

SoundScreen®



05





SHERIFF

POLICE INTERCEPTOR

FLEX FUEL AWD





SHERIFF

FIRST TO SERVE  
SINCE 1788

SHERIFF

FLEX FUEL AWD



SHERIFF



Dayton



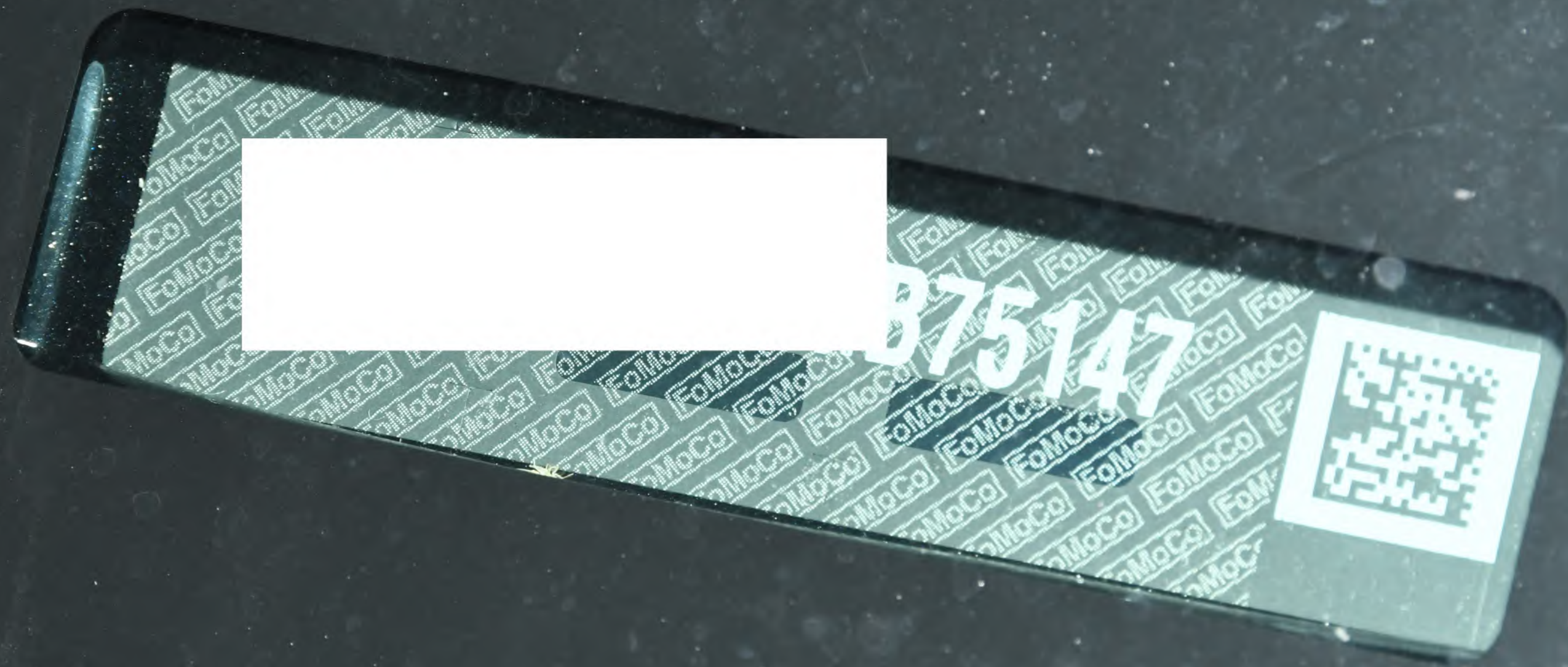




[Redacted license plate]

SHERIFF





[Redacted area]

