): 24	3. Perceived race of subject at the time of display or deployment: <input type="checkbox"/> Asian <input checked="" type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Black or African-American <input type="checkbox"/> Hispanic or Latino <input 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) <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Pregnant <input type="checkbox"/> Elderly (Over the age of 65) <input type="checkbox"/> Child (Under the age of 18) <input type="checkbox"/> Low body-mass index (Body type is Thin) <input type="checkbox"/> Disability <input type="checkbox"/> Mental health condition <input type="checkbox"/> Developmental/intellectual disability</div><div>n/a</div><div><input type="checkbox"/> Traumatic Brain Injury <input type="checkbox"/> Emotional crisis to the extent subject may have had difficulty understanding requests or orders <input type="checkbox"/> Epilepsy/seizure disorder <input type="checkbox"/> Heart condition <input type="checkbox"/> Deaf/hard of hearing <input type="checkbox"/> Low vision/blind</div></div>		
5. How did you obtain information leading to your belief that the subject was a member of a special population? Check all that apply: <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Subject notified officer <input type="checkbox"/> Professional witness <input type="checkbox"/> Personal perception of the subject</div><div><input type="checkbox"/> Civilian witness <input type="checkbox"/> Dispatch</div><div>n/a</div></div>		
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 type="checkbox"/> No <input checked="" 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

n/a

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.

n/a

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
☐ other (describe):

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

Baton - Taken out and placed behind officer's leg. Baton holstered and taser re-deployed w/ commands.

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:

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