



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:	15RU 23970	Location of Incident:	244 N Champlain St #1
Date of Incident:	8/29/15	Time of Incident:	10:42AM
CEW Model:	Taser X26	CEW Serial Number:	X00 684005
Use of CEW: Check all that apply	<input checked="" type="checkbox"/> CEW displayed	Location where probes hit subject:	
	<input type="checkbox"/> Probes fired	No. of cycles:	
	<input type="checkbox"/> Drive stun mode	Location where 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): *Disorderly Conduct*

SECTION TWO: Incident Information

1. Subject Gender:	2. Subject Age (if unknown, give an approximate guess):	3. Perceived race of subject at the time of display or deployment:
<input type="checkbox"/> Female	33	<input type="checkbox"/> Asian
<input checked="" type="checkbox"/> Male		<input type="checkbox"/> Black or African-American
		<input type="checkbox"/> Hispanic or Latino
		<input checked="" type="checkbox"/> White

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)

- Pregnant
- Elderly (Over the age of 55)
- Child (Under the age of 16)
- Low body-mass index (Body type is Thin)
- Disability
- Mental health condition
- Developmental/intellectual disability
- Traumatic Brain Injury
- Emotional crisis to the extent subject may have had difficulty understanding requests or orders
- Epilepsy/seizure disorder
- Heart condition
- Deaf/hard of hearing
- 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:

- Subject notified officer
- Professional witness
- Personal perception of the subject
- Civilian witness
- 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? 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

Compliance gained after display of CEW - Not deployed

<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>SECTION THREE: ADDITIONAL INFORMATION</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 type="checkbox"/> Anticipated injuries to subject, officer, or others at scene.</p>
<p>What was the subject's response to the use of the CEW?</p> <p><input 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>Was this additional use of force before or after use of the CEW? <input type="checkbox"/> Before <input type="checkbox"/> After</p>
<p>Was medical assistance provided to the subject following the use of the CEW? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, by whom? <input type="checkbox"/> Officer <input 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 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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