

# CEW Incident Reporting Form

To be completed by any Vermont Law Enforcement Officer after the display or deployment of a Conducted Electrical Weapon

1. Case number: 19CC003110

2. Use of CEW (check all that apply):

display  **probes shot**  drive stun mode

Where did probes hit subject? Left thigh (ventral) and Left hand (dorsal)

How many cycles: 01 Where was CEW held against subject's body \_\_\_\_\_

3. Date and time of display or deployment: 03-30-2019 at 0513 hours.

4. Location of display or deployment (city, town or village): Colchester, VT

5. Was the subject human or animal? (circle one) *If animal, complete only questions 14 – 20.*

6. Sex of subject: male female (circle one) 7. Age of subject (if unknown, give an approximate guess): 22

8. Perceived race of subject: White / Hispanic or Latino / Black or African-American / Am. Indian or Alaska Native / Asian

9. Before deployment, did you have reason to believe the subject was a member of a special population? If so, check all that apply. **If none apply, complete only questions 12-20:**

- pregnant  elderly (over 55)  child (under 16)  low body-mass index (thin)  disability  
 **mental health condition**  developmental/intellectual disability  traumatic brain injury  
 **emotional crisis to extent subject may have had difficulty understanding requests or orders**  
 epilepsy/seizure disorder  heart condition  deaf/hard of hearing  low vision/blind

10. If any box was checked in question 9, how did you obtain information leading to your belief the subject was a member of a special population? Check all that apply:

- subject notified officer  **civilian witness notified officer**  professional witness notified officer  
 **dispatch notified officer**  **personal perception of subject**

11. Were mental health care or developmental disabilities professionals contacted for assistance with the subject? (If no, go to question 12)  **No**  **Yes**, contacted by X **Officer** or X **someone else** (list whom):

UVM Medical Center, Emergency Department

If yes, when?

- Prior to the display or deployment  
 During the display or deployment  
 **After the display or deployment**

Other comments: \_\_\_\_\_

If you answered "yes" to question 11, 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;
- Intervention helped avoid involuntary placement in detention or emergency department;
- Intervention helped provide appropriate follow-up and service provision;

**Intervention was ineffective.**

12. 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

13. To the best of your knowledge, was the person under the influence of alcohol or other drugs at the time of the event?  
 **Yes**  No  N/A

14. 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.

15. 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: \_\_\_\_\_

16. Was any other force used in addition to the CEW? Check all that apply:  
 OC or other chemical  firearm  physical force  baton  
 **other (describe): subject was restrained with handcuffs behind his back post deployment**  
Was this additional use of force before or after use of the CEW?  Before  **After**

17. Was medical assistance provided to the subject following the use of the CEW?  **Yes**  No  
If yes, by whom?  **Officer**  **Paramedic**

18. 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.

19. Was a recording device running at the time of the incident?  **Yes**  No  
If yes, was it a  body cam  **dashboard cam**  other (describe): \_\_\_\_\_

20. CEW model and serial number: TASER X2 , #X30006CC2

21. Was the subject charged?  Yes  **No**  
If yes, what charge(s)? \_\_\_\_\_

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**Return this completed form to Gail Williams at [gail.williams@state.vt.us](mailto:gail.williams@state.vt.us)**  
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