



**Maple Heights Police Department  
Cadet Physical Agility Test**



DATE: MARCH 28<sup>th</sup>, 2018

CADET NAME: MATTHEW M. JANKUS

SCORER NAME: Det. T. D. GROSSMYS 165

**NOTES**


SIT-UPS: 38

PUSH-UPS: 36

STRETCHER CARRY: N/A

BODY DRAG: N/A

HALF MILE RUN: 44 / 1:37 / 246 / 3:49

\*\*\*\*\*

SCORERS SIGNATURE: Det. T. D. GROSSMYS 165

CADET SIGNATURE: Matthew M. Jankus



**MAPLE HEIGHTS POLICE DEPARTMENT  
AUTHORIZATION TO RELEASE INFORMATION AND WAIVER**



I, Matthew Miangos, an applicant for a position with the Maple Heights Police Department (herein MHPD) understand that the MHPD needs to thoroughly investigate my personal and employment histories to evaluate my qualifications to hold the position for which I have applied. It is in the public's interest that all relevant information concerning my personal and employment histories be disclosed to the MHPD.

**NOTE TO EMPLOYERS: 4113.71 Employer immunity as to job performance information disclosures.**

- (A) An employer who is requested by an employee or a prospective employer of an employee to disclose to a prospective employer of that employee information pertaining to the job performance of that employee for the employer and who and who discloses the requested information to the prospective employer is not liable in damages in a civil action to that employee, the prospective employer, or any other person for any harm sustained as a proximate result of making the disclosure or of any information disclosed, unless the plaintiff in a civil action establishes, either or both of the following;
- (1) By a preponderance of the evidence that the employer disclosed particular information with the knowledge that it was false, with the deliberate intent to mislead the prospective employer or another person, in bad faith, or with malicious purpose;
  - (2) By a preponderance of the evidence that the disclosure of particular information by the employer constitutes an unlawful discriminatory practice described in Section 4112.02, 4112.021, or 4112.022 of the Ohio Revised Code
- (B) If the court finds that the verdict of the jury was in favor of the defendant, the court shall determine whether the lawsuit brought under division (B) of the section constituted frivolous conduct as defined in division (A) of section 2323.51 of the Revised Code. If the court finds by a preponderance of the evidence that the lawsuit constituted frivolous conduct, it may Order the plaintiff to pay reasonable attorney's fees and court costs of the defendant.
- (C) (1) This section does not create a new cause of action or substantive legal right against the employer.
- (2) This section does not affect any immunities from civil liability or defenses established by another section of the Revised Code or available at common law to which an employer may be entitled under circumstances not covered by this section.

I do hereby authorize any representative of the MHPD bearing this release to obtain any information in your files pertaining to my employment records and direct you to release such information upon request of the bearer. I also authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of the MHPD whether said records are of public, private or confidential nature. The intent of this authorization is to give my consent for full and complete disclosure. This Authorization is not to include any medically related history or workers' compensation act or workers' occupational diseases act claims.

I reiterate and emphasize that the specific intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation that may provide pertinent data for the MHPD to consider in determining my character and suitability for employment.

I consent to your release of any and all public and private information by any person, business or institute contacted in the course of such investigation to release any and all information properly requested and Photostats of same if requested, concerning me for the following:

- Employment and pre-employment information, including, but not limited to, background reports and efficiency/performance ratings, attendance records, but excluding information relating to medical conditions and medical history (unless a conditional offer of employment has been made).
- Any internal affairs investigations and discipline, including any files deemed to be confidential and/or sealed complaints or grievances filed by or against me.

- Personal background and reputation.
- Military service records.
- Educational records.
- Financial and/or credit records including loans, commercial or retail credit agencies (including credit reports and/or ratings).
- Any and all records maintained by any criminal justice or corrections agency including incident reports, arrest records, traffic citations, and criminal history information, except as prohibited by law.

I hereby release you, as the custodian of such records, your organization, including its officers, employees, or related personnel, both individually and collectively from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family, or associates because of compliance with this authorization to release information or any attempt to comply with it. I direct you to release such information upon request of the duly authorized representative of the MHPD regardless of any agreement I may have previously made to the contrary. For and in consideration of the MHPD acceptance and processing of my employment application, I agree to hold the organization, its agents and employees harmless from any and all claims and liability associated with my employment application or in any way connected with the decision whether or not to employ me with the MHPD, including any liability or damage pursuant to any state or federal laws.

I understand that should information of a serious criminal nature surface as a result of this investigation, such information may be turned over to the proper authorities. I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, and the Ohio Revised Code, Chapter 1347, with regard to access of, and disclosure of records, and I waive those rights with the understanding that information furnished will be used by the MHPD in conjunction with employment procedures.

A photocopy/Fax copy of this release will be valid as an original thereof, even though said photocopy/Fax copy does not contain an original writing of my signature. Should there be questions as to the validity of this release, you may contact me at the address listed below.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents/employees from and against all claims, damages, losses and expenses, including reasonable attorney fees arising out of, or reason of complying, or any attempt to comply with this request.

By signing below, I certify that I have had adequate time to review this entire form and have read and clearly understand its purpose.

\*\*\*\*\*  
 Signature: Mate Min Date: 03/28/18

Address: [REDACTED] Phone: (home) [REDACTED]  
 (cell) [REDACTED]

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

\*\*\*\*\*  
 Witness: Det. LT. [Signature] 165 Date: 03/28/18

2013 - Call for a intoxicated male at the work house. Once I arrived, I noticed a male sitting on the parking lot ground with three correction officers nearby. Immediately as I approached I could smell the strong odor of alcohol coming from the male. Also, he immediately became verbally combative. Therefore, I attempted to detain him by grabbing his right wrist with my right hand, the male then lunged toward me with his left hand towards my weapon side, therefore I immediately performed an arm-bar to the down in defense.

2013 - As OIC, I was called to assist other officers on a traffic stop. Once I arrived I noticed two males sitting on the curb. One male began laying on the ground and started to vomit, therefore I called EMS for possible alcohol poisoning. The other officers began searching the vehicle, so I stayed with the detainees. The other male had an angry look on his face and stared my up + down while having his fist clenched. For safety I told ~~my~~<sup>the</sup> male to look down away from me (so he couldn't sneak attack). This was not my scene so I did not want to handcuff anyone. The male refused to look down and away on several orders, therefore I placed the palm of my hand on the back of ~~the~~ his head I ordered him to look down as I asked.

Discipline - At no time was there any complaints of either incident. However, officers on scene of the second incident advised the chief of the incident. This advisement was two days after stats came out of officer production. I was given a last chance agreement based on an additional 2 years added to my probation period (I just became full-time).

Termination /  
Resignation 2 1/2 years later I was going to receive a write-up for not prevent other officers from being rude during a civilian training class. I refused to resign because I did not want to make it seem as I was giving-up.

6 months later Chief Stitt offered my job back, however I told him "I don't know". A letter was written by Chief Stitt about the re-hire. Another letter was written by Chief Stitt which included the hire date. In addition, Chief Stitt accepted a resignation instead of having a termination.



**C O N F I D E N T I A L  
R E P O R T**

Report of Pre-Employment Polygraph Examination

**TO:** Chief Todd Hansen

**SUBJECT:** MATTHEW JAMES MIJANGOS

**DATE OF EXAM:** June 11, 2018

**FILE:** MAPLE HEIGHTS POLICE DEPARTMENT  
(Police Officer)

This report is furnished at your request. It reflects the opinion of this examiner, acting as your agent, for your exclusive and confidential use as an aid in evaluating a candidate for employment with your organization and for no other purpose.

EMPLOYEE SCREENING ✓ DRUG TESTING ✓ LOSS PREVENTION SERVICES

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735 N. Court St., Suite D | Medina, OH 44256 | Tel: (330) 725-3866 | Fax: (330) 725-7981

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**Subject: MATTHEW JAMES MIJANGOS**

**Date of Exam: June 11, 2018**

**File: Maple Heights Police Department  
(Police Officer)**

The above named candidate was administered our standard Pre-Employment Polygraph Examination. Before being examined on the Polygraph, the candidate read and signed an agreement assuring all concerned that the examination was being taken voluntarily. A copy of that form is retained in our files. A copy of the agreement and the test questions are attached. During the pretest interview the candidate admitted the following pertinent admissions and remarks.

**PERTINENT ADMISSIONS AND REMARKS**

Mijangos arrived on time for his scheduled 9:00am polygraph examination appointment.

Mijangos stated that he is 34 years old and was born in Cleveland, OH on [REDACTED].

Mijangos stated that he is currently in good health. He stated that he does not know of any physical or mental conditions that would preclude him from taking this polygraph examination or performing the duties of a Police Officer.

Mijangos stated that he did not serve in the United States Military.

Mijangos stated during the pre-test that he has taken a pre-employment evaluation for the following departments or agencies:

1. Cuyahoga Falls P.D.; Pre-employment Polygraph, 2008.
2. Norfolk, VA P.D.; Pre-employment Polygraph, 2011 or 2012.
3. Cuyahoga Comm College P.D.; Pre-employment Polygraph, 2015.
4. Elyria P.D.; Voice Stress Test, 2017.
5. Cuyahoga County Sheriff Dept.; Pre-employment Polygraph, April 2018.

Mijangos stated that he is presently residing at [REDACTED] and has lived there for two (2) and a half (2½) years with his wife [REDACTED] and their son age two (2). He stated that prior to this address he lived in Midtown Tower Apartments at 5686 Broadview Rd, Parma, Ohio 44134 and lived there for three (3) years by himself.

Mijangos stated that he has the following education:

**HIGH SCHOOL**

**Max S. Hayes High School - graduated in 2002.**

**COLLEGE**

**Kent State University - stated that he attended from 2002 to 2005 and majored in Business Administration. He stated that he did not finish college and did not receive a Degree.**

**OPOTA Certification**

**Cuyahoga Community College - stated that he received his OPOTA Certification in September 2007.**

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Subject: MATTHEW JAMES MIJANGOS

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File: Maple Heights Police Department  
(Police Officer)

PERTINENT ADMISSIONS AND REMARKS

Mijangos stated that he plans to work in a full time capacity with the Maple Heights Police Department. He stated that he is currently employed part time (16 hrs/wk) as a police officer with the Village of Wellington P.D. (07/17-present) and plans to resign from this position if he is offered employment with the Maple Heights Police Department.

Mijangos stated that he has not intentionally falsified any information on his employment application with the Maple Heights Police Department.

Mijangos stated that he was employed as a police officer for Highland Hills P.D. (07/08-03/16). He stated that initially he was terminated from this position and then they wanted him to resign from the position but he did not want to resign. He stated that six (6) months later they offered him his job back. Mijangos stated that he told them he is not really interested in going back with them but did accept a letter from them advising that he resigned from the position. He stated that he had been applying for other law enforcement positions and those departments required a resignation status as they could not hire him if he had been terminated from a law enforcement position. He stated that at the same time he was applying for a police officer position with the Village of Wellington P.D. and was offered the job since he obtained the signed resignation letter. Mijangos explained that he had a few problems during his employment at Highland Hills P.D. and the "last straw" was an incident at a training class with other officers. He stated that since he has limited hearing in one of his ears he was sitting in the front of the training classroom. He stated that the class instructor accused all of the class attendees of being rude and using their cell phones during class and wrote a letter to the department. Mijangos stated that he was the senior officer in the class. He stated that he did not feel anyone was rude and could not confirm if anyone was actually on their cell phone since everyone was sitting behind him. Mijangos stated that he personally was not on his cell phone but was reprimanded (write up) as was the entire class. Mijangos stated that he was already on probation for other previous incidents and could not get another write up or he would be terminated. Mijangos explained that three (3) years prior when he first went full time with Highland Hills P.D. he was involved in an incident where a suspect he was attempting to arrest lunged for his gun and Mijangos put the suspect down with an arm bar hold. He stated that administration thought the arm bar hold was unnecessary as they could not confirm from his body camera that the suspect actually went for his gun. He also stated that since he just went full time from part time he was automatically on one (1) year probation and then they added another two (2) years probation for the suspect/gun incident and issued him a last chance agreement.



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Subject: MATTHEW JAMES MIJANGOS

Date of Exam: June 11, 2018

File: Maple Heights Police Department  
(Police Officer)

PERTINENT ADMISSIONS AND REMARKS

He stated that about two and half years later the classroom incident occurred and that would be the "last straw" and he was terminated.

Mijangos stated that six (6) months later he went back to the department as he was owed vacation pay and sick pay. He stated that he was pulled into the Chief's office and was asked if he would consider coming back to the department. He stated that he did not commit to returning to the job at the time. He did tell them that he had applied with the Cleveland P.D. and was waiting to hear from them. He stated that he was trying to change the reason for his termination to a resignation which they did agree to and provided him with a resignation letter. He stated that Cleveland advised him that the can not hire him at this time but advised him to reapply after six (6) months. He also stated that this resignation letter also allowed him to work for the Village of Wellington P.D.

Mijangos stated that he should receive a good reference from all of his past and present employers. Including Highland Hills P.D.

Mijangos stated that he never stole anything from a past or present employer.

Mijangos stated that since 2008 he has applied for a law enforcement position with approximately ten (10) departments or agencies. He stated that other than the Maple Heights Police Department he is being considered for employment with the following departments or agencies:

1. **Cuyahoga County Sheriff's Department** - stated that he took a polygraph examination in April 2018 for a Security position but was not offered the position. He stated that he is now waiting to hear about a Deputy Sheriff position.

Mijangos stated that he has never been a member of any group or organization that advocates the overthrow of the US Government.

Mijangos stated that he never consumed an alcoholic beverage before going to work or on the job.

Mijangos stated that on the average he currently consumes four (4) alcoholic beverages per month. He stated that he never missed a day of work due to over-consumption of alcohol.

Mijangos stated that he was arrested and convicted of Operating a Vehicle while Intoxicated (OVI) in 2006 in the City of Ravenna. He stated that for the OVI conviction he was required to attend a weekend (3 day) alcohol awareness class.

Mijangos stated that he never tried, bought or sold any illegal drugs or narcotics.

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Subject: MATTHEW JAMES MIJANGOS

Date of Exam: June 11, 2018

File: Maple Heights Police Department  
(Police Officer)

**PERTINENT ADMISSIONS AND REMARKS**

Mijangos stated that since he has been driving he has received three (3) traffic citations. None within the past three (3) years.

Mijangos stated that since he has been driving he has been involved in three (3) motor vehicle accidents as a driver. He stated that although he was not at fault in any of the accidents, two (2) of the accidents were in company vehicles. He explained that in 2013 or 2014 he was working for Highland Hills P.D. when his cruiser was hit head on by a drunk driver going the wrong way down Northfield Road. He stated that the suspect was apprehended. He also stated that in 2011 while employed by Highland Hts P.D. he was pursuing a suspect down Warrensville Center Rd. when the suspect saw Maple Heights P.D. had put up a road block and the suspect then side swiped Mijangos cruiser and ran into a pole.

Mijangos also stated that when he was employed by Highland Hts. P.D. he accidentally hit a small three (3') foot road closed sign with the side of his cruiser. He stated that it caused a small scratch on the cruiser door. He stated that they were minor damages that were reported.

Mijangos stated that he currently carries automobile insurance on his 2005 Ford 500 with Travlers Insurance.

Mijangos stated that his marital status is Married.

Mijangos stated that he has never been involved in any illegal or immoral sexual activities that would disqualify him for this position.

Mijangos stated that he reviews adult websites on the internet "bi-monthly". He stated that he has never paid money and never relinquished his email address to gain access to an adult website. He stated he never reviewed any illegal adult materials.

Mijangos stated that he has a good credit rating and is not behind in payment on any current outstanding debts. He stated that his current FICO credit score was 740 and is currently 670. He stated that they went on a vacation and used their credit card. He stated that he is paying it back in minimum payments only.

Mijangos stated that he never filed for bankruptcy and never had any property repossessed.

Mijangos stated that a monthly payment of one thousand eight hundred (\$1800) dollars should cover all current monthly expenses.

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Subject: MATTHEW JAMES MIJANGOS

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(Police Officer)

PERTINENT ADMISSIONS AND REMARKS

Mijangos stated that he was arrested and convicted of Operating a Vehicle while Intoxicate (OVI) in the City of Ravenna in 2006. He stated that he received a fine and court cost and was required to attend a weekend alcohol awareness class. He stated that he may have also received a thirty (30) to sixty (60) day license suspension.

Mijangos stated that the last physical altercation he was involved in was January of 2018 during his employment at the Village of Wellington P.D. He explained that a male suspect was reportedly kicking in apartment doors and took off from the scene. Mijangos stated that he located the suspect about a quarter (1/4) mile from the crime scene. He stated that they were able to cuff and restrain the suspect. He stated that once in handcuffs and restraints the suspect continued to fight. He stated that they transported the suspect to the hospital where the doctor requested that the suspect be taken out of the cuffs and ankle restraints. He stated that about three (3) minutes out of the cuffs, the male suspect started to punch and fight with everyone in the room. He stated that during the attempt to re-restrain the suspect Mijangos sustained a small cut above his eye and his badge was ripped off.

Mijangos stated that this was the only physical altercation he was involved in that was work related in the past twelve (12) months.

Mijangos stated that his last physical altercation he was involved in as a civilian was in junior high school at the age of thirteen (13).

Mijangos stated that the most serious crime he ever committed was the OVI conviction in 2006.

Mijangos stated that although he has not played in over one (1) year, he has played Keno in a bar on a few occasions. He stated that this is the extent of his gambling.

Mijangos stated that at the age of eight (8) he stole a bag of chips from a local convenient store.

Mijangos that he is currently registered with Social Networking website Facebook only. He stated that he never posted or deleted any information from any social media website. He stated that he does not know of any information posted on social media webpage that he does not want the Maple Heights Police Department to see.

Mijangos stated when asked how he feels about carrying a weapon while on duty "comfortable".

Mijangos stated "no I've trained them both" when asked if he objects to riding in a patrol car with a minority partner or female partner.

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Subject: MATTHEW JAMES MIJANGOS

Date of Exam: June 11, 2018

File: Maple Heights Police Department  
(Police Officer)

**PERTINENT ADMISSIONS AND REMARKS**

Mijangos stated that he does not feel that the sight of death or blood will ever affect his abilities to perform the duties of a police officer. He stated that he does not know of anything in his life that would preclude him from performing the duties of a police officer.

Mijangos stated that he would report dishonest or illegal activities by fellow employees.

Mijangos stated that as a police officer he has received three written reprimands. He stated that all were during his employment at Highland Hills P.D. and were for the following:

1. Stated that during an OVI arrest, as a rookie, he called an OVI suspect a boy instead of a man.
2. (2013) Misconduct use of an Arm Bar Hold while attempting to detain a suspect who he stated lunged for his weapon. He stated that while performing the arm bar hold the suspects face hit the cement causing a small laceration under his eye. Mijangos stated that another case was also added to this Misconduct Reprimand. Mijangos explained that a couple of weeks later there was another incident where he was again called to the Work House in Highland Hills for an incident with a male suspect. He explained that a male suspect was sitting on a side walk with his fists clenched as if he was ready to fight someone. He stated that he was called to the scene to assist a couple of officers who stopped a vehicle after seeing a male stick his head out a window and throwing up. He stated that the vehicle was on the City of Beachwood side of the street so Mijangos had to get involved. Mijangos stated that when he got to the scene the officers were searching the car and the suspects were throwing up profusely enough that he had to call for a squad for possible alcohol poisoning. Mijangos confronted a male suspect who looked as if he wanted to fight. The male was upset because he was only a passenger in the vehicle and felt he should not have been detained. He stated that this suspect was sitting down at the time with clenched fists and looking up at Mijangos. He stated that he instructed the male to look down at the ground or he would have to put him in handcuffs. He stated that he went behind the suspects head and pressed it toward the ground when telling him to look down. Mijangos stated that he did not shove his head down at any time. He stated that after reviewing Mijangos's body cam administration felt it looked bad that a white officer was doing that to a black male suspect. He stated that one of the officers on the scene at the time of this incident was friends with Mijangos's partner at the time of the first incident at the Work House and mentioned something to him that "Matt pushed this guys head toward the ground telling him to look down". His previous partner stated "ya he arm barred a guy the other night". He stated that they then went to the Chief's office too report the incident. He stated the officer's were Patrolman Doctor and Patrolman Exner. Mijangos stated that he was suspended for ten (10) days for Misconduct and called back to work after six (6) days.

