



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



2024-1474  
Officer Involved Critical Incident - 16100 Van Aken Blvd.,  
Shaker Heights, OH

**Investigative Activity:** Records Obtained, Records Reviewed; Personnel File Received; Training File Received

**Involves:** ██████████ (S),  
Elyria Police Department (O)

**Activity Date:** 06/10/2024

**Activity Location:** 4055 Highlander Parkway, Richfield, Ohio 44286

**Authoring Agent:** SA Andrew J. Harasimchuk #170

**Narrative:**

On June 10, 2024, Ohio Bureau of Criminal Investigation (BCI) Special Agent (SA) Andrew Harasimchuk (Harasimchuk) reviewed the previously requested personnel file, training file and firearm qualification records for ██████████ ██████████ from the Elyria Police Department (EPD). These files were received from EPD Lieutenant Eric Palmer via email. SA Harasimchuk reviewed the files and noted the following:

- **EPD ██████████ - Personnel Files**

██████████ was appointed to the EPD on ██████████ ██████████ resigned from the EPD on ██████████

██████████ was reappointed to the EPD on ██████████

At the time of ██████████'s original appointment with the EPD, ██████████ had previously worked for the Lorain County Sheriff's Office from ██████████ through ██████████ and for the Mercy Regional Police Department from ██████████ through ██████████

There were no records of any discipline in the files provided.

- **EPD ██████████ - Firearm Qualifications Records**

██████████ qualified with his [██████████] s] pistol and rifle on September 20, 2023.

- **EPD ██████████ - Training Records**

██████████ completed a variety of law enforcement related training topics including firearms related courses.

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.



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**• Ohio Peace Officer Training Academy/Commission Records**

In addition to the records received from the EPD, SA Harasimchuk also obtained the Ohio Peace Officer Training Commission (OPOTC) and Ohio Peace Officer Training Academy (OPOTA) records pertaining to [REDACTED]. These records included the following information:

**1. Basic Training**

[REDACTED] attended basic training at Lorain Community College from [REDACTED] through [REDACTED]. [REDACTED]'s certificate number was [REDACTED] and the certification date was [REDACTED]. The school number was [REDACTED].

**2. Advance Training**

**OPOTA Advanced Training Records\*\***

Course Title	Start Date	End Date
Policing in the 21st Century: Community Policing Relations Webcast	1/1/2016	12/13/2016
Policing in the 21st Century: Use of Force and De-Escalation Webcast	1/1/2016	12/13/2016
Judgmental Driving Simulator	4/24/2018	4/27/2018
Peace Officer Refresher Training (OPOTC)	11/2/2022	11/3/2022
Field Training Officer (FTO) Program (Ohio Model)	4/17/2023	4/19/2023
Semi-Auto Pistol Instructor	8/21/2023	8/25/2023

**3. Employment History**

Agency	Employee Status	Start Date	End Date
Mercy Health Police Department - Lorain Hospital	Part-time	[REDACTED]	[REDACTED]
Lorain County Sheriff's Office	Part-time	[REDACTED]	[REDACTED]
Lorain County Sheriff's Office	Full-time	[REDACTED]	[REDACTED]
Elyria Police Department	Full-time	[REDACTED]	[REDACTED]
Elyria Police Department	Full-time	[REDACTED]	[REDACTED]

**4. Update Training**

The records showed numerous OPOTA online courses had been completed by [REDACTED].

**5. Current Peace Officer Status**

Based on the records received, it is noted that [REDACTED] was a duly certified and sworn Ohio Peace Officer at the time of this incident.

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**References:**

None

**Attachments:**

1. [REDACTED] - Personnel File
2. [REDACTED] - Firearm Qualification Records
3. [REDACTED] - Training File
4. [REDACTED] - OPOTA Records

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### ELYRIA POLICE DEPARTMENT SUPERVISOR'S REPORT

EMPLOYEE: [REDACTED]

INCIDENT DATE: 9-13-22

LOCATION: 331 9<sup>th</sup> St

**DESCRIPTION OF INCIDENT:**

On September 13, 2022 [REDACTED], Helmink and Cavanaugh were on scene at 331 9<sup>th</sup> St. [REDACTED] for a stray K9 on the front porch of the residence. Officer Helmink requested a noose to be brought on scene in an attempt to secure the animal. The Dog Warden was notified but had yet to reply back to EPD Dispatch. The K9 was noosed and [REDACTED] was attempting to grab the K9 by the collar. In his attempt to hold the dog by the collar, the K9 bit [REDACTED] on the right index finger, causing a small laceration. [REDACTED] took photos of the injury, cleaned the wound and completed an IOD packet per department policy.

**VIOLATION:**

none

**CHECK OF PREVIOUS SUPERVISOR'S REPORTS**

COMPLETED BY: Sgt. Varga

DATE: 9-13-2022

**EARLY INTERVENTION REVIEW (MANDATORY FIELD, SEE GO.3.12)**

- NOT A TRACKED ACTIVITY
- EIS THRESHOLD NOT REACHED
- EIS THRESHOLD REACHED OR EXCEEDED (SEE SUPERVISOR COMMENTS BELOW)

SUPERVISOR RECOMMENDATIONS (Check all that apply)	
<input checked="" type="checkbox"/> No Violation	<input type="checkbox"/> Verbal Counseling
<input type="checkbox"/> Early Intervention	<input type="checkbox"/> Remedial Training
<input type="checkbox"/> Written Reprimand	<input type="checkbox"/> Performance Improvement Plan
<input type="checkbox"/> Chief review for assignment or hearing	<input type="checkbox"/> Other (Describe in comments)

**SUPERVISOR COMMENTS:**

SUBMITTED BY: Sgt. Varga

DATE: 9-13-22

SUPERVISOR REVIEW & APPROVAL (If "Disapprove" describe on separate attached document)		
TEAM SERGEANT OR IMMEDIATE SUPERVISOR: <i>[Signature]</i>	DATE: 9-13-22	<input checked="" type="checkbox"/> APPROVE <input type="checkbox"/> DISAPPROVE
SHIFT OR UNIT COMMANDER: <i>[Signature]</i>	DATE: 9-26-22	<input checked="" type="checkbox"/> APPROVE <input type="checkbox"/> DISAPPROVE
DIVISION COMMANDER: <i>[Signature]</i>	DATE: 9-18-22	<input type="checkbox"/> APPROVE <input checked="" type="checkbox"/> DISAPPROVE
CHIEF OF POLICE: <i>[Signature]</i>	DATE: 10-03-2022	<input checked="" type="checkbox"/> APPROVE <input type="checkbox"/> DISAPPROVE

CHIEF OF POLICE ORDERED ACTIVITIES (Check all that apply)	
<input checked="" type="checkbox"/> No Violation (Closed)	<input type="checkbox"/> Verbal Counseling
<input type="checkbox"/> Chief to submit certification of suspension to SSD (maintain copy and SSD response with this report)	<input checked="" type="checkbox"/> Written reprimand
<input type="checkbox"/> Early Intervention	<input type="checkbox"/> Assigned to IA Track #
<input type="checkbox"/> PIP Developed	<input type="checkbox"/> Remedial Training Ordered
<input type="checkbox"/> Other (Describe below)	

**ACTIVITY COMPLETION BY DATE:**

## ELYRIA POLICE DEPARTMENT SUPERVISOR'S REPORT

<b>COMMENTS:</b>	
<b>CHIEF OF POLICE:</b>	<b>DATE:</b>

DOCUMENTATION OF COMPLETED ACTIVITIES (Check all that apply)	
<input type="checkbox"/> Counseling Session Completed <input type="checkbox"/> Written Reprimand Issued <input type="checkbox"/> Early Intervention Completed <input type="checkbox"/> PIP Developed <input type="checkbox"/> Remedial Training Completed <input type="checkbox"/> Other (Describe below) Letter of: <input type="checkbox"/> Suspension Issued (attach) <input type="checkbox"/> Reduction in Rank Issued (attach) <input type="checkbox"/> Dismissal Issued (attach)	
<b>COMPLETED BY:</b>	<b>DATE:</b>

**SUPERVISOR COMMENTS (Describe Activities):**  SEE ATTACHMENT

<b>EMPLOYEE'S ACKNOWLEDGEMENT:</b>	<b>DATE:</b>
<b>EMPLOYEE'S COMMENTS:</b>	
<b>FORWARD TO CHIEF'S OFFICE UPON COMPLETION</b>	

FINAL DISPOSITION (Complete when applicable)	
INVESTIGATIVE CLOSURE	
<input type="checkbox"/> Unfounded <input type="checkbox"/> Exonerated <input type="checkbox"/> Not Sustained <input type="checkbox"/> Sustained <input type="checkbox"/> Sustained-Other	
<b>All activities ordered through my office and/or the Safety Service Director has been completed.</b>	
<b>CHIEF OF POLICE:</b>	<b>DATE:</b>
<b>COMMENTS:</b>	
<b>CHIEF'S SECRETARY TO SCAN COMPLETED REPORT INTO EMPLOYEE ELECTRONIC FILE &amp; PLACE HARDCOPY IN ADMINISTRATIVE FILE ROOM</b>	

Original: Chief through channels as completed  
 Copies: Chief where original held for investigation/review; Division Commander; Unit Commander; Reporting Supervisor; Officer involved in incident



# Case Report Compact



Print Date/Time: 09/13/2022 08:30  
Login ID: avarga  
Case Number: [REDACTED]

ORI Number:

Elyria Police Department  
OH0470400

### Case Details:

Case Number: [REDACTED] Incident Type: Personal Injury  
Location: 331 9TH ST  
ELYRIA, OH 44035 Occurred From: 09/13/2022 06:29  
Occurred Thru: 09/13/2022 06:29  
Reported Date: 09/13/2022 06:29 Tuesday  
Reporting Officer ID: [REDACTED] Status: Closed Status Date: 09/13/2022  
Disposition: Closed Disposition Date: 09/13/2022  
Assigned Bureau: Patrol Division Exc Clear: Closed Exc Clear Date: 09/13/2022

### Case Assignments:

Assigned Officer	Assignment Date/Time	Assignment Type	Assigned By Officer	Due Date/Time
[REDACTED]	09/13/2022 07:32	Primary Unit	[REDACTED]	

### Offenses

No.	Group/ORI	Crime Code	Statute	Description	Counts
1	OH0470400	90Z	NO OFFENSE	NO OFFENSE	1

#### Offense # 1

Group/ORI: OH0470400 Crime Code: 90Z Statute: NO OFFENSE Counts: 1  
Description: NO OFFENSE Offense Date: 09/13/2022  
Scene Code: Single Family Home  
IBR Seq. No: 1

Method of Entry : Burglary Unknown

### Subjects

Type	No.	Name	Address	Phone	Race	Sex	DOB/Age
Involved	1	[REDACTED]	18 WEST AVE ELYRIA, OH 44035	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

#### Subject # 1-Involved

Primary: No  
Name: [REDACTED]  
Address: 18 WEST AVE  
ELYRIA OH 44035  
Primary Phone: [REDACTED]  
Resident Type: County Resident Status: Resident Statement Type: Written

#### Related Offenses

Group/ORI	Crime Code	Statute	Description
OH0470400	90Z	NO OFFENSE	NO OFFENSE

Domestic Violence Referrals:

### Arrests

Arrest No.	Name	Address	Date/Time	Type	Age
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### Property

Date	Code	Type	Make	Model	Description	Tag No.	Item No.
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### Vehicles



# Case Report Compact



**Print Date/Time:** 09/13/2022 08:30  
**Login ID:** avarga  
**Case Number:** [REDACTED]

**ORI Number:** Elyria Police Department  
OH0470400

No.	Role	Vehicle Type	Year	Make	Model	Color	License Plate	State
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# Patrol Narrative

## PATROL NARRATIVE

REPORT#: [REDACTED]

NARRATIVE BY: [REDACTED]

REVIEWED BY:

INCIDENT TYPE: Personal Injury

### NARRATIVE:

On 09/13/2022 at approximately 0630 hours, [REDACTED], Helmink, and Cavanaugh were dispatched to 331 9<sup>th</sup> reference an aggressive dog who appeared to be hiding on the complainant's front porch.

The dog warden was paged; however, there was no response from them.

Officer's were attempting to remove the dog from underneath two large boxes that were leaned up against the front of the house on the porch, without injuring or causing the dog any additional suffering. The dog appeared to be malnourished and not cared for.

[REDACTED] attempted to secure the dog by the back of its collar so officers would not have to drag it out by its neck with the catch pole/noose. The dog quickly reached its head up and bit [REDACTED]'s right index finger. Officers were then forced to remove the dog from the location using the catch pole.

The dog was eventually picked up from the scene by the dog warden and transported to the Lorain County Dog Kennel.

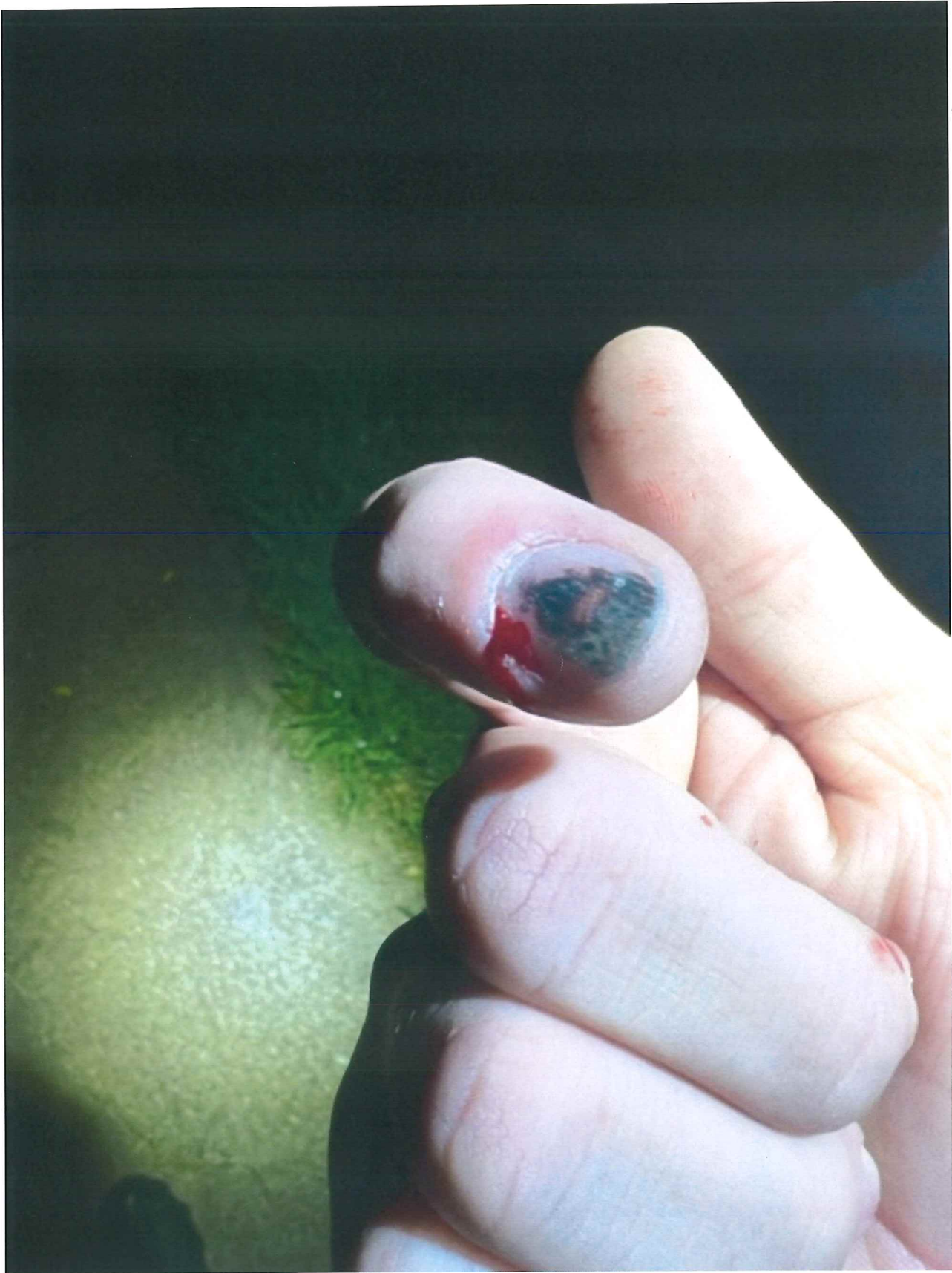
[REDACTED] was treated by EFD on scene. The wound was cleaned and bandaged.

Sergeant Varga was made aware of the situation and the appropriate paperwork was completed. Upon completion of the injury paperwork and this report, [REDACTED] resumed his normal duties.





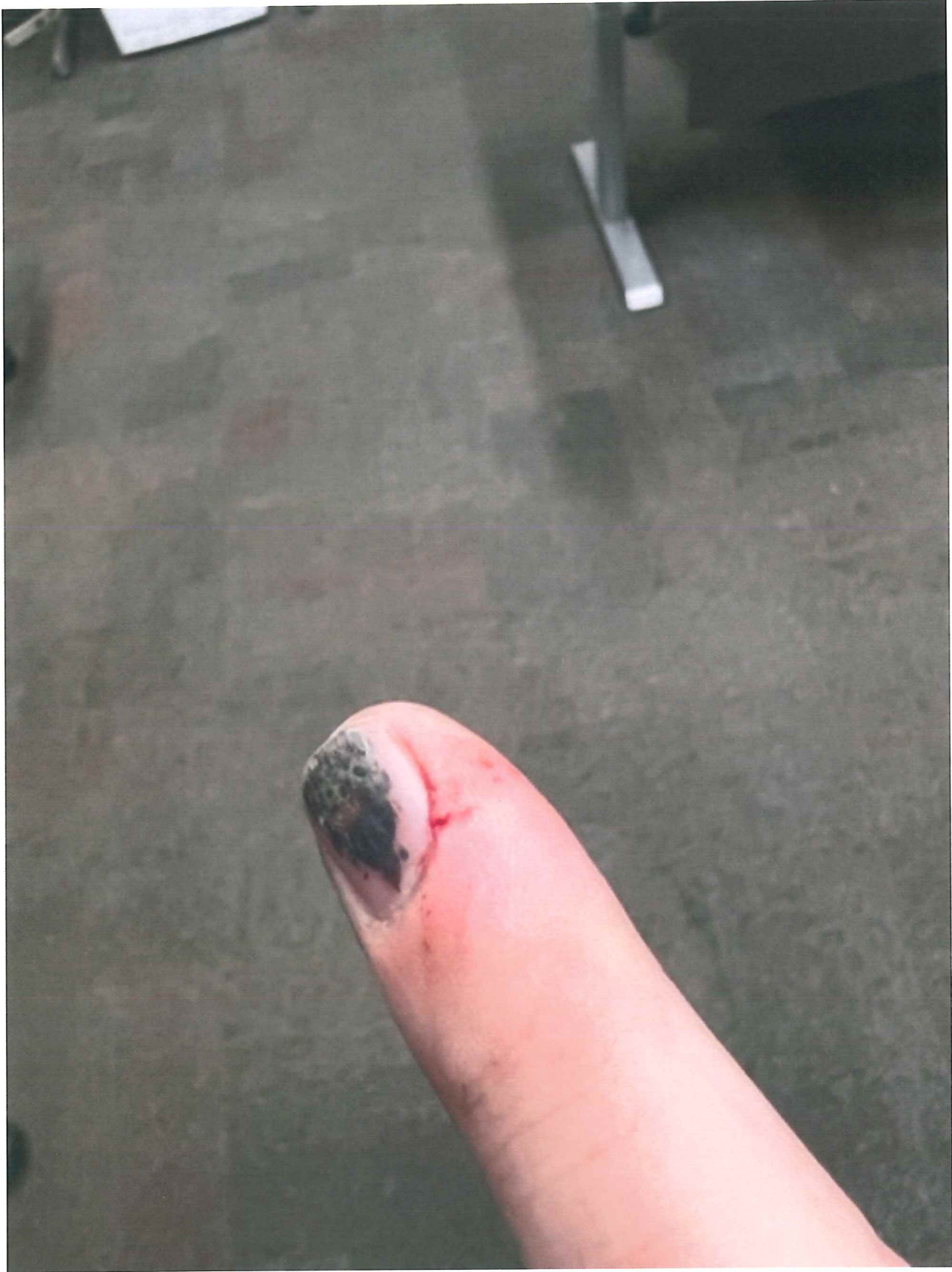






**Cleaned Up (1)**









## ELYRIA POLICE DEPARTMENT SUPERVISOR'S REPORT

EMPLOYEE: [REDACTED]

INCIDENT DATE: 7/20/2023

LOCATION: 621 Midway Blvd., Elyria, OH

**DESCRIPTION OF INCIDENT:**

On 7/20/2023 [REDACTED] was taking part in a criminal interdiction stop at the Red Roof Inn. During the takedown of a vehicle, [REDACTED] positioned his vehicle nose-to-nose with the suspect vehicle. While maneuvering his vehicle to prevent the suspect vehicle, which was backed into a parking spot, from being able to escape, [REDACTED]'s vehicle slid on the wet pavement and inadvertently struck the suspect vehicle causing minor damage to the front end of both vehicles.

