



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:	16LC001794	Location of Incident:	NWMC
Date of Incident:	05-02-16	Time of Incident:	21:55
CEW Model:	X-26P	CEW Serial Number:	X13000W88
Use of CEW: Check all that apply	XXX 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 XXX No If yes, was it a <input type="checkbox"/> Body Cam <input type="checkbox"/> Dashboard Cam <input type="checkbox"/> other (describe):			
Was the subject: XXX Human OR <input type="checkbox"/> Animal (If animal, STOP here and submit form)			
Was subject charged with a crime? <input type="checkbox"/> Yes xxx No If yes, what charge(s):			

SECTION TWO: Incident Information

1. Subject Gender: <input type="checkbox"/> Female XXX Male	2. Subject Age 33 (If unknown, give an approximate guess):	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 XXX 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"/> Elderly (Over the age of 55) <input type="checkbox"/> Child (Under the age of 16) <input type="checkbox"/> Low body-mass index (Body type is Thin) <input type="checkbox"/> Disability XXX Mental health condition <input type="checkbox"/> Developmental/intellectual disability	<input 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"/> Civilian witness <input type="checkbox"/> Professional witness XXX 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 XXX 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) XXX Yes They had been in contact with him, periodically during the day.		

If yes, contacted by: Officer or **XXX** Someone Else (list whom): Hospital Staff (Subjects Nurse contacted NCSS)

If yes, when?

Prior to the display or deployment

During the display or deployment

XXX 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.

** LCSD provided security at request of VB MH.*

SECTION THREE: ADDITIONAL INFORMATION

Decision to use CEW was based on:

Active aggression of subject;

XXX Active resistance of subject, with injuries to others or subject likely to occur;

XXX Anticipated injuries to subject, officer, or others at scene.

What was the subject's response to the use of the CEW?

XXX 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

XXX Physical force

Baton

other (describe):

Was this additional use of force before or after use of the CEW? Before **XXX** After

Was medical assistance provided to the subject following the use of the CEW? **XX X** Yes No

If yes, by whom? Officer EMS personnel **XXX** 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;

XXX 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 **XXX** No N/A

If no, describe why not:

Return this completed form via scan or email to:

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