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Subject: MATTHEW JAMES MIJANGOS

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(Police Officer)

**PERTINENT ADMISSIONS AND REMARKS**

3. Training class incident and termination.

Mijangos stated that he was never required or directed to attend any anger management classes but did see a psychologist on his own. He stated that this was a free service available to all officers for any problem they may be having. He stated that he attended only one session with her.

Mijangos stated that as a police officer he never received a gratuity.

Mijangos stated that as a police officer he never made a false entry in any logs or reports.

Mijangos stated that as a police officer he never used his official position for his own personal gain.

Mijangos stated that as a police officer he never mishandled any criminal evidence or prisoners property.

Mijangos stated that as a police officer he never covered up a felony committed by a fellow officer.

Mijangos stated that as a police officer he never committed an act for which he could have been terminated or suspended if he had been caught.

Mijangos stated that as a police officer he never mishandled a prisoner.

**EXAMINERS COMMENTS**

*Polygraph charts were administered to verify whether or not the candidate was truthful regarding the above voluntary admissions and remarks made by the candidate.*

In the opinion of this examiner, Mijangos's polygraph charts #1 & #2 did not indicate deception to any of the pre-employment test questions.

After careful analysis of all of Mijangos's polygraph charts, it is further the opinion of this examiner that Mijangos was truthful when giving the indicated answers to the pre-employment test questions in polygraph charts #1 & #2.

Respectfully Submitted,  
INTEGRITY VERIFICATIONS, INC.

JAMES J. POLGAR  
President/Certified Examiner

PRE-EMPLOYMENT TEST QUESTIONS

(POLICE OFFICER)

Name: Matt Misangos DEPT. APPLYING WITH MAPLE HTS PD

- 1. Are you holding back any information about the address where you presently live? NO MM  
Response Initials
- 2. Are you holding back any back information about your plans to hold this job only temporarily? NO MM  
Response Initials
- 3. Are you holding back any information about a job from which you were fired or asked to leave? NO MM  
Response Initials
- 4. Are you holding back any information about a debt in which you are behind in payment? NO MM  
Response Initials
- 5. Are you holding back any information about any court conviction including minor traffic violations? NO MM  
Response Initials
- 6. Are you holding back any information about your involvement in any sexual activities that could disqualify you for this position? NO MM  
Response Initials
- 7. Are you holding back any information about an undetected crime in which you were involved? NO MM  
Response Initials
- 8. Are you holding back any information about any social networking site you have ever been affiliated with? NO MM  
Response Initials
- 9. Are you holding back any information about ever doing anything in the past that could open you up to blackmail? NO MM  
Response Initials
- 10. Are you holding back any information about having stolen anything from any of your past or present employer? NO MM  
Response Initials
- 11. Are you holding back any information about an intentional false entry on your employment application with the Maple Heights Police Department? NO MM  
Response Initials
- 12. Are you holding back any information about recently using, buying, or selling any illegal drug, including Marijuana? NO MM  
Response Initials
- 13. Are you holding back any information about the actual amount of your alcohol consumption? NO MM  
Response Initials
- 14. Are you holding back any information about your willingness to report dishonest or illegal activities by fellow employees? NO MM  
Response Initials

Signature: Matt Misangos

Date 06/11/18



# INTEGRITY VERIFICATIONS, INC.

Pre - Employment Background Information

Date: 06/11/18

Print Full Name MATTHEW JAMES MIJANGOS  
(First) (Middle) (Last) (Maiden Name)

Address 5814 Thoreau Dr. PALMA Ohio 44129  
(No. Street) (City) (State) (Zip)

Tel.No. [Redacted] How Long At This Address? 2 1/2 years

Previous Address [Redacted]  
(No. Street) (City) (State) (Zip)

How Long At This Address? \_\_\_\_\_

SS# [Redacted] Date of Birth [Redacted] Age 34 Born in City/State Cleveland, OH

**NOTICE: Please read and sign Agreement: If you have any question about the release please wait and ask the Examiner before signing. Please continue to fill in the rest of this booklet. If you are under the age of 18 do not complete the following Agreement. Please advise the Secretary or Examiner at this time that you are under the age of 18.**

(Please fill in ALL spaces on the following Agreement) Thank you.

## AGREEMENT

Date: 06/11/18

I, Matt Mijangos, do hereby voluntarily agree, without duress, coercion, threats, promise of reward or immunity, to submit to a Polygraph (Truth Verification) examination for the mutual benefit of myself, INTEGRITY VERIFICATIONS and Maple Hills Police Dept.  
(Applicant) (Company Applying With)

I fully realize that I am not required to take this examination and that I have the right to first consult with anyone before either signing this form or taking the examination. I voluntarily request and authorize INTEGRITY VERIFICATIONS to proceed with the examination, and I consent to the use of electronic hearing and recording devices.

I have been informed that all of the test questions will be reviewed with me before the examination. I realize that I have the right to terminate this exam at any time I so wish.

I do hereby authorize INTEGRITY VERIFICATIONS to disclose, both orally and in writing, the interview/ examination results and opinions to directors, officers and/or agents of Maple Hills Police Dept.  
(Company Applying With)

I hereby release and forever hold harmless INTEGRITY VERIFICATIONS, their directors, officers, agents and employees and Maple Hills Police Dept., their directors, officers, agents and employees from any and all liabilities or damage resulting from the operation thereof and the placing of said device upon my person and consent to the subsequent use of the results for purposes of security and personnel evaluation.

To the best of my knowledge, at this time, I have no physical or mental condition that might be impaired by the interview/examination.

\_\_\_\_\_  
Witness

[Signature]  
SEAL (Signature of Applicant)

**NOTE: Do not fill in this section until the examination has been completed.**

This examination was concluded at 1130 hrs On the above date. I completely reaffirm in its entirety, my above Agreement. I also certify that during the entire time I have been well treated, submitted myself freely to the interview/examination, remained of my own free will knowing that I could leave at any time during the entire period I have been here, either in connection with the interview/examination or the signing of this Agreement, stipulation and release form.

\_\_\_\_\_  
Witness

[Signature]  
SEAL (Signature of Applicant)



# Specimen Result Certificate

ID Number: 32876182

Report printed on 6/13/2018 7:20:38 AM

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Attention: MHP Maple Hts. Police Department 5353 Lee Rd Maple Hts, OH 44137	Verification Date 6/12/2018 02:18 PM
Collection Site: 9385 - Integrity Verifications - Middleburg Hghts	Medical Review Officer: Dr. Stephen Kracht 8140 Ward Parkway Ste 275 Kansas City, MO 64114 888-382-2281

Donor Name: Mijangos, Matthew	Donor SSN: [REDACTED]
Date Of Test: 6/11/2018	Donor ID: [REDACTED]
ID Number: 32876182	Reason for Test: Pre-employment
Laboratory: ALERE	Regulation: Non-DOT
	Specimen Type: Urine

**Drugs Tested:**

Drug Name	Result	Screening Cutoff	Confirmation Cutoff	Drug Name	Result	Screening Cutoff	Confirmation Cutoff
Marijuana	Negative	50 ng/ml	15 ng/ml	PCP	Negative	25 ng/ml	25 ng/ml
Cocaine	Negative	300 ng/ml	150 ng/ml	Barbiturates	Negative	300 ng/ml	300 ng/ml
Amphetamines	Negative	1000 ng/ml	500 ng/ml	Benzodiazepines	Negative	300 ng/ml	300 ng/ml
Opiates	Negative	2000 ng/ml	2000 ng/ml	Methadone	Negative	300 ng/ml	300 ng/ml
Propoxyphene	Negative	300 ng/ml	300 ng/ml				

**Final Result Disposition: Negative**

**TO BE COMPLETED BY THE MEDICAL REVIEW OFFICER**

I have reviewed the laboratory results for the specimen identified by this form in accordance with applicable Federal requirements. My determination/verification is:

Negative    
 Positive    
 Test Cancelled    
 Refusal to test because  
 Dilute    
 Adulterated    
 Substituted

REMARKS:

Dr. Stephen Kracht     *Stephen Q. Kracht D.O.*     6/12/2018 02:18 PM

(PRINT) Medical Review Officer's Name     Signature of Medical Review Officer     Date (Mo./Day/Yr.)





# Specimen Result Certificate

ID Number: E605254

Report printed on 6/13/2018 7:21:03 AM

Page 1 of 1

Attention: MHP Maple Hts. Police Department 5353 Lee Rd Maple Hts, OH 44137	Verification Date 6/12/2018 04:29 PM
Collection Site: 9385 - Integrity Verifications - Middleburg Hghts	Medical Review Officer: Dr. Stephen Kracht 8140 Ward Parkway Ste 275 Kansas City, MO 64114 888-382-2281

Donor Name: Mijangos, Matthew	Donor SSN: [REDACTED]
Date Of Test: 6/11/2018	Donor ID: [REDACTED]
ID Number: E605254	Reason for Test: Pre-employment
Laboratory: Omega Laboratories	Regulation: Non-DOT
	Specimen Type: Hair

**Drugs Tested:**

Drug Name	Result	Screening Cutoff	Confirmation Cutoff	Drug Name	Result	Screening Cutoff	Confirmation Cutoff
Marijuana	Negative	1 pg/mg	0.1 pg/mg	Methamphetamines	Negative	500 pg/mg	500 pg/mg
Cocaine	Negative	500 pg/mg	500 pg/mg	Opiates	Negative	200 pg/mg	200 pg/mg
Amphetamines	Negative			PCP	Negative	300 pg/mg	300 pg/mg

Final Result Disposition: **Negative**

**TO BE COMPLETED BY THE MEDICAL REVIEW OFFICER**

I have reviewed the laboratory results for the specimen identified by this form in accordance with applicable Federal requirements. My determination/verification is:

- Negative    
  Positive    
  Test Cancelled    
  Refusal to test because  
 Dilute    
 Adulterated    
 Substituted

REMARKS: Body hair

Dr. Stephen Kracht

*Stephen Q. Kracht D.O.*

6/12/2018 04:29 PM

(PRINT) Medical Review Officer's Name

Signature of Medical Review Officer

Date (Mo./Day/Yr.)



**MAPLE HEIGHTS POLICE DEPARTMENT  
PERSONAL HISTORY STATEMENT**



The following information is required of you for verification purposes

<b>1. Your Name (please print or type)</b>				
Last	First	Middle		
Mijangos	Matthew	James		
Other names (including nicknames) you have used or been known by:				
<b>2. Please list addresses at which you can be contacted:</b>				
Number	Street	City	State	Zip Code
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
<b>3. Please list the local telephone number(s) at which you can be reached.</b>				
[REDACTED]		( )		
Hours you can be reached:		Hours you can be reached:		
[Anytime]		[REDACTED]		
<b>4. Birthdate</b>		<b>5. You must be a citizen of the United States or a permanent resident alien who is eligible for and has applied for citizenship. Can you provide such documentation?</b>		
[REDACTED]		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
(Month) (Day) (Year)				
<b>6. Social Security Number</b>				
[REDACTED]		(In accordance with the federal Privacy Act of 1074. Disclosure if voluntary. The SSN will be used for identification purposes to ensure that proper records are obtained.)		
<b>7. For purposes of identification, please provide the following:</b>				
Height	Weight	Hair Color	Eye Color	
5'-10"	200 LBS	BRO	BRO	
Scar, tattoos, or other distinguishing mark:				



**MAPLE HEIGHTS POLICE DEPARTMENT  
PERSONAL HISTORY STATEMENT**



**Relatives and References**

During the course of the background investigation, persons who know you will be asked to comment upon your suitability for the position of peace officer. Inquiries will be confined to job-relevant matters.

8. Please supply the appropriate information in the spaces provided below. If a category is not applicable. Write in "N/A"		
If living, name of your:	Address where person can be contacted (include City, State and Zip Code)	Telephone at which person can be contacted:
Spouse  [Redacted] M. JANYOS	[Redacted] ( <input checked="" type="checkbox"/> Home ( ) Work ( ) Other	[Redacted] ( <input checked="" type="checkbox"/> Home ( ) Work ( ) Other
Mother  Diana Lepka	[Redacted] ( ) Home ( ) Work ( <input checked="" type="checkbox"/> Other	[Redacted] ( <input checked="" type="checkbox"/> Home ( ) Work ( ) Other
Father  Julio Mijangos	[Redacted] ( <input checked="" type="checkbox"/> Home ( ) Work ( ) Other	[Redacted] ( <input checked="" type="checkbox"/> Home ( ) Work ( ) Other
Mother-in-law	( ) Home ( ) Work ( ) Other	( ) Home ( ) Work ( ) Other
Father-in-law	( ) Home ( ) Work ( ) Other	( ) Home ( ) Work ( ) Other
Former Spouse (s)	( ) Home ( ) Work ( ) Other	( ) Home ( ) Work ( ) Other
Brother (s) and Sister (s)	( ) Home ( ) Work ( ) Other	( ) Home ( ) Work ( ) Other
Step-Mother	( ) Home ( ) Work ( ) Other	( ) Home ( ) Work ( ) Other
Step-Father	( ) Home ( ) Work ( ) Other	( ) Home ( ) Work ( ) Other
Step-Brother(s) and Step-Sisters	( ) Home ( ) Work ( ) Other	( ) Home ( ) Work ( ) Other



**MAPLE HEIGHTS POLICE DEPARTMENT  
PERSONAL HISTORY STATEMENT**



Other relatives with whom you have a close personal relationship (include children)

Name

Relationship

Hansel Hernandez	Step-son
------------------	----------

9. Below, please list those individuals with whom you have resided during the last 10 years (list no information prior to your 15<sup>th</sup> birthday) Exclude family members.

Name	Address where person can be contacted (Include City, State and Zip Code)	Telephone at which person can be contacted:
[Redacted] M. Janyos	[Redacted] ( <input checked="" type="checkbox"/> Home ( ) Work ( ) Other	[Redacted] ( <input checked="" type="checkbox"/> Home ( ) Work ( ) Other
Diana Lepka	[Redacted] ( <input checked="" type="checkbox"/> Home ( ) Work ( ) Other	[Redacted] ( <input checked="" type="checkbox"/> Home ( ) Work ( ) Other
	( ) Home ( ) Work ( ) Other	( ) Home ( ) Work ( ) Other

10. In the space below, please list as references 3-5 individuals who have knowledge of you and your qualifications. Exclude relatives And former employers

Name	Address where person can be contacted (Include City, State and Zip Code)	Telephone at which person can be contacted:
Jaime Bailey	[Redacted] ( <input checked="" type="checkbox"/> Home ( ) Work ( ) Other	[Redacted] ( <input checked="" type="checkbox"/> Home ( ) Work ( ) Other
Ray Harris	12650 Detroit Ave Lakewood, OH 44117 ( ) Home ( <input checked="" type="checkbox"/> Work ( ) Other	[Redacted] ( <input checked="" type="checkbox"/> Home ( ) Work ( ) Other
Rob Farris	9333 Kinsman Rd Cleveland, OH 44104 ( ) Home ( <input checked="" type="checkbox"/> Work ( ) Other	[Redacted] ( <input checked="" type="checkbox"/> Home ( ) Work ( ) Other
Esteban Rodriguez	[Redacted] ( <input checked="" type="checkbox"/> Home ( ) Work ( ) Other	[Redacted] ( <input checked="" type="checkbox"/> Home ( ) Work ( ) Other
Peter Shepetuk	5555 Powers Blvd Parma, OH 44124 ( ) Home ( <input checked="" type="checkbox"/> Work ( ) Other	[Redacted] ( <input checked="" type="checkbox"/> Home ( ) Work ( ) Other



**MAPLE HEIGHTS POLICE DEPARTMENT  
PERSONAL HISTORY STATEMENT**



**Education**

11. The Commission on peace Officer Standards and Training requires a peace officer to possess a U.S. High school diploma or its equivalent. Please indicate your current situation with regard to this requirement by checking one of the appropriate boxes.

<input checked="" type="checkbox"/>	I possess a high school diploma from a U.S. institution
<input type="checkbox"/>	I passed the G.E.D. (General Educational Development test)
<input type="checkbox"/>	I passed the Ohio High School Proficiency Examination.
<input type="checkbox"/>	I possess a two-year college degree.
<input type="checkbox"/>	I possess a four-year college or university degree.
<input type="checkbox"/>	I do not currently have a high school diploma or its equivalent, but I plan to satisfy the requirement in the future.
When: 2002	
How: Graduated from Max Hayes High School	

12. Please indicate below all the schools you have attended beginning with high school. During the background investigation, persons who have known you in a learning environment will be contacted. A review of your school records may be made in conjunction with those contacts.

Name of School	Location of School City & State	(Dates Attended)		School References (teachers, counselors, etc.)
		From Mth/Yr	To Mth/Yr	
Max Hayes	Cleveland, Ohio	08/1948	06/2002	DAVID HAUER 757- (classmate) 515-4119
Kent State Univ	Kent, Ohio	09/2002	05/2005	ROB FALLON 216- (roommate) 280-0287
Cuyahoga Comm. Coll.	Cleveland, Ohio	02/2007	09/2007	JEN ROMAN 330- (classmate) 321-9694

13. Have you ever been suspended or expelled from any high school or post-secondary school? (Post-secondary schools include two- and four year colleges, universities, and business and vocational schools- any formal education beyond the high school level.)

Yes

No

If "Yes," please explain (include school, date and circumstances).

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**MAPLE HEIGHTS POLICE DEPARTMENT  
PERSONAL HISTORY STATEMENT**



**Residence**

Individuals, who have been acquainted with you by reason of your residing in different locations, are often helpful in providing useful information for the background investigation.

14. Please list all of your residences during the last 10 years (list no information prior to you 15<sup>th</sup> birthday). Begin with your most current residence.

Address of Residence	City, State & Zip Code	(Dates)		If rented, give name & address of the person responsible for the collection of rent.
		From Mth/Yr	To Mth/Yr	
		12/15	Current	N/A
		06/15	12/15	Father's House
5686 Broadview rd #2323 Parma, OH 44134		10/11	06/15	Midtown Towers 5676 Broadview rd Parma, OH 44134
4179 Valley rd #00 Cleveland, OH 44109		02/11	10/11	Unknown
10290 Pleasant Lake #F35 Parma, OH 44129		10/10	02/11	Pleasant Lake APTS 10129 S. Lake Blvd Parma, OH 44130
		07/09	10/10	Father's House
		07/06	07/09	Father's House



**MAPLE HEIGHTS POLICE DEPARTMENT  
PERSONAL HISTORY STATEMENT**



**Experience and Employment**

15. Beginning with you most current employment, please list all the jobs (including part-time, temporary, and voluntary positions) you have held in the past 10 years. (For the purpose of this personal history statement, volunteer work should be included as employment) For identification and verification, please indicate the nature of the activity, i.e. full-time, part-time or voluntary. If you have had intervening periods of military service or unemployment, please list those periods in sequence in the spaces provided.

