



# 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:  | 23BA003454  | Location of Incident:                               | 355 N Main Street Barre VT |  |
| Date of Incident:   | 04/21/23  | Time of Incident:                                   | 1530                       |  |
| CEW Model:  | X2  | CEW Serial Number:                                  | x30007yx3                  |  |
| <b>Use of CEW:</b><br>Check all that apply  | <input type="checkbox"/> CEW displayed              |   |                            |  |
|   | <input type="checkbox"/> Probes fired               | Location where probes hit subject:                  |                            |  |
|   | <input checked="" type="checkbox"/> Drive stun mode | No. of cycles:                                      | 5 seconds                  |  |
|   |   | Location where was CEW held against subject's body: | lower back                 |  |
| Was a recording device running at the time of the incident? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>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<br>If yes, what charge(s): Larceny, Obstruction, Resisting, Sapo (x2), DC, PRD, FIPO  |   |   |                            |  |

## SECTION TWO: Incident Information

|  |  |   |   |   |   |  |   |  |  |  |                                     |   |  |   |  |  |
|--|--|---|---|---|---|--|---|--|--|--|-------------------------------------|---|--|---|--|--|
| 1. Subject Gender:<br><input type="checkbox"/> Female<br><input checked="" type="checkbox"/> Male  | 2. Subject Age (if unknown, give an approximate guess):<br><div style="font-size: 24pt; font-weight: bold; text-align: center;">51</div> | 3. Perceived race of subject at the time of display or deployment:<br><input type="checkbox"/> Asian <span style="margin-left: 100px;"><input type="checkbox"/> American Indian or Alaska Native</span><br><input type="checkbox"/> Black or African-American <span style="margin-left: 100px;"><input type="checkbox"/> Hispanic or Latino</span><br><input checked="" type="checkbox"/> White <span style="margin-left: 100px;"><input type="checkbox"/> Unknown</span> |   |   |   |  |   |  |  |  |                                     |   |  |   |  |  |
| 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 |  |
| <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:  |  |   |   |   |   |  |   |  |  |  |                                     |   |  |   |  |  |
| <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/> Subject notified officer</td> <td style="width: 50%; border: none;"><input type="checkbox"/> Civilian witness</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Professional witness</td> <td style="border: none;"><input type="checkbox"/> Dispatch</td> </tr> <tr> <td style="border: none;"><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 |  |  |  |                                     |   |  |   |  |  |
| <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?<br><input checked="" type="checkbox"/> No (If no, go to Section Three)<br><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

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