375147





Gemline

\$10

311461

Feed Your Wild Side

100% BEEF

100% BEEF

100% BEEF

100% BEEF

100% BEEF

100% BEEF

100% BEEF

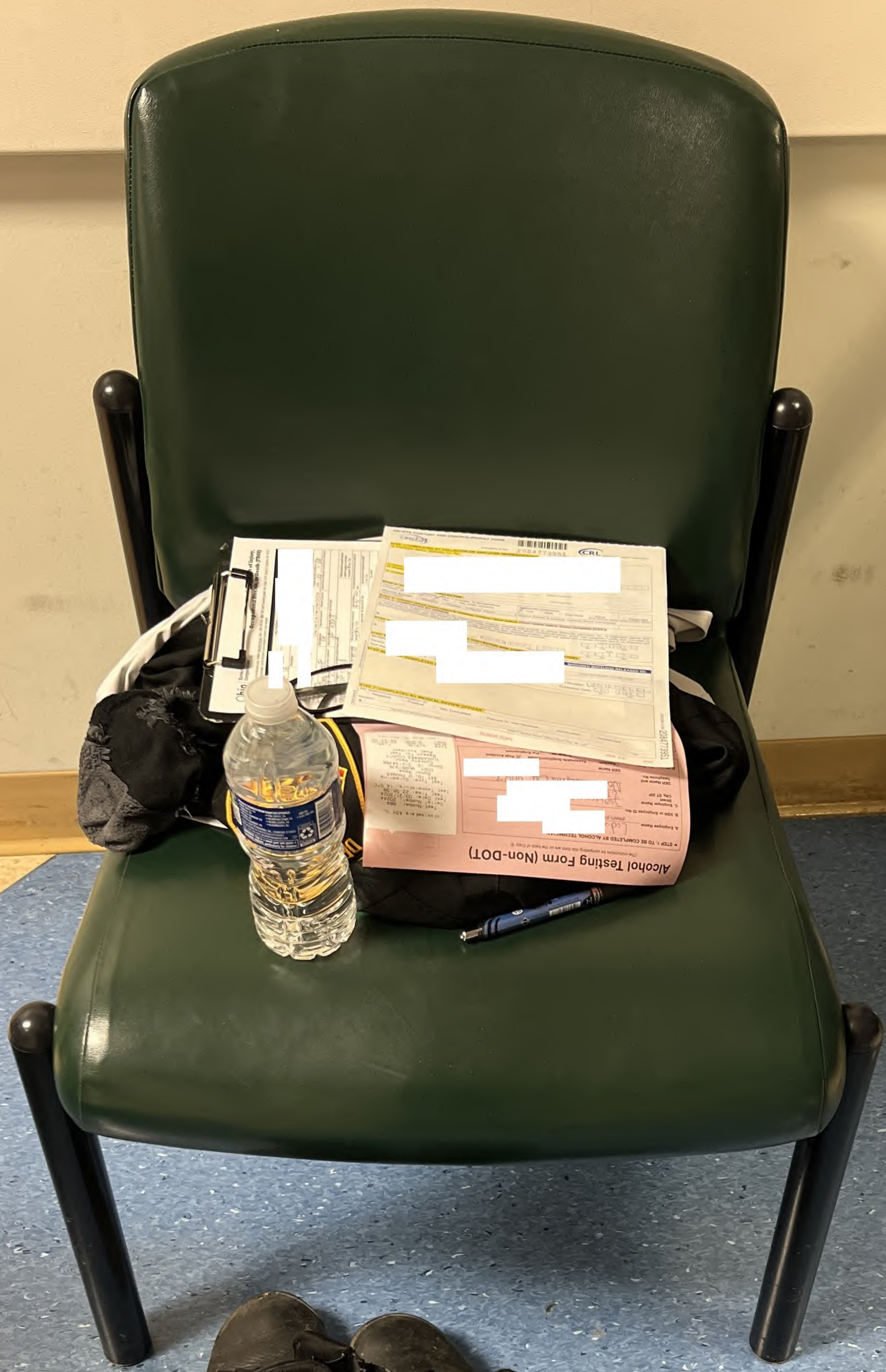
100% BEEF

100% BEEF

100% BEEF

Nutrition Facts	
Serving size 1oz (28g)	
Amount per serving	
<b>Calories</b>	<b>80</b>
<b>Total Fat</b>	10g
<b>Total Protein</b>	10g
<b>Total Carbohydrate</b>	0g
<b>Total Sugar</b>	0g
<b>Total Fiber</b>	0g
<b>Total Sodium</b>	0g
<b>Total Fat</b>	10g
<b>Total Protein</b>	10g
<b>Total Carbohydrate</b>	0g
<b>Total Sugar</b>	0g
<b>Total Fiber</b>	0g
<b>Total Sodium</b>	0g





