



Ohio Attorney General's Office  
Bureau of Criminal Investigation  
Investigative Report



2022-1316  
Officer Involved Critical Incident – Ackerman Izak (V)

**Investigative Activity:** Records Received, Review of Records  
**Involves:** Ackerman Izak (V)  
**Date of Activity:** 06/29/2022  
**Author:** SAS Scott A. Stranahan, #98

**Narrative:**

On June 21, 2022, the Allen County Sheriff's (ACSO) Office requested the assistance of the Ohio Bureau of Criminal Investigation (BCI) with the investigation of an Officer Involved Critical Incident (OICI) that occurred in the City of Lima, Allen County, Ohio. It was determined that Deputy Izak Ackerman was the Deputy involved in this incident. Investigators then requested that the ACSO provided BCI with copies of Deputy Ackerman's personnel file.

On June 27, 2022, Special Agent Tiffany Vollmer received a copy of Deputy Ackerman's personnel file. A copy was placed into this case file.

On June 30, 2022, BCI Special Agent Supervisor (SAS) Scott Stranahan reviewed Deputy Ackerman's personnel file and noted the following:

Deputy Ackerman successfully completed the Ohio Peace Officer Training Academy at the James A. Rhodes State College in Lima, Ohio from September of 2017 through May of 2018.

Prior to attending the police academy, Deputy Ackerman attended the Hocking Technical College where he obtained an Associates Degree in Natural Resources Law Enforcement.

While attending the police academy, Deputy Ackerman filed an employment application with the ACSO in January of 2018 seeking a position as a Deputy Sheriff. Deputy Ackerman was not hired by the ACSO at that time.

In July of 2018, Deputy Ackerman filed another employment application with the ACSO, again seeking a position as a Deputy Sheriff. A review of those application materials revealed that Deputy Ackerman listed that he applied for a position with the Ohio Department of Natural Resources.

As part of the ACSO hiring process, Deputy Ackerman submitted to the following pre-employment screening prior to his appointment as a full-time Deputy Sheriff on 9/25/2018:

1. Drug Screening – 8/31/2018

This document is the property of the Ohio Bureau of Criminal Investigation and is confidential in nature. Neither the document nor its contents are to be disseminated outside your agency except as provided by law – a statute, an administrative rule, or any rule of procedure.

2. CVSA – 9/5/2018
3. Phycological Exam – 9/13/2018

It was noted that there was one record documenting a counseling session Deputy Ackerman received from his supervisor, Sergeant Hemker. The counseling session was a one page document dated March 8, 2021. The counseling session was titled and for "Rules of Conduct / Policy 2.15 – Section 6.2." In the details section, Sgt. Hemker noted that during the early morning hours of March 8, 2021, Deputy Ackerman was backing up his patrol vehicle and struck a commercial dumpster. This impact resulted in damage to the passenger side rear tail light lens. It was documented that Deputy Ackerman immediately notified his supervisor and completed the necessary documentation (OH-1).

The second portion of the document pertaining to the counseling session provided details regarding "6.2 Responsibility for Allen County Property." This section indicated that each employee of Allen County is responsible for "keeping all agency equipment clear and in good working order." Employees are also responsible for making the effort to protect county property from damage. In the event the employee is irresponsible, they might be financially responsible for the damage or could face other disciplinary actions. The last portion of this document indicated that due to the damage to the patrol vehicle, Deputy Ackerman's actions were not acceptable and would not be tolerated in the future and future violations may result in more severe disciplinary actions. The document was signed by both Sgt. Hemker and Deputy Ackerman on March 8, 2021.

Also on March 8, 2021, Deputy Ackerman provided a written statement following the counseling session. In his statement, Deputy Ackerman admitted that his actions were "careless" and he would take steps going forward to ensure he is more careful with his patrol vehicle. There were no other disciplinary items located in Deputy Ackerman's personnel file.

There were two training certificates located within Deputy Ackerman's personnel file. The first certificate was from the Axon Academy, dated 9/25/2018 and documented 6 hours of training pertaining to the user of X26P Taser. The second training certificate located as from the Ohio Department of Health, dated April 10, 2019 and documenting the completion of training for Alcohol and Drug testing. No other training certificates were located in Deputy Ackerman's personnel file.

Lastly, a "Personnel Evaluation Form," dated December 5, 2018 for Deputy Ackerman was located in his personnel file. a review of this document showed that employees are rated in the following categories: Quality of Work, Quantity of Work, Knowledge of Work, Adaptability, Dependability, Cooperation, Judgement, Initiative and Personality. For each of these categories, Deputy Ackerman received the rating of "Meets," with the exception of the categories Initiative and Personality where he received the rating "Above." In the category Initiative, the rater had the following comment: "Dep. Ackerman is motivated and is interested in his work, eager for proactive work." In the category Personality, the rater had the following comment: "Dep. Ackerman is courteous with everyone he meets and maintains a professional appearance."

SAS Stranahan completed the review of Deputy Ackerman's personnel file. For additional

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details, refer to Deputy Ackerman's personnel file, copy of which has been attached to this Investigative Report. A copy of Deputy Ackerman's personnel file has also been placed into this case file.

**Attachments:**

Attachment # 01: Personnel File

Allen County Sheriff's Office

Personnel Evaluation Form

Evaluation Type: Probationary

Employee Name: Ackerman, Izak ID #: [REDACTED] Date: 12/05/18

Division: Uniform

**Quality of Work:** (*accuracy, neatness, thoroughness*)

Rating: Meets

Comments: Dep. Ackerman is confident when speaking with people and handles calls appropriately.

