



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:	22LC003788	Location of Incident:	2783 N Hyde Park
Date of Incident:	8/26/22	Time of Incident:	2034 hours
CEW Model:	X26P	CEW Serial Number:	X13006260
Use of CEW: Check all that apply	<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): <u>Disorderly Conduct, Unlawful Trespass</u>			

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): <u>50</u>	3. Perceived race of subject at the time of display or deployment: <input type="checkbox"/> Asian <input type="checkbox"/> Black or African-American <input checked="" type="checkbox"/> White <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Hispanic or Latino <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"/> Elderly (Over the age of 55) <input type="checkbox"/> Child (Under the age of 16) <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	<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	
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 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: <input type="checkbox"/> Officer or <input type="checkbox"/> Someone Else (list whom): _____ If yes, when? <input type="checkbox"/> Prior to the display or deployment <input type="checkbox"/> During the display or deployment <input type="checkbox"/> 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: <input type="checkbox"/> Professional assisted to resolve situation more promptly or with less coercion than without contact; <input type="checkbox"/> Professional did not result in any positive or helpful impact on the situation; <input type="checkbox"/> Professional provided limited positive or helpful impact on the situation; <input type="checkbox"/> Contact was attempted but no one could be reached; <input type="checkbox"/> Professional helped reduce the time officers had to be at the scene; <input type="checkbox"/> Professional helped avoid involuntary placement in detention or emergency department; <input type="checkbox"/> Professional helped provide appropriate follow-up and service provision; <input type="checkbox"/> Intervention was ineffective.	
SECTION THREE: ADDITIONAL INFORMATION	
Decision to use CEW was based on: <input type="checkbox"/> Active aggression of subject; <input checked="" type="checkbox"/> Active resistance of subject, with injuries to others or subject likely to occur; <input checked="" type="checkbox"/> Anticipated injuries to subject, officer, or others at scene.	
What was the subject's response to the use of the CEW? <input checked="" type="checkbox"/> Subject was compliant directly after use of CEW; <input type="checkbox"/> Subject was not compliant directly after use of CEW, requiring additional force; <input type="checkbox"/> 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: <input type="checkbox"/> OC <input type="checkbox"/> Firearm <input type="checkbox"/> Physical force <input type="checkbox"/> Baton <input type="checkbox"/> other (describe): Was this additional use of force before or after use of the CEW? <input type="checkbox"/> Before <input type="checkbox"/> After	
Was medical assistance provided to the subject following the use of the CEW? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, by whom? <input type="checkbox"/> Officer <input type="checkbox"/> EMS personnel <input type="checkbox"/> Other emergency or health care professionals	
Check any box below relating to noteworthy details not already described: <input type="checkbox"/> Incident occurred on an elevated location such as a roof, stairs, or bridge; <input type="checkbox"/> Subject was near or in water at time of incident; <input type="checkbox"/> Subject was wearing heavy clothes; <input type="checkbox"/> Subject was more than 25 feet away when CEW probe shot; <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> N/A If no, describe why not:	

Return this completed form via scan or email to:
 Executive Director Richard Gauthier
 Vermont Criminal Justice Training Council
 317 Academy Road, Pittsford, VT 05763
 Tel: (802)483-6228 Fax: (802)483-2343
 Richard.Gauthier@state.vt.us