**Ohio Bureau of Workers' Compensation**

**Occupational Injury, Disease, or Death (FRO1)**

Submit the form to BWC in one of the following ways. Online: [www.bwc.ohio.gov](http://www.bwc.ohio.gov), Fax: 1-866-336-8352, Mail: BWC Mail Processing Center, Attn: Claims, 33 W. Scales or P.O. Box 10000, Columbus, OH 43261-0000. Form to your employer's workers' compensation manager.

Employee Name: [REDACTED]  
 Employer Name: [REDACTED]  
 Job Title: [REDACTED]  
 Date of Injury: 11/10/13  
 Date of Onset: 11/10/13  
 Date of Reporting: 11/10/13  
 Date of Filing: 11/10/13  
 Hours of Work: 8:00 AM to 4:00 PM  
 Number of Hours: 8  
 Was the worker transported overnight?  Yes  No  
 If the injured worker has returned to work, provide the date and hours worked (include any restrictions):  
 Date: [REDACTED] Hours: [REDACTED]  
 If the injured worker has not returned to work, provide the date and hours worked (include any restrictions):  
 Date: [REDACTED] Hours: [REDACTED]

**ON-SITE CUSTODY AND CONTROL/RESULT FORM**

**CRISTAT**

STEP 1: COMPLETE

Alcohol Screen:  Negative  Positive  No, enter remarks

REMARKS: [REDACTED]

STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor completes STEP 4

STEP 4: COMPLETED BY DONOR

I consent to have my specimen analyzed, including drug analysis, by Clinical Reference Laboratory, Inc., its employees, agents, and/or representatives (CRL), and I certify that I provided my specimen to the collector, and the collector, analyzed, including drug analysis, by Clinical Reference Laboratory, Inc., its employees, agents, and/or representatives in any manner that each specimen container used was sealed with a tamper-evident seal in my presence; and I label affixed to each specimen container is correct.

Date of Collection: 11/10/13  
 Mo: 11 Day: 10 Year: 2013

Lot Number: [REDACTED]  
 Expiration Date: 02/20/15  
 Mo: 02 Day: 20 Year: 2015

STEP 7: COMPLETED BY MEDICAL REVIEW OFFICER

My determination/verification is:  
 Negative  Positive  Test Cancelled  Refusal To Test because:  Adulterated  Substituted

REMARKS: [REDACTED]

Signature of Medical Review Officer: [REDACTED]

(PRINT) Medical Review Officer's Name (First, MI, Last): [REDACTED]

Date: [REDACTED]

**Alcohol Testing Form (Non-DOT)**

VER. 2.6 4/23

Employee Name: [REDACTED]  
 B. SSN or Employee ID No.: [REDACTED]  
 C. Employer Name: [REDACTED]  
 Street: [REDACTED]  
 City, ST ZIP: [REDACTED]  
 DER Name and Address: [REDACTED]  
 DER Phone Number: [REDACTED]  
 Reasonable Suspicion/Cause:  Post Accident  Pre-Employment

STEP 1: TO BE COMPLETED BY ALCOHOL TECHNICIAN

(The instructions for completing this form are on the back of Copy 3)



SPECIMEN ID NO. 2084773951





Name \_\_\_\_\_ Weight \_\_\_\_\_  
Length \_\_\_\_\_  
Date \_\_\_\_\_













JIFF

Welcome

3056





2024-1015  
Deput. [redacted] Uniform Shirt  
4-2-24  
0101



2024-1015  
Deputy [redacted] Uniform Shirt  
4-2-24 0101



2024 - 015      01C1  
Deputy, [redacted]      Uniform Shirt  
[redacted]      4-2-24