**Quantity of Work:** (*Volume, amount, speed*)

Rating: Meets

Comments: Dep. Ackerman handles many calls during a shift, covering a large variety of calls with proficiency. Dep. Ackerman regularly runs licence plates looking for goo traffic stops.

**Knowledge of Work:**

Rating: Meets

Comments: Dep. Ackerman has gained knowledge of ACSO Procedures and many laws, showing confidence in handling most situations.

**Adaptability:** (*adjustment to change, ability to learn*)

Rating: Meets

Comments: Dep. Ackerman shows a desire and effort to learn, showing the ability to retain information well. Dep. Ackerman is able to react appropriately to a change in circumstances during a call.

**Dependability:** (*reliability*)

Rating: Meets

Comments: Dep. Ackerman arrives to work on time and prepared. He follows orders well and is reliable to complete his required tasks.

**Cooperation:** (*working with other employees*)

Rating: Meets

Comments: Dep. Ackerman volunteers to handle all calls he has the opportunity to. He works well with everyone on shift.

**Judgment:** (*Ability to make decisions, plan work*)

Rating: Meets

Comments: Dep. Ackerman makes good judgement calls, displays good instincts.

**Initiative:** (*Motivation, Interest in work.*)

Rating: Above

Comments: Dep. Ackerman is motivated and is interested in his work, eager for proactive work.

**Personality:** (*courtesy, appearance, public relations*)

Rating: Above

Comments: Dep. Ackerman is courteous with everyone he meets and maintains a professional appearance.

Employee Izak Ackerman  
Print Name

Date of Evaluation 12/20/18

Reviewer Det. J. Collins  
Print Name

Employee Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Employee Signature: Izak Ackerman

Reviewer Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reviewer's Signature: J. Collins

Division Commander Signature: [Signature]

Date: 12.5.18

**Sheriff's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

# OHIO DEPARTMENT OF HEALTH

## ALCOHOL AND DRUG TESTING

This is to certify that

**IZAK T ACKERMAN**

has qualified for and is hereby issued Senior Operator permit number **90147-S-6** under the provisions of section 3701.143 of the Ohio Revised Code and chapter 3701-53-01 through 10 of the Ohio Administrative Code and is authorized to perform breath tests in accordance with such laws and rules, using the BAC DataMaster instrument.

Effective Date April 10, 2019

This permit expires **April 10, 2020**



Application Date  
April 10, 2019

A handwritten signature in cursive script, appearing to read "Jay Costen".

DIRECTOR OF HEALTH



## MONTGOMERY,RHONDA

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**From:** Amber L. Jicha <Amber.Jicha@ohioattorneygeneral.gov> on behalf of Arienne M. Fauber <Arienne.Fauber@ohioattorneygeneral.gov>  
**Sent:** Friday, October 12, 2018 11:36 AM  
**To:** [REDACTED]; MONTGOMERY,RHONDA  
**Subject:** Peace Officer Basic Certificate of Completion for Izak Ackerman

As a result of your agency submitting an SF400 Notice of Appointment, a certificate of completion #172438 has been issued for Izak Ackerman, and mailed to the school commander for signature. The school commander will forward the certificate to the student once it has been signed.

To increase efficiency and reduce costs, our office is now sending correspondence through email instead of through the US Postal Service, whenever possible. As such, please keep your email up to date with our office so that you receive all OPOTC correspondence. If you have any questions, please contact our office at 740-845-2700.



Amber Jicha  
Administrative Professional II- OPOTC  
Office of Ohio Attorney General Mike DeWine  
Office number: 740-845-2686  
Fax number: 866-509-6055  
[amber.jicha@ohioattorneygeneral.gov](mailto:amber.jicha@ohioattorneygeneral.gov)





# MIKE DEWINE

★ OHIO ATTORNEY GENERAL ★



Ohio Peace Officer Training Commission  
Office 800-346-7682  
Fax 740-845-2675

P.O. Box 309  
London, OH 43140  
www.OhioAttorneyGeneral.gov

## NOTICE OF PEACE OFFICER APPOINTMENT

1. Within ten days of the appointment or status change, submit one copy of this form either by email, fax or mail.
2. Type or print legibly and complete all blanks. Enter N/A if not applicable.
3. Submit pages 1 and 2 when an officer is newly-appointed to your agency, or has previously left the agency and returns.
4. Submit only page 1 when an officer continues to be appointed by your agency, but has a change from one status, as listed in Box 15, to a different status.
5. Enter any necessary information for a Correction to Record, submitting all affected pages, and attach a letter explaining the requested change.

<b>OFFICER INFORMATION</b>		1. Name (Last) <b>ACKERMAN</b>	(First) <b>IZAK</b>	(Middle) <b>T</b>	2. Social Security Number
3. Previous Name(s) or Alias (Last)		(First)			(Middle)
4. Birth date (mm/dd/yyyy)	5. Officer's Individual Email Address			6. Phone Number	
7. Home Mailing Address (#/Street/PO Box)		(City)	(State)	(Zip Code)	(County Name)
8. Basic Training Academy (Only complete if this is the officer's first appointment or OSP)		(Academy Name) <b>JAMES A. RHODES STATE COLLEGE</b>	(Academy Number) <b>BAS17-070</b>	(Dates of Training) <b>09/2017-05/2018</b>	

<b>AGENCY INFORMATION</b>		9. Agency Name <b>ALLEN COUNTY SHERIFF'S OFFICE</b>			
10. Reporting Authority's Email Address <b>montgomery@acso-oh.us</b>		11. Agency Phone Number <b>419-993-1412</b>			
12. Agency Mailing Address (#/Street/PO Box) <b>333 N. MAIN ST / PO BOX 1243</b>		(City) <b>LIMA</b>	(Zip Code) <b>45802</b>	(County Name) <b>ALLEN</b>	