**VIOLATION:**

1.43 Operating Vehicles - Officers shall operate official vehicles in a careful and prudent manner, and shall obey all laws and all departmental orders pertaining to such operation. Loss or suspension of any driving license shall be reported to the Department immediately.

**CHECK OF PREVIOUS SUPERVISOR'S REPORTS**

COMPLETED BY: Sgt. Garvin #114

DATE: 7/20/2023

1/12/2020 Struck head on during a pursuit No violation

9/13/2022 Bit by a dog No violation

**EARLY INTERVENTION REVIEW (MANDATORY FIELD, SEE GO.3.12)**

- NOT A TRACKED ACTIVITY
- EIS THRESHOLD NOT REACHED
- EIS THRESHOLD REACHED OR EXCEEDED (SEE SUPERVISOR COMMENTS BELOW)

SUPERVISOR RECOMMENDATIONS (Check all that apply)	
<input type="checkbox"/> No Violation	<input checked="" type="checkbox"/> Verbal Counseling
<input type="checkbox"/> Written Reprimand	<input type="checkbox"/> Chief review for assignment or hearing
<input type="checkbox"/> Early Intervention	<input type="checkbox"/> Remedial Training
<input type="checkbox"/> Performance Improvement Plan	<input type="checkbox"/> Other (Describe in comments)

SUPERVISOR COMMENTS:

SUBMITTED BY: Sgt. Garvin #114

DATE: 7/20/2023

SUPERVISOR REVIEW & APPROVAL (If "Disapprove" describe on separate attached document)		
TEAM SERGEANT OR IMMEDIATE SUPERVISOR: <i>[Signature]</i> #114	DATE: 7/20/23	<input checked="" type="checkbox"/> APPROVE <input type="checkbox"/> DISAPPROVE
SHIFT OR UNIT COMMANDER: <i>[Signature]</i> 204	DATE: 07/22/23	<input checked="" type="checkbox"/> APPROVE <input type="checkbox"/> DISAPPROVE
DIVISION COMMANDER: <i>[Signature]</i> 321	DATE: 7/26/23	<input type="checkbox"/> APPROVE <input type="checkbox"/> DISAPPROVE
CHIEF OF POLICE: <i>[Signature]</i> 243	DATE: 07-26-2023	<input checked="" type="checkbox"/> APPROVE <input type="checkbox"/> DISAPPROVE

CHIEF OF POLICE ORDERED ACTIVITIES (Check all that apply)	
<input type="checkbox"/> No Violation (Closed)	<input checked="" type="checkbox"/> Verbal Counseling
<input type="checkbox"/> Chief to submit certification of suspension to SSD	<input type="checkbox"/> Written reprimand
<input type="checkbox"/> Assigned to IA Track #	
(maintain copy and SSD response with this report)	



### ELYRIA POLICE DEPARTMENT SUPERVISOR'S REPORT

<input type="checkbox"/> Early Intervention <input type="checkbox"/> PIP Developed <input type="checkbox"/> Remedial Training Ordered <input type="checkbox"/> Other (Describe below)	
ACTIVITY COMPLETION BY DATE: <u>07-30-2023</u>	
COMMENTS:	
CHIEF OF POLICE: <u>W. L. P. 243</u>	DATE: <u>07-26-2023</u>

DOCUMENTATION OF COMPLETED ACTIVITIES (Check all that apply)	
<input checked="" type="checkbox"/> Counseling Session Completed <input type="checkbox"/> Written Reprimand Issued <input type="checkbox"/> Early Intervention Completed <input type="checkbox"/> PIP Developed <input type="checkbox"/> Remedial Training Completed <input type="checkbox"/> Other (Describe below)	
Letter of: <input type="checkbox"/> Suspension Issued (attach) <input type="checkbox"/> Reduction in Rank Issued (attach) <input type="checkbox"/> Dismissal Issued (attach)	
COMPLETED BY: <u>Capt. Welsh / Lt. Ligas</u>	DATE: <u>7-26-2023</u>
SUPERVISOR COMMENTS (Describe Activities): <input type="checkbox"/> SEE ATTACHMENT	

EMPLOYEE'S ACKNOWLEDGEMENT:	DATE: <u>7-27-23</u>
EMPLOYEE'S COMMENTS:	

**FORWARD TO CHIEF'S OFFICE UPON COMPLETION**

FINAL DISPOSITION (Complete when applicable)	
INVESTIGATIVE CLOSURE	
<input type="checkbox"/> Unfounded <input type="checkbox"/> Exonerated <input type="checkbox"/> Not Sustained <input checked="" type="checkbox"/> Sustained <input type="checkbox"/> Sustained-Other	
All activities ordered through my office and/or the Safety Service Director has been completed.	
CHIEF OF POLICE: <u>W. L. P. 243</u>	DATE: <u>07-28-2023</u>
COMMENTS:	

**CHIEF'S SECRETARY TO SCAN COMPLETED REPORT INTO EMPLOYEE ELECTRONIC FILE  
& PLACE HARDCOPY IN ADMINISTRATIVE FILE ROOM**

Original: Chief through channels as completed



**ELYRIA POLICE DEPARTMENT  
SUPERVISOR'S REPORT**

Copies: Chief where original held for investigation/review; Division Commander; Unit Commander;  
Reporting Supervisor; Officer involved in incident



Ohio Police & Fire Pension Fund  
140 East Town Street  
Columbus, OH 43215  
Phone: 1-888-864-8363  
Fax: (614) 628-1777  
www.op-f.org

## EMPLOYER CERTIFICATION OF INITIAL ANNUAL SALARY

To be completed by the Employer

Please complete this form and return it to the member of the Ohio Police & Fire Pension Fund (OP&F) listed in Section A for submission to the OP&F. When certifying the annual salary, please report the beginning annual wages the member was paid when hired.

### Section A: Member certification information

OP&F Member's Name: First, MI, Last, suffix (Jr, III, etc.)

[Redacted]

[Redacted]

Date of hire

The member named above was hired full-time on:

[Redacted]

The beginning annual salary for this member was: \$ 46,407.09

### Section B: Employer acknowledgement and certification

Employer

City of Elyria

Phone

440-326-1413

Street Address

131 Court St

City, State, ZIP code

Elyria, OH 44035

I hereby certify the information I have provided is accurate and complete.

Employer representative's name

Tania Gray

Title

HR Generalist

Signature:

[Signature]

Date of signature:

10/29/19



**DAVE YOST**  
OHIO ATTORNEY GENERAL



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

**NOTICE OF PEACE OFFICER APPOINTMENT**

Check Box if:  Correction to Record  Name Change

1. Within ten days of the appointment or status change, or promotion to Chief, submit one copy of this form either by email ((SF400@ohioattorneygeneral.gov), fax or mail.
2. Type or print legibly and complete all blanks. Officer and Agency email addresses need to be entered to receive training determinations.
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, or is promoted to Chief.
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)	(First)	(Middle)	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. Bas (Only complete if this is the officer's first appointment or OSP)					

<b>AGENCY INFORMATION</b>		9. Agency Name Elyria Police Department			
10. Reporting Authority's Email Address bakerdl@cityofelyria.org		11. Agency Phone Number 440-326-1334			
12. Agency Mailing Address (#/Street/PO Box) 18 West Ave.		(City) Elyria	(Zip Code) OH	(County Name) Lorain	

<b>APPOINTMENT INFORMATION</b> (Complete Date, Status and ORC)		13. New Appointment Date	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 checked="" 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 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 <i>ACTING CHIEF</i>	18. Printed Name and Title Duane P. Whitely, Chief Of Police	19. Date 07/08/2019	
20. Signature of Witness <i>St. Deena B...</i>	21. Printed Name (First, Middle, Last)	22. Date 7/8/2019	

Officer Name (Last) (First) (Middle) Social Security Number  
 [Redacted] [Redacted] [Redacted] [Redacted]

**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.

[Redacted Signature]

Signature of Appointing Authority  
*Holly C. Brinda*  
 Signature of Appointing Authority

Holly C. Brinda, MPA

Name of Appointing Authority (Typed or Printed Legibly)

Mayor, City of Elyria

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): Lorain County Sheriff's Office - Lorain County	25. From(mm/dd/yyyy): [Redacted]	To(mm/dd/yyyy): [Redacted]
26. Appointment Status (Check Appropriate Box) <input checked="" type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Auxilliary <input type="checkbox"/> Reserve <input type="checkbox"/> Special <input type="checkbox"/> Seasonal		

27. Appointed By (Agency Name and County): Lorain County Sheriff's Office - Lorain County	28. From(mm/dd/yyyy): [Redacted]	To(mm/dd/yyyy): [Redacted]
29. Appointment Status (Check Appropriate Box) <input type="checkbox"/> Full-Time <input checked="" type="checkbox"/> Part-Time <input type="checkbox"/> Auxilliary <input type="checkbox"/> Reserve <input type="checkbox"/> Special <input type="checkbox"/> Seasonal		

30. Appointed By (Agency Name and County): Mercy Regional Police Department - Lorain County	31. From(mm/dd/yyyy): [Redacted]	To(mm/dd/yyyy): [Redacted]
32. Appointment Status (Check Appropriate Box) <input type="checkbox"/> Full-Time <input checked="" type="checkbox"/> Part-Time <input type="checkbox"/> Auxilliary <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 type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Auxilliary <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"/> Auxilliary <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"/> Auxilliary <input type="checkbox"/> Reserve <input type="checkbox"/> Special <input type="checkbox"/> Seasonal		



City of Elyria  
Human Resources  
131 Court Street  
Elyria, OH 44035

### Personal Information Form

Employee Name: \_\_\_\_\_  
Last

Mailing Address: \_\_\_\_\_  
Street Number Street Name

City: \_\_\_\_\_

Tele: \_\_\_\_\_

Email: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

License/ID No.: \_\_\_\_\_

Expiration: 7-5-21

Who Issued ID: OHIO

*Please provide the name of a friend or relative to be contacted in the event of an emergency. If you wish to provide more than one name, please attach a separate sheet.*

Name: \_\_\_\_\_

Relation: \_\_\_\_\_

Telephone (Home): \_\_\_\_\_

(Mobile) \_\_\_\_\_

*In order to correctly report information to the Equal Opportunity Commission, we would appreciate it if you would check the box of the following appropriate categories. This information is not used for any other purpose.*

Gender:  Male  Female

Marital Status:  Single  Married  Divorced  Widowed  Separated

Please indicate which race best identifies you:

Hispanic Origin or Latino  White (Non-Hispanic Origin)

Black/African-American  American Indian or Alaska Native  Native Hawaiian or other Pacific Islander

Asian  Two or More Races

# Form W-4 (2019)

**Future developments.** For the latest information about any future developments related to Form W-4, such as legislation enacted after it was published, go to [www.irs.gov/FormW4](http://www.irs.gov/FormW4).

**Purpose.** Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

**Exemption from withholding.** You may claim exemption from withholding for 2019 if **both** of the following apply.

- For 2018 you had a right to a refund of all federal income tax withheld because you had **no** tax liability, **and**
- For 2019 you expect a refund of all federal income tax withheld because you expect to have **no** tax liability.

If you're exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2019 expires February 17, 2020. See Pub. 505, Tax Withholding and Estimated Tax, to learn more about whether you qualify for exemption from withholding.

## General Instructions

If you aren't exempt, follow the rest of these instructions to determine the number of withholding allowances you should claim for withholding for 2019 and any additional amount of tax to have withheld. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

You can also use the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to determine your tax withholding more accurately. Consider

using this calculator if you have a more complicated tax situation, such as if you have a working spouse, more than one job, or a large amount of nonwage income not subject to withholding outside of your job. After your Form W-4 takes effect, you can also use this calculator to see how the amount of tax you're having withheld compares to your projected total tax for 2019. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Note that if you have too much tax withheld, you will receive a refund when you file your tax return. If you have too little tax withheld, you will owe tax when you file your tax return, and you might owe a penalty.

**Filers with multiple jobs or working spouses.** If you have more than one job at a time, or if you're married filing jointly and your spouse is also working, read all of the instructions including the instructions for the Two-Earners/Multiple Jobs Worksheet before beginning.

**Nonwage income.** If you have a large amount of nonwage income not subject to withholding, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you might owe additional tax. Or, you can use the Deductions, Adjustments, and Additional Income Worksheet on page 3 or the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to make sure you have enough tax withheld from your paycheck. If you have pension or annuity income, see Pub. 505 or use the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to find out if you should adjust your withholding on Form W-4 or W-4P.

**Nonresident alien.** If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

## Specific Instructions

### Personal Allowances Worksheet

Complete this worksheet on page 3 first to determine the number of withholding allowances to claim.

#### Line C. Head of household please note:

Generally, you may claim head of household filing status on your tax return only if you're unmarried and pay more than 50% of the costs of keeping up a home for yourself and a qualifying individual. See Pub. 501 for more information about filing status.

**Line E. Child tax credit.** When you file your tax return, you may be eligible to claim a child tax credit for each of your eligible children. To qualify, the child must be under age 17 as of December 31, must be your dependent who lives with you for more than half the year, and must have a valid social security number. To learn more about this credit, see Pub. 972, Child Tax Credit. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line E of the worksheet. On the worksheet you will be asked about your total income. For this purpose, total income includes all of your wages and other income, including income earned by a spouse if you are filing a joint return.

**Line F. Credit for other dependents.** When you file your tax return, you may be eligible to claim a credit for other dependents for whom a child tax credit can't be claimed, such as a qualifying child who doesn't meet the age or social security number requirement for the child tax credit, or a qualifying relative. To learn more about this credit, see Pub. 972. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line F of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total

Separate here and give Form W-4 to your employer. Keep the worksheet(s) for your records.

<b>W-4</b> Form Department of the Treasury Internal Revenue Service		<b>Employee's Withholding Allowance Certificate</b> ▶ Whether you're entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.		OMB No. 1545-0074 <b>2019</b>
1	First name (last name, if no first name)	Initial	Last name	2 Your social security number
			3	<input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married filing separately, check "Married, but withhold at higher Single rate."
			4	If your last name differs from that shown on your social security card, check here. You must call 800-772-1213 for a replacement card. ▶ <input type="checkbox"/>
5	Total number of allowances you're claiming (from the applicable worksheet on the following pages)			5 0
6	Additional amount, if any, you want withheld from each paycheck			6 \$
7	I claim exemption from withholding for 2019, and I certify that I meet <b>both</b> of the following conditions for exemption. <ul style="list-style-type: none"> <li>• Last year I had a right to a refund of all federal income tax withheld because I had <b>no</b> tax liability, <b>and</b></li> <li>• This year I expect a refund of all federal income tax withheld because I expect to have <b>no</b> tax liability.</li> </ul> If you meet both conditions, write "Exempt" here ▶ <input type="checkbox"/> 7			
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.				
<b>Employee's signature</b> (This form is not valid unless you sign it.) ▶			Date ▶ 7-8-19	
8 Employer's name and address (Employer: Complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.)			9 First date of employment	10 Employer identification number (EIN)

**Notice to Employee**

1. For state purposes, an individual may claim only natural dependency exemptions. This includes the taxpayer, spouse and each dependent. Dependents are the same as defined in the Internal Revenue Code and as claimed in the taxpayer's federal income tax return for the taxable year for which the taxpayer would have been permitted to claim had the taxpayer filed such a return.

2. You may file a new certificate at any time if the number of your exemptions **increases**.

You must file a new certificate within 10 days if the number of exemptions previously claimed by you **decreases** because:

- (a) Your spouse for whom you have been claiming exemption is divorced or legally separated, or claims her (or his) own exemption on a separate certificate.
- (b) The support of a dependent for whom you claimed exemption is taken over by someone else.
- (c) You find that a dependent for whom you claimed exemption must be dropped for federal purposes.

The death of a spouse or a dependent does not affect your withholding until the next year but requires the filing of a new certificate. If possible, file a new certificate by Dec. 1st of the year in which the death occurs.

For further information, consult the Ohio Department of Taxation, Personal and School District Income Tax Division, or your employer.

3. If you expect to owe more Ohio income tax than will be withheld, you may claim a smaller number of exemptions; or under an agreement with your employer, you may have an additional amount withheld each pay period.

4. A married couple with both spouses working and filing a joint return will, in many cases, be required to file an individual estimated income tax form IT 1040ES even though Ohio income tax is being withheld from their wages. This result may occur because the tax on their combined income will be greater than the sum of the taxes withheld from the husband's wages and the wife's wages. This requirement to file an individual estimated income tax form IT 1040ES may also apply to an individual who has two jobs, both of which are subject to withholding. In lieu of filing the individual estimated income tax form IT 1040ES, the individual may provide for additional withholding with his employer by using line 5.

✂ please detach here



Department of  
Taxation

**Employee's Withholding Exemption Certificate**

Print full name \_\_\_\_\_ Social Security number \_\_\_\_\_

Home address and ZIP code \_\_\_\_\_

Public school district of residence \_\_\_\_\_ School district no. \_\_\_\_\_  
(See *The Finder* at tax.ohio.gov.)

- 1. Personal exemption for yourself, enter "1" if claimed ..... \_\_\_\_\_
- 2. If married, personal exemption for your spouse if not separately claimed (enter "1" if claimed) ..... \_\_\_\_\_
- 3. Exemptions for dependents ..... \_\_\_\_\_
- 4. Add the exemptions that you have claimed above and enter total ..... 0
- 5. Additional withholding per pay period under agreement with employer ..... \$ 0

Under the penalty of perjury, I certify that the number of exemptions claimed on this certificate does not exceed the number to which I am entitled.

