



# 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:	16RL02480	Location of Incident:	RUTLAND CITY
Date of Incident:	03-26-2016	Time of Incident:	0708 HRS
CEW Model:	TASER	CEW Serial Number:	
Use of CEW: Check all that apply	<input checked="" type="checkbox"/> CEW displayed		
	<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? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, was it a <input type="checkbox"/> Body Cam <input checked="" type="checkbox"/> Dashboard Cam <input checked="" type="checkbox"/> other (describe): BODY CAM OF BOUNCER			
Was the subject: <input checked="" type="checkbox"/> Human OR <input type="checkbox"/> Animal (if animal, STOP here and submit form) O BAR			
Was subject charged with a crime? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, what charge(s): DISORDERLY CONDUCT			

## 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): 27	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"/> Traumatic Brain Injury	
<input type="checkbox"/> Elderly (Over the age of 55)	<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 16)	<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	N/A
<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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
7. Were mental health or developmental disabilities professionals contacted for assistance with the subject?		
<input type="checkbox"/> No (If no, go to Section Three)	N/A	
<input type="checkbox"/> Yes		

If yes, contacted by:  Officer or  Someone Else (list whom): \_\_\_\_\_  
 If yes, when?  
 Prior to the display or deployment  
 During the display or deployment  
 After the display or deployment  
 Other comments:

8. 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;  
 Professional helped avoid involuntary placement in detention or emergency department;  
 Professional helped provide appropriate follow-up and service provision;  
 Intervention was ineffective.

**SECTION THREE: ADDITIONAL INFORMATION**

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.

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:

Was any other force used in addition to the CEW? Check all that apply:  
 OC       Firearm       Physical force       Baton  
 other (describe):  
 Was this additional use of force before or after use of the CEW?  Before  After

Was medical assistance provided to the subject following the use of the CEW?  Yes  No *N/A*  
 If yes, by whom?  Officer  EMS personnel  Other emergency or health care professionals

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.

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  
 If no, describe why not:

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