<b>APPOINTMENT INFORMATION</b>		(Complete Date, Status and ORC)		13. New Appointment Date <b>09 / 25 / 18</b>	14. Status Change Date / /
15. Select New Status <input checked="" type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Auxiliary <input type="checkbox"/> Reserve <input type="checkbox"/> Special <input type="checkbox"/> Seasonal For the purpose of this form, full-time means those in active pay status (including those on vacation, sick, bereavement, personal or administrative leave; on compensatory time or holidays) receiving compensation and benefits for 40 hours in a work week or 80 hours in a 14-day period.					
16. Select New ORC					
<input type="checkbox"/> City Full-Time/Part-Time (737.02)		<input type="checkbox"/> City Auxiliary/Reserve/Special (737.051)		<input type="checkbox"/> City Chief (737.02)	
<input type="checkbox"/> Village Full-Time/Part-Time/Special (737.16)		<input type="checkbox"/> Village Auxiliary/Reserve (737.161)		<input type="checkbox"/> Village Chief (737.15)	
<input type="checkbox"/> Township Police Officer (505.49)		<input type="checkbox"/> Township Constable (509.01)		<input type="checkbox"/> Other Chief - List ORC/Charter _____	
<input type="checkbox"/> Other - List ORC/Charter _____		<input checked="" type="checkbox"/> Deputy Sheriff (311.04)		<input type="checkbox"/> Sheriff (311.01)	

<b>ATTESTATION OF REPORTING AUTHORITY</b>		I have carefully read this document and fully understand its contents and I sign it of my own free will and volition. I attest that the information provided on this document is true and correct and is based on my personal knowledge or inquiry. I further understand and acknowledge that submission of falsified records is a criminal violation.			
17. Signature of Reporting Authority 		18. Printed Name and Title <b>Matthew B. Treglia, Sheriff</b>		19. Date <b>09 / 25 / 18</b>	
20. Signature of Witness 		21. Printed Name (First, Middle, Last) <b>Rhonda K. Casady</b>		22. Date <b>09 / 25 / 18</b>	

Officer Name (Last) (First) (Middle) Social Security Number  
 ACKERMAN IZAK D

**23. OATH OF OFFICE**

I do solemnly swear or affirm that I will support the Constitution and Laws of the United States of America, the Constitution and Laws of the State of Ohio, and Laws and Ordinances of the political subdivision to which I am appointed and to the best of my ability will discharge the duties of this office.

*Matthew Ackerman*

Signature of Appointee

*Matthew B. Treglia*

Signature of Appointing Authority

MATTHEW B. TREGLIA

Name of Appointing Authority (Typed or Printed Legibly)

SHERIFF

Title of Appointing Authority (Typed or Printed Legibly)

**OHIO PEACE OFFICER APPOINTMENT HISTORY**

*Please list all prior appointments. Use additional copies of page 2, as needed, to list the entire appointment history.*

24. Appointed By (Agency Name and County):	25. From(mm/dd/yyyy): / /	To(mm/dd/yyyy): / /
26. Appointment Status (Check Appropriate Box) <input checked="" type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Auxiliary <input type="checkbox"/> Reserve <input type="checkbox"/> Special <input type="checkbox"/> Seasonal		
27. Appointed By (Agency Name and County):	28. From(mm/dd/yyyy): / /	To(mm/dd/yyyy): / /
29. Appointment Status (Check Appropriate Box) <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Auxiliary <input type="checkbox"/> Reserve <input type="checkbox"/> Special <input type="checkbox"/> Seasonal		
30. Appointed By (Agency Name and County):	31. From(mm/dd/yyyy): / /	To(mm/dd/yyyy): / /
32. Appointment Status (Check Appropriate Box) <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Auxiliary <input type="checkbox"/> Reserve <input type="checkbox"/> Special <input type="checkbox"/> Seasonal		
33. Appointed By (Agency Name and County):	34. From(mm/dd/yyyy): / /	To(mm/dd/yyyy): / /
35. Appointment Status (Check Appropriate Box) <input checked="" type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Auxiliary <input type="checkbox"/> Reserve <input type="checkbox"/> Special <input type="checkbox"/> Seasonal		
36. Appointed By (Agency Name and County):	37. From(mm/dd/yyyy): / /	To(mm/dd/yyyy): / /
38. Appointment Status (Check Appropriate Box) <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Auxiliary <input type="checkbox"/> Reserve <input type="checkbox"/> Special <input type="checkbox"/> Seasonal		
39. Appointed By (Agency Name and County):	40. From(mm/dd/yyyy): / /	To(mm/dd/yyyy): / /
41. Appointment Status (Check Appropriate Box) <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Auxiliary <input type="checkbox"/> Reserve <input type="checkbox"/> Special <input type="checkbox"/> Seasonal		



**MIKE DEWINE**  
★ OHIO ATTORNEY GENERAL ★



Ohio Peace Officer Training Commission  
Office 800-346-7682  
Fax 740-845-2675

P.O. Box 309  
London, OH 43140  
[www.OhioAttorneyGeneral.gov](http://www.OhioAttorneyGeneral.gov)

May 21, 2018

Izak Taylor Ackerman

Re: James A. Rhodes State College #BAS 17-070  
Date of Completion: 5/15/2018

Dear Mr. Ackerman:

Congratulations! You have successfully completed peace officer basic training requirements and the peace officer certification examination. The date you passed the certification examination will be considered the date that your basic academy was completed, for all of the calculations mentioned below.