Signature: \_\_\_\_\_ Date: 7-8-19



### CONFIRMATION OF SUBMISSION OF NEW HIRE REPORTS



**Ohio New Hire Reporting Center**  
P.O. Box 15309  
Columbus, OH 43215-0309  
(614) 221-5330  
(888) 872-1490 (toll-free)

**New Hire Entries for: City of Elyria**  
**Date: 7/10/2019**

SSN	Name	Hire Date	Birth Date	IC	Work State	Address	City	State	Zip	Country
				N	OH					UNITED STATES

[Print Confirmation Report](#)

[Employer Home](#)

[Logout](#)

12-11-  
 25-3  
 440 87  
 1794  
 DATE \_\_\_\_\_  
 PAY TO THE ORDER OF \_\_\_\_\_ \$ \_\_\_\_\_  
 DOLLARS  
 MEMO \_\_\_\_\_ MP \_\_\_\_\_

(08/2017)

at the financial  
 from this account in

funds due to incorrect  
 n error on the part of

This agreement will remain in effect until The City of Elyria receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to Human Resources or Payroll.

Account Information

Name of Financial Institution: \_\_\_\_\_  
 Routing Number: \_\_\_\_\_  
 Account Number: \_\_\_\_\_  
 Checking  
 Savings  
 Partial Amount \$/% \_\_\_\_\_

Name of Financial Institution: \_\_\_\_\_  
 Routing Number: \_\_\_\_\_  
 Account Number: \_\_\_\_\_  
 Checking  
 Savings  
 Balance of Pay  
 Partial Amount \$/% \_\_\_\_\_

Name of Financial Institution: \_\_\_\_\_  
 Routing Number: \_\_\_\_\_  
 Account Number: \_\_\_\_\_  
 Checking  
 Savings  
 Balance of Pay  
 Partial Amount \$/% \_\_\_\_\_

Signature

Name (Please Print): \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: 7-8-19

Please attach a voided check and return this form to Payroll

PAYROLL DEPARTMENT INITIALS: \_\_\_\_\_ DATE: \_\_\_\_\_



**City of Elyria**  
Holly C. Brinda, MPA  
Mayor

Human Resources Department  
131 Court Street  
Elyria, OH 44035

Phone 440.326.1414  
Fax 440.326.1569

### Flexible Spending Account (FSA) Enrollment & Renewal Form

In order to participate in the Medical Reimbursement or Dependent Daycare Flexible Spending Accounts, you **MUST** enroll every year. Please complete this form and turn it into payroll in the Finance Director's office by **December 1, 2018 for the 2019 plan year. Failure to do so will end your participation in the program.**

A full list of the medical expenses that the IRS considers eligible for flexible spending accounts can be found in IRS Publication 502, which is available at [www.irs.gov](http://www.irs.gov).

**EMPLOYER: CITY OF ELYRIA**

Social Security Number: [REDACTED] Date of Birth: [REDACTED]

Name: [REDACTED] Phone: [REDACTED]  
Last First MI

Street Address: [REDACTED]

State: [REDACTED]

**\*Medical Reimbursement (\$2,700 contribution limit):**

Annual Amount: 550 Divided by 12 (pay periods) = 45.83 per pay.

**\*Dependent Care (\$5,000 contribution limit):**

Annual Amount: \_\_\_\_\_ Divided by \_\_\_\_\_ (pay periods) = \_\_\_\_\_ per pay.

**\*\*Coverage is offered on a before tax-basis only. You cannot cancel the coverage during the year unless a Qualified Life Event occurs.\*\***

Employee Name: [REDACTED]

Employee Signature: [REDACTED] Date: 7-8-19

**This form must be returned to the Finance Director's office by December 1, 2018!!**



# Payroll Status Form

Effective Date <del>08/26/2020</del> <i>pp 19</i>	Reason for Form Release	Employee No. [Redacted]
Employee Name [Redacted]	Hire Date [Redacted]	Longevity Date 07/08/2024
Employee Department Police	Classification / Title [Redacted]	Union EPPA - Patrolmen
FLSA Status Non-Exempt	Civil Service Status Classified	Employment Status Full-Time

Base Pay Per Ordinance \$61,024.29	Pay Status Hourly	Longevity Percentage [Redacted]
---------------------------------------	----------------------	------------------------------------

Account Number(s) & Percentage(s)

- AFSCME Incentives**
- Backflow Certification (\$0.10)
  - Lab Tech Certification (\$0.14)
  - Operator I License (\$0.17)
  - Operator II License (\$0.23)
  - Operator III License (\$0.29)
  - Mechanic 1 Certification (\$0.17)
  - Mechanic 2 Certification (\$0.19)
  - Mechanic 3 Certification (\$0.22)
  - Ohio Electrical Contractor License (\$0.25)

- AFSCME Incentives (Cont'd)**
- Pesticide License (\$0.25)
  - Residential Bulld Official Certification (\$0.25)
  - Residential Plumb Inspector License (\$0.25)
  - Water Distribution 1 Certification (\$0.17)
  - Water Distribution 2 Certifications (\$0.23)
  - Water Distribution 3 Certifications (\$0.29)

Final Pay

Notes

Resigned moving to Florida.

### Approvals

Human Resource Director

TG

Appointing Authority

*Paul Blumhardt*

Finance Director

*Samuel*

### Payroll Department Only

Date Entered

*[Signature]*



# Payroll Status Form

Effective Date PP 15	Reason for Form New Hire	Employee Number [REDACTED]
Employee Name [REDACTED]	Hire Date [REDACTED]	Longevity Date 07/08/2019
Employee Department Police	Classification / Title [REDACTED]	Union EPPA - Patrolmen
FLSA Status Non-Exempt	Civil Service Status Classified	Employment Status Full-Time

Base Pay Per Ordinance \$46,407.09	Pay Status Hourly	Longevity Percentage [REDACTED]
---------------------------------------	----------------------	------------------------------------

Account Number(s) & Percentage(s)  
[REDACTED]

- AFSCME Incentives
- Backflow Certification (\$0.10)
  - Lab Tech Certification (\$0.14)
  - Operator I License (\$0.17)
  - Operator II License (\$0.23)
  - Operator III License (\$0.29)
  - Mechanic 1 Certification (\$0.17)
  - Mechanic 2 Certification (\$0.19)
  - Mechanic 3 Certification (\$0.22)
  - Ohio Electrical Contractor License (\$0.25)

- AFSCME Incentives (Cont'd)
- Pesticide License (\$0.25)
  - Residential Build Official Certification (\$0.25)
  - Residential Plumb Inspector License (\$0.25)
  - Water Distribution 1 Certification (\$0.17)
  - Water Distribution 2 Certifications (\$0.23)
  - Water Distribution 3 Certifications (\$0.29)

Final Pay  
46,407.09

Notes  
STEP C

**Approvals**

Human Resource Director [Signature]	Appointing Authority [Signature: Mary Swisher]	Finance Director [Signature]
--	---	---------------------------------

Payroll Department Only

Date Entered  
[Signature]



# Payroll Status Form

Effective Date **PP 17**  
07/25/2022

Reason for Form  
Account Change

Employee No.  
[Redacted]

Employee Name  
[Redacted]

Hire Date  
[Redacted]

Longevity Date  
06/13/2027

Employee Department  
Police

Classification / Title  
[Redacted]

Union  
EPPA - Patrolmen

FLSA Status  
Non-Exempt

Civil Service Status  
Classified

Employment Status  
Full-Time

Base Pay Per Ordinance  
\$63,483.68

Pay Status  
Hourly

Longevity Percentage  
[Redacted]

Account Number(s) & Percentage(s)  
[Redacted] 100%

- AFSCME Incentives
- Backflow Certification (\$0.10)
  - Lab Tech Certification (\$0.14)
  - Operator I License (\$0.17)
  - Operator II License (\$0.23)
  - Operator III License (\$0.29)
  - Mechanic 1 Certification (\$0.17)
  - Mechanic 2 Certification (\$0.19)
  - Mechanic 3 Certification (\$0.22)
  - Ohio Electrical Contractor License (\$0.25)

- AFSCME Incentives (Cont'd)
- Pesticide License (\$0.25)
  - Residential Build Official Certification (\$0.25)
  - Residential Plumb Inspector License (\$0.25)
  - Water Distribution 1 Certification (\$0.17)
  - Water Distribution 2 Certifications (\$0.23)
  - Water Distribution 3 Certifications (\$0.29)

Final Pay  
[Redacted]

Notes  
[Redacted]

## Approvals

Human Resource Director  
[Signature]

Appointing Authority  
[Signature]

Finance Director  
[Signature]

Payroll Department Only

Date Entered  
[Signature]



# Payroll Status Form

Effective Date *PP 15*  
~~07/08/2020~~ *6-29-20*

Employee Name  
 [Redacted]

Employee Department  
 Police

FLSA Status  
 Non-Exempt

Reason for Form  
 Rate Change

Hire Date  
 [Redacted]

Classification / Title  
 [Redacted]

Civil Service Status  
 Classified

Employee No.  
 [Redacted]

Longevity Date  
 07/08/2019

Union  
 EPPA - Patrolmen

Employment Status  
 Full-Time

Base Pay Per Ordinance *29.3386*  
 \$61,024.29

Pay Status  
 Hourly

Longevity Percentage  
 [Redacted]

Account Number(s) & Percentage(s)  
 [Redacted]

- AFSCME Incentives
- Backflow Certification (\$0.10)
  - Lab Tech Certification (\$0.14)
  - Operator I License (\$0.17)
  - Operator II License (\$0.23)
  - Operator III License (\$0.29)
  - Mechanic 1 Certification (\$0.17)
  - Mechanic 2 Certification (\$0.19)
  - Mechanic 3 Certification (\$0.22)
  - Ohio Electrical Contractor License (\$0.25)

- AFSCME Incentives (Cont'd)
- Pesticide License (\$0.25)
  - Residential Build Official Certification (\$0.25)
  - Residential Plumb Inspector License (\$0.25)
  - Water Distribution 1 Certification (\$0.17)
  - Water Distribution 2 Certifications (\$0.23)
  - Water Distribution 3 Certifications (\$0.29)

Final Pay  
 [Redacted]

Notes  
 Patrolman Step-A increase

### Approvals

Human Resource Director  
 TG

Appointing Authority  
*[Signature]*

Finance Director  
*[Signature]*

**Payroll Department Only**

Date Entered  
*[Signature]*





# Payroll Status Form

Effective Date 3/13/2022	Reason for Form Reinstatement	Employee No. [REDACTED]
Employee Name [REDACTED]	Hire Date [REDACTED]	Longevity Date 06/13/2027
Employee Department Police	Classification / Title [REDACTED]	Union EPPA - Patrolmen
ESA Status Non-Exempt	Civil Service Status Classified	Employment Status Full-Time

Base Pay Per Ordinance \$3,483.68	Pay Status Hourly	Longevity Percentage [REDACTED]
--------------------------------------	----------------------	------------------------------------

Account Number(s) & Percentage(s) [REDACTED] 100%	<b>AFSCME Incentives</b> <ul style="list-style-type: none"><li><input type="checkbox"/> Backflow Certification (\$0.10)</li><li><input type="checkbox"/> Lab Tech Certification (\$0.14)</li><li><input type="checkbox"/> Operator I License (\$0.17)</li><li><input type="checkbox"/> Operator II License (\$0.23)</li><li><input type="checkbox"/> Operator III License (\$0.29)</li><li><input type="checkbox"/> Mechanic 1 Certification (\$0.17)</li><li><input type="checkbox"/> Mechanic 2 Certification (\$0.19)</li><li><input type="checkbox"/> Mechanic 3 Certification (\$0.22)</li><li><input type="checkbox"/> Ohio Electrical Contractor License (\$0.25)</li></ul>	<b>AFSCME Incentives (Cont'd)</b> <ul style="list-style-type: none"><li><input type="checkbox"/> Pesticide License (\$0.25)</li><li><input type="checkbox"/> Residential Build Official Certification (\$0.25)</li><li><input type="checkbox"/> Residential Plumb Inspector License (\$0.25)</li><li><input type="checkbox"/> Water Distribution 1 Certification (\$0.17)</li><li><input type="checkbox"/> Water Distribution 2 Certifications (\$0.23)</li><li><input type="checkbox"/> Water Distribution 3 Certifications (\$0.29)</li></ul>
--	--	---

Annual Pay [REDACTED]	Notes [REDACTED]
--------------------------	---------------------

**Approvals**

Human Resource Director [Signature]	Appointing Authority [Signature]	Finance Director [Signature]
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**Payroll Department Only**

Date Entered [Signature]
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City of Elyria  
Human Resources  
131 Court Street  
Elyria, OH 44035

### Orientation Check List

Employee [REDACTED] Date of Hire [REDACTED]

Title Police Officer Dept Police

- Employment/Appointment Letter
- Signed Job Description
- Payroll Form
- Application Packet & Background Release
- Personal Information Form
- Ohio New Hire Reporting Form
- I-9
- Direct Deposit Form
- W-4 (Federal Tax Form) & IT-4 (State Tax Form)
- OPERS Enrollment or OP&F Personnel Form (F/T Fire and Police only)
- Form SSA - 1945 (fax to OPERS or OP&F, one in personnel file)
- Ohio Public Employees Deferred Comp - Enrollment/Supplemental Form
- Ohio Ethics Law & Harassment Policy Acknowledgement Form
- Ohio State Auditor Fraud Reporting Form
- Minor Employment Agreement and/or Minor Work Permit
- eSuite HR Registration Instructions
- 2019 Payroll & Holiday Calendar



City of Elyria  
Human Resources  
131 Court Street  
Elyria, OH 44035

**BENEFITS**

- Ticket Information
- Benefit Guide Enrollment/Options
- Summary of Benefits & Coverage
- Benefit Enrollment Form
- Pre-Tax/After-Tax Form
- Life Insurance Beneficiary Form
- Spousal Reimbursement Paperwork
- FSA / H.S.A. Form (optional, depends on plan selection)
- Prior Service Credit Verification Letter

Deadline to Enroll/Waive Benefit Coverage \_\_\_\_\_

**PRE-EMPLOYMENT**

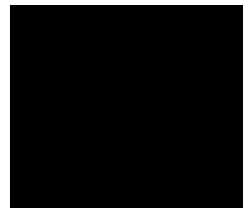
	<b>Date Entered</b>	<b>Date Results</b>
Driver Check	_____	_____
Drug Screen	_____	_____
Background Check	_____	_____

# OATH OF OFFICE

I, [REDACTED], promise and swear that I will faithfully, honestly and impartially discharge the duties of **Police Officer** in the Police Department of the City of Elyria, during continuance in such office. It shall be my duty to obey the rules and regulations governing that of **Police Officer**, and shall set my actions and example of sobriety, knowledge, discretion, industriousness and promptness to my fellow Police Officers. I further promise and swear that I will uphold the enforcement of the Constitution of the United States of America and the State of Ohio and all laws and ordinances of the State of Ohio and City of Elyria.


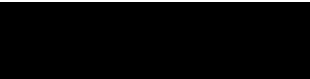


Holly C. Brinda, MPA, Mayor  
City of Elyria, State of Ohio  
July 8, 2019



EPD

**Statement Concerning Your Employment in a Job Not Covered by Social Security**

<b>Employee Name</b>		(SSN)	
<b>Employee ID#</b>		<b>Employee ID#</b>	
<b>Employer Name</b>	City of Elyria	<b>Employer ID#</b>	34-6000936

Your earnings from this job are not covered under Social Security. When you retire, or if you become disabled, you may receive a pension based on earnings from this job. If you do, and you are also entitled to a benefit from Social Security based on either your own work or the work of your husband or wife, or former husband or wife, your pension may affect the amount of the Social Security benefit you receive. Your Medicare benefits, however, will not be affected. Under the Social Security law, there are two ways your Social Security benefit amount may be affected.

**Windfall Elimination Provision**

Under the Windfall Elimination Provision, your Social Security retirement or disability benefit is figured using a modified formula when you are also entitled to a pension from a job where you did not pay Social Security tax. As a result, you will receive a lower Social Security benefit than if you were not entitled to a pension from this job. For example, if you are age 62 in 2013, the maximum monthly reduction in your Social Security benefit as a result of this provision is \$395.50. This amount is updated annually. This provision reduces, but does not totally eliminate, your Social Security benefit. For additional information, please refer to Social Security Publication, "Windfall Elimination Provision."

**Government Pension Offset Provision**

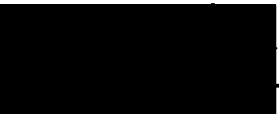
Under the Government Pension Offset Provision, any Social Security spouse or widow(er) benefit to which you become entitled will be offset if you also receive a Federal, State or local government pension based on work where you did not pay Social Security tax. The offset reduces the amount of your Social Security spouse or widow(er) benefit by two-thirds of the amount of your pension.

For example, if you get a monthly pension of \$600 based on earnings that are not covered under Social Security, two-thirds of that amount, \$400, is used to offset your Social Security spouse or widow(er) benefit. If you are eligible for a \$500 widow(er) benefit, you will receive \$100 per month from Social Security (\$500 - \$400=\$100). Even if your pension is high enough to totally offset your spouse or widow(er) Social Security benefit, you are still eligible for Medicare at age 65. For additional information, please refer to Social Security Publication, "Government Pension Offset."

**For More Information**

Social Security publications and additional information, including information about exceptions to each provision, are available at [www.socialsecurity.gov](http://www.socialsecurity.gov). You may also call toll free 1-800-772-1213, or for the deaf or hard of hearing call the TTY number 1-800-325-0778, or contact your local Social Security office.

**I certify that I have received Form SSA-1945 that contains information about the possible effects of the Windfall Elimination Provision and the Government Pension Offset Provision on my potential future Social Security Benefits.**

**Signature of Employee**,  **Date** 7-8-19

---

## Information about Social Security Form SSA-1945 Statement Concerning Your Employment in a Job Not Covered by Social Security

New legislation [Section 419(c) of Public Law 108-203, the Social Security Protection Act of 2004] requires State and local government employers to provide a statement to employees hired January 1, 2005 or later in a job not covered under Social Security. The statement explains how a pension from that job could affect future Social Security benefits to which they may become entitled.

Form SSA-1945, **Statement Concerning Your Employment in a Job Not Covered by Social Security**, is the document that employers should use to meet the requirements of the law. The SSA-1945 explains the potential effects of two provisions in the Social Security law for workers who also receive a pension based on their work in a job not covered by Social Security. The Windfall Elimination Provision can affect the amount of a worker's Social Security retirement or disability benefit. The Government Pension Offset Provision can affect a Social Security benefit received as a spouse, surviving spouse, or an ex-spouse.

Employers must:

- Give the statement to the employee prior to the start of employment;
- Get the employee's signature on the form; and
- Submit a copy of the signed form to the pension paying agency.

Social Security will not be setting any additional guidelines for the use of this form.

Copies of the SSA-1945 are available online at the Social Security website, [www.socialsecurity.gov/online/ssa-1945.pdf](http://www.socialsecurity.gov/online/ssa-1945.pdf). Paper copies can be requested by email at [ofsm.oswm.rqct.orders@ssa.gov](mailto:ofsm.oswm.rqct.orders@ssa.gov) or by fax at 410-965-2037. The request must include the name, complete address and telephone number of the employer. Forms will not be sent to a post office box. Also, if appropriate, include the name of the person to whom the forms are to be delivered. The forms are available in packages of 25. Please refer to Inventory Control Number (ICN) 276950 when ordering.



