

HONOLULU POLICE DEPARTMENT

CONDUCTED ELECTRICAL WEAPON
(CEW) REPORT

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INCIDENT TYPE:	Date/Time:	Location:	Beat:
Subject's Name (Last, First, Middle):		DOB:	Occupation ("Unemployed" if none, school name if juvenile):
Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Ethnicity:	Height:	Weight:
Build:		Clothing Description:	
NATURE OF INITIAL CONTACT			
<input type="checkbox"/> Sent to Investigate case <input type="checkbox"/> Arrest Warrant			
<input type="checkbox"/> Traffic Violation <input type="checkbox"/> Field Interview <input type="checkbox"/> Misc. Assist <input type="checkbox"/> Prisoner Transport			
<input type="checkbox"/> Follow-up <input type="checkbox"/> On Beat <input type="checkbox"/> Other: _____			
Important Information Known Before or Upon Arrival: _____			

OFFICER IDENTIFICATION (Check all that apply)		<input type="checkbox"/> Uniform (describe): _____
<input type="checkbox"/> Verbal	<input type="checkbox"/> Nonuniform/Badge	<input type="checkbox"/> Nonuniform/Marked Clothing (describe): _____
Vehicle: <input type="checkbox"/> None <input type="checkbox"/> Police White Car <input type="checkbox"/> Subsidized (blue light) <input type="checkbox"/> Solo Bike <input type="checkbox"/> Bicycle <input type="checkbox"/> Other: _____		

SUBJECT'S RESPONSE TO OFFICER'S ARRIVAL	
<input type="checkbox"/> No Response <input type="checkbox"/> Complied With Directions <input type="checkbox"/> Took Evasive Action/Fled <input type="checkbox"/> Stopped Action <input type="checkbox"/> Hid	
<input type="checkbox"/> Took Aggressive Action <input type="checkbox"/> Called Officer by Title or Slang: _____	
<input type="checkbox"/> Other: _____	

SUBJECT'S ACTIONS (All Resistance Encountered)	OFFICER'S RESPONSE (All Control Effected)
<input type="checkbox"/> Psychological Intimidation (describe)	Verbal Command: <input type="checkbox"/> Asking <input type="checkbox"/> Setting Context <input type="checkbox"/> Ordering <input type="checkbox"/> Giving Options <input type="checkbox"/> Confirmation <input type="checkbox"/> Other: _____ <input type="checkbox"/> Effective: YES / NO
<input type="checkbox"/> Verbal Noncompliance (describe)	Physical Contact: <input type="checkbox"/> Touch <input type="checkbox"/> Escort <input type="checkbox"/> Lt Pressure Point <input type="checkbox"/> Lt. Joint Lock <input type="checkbox"/> Other: _____ <input type="checkbox"/> Effective: YES / NO
<input type="checkbox"/> Passive Resistance (describe)	Chemical Agent: <input type="checkbox"/> OC <input type="checkbox"/> CS <input type="checkbox"/> CN <input type="checkbox"/> Pepperball <input type="checkbox"/> Display Only <input type="checkbox"/> Used Comment: _____ <input type="checkbox"/> Effective: YES / NO Number of Sprays: _____
<input type="checkbox"/> Defensive Resistance (describe)	Physical Confrontation: <input type="checkbox"/> Hand/Arm Strike <input type="checkbox"/> Foot/Leg Strike <input type="checkbox"/> Head Lock <input type="checkbox"/> Joint Lock <input type="checkbox"/> Physical Strength Technique <input type="checkbox"/> Other: _____ <input type="checkbox"/> CEW <input type="checkbox"/> X26 <input type="checkbox"/> X26P (COMPLETE CEW USE SECTION BELOW)
<input type="checkbox"/> Active Resistance (describe)	<input type="checkbox"/> Video Recording YES / NO <input type="checkbox"/> Display Only <input type="checkbox"/> Probes Deployed <input type="checkbox"/> Probe Follow-up <input type="checkbox"/> Drive Stun <input type="checkbox"/> Effective: YES / NO
<input type="checkbox"/> Active Aggression (describe)	Intermediate Weapon: <input type="checkbox"/> Display Baton Only <input type="checkbox"/> Baton Strike <input type="checkbox"/> Baton Jab <input type="checkbox"/> Vascular Neck Restraint <input type="checkbox"/> Other: _____ <input type="checkbox"/> 12 ga. Less Lethal
<input type="checkbox"/> Aggravated Active Aggression (describe)	<input type="checkbox"/> Impact Munition Describe: _____ <input type="checkbox"/> Effective: YES / NO <input type="checkbox"/> Display Only <input type="checkbox"/> Deployed
	Deadly Force: <input type="checkbox"/> Handgun <input type="checkbox"/> Rifle <input type="checkbox"/> Shotgun <input type="checkbox"/> Other: _____ <input type="checkbox"/> Weapon Displayed <input type="checkbox"/> Fired Weapon <input type="checkbox"/> Other Weapon: _____ <input type="checkbox"/> Effective: YES / NO

FOR CEW USE ONLY (if none used, then skip to DURATION OF RESISTANCE)

CEW Serial #: _____ Air Cartridge Type(s): ☐ 21-ft Standard ☐ 25-ft

NMI (check one): ☐ FULL NMI ☐ PARTIAL NMI ☐ INEFFECTIVE ☐ FAILURE

Number of Air Cartridges Fired: _____ Number of Cycles Applied: _____ Suspect Wearing Heavy or Loose Clothing: YES / NO