2024 - 1015      0101  
Deputy [redacted]      Uniform Shift  
4-2-24



2024-1015  
Deputy [redacted]  
Ballistic Vest  
4-2-24  
DIC1



01C1

Ballistic Vest

4-2-24





2024-1015

0101

Deputy

Ballistic Vest

4-2-24

2024-1015

OICI

Deputy



Ballistic Vest



4-2-24



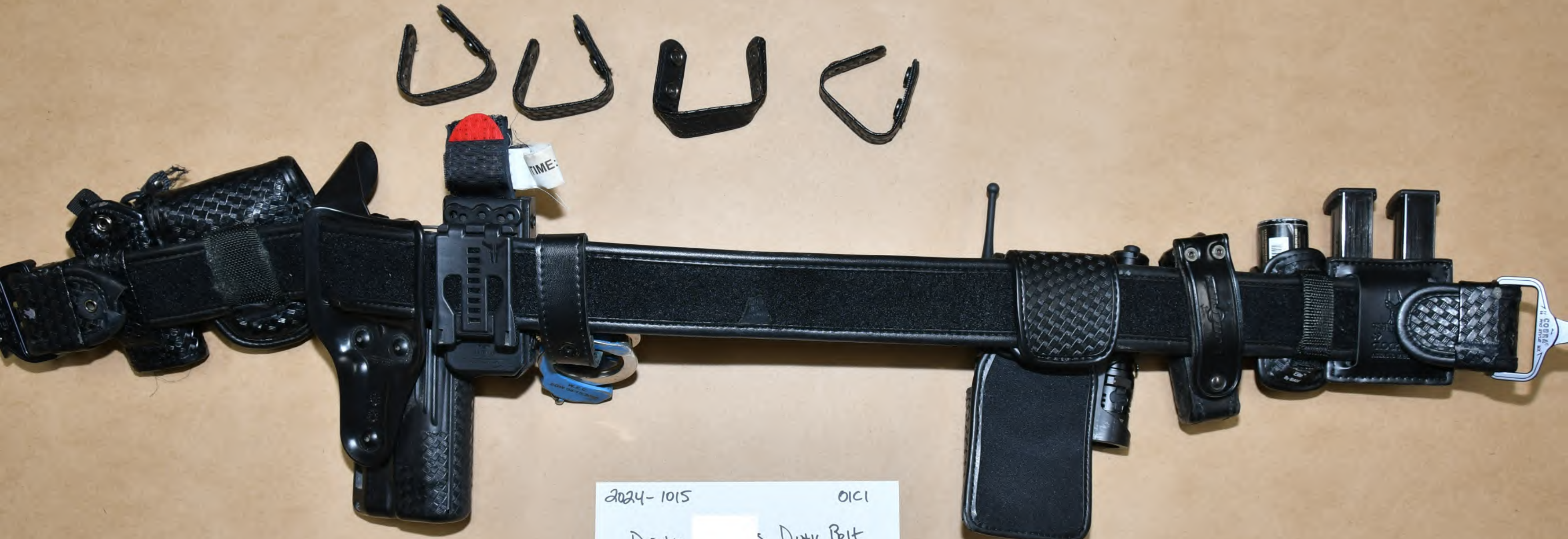


2024-1015                      01C1  
Deputy [redacted] Ballistic Vest  
[redacted]                      4-2-24





2024-1015  
Deputy [redacted] Duty Belt  
[redacted]  
0101  
4-2-24



2024-1015 01C1  
Deputy [redacted] s Duty Belt  
[redacted] 4-2-24



2024-1015  
Deputy [redacted] s Boots  
[redacted]  
01C1  
4-2-24





2024-1015 0101  
Deputy  Boots  
 4-2-24



2024-1015

0101

Deputy [redacted] s Boots

[redacted]  
4-2-24



2024-1015

01C1

Deputy

s

Boots

4-2-24



Blauer®

MOTOROLA



MOTOROLA

 **Blauer®**





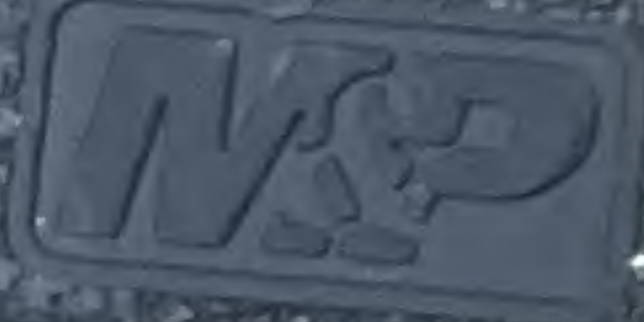
SMITH & WESSON  
SPRINGFIELD, MA U.S.A.