City of Elyria  
Human Resources  
131 Court Street  
Elyria, OH 44035

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I hereby verify that I have received from the "City of Elyria", the following policies:

- The Ohio Ethics Law
- The City of Elyria's Discrimination and Harassment Policy

[Redacted Signature]

(Signature)

7-8-19

Date





\* \* \* Communication Result Report ( Jul. 9. 2019 8:26AM ) \* \* \*

1) City of Elyria Human Resources  
2)

Date/Time: Jul. 9. 2019 8:24AM

File No.	Mode	Destination	Pg(s)	Result	Page Not Sent
0145	Memory TX	opers	P. 1	OK	

Reason for error

M. 1) Hang up or line fail	E. 2) Busy
M. 3) No answer	E. 4) No facsimile connection
M. 5) Exceeded max. E-mail size	E. 6) Destination does not support IP-Fax

FAX TO: 9-1-614-857-1178

Social Security Administration

**Statement Concerning Your Employment in a Job Not Covered by Social Security**

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Employee Name: [REDACTED] (SSN) [REDACTED]  
 Employee ID# [REDACTED]

Employer Name: City of Elyria  
 Employer ID# 34-600936

Your earnings from this job are not covered under Social Security. When you retire, or if you become disabled, you may receive a pension based on earnings from this job. If you do, and you are also entitled to a benefit from Social Security based on either your own work or the work of your husband or wife, or former husband or wife, your pension may affect the amount of the Social Security benefit you receive. Your Medicare benefits, however, will not be affected. Under the Social Security law, there are two ways your Social Security benefit amount may be affected.

**Windfall Elimination Provision**

Under the Windfall Elimination Provision, your Social Security retirement or disability benefit is figured using a modified formula when you are also entitled to a pension from a job where you did not pay Social Security tax. As a result, you will receive a lower Social Security benefit than if you were not entitled to a pension from this job. For example, if you are age 62 in 2013, the maximum monthly reduction in your Social Security benefit as a result of this provision is \$395.50. This amount is updated annually. This provision reduces, but does not totally eliminate, your Social Security benefit. For additional information, please refer to Social Security Publication, "Windfall Elimination Provision."

**Government Pension Offset Provision**

Under the Government Pension Offset Provision, any Social Security spouse or widow(er) benefit to which you become entitled will be offset if you also receive a Federal, State or local government pension based on work where you did not pay Social Security tax. The offset reduces the amount of your Social Security spouse or widow(er) benefit by two-thirds of the amount of your pension.

For example, if you get a monthly pension of \$600 based on earnings that are not covered under Social Security, two-thirds of that amount, \$400, is used to offset your Social Security spouse or widow(er) benefit. If you are eligible for a \$500 widow(er) benefit, you will receive \$100 per month from Social Security (\$500 - \$400 = \$100). Even if your pension is high enough to totally offset your spouse or widow(er) Social Security benefit, you are still eligible for Medicare at age 65. For additional information, please refer to Social Security Publication, "Government Pension Offset."

**For More Information**

Social Security publications and additional information, including information about exceptions to each provision, are available at [www.ssdhsocialsecurity.gov](http://www.ssdhsocialsecurity.gov). You may also call toll free 1-800-772-1213, or for the deaf or hard of hearing call the TTY number 1-800-325-0778, or contact your local Social Security office.

I certify that I have received Form SSA-1945 that contains information about the possible effects of the Windfall Elimination Provision and the Government Pension Offset Provision on my potential future Social Security Benefits.

Signature of Employee: [REDACTED] Date: 7-8-19



City of Elyria  
Human Resources  
131 Court Street  
Elyria, OH 44035

### Personal Information Form

Employee Name: \_\_\_\_\_  
Last

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_

Telep \_\_\_\_\_

Email Address: \_\_\_\_\_

Social Security N \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Driver's License \_\_\_\_\_ Expiration: \_\_\_\_\_

State that Issued \_\_\_\_\_

*Please provide the name of a friend or relative to be contacted in the event of an emergency. If you wish to provide more than one name, please attach a separate sheet.*

Name \_\_\_\_\_

Relat \_\_\_\_\_

Telephone (Home): \_\_\_\_\_ (Mobile) \_\_\_\_\_

*In order to correctly report information to the Equal Opportunity Commission, we would appreciate it if you would check the box of the following appropriate categories. This information is not used for any other purpose.*

Gender:

Male  Female

Marital Status:

Single  Married  Divorced  Widowed  Separated

Please indicate which race best identifies you:

Hispanic Origin or Latino  White (Non-Hispanic Origin)  
 Black/African-American  American Indian or Alaska Native  Native Hawaiian or other Pacific Islander  
 Asian  Two or More Races

## Employee's Withholding Certificate

OMB No. 1545-0074

2021

▶ **Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.**  
 ▶ **Give Form W-4 to your employer.**  
 ▶ **Your withholding is subject to review by the IRS.**

<b>Step 1:</b> Enter Personal Information	(a) First name and middle initial [Redacted]	Last name [Redacted]	(b) Social Security number [Redacted]
			▶ Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to <a href="http://www.ssa.gov">www.ssa.gov</a> .
	(c) <input type="checkbox"/> Single or Married filing separately <input checked="" type="checkbox"/> Married filing jointly or Qualifying widow(er) <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

**Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5.** See page 2 for more information on each step, who can claim exemption from withholding, when to use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App), and privacy.

**Step 2:** Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

**Multiple Jobs or Spouse Works**

Do **only one** of the following.

(a) Use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) for most accurate withholding for this step (and Steps 3–4); **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; **or**

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld . . . . . ▶

**TIP:** To be accurate, submit a 2021 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

**Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs.** Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

<b>Step 3:</b> Claim Dependents	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):		
	Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$ _____		
	Multiply the number of other dependents by \$500 . . . . . ▶ \$ _____		
	Add the amounts above and enter the total here . . . . .	<b>3</b>	\$
<b>Step 4 (optional):</b> Other Adjustments	(a) <b>Other income (not from jobs).</b> If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income . . . . .	<b>4(a)</b>	\$
	(b) <b>Deductions.</b> If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here . . . . .	<b>4(b)</b>	\$
	(c) <b>Extra withholding.</b> Enter any additional tax you want withheld each <b>pay period</b> . . . . .	<b>4(c)</b>	\$

<b>Step 5:</b> Sign Here	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.		
	[Redacted Signature]		Date
	Employee's signature (This form is not valid unless you sign it.)		6/13/22

<b>Employers Only</b>	Employer's name and address	First date of employment	Employer identification number (EIN)



Step 2(b)—Multiple Jobs Worksheet (Keep for your records.)



If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on only ONE Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job.

Note: If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at www.irs.gov/W4App.

- 1 Two jobs. If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, skip to line 3
2 Three jobs. If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
a Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a
b Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b
c Add the amounts from lines 2a and 2b and enter the result on line 2c
3 Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc.
4 Divide the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in Step 4(c) of Form W-4 for the highest paying job (along with any other additional amount you want withheld)

Step 4(b)—Deductions Worksheet (Keep for your records.)



- 1 Enter an estimate of your 2021 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income
2 Enter: { \$25,100 if you're married filing jointly or qualifying widow(er); \$18,800 if you're head of household; \$12,550 if you're single or married filing separately }
3 If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-"
4 Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information
5 Add lines 3 and 4. Enter the result here and in Step 4(b) of Form W-4

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

**Notice to Employee**

1. For state purposes, an individual may claim only natural dependency exemptions. This includes the taxpayer, spouse and each dependent. Dependents are the same as defined in the Internal Revenue Code and as claimed in the taxpayer's federal income tax return for the taxable year for which the taxpayer would have been permitted to claim had the taxpayer filed such a return.
2. You may file a new certificate at any time if the number of your exemptions **increases**.


You must file a new certificate within 10 days if the number of exemptions previously claimed by you **decreases** because:

- (a) Your spouse for whom you have been claiming exemption is divorced or legally separated, or claims her (or his) own exemption on a separate certificate.
- (b) The support of a dependent for whom you claimed exemption is taken over by someone else.
- (c) You find that a dependent for whom you claimed exemption must be dropped for federal purposes.

The death of a spouse or a dependent does not affect your withholding until the next year but requires the filing of a new certificate. If possible, file a new certificate by Dec. 1st of the year in which the death occurs.

For further information, consult the Ohio Department of Taxation, Personal and School District Income Tax Division, or your employer.

3. If you expect to owe more Ohio income tax than will be withheld, you may claim a smaller number of exemptions; or under an agreement with your employer, you may have an additional amount withheld each pay period.
4. A married couple with both spouses working and filing a joint return will, in many cases, be required to file an individual estimated income tax form IT 1040ES even though Ohio income tax is being withheld from their wages. This result may occur because the tax on their combined income will be greater than the sum of the taxes withheld from the husband's wages and the wife's wages. This requirement to file an individual estimated income tax form IT 1040ES may also apply to an individual who has two jobs, both of which are subject to withholding. In lieu of filing the individual estimated income tax form IT 1040ES, the individual may provide for additional withholding with his employer by using line 5.

 please detach here



Department of Taxation

**Employee's Withholding Exemption Certificate**

IT 4  
Rev. 5/07

Print full name \_\_\_\_\_ Social Security num \_\_\_\_\_

Home address and ZIP code \_\_\_\_\_

Public school district of residence \_\_\_\_\_ School district no. \_\_\_\_\_  
(See *The Finder* at tax.ohio.gov.)

1. Personal exemption for yourself, enter "1" if claimed ..... 0
2. If married, personal exemption for your spouse if not separately claimed (enter "1" if claimed) ..... 0
3. Exemptions for dependents ..... X 0
4. Add the exemptions that you have claimed above and enter total ..... 0
5. Additional withholding per pay period under agreement with employer ..... \$ 0

Under the penalties of perjury, I certify that the number of exemptions claimed on this certificate does not exceed the number to which I am entitled.

Signature \_\_\_\_\_ Date 6-13-12





**DAVE YOST**  
OHIO ATTORNEY GENERAL



Ohio Peace Officer Training Commission  
Office 800-346-7682

**NOTICE OF PEACE OFFICER APPOINTMENT**

Check Box if:  Correction to Record       Name Change       OSHP Trooper to Peace Officer  
(OSHP certificate must be attached)

1. Within ten days of the appointment or status change, or promotion to Chief, submit one copy of this form either by email SF400@OhioAGO.gov, fax, or mail.
2. Type or print legibly and complete all blanks. Officer and Agency email addresses need to be entered to receive training determinations.  
**\*NOTE:** The officer's email address will be used for all OPOTC correspondence, including advanced training course registration.
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, or is promoted to Chief.
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)	(First)	(Middle)	
3. Previous Name(s) or Alias (Last)		(First)	(Middle)		
5. Officer's Individual Email Address*		6. Phone Number			
7.					
8. Basic Training Academy (Academy Name)		(Academy Number)	(Dates of Training)		

<b>AGENCY INFORMATION</b>		9. Agency Name Elyria Police Department			
10. Reporting Authority's Email Address palmer@cityofelyria.org		11. Agency Phone Number 440-326-1334			
12. Agency Mailing Address (#/Street/PO Box) 18 West Avenue		(City) Elyria	(Zip Code) 44035	(County Name) Lorain	

<b>APPOINTMENT INFORMATION</b> (Complete Date, Status and ORC)		13.	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 checked="" 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 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		19. Date
		William R. Pelko, Chief of Police		06 / 13 / 2022
20. Signature of Witness		21. Printed Name (First, Middle, Last)		22. Date
		VINCENT M. LIGAS		06 / 13 / 2022

Submit to OPOTC

Officer Name (Last)

(First)

(Middle)

SSN (last 5 only)


**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.



Signature of Appointee

Signature of Appointing Authority



**Frank Whitfield**

Name of Appointing Authority (Typed or Printed Legibly)

**Mayor City of Elyria**

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 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 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		

**Submit to OPOTC**



**Statement Concerning Your Employment in a Job  
Not Covered by Social Security**

Employee Name [REDACTED] (SSN) [REDACTED]  
Employee ID# [REDACTED]  
Employer Name City of Elyria Employer ID# [REDACTED]

Your earnings from this job are not covered under Social Security. When you retire, or if you become disabled, you may receive a pension based on earnings from this job. If you do, and you are also entitled to a benefit from Social Security based on either your own work or the work of your husband or wife, or former husband or wife, your pension may affect the amount of the Social Security benefit you receive. Your Medicare benefits, however, will not be affected. Under the Social Security law, there are two ways your Social Security benefit amount may be affected.

**Windfall Elimination Provision**

Under the Windfall Elimination Provision, your Social Security retirement or disability benefit is figured using a modified formula when you are also entitled to a pension from a job where you did not pay Social Security tax. As a result, you will receive a lower Social Security benefit than if you were not entitled to a pension from this job. For example, if you are age 62 in 2013, the maximum monthly reduction in your Social Security benefit as a result of this provision is \$395.50. This amount is updated annually. This provision reduces, but does not totally eliminate, your Social Security benefit. For additional information, please refer to Social Security Publication, "Windfall Elimination Provision."

**Government Pension Offset Provision**

Under the Government Pension Offset Provision, any Social Security spouse or widow(er) benefit to which you become entitled will be offset if you also receive a Federal, State or local government pension based on work where you did not pay Social Security tax. The offset reduces the amount of your Social Security spouse or widow(er) benefit by two-thirds of the amount of your pension.

For example, if you get a monthly pension of \$600 based on earnings that are not covered under Social Security, two-thirds of that amount, \$400, is used to offset your Social Security spouse or widow(er) benefit. If you are eligible for a \$500 widow(er) benefit, you will receive \$100 per month from Social Security (\$500 - \$400=\$100). Even if your pension is high enough to totally offset your spouse or widow(er) Social Security benefit, you are still eligible for Medicare at age 65. For additional information, please refer to Social Security Publication, "Government Pension Offset."

**For More Information**

Social Security publications and additional information, including information about exceptions to each provision, are available at [www.socialsecurity.gov](http://www.socialsecurity.gov). You may also call toll free 1-800-772-1213, or for the deaf or hard of hearing call the TTY number 1-800-325-0778, or contact your local Social Security office.


I certify that I have received Form SSA-1945 that contains information about the possible effects of the Windfall Elimination Provision and the Government Pension Offset Provision on my potential future Social Security Benefits.

Signature of Employee [REDACTED]Date 6-13-12



# OATH OF OFFICE

I, [REDACTED], promise and swear that I will faithfully, honestly and impartially discharge the duties of **Officer** in the Police Department of the City of Elyria, during continuance in such office. It shall be my duty to obey the rules and regulations governing that of **Officer**, and shall set my actions and **example** of sobriety, knowledge, discretion, industriousness and promptness to my fellow Officers. I further promise and swear that I will uphold the enforcement of the Constitution of the United States of America and the State of Ohio and all laws and ordinances of the State of Ohio and City of Elyria.

  
**Frank D. Whitfield, MBA, Mayor**  
**City of Elyria, State of Ohio**  
June 13, 2022

[REDACTED]  
[REDACTED], **EPD**  
[REDACTED]





**Elyria Police Department**  
18 West Avenue  
Elyria, OH 44035  
440-323-3302 FAX 440-326-1338

**William R. Pelko**  
Chief of Police




February 27, 2023

Patrol [REDACTED]

You were originally hired as a [REDACTED] on [REDACTED] and resigned on [REDACTED]. You were then hired back on [REDACTED]. Since you previously completed your probationary period and you have been an exemplary employee since your rehire date, it was decided to end your probationary period. As of today, February 27, 2023, you will no longer be on probation.

Please continue to keep up your good work and exemplary attitude! It is a pleasure to have you working at the Elyria Police Department.

Respectfully,

  
Chief William R. Pelko

CC: HR Director Jean Yousefi  
HR Tania Grey  
EPPA President Paige Mitchell

## CHANGE OF ADDRESS FORM

Use this form to change your address on file with the Ohio Police and Fire Pension Fund (OP&F). Your address can also be updated online by using the Member Self Serve Web at [www.op-f.org](http://www.op-f.org).

If you are receiving your pension benefit or division of property order (DPO) payment by mail, OP&F must receive and process your change of address by the 15th of the month in order for the following month's pension or DPO payment to be sent to your new address. If you are a guardian or power of attorney for an OP&F member, please ensure that OP&F has a copy of the appropriate documents on file. Changes can only be made after review and approval of these documents.

OP&F mailings are not forwarded. To continue to receive mailings from OP&F, a completed Change of Address must be submitted for all address changes.

Please note that if you are moving out of state, OP&F does not automatically stop the Ohio state withholding. Members must submit a request, in writing, to stop Ohio tax withholding from their OP&F benefits.

Send your completed form to: Ohio Police & Fire Pension Fund,  
140 East Town Street, Columbus, Ohio 43215-5164

You may also fax your completed form to: (614) 628-1777

### Section A: Member information

Name: First, MI, Last, suffix (Jr, III, etc.)		<input checked="" type="checkbox"/> Police officer	<input checked="" type="checkbox"/> Male
Street Address / Post office box		<input type="checkbox"/> Firefighter	<input type="checkbox"/> Female
Home phone		Date of Birth	
<input type="checkbox"/> New <input type="checkbox"/> New		<input type="checkbox"/> New <input type="checkbox"/> New	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No    Is this a temporary address? (Start date: _____ / stop date: _____)			

Please check all that apply to you:

- Active member (Employer name: ELYRIA POLICE DEPARTMENT)
- Retired member
- Survivor benefit recipient
- Deferred Retirement Option Plan (DROP) participant
- Re-employed retiree in public sector
- Alternate payee / Division of Property Order (DPO) (OP&F member's name: \_\_\_\_\_)
- Former member

### Section B: Member signature and acknowledgement

By my signature, I authorize OP&F to change my address.

Member's signature	Date of signature: <u>11-15-22</u>
--------------------	------------------------------------









**Claudia Dillinger**

---

**From:** Deena Baker  
**Sent:** Friday, July 12, 2019 10:45 AM  
**To:** Mary Gibbs; Claudia Dillinger  
**Subject:** FW: Training Determination for [REDACTED] appointment

**Follow Up Flag:** Follow up  
**Flag Status:** Flagged

---

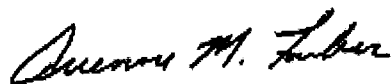
**From:** Amber L. Jicha [<mailto:Amber.Jicha@ohioattorneygeneral.gov>]  
**Sent:** Friday, July 12, 2019 10:44 AM  
**To:** Deena Baker  
**Subject:** Training Determination for [REDACTED] appointment

**We have reviewed the information reported to the Commission and find no update training is required.**

**This review also does not address the officer's annual firearms requalification training requirement.**

**If you have any questions, you can reach me at the phone number listed below.**

Sincerely,



**Arienne M. Fauber**  
**Certification Officer**  
**Professional Standards Division**  
**Phone: 740-845-2692**

# Ohio Police & Fire Pension Fund

140 East Town Street / Columbus, Ohio 43215-5164 / Tel. (614) 228-2975 / www.op-f.org

August 01, 2019

JOHN T FARRELL  
CITY OF ELYRIA  
131 COURT STREET  
ELYRIA OH 44035

Subject: Member Minimum Medical Testing and Diagnostic Procedures/Physician's Report

Name: [REDACTED]  
SSN: [REDACTED]

Hire Date: [REDACTED]  
Due Date: 09/06/2019

Dear Employer:

The Ohio Police & Fire Pension Fund ("OP&F") received the Personal History Record on July 22, 2019.