Dates of Employment		Name and Address of Employer	Name of Supervisor
From Mo. Yr.	To Mo. Yr.	Safe Choice 11811 Shaker Blvd Cleveland, OH 44120  Telephone: 216-789-9778	Anita Spencer
12/17	1 Present		
<input type="checkbox"/> Full-Time <input checked="" type="checkbox"/> Part-Time <input type="checkbox"/> Voluntary		Title or duties (for identification purposes) Off Duty Police Service at the Estabrook Recreation Ctr. in Cleveland, Ohio.	Name of Co-worker (s)
Reason for leaving:			
<input type="checkbox"/> Military Service		<input type="checkbox"/> Not employed	
From: Mo./Yr.		To: Mo./Yr.	

Dates of Employment		Name and Address of Employer	Name of Supervisor
From Mo. Yr.	To Mo. Yr.	Wellington Police Department 117 Willard Memorial Sq Wellington, OH 44090  Telephone: 440-647-2244	Chief Tim Barkfield
07/17	1 Present		
<input type="checkbox"/> Full-Time <input checked="" type="checkbox"/> Part-Time <input type="checkbox"/> Voluntary		Title or duties (for identification purposes)	LT. Jeff Shelton  Sgt. Josh Poling  CPI. Adam Smosny
Reason for leaving:			
<input type="checkbox"/> Military Service		<input type="checkbox"/> Not employed	
From: Mo./Yr.		To: Mo./Yr.	



## MAPLE HEIGHTS POLICE DEPARTMENT PERSONAL HISTORY STATEMENT



Dates of Employment		Name and Address of Employer	Name of Supervisor
From Mo. Yr.	To Mo. Yr.	645 - 6500 ROCKSIDE RD. INDEPENDENCE, OH 44131	Area Supervisor Kristen
08/17	12/17	Telephone: 216-520-3039	Name of Co-worker (s)
<input checked="" type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Voluntary		Title or duties (for identification purposes) Custom Protection Officer for Saw a lot store.	
Reason for leaving: <u>End of Contract for Client</u>			
<input type="checkbox"/> Military Service		<input type="checkbox"/> Not employed	
From: Mo. / Yr.		To: Mo. / Yr.	
Dates of Employment		Name and Address of Employer	Name of Supervisor
From Mo. Yr.	To Mo. Yr.	Medlock Recovery 9552 York N. Royalton, OH 44133	Jameel Talley
10/16	08/17	Telephone: 216-252-3600	Name of Co-worker (s)
<input checked="" type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Voluntary		Title or duties (for identification purposes) Recovery Agent: Locate and Recovery Client Property (Vehicles)	
Reason for leaving: <u>Conflict of Issues with WPD</u>			
<input type="checkbox"/> Military Service		<input type="checkbox"/> Not employed	
From: Mo. / Yr.		To: Mo. / Yr.	
Dates of Employment		Name and Address of Employer	Name of Supervisor
From Mo. Yr.	To Mo. Yr.	Paragon System 1240 E. 9th Cleveland, OH 44114	LT. Shane Diegan
05/16	10/16	Telephone: 203-263-7176	Name of Co-worker (s)
<input type="checkbox"/> Full-Time <input checked="" type="checkbox"/> Part-Time <input type="checkbox"/> Voluntary		Title or duties (for identification purposes) Protective Security Officer Access Control for the Federal Building during RNC	
Reason for leaving: <u>END OF RNC</u>			
<input type="checkbox"/> Military Service		<input type="checkbox"/> Not employed	
From: Mo. / Yr.		To: Mo. / Yr.	







**MAPLE HEIGHTS POLICE DEPARTMENT  
PERSONAL HISTORY STATEMENT**



**Experience and Employment continued**

16. Would any problems result if your present employer was contacted during the course of the background investigation?  
 Yes      No  
 If "No" when should such contact be made? At your earliest convenience.

17. If you have had no prior employment, explain in the space below.

18. Have you had any extended work absences for reasons other than earned vacations?  Yes      No  
 If "Yes", please explain (include when, name of employer, why?)

19. Have you ever been fired or asked to resign from any place of employment?  Yes      No  
 If "Yes", give details (include when, where, circumstances).  
In March 2016, Highland Hills ASK if I would resign, I refused which led to a termination. Six months later, Chief S.T.T offered my job back.

20. Have you ever been a successful or unsuccessful candidate for another position requiring peace officer powers?  
 Yes      No     If "Yes," please give details (include when, name of agency, circumstances).  
Wellington Police - July 2017 - successful  
Cleveland Police - November 2016 - unsuccessful - City wanted Resignation  
Norfolk Police - November 2012 - successful - Did not take job opportunity

**Military Service**

21. If you are a male under 26, please provide the following:

Selective Service Number	Approximate Date of Registration	Address at Time of Registration
<u>84-0129397-5</u>	<u>03/06/2002</u>	<u>4480 W 51<sup>st</sup> Cleve, OH 44144</u>

22. Have you ever served in the armed forces? National Guard or military reserves?  Yes      No  
 If "Yes," please supply the following information:

Branch of Service	Service Number	Dates of Service / to /	Type of Discharge

23. Are you currently participating in any military reserve or National Guard program?  Yes      No

24. Have you ever been the subject of any judicial or non-judicial disciplinary action while in the military, National Guard or Military reserves?  Yes      No  
 If "Yes," please give details (include branch or service, when, where, circumstances).



**MAPLE HEIGHTS POLICE DEPARTMENT  
PERSONAL HISTORY STATEMENT**



**Military Service continued**

25. Past commanding officers or military acquaintances are potential sources of relevant information pertaining to your background. Please list those individuals who know you well enough to provide accurate information about you.

Name	Contact Address	Contact Telephone	Years Known	
			From	To

**Financial**

26. The management of personal finances is relevant to an individual's qualifications for the position of peace officer. Therefore, please fill in the financial statement below. Be complete and accurate. The amount of indebtedness in itself will not be used in evaluating your qualification, but rather the behavior exhibited in meeting your financial obligations.

Current Monthly Income			Current Monthly Expenditures		
Monthly Salary .....	\$	3310 00	Real Estate (mortgage) payments	\$	993 00
Spouse's Salary .....	\$	0 0	Rent .....	\$	0 0
Other Monthly income-describe	\$	0 0	Other Monthly payments-describe	\$	0 0
	\$	3310 00			
			Estimated monthly cost of living (include Utilities, food, gas, home and car maintenance, entertainment, etc.) and any other obligations .....	\$	1200 00
Total Monthly Income .....	\$	3310 00	Total Monthly Expenditures .....	\$	2493 00
Current Assets			Current Liabilities		
Checking .....	\$	1000 00	Real Estate Indebtedness .....	\$	115000 00
Savings .....	\$	500 00	Long Term Loans .....	\$	0 0
Real State .....	\$	165,000 00	Charge Accounts .....	\$	3000 00
Stocks and Bonds .....	\$		Other Liabilities- Describe .....	\$	0 0
Life Insurance (cash value)	\$				
Auto .....	\$	3000 00			
Other Assets- describe .....	\$				
TOTAL ASSETS .....	\$	169500 00	TOTAL LIABILITIES .....	\$	118000 00



**MAPLE HEIGHTS POLICE DEPARTMENT  
PERSONAL HISTORY STATEMENT**



**Financial continued**

27. Please supply more detailed information about your charge accounts, contracts, or other financial liabilities.

Name of Firm	Address	Account Number
US Dept of Education	Po Box 740253 Atlanta, GA 30374	[REDACTED]
Wells Fargo Bank	Po Box 71118 Charlotte, NC 28272	[REDACTED]
Capital One Bank	Po Box 6492 CAW'S Stream, IL 60197	[REDACTED]

28. Have you ever filed for or declared bankruptcy? ( ) Yes (  ) No  
If "Yes," please give details (include when, where, why?)

29. Have any of your bills ever been turned over to a collection agency? ( ) Yes (  ) No  
If "Yes," please give details (include when, firm involved, circumstances).

30. Have you ever had purchased goods repossessed? ( ) Yes (  ) No  
If "Yes," please give details (include when, firms involved, circumstances).

31. Have your wages ever been garnished? ( ) Yes (  ) No  
If "Yes," please give details (include when, where, why).



**MAPLE HEIGHTS POLICE DEPARTMENT  
PERSONAL HISTORY STATEMENT**



**Financial continued**

32. Have you ever been delinquent on income or other tax payments? ( ) Yes (  ) No  
If "Yes," please give details (include when, where, why).

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**Legal**

33. If you have ever been arrested or convicted for any crime (excluding traffic citations), please give the following information. (The fact that your record may have been affected by a sealing, an expungement, a release, or a pardon has specific implications as to how you should answer this question. Please see the INSTRUCTION page for a detailed guide.

Approx. Date	Police Agency	Circumstances

34. Have you ever been placed on court probation as an adult? ( ) Yes (  ) No  
If "Yes," please give details (include when, where, why).

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35. Were you ever required to appear before a juvenile court for an act which would have been a crime if committed by an adult?  
( ) Yes (  ) No. If "Yes," please give details (include when, where, why).

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36. Have you ever been reported to a law enforcement agency as a missing or a runaway? ( ) Yes (  ) No  
If "Yes," please give details (include date, law enforcement agency, circumstances).

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37. Are you or have ever been involved as a plaintiff or defendant in any civil court action? ( ) Yes (  ) No  
If "Yes," please give details (include when, where, name and location or court, circumstances).

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**MAPLE HEIGHTS POLICE DEPARTMENT  
PERSONAL HISTORY STATEMENT**



**Motor Vehicle Operation**

Operation of a motor vehicle is an integral part of the position of patrol officer. An investigation of your driving history will be made through a records check. To expedite this procedure, please supply the following information.

38. Ohio driver's License number [REDACTED]				
Name under which license was granted- <u>Matthew Misangos</u>				
39. Please list other states where you have been licensed to operate a motor vehicle.				
State	State	State	State	
Name under which license was granted:	Name under which license was granted:	Name under which license was granted:	Name under which license was granted:	
40. Have you ever been refused a driver's license by any other state? ( ) Yes ( <input checked="" type="checkbox"/> ) No If "yes," please explain (include when, where, why).				
41. Ohio law requires that operators and owners of motor vehicles be covered by automobile liability insurance or bond or deposit of \$35,000 with the Department of Motor Vehicles. Therefore, please list the current liability insurance you have with your vehicles.				
Company	Address	Policy Number	Date of Expiration	
<u>Travelers</u>	<u>6150 Oaktree <sup>Independence, OH</sup> 44131</u>	[REDACTED]	<u>12/09/18</u>	
If you bonded or have deposited \$35,000 to meet your vehicle financial responsibility, please indicate. ( ) Bond ( ) \$35,000.				
42. Please list all traffic citations (exclude parking citations) you have received within the last 5 years.				
Name of Violation	Location (City)	Approximate Date	Indicate whether fined or action taken on driver's license.	
43. Have you ever been involved as a driver in a motor vehicle accident within the last 5 years? ( ) Yes ( <input checked="" type="checkbox"/> ) No If "Yes," please give details for each accident.				
Date	Police Agency	Location	Police Investigation	Injury/Non-Injury
			( ) Yes ( ) No	( ) Injury ( ) Non- injury
			( ) Yes ( ) No	( ) Injury ( ) Non- injury
			( ) Yes ( ) No	( ) Injury ( ) Non- injury
			( ) Yes ( ) No	( ) Injury ( ) Non- injury



**MAPLE HEIGHTS POLICE DEPARTMENT  
PERSONAL HISTORY STATEMENT**



**Motor vehicle Operation continued.**

44. If there is anything you wish to discuss about your driving record, please use the space below.

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

45. Has your license ever been suspended, revoked, or placed on negligent operator's probation? (  ) Yes ( ) No  
 If "Yes," please give detail (include what, when, where, why).

Speeding in 2002 in Wooster, OH (30 day suspension) } SEE  
 OVI in 2006 in Ravenna, OH (60 day suspension) } 10/23 →

**General Information**

46. Have you ever been refused insurance for any reason other than failure to pay premium? ( ) Yes (  ) No  
 If "Yes," please explain (include company name and address, date, and reason).

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

47. Have you ever applied for a permit to carry a concealed weapon? ( ) Yes (  ) No  
 If "Yes," please provide the following information:

Permit granted? ( ) Yes ( ) No	Date	Name of Law Enforcement agency

Purpose:  
 \_\_\_\_\_  
 \_\_\_\_\_

I hereby certify that all statements made in this personal history statement are true and complete, and I understand that any misstatements of material facts will subject me to disqualification or dismissal.

Signature in full <i>Matthew M...</i>	Date Completed 03/30/2018
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## Pre-Employment Interview

### Biographical Data

What is your full name? *MATTHEW JAMES MISANGOS*

Have you ever used or gone by any other names? Nicknames? *NO*

What is your current home address? [REDACTED]

How long have you lived at this address? *2 years*

Who do you live with? Please provide names. [REDACTED] *MISANGOS - Spouse*  
*Diana LEPKA - Mother* *Michael MISANGOS - Brother*  
*HANSEL HERNANDEZ - Step-son*

What is your significant other's opinion of your pursuing a career in law enforcement? *Mrs. Misangos states that she wants me to be happy in the career field that I'm passionate about, and she supports my decisions.*



**Education**

Where did you go to high school? When did you graduate? - MAJ S. HAYES  
- Graduated in 2002

Where did you go to college? Did you graduate? - Kent State University  
- Did not graduate

Degree obtained? What did you receive your degree in? - NO  
- N/A

If you did not obtain a degree, what courses did you take? Business Management

Did you take any special classes or have any special classes that you think will better qualify you for this position? Yes. I have taken the OPETA Background Investigator Class and DRE.

Where and when did you receive your law enforcement certification? - TRI - L  
- SEPT. 2007

Were you ever suspended from any school or class? NO

Were you ever placed on academic or disciplinary probation? Yes

Did you ever fail a course or ever have to take a course over? Explain. Yes.  
I failed several college courses while at Kent State.

WHY

**Military History**

Were you ever in the military service? If yes, what years and what branch? **NO**

What was your rank when you left? **N/A**

What was your assignment and duties? **N/A**

During your service, were you ever court martialled? **N/A**

Did you ever receive an Article 15? (Captain's mast, company punishment, office hours) If yes, explain. **N/A**

What type of discharge did you receive? Please provide a copy of your DD-214 long form. **N/A**

**Relocation, Shift Attitudes and Commitments**

Have you ever worked for someone where you periodically had to change work locations? **NO**

Are you willing to periodically change work locations to attend schools or training? **yes**

Were you ever let go or asked to leave a job because you couldn't or wouldn't work at other locations? **NO**

Did you ever leave or quit a job because they moved you around? **NO**

Are you aware of anything or do you have any plans that would make working at other locations difficult or impossible? **NO**

**Shift Attitude, Availability and Commitment**

Would you be able and willing to work or fill in on other shifts? *yes*

Are you willing to stay late in an emergency? *yes*

Did you ever work anywhere where they rotated shifts? *yes*

Have you ever had to stay late at a job to help out? *yes*

Were you ever called in unexpectedly to help out? *yes*

Did you ever leave or quit a job because they rotated shifts or asked you to work extra hours? If yes, explain. *NO*

How would you feel if your hours were changed? *Great*

Were you ever asked to leave a job because you couldn't work different hours? *NO*

Are you aware of anything or do you have any plans that would prevent you from working different hours? *Staying late? NO*

**Retention and Permanency**

Are there any jobs that you held for a short period of time? If yes, please explain. NO

Did you ever leave a job because you felt it was too hectic? Explain. NO

Did you ever leave a job:

Because of a supervisor? NO

Due to working conditions? NO

Because of the people you worked with? NO

Because you didn't get a raise or were passed over for promotion? NO

If the answer is yes to any of the above questions, please explain.

Do you plan on working anywhere else while you're working here? NO

Are you currently on any other police or civil service lists? If yes, which ones? What is your standing? Where are you at in the process? NO

If you were hired here but, for whatever reason, decided to leave you would be required to pay back the cost of your training and uniform allowance. Are you willing to do so? YES

Out of any of the other lists you are on, is there another city that you would prefer to work for besides Maple Heights? N/A

Why do you want to leave your present employer? Full-Time employment

**Employment History and Discipline**

Are there any other jobs you have had in the last ten years that you forgot to put down on your application or tell us about? Explain. NO

Have you ever been told or asked to leave a job because of something wrong your employer said you did? NO

Have you ever been suspended? Demoted? Reprimanded? Written up? Yes.  
Explain. - Suspended 3 days for violating Pursuit Policy in 2011.  
- Suspended 3 days for Misconduct on a Scene in 2013.

If we call your supervisor regarding any of the above disciplinary action, what will they say was the reason for the disciplinary action? Same Reasoning

**Reliability**

In the last twelve (12) months:

Have you ever arrived at work late? *NO*

Have you or left early? *NO*

Did you ever take longer than you should have for a break? For lunch? *NO*

Have you ever called in sick when you weren't? *NO*

How many days of work have you missed in the last twelve months? *Zero*

Have you ever:

Refused overtime or refused to stay late? *NO*

Refused to come in on your day off? *NO*

Refused to change shifts? *NO*

Have you ever refused to do what a supervisor told you to do? Explain. *NO*

Did you ever demand to know why you were being told to do something? *NO*

**Financial Responsibilities/Salary Issues**

In the last five years:

Have you ever filed for bankruptcy? NO

Did you ever have a wage assignment or garnishee? NO

Do your monthly financial payments exceed your income? NO

Do you owe anyone money for gambling or drugs? NO

Did you ever falsify your credit to get money? NO

Did you ever borrow money from a loan shark? NO

How much do you make/were you making at your last job? Highland Hills - \$17.00/Hr

Besides your salary, do you have any other source of income? NO

Do you owe the federal government any money? State? City? NO

Are you current on your taxes? Yes

Did you ever leave a job because of what you were being paid or over a salary dispute? NO

Did you ever write a check knowing that there was not enough money in the account to cover it? NO



**Driving Record**

Do you hold a current valid Ohio driver's license? *yes*

Do you have any license restrictions? *NO*

Do you currently have automobile insurance? Please provide information. *yes*

In the last ten years:

Has your driver's license ever been suspended? If yes, when, why and by whom. *NO*

*SEE Pg. 14*

Have you been involved in any traffic accidents? If yes, when and where? *yes.*  
*In 2012, Struck by another vehicle entering the roadway in North Randall*

Have you been convicted of an OVI offense? If yes, please provide details as to where, when and the municipality involved. *Yes.*  
*In Ravenna, OH in 2006. Portage County County*

Have you ever driven/operated a motor vehicle when you knew you had too much to drink? When was the last time? *NO*

Did you ever damage a company vehicle? *NO*

Did you ever fail to report damage to a company vehicle? *NO*

Were you ever involved in a hit and run accident? If yes, please explain. No

Have you driven while "high" or on drugs? No

Did you drink or take drugs while driving? No

Did you ever falsify an insurance claim? No

Did you ever break any rules while driving a company vehicle? No

**Integrity**

In the last five years:

Have you ever taken any money from a place that you worked? NO

Have you ever taken any merchandise from a place that you worked? NO

Have you ever taken any supplies or food from a place that you worked? NO

Did you ever take anything from a desk or purse? NO

Did you ever take something left behind by someone else or in a lost and found? NO

Did you ever borrow money from a coffee fund or flower fund and forget to pay it back? NO

Did you ever falsify an expense or mileage report? NO

Did you ever falsify a time card? NO

Did you ever punch someone else in or out? NO

Did you ever eat anything that didn't belong to you without permission? NO

Did you ever leave work without permission? No

Did you ever sleep at work without permission? No

Did you ever purposefully damage company property? No

Did you ever take anything from a store without paying for it? No

Did you ever switch price tags to get a better price on something? No

### Drug Behaviors

The following questions are about past drug usage. If you answer yes to any of the questions, please provide details as to the number of times used and when the last time was that you used that particular drug.

