



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:	19EXC0198	Location of Incident:	Concord, VT
Date of Incident:	06/24/2019	Time of Incident:	2000
CEW Model:	X2	CEW Serial Number:	X29000V75
Use of CEW: Check all that apply	<input checked="" type="checkbox"/> CEW displayed Initially on M. Potwin then on J.Argyle		
	<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? Yes No
 If yes, was it a Body Cam Dashboard Cam other (describe):

Was the subject: Human OR Animal (if animal, STOP here and submit form)

Was subject charged with a crime? Yes No
 If yes, what charge(s): M. Potwin Violation of Conditions of Release *No charges for Assault*

SECTION TWO: Incident Information

1. Subject Gender: <input checked="" type="checkbox"/> Female <input type="checkbox"/> Male	2. Subject Age (if unknown, give an approximate guess): 47	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
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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"/> 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 checked="" 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:

<input checked="" 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? Yes No Unknown

7. Were mental health or developmental disabilities professionals contacted for assistance with the subject?
 No (If no, go to Section Three)
 Yes