OP&F received the complete member's minimum medical testing and certification on July 22, 2019.

Based on the review of the member minimum medical reports, this letter will serve as notice that your office has submitted the required reports and certification pursuant to ORC Section 742.38 and OAC Rule 742-1-02. The determination of whether a disability is presumed to be an on-duty injury will be made if and when a member files a disability application with OP&F.

If you have any questions, please contact OP&F at 888-864-8363.

Sincerely,

Kimberly Penn  
Member Services Department

L068

**From:** [William Pelko](#)  
**To:** [Tania Gray](#)  
**Subject:** FW: Citizen Praise  
**Date:** Friday, May 5, 2023 11:37:36 AM

---

Can you put this in [REDACTED] and [REDACTED]'s file, please. Thanks! Pelko

---

**From:** Dawn Walther <dwalth@cityofelyria.org>  
**Sent:** Friday, May 5, 2023 7:33 AM  
**To:** William Pelko <pelko@cityofelyria.org>  
**Cc:** Frank Whitfield <fwhitfield@cityofelyria.org>; Matthew Lundy <mlundy@cityofelyria.org>  
**Subject:** Citizen Praise

Good morning Chief:

We received a praise for two of your officers from a citizen, [REDACTED]. [REDACTED] Thanks to the officers who acted with grace and compassion for one of our citizens. They went the extra mile and it is very much appreciated.

"Today May 4th there were a spring of tire slashings and Elyria and I was one of those victims, but two of your most finest police officers came to the rescue. They not only treated me with Grace but after they took my report they left to go on another call and came back to help and teach me to change my tire just as they said they would. [REDACTED] & his partner [REDACTED] are great!"

## Dawn Walther

Executive Assistant to the Mayor  
and Safety Service Director  
City of Elyria  
131 Court Street, Suite 301  
Elyria, OH 44035  
(440) 326-1416

This message is intended solely for the recipient to which it is addressed. If you are not the intended recipient, you should not disclose, distribute or copy this email. Please notify the sender immediately by email and delete this email from your system

**From:** [William Pelko](#)  
**To:** [Tania Gray](#)  
**Subject:** FW: Victim Advocates through Elyria Muni Court  
**Date:** Wednesday, July 5, 2023 8:33:37 AM

---

If you could put in the appropriate officers file that would be great. Ligas Jr., Gonzales, Mitchell, [REDACTED] Sabeiha, Hersh and Marquardt.

---

**From:** Aaron Varga <[varga@cityofelyria.org](mailto:varga@cityofelyria.org)>  
**Sent:** Wednesday, July 5, 2023 7:54 AM  
**To:** William Pelko <[pelko@cityofelyria.org](mailto:pelko@cityofelyria.org)>  
**Subject:** FW: Victim Advocates through Elyria Muni Court

Chief,

This message is from [REDACTED], he is the husband of a victim related to a robbery at the Drug Mart [REDACTED]. I spoke with him over the phone in regards to his appreciation to the professionalism and hard work for the officers who handled this call. Officers Ligas, Gonzales, Mitchell, [REDACTED] Sabeiha, Hersh and Marquardt all assisted in investigated and arrested the suspect.

**From:** [REDACTED]  
**Sent:** Wednesday, July 5, 2023 7:03 AM  
**To:** Aaron Varga <[varga@cityofelyria.org](mailto:varga@cityofelyria.org)>  
**Subject:** Re: Victim Advocates through Elyria Muni Court

**CAUTION:** This Email is from an EXTERNAL source. Ensure you trust this sender before clicking on any links or attachments.

To All at EPD,

Please allow me to take this time to recognize the exemplary efforts afforded to my wife in her time of need. Elyria PD showed my wife [REDACTED] respect and treated her with dignity as a Victim on the day of the robbery at Discount Drug Mart.

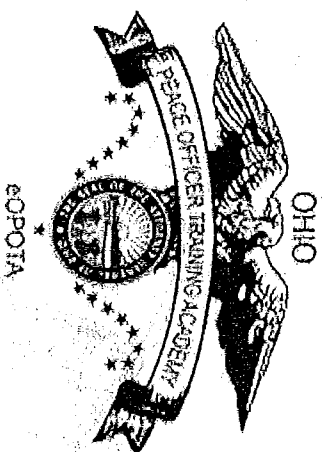
All members involved in the reporting, investigation and notably quick apprehension of the known suspect proved to me (as a policeman of almost 25 years and now retired) that the indomitable spirit and bravery of the Elyria PD is very much something that your supervisors still teach.

In thanking you for your efforts, I also would very much appreciate it if your supervisors would acquiesce to also nominate everyone involved a writ of thanks by way of an award. My former department started shying away from awards for the everyday workings (even when it was clearly warranted to do so), and I believe this to be counter productive.

Supervisors, please take the time and make these folks proud of their profession and reward their efforts. Whatever you deem fit and appropriate would truly make Katrina and I very happy.







This is to certify that



has completed the Ohio Attorney General's online training course on  
**Missing Children Clearinghouse**

Completed on: June 27, 2020

J. J. Keller® Training on Demand

# *Certificate of Completion*



Has completed the online, interactive training course  
**Respiratory Protection**

And achieved a score of **80 %** on the Final Exam.

City of Elyria Wastewater Pollution Control Plant

Company Name

1194 Gulf Rd

Company Address

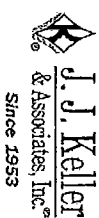
Elyria, OH 44035

City, State, Zip

5/18/2020

Date of Completion

Note: It is the responsibility of the trainer and the trainer's company  
(named as Company, above) to determine and verify a student's competency.  
Course completion certificates do not state or imply competency on any given  
subject, only that the student has completed the online training.





# Certificate of Completion

This certificate is proudly presented to



for the successful completion of  
**Mental Illness (1st edition) (2)**

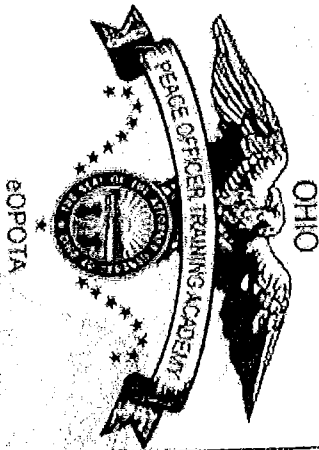


Completion Date: **February 28, 2020**

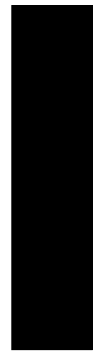


VACADEMY

Department Representative



This is to certify that



has completed the Ohio Attorney General's online training course on

Consent to Search Part 1

Completed on: March 09, 2013



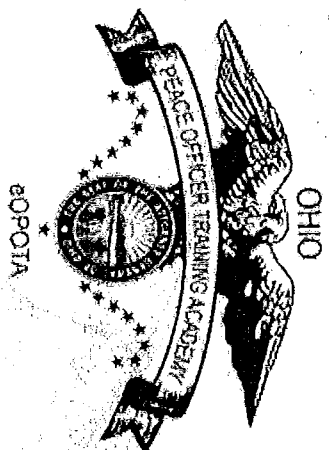
This is to certify that



has completed the Ohio Attorney General's online training course on

Consent to Search Part 2

Completed on: March 09, 2013



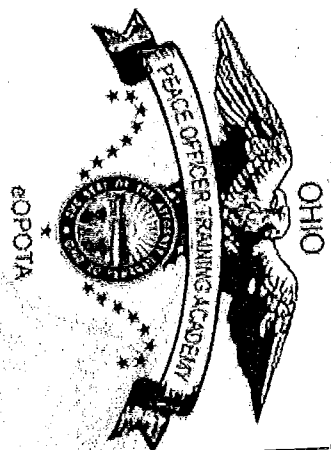


This is to certify that



has completed the Ohio Attorney General's online training course on  
**Crisis Intervention**

Completed on: **January 29, 2019**







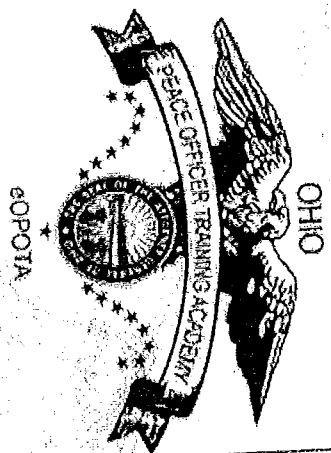
This is to certify that



has completed the Ohio Attorney General's online training course on

Darrel Lunsford Murder

Completed on: March 02, 2013





This is to certify that



has completed the Ohio Attorney General's online training course on  
**DeEscalating Mental Health Crises**

Completed on: **March 09, 2013**





This is to certify that



has completed the Ohio Attorney General's online training course on

Dose of Reality

Completed on: May 11, 2016



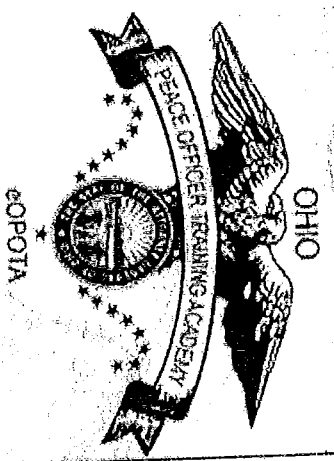
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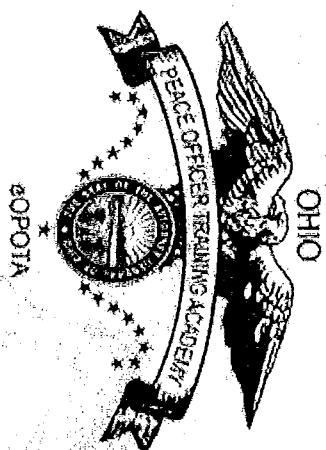


has completed the Ohio Attorney General's online training course on

Ethics and Professionalism

Completed on: January 28, 2019





This is to certify that

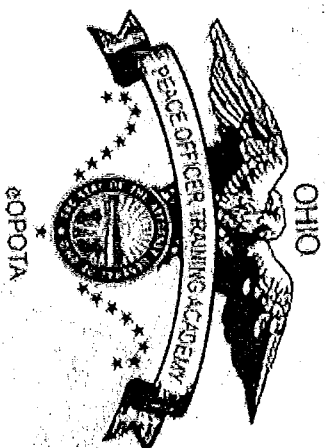


has completed the Ohio Attorney General's online training course on

Human Trafficking

Completed on: March 06, 2013





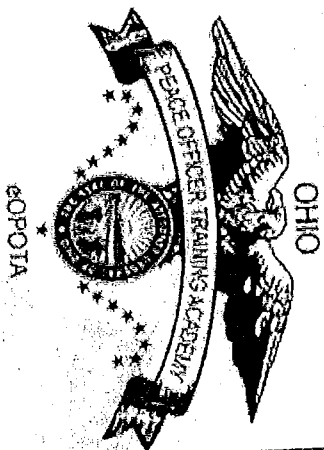
This is to certify that



has completed the Ohio Attorney General's online training course on

Human Trafficking 2016 Update

Completed on: May 11, 2016



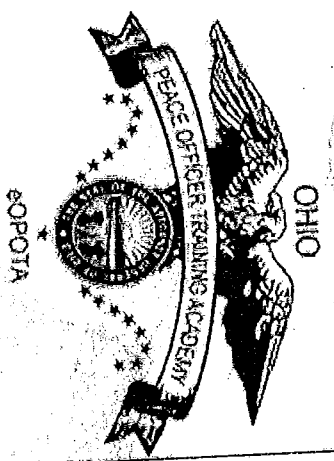
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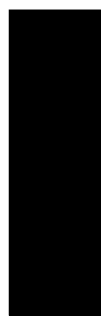
has completed the Ohio Attorney General's online training course on

**Law Enforcement Sexual Harassment Awareness Training**

**Completed on: January 28, 2019**



This is to certify that



has completed the Ohio Attorney General's online training course on

Miranda Rights Part 1

Completed on: March 09, 2013



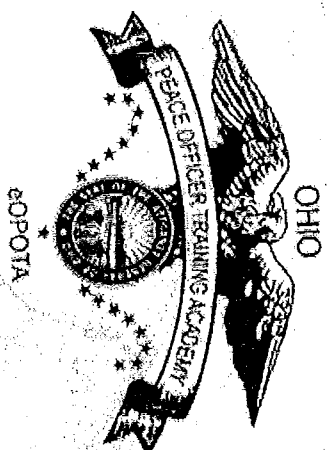
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has completed the Ohio Attorney General's online training course on

Miranda Rights Part 2

Completed on: January 28, 2019





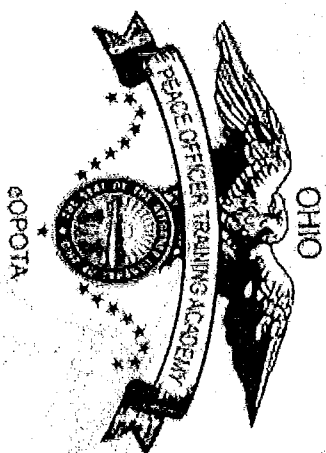
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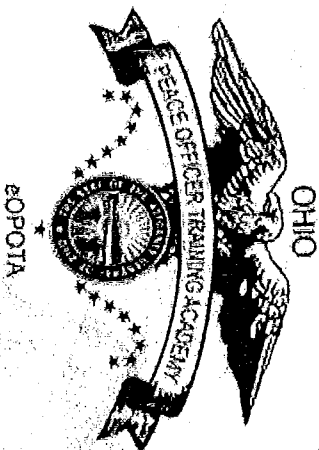


has completed the Ohio Attorney General's online training course on

OH 1 Crash Report Update

Completed on: July 25, 2016





This is to certify that



has completed the Ohio Attorney General's online training course on

**SB 77's Effect on Investigative Procedures**

**Completed on: January 28, 2019**





This is to certify that



has completed the Ohio Attorney General's online training course on

Sovereign Citizens Part One

Completed on: March 06, 2013



This is to certify that



has completed the Ohio Attorney General's online training course on

Sovereign Citizens Part Two

Completed on: March 06, 2013



This is to certify that



has completed the Ohio Attorney General's online training course on

Trooper Coates Murder

Completed on: March 02, 2013



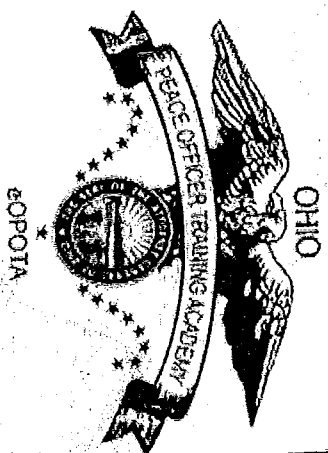
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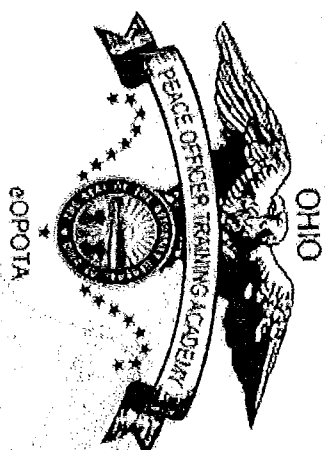


has completed the Ohio Attorney General's online training course on

Trooper Vetter Murder

Completed on: March 02, 2013





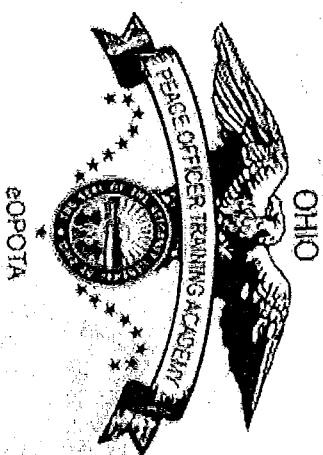
This is to certify that



has completed the Ohio Attorney General's online training course on

Understanding Stress and Stress Overload

Completed on: January 28, 2019



This is to certify that

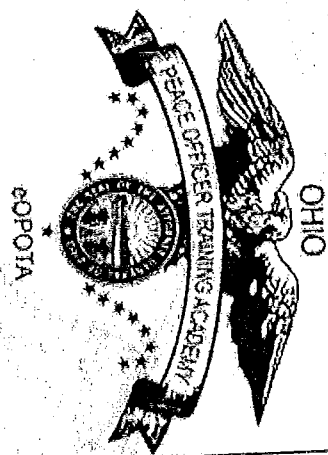


has completed the Ohio Attorney General's online training course on

Use of Force, Liability and Standards

Completed on: January 28, 2019





This is to certify that



has completed the Ohio Attorney General's online training course on  
**Wellness and Managing Stress**

Completed on: **January 28, 2019**

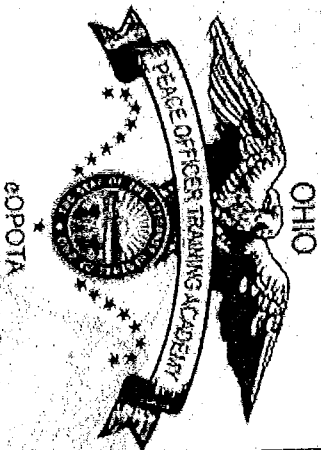


This is to certify that



has completed the Ohio Attorney General's online training course on  
01 Blue Courage Foundations

Completed on: May 31, 2017





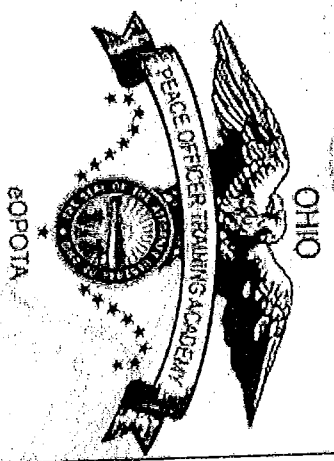
This is to certify that



has completed the Ohio Attorney General's online training course on

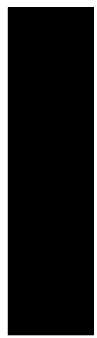
02 Blue Courage The Nobility of Policing