In the last five years:

Have you used heroin, opium or morphine? NO

Have you used cocaine? NO

Have you used speed or amphetamines? NO

Have you used or tried crack cocaine? NO

Have you ever used or tried LSD or acid? PCP? Mushrooms? NO

Have you ever used methamphetamine (ice)? NO

Have you used or tried downers or barbiturates? NO

Have you ever given anyone a date rape drug (GHB, Rohypnol, etc.)? NO

Have you ever taken or been given a date rape drug? NO

Have you ever used steroids? NO

Have you ever used hashish (hash)? NO

Have you ever used marijuana? How many times? Last time used? NO

- N/A

Did you ever drive while you were high? NO

- N/A

Did you ever go to work or school high? NO

Did you ever use or take someone else's prescription drugs? If yes, what. **No**

Did you ever use your own prescription medication to get high or take the edge off? **No**

Have you ever brought any illegal drugs to work? **No**

Did you ever get anything from someone for drugs? **No**

Did you ever give anyone drugs? **No**

Alcohol

Describe your drinking behaviors. (social, occasional, heavy)

Social.

What do you normally drink when you drink? (What, how much, how often)

Beer only (Bud); No more than two or thirty-two ounce; once a month.

In the last five years:

Did you ever miss work because of drinking? No

Did you ever have anything to drink within one hour of coming to work? No

Did you ever have anything to drink during breaks or while working? No

Did you ever go to work intoxicated? No

Did you ever have to leave work early because of drinking? No

Did you ever drive while you were drinking? No

Did you have anything to drink before coming here today? No

**Criminal Activities**

In the last five years:

Describe any contacts or incidents you have had with the police? Include any reports, arrests or calls for service made by you or by someone else where you were involved. Please provide dates, cities and type of call information. *None.*

Have you ever been arrested for domestic violence? If yes, please provide details and the disposition of the case. *NO*

Have you ever been arrested for domestic violence and had the charge reduced? If yes, please explain. *NO*

Did you ever strike your spouse or significant other where it was not reported? *NO*

Did you ever "joy ride" or take a car without permission? *NO*

Did you take something from a car or off of a car? *NO*

Did you ever take anything from a house or business without permission? *NO*

Did you ever take anything from someone who was intoxicated or high? *NO*



Did you ever remove any money or product from a payphone or vending machine that wasn't yours or that you did not pay for? No

Did you ever use force to take something from someone? No

Did you ever take or use someone's credit card without permission? No

Have you been arrested for drunkenness or disorderly conduct? No

**Police Experience Related Topics**

Did you ever falsify an official report or statement? NO

Did you ever purposely leave something out from a report or statement? NO

Did you ever purposefully alter your testimony or lie in court? NO

Did you ever cover for the inappropriate behavior of another officer? NO

Did you ever deliberately keep something out of an internal affairs investigation? NO

Did you ever make up probable cause or the reason for a stop? NO

Did you ever forget to give a Miranda warning but later say that you gave it? NO

Did you ever alter the time when a Miranda warning was given? NO

Did you ever make up a complaint or case because you were bored? NO

Did you ever fake or guess in filling out your patrol log? NO

Did you ever offer to "fix" a ticket for someone? NO

Has anyone ever offered you something to fix a ticket or take care of something for them? Describe the circumstances. NO

Besides a courtesy card, did you ever accept anything from anyone to overlook a traffic offense or other violation of the law? NO

Did you ever accept or ask for anything for free from a business or individual? Examples could include free coffee, meals, tickets etc. If yes, please explain. NO

What's your department's policy on accepting gifts? We are not allowed to accept gifts.

Did you ever break the department's policy on gifts? NO

explain

Have you been accused of using excessive force against another person? Yes. An umbrella take down from a seated position in Highland Hills in 2013.

Did you ever purposely cuff or restrain someone to cause pain? NO

Did you ever purposely slam a car door on someone? NO

Did you ever give anyone a "screen test"? NO

Did you ever do anything to anyone that required them to see a doctor? NO

Did you ever trip anyone when you were walking them to the car after they were handcuffed? No

Did you ever use force or threat of force to obtain a confession from a suspect or during an interrogation? Describe. No

**Sexual Behavior Questions**

As an adult, have you ever had sex with someone under the age of 18? No

Have you ever paid for sex? If yes, please explain. No

Have you ever been paid for sex? If yes, please explain. No

Have you ever been arrested or convicted of a sex offense? Give details. No

Have you ever arranged for a sexual encounter between two other parties? No

Have you ever cheated on your spouse or significant other? No

Have you ever had sex while you were at work? No

Have you ever worn women's clothing? Explain. No

Have you ever had sex with animals? No

Have you ever been involved in any Incest type of activity? No

List all your Social Media accounts? Facebook: [REDACTED]

Provide account names and passwords for all Social Media accounts? Yes.

Matt James → [REDACTED]

I hereby certify that all statements made in this personal history questionnaire are true and complete, and I understand that any misstatements or omissions of material facts will subject me to disqualification or dismissal.

Name (Printed) Matthew M. Jangos

Signature Matthew M. Jangos Date Completed 03/30/18

*By Authority of the Board of Education of the  
Cleveland Municipal School District, Cleveland, Ohio*

# Max S. Hayes Vocational High School

*has awarded this*

## Diploma

*to*

### Matthew James Mijangos

*who has satisfactorily completed the requirements prescribed for graduation  
from the High Schools of the Cleveland Municipal School District*

*May 30, 2002*

*Boston Byrd-Bennett*  
Chief Executive Officer

*Ad. E. Wilson*  
Principal



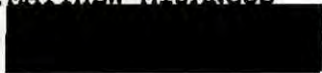
*Hilton D. Smith*  
Chief, Board of Education

*Robert Johnson*  
Chief Financial Officer

VILLAGE OF HIGHLAND HILLS • 3700 NORTHFIELD ROAD • HIGHLAND HILLS, OHIO 44122

DATE: 11/28/14 RATE 17.0000 FED:S EXMP:00 ST:S EXMP:00 CHECK#D000011363  
EMP#:1010-120 HOME DEPT:POLICE

NAME: MATTHEW MIJANGOS



BENEFIT HOURS	BALANCE	Y-T-D
SICK	.	.00
VACATION	40.00	40.00
PERSONAL DAY	8.00	8.00
HOLIDAY	48.00	24.00

CURRENT PAY	HOURS	CURRENT	Y-T-D	DEDUCTIONS	CURRENT	Y-T-D
HOLIDAY			380.00	FED TAX	183.36	3883.55
OVERTIME	6.00	153.00	1628.64	STATE TAX	39.71	812.40
PERSONAL DAY			136.00	CTY TAX-HH	40.16	859.86
REGULAR	85.50	1453.50	31189.88	PENSION	184.75	3758.11
UNIFORM ALLOW			400.00	MEDICARE W	23.29	498.73
VACATION			660.00	TOTAL DED	471.27	9812.65
GROSS PAY	91.50	1606.50	34394.52			
TOTAL DED		471.27	9812.65			
NET PAY		1135.23	24581.87			
Timecard Detail						
	Hours	Rate	Amount			
R -REGULAR	85.50	17.0000	1453.50			
O -OVERTIME	6.00	25.5000	153.00			

REORDER FROM C.J. BUSINESS FORMS - (440) 967-1500 OR 1 (888) 967-1500

THIS DOCUMENT HAS 7 SECURITY FEATURES: WARNING BAND, COPY VOID, WATERMARK AND SAFETY PAPER WITH 4 INTERNAL CHECK FRAUD FEATURES



**VILLAGE OF HIGHLAND HILLS**  
3700 NORTHFIELD RD.  
HIGHLAND HILLS, OHIO 44122

DEPOSIT NO.  
D000011363  
DATE  
11/28/14

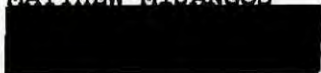
AMOUNT

\*\*\*\*\*1135.23

V I L L A G E O F H I G H L A N D H I L L S

\* \* N O N - N E G O T I A B L E - D I R E C T D E P O S I T \* \*

MATTHEW MIJANGOS



THIS IS NOT A CHECK  
NON-NEGOTIABLE

**DIRECT DEPOSIT**



DATE: 11/25/15 RATE 17.0000 FED:S EXMP:00 ST:S EXMP:00 CHECK#D000013377  
 EMP#:1010-120 HOME DEPT:POLICE

NAME: MATTHEW MIJANGOS  
 [REDACTED]

BENEFIT HOURS	BALANCE	Y-T-D
SICK	.00	.00
VACATION	44.00	36.00
PERSONAL DAY	8.00	8.00
HOLIDAY	90.00	38.00

CURRENT PAY	HOURS	CURRENT	Y-T-D	DEDUCTIONS	CURRENT	Y-T-D
HOLIDAY			646.00	FED TAX	148.06	4254.29
OVERTIME			2154.75	STATE TAX	30.97	900.14
PERSONAL DAY			136.00	CTY TAX-HH	34.00	934.27
REGULAR	80.00	1360.00	33422.00	PENSION	166.60	4368.60
UNIFORM ALLOW			400.00	MEDICARE W	19.72	541.86
VACATION			612.00	TOTAL DED	399.35	10999.16
GROSS PAY	80.00	1360.00	37370.75			
TOTAL DED		399.35	10999.16			
NET PAY		960.65	26371.59			
Timecard Detail	Hours	Rate	Amount			
R -REGULAR	80.00	17.0000	1360.00			

REORDER FROM: C.J. BUSINESS FORMS - (840) 967-1500 OR 1 (800) 967-1500

THIS DOCUMENT HAS 7 SECURITY FEATURES: WARNING BAND, COPY VOID, WATERMARK AND SAFETY PAPER WITH 4 INTERNAL CHECK FRAUD FEATURES



**VILLAGE OF HIGHLAND HILLS**  
 3700 NORTHFIELD RD.  
 HIGHLAND HILLS, OHIO 44122

DEPOSIT NO.  
 D000013377  
 DATE  
 11/25/15

AMOUNT

\$\*\*\*\*\*960.65

VILLAGE OF HIGHLAND HILLS

\* \* NON - NEGOTIABLE - DIRECT DEPOSIT \* \*

MATTHEW MIJANGOS  
 [REDACTED]

**THIS IS NOT A CHECK  
 NON-NEGOTIABLE  
 DIRECT DEPOSIT**

## GrossmyerD165

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**From:** HansenT183  
**Sent:** Monday, August 20, 2018 4:05 PM  
**To:** Detectives  
**Subject:** FW: PRADCO Update for Matthew Mijangos: Interview scheduled for 8/30/2018

FYI

Chief Todd Hansen  
Maple Heights Police  
5373 Lee Road  
Maple Heights, OH 44137  
216-587-9610

**From:** [admin@pradco.com](mailto:admin@pradco.com) [<mailto:admin@pradco.com>]  
**Sent:** Monday, August 20, 2018 3:48 PM  
**To:** HansenT183  
**Subject:** PRADCO Update for Matthew Mijangos: Interview scheduled for 8/30/2018

Hello Todd,

The interview for Matthew Mijangos has been scheduled for 8/30/2018.

Please contact PRADCO if you have any questions at 440-337-4700 or email [support@pradco.com](mailto:support@pradco.com).

Thank you,

PRADCO

This e-mail was automatically generated and any reply to this e-mail will not be received by PRADCO or the client.

Please contact support directly at [support@pradco.com](mailto:support@pradco.com) if you require assistance.

## GrossmyerD165

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**From:** Dan Augustyn  
**Sent:** Monday, August 13, 2018 6:05 AM  
**To:** GrossmyerD165  
**Cc:** Kevern508  
**Subject:** Mike Mijangos ride along

Lt. Grossmyer

Below is my report of my ride along with Mike Mijangos. If you have any further questions please let me know.

On Saturday August 11, 2018, I, Ptl. Augustyn #536 rode with Mike Mijangos from Wellington from 1900 to 2300. He arrived on time and stayed till a little after his scheduled ending time. Throughout the day we took calls that included a TPO violation, a disturbance, a missing juvenile, and a noise complaint. Although Mike was advised not to carry a firearm, stated unless otherwise told by me, he was to follow me on all calls. Although we did not deal with any "high-risk" calls, I didn't observe any immediately apparent issues with officer safety. For the most part he did not interject on my investigations but did do a good job on keeping eyes on a male that was not very compliant. In between calls, we drove throughout all zones in the city and spoke about the workload, common calls received, Maple Heights Policy, minimum manpower, overtime, and wage. Mike is familiar with general police procedure as he has been a police officer for approximately 10 years. He was personable and spoke with all other officers working that day. Mike spoke a lot about Highland Hills police department. Throughout the day he was engaged and appeared interested in police work and Maple Heights.

Ptl. D. Augustyn #536

# CITY OF MAPLE HEIGHTS POLICE DEPARTMENT

## WAIVER OF RESPONSIBILITY

I, Matthew Mijangos in consideration of my request to ride along with a uniformed member of the Maple Heights Police Department as he/she performs his/her sworn duty, fully understand the risk inherent to Police work, and thereby release the City of Maple Heights, the Maple Heights Police Department, Chief Popielarczyk and/or any agent of the aforementioned parties from any and all liability regarding injury, both physical and psychological, and/or damage to personal property which may occur as a result of my participation in the requested ride along.

Matthew M. Jangos

Participant

[Signature]

Witness

[Signature]

Witness

08/11/18

Date



**Annette M. Blackwell**  
Mayor/Director of Safety



**Todd T. Hansen**  
Chief of Police

**Chief Todd Hansen # 183**  
**Maple Heights Police Department**  
**Maple Heights, Ohio 44137**

**05/15/2018**

**Police Chief Antonio F Stitt**  
**Highland Hills Police Department**  
**3700 Northfield Road, #1**  
**Highland Hills, Ohio 44122**

**Dear Chief Antonio Stitt:**

Under the **Ohio Open Records Law, §149.43 et seq.**, I am requesting an opportunity to inspect or obtain copies of public records that pertain to the personnel file of former Highland Hills Police Officer Matthew J Mijangos who was employed by the Village of Highland Hills from 07/2008 until 03/2016. I wish to view Mijangos complete personnel file to include training, commendations, promotions and any disciplinary action. Mijangos has applied with the City of Maple Heights as a police officer.

If there are any fees for searching or copying these records, please inform me if the cost will exceed \$ 0.00. However, I would also like to request a waiver of all fees in that the disclosure of the requested information is in the public interest. This information is not being sought for commercial purposes.

I would request a prompt response to this request. If you expect a significant delay in responding to or in fulfilling this request, please contact me with information about when I might expect copies or the ability to inspect the requested records.

If you deny any or all of this request, please cite each specific exemption you feel justifies the refusal to release the information and notify me of the appeal procedures available to me under the law.

Thank you for considering my request.

Respectfully Submitted,

---

**Chief Todd Hansen #183**

**216 587 9610**



**AUTHORIZATION FOR BACKGROUND CHECK  
CRIMINAL HISTORY QUESTIONNAIRE AND RELEASE**

In connection with my application for employment with Cuyahoga Community College, I understand that the College may conduct a background investigation or request an investigative consumer report that will include information as to my character, professional reputation, employment history, credit history (for residence verification only), driving record, educational background and criminal record.

I am aware that this investigation may include information obtained from interviews with my past or present associates, employers, co-workers, among others, who have or may have information about me. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my prospective employer from a consumer reporting agency. If so, I will be so advised and given the name of the agency or source of information.

I hereby authorize, without reservation, any person, firm, company, corporation, governmental agency, court, college, university, school district, or other educational institution, law enforcement agency, state agency, information service bureau, insurance company and any other entity having information, control or possession of any information pertaining to me or my background, contacted by Cuyahoga Community College or any company acting on behalf of the College to furnish the above mentioned information. I also authorize the National Personnel Records Center, St. Louis, MO or other custodian of my military records to release to Cuyahoga Community College or any company acting on behalf of the College, information or photocopies of my military personnel records.

I further acknowledge that a facsimile or photocopy of this Release Authorization shall be as valid as the original.

Have you ever been convicted of a felony? *(A record of conviction will not necessarily preclude you from employment)*

YES  NO

If YES, please provide the following information: YEAR \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_

Type of Offense (please explain): \_\_\_\_\_

By this Release Authorization, I hereby forever release, discharge, exonerate, hold harmless and indemnify Cuyahoga Community College, its trustees, officers, employees, representatives, agents, subcontractors, and independent contractors and any other person, entity, organization, or institution furnishing information to them from any and all liabilities of every nature and kind, including but not limited to claims for libel, slander, invasion of privacy, related tort claims, misuse of information obtained from the College and any other claim or cause of action arising out of the furnishing, inspecting, or copying of any documents, files, records, and other information, or the investigation made by or on behalf of the College, unless such release is determined to violate the public policy of the state or federal district where this contract is executed, and in that event, this release will be permitted to the maximum extent allowed by the governing law.

I certify that the information contained in this document is true to the best of my knowledge and belief. I understand that any omission of facts or misrepresentations is cause for denial of employment and/or dismissal (if hired) regardless of when discovered.

MATTHEW M. JANGOS  
Print Name

[Signature]  
Signature

2/26/15  
Date

**LAST CHANCE AGREEMENT**  
**FOR MATTHEW MIJANGOS**

On August 13, 2013, Matthew Mijangos ("Mijangos" or "Employee") was provided a meeting to discuss his unsatisfactory performance and conduct during his probationary period which started July 22, 2013 and advising him that his employer, Village of Highland Hills ("Village" or "Employer"), intended on taking disciplinary action up to termination for unprofessional and conduct unbecoming a police officer, for his actions taken at police calls on July 11, 2013 (while still a part-time employee) and on August 7, 2013.

Mijangos agrees he could be terminated by the Village for the misconduct and rules violations. The Employer and Mijangos agree that the incidents and actions of Mijangos of July 11, 2013 and August 7, 2013 constitute unprofessional police conduct, conduct unbecoming a police officer, and violation of the Village Police Department's rules, including but not limited to, the handling of criminal suspects or prisoners, and neglect of duty, and are otherwise sufficient grounds for disciplinary action or discharge and that just cause exists for disciplinary action.

At the request of Mijangos, and in light of his acknowledgement of and regret at having committed the incidents of unprofessional conduct, neglect of duty, conduct unbecoming a police officer and violation of the Police Department's Rules violations, the Employer agrees, on a non-precedential basis, to give Mijangos a **LAST CHANCE and FINAL** opportunity to demonstrate that he can be a responsible, dependable employee. Therefore, under the conditions set forth in this **LAST CHANCE AGREEMENT**, Mijangos' recommended disciplinary action or discharge shall be converted to a ten day (80-hour) unpaid suspension to be served on dates determined by the Chief of Police or his designee. In addition, Mijangos fully understands and agrees that as a

result of this LAST CHANCE AGREEMENT, any future incidents of a disciplinable nature during the remainder of his one year probationary period will result in his IMMEDIATE, FINAL AND IRREVOCABLE termination of employment from the Village, for which there will be no appeal or grievance. After completion of his probationary period on July 22, 2014, this Last chance Agreement shall remain in full force and effect for an additional two (2) years, until July 22, 2016 and that any future incidents of unprofessional conduct, conduct unbecoming a police officer or serious Departmental Rule violation shall also result in Mijangos' IMMEDIATE, FINAL and IRREVOCABLE termination of employment from the Village for which there is no appeal, administrative action, grievance or lawsuit.

