



# 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:  | 23MR004621  | Location of Incident:              | 496 Hoag Rd. Johnson, VT |
| Date of Incident:   | 12/10/2023  | Time of Incident:                  | 00:45                    |
| CEW Model:  | XP 26   | CEW Serial Number:                 | 11003 K                  |
| Use of CEW:<br>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): Domestic Assault  |   |                                    |                          |

## 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>34 | 3. Perceived race of subject at the time of display or deployment:<br><input type="checkbox"/> Asian<br><input type="checkbox"/> Black or African-American<br><input checked="" type="checkbox"/> White<br><input type="checkbox"/> American Indian or Alaska Native<br><input type="checkbox"/> Hispanic or Latino<br><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<br><input type="checkbox"/> Elderly (Over the age of 55)<br><input type="checkbox"/> Child (Under the age of 16)<br><input type="checkbox"/> Low body-mass index (Body type is Thin)<br><input type="checkbox"/> Disability<br><input type="checkbox"/> Mental health condition<br><input type="checkbox"/> Developmental/intellectual disability<br><input type="checkbox"/> Traumatic Brain Injury<br><input type="checkbox"/> Emotional crisis to the extent subject may have had difficulty understanding requests or orders<br><input type="checkbox"/> Epilepsy/seizure disorder<br><input type="checkbox"/> Heart condition<br><input type="checkbox"/> Deaf/hard of hearing<br><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<br><input type="checkbox"/> Professional witness<br><input type="checkbox"/> Personal perception of the subject<br><input type="checkbox"/> Civilian witness<br><input type="checkbox"/> Dispatch  |   |   |
| 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: <input type="checkbox"/> Officer or <input type="checkbox"/> Someone Else (list whom): _____<br>If yes, when?<br><input type="checkbox"/> Prior to the display or deployment<br><input type="checkbox"/> During the display or deployment<br><input type="checkbox"/> After the display or deployment<br>Other comments:  | N/A |
| 8. What was the outcome of that attempt to contact mental health care or developmental disability professionals? Check all that apply:<br><input type="checkbox"/> Professional assisted to resolve situation more promptly or with less coercion than without contact;<br><input type="checkbox"/> Professional did not result in any positive or helpful impact on the situation;<br><input type="checkbox"/> Professional provided limited positive or helpful impact on the situation;<br><input type="checkbox"/> Contact was attempted but no one could be reached;<br><input type="checkbox"/> Professional helped reduce the time officers had to be at the scene;<br><input type="checkbox"/> Professional helped avoid involuntary placement in detention or emergency department;<br><input type="checkbox"/> Professional helped provide appropriate follow-up and service provision;<br><input type="checkbox"/> Intervention was ineffective. |     |
| <b>SECTION THREE: ADDITIONAL INFORMATION</b>  |     |
| Decision to use CEW was based on:<br><input type="checkbox"/> Active aggression of subject;<br><input checked="" type="checkbox"/> Active resistance of subject, with injuries to others or subject likely to occur;<br><input type="checkbox"/> Anticipated injuries to subject, officer, or others at scene.  |     |
| What was the subject's response to the use of the CEW?<br><input checked="" type="checkbox"/> Subject was compliant directly <sup>before</sup> after use of CEW; <span style="font-size: 1.5em;">(Displayed only)</span><br><input type="checkbox"/> Subject was not compliant directly after use of CEW, requiring additional force;<br><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:<br><input type="checkbox"/> OC <input type="checkbox"/> Firearm <input type="checkbox"/> Physical force <input type="checkbox"/> Baton<br><input type="checkbox"/> other (describe): _____<br>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<br>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:<br><input type="checkbox"/> Incident occurred on an elevated location such as a roof, stairs, or bridge;<br><input type="checkbox"/> Subject was near or in water at time of incident;<br><input checked="" type="checkbox"/> Subject was wearing heavy clothes;<br><input type="checkbox"/> Subject was more than 25 feet away when CEW probe shot;<br><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 type="checkbox"/> No <input checked="" type="checkbox"/> N/A<br>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