If you are appointed as a peace officer within one year of that date, a certificate of completion will be awarded, as long as no additional training requirements become mandated by the legislature. If you are appointed more than one year but less than two years after that date, you will be required to complete an OPOTC-approved refresher course and exam, plus any training requirements mandated by the legislature. If you receive an appointment more than two years after the date of completion, you must repeat the entire peace officer basic training course.

**In all cases, you legally cannot perform the functions of a peace officer until you have been awarded a certificate from the Ohio Peace Officer Training Commission. If you do not receive an actual paper certificate, do not assume that you are valid. Contact this office for more information, as there may be additional documentation that is needed before you are certified.**

To obtain your peace officer basic training certificate, a notice of appointment (form SF400adm) must be submitted to this office by your first appointing agency. If the agency does not have this form, it is available from our office and website. Incomplete or improper appointment documents will not be processed and will be returned for correction.

If you or your prospective employer have further questions, please contact us.

Sincerely,

Arienne Fauber, Certification Officer  
Professional Standards Division

cc: Robert OConnor, School Commander  
School File

AF/aj



**Allen County, Ohio Sheriff's Office**  
333 N. Main St. Lima, Ohio 45801 (419) 227-3535

**Sheriff Matthew B. Treglia**



## PERSONNEL APPLICATION

1. Read all questions carefully and answer fully where applicable.
2. Sign the bottom of each page.
3. Non-truthful statements can result in termination of employment.

Name: Izak Ackerman

Date: 7/10/18

Have you ever worked under another name? No

If yes, what name, or names? (Maiden Name) \_\_\_\_\_

Present Address: \_\_\_\_\_

Telephone # \_\_\_\_\_ SSN: \_\_\_\_\_

Are you a citizen of the United States? Yes

If not a citizen, do you have permission to remain permanently in the U.S.? \_\_\_\_\_

Are you 18 Years of Age or Older? \_\_\_\_\_ 21 Years of Age if applying for the position of Deputy Sheriff? Yes

Position(s) applying for? Deputy Sheriff

Have you ever been convicted of a violation of law? No

If YES, please give details:

Your Signature: \_\_\_\_\_

**We are an Equal Opportunity Employer**

RECEIVED  
18 JUL 11 PM 1:40  
Allen County Sheriff's Office  
LENN COUNTY, OHIO

## Military Service

Have you ever served in the U.S. Armed Services? N/A

If Yes, Dates: \_\_\_\_\_ Branch: \_\_\_\_\_

Armed Services Duties and Specialized Training: \_\_\_\_\_

(Attach copy of D.D.-214 or other training certification)

Have you ever been or are you presently a member of any organization which advocates the overthrow of the Federal Government? \_\_\_\_\_

## Education

High School Graduate / G.E.D.? Yes School Name: Allen East

Law Enforcement / Corrections Training? Yes School Name(s): Rhodes State

University or College Degree Completed? Yes School Name: Hocking  
Technical College, Natural Resources Law Enforcement

Number of credits hours completed if you have started but not yet obtained a degree: \_\_\_\_\_

Do you intend to further pursue this degree? Undecided

Your Signature: Dzale Anderson

**We are an Equal Opportunity Employer**

List any additional information, special qualifications or skills you have that you feel are relevant for the position for which you are applying: Experience with  
firearms, wrestler in high school,

## Employment

Complete your three most recent employers beginning with your current employer if you have one.

May we contact your current employer? \_\_\_\_\_ If no, advise reason: \_\_\_\_\_

1. Employer Name, Address, Telephone Number: Cardinal Bus Sales  
6280 Harding Hwy, Lima, OH 45801 419-225-5552

Supervisor's name, position(s) held, dates employed, reason for leaving: Tony  
Rumer, Cleaner/misc. Laborer, 05/15 through 08/15, 05/16 through 08/16,  
06/17 through 04/18, Reason for leaving was to pursue career in law Enforcement

2. Employer Name, Address, Telephone Number: \_\_\_\_\_

Supervisor's name, position(s) held, dates employed, reason for leaving: \_\_\_\_\_

3. Employer Name, Address, Telephone Number: \_\_\_\_\_

Supervisor's name, position(s) held, dates employed, reason for leaving: \_\_\_\_\_

Your Signature: Dyde Chiseman

**We are an Equal Opportunity Employer**

Were you ever discharged or forced to resign due to misconduct or unsatisfactory work performance? No If YES, Give Details: \_\_\_\_\_

When would you be available to begin employment? Immediately

---

## General Information

If a drivers license is required, do you have, or are you willing and able to obtain a valid Ohio Drivers License? Yes

Prior to this application, have you ever applied for employment with the Allen County Sheriff's Office? Yes If YES, list date and for what position(s):  
02/18 Deputy Sheriff

Have you ever applied for employment with another Law Enforcement Agency? Yes If YES, list date and name of agency: 03/18  
Ohio Department of Natural Resources

Do you have any relatives currently working for the Allen County Sheriff's Office? Yes If YES, list their name and title: Shannon Ackerman  
Grant Administrator and Bureau Secretary

Are you capable of performing the essential functions outlined in the job description for the position for which you are applying? Yes

Your Signature: Shannon Ackerman

**We are an Equal Opportunity Employer**

List below your reasons for applying with the Allen County Sheriff's Office: To use my degree and training to serve my community to the best of my abilities.