Completed on: May 31, 2017





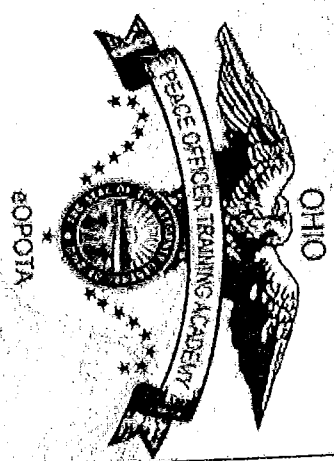
This is to certify that



has completed the Ohio Attorney General's online training course on

03 Blue Courage Positive Psychology

Completed on: May 31, 2017





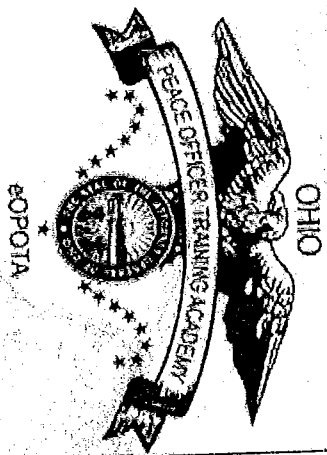
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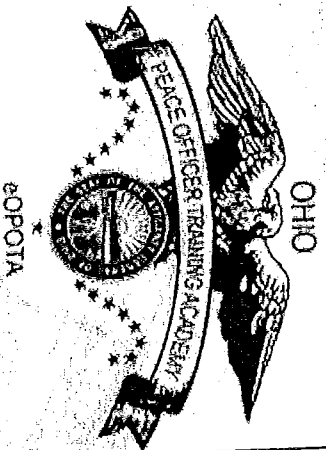


has completed the Ohio Attorney General's online training course on

04 Blue Courage Health and Wellness

Completed on: May 31, 2017





This is to certify that



has completed the Ohio Attorney General's online training course on

2017 Legal Update: Civil Liability for Officers

Completed on: July 11, 2017





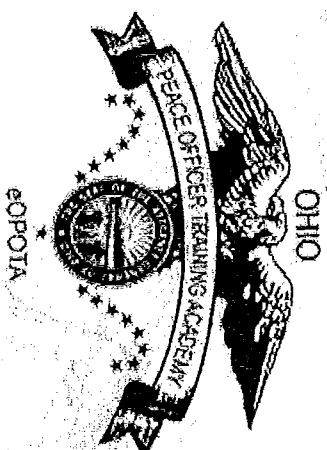
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has completed the Ohio Attorney General's online training course on

2017 Legal Update: Domestic Violence Refresher

Completed on: July 11, 2017





This is to certify that

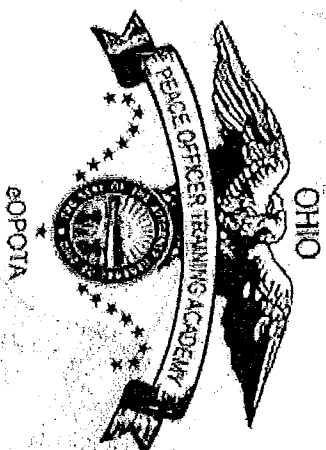


has completed the Ohio Attorney General's online training course on

2017 Legal Update: Issues in Interrogations and Confessions

Completed on: July 11, 2017





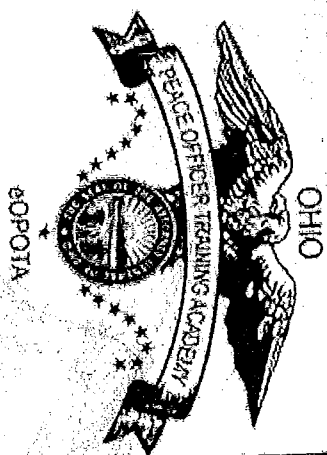
This is to certify that



has completed the Ohio Attorney General's online training course on

**2017 Legal Update: Search and Seizure Law**

**Completed on: July 11, 2017**



This is to certify that



has completed the Ohio Attorney General's online training course on  
**Automobile Inventory**

Completed on: **January 28, 2019**

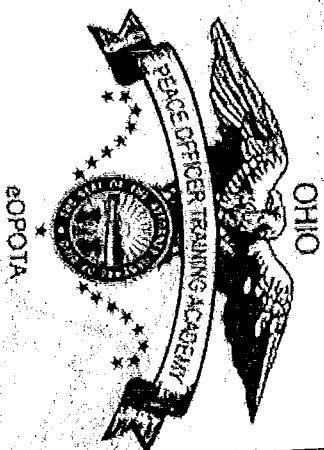


This is to certify that



has completed the Ohio Attorney General's online training course on  
**Automobile Searches**

Completed on: **March 09, 2013**





This is to certify that



has completed the Ohio Attorney General's online training course on

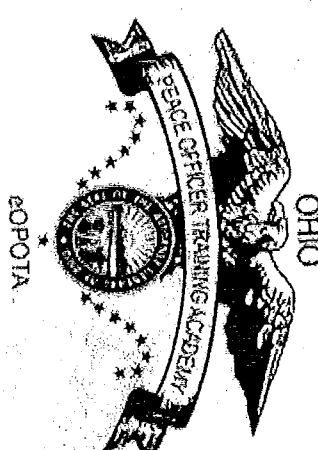
**Career Survival: Positive Ways to Be Successful**

**Completed on: January 28, 2019**



©OPOTA





This is to certify that



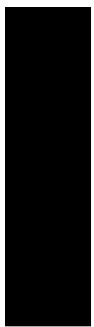
has completed the Ohio Attorney General's online training course on

**Career Survival: Professional Policing and the Public**

**Completed on: January 28, 2019**



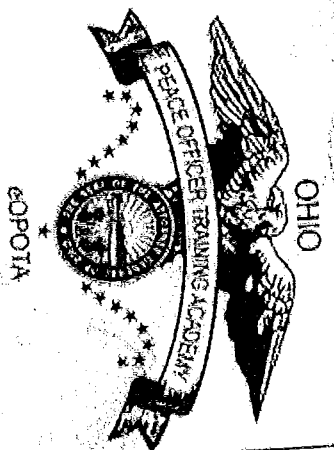
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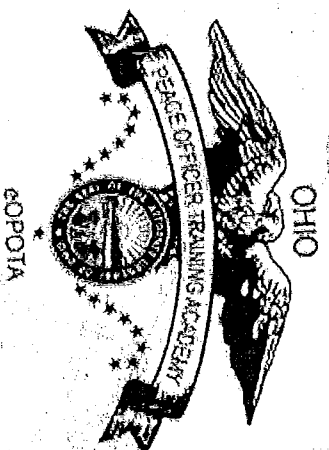


has completed the Ohio Attorney General's online training course on

Career Survival: Overall Job Preparedness

Completed on: January 28, 2019





This is to certify that



has completed the Ohio Attorney General's online training course on

Child Abuse and Neglect

Completed on: January 29, 2019



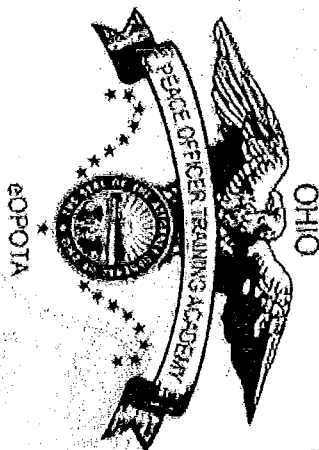
This is to certify that



has completed the Ohio Attorney General's online training course on  
**Companion Animal Encounters**

Completed on: **January 29, 2019**





This is to certify that



has completed the Ohio Attorney General's online training course on  
**Companion Animal Encounters**

Completed on: **May 11, 2016**



CITY OF  
**ELYRIA**

FRANK WHITFIELD, MAYOR

Safety/Service Department

July 24, 2020

[REDACTED]

[REDACTED]

Dear [REDACTED]

I accept your resignation letter, dated [REDACTED] from the position of Police Officer for the City of Elyria. I thank you for your time and energy to the City of Elyria. I wish you and your family the very best in your future endeavors. If the City of Elyria can help to you, please let us know.

Sincerely,

Derek Feuerstein  
Safety/Service Director  
City of Elyria

cc: HR Department/ Personnel File

CONNECT WITH US







# Payroll Status Form

Effective Date <i>PP8</i> 03/20/2023	Reason for Form Account Change	Employee No. [REDACTED]
Employee Name [REDACTED]	Hire Date [REDACTED]	Longevity Date [REDACTED]
Employee Department Police	Classification / Title [REDACTED]	Union EPPA - Patrolmen
FLSA Status [REDACTED]	Civil Service Status [REDACTED]	Employment Status Full-Time

Base Pay Per Ordinance 65,388.13	Pay Status Hourly	Longevity Percentage [REDACTED]
-------------------------------------	----------------------	------------------------------------

Account Number(s) & Percentage(s)  
[REDACTED] American Rescue  
[REDACTED]

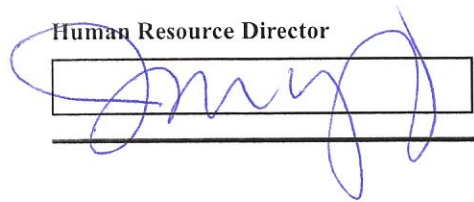
- AFSCME Incentives
- Backflow Certification (\$0.10)
  - Lab Tech Certification (\$0.14)
  - Operator I License (\$0.17)
  - Operator II License (\$0.23)
  - Operator III License (\$0.29)
  - Mechanic 1 Certification (\$0.17)
  - Mechanic 2 Certification (\$0.19)
  - Mechanic 3 Certification (\$0.22)
  - Ohio Electrical Contractor License (\$0.25)

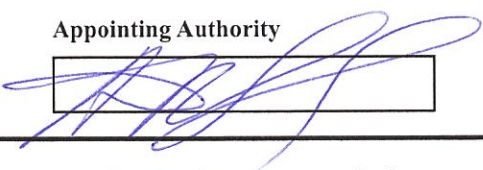
- AFSCME Incentives (Cont'd)
- Pesticide License (\$0.25)
  - Residential Build Official Certification (\$0.25)
  - Residential Plumb Inspector License (\$0.25)
  - Water Distribution 1 Certification (\$0.17)
  - Water Distribution 2 Certifications (\$0.23)
  - Water Distribution 3 Certifications (\$0.29)

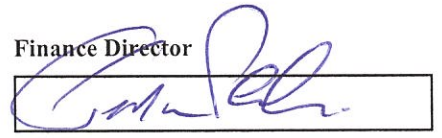
Final Pay  
65,388.13

Notes  
Moving from [REDACTED]

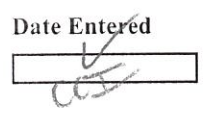
### Approvals

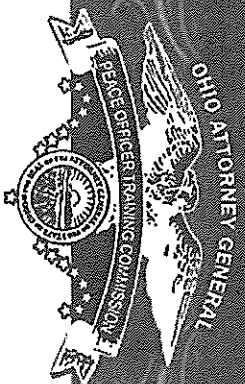
Human Resource Director  


Appointing Authority  


Finance Director  


### Payroll Department Only

Date Entered  




# OHIO PEACE OFFICER TRAINING COMMISSION & THE OFFICE OF THE ATTORNEY GENERAL

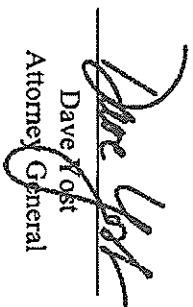
This is to certify that




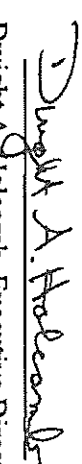
has successfully completed the advanced training course  
**05-485-23-05: Field Training Officer (FTO) Program (Ohio Model)**

at the Ohio Peace Officer Training Academy given

**April 17 - 19, 2023**

  
Dave Fost  
Attorney General

  
Vernon P. Stanforth, Chairperson  
Ohio Peace Officer Training Commission

  
Dwight A. Holcomb, Executive Director  
Ohio Peace Officer Training Commission  
DATE CERTIFICATE PRINTED: May 23, 2023

# CERTIFICATE OF COMPLETION

This is to certify that



Has completed all training requirements as set forth in the

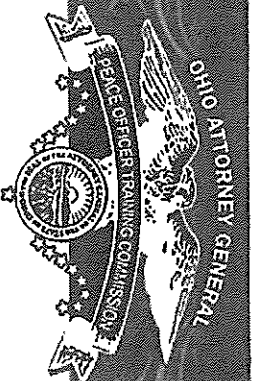
**Effective Policing Skills and Tactics**

*Instructed By: Craig Meyer*

**Feb 09, 2023**

A handwritten signature in black ink, appearing to read 'DB', written over a horizontal line.

Dennis Benigno  
Founder, Instructor



# OHIO PEACE OFFICER TRAINING COMMISSION & THE OFFICE OF THE ATTORNEY GENERAL


This is to certify that

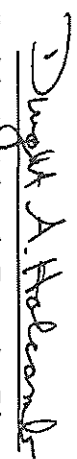


has successfully completed the advanced training course  
**05-485-23-05: Field Training Officer (FTO) Program (Ohio Model)**

at the Ohio Peace Officer Training Academy given  
**April 17 - 19, 2023**

  
Dave Fost  
Attorney General

  
Vernon P. Stanforth, Chairperson  
Ohio Peace Officer Training Commission

  
Dwight A. Holcomb, Executive Director  
Ohio Peace Officer Training Commission  
DATE CERTIFICATE PRINTED: May 23, 2023





# Payroll Status Form

Effective Date **PP7**  
03/06/2023

Reason for Form  
Account Change

Employee No.  
[Redacted]

Employee Name  
[Redacted]

Hire Date  
[Redacted]

Longevity Date  
[Redacted]

Employee Department  
Police

Classification / Title  
[Redacted]

Union  
EPPA - Patrolmen

FLSA Status  
[Redacted]

Civil Service Status  
[Redacted]

Employment Status  
Full-Time

Base Pay Per Ordinance  
65,388.13

Pay Status  
[Redacted]

Longevity Percentage  
[Redacted]

Account Number(s) & Percentage(s)  
[Redacted]  
American Rescue Plan  
State of OH

- AFSCME Incentives
- Backflow Certification (\$0.10)
  - Lab Tech Certification (\$0.14)
  - Operator I License (\$0.17)
  - Operator II License (\$0.23)
  - Operator III License (\$0.29)
  - Mechanic 1 Certification (\$0.17)
  - Mechanic 2 Certification (\$0.19)
  - Mechanic 3 Certification (\$0.22)
  - Ohio Electrical Contractor License (\$0.25)

- AFSCME Incentives (Cont'd)
- Pesticide License (\$0.25)
  - Residential Build Official Certification (\$0.25)
  - Residential Plumb Inspector License (\$0.25)
  - Water Distribution 1 Certification (\$0.17)
  - Water Distribution 2 Certifications (\$0.23)
  - Water Distribution 3 Certifications (\$0.29)

Final Pay  
65,388.13

Notes  
Changing GL Acct from [Redacted]

## Approvals

Human Resource Director  
[Signature]

Appointing Authority  
[Signature]

Finance Director  
[Signature]

## Payroll Department Only

Date Entered  
[Signature]

# Elyria Police Department Pistol Qualification

Instructors	SPO #	1	2	3	4	5	6	
Date 9/20/23 Location EPD Range Lt. Worlo Sgt. McArthur	TIME IN SECONDS			8	6			TOTAL STATE SCORE OUT OF 25
		3	3	12ft strong hand 4rds	6	3	2	
		4ft 3rds from hip	9ft 2rds pref 1rd hip or head	<del>3rd</del> 4rds weak hand	20ft 1rd in chamber 2rds in mag fire 3rds pref area reload 3rds pref area	30ft from the holster 3rds	50ft from the holster 2rds	
OFFICER	Gun Type	5	6	8, 7	12	8	8	25
NAME	SERIAL #	T						
Welch		3	3	7	6	3	2	24
[REDACTED]		3	3	8	6	3	2	25
Whitaker		3	3	8	6	3	2	25
[REDACTED]		3	3	8	6	3	2	25
Ligas 197		2	3	4/3	6	3	2	24
Sabeher 268		3	3	8	6	3	2	25
Gregory 132		3	3	4/1	5	3	1	20
Taylor 292		3	3	7	6	3	2	24
[REDACTED]		3	3	8	5	2	2	23
Garvin 114		3	3	8	5	2	2	23
Fran Jr/097		3	3	8	6	3	2	25
Hersh 1141		3	3	8	6	3	2	25
UGAS 204		3	3	8	6	3	2	25
Lundberg 186		3	3	8	6	3	2	25
Wade 315		3	3	6	6	3	2	23
Kelly		3	3	8	5	3	1	23

OFF DUTY  
Weapon

Ammo used = 9mm - approx 400 rds  
 .223 - approx 1260 rds



Elyria Police Department

SHOTGUN CARBINE

SHOTGUN

SHOTGUN

INSTRUCTORS	SPO #	1	2	3	4	5	6	1	2	3	4	5	TOTAL SCORE
DATE 8/20/20 LOCATION #10 Range Lt. Wolo Sgt. McArthur	TIME IN SECONDS	3	3	3	2	6	3						
		15FT LINE 3RDS IN PREF AREA	20FT LINE 3RDS IN HEAD	30FT LINE 2RDS PREF AREA / 1RD HEAD	50FT LINE NON DOMINANT 2RDS PREF AREA	75ft line 1rd 1.5 seconds / 1rd mag 1 in chamber fire 2 rds standing mag change fire 3 rds kneeling	150FT LINE FROM PRONE 3RDS PREF AREA	10FT LINE LOAD 4 #4 BUCK 2RDS PREF AREA WEAPON STAYS IN COND 2	20FT LINE FIRE 2RDS PREF AREA COMBAT LOAD 1 RD THEN 1RD IN MAG		50FT LINE SELECT LOAD 2 SLUGS FIRE 2 SLUGS IN PREF AREA	20 FT LINE BARRICADE START AT 50FT LINE 2 RDS 1 RD IN EACH TRGT	
OFFICER	Gun Type	4	5	6	5	15	4	3	3	3	20	15	CAR SHOT
NAME	SERIAL #	SPO1	SPO2	SPO3	SPO4	SPO5	SPO6	SPO 1	SPO 2	SPO 3	SPO 4	SPO 5	Score
Whitig		3	3	3	2	6	3	2	2	2	2	2	16/20
[REDACTED]		3	3	3	2	6	3	2	2	2	2	2	10/20
Ligas 197		3	3	2	2	5	3	2	2	2	2	2	16/18
Suberka 268		3	3	3	2	6	3	2	2	2	2	2	16/20
Gregory		3	3	3	2	6	3	2	2	2	2	2	10/20
Taylor		2	3	3	2	6	3	-	-	-	-	-	1/20
Costa		3	3	3	2	6	3	2	2	2	2	2	10/20
Garwin		3	3	3	2	5	3	2	2	2	2	2	10/19
Figula Jr		3	3	3	2	6	2	2	2	2	2	2	10/20
Hendok		3	3	3	2	5	2	2	2	2	2	2	10/15
[REDACTED]													1/1
Handelman		3	3	3	2	6	3	2	2	2	2	2	10/20
Wade Kollu		3	3	3	2	6	3	-	-	-	-	-	7/20




# OHIO PEACE OFFICER TRAINING COMMISSION & THE OFFICE OF THE ATTORNEY GENERAL

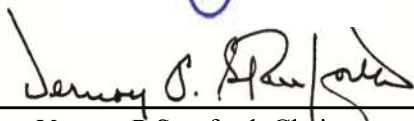
This is to certify that




is an Instructor in the Ohio  
Law Enforcement Firearms Requalification Program

Issued On  
November 20, 2023

  
\_\_\_\_\_  
Dave Yost  
Attorney General

  
\_\_\_\_\_  
Vernon P. Stanforth, Chairperson  
Ohio Peace Officer Training Commission



  
\_\_\_\_\_  
Thomas Quinlan, Executive Director  
Ohio Peace Officer Training Commission

Instructor Number: REQ09520  
Renewal Required By: 11/20/2026

OHIO PEACE OFFICER TRAINING COMMISSION  
In-Service Firearms Requalification Curriculum

---

NAME: [REDACTED] DOB: [REDACTED] CERT NO.: REQ09520 EXP. DATE: 11/20/2026 COUNTY: Lorain

Requal 11/28/2023

---

REQ 01-02 Semiauto Pistol

---

THIS CERTIFICATION IS HEREBY GRANTED TO



The above named is certified as an instructor for TASER Energy Weapons and may certify and train others under Axon's guidelines for TASER Energy Weapon Users.