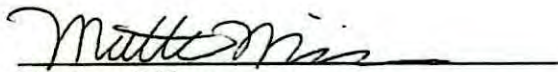
Mijangos further agrees to the following conditions of this Last Change Agreement:

1. Mijangos shall take retraining on adherence to proper procedure on the detainment and/or arrests of criminal suspects and any other retraining as determined by the Chief of Police or his designee. Such retraining days shall be unpaid and shall count as the unpaid suspension days as set forth in this Last Chance Agreement. Such unpaid training suspension days shall not exceed ten days. In the event the retraining days takes longer than ten (10) days, such retraining days over ten (10) days will be compensable duty days. Mijangos further agrees to pay any and all costs associated with retraining up to the first ten (10) days of retraining.
2. Mijangos shall take all anger-management assessments and counseling or related treatment as directed by the Employer within the next thirty (30) days and shall comply with all recommendations, plans or directives of the counselors or treatment advisors. Such anger management counseling or employee assistance shall be conducted while the Employee is off-duty. Mijangos agrees that the Employer shall be entitled to copies of all records to show proof of attendance and the compliance of all counseling plans. The Employee agrees to sign all waivers or HIPAA releases or any required document in order that the Village may obtain such counseling attendance records and records of compliance with treatment plans. Such anger management counseling must be started within 30 days as stated herein and completed by the end of Mijangos' probationary period. Mijangos further agrees that he shall be responsible for the payment for all costs and expenses for such counseling or treatment not covered by any applicable health insurance plan.



3. Mijangos understands that he will rotate shifts, pursuant to the Village's management rights, during the term of this Last Chance Agreement.
4. Mijangos acknowledges that this Last Chance Agreement was offered by the Village and accepted by him in order to retain Mijangos' employment under the conditions contained herein. Consequently, Mijangos hereby releases and discharges the Village, its Mayor, elected officials, employees and representatives from any and all further claims, administrative charges, demands, lawsuits or liabilities whatsoever, whether known or unknown, which Mijangos had or may now have against the Employer from the beginning of time to the date of this Last Chance Agreement and Release.

This Last Chance Agreement is entered into this 14<sup>th</sup> day of August, 2013.

  
Matthew Mijangos

  
Chief Antonjo Stitt

# HIGHLAND HILLS POLICE DEPARTMENT

3700 NORTHFIELD ROAD  
HIGHLAND HILLS, OHIO 44122 (216) 591-1234

Incident Number  
**13-561**

## Uniform Incident / Offense Report

Incident Description <b>DISORDERLY CONDUCT</b>	In Progress <b>YES</b>	Method Received <b>TELEPHONE</b>	Time Received <b>2:47</b>	Time Dispatched <b>2:48</b>	Time Arrived <b>2:51</b>	Time Cleared <b>3:19</b>
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Report Date / Time Date Time	Incident Occured From Date Time	Incident Occured To Date Time	Call Record #:	Report Type:
07/11/13 5:35	07/11/13 2:47	07/11/13 3:19	13CR446	OFFENSE

Location of Incident (Address, Street, Apt. #, City, State, Zip)  
**DRIVEWAY OF CLEVELAND HOUSE OF CORRECTION**

Subject(s) Involved: (Last, First, MI.) 1: <b>PRICE THEODORE B</b>	Type: <b>SUSPECT</b>	Property Involved:	Seized:
2: _____	_____		
3: _____	_____		
4: _____	_____		

Additional Subjects:

Subject 1: Offense(s): Code Description Degree	Subject 2: Offense(s): Code Description Degree	Subject 3: Offense(s): Code Description Degree	Subject 4: Offense(s): Code Description Degree
509.03A2 DISORDERLY CONDUCT MI			

1st: Unit(s): <b>7687</b> Officer(s): <b>PTL. MATTHEW MIJANGOS</b> Role(s): <b>REPORTING OFFICER</b>	Case Status: <b>PENDING COURT</b>
2nd: Unit(s): <b>7686</b> Officer(s): <b>PTL. CHARLES DOCTOR</b> Role(s): <b>ASSISTING OFFICER</b>	CCPO # _____
3rd: _____	CIF(s) # _____
4th: _____	Photos Taken: _____
5th: _____	

Vehicle Involved: \_\_\_\_\_ Vehicle Owner: (Last, First, MI.) \_\_\_\_\_  
Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ License Plate: \_\_\_\_\_ Type: \_\_\_\_\_ State: \_\_\_\_\_  
VIN: \_\_\_\_\_ Color: \_\_\_\_\_ Seized: \_\_\_\_\_ Towed By: \_\_\_\_\_ Additional Vehicles: \_\_\_\_\_

### Narrative: 13-561

On the above date and time, I, Ptl. Mijangos (badge #24) was dispatched to the Cleveland House of Correction for a intoxicated male on the premise. Once I arrived I noticed a male, later identified as Theodore Price, sitting on the ground with three correction officers standing nearby. I asked Lt. Chambers of the CHOC if Mr. Price was an inmate of theirs? Lt. Chambers stated "no". I attempted to speak with Mr. Price, however he began using profanity because I refused to shake his hand. At that time I attempted to place Mr. Price in handcuffs, while do so Mr. Price attempt to slap me, therefore I forced him onto his stomach. Ptl. Doctor and myself had to forcefully place Mr. Price in handcuffs. Once Mr. Price was placed in the back seat of my unit I noticed a small laceration under his right eye. At that time the Highland Hills Rescue Squad was dispatched.

Once the HHFD arrived, Mr. Price became more verbally combative, therefore, the HHFD recommended that Mr. Price be taken to South Pointe Hospital for medical care. The HHFD transported Mr. Price to South Pointe. Once we arrived Mr. Price was yelling racial slurs towards the HHFD. Inside the hospital Mr. Price became verbally abusive toward the medical staff and would not cooperate with their instructions and had to be handcuffed to the medical bed. At times, Mr. Price would make inappropriate sexual comments to EMT-P Stefanie Hayes and RN Kelly Lott, in which they repeated advised Mr. Price to stop with his comments.

I then wrote Mr. Price a citation for disorderly conduct and he was now under the care of the South Pointe medical staff.

Mr. Theodore Price is charged with Disorderly Conduct Intox and was given a Mayors Court date of July 23, 2013 at 4:30pm.

# HIGHLAND HILLS POLICE DEPARTMENT

Subjects Involved

Incident Number  
**13-561**

Subject #1		Incident Relation Type: SUSPECT		Incident Contact Entered: 7/11/2013		
Last Name:	First Name:	MI:	Lic/ID#	D.O.B.:	S.S.N.:	
PRICE	THEODORE	B				
Address:		City:	State:	Zip:		
		CLEVELAND	OHIO	44102		
Hgt.	Wgt.	Hair:	Eyes:	Race:	Sex:	Physical Marks:
508	150	BRO	BRO	BLK	MALE	
Home Phone:		Cell Phone:	Employer:	Employer Phone:		
						Additional Charges:
Code / Ord.	Code / Ord. Description:	Degree:	Code / Ord.	Code / Ord. Description:	Degree:	Total Offense(s):
509.03A2	DISORDERLY CONDUCT	MM				
Type of Issuance:	Primary Court:	Court Date:	Court Time:	Jailed	Jail Facility:	Bond Amount:
CITATION	MAYORS COURT	7/23/2013	1630	NO		

Subject #2		Incident Relation Type:		Incident Contact Entered: 7/11/2013		
Last Name:	First Name:	MI:	Lic/ID #	D.O.B.:	S.S.N.:	
Address:		City:	State:	Zip:		
Hgt.	Wgt.	Hair:	Eyes:	Race:	Sex:	Physical Marks:
Home Phone:		Cell Phone:	Employer:	Employer Phone:		
						Additional Charges:
Code / Ord.	Code / Ord. Description:	Degree:	Code / Ord.	Code / Ord. Description:	Degree:	Total Offense(s):
Type of Issuance:	Primary Court:	Court Date:	Court Time:	Jailed	Jail Facility:	Bond Amount:

Subject #3		Incident Relation Type:		Incident Contact Entered: 7/11/2013		
Last Name:	First Name:	MI:	Lic/ID #	D.O.B.:	S.S.N.:	
Address:		City:	State:	Zip:		
Hgt.	Wgt.	Hair:	Eyes:	Race:	Sex:	Physical Marks:
Home Phone:		Cell Phone:	Employer:	Employer Phone:		
						Additional Charges:
Code / Ord.	Code / Ord. Description:	Degree:	Code / Ord.	Code / Ord. Description:	Degree:	Total Offense(s):
Type of Issuance:	Primary Court:	Court Date:	Court Time:	Jailed	Jail Facility:	Bond Amount:

Subject #4		Incident Relation Type:		Incident Contact Entered: 7/11/2013		
Last Name:	First Name:	MI:	Lic/ID #	D.O.B.:	S.S.N.:	
Address:		City:	State:	Zip:		
Hgt.	Wgt.	Hair:	Eyes:	Race:	Sex:	Physical Marks:
Home Phone:		Cell Phone:	Employer:	Employer Phone:		
						Additional Charges:
Code / Ord.	Code / Ord. Description:	Degree:	Code / Ord.	Code / Ord. Description:	Degree:	Total Offense(s):
Type of Issuance:	Primary Court:	Court Date:	Court Time:	Jailed	Jail Facility:	Bond Amount:

STATE OF OHIO CUYAHOGA COUNTY  
 HIGHLAND HILLS MAYOR'S COURT  
 BEDFORD MUNICIPAL COURT  
 STATE OF OHIO  
 VILLAGE OF HIGHLAND HILLS

HH 01257

13-561

v. NAME Theodore B. Price  
STREET [REDACTED]  
CITY-ST. Cleveland, Ohio  
SEX M HEIGHT 5-8 WEIGHT 150 HAIR BRO EYES BRO AGE 69  
D.O. [REDACTED] RF182117

MISDEMEANOR CITATION

COMPLAINT

The undersigned being duly sworn, upon his oath deposes and says that the person whose name appears above did on the

11<sup>th</sup> day of July at 0320 A.M.

ORC/ORD. No. 509.03A2 Degree: MM

ORC/ORD. Description: Disorderly Conduct (Intox)

Details of Offense: Mr. Price intoxicated

profanity, while attempting to  
escort him to the unit he resisted.

Mr. Price admitted to having  
three drinks of alcoholic beverage.

LOCATION OF OFFENSE: Alleyway of  
Cleveland House of Correction.

In The VILLAGE OF HIGHLAND HILLS

IF YOU FAIL TO APPEAR AT THE TIME AND PLACE STATED BELOW YOU WILL BE ARRESTED

YOU ARE ORDERED TO APPEAR AT 4:30 A.M.

ON THE 23 DAY OF July, 20 13, IN THE

HIGHLAND HILLS MAYOR'S COURT  BEDFORD MUNICIPAL COURT  
3700 NORTHFIELD ROAD 165 WARRENSVILLE CENTER ROAD  
HIGHLAND HILLS, OHIO 44122 BEDFORD, OHIO 44146  
216-458-7139 440-232-3420

This complaint with summons was served personally on the defendant.

Mr. [Signature] # 24

SIGNATURE OF ISSUING OFFICER OR OTHER AFFIANT

Being duly sworn the issuing affiant states that he has read the complaint and that it is true.

ISSUING OFFICER OR OTHER AFFIANT

Sworn to and acknowledged before me this

\_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

SUMMONS

JUDGE  CLERK  DEPUTY CLERK

COURT DATE			A.M.
MONTH	DAY	YEAR	P.M.

COURT RECORD

# HIGHLAND HILLS POLICE DEPARTMENT

## Q&A STATEMENT

3700 Northfield Road  
Highland Hills, Ohio 44122  
(216) 591-1234

I-A CASE      8/8/2013      0730  
Case Number      Date      Time

LT. REGINALD FLOWERS

Subjects Name

CLEVELAND HOUSE OF CORRECTIONS

Address

HIGHLAND HILLS, OHIO 44122

City, State, Zip

216-464-9100

Home Phone

Cell Phone

01/04/1967

DOB

SSN

CPL. DAVID KORAN

Officer Conducting Statement

HHPD

Location Statement Made

N/A

Miranda Rights Read

N/A

Miranda Rights Waived

RECORDED VIDEO

Statement/Miranda Witness Name

### (Q) Question (A) Answer Statement Narrative

Q: Your Name and position?

A: REGINALD FLOWERS, JAIL MANAGER AT HOUSE OF CORRECTIONS

Q: Were you working at the Cleveland House of Corrections on the morning of 07/11/2013?

A: YES

Q: Do you recall anything unusual that occurred that morning?

A: YES, HAD A PHONE CALL ABOUT A POSSIBLE INTOX MALE ON THE PREMISES

Q: Who was there that morning?

A: MYSELF, LT. CHAMBERS, OFC. MCGLOTHIN

Q: Did you know the subject in the parking lot, and was his condition, demeanor, and reason for being there?

A: NO I DID NOT KNOW, CONDITION WAS INTOX AND UNRULY STAE HE WAS TRYING TO TURN HIMSELF BUT HE HAD NO NOTIFICATION AT THAT TIME.

Q: When did you call the police?

A: AFTER HIS UNRULY BEHAVIOR BEHAVIOR NOTIFIED CONTROL TO CALL HIGHLAND HILLS.

Q: Did you know the officers that responded?

A: NO

Q: Did you see the subject get handcuffed?

A: YES I DID

Q: Was the subject resisting, or did he display a threat or gesture towards the officer?

A: HE WAS BASICALLY RESISTING BECAUSE OF HIS BODY WEIGHT AND NOT COMPLYING

Q: How was he resisting in detail?

A: BY NOT COMPLYING, USING PROFANITY, AND JUST BEING DEAD WEIGHT. REFUSING TO GET UP.

Q: Who handcuffed the subject?

A: HIGHLAND HILLS POLICE OFFICER

Q: Was the subject searched?

A: I DO NOT KNOW

Q: How many officers were there?

A: 2

I Have Read the Following Statement That was Prepared By The Interviewing Officer and Agree to its Contents.

Initial One

YES

NO

[Signature]  
Statement Subjects Signature:

8-8-13  
Date of Statement:

[Signature]  
Officer Signature:

Witness Signature:

Page

1

Of

2

Page

# HIGHLAND HILLS POLICE DEPARTMENT

## Q&A STATEMENT

3700 Northfield Road  
Highland Hills, Ohio 44122  
(216) 591-1234

I-A CASE      8/8/2013      0730  
Case Number      Date      Time

CPL. DAVID KORAN  
Officer Conducting Statement

LT. REGINALD FLOWERS  
Subjects Name

(Q) Question (A) Answer Statement Narrative

Q: Did you see the subject attempt to strike the officer?

A: NO

Q: Where were you standing when the arrest took place?

A: RIGHT ON THE PROPERTY SAY FIVE TO TEN FEET

Q: Did you hear any of our officers using profanity during the arrest?

A: YES

Q: Do you know about the injury sustained to the arrested subject?

A: NO

Q: What profanities and in what manner was our officer using it?

A: JUST IN THE ORDER TO GET HIM UP UNDER CONTROL

Q: Was our officer's conducting themselves in a professional manner?

A: UMM TO MUST EXTENT GIVING THE SITUATION .

# HIGHLAND HILLS POLICE DEPARTMENT

## Q&A STATEMENT

3700 Northfield Road  
Highland Hills, Ohio 44122  
(216) 591-1234

I-A CASE      8/8/2013      0730  
Case Number      Date      Time

**LT. KEVIN CHAMBERS**

Subjects Name

**CLEVELAND HOUSE OF CORRECTIONS**

Address

**HIGHLAND HILLS, OHIO 44122**

City, State, Zip

**216-921-2244**

Home Phone

Cell Phone

**06/07/1955**

DOB

SSN

**CPL. DAVID KORAN**

Officer Conducting Statement

**HHPD**

Location Statement Made

**N/A**

Miranda Rights Read

**N/A**

Miranda Rights Waived

**RECORDED VIDEO**

Statement/Miranda Witness Name

(Q) Question (A) Answer Statement Narrative

Q: Your Name and position?

A: KEVIN CHAMBERS, LIEUTENANT

Q: Were you working at the Cleveland House of Corrections on the morning of 07/11/2013?

A: YES IN THE AM

Q: Do you recall anything unusual that occurred that morning?

A: YES, OFFICERS FROM THE ANNEX CALLED ABOUT AINTOX MALE TRYING TO GET IN ANNEX FACILITY. THAT ME AND LT. FLOWERS RESPONDED TO LOOK FOR THE MALE AND WE DID NOT SEE AND THEN FOUND HIM ON GROUND AND THEN ASKED WHAT WAS HE DOING THERE.

Q: Who was there that morning?

A: MYSELF, LT. FLOWERS, AND OFFICER MCGLOTHLIN

Q: Did you know the subject in the parking lot, and was his condition, demeanor, and reason for being there?

A: I DIDN'T KNOW THE INDIVIDUAL BUT HE WAS VERY INTOXICATED AND LATER FOUND OUT HE WAS GONNA TURN HIMSELF IN.

Q: When did you call the police?

A: WHEN WE FOUND OUT THAT HE WAS SUPPOSE TO TURN HIMSELF IN AT 9AM BUT WAS INTOXICATED AND ON GROUND LT. FLOWERS DECIDED TO CALL HIGHLAND HILLS POLICE.

Q: Did you know the officers that responded?

A: NO

Q: Did you see the subject get handcuffed?

A: YES

Q: Was the subject resisting, or did he display a threat or gesture towards the officer?

A: HE WAS VERY VERBAL AND INTOX AND HE TOLD OFFICER TO LEAVE HIM ALONG AND THE OFFICER ASSISTED HIM TO GET OFF THE GROUND. AND THEN HE TOOK HIM DOWN AND HANDCUFFED HIM.

Q: So the subject was standing at the time?

A: NO HE WAS SITTING ON GROUND

Q: Who handcuffed the subject?

A: ONE OF THE OFFICERS, ABOUT 6'3" about 215-220 white male with dark hair and maybe glasses.

Q: Was the subject searched?

A: I THINK HE WENT THROUGH HIS POCKETS.

Q: How many officers were there?

A: 2

I Have Read the Following Statement That was Prepared By The Interviewing Officer and Agree to its Contents.

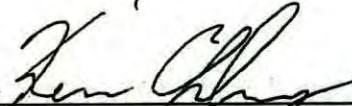
Initial One

YES

NO

  
Officer Signature:

Witness Signature:

  
Statement Subjects Signature:

**8-8-13**  
Date of Statement:

1 Of 2 Page

# HIGHLAND HILLS POLICE DEPARTMENT

## Q&A STATEMENT

3700 Northfield Road  
Highland Hills, Ohio 44122  
(216) 591-1234

I-A CASE      8/8/2013      0730  
Case Number      Date      Time

CPL. DAVID KORAN  
Officer Conducting Statement

LT. KEVIN CHAMBERS  
Subjects Name

(Q) Question (A) Answer Statement Narrative

Q: Did you see the subject attempt to strike the officer?

