



# 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:	18BN07964	Location of Incident:	Room 173, Best Western New England
Date of Incident:	10/20/18	Time of Incident:	2143 hours
CEW Model:	X26P	CEW Serial Number:	X12006KAY
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): Contempt of Court, Resisting Arrest			

## 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): <b>43</b>	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"/> 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 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:**  
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