## References

List three relatives and their relation to you. Do NOT list spouse or children:

Name	Address	Telephone
1. Randy Ackerman,		
2. Jim Link,		
3. Brock Ackerman,		

List the name, address and phone number of your closest relative or another person who will always know your address: Peggy Ackerman,

List three reference who are not relatives or previous employers and / or supervisors:

Name	Address	Telephone
1. Craig Barr		
2. Tom Donnelly	N/A	
3. Bob O'Conner	N/A	

Your Signature: Dyale Williams





Ohio Department of Public Safety  
Division of Homeland Security  
http://www.homelandsecurity.ohio.gov

**PUBLIC EMPLOYMENT**

In accordance with section 2909.34 of the Ohio Revised Code

**DECLARATION REGARDING MATERIAL ASSISTANCE/NONASSISTANCE TO A TERRORIST ORGANIZATION**

This form serves as a declaration of the provision of material assistance to a terrorist organization or organization that supports terrorism as identified by the U.S. Department of State Terrorist Exclusion List (see the Ohio Homeland Security Division website for a reference copy of the Terrorist Exclusion List).

Any answer of "yes" to any question, or the failure to answer "no" to any question on this declaration shall serve as a disclosure that material assistance to an organization identified on the U.S. Department of State Terrorist Exclusion List has been provided. Failure to disclose the provision of material assistance to such an organization or knowingly making false statements regarding material assistance to such an organization is a felony of the fifth degree.

For the purposes of this declaration, "material support or resources" means currency, payment instruments, other financial securities, funds, transfer of funds, and financial services that are in excess of one hundred dollars, as well as communications, lodging, training, safe houses, false documentation or identification, communications equipment, facilities, weapons, lethal substances, explosives, personnel, transportation, and other physical assets, except medicine or religious materials.

LAST NAME <i>Ackerman</i>		FIRST NAME <i>Izak</i>	MIDDLE INITIAL <i>T</i>
HOME ADDRESS			
CITY	STATE	ZIP	COUNTY
HOME PHONE		WORK PHONE <i>N/A</i>	

**DECLARATION**

In accordance with division (A)(2)(b) of section 2909.32 of the Ohio Revised Code

For each question, indicate either "yes," or "no" in the space provided. Responses must be truthful to the best of your knowledge.

- Are you a member of an organization on the U.S. Department of State Terrorist Exclusion List?  
 Yes  No
- Have you used any position of prominence you have with any country to persuade others to support an organization on the U.S. Department of State Terrorist Exclusion List?  
 Yes  No
- Have you knowingly solicited funds or other things of value for an organization on the U.S. Department of State Terrorist Exclusion List?  
 Yes  No

PUBLIC EMPLOYMENT - CONTINUED

4. Have you solicited any individual for membership in an organization on the U.S. Department of State Terrorist Exclusion List?  
 Yes  No

5. Have you committed an act that you know, or reasonably should have known, affords "material support or resources" to an organization on the U.S. Department of State Terrorist Exclusion List?  
 Yes  No

6. Have you hired or compensated a person you knew to be a member of an organization on the U.S. Department of State Terrorist Exclusion List, or a person you knew to be engaged in planning, assisting, or carrying out an act of terrorism?  
 Yes  No

In the event of a denial of public employment due to a positive indication that material assistance has been provided to a terrorist organization, or an organization that supports terrorism as identified by the U.S. Department of State Terrorist Exclusion List, a review of the denial may be requested. The request must be sent to the Ohio Department of Public Safety's Division of Homeland Security. The request forms and instructions for filing can be found on the Ohio Homeland Security Division website.

**CERTIFICATION**

I hereby certify that the answers I have made to all of the questions on this declaration are true to the best of my knowledge. I understand that if this declaration is not completed in its entirety, it will not be processed and I will be automatically disqualified. I understand that I am responsible for the correctness of this declaration. I understand that failure to disclose the provision of material assistance to an organization identified on the U.S. Department of State Terrorist Exclusion List, or knowingly making false statements regarding material assistance to such an organization is a felony of the fifth degree. I understand that any answer of "yes" to any question, or the failure to answer "no" to any question on this declaration shall serve as a disclosure that material assistance to an organization identified on the U.S. Department of State Terrorist Exclusion List has been provided by myself or my organization.

X Isyah Akbarman  
Signature

07/10/18  
Date

**By signing and submitting this application I swear that the foregoing answers are true, correct and complete to the best of my knowledge and belief. I acknowledge and understand that any false or misleading information and / or omissions, either verbal or in writing, anytime during the selection process for this position, will be cause for my disqualification from consideration for employment. Such false or misleading information could also result in termination if found after employment begins.**

**Print Full Name:** Izak Taylor Ackerman

**Signature:** Izak Ackerman

**Date:** 07/10/18

***We are an Equal Opportunity Employer***





**Allen County, Ohio Sheriff's Office**  
333 N. Main St. Lima, Ohio 45801 (419) 227-3535

**Sheriff Matthew B. Treglia**



## PERSONNEL APPLICATION

1. Read all questions carefully and answer fully where applicable.
2. Sign the bottom of each page.
3. Non-truthful statements can result in termination of employment.

Name: Izak Taylor Ackerman Date: 1-15-18

Have you ever worked under another name? No

If yes, what name, or names? (Maiden Name) \_\_\_\_\_

Present Address: \_\_\_\_\_

Telephone # \_\_\_\_\_ SSN: \_\_\_\_\_

Are you a citizen of the United States? Yes

If not a citizen, do you have permission to remain permanently in the U.S.? \_\_\_\_\_

Are you 18 Years of Age or Older? \_\_\_\_\_ 21 Years of Age if applying for the position of Deputy Sheriff? Yes

Position(s) applying for? Deputy Sheriff

Have you ever been convicted of a violation of law? No If YES, please give details:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Your Signature: Izak Ackerman  
**We are an Equal Opportunity Employer**

## Military Service

Have you ever served in the U.S. Armed Services? No

If Yes, Dates: \_\_\_\_\_ Branch: \_\_\_\_\_

Armed Services Duties and Specialized Training: \_\_\_\_\_

(Attach copy of D.D.-214 or other training certification)