A: NO I DID NOT SEE THAT

Q: Where were you standing when the arrest took place?

A: I THINK I WAS IN FRONT OR TO THE SIDE ABOUT COUPLE OF FEET

Q: Did you hear any of our officers using profanity during the arrest?

A: NO

Q: Do you know about the injury sustained to the arrested subject?

A: LATER I WAS TOLD BUT ALSO SEEN IT THE NEXT MORNING TO HIS EYE AND MAYBE THE LEFT

Q: Do you know how the injury occurred?

A: WHEN THE OFFICER TOOK HIM DOWN, ASSISTED TO PICK HIM AND SUBJECT SAID GET OFF ME AND THE OFFICER TOOK HIM DOWN TO THE GROUND.

Q: Was our officer's conducting themselves in a professional manner?

A: I SAY HE WAS



In reference to report 13-561

On July 11, 2013 Ptl. Mijangos was dispatched to C.H.O.C for a drunk and disorderly male on the property. As I was arriving on scene Ptl. Mijangos was getting out of 7687 and approaching male who was sitting on the ground with two C.H.O.C employees standing over him. The male was later identified as Theodore Price. As I exited my vehicle and I observed Ptl. Mijangos put Price on the ground stating "what did you say to me"! Ptl. Mijangos then began to handcuff him at which time I restrained Price's left arm so that Ptl. Mijangos could place him in hand cuffs. As Ptl. Mijangos stood Price up he leaned him up against his hood of 7687 and checked him for weapons and then placed him in the rear of his Police unit 7687.

While Price was in the rear of 7687 Ptl. Mijangos observed a laceration under Price's eye at which time Ptl. Mijangos called for a squad. While the squad was looking at Price's eye Ptl. Mijangos asked what we should do, I told him I guess we should arrest him now! Ptl. Mijangos followed the squad to South Point Hospital where he latter cited Price for disorderly conduct and released him. Ptl. Mijangos returned to the station advised me that South Point was going to keep him over night until he sobered up.

Ptl. Mijangos #16



**HIGHLAND HILLS POLICE DEPARTMENT**

3700 Northfield Road  
Highland Hills, Ohio 44122  
Emergency 911 Non-Emergency (216) 591-1234 Fax (216)283-3008

\*\*\*\*\*

**Jerome Skeabeck - Sergeant**

**To: Ptl. Mijangos  
From: Sgt. Skeabeck  
Date: July 30<sup>th</sup> 2013  
Ref, 13-561**

.....  
**In reference to report 13-561, I need an immediate response to the following on a Form-A.**

- 1- Did the suspect attempt to slap you while you attempted to put handcuffs on him? If so please explain.**
- 2- Did the suspect pose an immediate physical threat while in the sitting position on the ground while intoxicated? If so please explain.**
- 3- How did the suspect receive the laceration under his right eye?**
- 4- Upon first contact with the suspect was impairment by drugs or alcohol contributing to the suspect's behavior?**
- 5- As you recall this incident was it handled in a professional manner?**

**A concern on this incident was brought to the attention of this administration. As in all incidents being looked into the above questions will be reviewed to determine the merit of concern.**

\_\_\_\_\_

*Highland Hills Police Department  
Form A*

*To: Sgt. Skeabeck  
From: Ptl. Mijangos  
Date: 07/31/13  
Subject: RE: Ref, 13-561*

- 1) Yes, after I detected a strong odor of alcohol coming from the suspect and after the suspect began to use profanity toward me, I attempted to put the suspect's hands together, while doing so the suspect's left hand came toward my face.*
- 2) Yes the suspect became physical while in the seated position when I lowered myself toward him.*
- 3) It is uncertain when the laceration occurred, however, it could be believed when I arm-barred him on his stomach from the seated position.*
- 4) Yes. It is unknown if drugs played a role in the suspects behavior, however it was obvious that alcohol did play a role in his behavior. The suspect attitude changed from aggressive to clam to understanding and then back to aggressive throughout our entire interaction with him.*
- 5) Yes. Policy and procedure was followed throughout the entire incident with this suspect.*



**HIGHLAND HILLS POLICE DEPARTMENT**

3700 Northfield Road  
Highland Hills, Ohio 44122  
Emergency 911 Non-Emergency (216) 591-1234 Fax (216)283-3008

\*\*\*\*\*

**Jerome Skeabeck - Sergeant**

**To: Ptl. Mijangos**  
**From: Sgt. Skeabeck**  
**Date: AUG. 8<sup>TH</sup> 2013**  
**Ref, 13-630**

.....

**IN REF TO THE VIDEO ON REPORT 13-630 IT SHOWS YOU PUSHING THE HEAD OF A SUBJECT WHO IS CUFFED AND SITTING DOWN. ON A FORM A EXPLAIN WHY THIS ACTION OF PUSHING HIS HEAD WAS NEEDED. HAVE THIS FORM COMPLETED BE FORE YOU LEAVE PUT IT UNDER THE CHIEFS DOOR.**

\_\_\_\_\_

**Administrative Memorandum**

**\*\*\*CONFIDENTIAL\*\*\***

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**Date: August 8<sup>th</sup> 2013**

**Ref: Ptl. Mathew Mijangos**

**Date of Incident July 11<sup>th</sup> 2013**

**Report # 13-561**

**From Sgt. Jerome Skeabeck**

**Cc: Chief Antonio Stitt  
Cpl. Dave Koran  
Law Director T. O'Donnell**

---

On July 30<sup>th</sup> 2013, Chief Stitt had been made aware by anonymous employee informant that Ptl. Mijangos behavior was in question in reference to report 13-561. This information was passed down to the Sgt. & Cpl to be investigated. Upon review of the video that was operating from Mijangos body cam. A highly intoxicated male was sitting on the ground being loud using profanity offered to shake Mijangos hand when Mijangos refused to shake his hand the suspect yelled FUCK YOU. Mijangos ask suspect to repeat what he had said Suspect yelled Fuck You a second time. At this time Mijangos grabbed the suspect and rolled him over onto the ground stating to the suspect NO FUCK YOU. Cuffing him. Upon completion of the cuffing process suspect sustained a laceration above his right eye. Upon what this supervisor observed Mijangos behavior was not acceptable. Further upon review of the written report Mijangos stated suspect attempted to slap him while cuffing him. I did not observe any action by the suspect which would be deemed a threat. After a written request to Mijangos from this supervisor questioning the actions taken on this arrest Mijangos feels he handled this in a professional manner. After interviewing Ptl. Doctor who was the assist vehicle at no time did he observe suspect attempt to slap Mijangos. Cpl interviewed work house guards who were present no one seemed to observe the suspect slap or attempt to slap Mijangos. Statements attached. Further report 13-630 Ptl. Axner had called this supervisor at aprox 20:00 hrs 8-7-13 about an incident he was involved with and had concern with Mijangos behavior on the scene. The Video was pulled and observed by myself and Cpl. Koran it does show a highly intoxicated suspect sitting on a curb hand cuff Mijangos telling him to look down at the ground. This suspect appeared to be non threatening and sitting handcuffed on the ground when Mijangos pushes the suspects head forward then down and tells him to comply. This behavior is Completely unacceptable. Further today upon my arrival it was learned the Mijangos at 04:00 08-08-13 did observe a vehicle parked on a side street did stop at which time it was a male

and a female engaged in a sexual act. Mijangos video shows that suspect s did not have pants on sitting in the front seat Mijangos addresses both suspects why don't you go on the other side of the street and FUCK. At which time both suspects put on there pants at this time Mijangos does call out his traffic. And identifies both parties hand cuffs the male at which time five minutes into the stop his back up arrives.. Back up officer with no video takes female in the back of 7684. Both suspects were released.

**SUPERVISORS OPINION.**

I did observe some bad police work here in all three incidents.

1- Excessive force, Conduct Unbecoming, Truthfulness.

2- Conduct Unbecoming, Excessive Force.

3-Not following procedure

As an old street cop who always wants to be able to defend the actions of our officers I can not in this case, this behavior is not tolerated or acceptable for this department.

Disciplinary action must be taken and some type of anger management and probation for further violations.

# HIGHLAND HILLS POLICE DEPARTMENT

3700 NORTHFIELD ROAD  
HIGHLAND HILLS, OHIO 44122 (216) 591-1234

Incident Number

**13-630**

## Uniform Incident / Offense Report

Incident Description <b>O.V.I. ARREST</b>	In Progress <b>YES</b>	Method Recieved <b>ON VIEW</b>	Time Recieved	Time Dispatched	Time Arrived	Time Cleared
Report Date / Time Date: <b>08/07/13</b> Time: <b>3:20</b>	Incident Occured From Date: <b>08/07/13</b> Time: <b>1:20</b>	Incident Occured To Date: <b>08/07/13</b> Time: <b>2:38</b>	Call Record #:	Report Type: <b>OFFENSE</b>		

Location of Incident (Address, Street, Apt. #, City, State, Zip)

Subject(s) Involved: (Last, First, MI.) 1: <b>LITTLE MAURICE</b> Type: <b>S</b> 2: <b>ATKINS MARZELL</b> Type: <b>D</b> 3: _____ 4: _____	Property Involved: <b>YES</b> Seized: <b>YES</b> <b>BAG LABLED V.K. WITH APPROX. HALF OUNCE OF SUSPECTED MARIJUANA. PRESCRIPTION BOTTLE WITH SUSPECTED MARIJUANA INSIDE.</b>
Additional Subjects: <b>NO</b>	Amount:

Subject 1: Offense(s): Code Description Degree	Subject 2: Offense(s): Code Description Degree	Subject 3: Offense(s): Code Description Degree	Subject 4: Offense(s): Code Description Degree
---	---	---	---

1st: <b>7684</b> Unit(s): <b>PTL. JEFFREY AXNER</b> Role(s): <b>REPORTING/ARRESTING OFFICER</b>	Case Status: <b>PENDING REVIEW</b>
2nd: <b>7684</b> Unit(s): <b>PTL. LENFORD CAMPBELL</b> Role(s): <b>ASSISTING OFFICER</b>	CCPO # _____
3rd: <b>7687</b> Unit(s): <b>PTL. MATTHEW MIJANGOS</b> Role(s): <b>ASSISTING OFFICER</b>	CIF(s) # _____
4th: _____	Photos Taken: <b>NO</b>
5th: _____	

Vehicle Involved: Vehicle Owner: (Last, First, MI.) **LITTLE SHELDON M**  
Year: **1994** Make: **TOYOTA** Model: **4-DR** License Plate: **357YCC** Type: **PC** State: **OHIO**  
VIN: **1NXAE04B1RZ183850** Color: **BLACK** Seized: **YES** Towed By: **KELLYS** Additional Vehicles: **NO**

### Narrative: 13-630

On the above date and time, I observed a vehicle stopped on S. Green Rd. stopped in the northbound lanes, north of Harvard. Rd. When I passed the vehicle, I observed the operator limply hanging outside of the driver-side door. I turned around, approached the vehicle from the rear, and initiated a traffic stop. Upon my initial approach, I contacted the driver, who I identified as Sheldon Maurice Little Jr. and asked him if he was "Okay." Little was unresponsive to my questions and appeared extremely disoriented. Little could not answer simple questions and could not execute simple commands, such as stand up. Little also had a strong odor of an alcoholic beverage emitting from his person. After Little exited the vehicle, he vomited multiple times on the trunk of the vehicle he was driving. The vomit reeked of an alcoholic beverage. When I patted Little down a felt what was a prescription bottle. Upon further inspection, I found one piece, approximately the size of a half dollar of suspected marijuana.

Dispatch notified Beachwood to respond to the traffic stop however, they informed us that they had no available units. I then requested that an ambulance to be sent to our location to examine Little.

I identified the passenger of the vehicle as Marzell D. Atkins who also emitted a strong odor of an alcoholic beverage. Atkins denied drinking, then admitted drinking, then denied once again. Marzell informed me that a driver's license was located in the glove box. When I opened the glove box, I found a Ziploc bag containing approximately .5 oz. of suspected marijuana and Little's driver's license. I also found a red plastic cup containing beer in the passenger side cup holder.

After being examined by Highland Hills EMS, they determined that the severity of Little's intoxication warranted further emergency treatment and transported Little to South Pointe Hospital. Ptl. L. Campbell and Ptl. Mijangos accompanied Little to South Pointe Hospital.

Kelly's Towing took possession of the vehicle.

Upon speaking with Inv. Golston, he advised that since the incident took place outside of the jurisdiction of Highland Hills to advise and send.

Attachments:  Subjects Involved  Vehicles Involved  Supplemental Report  Investigative Case Report  Investigation Notes(s)

*Highland Hills Police Department  
Form A*

*To: Chief Stitt  
From: Ptl. Mijangos  
Date: 08/09/13  
Subject: 13-630*

*The subject in this matter was indeed in the seated position, however the subject was not in handcuffs. The subject was intoxicated while underage.*

*During questioning of this subject he was found to be lying (two different stories), therefore I told him that he was lying. The subject began getting verbally defensive about his lies. While his arms rested on his knees he balled up his fists and gave me a threaten share. At that time I ordered him to look down (so that he wouldn't be able to size me up nor be able to wait for the right time to strike. However, the subject refused my order. The subject gave me this stare from the time I was in front of him and all the way to I walked behind him. As a result I felt threaten so I placed my right hand on the back of his head and placed it downwards while giving my order again to him. The subject physically attempted to place his head back upwards with force, however I advised him that he was not strong enough. At that time the subject complied and was no longer a threat towards me or other officers on scene.*



INV FORM 40 (Rev. 6/14)  
U.S. OFFICE OF PERSONNEL  
MANAGEMENT (5 CFR 736)

**GENERAL REQUEST FOR  
INVESTIGATIVE INFORMATION**  
U.S. GOVERNMENT USE ONLY

F  
R  
O  
M  
UNITED STATES OFFICE OF PERSONNEL MANAGEMENT  
FEDERAL INVESTIGATIONS PROCESSING CENTER  
PO BOX 618  
BOYERS, PA 16018-0618

MULTIPLE INQUIRIES MAY BE RECEIVED DUE TO SUBJECT SUPPLIED INFORMATION.

T  
O  
VILLAGE OF HIGHLAND HILLS  
3700 NORTHFIELD ROAD  
HIGHLAND HILLS, OH 44122

**INSTRUCTIONS:** We are investigating the person identified below. Please search your records, indicating the results by marking one of the ovals on the reverse of this form. If any pertinent information is contained in your records, please send a photocopy as an attachment to this form. If a photocopy is not available, report the pertinent information in the "remarks" section. Please return the completed form, with any attachments to the Office of Personnel Management at the address shown above.

**PRIVACY ACT INFORMATION:** This investigative inquiry is in full compliance with the Privacy Act of 1974 and other laws protecting the civil rights of the person we are investigating. The information you provide, including your identity, will be disclosed to the person being investigated and other federal agencies, at this person's request.

**CERTIFICATION:** The person we are investigating has given written consent for this investigative inquiry. We keep that consent on file. If a copy is required in order to complete this form, please indicate this requirement in writing on the reverse.

Completion of this form as soon as possible will help this person and the agency perform their duties in a more timely and efficient manner.

CASE NUMBER: 1620736549 CASE TYPE: 57 ITEM NUMBER: 009 ITEM TYPE: EMPL-03

FULL NAME (LAST, FIRST, MIDDLE)			
MIJANGOS, MATTHEW JAMES			
OTHER NAMES USED			
DATE OF BIRTH	SOCIAL SECURITY NUMBER	POSITION REQUIRING INVESTIGATION	
01/04/1984		FPS P50	
PLACE OF BIRTH			
CLEVELAND-CUYAHOGA, OH			
ADDITIONAL INFORMATION FOR YOUR RECORD SEARCH			
DATE: 03/2016 EXPL: 0			
REASON: A COMPLAINT BY A PRESENTER OF A CLASS FOR OFFICERS' BEHAVIOR DURING SEMINAR IN WHICH SUBJECT WAS A POSITION OF AUTHORITY.			
PLEASE PROVIDE SPECIFIC DATES OF EMPLOYMENT AND A BRIEF STATEMENT REGARDING THE SUBJECT'S PERFORMANCE AND CONDUCT WHILE EMPLOYED, INCLUDING INFORMATION CONCERNING ANY INSTANCES OF NEGLIGENCE OR MISCONDUCT NOTED DURING EMPLOYMENT.			
IF SUBJECT LEFT EMPLOYMENT UNDER ADVERSE CIRCUMSTANCES, PLEASE PROVIDE COMPLETE DETAILS AND DOCUMENTATION OF THESE CIRCUMSTANCES. INDICATE IF AND HOW THE SUBJECT WAS NOTIFIED OF THE REASONS FOR HIS/HER LEAVING EMPLOYMENT. IF WRITTEN NOTIFICATION WAS GIVEN, PLEASE PROVIDE A COPY			

## MARKING INSTRUCTIONS

**CORRECT MARK:**



- USE A NO. 2 PENCIL OR BLUE OR BLACK INK PEN ONLY.
- DO NOT USE PENS WITH INK THAT SOAKS THROUGH THE PAPER.
- DO NOT MAKE ANY STRAY MARKS ON THIS SHEET.

**INCORRECT MARKS:**



### PLEASE COMPLETE THE ITEMS SHOWN BELOW

1 IS THE INFORMATION ON THE FRONT OF THIS FORM THE SAME AS SHOWN IN YOUR RECORDS?  
 a  YES      b  NO (Please explain in item 6)      c  WE HAVE NO RECORD ON THIS PERSON

2 MARK ONE OF THE FOLLOWING PERTAINING TO THIS PERSON'S EMPLOYMENT:  
 a  SUBJECT CURRENTLY EMPLOYED HERE      d  LEFT EMPLOYMENT VOLUNTARILY/EMPLOYMENT NOT ENTIRELY FAVORABLE (Please explain in item 6)  
 b  LEFT EMPLOYMENT VOLUNTARILY/EMPLOYMENT ENTIRELY FAVORABLE      e  FIRED FOR UNFAVORABLE EMPLOYMENT OR CONDUCT (Please explain in item 6)  
 c  SEPARATED BECAUSE OF COMPANY CUTBACK IN WORKFORCE OR CHANGE IN SKILL NEEDS      f  RESIGNED AFTER INFORMED OF POSSIBLE FIRING (Please explain in item 6)  
 g  LEFT EMPLOYMENT BY MUTUAL AGREEMENT DUE TO SPECIFIC PROBLEMS (Please explain in item 6)

3 IS THIS PERSON ELIGIBLE FOR REHIRE?  
 a  YES      b  NO - DUE TO COMPANY POLICY AND/OR NOT RELATED TO UNFAVORABLE EMPLOYMENT      c  NO - FOR REASONS RELATING TO UNFAVORABLE EMPLOYMENT (Please explain in item 6)

4 DO YOU HAVE ANY REASON TO QUESTION THIS PERSON'S HONESTY OR TRUSTWORTHINESS?  
 a  NO      c  I DO NOT KNOW THIS PERSON WELL ENOUGH TO RESPOND  
 b  YES (Please explain in item 6)      d  I WISH TO DISCUSS THE ADVERSE INFORMATION I HAVE

5 DO YOU HAVE ANY ADVERSE INFORMATION ABOUT THIS PERSON'S EMPLOYMENT, RESIDENCE OR ACTIVITIES CONCERNING:

YES NO	YES NO	YES NO
a <input type="radio"/> <input type="radio"/> VIOLATIONS OF THE LAW	d <input type="radio"/> <input type="radio"/> ABUSE OF DRUGS	f <input checked="" type="radio"/> <input type="radio"/> GENERAL BEHAVIOR OR CONDUCT
b <input type="radio"/> <input type="radio"/> FINANCES	e <input type="radio"/> <input type="radio"/> MENTAL OR EMOTIONAL STABILITY	g <input type="radio"/> <input type="radio"/> OTHER MATTERS
c <input type="radio"/> <input type="radio"/> ABUSE OF ALCOHOL	(If YES to any of these questions, please explain in item 6)	

I WISH TO DISCUSS THE ADVERSE INFORMATION I HAVE

6  IF ADDITIONAL INFORMATION IS PROVIDED BELOW, YOU MUST FILL IN THIS MARK  
 ADDITIONAL INFORMATION WHICH YOU FEEL MAY HAVE A BEARING ON THIS PERSON'S SUITABILITY FOR GOVERNMENT EMPLOYMENT OR A SECURITY CLEARANCE. THIS SPACE MAY BE USED FOR DEROGATORY AS WELL AS POSITIVE INFORMATION, A CONFIDENTIALITY REQUEST, AND/OR A COPY OF CONSENT REQUEST.

