

## **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:  | 19A406391                            | Location of Incident:                               | Peacham   |
| Date of Incident:   | 11-11-2019                           | Time of Incident:                                   | 1843 hours  |
| CEW Model:  | Taser X2                             | CEW Serial Number:                                  |   |
| ■ CEW displayed   |                                      |   |   |
| Use of CEW:<br>Check all that apply   | ☐ Probes fired                       | Location where probes hit subject:                  |   |
|   | ☐ 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   |                                      |   | 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):   |                                      |   |   |
| SECTION TWO: Incident Information   |                                      |   |   |
| I   | lumbana um missa am il —             | •   | ne time of display or deployment:                     |
| Female  | unknown, give an approximate quess): | n   | ☐ American Indian or Alaska Native                    |
| ■ Male  | □ □ □ □ Rlac                         | k or African-American                               | ☐ Hispanic or Latino                                  |
|   | 33-37 Whit                           | te  | 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)   |                                      |   |   |
| Pregnant  |                                      |   | aumatic Brain Injury                                  |
| Elderly (Over the age of 65)  |                                      |   | notional crisis to the extent subject                 |
| Child (Under the age of 18)   |                                      |   | ay have had difficulty understanding quests or orders |
| Low body-mass index (Body type is Thin)   |                                      |   | ilepsy/seizure disorder                               |
| ☐ Disability ☐ Mental health condition  |                                      | <b>=</b> :  | art condition   |
| Developmental/intellectual disability   |                                      | ☐ De  | af/hard of hearing                                    |
| Developmental/intellectual disability   |                                      | ☐ Lo  | w 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:         |                                      |   |   |
| ☐ Subject notified officer ☐ Civilian witness   |                                      |   |   |
| Professional witness Dispatch   |                                      |   |   |
| 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?  |  |  |  |
| If no, describe why not:   |  |  |  |

Return this completed form via scan or email to:

Vermont Criminal Justice Training Council 317 Academy Road, Pittsford, VT 05763 Tel: (802)483-6228 Fax: (802)483-2343 Jacob.Hansell@vermont.gov

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