



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:	17SA002429	Location of Incident:	13 Kingman Street #2
Date of Incident:	03/29/17	Time of Incident:	2219hrs
CEW Model:	X26p	CEW Serial Number:	x13001kxe
Use of CEW: Check all that apply	<input type="checkbox"/> CEW displayed		
	<input checked="" type="checkbox"/> Probes fired	Location where probes hit subject:	right leg
	<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? ☒ 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):

VCORx2, resisting, DC

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): 49	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
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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 |
| <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? ☒ 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

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

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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