TOTAL HOURS OF INSTRUCTION: 16 HOURS

In witness whereof, Axon Enterprise, Inc. has caused this certificate to be signed by its authorized representative.

VALID FOR 2 YEARS FROM THE DATE OF COMPLETION

A handwritten signature in black ink, appearing to read 'AWrenn'.

Andy Wrenn  
VP, Head of Training

11/30/2025

Expiration Date





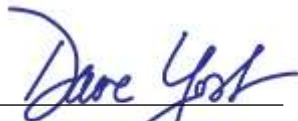
# OHIO PEACE OFFICER TRAINING COMMISSION & THE OFFICE OF THE ATTORNEY GENERAL

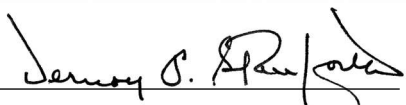
This is to certify that




has successfully completed the advanced training course  
**54-022-23-10: Semi-Auto Pistol Instructor**

at the Ohio Peace Officer Training Academy given  
**August 21 - 25, 2023**

  
Dave Yost  
Attorney General

  
Vernon P. Stanforth, Chairperson  
Ohio Peace Officer Training Commission

  
Dwight A. Holcomb, Executive Director  
Ohio Peace Officer Training Commission  
DATE CERTIFICATE PRINTED: September 28, 2023





# OHIO PEACE OFFICER TRAINING COMMISSION & THE OFFICE OF THE ATTORNEY GENERAL

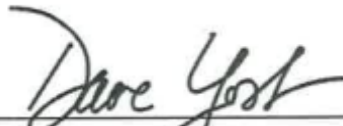
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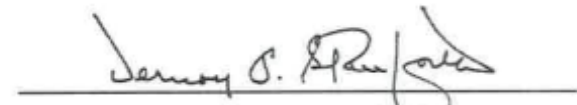
has successfully met the prescribed program requirements for

Use of Deadly Force and  
Legal Guidelines

*Date:* September 23, 2023

  
\_\_\_\_\_  
Dave Yost  
Attorney General

  
\_\_\_\_\_  
Dwight A. Holcomb, Executive Director  
Ohio Peace Officer Training Commission

  
\_\_\_\_\_  
Vernon P. Stanforth, Chairperson  
Ohio Peace Officer Training Commission





# OHIO PEACE OFFICER TRAINING COMMISSION & THE OFFICE OF THE ATTORNEY GENERAL

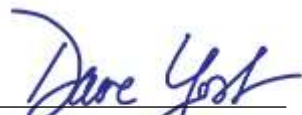
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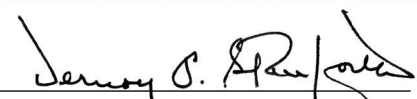



has successfully completed the advanced training course  
**05-485-23-05: Field Training Officer (FTO) Program (Ohio Model)**

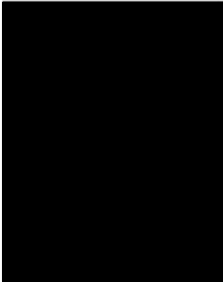
at the Ohio Peace Officer Training Academy given

**April 17 - 19, 2023**

  
Dave Yost  
Attorney General

  
Vernon P. Stanforth, Chairperson  
Ohio Peace Officer Training Commission

  
Dwight A. Holcomb, Executive Director  
Ohio Peace Officer Training Commission  
DATE CERTIFICATE PRINTED: July 31, 2023



For Verification Call:  
440.323.3302

*James P. Kelly*  
Authorized by Chief

**Police Department**



**City of Elyria**  
 Holly C. Brinda, MPA  
 Mayor

Human Resources Department  
 131 Court Street  
 Elyria, OH 44035  
 Phone 440.326.1421  
 Fax 440.326.1569

**City of Elyria Exiting Employee Checklist**

Name: [REDACTED] Employment End Date: [REDACTED]  
 Department: Police Title: Officer

*The exiting employee's supervisor should complete all tasks in their column and forward to HR as soon as possible.*

<input checked="" type="checkbox"/> # Security Badge (returned or deactivated)	<input type="checkbox"/> * Advise employee to contact voluntary insurance
<input checked="" type="checkbox"/> # Notify LEADS (Police)	<input type="checkbox"/> *Notify Payroll regarding applicable payout(s)
<input checked="" type="checkbox"/> # Has returned City department property (i.e. documents, tools )	<input type="checkbox"/> *Outstanding debt to City (i.e. any advances)
<input checked="" type="checkbox"/> # Building/Door/Desk/Vehicle Keys	<input type="checkbox"/> *Status Change Form to Payroll
<input checked="" type="checkbox"/> # Laptop, hard or flash drive (if applicable, and return to IT dept.)	<input type="checkbox"/> *If wages garnished proper authorities notified
<input checked="" type="checkbox"/> # Uniforms (if applicable)	<input type="checkbox"/> *Notify IT department (Cancel IT account, email access)
<input checked="" type="checkbox"/> # City issued cell phone (return to Communications or notify if reissued)	<input type="checkbox"/> *Cancel Insurance – MM, VSP, Lincoln, COBRA
<input checked="" type="checkbox"/> # Schedule Exit Interview with HR	<input type="checkbox"/> *PERS or OP&F Notice

# = Supervisor responsibility

\* = HR responsibility

*J. Deane B...* 013  
 Supervisor Signature

8/27/20  
 Date


HR Signature

Date

*To be placed in employee personnel folder upon completion.*

LT. BAKER

TRANSCRIPT

Print 

Code	Course	Credits	Course Status	Date Completed ▼	Lesson	Status	Score
-	01 Blue Courage Foundations (#238598)	-	Completed	May 31, 2017 9:16 AM	01 Blue Courage Foundations	Completed, Passed	50%
-	02 Blue Courage The Nobility of Policing (#238599)	-	Completed	May 31, 2017 8:59 AM	02 Blue Courage The Nobility of Policing	Completed, Passed	50%
-	03 Blue Courage Positive Psychology (#238600)	-	Completed	May 31, 2017 10:03 AM	03 Blue Courage Positive Psychology	Completed, Passed	40%
-	04 Blue Courage Health and Wellness (#238601)	-	Completed	May 31, 2017 10:08 AM	04 Blue Courage Health and Wellness	Completed, Passed	50%
-	2017 Legal Update: Civil Liability for Officers (#238602)	-	Completed	Jul 11, 2017 3:36 AM	2017 Legal Update: Civil Liability for Officers	Completed, Passed	50%
-	2017 Legal Update: Domestic Violence Refresher (#238603)	-	Completed	Jul 11, 2017 3:53 AM	2017 Legal Update: Domestic Violence Refresher	Completed, Passed	50%
-	2017 Legal Update: Issues in Interrogations and Confessions (#238604)	-	Completed	Jul 11, 2017 4:07 AM	2017 Legal Update: Issues in Interrogations and Confessions	Completed, Passed	50%
-	2017 Legal Update: Search and Seizure Law (#238605)	-	Completed	Jul 11, 2017 4:24 AM	2017 Legal Update: Search and Seizure Law	Completed, Passed	40%
-	Automobile Inventory (#775317)	-	Completed	Jan 28, 2019 1:36 AM	Automobile Inventory	Completed, Passed	0%
-	Automobile Searches (#238606)	-	Completed	Mar 9, 2013 12:47 PM	Automobile Searches	Completed, Passed	0%



## LMS- Transcript

-	Dose of Reality: We've Got a Problem (Module 2 of 5) (#238613)	-	Completed	May 11, 2016 10:48 AM	Dose of Reality: We've Got a Problem (Module 2 of 5)	Completed, Passed	0%
-	Dose of Reality: Your Relationship with Rx Medications (Module 1 of 5) (#238614)	-	Completed	May 11, 2016 10:41 AM	Dose of Reality: Your Relationship with Rx Medications (Module 1 of 5)	Completed, Passed	0%
-	Dose of Reality: Handle with Care (Module 5 of 5) (#238615)	-	Completed	May 11, 2016 11:03 AM	Dose of Reality: Handle with Care (Module 5 of 5)	Completed, Passed	100%
-	Dose of Reality: Just ASK! (Module 3 of 5) (#238616)	-	Completed	May 11, 2016 10:52 AM	Dose of Reality: Just ASK! (Module 3 of 5)	Completed, Passed	0%
-	Dose of Reality: Use as Directed (Module 4 of 5) (#238617)	-	Completed	May 11, 2016 10:55 AM	Dose of Reality: Use as Directed (Module 4 of 5)	Completed, Passed	0%
-	Ethics and Professionalism (#775325)	-	Completed	Jan 28, 2019 1:53 AM	Ethics and Professionalism	Completed, Passed	0%
-	Human Trafficking 2016 Update (#238618)	-	Completed	May 11, 2016 8:42 AM	Human Trafficking 2016 Update	Completed, Passed	70%
-	Law Enforcement Sexual Harassment Awareness Training (#775326)	-	Completed	Jan 28, 2019 2:13 AM	Law Enforcement Sexual Harassment Awareness Training	Completed, Passed	0%
-	Miranda Rights Part 1 (#238619)	-	Completed	Mar 9, 2013 2:02 PM	Miranda Rights Part 1	Completed, Passed	0%
-	Miranda Rights Part 2 (#775327)	-	Completed	Jan 28, 2019 2:22 AM	Miranda Rights Part 2	Completed, Passed	0%
-	OH 1 Crash Report Update (#238620)	-	Completed	Jul 25, 2016 11:26 PM	OH 1 Crash Report Update	Completed, Passed	70%
-	Ohio Human Trafficking (#238621)	-	Completed	Mar 6, 2013 7:01 PM	Ohio Human Trafficking	Completed, Passed	100%



## HOME # TRANSCRIPT

-	Ohio Human Trafficking (#775328)	-	Completed	Jan 29, 2019 5:19 AM	Ohio Human Trafficking	Completed, Passed	100%
-	Responding to Human Trafficking (#238622)	-	Completed	Mar 6, 2013 6:00 PM	Responding to Human Trafficking	Completed, Passed	100%
-	SB 77's Effect on Investigative Procedures (#775329)	-	Completed	Jan 28, 2019 2:35 AM	SB 77's Effect on Investigative Procedures	Completed, Passed	0%
-	Sovereign Citizens Part One (#238623)	-	Completed	Mar 6, 2013 8:36 PM	Sovereign Citizens Part One	Completed, Passed	100%
-	Sovereign Citizens Part Two (#238624)	-	Completed	Mar 6, 2013 9:29 PM	Sovereign Citizens Part Two	Completed, Passed	100%
-	Trooper Coates Murder (#238625)	-	Completed	Mar 2, 2013 10:24 AM	Trooper Coates Murder	Completed, Passed	0%
-	Trooper Vetter Murder (#238626)	-	Completed	Mar 2, 2013 9:57 AM	Trooper Vetter Murder	Completed, Passed	0%
-	Understanding Stress and Stress Overload (#775330)	-	Completed	Jan 28, 2019 5:48 AM	Understanding Stress and Stress Overload	Completed, Passed	80%
-	Use of Force, Liability and Standards (#775331)	-	Completed	Jan 28, 2019 3:01 AM	Use of Force, Liability and Standards	Completed, Passed	0%
-	Wellness and Managing Stress (#775332)	-	Completed	Jan 28, 2019 6:20 AM	Wellness and Managing Stress	Completed, Passed	90%
CI012	Missing Children Clearinghouse (#894809)	3	Completed	Jun 27, 2020 4:03 PM	Missing Children Clearinghouse	Completed	-
SM008	Missing Children Investigation (#894820)	1	Completed	Jun 27, 2020 4:14 PM	Missing Children Investigation	Completed, Passed	75%
SM010	Ohio Human Trafficking (#896720)	1	Completed	Jul 16, 2020 5:35 PM	Ohio Human Trafficking	Completed, Passed	100%



**School Calendar**

**School Name:** OHIO PEACE OFFICER TRAINING ACADEMY

**School Number:** REF 22-

**Dates:** November 2-3, 2022

Date (MM/DD/YY)	Day	Total Hours	Time Start/End	Topic Number & Topic Title	Instructor(s) Name, Instructor(s) Number & Expiration Date
11/02/22	WED	4	0800-1200	2.3 ARREST – SEARCH AND SEIZURE	WARREN, RANDALL L. BAS21280 EXP. 07/12/2024
11/02/22	WED	2	1300-1500	2.3 ARREST – SEARCH AND SEIZURE	WARREN, RANDALL L. BAS21280 EXP. 07/12/2024
11/02/22	WED	2	1500-1700	2.6 CIVIL LIABILITY AND USE OF FORCE	WARREN, RANDALL L. BAS21280 EXP. 07/12/2024
11/03/22	THUR	3	0800-1100	1.1 POLICING: KEEPING CURRENT	WRIGHT, WILL S. BAS20067 EXP. 04/28/2024
11/03/22	THUR	5	1200-1700	8.5 STOPS & APPROACHES	BORN, RYAN BAS24192 EXP. 01/21/2025 WRIGHT, WILL S. BAS20067 EXP. 04/28/2024 BASYE, MARC C. BAS20156 EXP. 07/10/2025 CRIST, EMILY S. BAS22388 EXP. 11/30/2022



This is to certify that



has completed the Ohio Attorney General's online training course on  
**Trooper Coates Murder**

Completed on: **March 02, 2013**





This is to certify that



has completed the Ohio Attorney General's online training course on

Trooper Vetter Murder

Completed on: March 02, 2013







This is to certify that



has completed the Ohio Attorney General's online training course on

Darrel Lunsford Murder

Completed on: March 02, 2013



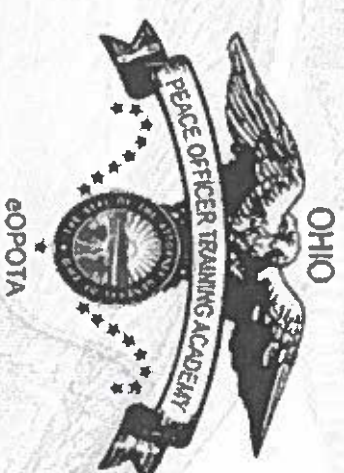


This is to certify that



has completed the Ohio Attorney General's online training course on  
**Human Trafficking**

Completed on: **March 06, 2013**







This is to certify that



has completed the Ohio Attorney General's online training course on

Sovereign Citizens Part One

Completed on: March 06, 2013





This is to certify that



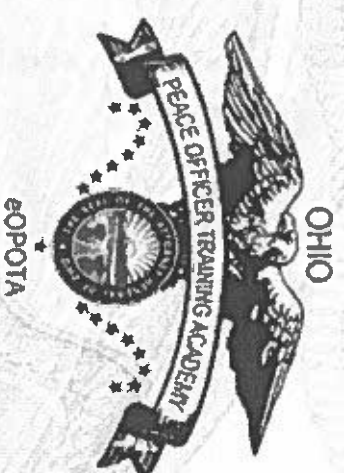
has completed the Ohio Attorney General's online training course on

Sovereign Citizens Part Two

Completed on: March 06, 2013







This is to certify that



has completed the Ohio Attorney General's online training course on

Miranda Rights Part 1

Completed on: March 09, 2013



This is to certify that



has completed the Ohio Attorney General's online training course on  
**DeEscalating Mental Health Crises**

Completed on: **March 09, 2013**





This is to certify that



has completed the Ohio Attorney General's online training course on  
**Automobile Searches**

Completed on: **March 09, 2013**





This is to certify that



has completed the Ohio Attorney General's online training course on  
Consent to Search Part 1

Completed on: March 09, 2013







This is to certify that



has completed the Ohio Attorney General's online training course on

Consent to Search Part 2

Completed on: March 09, 2013



This is to certify that



has completed the Ohio Attorney General's online training course on  
**Human Trafficking 2016 Update**

Completed on: **May 11, 2016**





This is to certify that



has completed the Ohio Attorney General's online training course on  
Companion Animal Encounters

Completed on: May 11, 2016





This is to certify that



has completed the Ohio Attorney General's online training course on

Dose of Reality

Completed on: May 11, 2016





This is to certify that



has completed the Ohio Attorney General's online training course on

OH 1 Crash Report Update

Completed on: July 25, 2016



This is to certify that



has completed the Ohio Attorney General's online training course on

01 Blue Courage Foundations

Completed on: May 31, 2017







This is to certify that



has completed the Ohio Attorney General's online training course on

**02 Blue Courage The Nobility of Policing**

**Completed on: May 31, 2017**





This is to certify that



has completed the Ohio Attorney General's online training course on

03 Blue Courage Positive Psychology

Completed on: May 31, 2017





This is to certify that



has completed the Ohio Attorney General's online training course on

04 Blue Courage Health and Wellness

Completed on: May 31, 2017





This is to certify that



has completed the Ohio Attorney General's online training course on

2017 Legal Update: Civil Liability for Officers

Completed on: July 11, 2017







**This is to certify that**



**has completed the Ohio Attorney General's online training course on**

**2017 Legal Update: Domestic Violence Refresher**

**Completed on: July 11, 2017**







This is to certify that



has completed the Ohio Attorney General's online training course on  
2017 Legal Update: Issues in Interrogations and Confessions

Completed on: July 11, 2017





This is to certify that



has completed the Ohio Attorney General's online training course on

2017 Legal Update: Search and Seizure Law

Completed on: July 11, 2017







This is to certify that



has completed the Ohio Attorney General's online training course on  
**Understanding Stress and Stress Overload**

Completed on: **January 28, 2019**





This is to certify that



has completed the Ohio Attorney General's online training course on  
**Use of Force, Liability and Standards**

Completed on: **January 28, 2019**





This is to certify that

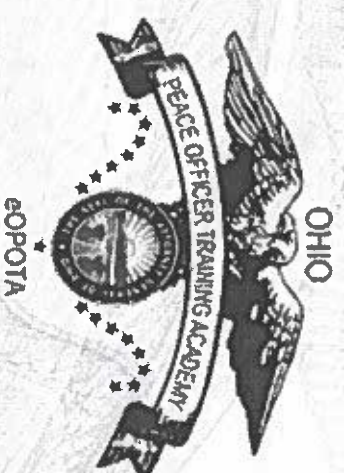


has completed the Ohio Attorney General's online training course on  
**Wellness and Managing Stress**

Completed on: **January 28, 2019**







This is to certify that



has completed the Ohio Attorney General's online training course on

**SB 77's Effect on Investigative Procedures**

**Completed on: January 28, 2019**



This is to certify that



has completed the Ohio Attorney General's online training course on

Miranda Rights Part 2

Completed on: January 28, 2019







This is to certify that



has completed the Ohio Attorney General's online training course on  
**Law Enforcement Sexual Harassment Awareness Training**

Completed on: **January 28, 2019**





This is to certify that



has completed the Ohio Attorney General's online training course on  
**Ethics and Professionalism**

Completed on: **January 28, 2019**







This is to certify that



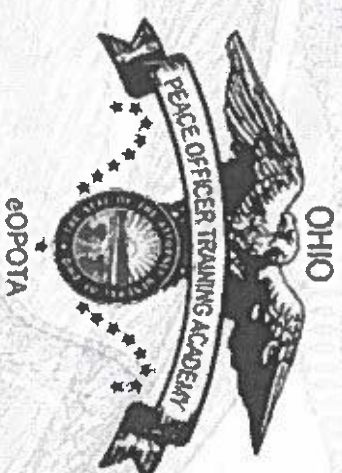
has completed the Ohio Attorney General's online training course on

**Career Survival: Positive Ways to Be Successful**

**Completed on: January 28, 2019**







This is to certify that



has completed the Ohio Attorney General's online training course on  
**Automobile Inventory**

Completed on: **January 28, 2019**



This is to certify that



has completed the Ohio Attorney General's online training course on

**Career Survival: Professional Policing and the Public**

**Completed on: January 28, 2019**







This is to certify that



has completed the Ohio Attorney General's online training course on

**Career Survival: Overall Job Preparedness**

**Completed on: January 28, 2019**



**This is to certify that**



**has completed the Ohio Attorney General's online training course on**

**Child Abuse and Neglect**

**Completed on: January 29, 2019**





This is to certify that



has completed the Ohio Attorney General's online training course on  
**Companion Animal Encounters**

Completed on: **January 29, 2019**





This is to certify that



has completed the Ohio Attorney General's online training course on

Crisis Intervention

Completed on: January 29, 2019





# Certificate of Completion

This certificate is proudly presented to



for the successful completion of  
**Mental Illness (1st edition) (2)**

Completion Date: **February 28, 2020**



V-ACADEMY.

