



# 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:	19EXC0198	Location of Incident:	Concord, VT
Date of Incident:	06/24/2019	Time of Incident:	2000
CEW Model:	X2	CEW Serial Number:	X29000V75
Use of CEW: Check all that apply	<input checked="" type="checkbox"/> CEW displayed Initially on M. Potwin then on J.Argyle		
	<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? ☒ 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): M. Potwin Violation of Conditions of Release *No charges for Argyle*

## SECTION TWO: Incident Information

1. Subject Gender: <input checked="" type="checkbox"/> Female <input type="checkbox"/> Male	2. Subject Age (if unknown, give an approximate guess): <b>47</b>	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
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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 65)            | <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 18)             | <input type="checkbox"/> Epilepsy/seizure disorder   |
| <input type="checkbox"/> Low body-mass index (Body type is Thin) | <input type="checkbox"/> Heart condition   |
| <input checked="" 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 checked="" 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: <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.
<b>SECTION THREE: ADDITIONAL INFORMATION</b>
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 checked="" type="checkbox"/> Anticipated injuries to subject, officer, or others at scene.
What was the subject's response to the use of the CEW? <i>Angyle - Yes</i> <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; <i>Patwin</i> <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 type="checkbox"/> Physical force <input type="checkbox"/> Baton <input checked="" type="checkbox"/> other (describe): <i>VSP deployed taser</i> Was this additional use of force before or after use of the CEW? <input type="checkbox"/> Before <input checked="" type="checkbox"/> After <i>my display</i>
Was medical assistance provided to the subject following the use of the CEW? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>Refused</i> If yes, by whom? <input checked="" type="checkbox"/> Officer <input checked="" type="checkbox"/> EMS personnel <input type="checkbox"/> Other emergency or health care professionals <i>EMS</i>
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 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:**

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