

If yes, contacted by: <input type="checkbox"/> Officer or <input type="checkbox"/> Someone Else (list whom): _____ If yes, when? <input type="checkbox"/> Prior to the display or deployment <input type="checkbox"/> During the display or deployment <input type="checkbox"/> 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: <input type="checkbox"/> Professional assisted to resolve situation more promptly or with less coercion than without contact; <input type="checkbox"/> Professional did not result in any positive or helpful impact on the situation; <input type="checkbox"/> Professional provided limited positive or helpful impact on the situation; <input type="checkbox"/> Contact was attempted but no one could be reached; <input type="checkbox"/> Professional helped reduce the time officers had to be at the scene; <input type="checkbox"/> Professional helped avoid involuntary placement in detention or emergency department; <input type="checkbox"/> Professional helped provide appropriate follow-up and service provision; <input type="checkbox"/> Intervention was ineffective.
SECTION THREE: ADDITIONAL INFORMATION
Decision to use CEW was based on: <input checked="" type="checkbox"/> Active aggression of subject; <input checked="" type="checkbox"/> Active resistance of subject, with injuries to others or subject likely to occur; <input type="checkbox"/> Anticipated injuries to subject, officer, or others at scene.
What was the subject's response to the use of the CEW? <input type="checkbox"/> Subject was compliant directly after use of CEW; <input checked="" type="checkbox"/> Subject was not compliant directly after use of CEW, requiring additional force; <input type="checkbox"/> 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: <input type="checkbox"/> OC <input type="checkbox"/> Firearm <input checked="" type="checkbox"/> Physical force <input type="checkbox"/> Baton <input type="checkbox"/> other (describe): _____ Was this additional use of force before or after use of the CEW? <input type="checkbox"/> Before <input checked="" type="checkbox"/> After
Was medical assistance provided to the subject following the use of the CEW? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, by whom? <input type="checkbox"/> Officer <input checked="" type="checkbox"/> EMS personnel <input checked="" type="checkbox"/> Other emergency or health care professionals
Check any box below relating to noteworthy details not already described: <input type="checkbox"/> Incident occurred on an elevated location such as a roof, stairs, or bridge; <input type="checkbox"/> Subject was near or in water at time of incident; <input type="checkbox"/> Subject was wearing heavy clothes; <input type="checkbox"/> Subject was more than 25 feet away when CEW probe shot; <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A If no, describe why not:

Return this completed form via scan or email to:

Executive Director Richard Gauthier
 Vermont Criminal Justice Training Council
 317 Academy Road, Pittsford, VT 05763
 Tel: (802)483-6228 Fax: (802)483-2343
 Richard.Gauthier@state.vt.us



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:	16WS001616	Location of Incident:	8 West St Winooski, VT 05404
Date of Incident:	03-10-2016	Time of Incident:	0204
CEW Model:	X2	CEW Serial Number:	22002
Use of CEW: Check all that apply	<input type="checkbox"/> CEW displayed		
	<input checked="" type="checkbox"/> Probes fired	Location where probes hit subject:	center back / right side abdomen
	<input checked="" type="checkbox"/> Drive stun mode	No. of cycles:	3
		Location where was CEW held against subject's body:	center of back
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 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 checked="" type="checkbox"/> Yes <input 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): 20	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														
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) <table border="0"><tr><td><input type="checkbox"/> Pregnant</td><td><input type="checkbox"/> Traumatic Brain Injury</td></tr><tr><td><input type="checkbox"/> Elderly (Over the age of 55)</td><td><input type="checkbox"/> Emotional crisis to the extent subject may have had difficulty understanding requests or orders</td></tr><tr><td><input type="checkbox"/> Child (Under the age of 16)</td><td><input type="checkbox"/> Epilepsy/seizure disorder</td></tr><tr><td><input type="checkbox"/> Low body-mass index (Body type is Thin)</td><td><input type="checkbox"/> Heart condition</td></tr><tr><td><input type="checkbox"/> Disability</td><td><input type="checkbox"/> Deaf/hard of hearing</td></tr><tr><td><input type="checkbox"/> Mental health condition</td><td><input type="checkbox"/> Low vision/blind</td></tr><tr><td><input type="checkbox"/> Developmental/intellectual disability</td><td></td></tr></table>			<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	
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5. How did you obtain information leading to your belief that the subject was a member of a special population? Check all that apply: <table border="0"><tr><td><input type="checkbox"/> Subject notified officer</td><td><input type="checkbox"/> Civilian witness</td></tr><tr><td><input type="checkbox"/> Professional witness</td><td><input type="checkbox"/> Dispatch</td></tr><tr><td><input type="checkbox"/> Personal perception of the subject</td><td></td></tr></table>			<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									
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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 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) <input type="checkbox"/> Yes																