



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:	18BN07895	Location of Incident:	60 Short Road Pownal, VT.
Date of Incident:	10/18/2018	Time of Incident:	21:23
CEW Model:	X26P	CEW Serial Number:	X12006KCY
Use of CEW: Check all that apply	<input type="checkbox"/> CEW displayed		
	<input checked="" type="checkbox"/> Probes fired	Location where probes hit subject:	Back
	<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 type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, what charge(s): See 18B303475			

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): 48	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"/> Traumatic Brain Injury	<input type="checkbox"/> Emotional crisis to the extent subject may have had difficulty understanding requests or orders
<input type="checkbox"/> Elderly (Over the age of 65)	<input type="checkbox"/> Epilepsy/seizure disorder	<input type="checkbox"/> Heart condition
<input type="checkbox"/> Child (Under the age of 18)	<input type="checkbox"/> Heart condition	<input type="checkbox"/> Deaf/hard of hearing
<input type="checkbox"/> Low body-mass index (Body type is Thin)	<input type="checkbox"/> Deaf/hard of hearing	<input type="checkbox"/> Low vision/blind
<input type="checkbox"/> Disability	<input type="checkbox"/> Low vision/blind	
<input type="checkbox"/> Mental health condition		
<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:		
<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 type="checkbox"/> No (If no, go to Section Three)		
<input checked="" type="checkbox"/> Yes		