Have you ever been or are you presently a member of any organization which advocates the overthrow of the Federal Government? \_\_\_\_\_

## Education

High School Graduate / G.E.D.? Yes School Name: Allen East High School

Law Enforcement / Corrections Training? Yes School Name(s): Currently Enrolled at Rhodes State for OPDTA Basic Police Academy

University or College Degree Completed? Yes School Name: Hocking College, Associates in Natural Resources Law Enforcement

Number of credits hours completed if you have started but not yet obtained a degree: \_\_\_\_\_

Do you intend to further pursue this degree? No

Your Signature: Dyke Anderson

*We are an Equal Opportunity Employer*

List any additional information, special qualifications or skills you have that you feel are relevant for the position for which you are applying: Associates in Natural Resources Law Enforcement, Top of class in firearms, wrestling background, experience driving multiple different vehicles.

## Employment

Complete your three most recent employers beginning with your current employer if you have one.

May we contact your current employer? Yes If no, advise reason: \_\_\_\_\_

1. Employer Name, Address, Telephone Number: Cardinal Bus Sales  
6280 Hardina Hwy, Lima, Ohio 45801 419-225-5552

Supervisor's name, position(s) held, dates employed, reason for leaving: \_\_\_\_\_  
Tony Rumer, Worker/cleaner, May - August 2015, 2016, June - Current 2017-2018. left during winter and spring for college

2. Employer Name, Address, Telephone Number: \_\_\_\_\_

Supervisor's name, position(s) held, dates employed, reason for leaving: \_\_\_\_\_

3. Employer Name, Address, Telephone Number: \_\_\_\_\_

Supervisor's name, position(s) held, dates employed, reason for leaving: \_\_\_\_\_

Your Signature: Jake Colarman

**We are an Equal Opportunity Employer**

Were you ever discharged or forced to resign due to misconduct or unsatisfactory work performance? No If YES, Give Details: \_\_\_\_\_

When would you be available to begin employment? April 2018

**General Information**

If a drivers license is required, do you have, or are you willing and able to obtain a valid Ohio Drivers License? Yes

Prior to this application, have you ever applied for employment with the Allen County Sheriff's Office? No If YES, list date and for what position(s): \_\_\_\_\_

Have you ever applied for employment with another Law Enforcement Agency? No If YES, list date and name of agency: \_\_\_\_\_

Do you have any relatives currently working for the Allen County Sheriff's Office? Yes If YES, list their name and title: Shannon Ackerman  
Grant Administrator and Detective Bureau Secretary

Are you capable of performing the essential functions outlined in the job description for the position for which you are applying? Yes

Your Signature: Dyle Ackerman



List below your reasons for applying with the Allen County Sheriff's Office: I  
have always wanted a job where I make a difference in the community.

## References

List three relatives and their relation to you. Do NOT list spouse or children:

Name	Address	Telephone
1. <u>Jim Link</u>		
2. <u>Randy Ackerman</u>		
3. <u>Tim Ackerman</u>		

List the name, address and phone number of your closest relative or another person who will always know your address: Peggy Ackerman

List three reference who are not relatives or previous employers and / or supervisors:

Name	Address	Telephone
1. <u>Craig Barr</u>		
2. <u>Ken Temple</u>		
3. <u>Bill Davis</u>		

Your Signature: Dylan Ackerman

**We are an Equal Opportunity Employer**



**Ohio Department of Public Safety**  
**Division of Homeland Security**  
<http://www.homelandsecurity.ohio.gov>

**PUBLIC EMPLOYMENT**

*In accordance with section 2909.34 of the Ohio Revised Code*

**DECLARATION REGARDING MATERIAL ASSISTANCE/NONASSISTANCE TO A TERRORIST ORGANIZATION**

This form serves as a declaration of the provision of material assistance to a terrorist organization or organization that supports terrorism as identified by the U.S. Department of State Terrorist Exclusion List (see the Ohio Homeland Security Division website for a reference copy of the Terrorist Exclusion List).

Any answer of "yes" to any question, or the failure to answer "no" to any question on this declaration shall serve as a disclosure that material assistance to an organization identified on the U.S. Department of State Terrorist Exclusion List has been provided. Failure to disclose the provision of material assistance to such an organization or knowingly making false statements regarding material assistance to such an organization is a felony of the fifth degree.

For the purposes of this declaration, "material support or resources" means currency, payment instruments, other financial securities, funds, transfer of funds, and financial services that are in excess of one hundred dollars, as well as communications, lodging, training, safe houses, false documentation or identification, communications equipment, facilities, weapons, lethal substances, explosives, personnel, transportation, and other physical assets, except medicine or religious materials.

LAST NAME <i>Ackerman</i>		FIRST NAME <i>Izak</i>	MIDDLE INITIAL <i>T</i>
HOME ADDRESS			
CITY	STATE	ZIP	COUNTY
HOME PHONE		WORK PHONE	

**DECLARATION**

*In accordance with division (A)(2)(b) of section 2909.32 of the Ohio Revised Code*

For each question, indicate either "yes," or "no" in the space provided. Responses must be truthful to the best of your knowledge.

