



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:	16NP002751	Location of Incident:	Wells St Newport
Date of Incident:	08-09-2016	Time of Incident:	2130 Hrs
CEW Model:	X2	CEW Serial Number:	X30003FC9
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 type="checkbox"/> Body Cam <input checked="" 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): ATE, Gross C+N, Excessive Speed			

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): 26	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) <table border="0"><tr><td><input type="checkbox"/> Pregnant</td><td><input type="checkbox"/> Traumatic Brain Injury</td></tr><tr><td><input type="checkbox"/> Elderly (Over the age of 65)</td><td><input type="checkbox"/> Emotional crisis to the extent subject may have had difficulty understanding requests or orders</td></tr><tr><td><input type="checkbox"/> Child (Under the age of 18)</td><td><input type="checkbox"/> Epilepsy/seizure disorder</td></tr><tr><td><input type="checkbox"/> Low body-mass index (Body type is Thin)</td><td><input type="checkbox"/> Heart condition</td></tr><tr><td><input type="checkbox"/> Disability</td><td><input type="checkbox"/> Deaf/hard of hearing</td></tr><tr><td><input type="checkbox"/> Mental health condition</td><td><input type="checkbox"/> Low vision/blind</td></tr><tr><td><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 border="0"><tr><td><input type="checkbox"/> Subject notified officer</td><td><input type="checkbox"/> Civilian witness</td></tr><tr><td><input type="checkbox"/> Professional witness</td><td><input type="checkbox"/> Dispatch</td></tr><tr><td><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 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 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 *Pinkie* ☐ 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:

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