CAUTION-CAPABLE OF FIRING WITH MAGAZINE REMOVED

[White rectangular sticker]



TLR-1 HL Patented  
STREAMLIGHT





SMITH & WESSON  
SPRINGFIELD, MA U.S.A.

CAUTION-CAPABLE OF FIRING WITH MAGAZINE REMOVED

TLR-1 HL Patented  
STREAMLIGHT

HOT

M&P



SMITH & WESSON  
SPRINGFIELD, MA U.S.A.

CAUTION-CAPABLE OF FIRING WITH MAGAZINE REMOVED

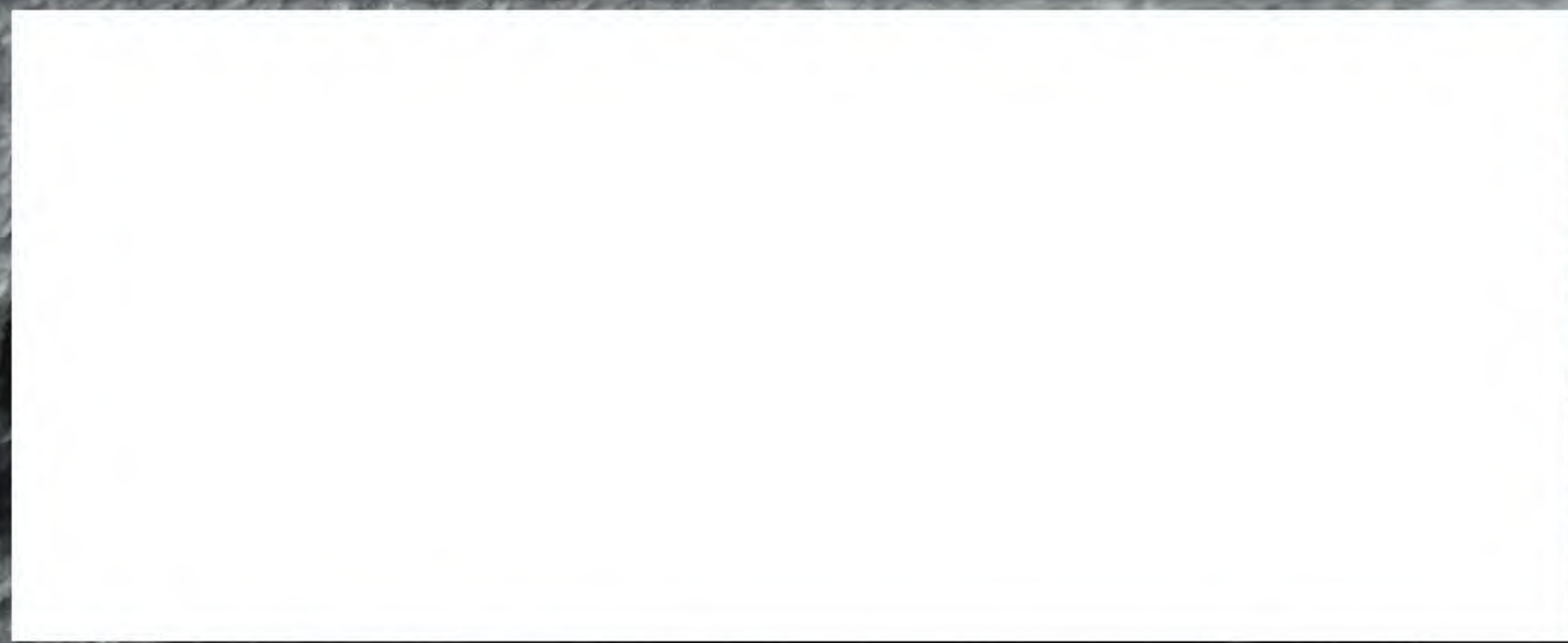
TLR-1 HL<sup>®</sup> Patented  
STREAMLIGHT

