



## SECTION ONE: Display and/or Deployment Information

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|--|--|--|-------------------------------|
| Case Number:   | 19SJ003638   | Location of Incident:  | Railroad Street-St Johnsbury  |
| Date of Incident:  | 8/14/19  | Time of Incident:  | 0844                          |
| CEW Model:   | X26P   | CEW Serial Number:   | X1200A4K0                     |
| Use of CEW:<br>Check all that apply  | <input type="checkbox"/> CEW displayed                               |  |                               |
|  | <input checked="" type="checkbox"/> Probes fired                     | Location where probes hit subject:   | Lower, right back above waist |
|  | <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<br>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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, what charge(s): SUBJECT HAD ACTIVE WARRANT FOR ASSAULT + ROBBERY  |  |  |                               |
| SECTION TWO: Incident Information  |  |  |                               |
| 1. Subject Gender:<br><input type="checkbox"/> Female<br><input checked="" type="checkbox"/> Male  | 2. Subject Age (if unknown, give an approximate guess):<br><b>30</b> | 3. Perceived race of subject at the time of display or deployment:<br><input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native<br><input type="checkbox"/> Black or African-American <input type="checkbox"/> Hispanic or Latino<br><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"/> 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 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 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 type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown   |  |  |                               |
| 7. Were mental health or developmental disabilities professionals contacted for assistance with the subject?<br><input checked="" type="checkbox"/> No (If no, go to Section Three)<br><input type="checkbox"/> Yes  |  |  |                               |

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| <p>If yes, contacted by: <input type="checkbox"/> Officer or <input type="checkbox"/> Someone Else (list whom): _____</p> <p>If yes, when?</p> <p><input type="checkbox"/> Prior to the display or deployment</p> <p><input type="checkbox"/> During the display or deployment</p> <p><input type="checkbox"/> After the display or deployment</p> <p>Other comments:</p>  |
| <p>8. What was the outcome of that attempt to contact mental health care or developmental disability professionals? Check all that apply:</p> <p><input type="checkbox"/> Professional assisted to resolve situation more promptly or with less coercion than without contact;</p> <p><input type="checkbox"/> Professional did not result in any positive or helpful impact on the situation;</p> <p><input type="checkbox"/> Professional provided limited positive or helpful impact on the situation;</p> <p><input type="checkbox"/> Contact was attempted but no one could be reached;</p> <p><input type="checkbox"/> Professional helped reduce the time officers had to be at the scene;</p> <p><input type="checkbox"/> Professional helped avoid involuntary placement in detention or emergency department;</p> <p><input type="checkbox"/> Professional helped provide appropriate follow-up and service provision;</p> <p><input type="checkbox"/> Intervention was ineffective.</p> |
| <p><b>SECTION THREE: ADDITIONAL INFORMATION</b></p>  |
| <p>Decision to use CEW was based on:</p> <p><input type="checkbox"/> Active aggression of subject;</p> <p><input type="checkbox"/> Active resistance of subject, with injuries to others or subject likely to occur;</p> <p><input checked="" type="checkbox"/> Anticipated injuries to subject, officer, or others at scene. <i>Subject fled into roadway.</i></p>  |
| <p>What was the subject's response to the use of the CEW?</p> <p><input checked="" type="checkbox"/> Subject was compliant directly after use of CEW;</p> <p><input type="checkbox"/> Subject was not compliant directly after use of CEW, requiring additional force;</p> <p><input type="checkbox"/> CEW failed; subject had to be handled through other means. State reason for failure if known:</p>   |
| <p>Was any other force used in addition to the CEW? Check all that apply:</p> <p><input type="checkbox"/> OC      <input type="checkbox"/> Firearm      <input type="checkbox"/> Physical force      <input type="checkbox"/> Baton</p> <p><input checked="" type="checkbox"/> Other (describe): <i>Subject ordered to put his hands behind his back, and that he was under arrest</i></p> <p>Was this additional use of force before or after use of the CEW? <input checked="" type="checkbox"/> Before    <input type="checkbox"/> After</p>  |
| <p>Was medical assistance provided to the subject following the use of the CEW? <input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>If yes, by whom? <input type="checkbox"/> Officer    <input checked="" type="checkbox"/> EMS personnel    <input type="checkbox"/> Other emergency or health care professionals</p>  |
| <p>Check any box below relating to noteworthy details not already described:</p> <p><input type="checkbox"/> Incident occurred on an elevated location such as a roof, stairs, or bridge;</p> <p><input type="checkbox"/> Subject was near or in water at time of incident;</p> <p><input type="checkbox"/> Subject was wearing heavy clothes;</p> <p><input type="checkbox"/> Subject was more than 25 feet away when CEW probe shot;</p> <p><input checked="" type="checkbox"/> Subject was fleeing when CEW probe shot.</p>   |
| <p>Was the training "Interacting with People Experiencing a Mental Health Crisis" (also known as Act 80 training) useful in dealing with this incident? <input type="checkbox"/> Yes    <input type="checkbox"/> No    <input checked="" type="checkbox"/> N/A</p> <p>If no, describe why not:</p>   |

**Return this completed form via scan or email to:**

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