



# 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:	18B7000664	Location of Incident:	3 Reddock St Benning City
Date of Incident:	18B70001120 2/14/2018	Time of Incident:	@ 2:35 2120
CEW Model:	Taser X2	CEW Serial Number:	X3 0000ERX
Use of CEW: Check all that apply	<input checked="" type="checkbox"/> CEW displayed		
	<input checked="" type="checkbox"/> Probes fired	Location where probes hit subject:	chest
	<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): *Vermin, Resisting, Attempted Suicide*

## 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): <i>28</i>	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 *Known drug user*

7. Were mental health or developmental disabilities professionals contacted for assistance with the subject?

- ☒ No (If no, go to Section Three)  
☐ Yes



ii 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: *No*

☐ 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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