



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:	19B502020	Location of Incident:	Bristol
Date of Incident:	7/29/2019	Time of Incident:	1705
CEW Model:	X2	CEW Serial Number:	X30006AE2
Use of CEW: Check all that apply	<input type="checkbox"/> CEW displayed		
	<input checked="" type="checkbox"/> Probes fired	Location where probes hit subject:	abdomen and upper leg
	<input type="checkbox"/> Drive stun mode	No. of cycles:	1
		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 checked="" type="checkbox"/> No If yes, what charge(s):			

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): 24	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"/> Elderly (Over the age of 65) <input type="checkbox"/> Child (Under the age of 18) <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 checked="" 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"/> Professional witness <input type="checkbox"/> Personal perception of the subject <input checked="" type="checkbox"/> Civilian witness <input type="checkbox"/> Dispatch		
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 type="checkbox"/> Yes <input checked="" 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		