7 DO YOU RECOMMEND THIS PERSON FOR GOVERNMENT SECURITY CLEARANCE OR EMPLOYMENT?  
 a  YES      c  I DON'T KNOW THIS PERSON WELL ENOUGH TO MAKE A RECOMMENDATION  
 b  NO (Please explain in item 6)

PRINT NAME: \_\_\_\_\_  
 SIGNATURE: Sgt. Jerome Skaber      DATE: 7-18-16  
 YOUR TITLE/ORGANIZATION: Sergeant / Highland Hills P.D.      DAYTIME TELEPHONE NUMBER: (216) 283 3007  
(INCLUDE AREA CODE)

#### FOR OPM USE ONLY

RESULTS	ISSUES/CHARACTERIZATION
AC ACCEPTABLE      (IS) ISSUES	1 <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E <input type="radio"/> N
AA ACCEPTABLE/ATTACHED      (PI) CONFIDENTIAL/ISSUES	2 <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E <input type="radio"/> N
PA CONFIDENTIAL/ACCEPTABLE      (RI) RECORD INCONCLUSIVE	3 <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E <input type="radio"/> N
NI NO PERTINENT INFORMATION      (FR) FEE REQUIRED	4 <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E <input type="radio"/> N
NR NO RECORD      (RL) RELEASE REQUIRED	5 <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E <input type="radio"/> N
NL NOT LOCATED      (SK) SUBJECT UNKNOWN	6 <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E <input type="radio"/> N
UC UNABLE TO CONTACT      (NZ) NOT AVAILABLE	7 <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E <input type="radio"/> N
	9 <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E <input type="radio"/> N
	10 <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E <input type="radio"/> N
	11 <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E <input type="radio"/> N
	12 <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E <input type="radio"/> N
	13 <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E <input type="radio"/> N
	14 <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E <input type="radio"/> N

**MARKING  
INSTRUCTIONS**

**CORRECT MARK:**



- USE A NO. 2 PENCIL OR BLUE OR BLACK INK PEN ONLY.
- DO NOT USE PENS WITH INK THAT SOAKS THROUGH THE PAPER.
- DO NOT MAKE ANY STRAY MARKS ON THIS SHEET.

**INCORRECT MARKS:**



**MARK THE OVAL CORRESPONDING TO THE RESULTS OF YOUR RECORD SEARCH**

- |  |  |
|--|--|
| <input type="radio"/> A RECORD INFORMATION SHOWN BELOW | <input type="radio"/> F PREVIOUSLY FURNISHED (Explain in REMARKS section)                          |
| <input type="radio"/> B RECORD IS ATTACHED             | <input type="radio"/> G RECORD AT ANOTHER LOCATION (Enter address and ZIP code in REMARKS section) |
| <input type="radio"/> C NO PERTINENT INFORMATION       | <input type="radio"/> H NOT LOCATED (Explain in REMARKS section)                                   |
| <input type="radio"/> D OPM REVIEW                     | <input type="radio"/> I NO RECORD  |
| <input type="radio"/> E ABOVE INFORMATION VERIFIED     |  |

IF ADDITIONAL INFORMATION IS PROVIDED BELOW, YOU MUST FILL IN THIS MARK

**REMARKS**

Make a request to check personal records.  
(216)283-3008 Fax number

**PRINT NAME:** Sgt. Jerome Skeabeck

**SIGNATURE:**

**DATE**

**YOUR TITLE/ORGANIZATION:**

**DAYTIME TELEPHONE NUMBER**

(INCLUDE AREA CODE)

(      )

**FOR OPM USE ONLY**

**RESULTS**

- |   |  |
|---|--|
| <input type="radio"/> AC ACCEPTABLE               | <input type="radio"/> IS ISSUES              |
| <input type="radio"/> AB ACCEPTABLE/ATTACHED      | <input type="radio"/> IC CONFIDENTIAL/ISSUES |
| <input type="radio"/> PA CONFIDENTIAL/ACCEPTABLE  | <input type="radio"/> ID RECORD INCONCLUSIVE |
| <input type="radio"/> NI NO PERTINENT INFORMATION | <input type="radio"/> FR FEE REQUIRED        |
| <input type="radio"/> NR NO RECORD                | <input type="radio"/> RC RELEASE REQUIRED    |
| <input type="radio"/> NL NOT LOCATED              | <input type="radio"/> SK SUBJECT UNKNOWN     |
| <input type="radio"/> UC UNABLE TO CONTACT        | <input type="radio"/> NA NOT AVAILABLE       |
| <input type="radio"/> RR REFERRED                 | <input type="radio"/> DI DISCREPANT          |

**ISSUES/CHARACTERIZATION**

- |   |  |
|---|--|
| 1 <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E <input type="radio"/> N | 9 <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E <input type="radio"/> N  |
| 2 <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E <input type="radio"/> N | 10 <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E <input type="radio"/> N |
| 3 <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E <input type="radio"/> N | 11 <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E <input type="radio"/> N |
| 4 <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E <input type="radio"/> N | 12 <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E <input type="radio"/> N |
| 5 <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E <input type="radio"/> N | 13 <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E <input type="radio"/> N |
| 6 <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E <input type="radio"/> N | 14 <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E <input type="radio"/> N |
| 7 <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E <input type="radio"/> N |  |

INV FORM 41 (Rev. 6/14)  
 U.S. OFFICE OF PERSONNEL  
 MANAGEMENT (5 CFR 736)

**INVESTIGATIVE REQUEST FOR EMPLOYMENT  
 DATA AND SUPERVISOR INFORMATION**  
 U.S. GOVERNMENT USE ONLY

F  
 R  
 O  
 M  
 UNITED STATES OFFICE OF PERSONNEL MANAGEMENT  
 FEDERAL INVESTIGATIONS PROCESSING CENTER  
 PO BOX 618  
 BOYERS, PA 16018-0618

~~MULTIPLE INQUIRIES MAY BE RECEIVED DUE TO SUBJECT SUPPLIED INFORMATION.~~

T  
 O  
 CHIEF STIFF  
 3700 NORTHFIELD RD  
 HIGHLAND HILLS OH 44122



**INSTRUCTIONS:** Your name has been provided by the person identified below to assist in completing a background investigation to help us determine this person's suitability for employment or security clearance. To help us make this determination, we ask that you complete all items on the back of this form and return the form in the enclosed envelope.

■ We send a separate inquiry to the personnel office and each supervisor shown on the person's application; therefore please do not forward this for completion by someone else.

■ **PRIVACY ACT INFORMATION:** This investigative inquiry is in full compliance with the Privacy Act of 1974 and other laws protecting the civil rights of the person we are investigating. The information you provide, including your identity, will be disclosed to the person being investigated and other federal agencies, at this person's request. In compliance with Title 5 Code of Federal Regulations, Part 736.102(c), if you have significant information which you feel unable to furnish without a promise that your identity will be kept confidential, please indicate this in writing on the reverse and only provide your contact information. Providing additional information on this form will void your request for confidentiality.

■ **CERTIFICATION:** The person we are investigating has given written consent for this investigative inquiry. We keep that consent on file. If a copy is required in order to complete this form, please indicate this requirement in writing on the reverse.

**Completion of this form as soon as possible will help this person and the agency perform their duties in a more timely and efficient manner.**

CASE NUMBER: 1620736549 CASE TYPE: 57 ITEM NUMBER: 011 ITEM TYPE: EMPL-03

FULL NAME (LAST, FIRST, MIDDLE)			
MIJANGOS, MATTHEW JAMES			
OTHER NAMES USED			
DATE OF BIRTH		SOCIAL SECURITY NUMBER	POSITION REQUIRING INVESTIGATION
			FPS P50
PLACE OF BIRTH			
CLAIMED EMPLOYMENT			
FROM	TO	POSITION	NAME OF SUPERVISOR
07/2008	03/2016	POLICE OFFICER	CHIEF STIFF
ACTUAL JOB LOCATION (IF DIFFERENT THAN ABOVE ADDRESS)			



# CLEVELAND DIVISION OF POLICE

## Authorization for Release of Information

To Whom It May Concern: I am an applicant for a position with the Cleveland Division of Police, City of Cleveland, Ohio. The Division needs to thoroughly investigate my background and personal history to evaluate my qualifications to hold the position for which I applied. It is in the public's interest that all relevant information concerning my personal and employment history be disclosed to the above department.

I hereby authorize any representative of the Cleveland Division of Police bearing this release to obtain any information in your files pertaining to my employment records and I hereby direct you to release such information upon request of the bearer. I do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of the Cleveland Division of Police, whether said records are of public, private or confidential nature. The intent of this authorization is to give my consent for full and complete disclosure. I reiterate and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation that may provide pertinent data for the Cleveland Division of Police to consider in determining my suitability for employment with the Division of Police. It is my specific intent to provide access to personnel information, however personal or confidential it may appear to be.

I consent to your release of any and all public and private information that you may have concerning me, my work record, my background information, my military service records, education records, my financial status, my criminal history record, including my arrest records, any information contained in investigatory files, efficiency ratings, complaints or grievances filed by or against me, the records or recollections of attorneys at law, or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had an interest, attendance records, polygraph examinations, and any internal affairs investigations and discipline, including any files which are deemed to be confidential, and/or sealed.

I hereby release you, your organization, and all others from liability or damages that may result from furnishing the information requested, including any liability or damage pursuant to any state or federal laws. I hereby release you, as the custodian of such records of your organization, including its officers, employees or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, me heirs, family, or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. I direct you to release such information upon request of the duly accredited representative of the Cleveland Division of Police regardless of any agreement I may have made with you previously to the contrary. The law enforcement organization requesting the information pursuant to this release will discontinue processing my application if you refuse to disclose the information requested.

For and in consideration of the Cleveland Division of Police's acceptance and processing of my application for employment, I agree to hold your organization, its agents and employees harmless from any and all claims and liability associated with my application for employment or in any way connected with the decision whether or not to employ me with the Cleveland Division of Police. I understand that should information of a criminal nature surface as a result of this investigation, such information may be turned over to the proper authorities.

I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974 and related Ohio Revised Code sections, with regard to access and to disclosure of records, and I waive those rights with the understanding that information furnished will be used by the Cleveland Division of Police in conjunction with employment procedures.

A photocopy or FAX copy of this release form will be valid as an original thereof, even though the said photocopy or FAX does not contain an original writing of my signature.

This waiver is valid upon my signature during any period of time associated with the selection process of the Cleveland Division of Police.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees, from all claims, damages, losses and expenses, including reasonable attorney's fees arising out of or by reason of complying with this request.

33 Rank      Matthew Misangos Name      01/04/84 Date of Birth      [Redacted] Social Security Number

[Redacted] Address

Mat Mis Signature      11-29-16 Date

**OBERLIN POLICE DEPT**

Incident Number

85 South Main Street Oberlin, OH 44074-1603 440-774-1061

Incident / Offense Report

**18-00009**

Offense	Method Received	Time Received	Time Dispatched	Time Arrived	Time Cleared:
	T	05:12:59	05:14:28	05:14:31	06:55:08
Report Date / Time		Incident Occurred From		Incident Occured To	
Date	Time	Date	Time	Date	Time
Wednesday 01/10/2018	07:05:00	Wednesday 01/10/2018	05:14:28	Wednesday 01/10/2018	05:12:59

Location of the Incident (Street #, Street, Apt. #, City, State, Zip)

Zone

200 W LORAIN ST OBERLIN OHIO 44074 MAH - MERCY ALLEN HOSPITAL

NW

Persons Involved: MATTHEW S HOWATT - ARA  
 NICOLETTO E BOLZAN-ROCHE - VIC  
 MIKKIJA KATHERLENE PAXTON - WIT  
 MATTHEW J MIJANGOS - VIC  
 WILLIAM M NEELY - WIT  
 WILLIAM FLESCHE - VIC

Property:

Amount:

Units: Officers:  
 1st: 0910 WILLIAM J FLESCHE  
 2nd: 0914 MICHAEL A KASTANIS  
 3rd: 0908 MARC A ELLIS  
 4th: 0907 MATTHEW F SUSTARSIC  
 5th: 0908 PATRICK L DURICA

Photos: 9

Codes: Descriptions: OFFENSES  
 1313B SIMPLE ASSAULT - POLICE OFFICER  
 1313 SIMPLE ASSAULT  
 1316 INTIMIDATION

Weapons Used:

Trade Marks:

Hate Bias

Entry:

Location Type:

Hospital/clinics

Refer to Arrest: Incident #: Tow#: Dispatcher: 0498 Officer in Charge: 0615 Entry Id: 0498

Case Status: Arrest - Adult

Cleared Date: 01/10/2018

Cleared By: 0783

Narrative: 18-00009 Page: 1

STEVEN CHAPMAN

PTL MICHAEL A KASTANIS

Reviewing Supervisor:

Bureau Supervisor:

Officer:

**OBERLIN POLICE DEPT**

Incident Number

**18-00009**

Page # 2

**Persons Involved with Incident**

**Incident #:** 1800009      **Relation:** ARA      **Arrest #:**      **CAD #:** 1800706      **Date of Contact:** 01/10/2018      **Phone:**  
**First Name:** MATTHEW      **Middle:** S      **Last Name:** HOWATT      **Til:**      **DOB:** 09/26/1990      **SSN:** [REDACTED]      **Pager:**  
**Street #:** [REDACTED]      **Street Name:**      **Apt:** 4      **City:** CLEVELAND      **St:** OH      **Zip:** 44135      **Cell Phone:**      **Employee Phone:**  
**Hgt:** 509      **Wgt:** 180      **Hair:** BRO      **Eyes:** HAZ      **Race:** W      **Sex:** M      **Physical Marks:**  
**Offenses:** 1316 INTIMIDATION  
1313B SIMPLE ASSAULT - POLICE OFFICER  
1313 SIMPLE ASSAULT  
**Resident Class:** Other      **Suspected of using:** /      **Victim Type:**

**Incident #:** 1800009      **Relation:** VIC      **Arrest #:**      **CAD #:** 1800706      **Date of Contact:** 01/10/2018      **Phone:**  
**First Name:** NICOLETTO      **Middle:** E      **Last Name:** BOLZAN-ROCHE      **Til:**      **DOB:** 01/05/1972      **SSN:** [REDACTED]      **Pager:**  
**Street #:** [REDACTED]      **Street Name:**      **Apt:**      **City:** AMHERST      **St:** OH      **Zip:** 44001      **Cell Phone:**      **Employee Phone:**  
**Hgt:** 508      **Wgt:** 175      **Hair:** BRO      **Eyes:** BRO      **Race:** W      **Sex:** M      **Physical Marks:**  
**Offenses:** 1313 SIMPLE ASSAULT  
**Resident Class:**      **Suspected of using:** /      **Victim Type:**

**Incident #:** 1800009      **Relation:** WIT      **Arrest #:**      **CAD #:** 1800706      **Date of Contact:** 01/10/2018      **Phone:** 216-482-0815  
**First Name:** MIKKIJA      **Middle:** KATHERLENE      **Last Name:** PAXTON      **Til:**      **DOB:** 08/26/1987      **SSN:** [REDACTED]      **Pager:**  
**Street #:** [REDACTED]      **Street Name:**      **Apt:**      **City:** OBERLIN      **St:** OH      **Zip:** 44074      **Cell Phone:**      **Employee Phone:**  
**Hgt:** 503      **Wgt:** 110      **Hair:** BRO      **Eyes:** BRO      **Race:** B      **Sex:** F      **Physical Marks:**  
**Offenses:**  
**Resident Class:** Resident      **Suspected of using:** /      **Victim Type:**

\_\_\_\_\_  
Reviewing Supervisor:\_\_\_\_\_  
Bureau Supervisor:\_\_\_\_\_  
PTL MICHAEL A KASTANIS  
Officer:

**OBERLIN POLICE DEPT**

Incident Number

18-00009

Page # 3

*Persons Involved with Incident*

**Incident #:** 1800009      **Relation:** VIC      **Arrest #:**      **CAD #:** 1800706      **Date of Contact:** 01/10/2018      **Phone:**  
**First Name:** MATTHEW      **Middle:** J      **Last Name:** MIANGOS      **Til:**      **DOB:** [REDACTED]      **SSN:** [REDACTED]      **Pager:**  
**Street #:** [REDACTED]      **Street Name:** [REDACTED]      **Apt:**      **City:** [REDACTED]      **St:** OH      **Zip:** [REDACTED]      **Cell Phone:**      **Employee Phone:**  
**Hgt:** 510      **Wgt:** 196      **Hair:** BLK      **Eyes:** BRO      **Race:** W      **Sex:** M      **Physical Marks:**  
**Offenses:** 1313B      SIMPLE ASSAULT - POLICE OFFICER

**Resident Class:**      **Suspected of using:** /      **Victim Type:**

**Incident #:** 1800009      **Relation:** WIT      **Arrest #:**      **CAD #:** 1800706      **Date of Contact:** 01/10/2018      **Phone:**  
**First Name:** WILLIAM      **Middle:** M      **Last Name:** NEELY      **Til:**      **DOB:** 02/01/1951      **SSN:** [REDACTED]      **Pager:**  
**Street #:** [REDACTED]      **Street Name:**      **Apt:**      **City:** LORAIN      **St:** OH      **Zip:** 44052      **Cell Phone:**      **Employee Phone:**  
**Hgt:** 508      **Wgt:** 215      **Hair:** BRO      **Eyes:** GRN      **Race:** M      **Sex:** M      **Physical Marks:**  
**Offenses:**

**Resident Class:** Other      **Suspected of using:** /      **Victim Type:**

**Incident #:** 1800009      **Relation:** VIC      **Arrest #:**      **CAD #:** 1800706      **Date of Contact:** 01/10/2018      **Phone:**  
**First Name:** WILLIAM      **Middle:**      **Last Name:** FLESCH      **Til:**      **DOB:**      **SSN:**      **Pager:**  
**Street #:** [REDACTED]      **Street Name:**      **Apt:**      **City:** OBERLIN      **St:** OH      **Zip:** 44074      **Cell Phone:**      **Employee Phone:** 440-774-1061  
**Hgt:**      **Wgt:**      **Hair:**      **Eyes:**      **Race:** W      **Sex:** M      **Physical Marks:**  
**Offenses:** 1313B      SIMPLE ASSAULT - POLICE OFFICER  
1313B      SIMPLE ASSAULT - POLICE OFFICER

**Resident Class:** Resident      **Suspected of using:** /      **Victim Type:** Police Officer

\_\_\_\_\_  
Reviewing Supervisor:

\_\_\_\_\_  
Bureau Supervisor:

\_\_\_\_\_  
PTL MICHAEL A KASTANIS  
Officer:



**OBERLIN POLICE DEPT**

Incident Number

Investigative Report

Title / Subject: ASSAULT ON OFFICER

**18-0009**

On Wednesday January 10, at around 5:14 am the reporting officer responded to Mercy Allen in reference to a combative patient that had assaulted a Wellington Police Officer in the Emergency Room. The reporting officer arrived and observed a white male, Matthew Howatt, screaming and yelling. The reporting officer observed that hospital staff were attempting to control him in the hospital bed. The reporting officer observed a Wellington Police Officer in a treatment room. Hospital staff advised the reporting officer that Howatt had grabbed the Wellington Officer's badge and split the officer's eye open as Howatt was spitting on/at the officer and others. The reporting officer was standing by in the area when Howatt became extremely aggressive and attempted to get of the hospital bed. The reporting officer along with other attempted to prevent him from getting up. The reporting officer grabbed Howatt in the upper body area and forced him back to the bed. It was at that moment Howatt kicked the reporting officer in the mouth (left) and split both lips. The reporting officer then deployed a Tazer and subdued Howatt. The reporting officer went back to standing by when Howatt began yelling out something about "niggers" and when the EMS staff member who was black went to the end of the bed Howatt spit at him. The reporting officer grabbed Howatt again and forced him back down. At that moment Howatt managed to get the reporting officer's right index finger in his mouth and bit down with sufficient force to remove a chunk of skin through gloves and caused the reporting officer to believe the digit was fracutered. To stop this assault by Howatt the reporting officer struck Howatt in the throat at least five times. This caused Howatt to cease his assault on the reporting officer. The reporting officer later observed Howatt spit on Patrolman Kastanis. The reporting officer was xrayed and given a prescription for preventative antibiotics.

