



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:	17FR0001221	Location of Incident:	2 Mullen Ave, Richford, VT
Date of Incident:	03/26/2017	Time of Incident:	0123
CEW Model:	TASER X2	CEW Serial Number:	ZZX290FMC
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>Domestic Assault</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): 29	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)		
<input type="checkbox"/> Pregnant <input type="checkbox"/> Elderly (Over the age of 65) <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 checked="" type="checkbox"/> Yes <input 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 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@vermont.gov

FRANKLIN COUNTY SHERIFF'S OFFICE

TASER USE REPORT

Date/Time: 03/26/17 0123 Officer's Name: N. Vaillancourt

Dept Address: FCSO Phone: (802) 524-7121

On Scene Supervisor: Sgt Lynch Officer(s) Involved: Vaillancourt, Ginzworth

TASER® Model: TASER X2

TASER Cartridge Type(s): 25-ft XP
 35-ft XP

TASER Serial #: ZZX290EMC Medical Facility: _____ Doctor: _____

Nature of the Call or Incident: Domestic Assault Charges: Domestic Assault Booked: Y N

Type of Subject: Human Animal

Location of Incident: Indoor Outdoor Jail Hospital

Asked for Medical Attention: Y N Witnessed by: _____

Nature of the Injuries and Medical Treatment Required: _____

Admitted to Hospital for Injuries: Y N Admitted to Hospital for Psychiatric: Y N

Medical Exam: Y N Suspect Under the influence: Alcohol Drugs (specify): _____

Was an officer/law enforcement employee injured other than by TASER? Y N

Incident Type (circle appropriate response(s) below):

Civil Disturbance Suicidal Suicide by Cop Violent Suspect Barricaded Warrant Other

Age: 29 Sex: M Height: 6-02 Race: W Weight: 200

TASER use (circle one): Success / Failure Suspect wearing heaving or loose clothes: Y / N

Number of cartridges fired: _____ Number of cycles applied: _____

Usage (check one): ~~Are Display Only~~ Laser Display Only TASER Application

TASER: Is this a dart probe contact: Y N Is this a drive stun contact: Y N

Approximate target distance at the time of the dart launch: _____ feet

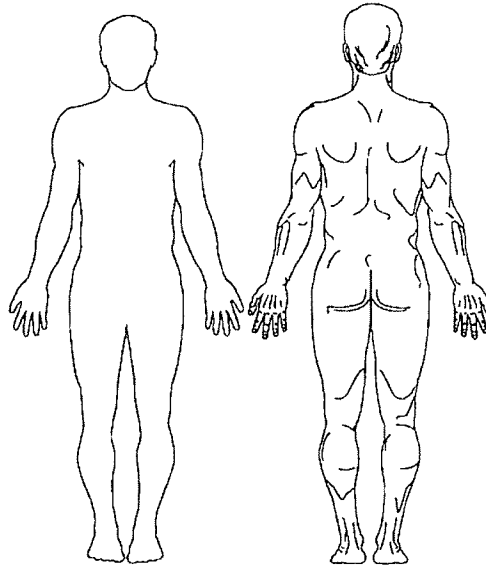
Distance between the two probes: _____ inches Need for an additional shot? Y / N

Did dart contacts penetrate the subject's skin? Y / N Probes removed on scene: Y / N

Did TASER application cause injury: Y / N If yes, was the subject treated for the injury: Y / N

DESCRIPTION OF INJURY:

APPLICATION AREAS
(Place "X's" where probes hit suspect AND "O's" where stunned)



Need for additional applications? Y / N Did the device respond satisfactorily? Y / N

If the TASER deployment was unsuccessful was a DRIVE STUN followup used? Y / N

Chemical Spray: Y / N

Baton or Blunt Instrument: Y / N

Authorized control holds: Y / N

If yes, what types: _____

Describe other means attempted to control the subject: _____

Photographs Taken: Y / N

Report Completed by: _____

Attach to use of force FORM 01, copy given to case file, Shift Supervisor, Taser Instructor, and Sheriff.