HOT

SW

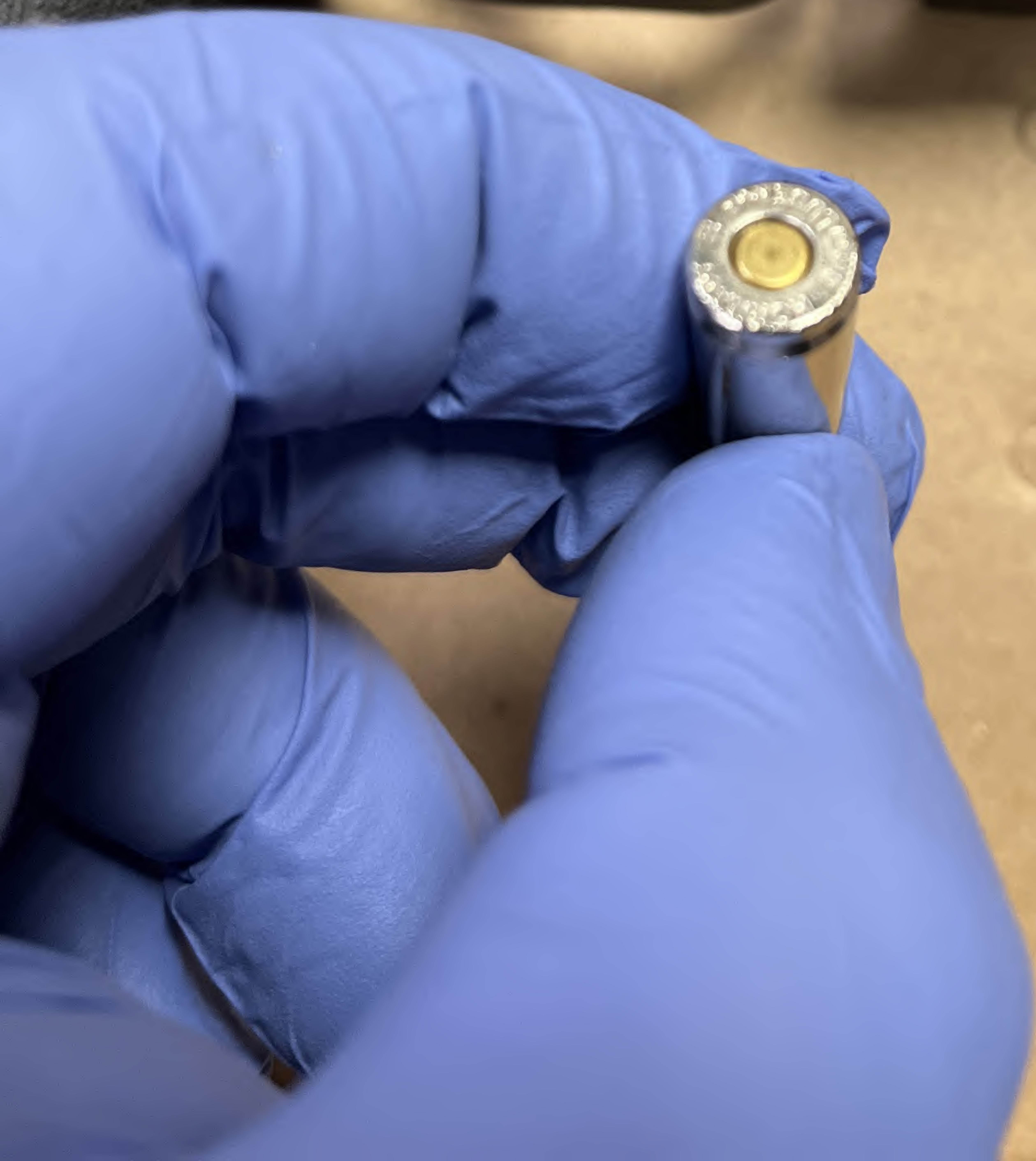
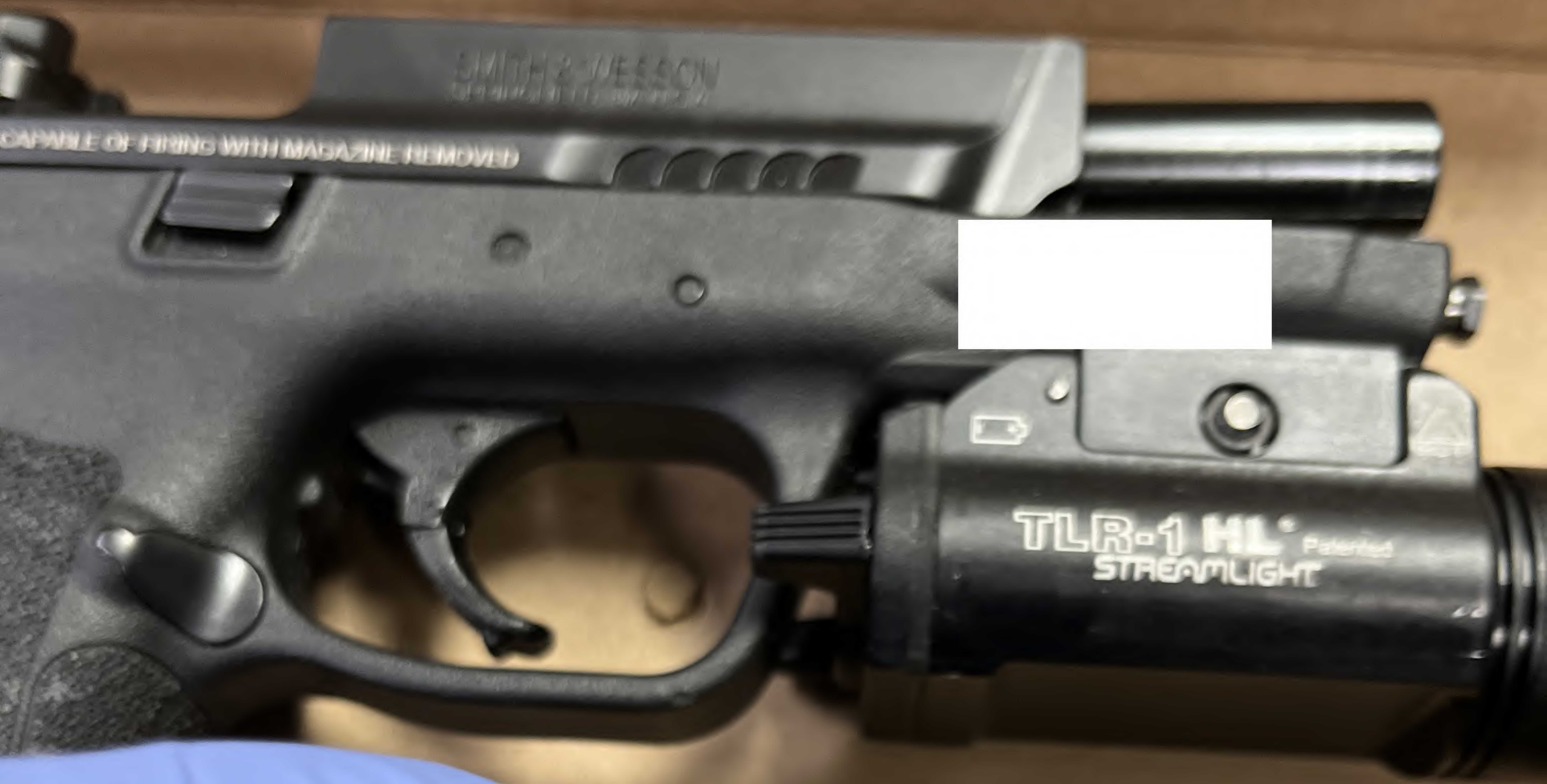


ON  
5.7



**TLR-1 HL**® Patented  
STRAIGHTLIGHT







[Redacted]

[Redacted]

Blauer