- Are you a member of an organization on the U.S. Department of State Terrorist Exclusion List?  
 Yes  No
- Have you used any position of prominence you have with any country to persuade others to support an organization on the U.S. Department of State Terrorist Exclusion List?  
 Yes  No
- Have you knowingly solicited funds or other things of value for an organization on the U.S. Department of State Terrorist Exclusion List?  
 Yes  No

PUBLIC EMPLOYMENT - CONTINUED

4. Have you solicited any individual for membership in an organization on the U.S. Department of State Terrorist Exclusion List?  
 Yes  No
5. Have you committed an act that you know, or reasonably should have known, affords "material support or resources" to an organization on the U.S. Department of State Terrorist Exclusion List?  
 Yes  No
6. Have you hired or compensated a person you knew to be a member of an organization on the U.S. Department of State Terrorist Exclusion List, or a person you knew to be engaged in planning, assisting, or carrying out an act of terrorism?  
 Yes  No

In the event of a denial of public employment due to a positive indication that material assistance has been provided to a terrorist organization, or an organization that supports terrorism as identified by the U.S. Department of State Terrorist Exclusion List, a review of the denial may be requested. The request must be sent to the Ohio Department of Public Safety's Division of Homeland Security. The request forms and instructions for filing can be found on the Ohio Homeland Security Division website.

**CERTIFICATION**

I hereby certify that the answers I have made to all of the questions on this declaration are true to the best of my knowledge. I understand that if this declaration is not completed in its entirety, it will not be processed and I will be automatically disqualified. I understand that I am responsible for the correctness of this declaration. I understand that failure to disclose the provision of material assistance to an organization identified on the U.S. Department of State Terrorist Exclusion List, or knowingly making false statements regarding material assistance to such an organization is a felony of the fifth degree. I understand that any answer of "yes" to any question, or the failure to answer "no" to any question on this declaration shall serve as a disclosure that material assistance to an organization identified on the U.S. Department of State Terrorist Exclusion List has been provided by myself or my organization.

X Dyble Ederman  
Signature

1-15-18  
Date

**By signing and submitting this application I swear that the foregoing answers are true, correct and complete to the best of my knowledge and belief. I acknowledge and understand that any false or misleading information and / or omissions, either verbal or in writing, anytime during the selection process for this position, will be cause for my disqualification from consideration for employment. Such false or misleading information could also result in termination if found after employment begins.**

**Print Full Name:** Izak Taylor Ackerman

**Signature:** Izak Ackerman

**Date:** 1-15-18

***We are an Equal Opportunity Employer***

**ALLEN COUNTY SHERIFF'S OFFICE**

**EMPLOYEE COUNSELING FORM**

**Matthew B. Treglia, Sheriff**

DATE 3/08/21

Sgt. B Hemker a Supervisory member of the Allen County Sheriff's Office,  
on this date, counseled Deputy I. Ackerman in reference to the following conduct:  
Rules of Conduct / Policy 2.15 - Section 6.2

Please write the details of discussion and remarks of the Counseling Supervisor.

**DETAILS OF DISCUSSION**

On Monday March 8, 2021 at approximately 2:46 AM, you were backing cruiser 222 in a business parking lot. While doing so, you struck the business dumpster causing damage to the passenger side tail light lens. You immediately notified me and completed a OH-1.

**6.2 Responsibility for Allen County Property**

Each officer or other employee is responsible for keeping all agency equipment clean and in good working order. Careful effort is made to protect property from loss, damage, or destruction. Employees deemed responsible for the loss or damage of issued items may, in addition to any other disciplinary action may be required to compensate the agency for the loss or damage. Any equipment that becomes damaged or lost is immediately reported in writing.

Therefore, your actions are not acceptable and will not be tolerated in the future. You are hereby counseled; any further violations of the standards and or operating procedures set forth by the administration of the Allen County Sheriff's Office may result in more severe disciplinary action.

ANY FURTHER VIOLATION OF STANDARDS OR RULES OF THE ALLEN COUNTY SHERIFF'S OFFICE, MAY RESULT IN MORE SEVERE DISCIPLINARY ACTION, POSSIBLY INCLUDING DAY(S) OFF, AND TERMINATION OF EMPLOYMENT.

Signed SGT. B. M. J. Hemker 3/8/21  
COUNSELING SUPERVISOR DATED

The undersigned employee of the Allen County Sheriff's Office, hereby certifies that on the above date, they were counseled by the above named Supervisor, in reference to the work or activity mentioned in this Counseling Form. I understand that the counseling took place, and does not indicate any agreement or disagreement with the opinion stated by the Counseling Supervisor.

Signed I. Ackerman 3-8-2021  
ACSO EMPLOYEE DATED

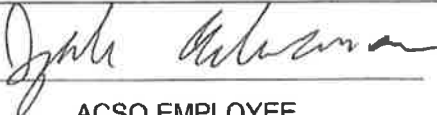
**ALLEN COUNTY SHERIFF'S OFFICE  
EMPLOYEE RESPONSE FORM**

Office of Sheriff  
Matthew B. Treglia, Sheriff  
333 N. Main Street Lima, Ohio 45801

This is submitted as a response to the Counseling Supervisor's opinion, attached to the front of this form. This is response submitted by the employee to a form received on 3-8-2021 from the Alle County Sheriff's Office Supervisor

I was careless in my actions as I was backing up. I failed to check all mirrors as I was backing. In the future, I plan on being more diligent in my attention paid while driving.

THIS RESPONSE MUST BE COMPLETED AT THE TIME OF COUNSELING !