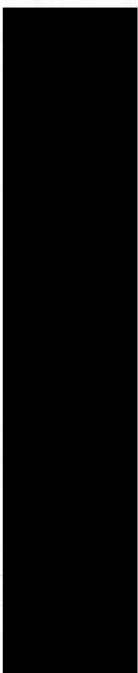
Department Representative





# Certificate of Completion

This certificate is proudly presented to



for the successful completion of  
**Cultural Diversity (0.5)**



Completion Date: **March 28, 2020**



V-ACADEMY.

\_\_\_\_\_  
Department Representative



This is to certify that



has completed the Ohio Attorney General's online training course on  
**Missing Children Clearinghouse**

Completed on: **June 27, 2020**







This is to certify that



has completed the Ohio Attorney General's online training course on  
Missing Children Investigation

Completed on: June 27, 2020



# LEADS



This is to certify that



has successfully completed the Ohio LEADS testing on

April 5, 2020

by completing the following exam:

Inquiry Test

This certificate is good through

April 5, 2022



# OHIO PEACE OFFICER TRAINING COMMISSION & THE OFFICE OF THE ATTORNEY GENERAL


This is to certify that

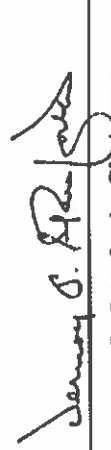



has successfully met the prescribed program requirements for

**Communication  
Disabilities**

Date: June 17, 2022

  
 Dave Yost  
 Attorney General

  
 Vernon P. Stanforth, Chairperson  
 Ohio Peace Officer Training Commission

  
 Dwight A. Holcomb, Executive Director  
 Ohio Peace Officer Training Commission



# OHIO PEACE OFFICER TRAINING COMMISSION & THE OFFICE OF THE ATTORNEY GENERAL


This is to certify that





has successfully met the prescribed program requirements for

**Community Diversity  
and Procedural Justice**

*Date:* June 17, 2022

  
 Dave Yost  
 Attorney General

  
 Vernon P. Stanforth, Chairperson  
 Ohio Peace Officer Training Commission

  
 Dwight A. Holcomb, Executive Director  
 Ohio Peace Officer Training Commission





# OHIO PEACE OFFICER TRAINING COMMISSION & THE OFFICE OF THE ATTORNEY GENERAL

This is to certify that

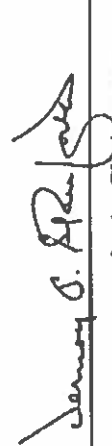



has successfully met the prescribed program requirements for

**Ethics and  
Professionalism**

*Date:* June 17, 2022

  
 Dave Yost  
 Attorney General

  
 Vernon P. Stanforth, Chairperson  
 Ohio Peace Officer Training Commission

  
 Dwight A. Holcomb, Executive Director  
 Ohio Peace Officer Training Commission



# OHIO PEACE OFFICER TRAINING COMMISSION & THE OFFICE OF THE ATTORNEY GENERAL

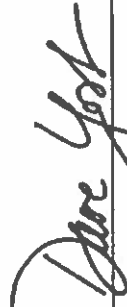
This is to certify that





has successfully met the prescribed program requirements for

## Domestic Violence Legal Updates

Date: July 05, 2022

  
 Dave Yost  
 Attorney General

  
 Vernon P. Stanforth, Chairperson  
 Ohio Peace Officer Training Commission

  
 Dwight A. Holcomb, Executive Director  
 Ohio Peace Officer Training Commission



# OHIO PEACE OFFICER TRAINING COMMISSION & THE OFFICE OF THE ATTORNEY GENERAL

This is to certify that




has successfully completed the advanced training course


**01-486-22-04: Peace Officer Refresher Training (OPOTC)**

at the Ohio Peace Officer Training Academy given

**November 02 - 03, 2022**

  
Dave Yost  
Attorney General

  
Vernon P. Stanforth, Chairperson  
Ohio Peace Officer Training Commission

  
Dwight A. Holcomb, Executive Director  
Ohio Peace Officer Training Commission  
DATE CERTIFICATE PRINTED: November 21, 2022

# CERTIFICATE OF COMPLETION

This is to certify that



Has completed all training requirements as set forth in the

**Effective Policing Skills and Tactics**

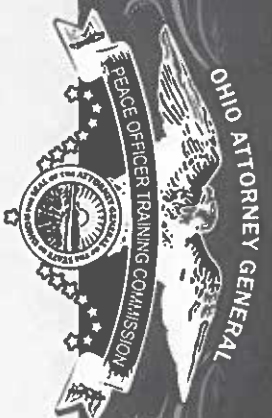
*Instructed By: Craig Meyer*

**Feb 09, 2023**

A handwritten signature in black ink, appearing to read 'Dennis Benigno', written over a horizontal line.

Dennis Benigno  
Founder, Instructor





# OHIO PEACE OFFICER TRAINING COMMISSION &

## THE OFFICE OF THE ATTORNEY GENERAL

This is to certify that

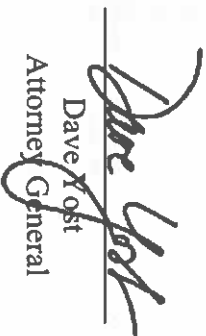


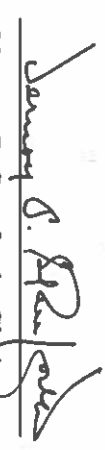
has successfully completed the advanced training course

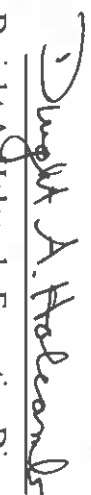
**05-485-23-05: Field Training Officer (FTO) Program (Ohio Model)**

at the Ohio Peace Officer Training Academy given

**April 17 - 19, 2023**

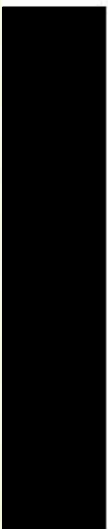
  
Dave Kost  
Attorney General

  
Vernon P. Stanforth, Chairperson  
Ohio Peace Officer Training Commission

  
Dwight A. Holcomb, Executive Director  
Ohio Peace Officer Training Commission  
DATE CERTIFICATE PRINTED: May 23, 2023

# AXON ACADEMY

THIS CERTIFICATION IS HEREBY GRANTED TO



This certifies that the above named individual has completed the required online portion of training and has passed an online examination in the use of the Axon product below. The above named individual must also pass the Practical Training of this certification conducted by a certified TASER Energy Weapons instructor to be certified on the Axon product below.

TOTAL HOURS OF INSTRUCTION: 8 HOURS

COMPLETED ONLINE TRAINING FOR

**TASER 7 Energy Weapon**

In witness whereof, Axon Enterprise, Inc. has caused this certificate to be signed by its authorized representative.

**VALID FOR ONE CALENDAR YEAR FROM THE DATE OF TRAINING COMPLETION**

Example: if certified March 11 of 2019, recertification is required sometime in 2020, up to December 31, 2020

A handwritten signature in black ink, appearing to read 'Andy Wrenn'.

Andy Wrenn  
VP, Head of Training

06/17/2023

Expiration Date





# OHIO PEACE OFFICER TRAINING COMMISSION & THE OFFICE OF THE ATTORNEY GENERAL

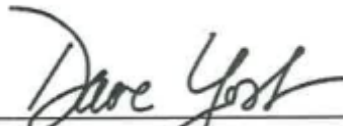
This is to certify that




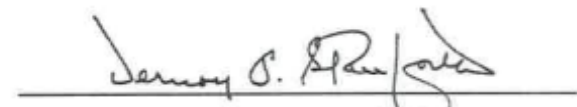
has successfully met the prescribed program requirements for

Legal Updates - Part 2

*Date:* June 08, 2023

  
\_\_\_\_\_  
Dave Yost  
Attorney General

  
\_\_\_\_\_  
Dwight A. Holcomb, Executive Director  
Ohio Peace Officer Training Commission

  
\_\_\_\_\_  
Vernon P. Stanforth, Chairperson  
Ohio Peace Officer Training Commission



# OHIO PEACE OFFICER TRAINING COMMISSION & THE OFFICE OF THE ATTORNEY GENERAL

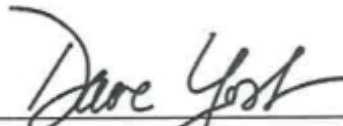
This is to certify that




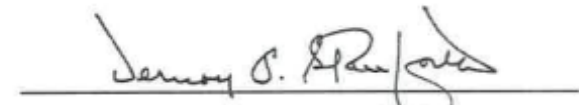
has successfully met the prescribed program requirements for

Legal Updates 2023 - Part 3

*Date:* June 08, 2023

  
\_\_\_\_\_  
Dave Yost  
Attorney General

  
\_\_\_\_\_  
Dwight A. Holcomb, Executive Director  
Ohio Peace Officer Training Commission

  
\_\_\_\_\_  
Vernon P. Stanforth, Chairperson  
Ohio Peace Officer Training Commission





# OHIO PEACE OFFICER TRAINING COMMISSION & THE OFFICE OF THE ATTORNEY GENERAL

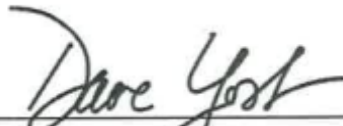
This is to certify that




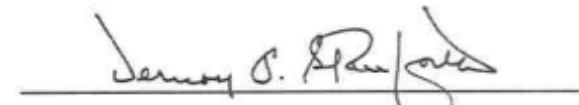
has successfully met the prescribed program requirements for

Legal Updates 2023 - Part 1

*Date:* June 07, 2023

  
\_\_\_\_\_  
Dave Yost  
Attorney General

  
\_\_\_\_\_  
Dwight A. Holcomb, Executive Director  
Ohio Peace Officer Training Commission

  
\_\_\_\_\_  
Vernon P. Stanforth, Chairperson  
Ohio Peace Officer Training Commission



**Office of Ohio Attorney General**  
**Ohio Peace Officer Training Academy**  
**Officer Record**



OPOTA London Campus  
 1650 State Route 56 SW  
 P.O. Box 309  
 London, OH 43140  
 Phone: 740-845-2700

[Redacted], Mercy Health Police Department - Lorain Hospital, ID: [Redacted]

**Appointment History\***

Agency	Employee Status	Start Date	End Date
Mercy Health Police Department - Lorain Hospital	Part-time	[Redacted]	[Redacted]
Lorain County Sheriff's Office	Part-time	[Redacted]	[Redacted]
Lorain County Sheriff's Office	Full-time	[Redacted]	[Redacted]
Elyria Police Department	Full-time	[Redacted]	[Redacted]
Elyria Police Department	Full-time	[Redacted]	[Redacted]

**Basic Academy Records**

School Number	School	Start Date	End Date	Exam Date	Certificate Number	Certificate Date	Appointed By	Appointed Date
[Redacted]	Ohio Private & Police Training Institute, LLC	[Redacted]	[Redacted]		[Redacted]	[Redacted]		
[Redacted]	Lorain County Community College	[Redacted]	[Redacted]	7/17/2012	[Redacted]	[Redacted]	Mercy Health Police Department - Lorain Hospital	[Redacted]
[Redacted]	Ohio Peace Officer Training Academy	[Redacted]	[Redacted]	11/21/2022				

**OPOTA Advanced Training Records\*\***

Course Title	Start Date	End Date
Policing in the 21st Century: Community Policing Relations Webcast	1/1/2016	12/13/2016
Policing in the 21st Century: Use of Force and De-Escalation Webcast	1/1/2016	12/13/2016

## OPOTA Advanced Training Records\*\*

Judgmental Driving Simulator	4/24/2018	4/27/2018
Peace Officer Refresher Training (OPOTC)	11/2/2022	11/3/2022
Field Training Officer (FTO) Program (Ohio Model)	4/17/2023	4/19/2023
Semi-Auto Pistol Instructor	8/21/2023	8/25/2023

## LMS Training Records

Date Completed	Course Title	Officer Number	Officer
3/2/2013	Trooper Vetter Murder	██████	██████, ██████████
3/2/2013	Trooper Coates Murder	██████	██████, ██████████
3/2/2013	Darrel Lunsford Murder	██████	██████, ██████████
3/7/2013	Awareness of Human Trafficking	██████	██████, ██████████
3/7/2013	Responding to Human Trafficking	██████	██████, ██████████
3/7/2013	Ohio Human Trafficking	██████	██████, ██████████
3/7/2013	Sovereign Citizens Part One	██████	██████, ██████████
3/7/2013	Sovereign Citizens Part Two	██████	██████, ██████████
3/9/2013	Automobile Searches	██████	██████, ██████████
3/9/2013	Consent to Search Part 1	██████	██████, ██████████
3/9/2013	Consent to Search Part 2	██████	██████, ██████████
3/10/2013	Miranda Rights Part 1	██████	██████, ██████████
3/10/2013	DeEscalating Mental Health Crises	██████	██████, ██████████
5/11/2016	Human Trafficking 2016 Update	██████	██████, ██████████
5/11/2016	Companion Animal Encounters	██████	██████, ██████████
5/11/2016	Dose of Reality: Your Relationship with Rx Medications (Module 1 of 5)	██████	██████, ██████████
5/11/2016	Dose of Reality: We've Got a Problem (Module 2 of 5)	██████	██████, ██████████
5/11/2016	Dose of Reality: Just ASK! (Module 3 of 5)	██████	██████, ██████████
5/11/2016	Dose of Reality: Use as Directed (Module 4 of 5)	██████	██████, ██████████

## LMS Training Records

5/11/2016	Dose of Reality: Handle with Care (Module 5 of 5)	██████	██████, ██████████
7/26/2016	OH 1 Crash Report Update	██████	██████, ██████████
5/31/2017	02 Blue Courage The Nobility of Policing	██████	██████, ██████████
5/31/2017	01 Blue Courage Foundations	██████	██████, ██████████
5/31/2017	03 Blue Courage Positive Psychology	██████	██████, ██████████
5/31/2017	04 Blue Courage Health and Wellness	██████	██████, ██████████
7/11/2017	2017 Legal Update: Civil Liability for Officers	██████	██████, ██████████
7/11/2017	2017 Legal Update: Domestic Violence Refresher	██████	██████, ██████████
7/11/2017	2017 Legal Update: Issues in Interrogations and Confessions	██████	██████, ██████████
7/11/2017	2017 Legal Update: Search and Seizure Law	██████	██████, ██████████
1/28/2019	Automobile Inventory	██████	██████, ██████████
1/28/2019	Ethics and Professionalism	██████	██████, ██████████
1/28/2019	Law Enforcement Sexual Harassment Awareness Training	██████	██████, ██████████
1/28/2019	Miranda Rights Part 2	██████	██████, ██████████
1/28/2019	SB 77's Effect on Investigative Procedures	██████	██████, ██████████
1/28/2019	Use of Force, Liability and Standards	██████	██████, ██████████
1/28/2019	Career Survival: Positive Ways to Be Successful	██████	██████, ██████████
1/28/2019	Career Survival: Overall Job Preparedness	██████	██████, ██████████
1/28/2019	Career Survival: Professional Policing and the Public	██████	██████, ██████████
1/28/2019	Understanding Stress and Stress Overload	██████	██████, ██████████
1/28/2019	Wellness and Managing Stress	██████	██████, ██████████
1/29/2019	Child Abuse and Neglect	██████	██████, ██████████
1/29/2019	Companion Animal Encounters	██████	██████, ██████████
1/29/2019	Crisis Intervention	██████	██████, ██████████
1/29/2019	Ohio Human Trafficking	██████	██████, ██████████



## LMS Training Records

1/29/2019	Domestic Violence Legal Updates: Ohio Domestic Violence Laws	██████	██████, ████████████████████
6/28/2020	Missing Children Clearinghouse	██████	██████, ████████████████████
6/28/2020	Missing Children Investigation	██████	██████, ████████████████████
7/17/2020	Ohio Human Trafficking	██████	██████, ████████████████████
6/16/2022	Concealed Firearm Carry Changes	██████	██████, ████████████████████
6/17/2022	Communication Disabilities	██████	██████, ████████████████████
6/17/2022	Community Diversity and Procedural Justice	██████	██████, ████████████████████
6/17/2022	Ethics and Professionalism	██████	██████, ████████████████████
7/5/2022	Domestic Violence Legal Updates	██████	██████, ████████████████████
8/6/2022	Officer Wellness Seminar	██████	██████, ████████████████████
8/6/2022	Vicarious Trauma	██████	██████, ████████████████████
4/23/2023	Ohio School Threat Assessment	██████	██████, ████████████████████
5/4/2023	Arrest, Search, and Seizure 2023	██████	██████, ████████████████████
6/7/2023	Part 1 - Legal Updates 2023	██████	██████, ████████████████████
6/8/2023	Part 2 - Legal Updates 2023	██████	██████, ████████████████████
6/9/2023	Part 3 - Legal Updates 2023	██████	██████, ████████████████████
9/24/2023	Use of Deadly Force and Legal Guidelines	██████	██████, ████████████████████
9/28/2023	Use of Body-Worn Cameras	██████	██████, ████████████████████
9/28/2023	Responding to Sexual Assault	██████	██████, ████████████████████
9/28/2023	Ohio Public Records Law	██████	██████, ████████████████████
9/28/2023	Impacting Narcotics in Ohio	██████	██████, ████████████████████
5/3/2024	Response to Mass Violence and Mass Protest Seminar	██████	██████, ████████████████████

## Canine Training Records

Canine School	Certificate Date	Canine Unit	Certificate Type	Specialty	Renewal Date
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## Canine Training Records

No Records Found

**\*The appointment records listed above reflect the appointed and separation information reported to OPOTC pursuant to section 109.761 of the Revised Code. Neither OPOTC, nor its staff, has independent knowledge of the information contained in these records.**

**\*\*The advanced training records listed above reflect ONLY THOSE trainings the peace officer scheduled through OPOTA. Records reflecting advanced training conducted by the peace officer's agency, or conducted by another organization, are not maintained by OPOTC. Requests for any such records should be directed to the peace officer's employing agency or the organization who conducted the training.**