Usage (check one): ☐ Applies to x2 only ☐ Display Only ☐ CEW Application

Is This a Dart Probe Contact: YES / NO Is This a Drive Stun Contact: YES / NO Probe Follow-up Contact: YES / NO

Approximate Target Distance at the Time of the Probe Deployment: _____ feet Approximate Location Between the Two Probes: _____ inches

Need for an Additional Shot: YES / NO

Did Probes Penetrate the Subject's Skin: YES / NO Probes Removed on Scene: YES / NO

Did the CEW Application Cause Injury: YES / NO If YES, Was the Subject Treated for the Injury: YES / NO

DESCRIPTION OF INJURY: _____

Need for Additional Applications: YES / NO Did the Device Respond Satisfactorily: YES / NO

If the CEW Deployment was Unsuccessful, was the PROBE FOLLOW-UP Used: YES / NO

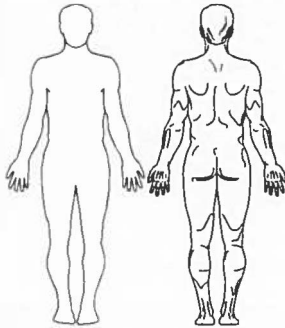
Describe the Subject's Demeanor After the Device was Used or Deployed: _____

CEW Downloaded: YES / NO By Whom: _____ Date/Time: _____

If Not Downloaded, Explain Why: _____

Firing Record(s) Submitted: YES / NO Video File(s) Submitted: YES / NO

APPLICATION AREAS
(Place "X's" where probes hit suspect AND "O's" where stunned)



COMMENTS

DURATION OF RESISTANCE

☐ Less than 30 sec. ☐ 30 sec. – 1 min. ☐ 1-2 min. ☐ 2-4 min. ☐ Other: _____

CONDITIONS (Check all that apply)

Approximate Number of Subjects in Area: _____ Approximate Number of Who Resisted or Assaulted Officers: _____
Approximate Number of Bystanders: _____ Approximate Number of Officers Present: _____

- | | | | | | |
|--|--|--|---|--|--|
| <input type="checkbox"/> Alcohol Used | <input type="checkbox"/> Drugs Used | <input type="checkbox"/> Suspected Alcohol Use | <input type="checkbox"/> Suspected Drug Use | <input type="checkbox"/> Known to Resist or Assault | <input type="checkbox"/> Subject Size |
| <input type="checkbox"/> Great Anger | <input type="checkbox"/> Great Fear | <input type="checkbox"/> Great Strength | <input type="checkbox"/> Threatening | <input type="checkbox"/> Fighting Skill/Martial Arts | <input type="checkbox"/> Officer Injury/Exhaustion |
| <input type="checkbox"/> Mentally Deranged | <input type="checkbox"/> Gang Member | <input type="checkbox"/> Gang Associate | <input type="checkbox"/> Hostile Bystanders | <input type="checkbox"/> Potential Ambush | <input type="checkbox"/> Foot Pursuit |
| <input type="checkbox"/> Close Proximity to Officer's Weapon | <input type="checkbox"/> Weapons in Area | <input type="checkbox"/> Violent Crime | <input type="checkbox"/> Vehicle Traffic | <input type="checkbox"/> Vehicle Pursuit | |
| <input type="checkbox"/> Other (explain): _____ | | | | | |

RESTRAINTS USED

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Handcuffs | <input type="checkbox"/> Flex Cuff | <input type="checkbox"/> Leg Irons | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Complaint of Tightness/Pain Action taken: _____ | | <input type="checkbox"/> Checked & OK | <input type="checkbox"/> Checked & Adjusted |
| <input type="checkbox"/> Escape/Attempt | <input type="checkbox"/> Restraint Removed | <input type="checkbox"/> Handcuffs Moved to the Front | <input type="checkbox"/> Reason: _____ |

INJURIES

Subject

Upon Arrival

- ☐
☐
☐
☐
☐
☐

Subject

As a Result of Incident

- ☐
☐
☐
☐
☐
☐

Officer

- ☐ No Injury Observed, None Reported When Asked
☐ No Injury Observed, but Complained of Injury
☐ Bodily Injury
☐ Substantial Bodily Injury
☐ Serious Bodily Injury
☐ Death

(*If subject and officer had none, skip to "SUBJECT TRANSPORT")

Describe, Including Cause:

(Subject) _____

(Officer) _____

Treatment: ☐
☐
☐

- ☐
☐
☐

- ☐ Refused
☐ Treated and Released
☐ Admitted to Hospital

Disposition of Photograph(s):

Photographs: YES / NO Photographer (name) _____
☐ Submitted Into evidence ☐ Attached to Key Report ☐ Attached to Arrest Report

SUBJECT TRANSPORT

Demeanor:

☐ Cooperative ☐ Threats ☐ Challenges ☐ Screaming ☐ Kicking ☐ Spitting

Position:

☐ Hitting head ☐ Obscene Language ☐ Attempts to Escape ☐ Other: _____

How Transported:

☐ Sitting ☐ Lying on Side ☐ Lying on Back ☐ Other: _____

By Whom:

☐ Police Vehicle No.: _____ ☐ Paddy Wagon ☐ Ambulance ☐ Other: _____

Date/Time Arrived:

Destination: _____ ID No. _____ Date/Time Transported: _____

COMMENTS

☐ Refer to the Use of Force in My Report

OFFICER INFORMATION

Writer

ID Number

Date/Time

Approved By

ID Number

Submit with the Incident Report