Signed  3-8-2021  
ACSO EMPLOYEE DATED



**MIKE DEWINE**  
 \* OHIO ATTORNEY GENERAL \*



Ohio Peace Officer Training Commission  
 Office 800-346-7682  
 Fax 740-845-2675

P.O. Box 309  
 London, OH 43140  
 www.OhioAttorneyGeneral.gov

828-17

**Ohio Peace Officer Basic Training  
 Physical Fitness Requirements Chart  
 Effective 1/1/2017**

Age and Sex Minimum Scores				
	Males (<29)		Females (<29)	
	<u>Pre-entrance Assessment</u> 15 <sup>th</sup> %	<u>Final Assessment</u> 50 <sup>th</sup> %	<u>Pre-Entrance Assessment</u> 15 <sup>th</sup> %	<u>Final Assessment</u> 50 <sup>th</sup> %
Sit-ups (1 min.)	32	40 <i>48</i>	23	36
Push-ups (1 min.)	19	33 <i>33</i>	9	18
1.5 Mile Run	14:34	11:58	17:49	14:07
	Males (30-39)		Females (30-39)	
	<u>Pre-entrance Assessment</u> 15 <sup>th</sup> %	<u>Final Assessment</u> 50 <sup>th</sup> %	<u>Pre-entrance Assessment</u> 15 <sup>th</sup> %	<u>Final Assessment</u> 50 <sup>th</sup> %
Sit-ups (1 min.)	28	36	18	27
Push-ups (1 min.)	15	27	7	14
1.5 Mile Run	15:13	12:25	18:37	14:34
	Males (40-49)		Females (40-49)	
	<u>Pre-entrance Assessment</u> 15 <sup>th</sup> %	<u>Final Assessment</u> 50 <sup>th</sup> %	<u>Pre-entrance Assessment</u> 15 <sup>th</sup> %	<u>Final Assessment</u> 50 <sup>th</sup> %
Sit-ups (1 min.)	22	31	13	22
Push-ups (1 min.)	10	21	5	11
1.5 Mile Run	15:58	13:11	19:32	15:24
	Males (50-59)		Females (50-59)	
	<u>Pre-entrance Assessment</u> 15 <sup>th</sup> %	<u>Final Assessment</u> 50 <sup>th</sup> %	<u>Pre-entrance Assessment</u> 15 <sup>th</sup> %	<u>Final Assessment</u> 50 <sup>th</sup> %
Sit-ups (1 min.)	17	26	7	17
Push-ups (1 min.)	7	15	4 (modified)	13 (modified)
1.5 Mile Run	17:38	14:16	21:31	17:13
	Males (60+)		Females (60+)	
	<u>Pre-entrance Assessment</u> 15 <sup>th</sup> %	<u>Final Assessment</u> 50 <sup>th</sup> %	<u>Pre-entrance Assessment</u> 15 <sup>th</sup> %	<u>Final Assessment</u> 50 <sup>th</sup> %
Sit-ups (1 min.)	13	20	2	8
Push-ups (1 min.)	5	15	1 (modified)	8 (modified)
1.5 Mile Run	20:12	15:56	23:32	18:52

- 11:49

Students must pass each event, at the minimum 15<sup>th</sup> percentile of the above standards, in order to be eligible to attend the Peace Officer Basic Training Course. Students must pass each event, at the minimum 50<sup>th</sup> percentile of the above standards, in order to be eligible for the state certification exam.



# Matthew B. Treglia ★ Sheriff, Allen County

## DEPUTY NEW HIRE CHECK SHEET

IZAK ACKERMAN  
NAME

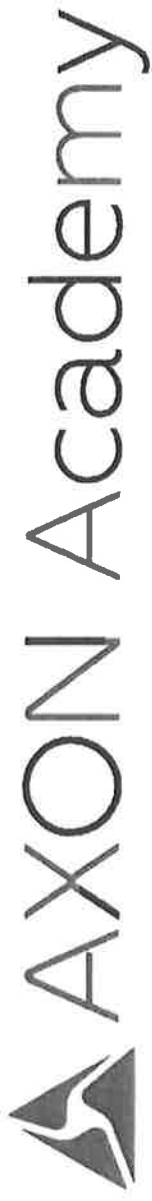
START DATE

- 1) Physical Fitness test
- 2) Background Check
- 3) Pre-Employment Interview
- 4) Official Notification of an offer of Employment
  - a. Interview with Sheriff
  - b. Urine test
  - c. CVSA analysis
  - d. Psychological test
  - e. Sheriff Admin Asst. (Rhonda Montgomery)
    - i. Fingerprints taken
    - ii. Photo ID card prepared
    - iii. Key card issued
    - iv. Welcome memo to all employees
- 5) Fiscal Department (Jessica Andrews)
  - a. ID number assigned
  - b. P.O. for initial uniform/equipment
  - c. Insurance explained
  - d. Personnel file set up
  - e. Equipment and Clothing allowance explained
  - f. If transferring from another county, state or Municipal agency, discuss transfer of vacation, holidays, sick time....etc.

Date: 2/7/18 By: AKT  
 Date: 2/22/18 By: AKT  
 Date: 2/27/18 By: AKT  
 Date: \_\_\_\_\_ By: \_\_\_\_\_  
 Date: \_\_\_\_\_ By: \_\_\_\_\_  
 Date: \_\_\_\_\_ By: \_\_\_\_\_  
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 Date: \_\_\_\_\_ By: \_\_\_\_\_  
 Date: \_\_\_\_\_ By: \_\_\_\_\_  
 Date: \_\_\_\_\_ By: \_\_\_\_\_

Sheriff Matthew B. Treglia  
 Allen County Sheriff's Office  
 333 N. Main St. Lima, Ohio 45801  
 419-993-1409 (Office)  
 treglia@acso-oh.us





# CERTIFICATE OF COMPLETION

AWARDED TO

Isak Ackerman

OF Allen County Sheriff's Office (agency)  
IN RECOGNITION OF YOUR SUCCESSFUL COMPLETION OF

TASER X26P CEW V.20.2 FOR USER CERTIFICATION COURSE  
6H OF TRAINING

CERTIFICATE ISSUED 09/25/18 (date)