The reporting officer request that the court, as a condition of any bond, force Howatt to get a broad spectrum blood and urine test at his expense to identify any possible communicable diseases Howatt exposed the reporting officer to. The reporting officer requests that the results of such test be provided to the reporting officer.

The reporting officer's body camera video is attached to this report.

Submitted  
Ptl.Flesch

By: PTL WILLIAM J FLESCH

Badge# 0615

Date: 01/10/2018 Time: 06:57:5 No. 001 Page #: 4

Reviewing Supervisor: \_\_\_\_\_

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

**OBERLIN POLICE DEPT**

Incident Number

Investigative Report

Title / Subject: ASSAULT ON OFFICERS

18-00009

On Wednesday, January 10, 2018 at approximately 5:12 AM, the Oberlin Police Department was contacted by Staff at Mercy Allen Hospital, 200 W Lorain St, in reference to a combative male patient, later identified as Matthew Howatt. Oberlin Police Dispatch was advised that an officer from the Wellington Police Department brought the individual to Mercy Allen and was injured by Howatt during a struggle.

Ptl. Flesch and the reporting officer arrived at Mercy Allen Hospital a short time later and were pointed to hospital room 3. Upon entering the emergency room the reporting officer observed blood on the floor leading to the room where Howatt was located. The reporting officer was later advised that the blood was from a Wellington Officer who was assaulted by Howatt. Howatt was cuffed by his right wrist to a hospital bed when Ptl. Flesch and the reporting officer arrived. Howatt appeared to be relatively calm at this time so the reporting officer checked on Wellington Officer Matt Mijangos, who was assaulted by Howatt. The reporting officer observed Ptl. Mijangos holding a bandage above his left eye. the reporting officer observed that Ptl. Mijangos was conscious and speaking with medical personnel so the reporting officer left his hospital room to return to Howatt.

The reporting officer then arrived back in the room with Ptl. Flesch, Nicoletto Bolzan-Roche, RN ,and Howatt. Howatt became belligerent then raised up in an aggressive manner toward Ptl. Flesch. Ptl. Flesch, the reporting officer and several members of the hospital staff attempted to restrain Howatt. Howatt continued to resist officers and was then hit with a taser deployment by Ptl. Flesch. During this outburst Howatt kicked Ptl. Flesch in the lip.

Howatt temporarily calmed down and officers were able to restrain a leg to the hospital bed. Howatt then raised up toward hospital staff and was again restrained to the hospital bed. At this time, Ptl. Flesch was bitten on his right index finger by Howatt. Officers continued to struggle with restraining Howatt until he was sedated by hospital personnel.

The reporting officer returned to room 3 because officers were advised by one of the paramedics that a black object appeared to have fallen off of the bed in the room. An examination of the room turned up no such item. Howatt then spit toward the reporting officer as the reporting officer was exiting the room. Ptl. Flesch advised that the spit contacted the back of the reporting officer's right arm and shoulder area. A short time later Howatt was fully sedated.

The reporting officer then spoke with Ptl. Mijangos about the initial assault. Ptl. Mijangos advised the reporting officer that he transported Howatt to Mercy Allen Hospital due to a crime that occurred in Wellington. Ptl. Mijangos then advised the reporting officer that Howatt physically assaulted a nurse and hospital security officers. Ptl. Mijangos advised the reporting officer that he attempted to restrain Howatt, however, Howatt tore off his police badge and threw it at his face, causing a large cut above his left eye, which required 5 stitches. Ptl. Mijangos later advised in a written statement that he observed Howatt punch a nurse in the side of his head and spit on a security officer.

The reporting officer took photographs of the injuries to Ptl. Flesch's finger and lip, and the injury to Ptl. Mijango's left eye brow area. Witness statements were also given to several hospital employees, Mikkija Paxton, William Neely, RN, Eric Hernandez, and victim, Nicoletto Bolzan-Roche, RN. Photographs and witness statements will be included with this incident report.

By: PTL MICHAEL A KASTANIS

Badge# 0783

Date: 01/10/2018 Time: 07:13:1 No. 002 Page #: 1

Reviewing Supervisor: \_\_\_\_\_

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

**OBERLIN POLICE DEPT**

Incident Number

Investigative Report

Title / Subject: ASSAULT ON OFFICERS

**18-00009**

Bolzan-Roche, RN advised in his written statement that he was treating Howatt when he became combative. Bolzan-Roche, RN then advised that Howatt hit and kicked him in the left arm and head. Bolzan-Roche, RN advised that Howatt hit, kicked, and spit at Wellington Ptl. Mijangos leading to an injury to Ptl. Mijangos left eye brow. Bolzan-Roche RN, also advised in his written statement that he observed the assaults on Ptl. Flesch.

Howatt was later served a copy of the complaints against him; three counts of Assault on a Police Officer, ORC 2903.13(A)(F4), Assault on a healthcare worker, ORC 2903.13(A)(F4), and Harassment with Bodily Substance, ORC 2921.38(B)(A)(2)(F5), for a total of 5 offenses. Howatt was later transported to the Lorain County Jail and held on no bond. Howatt was assigned a court date for Wednesday, January 10, 2018 at 1:00 PM at the Oberlin Municipal Court.

Ptl. Kastanis

By: PTL MICHAEL A KASTANIS

Badge# 0783

Date: 01/10/2018 Time: 07:13:1 No. 002 Page #: 2

Reviewing Supervisor: \_\_\_\_\_

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

CALL FOR SERVICE REPORT

1706511



Date: 02/11/2017 Time: 03:10:32 Mrc: R Dispatchers: D474 D474

Location: W STATE ST WESTERN AVE City: ALLIANCE Zone: Grid: Agency

Call Type: TRAFFIC STOP Incident#: Accident#: EMS #: Fire #

Reviewed By: Disposition: WARNING

Common Name: Caller:

Caller:

Caller Address: Phone

		Units / Times									
Unit:	Dispatch :	Routes:	Arrive:	Cleared:	Patient:	Leave:	Hospital:	In Service:	Quarters:	Badge1	Badge2: Agency
0041	03:10:32		03:10:32	03:18:18						0303	APD

Narrative

Vehicles Involved:

PIK8319 OH 1GCHC24U63E372162 CHEV

LOOKS LIKE A REPO TRUCK

- Clearance From Unit 0041 02/11/2017 03:18:18 -

driver had received a cite for expired registration approximately 45mins ago from another jurisdiction and was heading back to the company #303

# ALLIANCE POLICE

Incident Number

Page # 2

Persons Involved with Incident



<b>Incident #:</b>	<b>Relation:</b>	<b>Arrest #:</b>	<b>CAD #:</b>	<b>Date of Contact:</b>	<b>Phone:</b>		
	DRI		1706511	02/11/2017			
<b>First Name:</b>	<b>Middle</b>	<b>Last Name:</b>	<b>Ttl:</b>	<b>DOB:</b>	<b>SSN:</b>	<b>Pager:</b>	
MATTHEW	J	MIJANGOS		[REDACTED]			
<b>Street #:</b>	<b>Street Name:</b>	<b>Apt:</b>	<b>City:</b>	<b>St:</b>	<b>Zip:</b>	<b>Cell Phone:</b>	<b>Employee Phone:</b>
[REDACTED]	[REDACTED]		[REDACTED]	[REDACTED]	[REDACTED]		
<b>Hgt:</b>	<b>Wgt:</b>	<b>Hair:</b>	<b>Eyes:</b>	<b>Race:</b>	<b>Sex:</b>	<b>Physical Marks:</b>	
510	196	BLK	BRO		M		

Offenses:

Resident Class:

Suspected of using:

Victim Type:

\_\_\_\_\_  
Reviewing Supervisor:

\_\_\_\_\_  
Bureau Supervisor:

\_\_\_\_\_  
Officer:

# Alliance

CAD Number

Page # 3

*Vehicles Involved with the Incident*

**1706511**

<b>Plate:</b>	<b>LIC St.:</b>	<b>LIC Type:</b>	<b>Vehicle Yr.:</b>	<b>VIN #:</b>
PIK8319	OH	PC	2003	1GCHC24U63E372162
<b>Year:</b>	<b>Make:</b>	<b>Model:</b>	<b>Style:</b>	<b>Color:</b>
2003	CHEV		TK	RED /

To: Det. Lt. D. Grossmyer

From: Det. D. Sperie

Date: 04-20-2018

Subject: Pre-Employment interview Matthew Mijangos (lateral application)

Det. Lt. Grossmyer,

Here are the results of my pre- polygraph background investigation for Matthew Mijangos (age 34) who is currently employed by Wellington PD as a part time patrol officer.

Mijangos grew up in Cleveland in the W65th are and graduated from Max Hayes HS in 2002. Mijangos stated growing up he was surrounded by crime and disorder and looked up to cops as heroes. Initially, Mijangos went to Kent State for business but then decided to change majors to criminal justice. He transferred to Cuyahoga Community College and was informed that he could get 24 credit hours for attending the police academy. Mijangos went to Cuyahoga Community College police academy in and "Fell in love the job." So after graduating from the police academy in September, 2007 he sought out jobs in law enforcement.

Mijango's first job was with Highland Hills PD. He was hired in 07-08 and resigned in 03-16. He was part time then hired full time in 2013. Mijangos' was suspended into 2011 for three days for violating department's pursuit policy. In 2013, Mijangos got into two incidents in which he used force on suspects. The first time was with an intoxicated male at the Cleveland Workhouse who lunged toward Mijangos' weapon, Mijangos took him down with an arm bar take down. Later in 2013, Mijangos was assisting other officers when one male kept looking at him (both males were intoxicated.) After several commands, Mijangos pushed the male's head down. Although the male did not complain, the officers on scene said something later on to the Chief. Mijangos stated that he was given a last chance agreement with two years of additional time placed on his probation and a three day suspension. (NOTE: Mijangos did not go into detail as to how this incident became a last chance agreement.) In mid-2015 Mijangos was getting disciplined for not preventing other HH officers from being "rude" during a presentation during a civilian training class. Mijangos stated the chief felt since Mijango was the senior man in the room he should have prevented this; Mijangos replied that no one was being rude although several guys were on their phones. They wanted him to resign but he refused. Eventually in order to take a job at Wellington PD, Mijangos resigned. Six months later, Mijangos went back to Highland Hills to try and straighten out a benefit payout issue and Highland Hills offered him his job back. Mijangos eventually decided not to go back to Highland Hills. I have copies of both Mijangos' resignation letter and a letter from Highland Hills offering him his job back. I also had Mijangos write out a synopsis of what occurred at Highland Hills. A copy of the letter was entered into his applicant file.

Mijangos has never served in the US armed forces but has worked for the following companies within the last 10 years:

Safechoice (off duty police duties at a women's shelter) 12-17 till present

Wellington PD (part time) 07-17 till present

G4S (armed security full time) worked at a Save a lot store; 08-17 till 12-17, contract ended

Medlock Recovery (repo agent full time) 10-16 till 08-17- conflict of interest with WPD

Paragon Systems Security (part time for RNC) 05-16 till 10-16-RNC ended

Highland Hills Police- 07-08 till 03-16. Resigned

Mijangos has applied for the position of Police Officer at Cleveland PD in 11/16, unsuccessful due to Highland Hills not providing a copy of his resignation

Mijangos also took a job with Norfolk Police in Virginia; however when he got down there they reneged on some of the promises they make (such as not sending him to the full term police academy again which they started to) and he returned to Ohio and Highland Hills. November of 2012.

I checked Mijangos through all the Common Pleas and Municipal Court systems on the attached sheet. The only entries I could find were an expired plate from Stow Municipal Court (02-11-2017) and the OVI from Portage County Municipal Court in 2006. I checked for the speeding ticket in Wayne County but could not find any record of it on their website; it's possible it was either purged or never entered. I did find a speeding ticket from Kent Municipal court during the same time period.

I found the following entries in OLEN for Mijangos:

08-10-2011 Beachwood PD 11-26840- witness to an OVI

05-20-2011 Maple Heights PD 11-08094- Accident while working for HHPD in Maple after a pursuit

01-03-2013- TAC entry with no other information

07-01-2015 Highland Hills PD-minor 10-50 with a cruiser 2015OH040

02-11-2017 Alliance PD- traffic stop for expired plates APD 1706511 (advised as Sliver Lake PD just cited him 45 minutes ago; he was driving a repo tow truck.)

01-10-2018 Oberlin PD- was the victim of an assault by a patient under arrest (as were other officers and staff) Mijangos received 5 stitches above his left eye. Oberlin PD 18-00009

Mijango's Ohio Driver's License is valid; however he did have two suspensions. One was for a speeding ticket in 2002 (30 days) and an OVI in 2006 (60 days.)

Mijangos has never filed for bankruptcy nor does he have any liens or garnishments against him.

Mijangos is current on his taxes for the last two years.



Mijangos has never used drugs of any kinds. He is a social drinker.

I did have Mijangos bring up his Facebook page (it's the only social media that he has) and viewed his page. I did not find anything outlandish, unusual, or derogatory on it. Like most people, he uses it to keep in touch with friends and family.

On 04-19-2018, I reached out to Highland Hills PD in an attempt to set up an appointment to review Mijangos' personnel file. I was told that only their Chief has access to the files and all appointments must be made through him. I left my contact information and am awaiting a phone call back.

Also on 04-19-2018, I spoke to Chief Barfield from Wellington PD. I was advised by Chief Barfield that he too had a difficult time reviewing Highland Hills' personnel file on Mijangos. Chief Barfield did state that he has had no issues with Mijangos' work ethic, that he is level headed/mature and knows how to talk to people.

At this time I recommend we wait until I have a chance to review Mijangos' personnel file at Highland Hills.

Respectfully Submitted,

Detective Sperie

**The Village of Highland Hills  
Police Department**

3700 Northfield Road  
Highland Hills, Ohio 44122  
(216) 591-2314 \* Fax (216) 283-3007

Robert L. Nash, Mayor  
Mitchell T. Guyton, Chief of Police

**OFFICIAL COMPLAINT**

I hereby wish to lodge a formal complaint against the Highland Hills Police Department, specifically Officer:

OFFICER MIJANGOS #24

Officer's Name and/or Badge Number

I understand that, if upon full investigation of the following facts, statements, and circumstances, there is no evidence of improper conduct on the part of the officer: I may be subjecting myself to personal liability for defamation, libel, slander and/or other civil lawsuit damages. I likewise understand that I am subject to criminal charges for filing an "official complaint" against a police officer where the allegations of misconduct in the performance of the officer's duties is knowingly false. The filing of a false accusation is a violation of the Ohio Revised Code (ORC) 2921.15 and is a misdemeanor of the first degree.

Date and Time of Incident: 6.21.09 02:33

Date and Time of Complaint: 8.24.09 10:51

Location of Incident: HARVARD & MILLPOND

Describe what happened: OFFICER MIJANGOS WAS PARKED

WITH HIS LIGHTS OFF ON THE NIGHT OF THE 20<sup>TH</sup>

WHEN I CAME AROUND THE BEND TOWARD

MILLPOND DR, GOING APPROX. 35-40 MPH -

AS I PASSED HIS CAR I NOTICED HIM MOVING SLOWLY OUT OF THE CONSTRUCTION ZONE & CONES WITHOUT ANY OF LIGHTS ON, HE SPED UP SIGNIFICANTLY BEHIND ME STILL WITHOUT LIGHTS AND I ACCELERATED TO CREATE DISTANCE BETWEEN OUR CARS. AT THAT TIME I WAS GOING APPROX 45 MPH. IT WAS AT THAT TIME THAT OFFICER MIJANGOS QUICKLY TURNED ON HIS HIGH BEAMS / LIGHTS TO PULL ME OVER. I FEEL THIS WAS EXTREMELY DANGEROUS AND WRECKLESS CONSIDERING IF I HAD NOT BEEN WATCHING HIM THE ENTIRE TIME, I COULD HAVE SUMMED ON MY BRAKES OUT OF BEWILDERMENT WHEN HIS LIGHTS CAME ON, CAUSING AN ACCIDENT WHICH HE WOULD HAVE BEEN AT FAULT FOR.

Witnesses to incident:

1. Aaron Slodov  
 Witness name

address

phone number

2.

Witness name

address

phone number

The Statement Witnessed by:

[Signature] #23

Person filing this complaint:

Name(print): AARON SLODOV

Signature: [Signature]

Address: [Redacted]

City/State: KENT, OH

Zip Code: 44246

Home Phone: X

Work Phone: [Redacted]

Sworn to and subscribed before me this 24<sup>th</sup> day of AUGUST 2009.



LAVERNE R. DIETZ  
 Notary Public - State of Ohio  
 My Commission Expires 2-18-2013

[Signature]  
 Notary Public

## Highland Hills Police Department A-Form

To: Sgt. Skeabeck  
From: Ptl. Mijangos  
Date: 07/28/2010  
Subject: Motorist Incident

On July 28, 2010 at approximately 1800hrs, I, Ptl. Mijangos was responding to an auto accident located on Northfield Rd. at Selfridge. At the time of this call, I was traveling eastbound on Harvard Rd. between S.Green Rd. and Camp Forbes. I then attempted to conduct a U-turn by activating my lights then placing my police unit directly in the middle of the marked lane so that the traffic behind my unit would stop and would not be able to pass. I also tapped on the siren twice to make sure the motorist behind would notice my unit.

As I attempted to complete this U-turn, I noticed a tan vehicle which was in the middle lane cross the solid yellow lane into on-coming traffic. This vehicle then turned back into the middle lane causing me to turn hard back into the curb lane. It appeared that this vehicle was attempted to pass my unit instead of yielding. I then visually told the driver of this tan vehicle to stop by using a "stop hand gesture" in which this driver was looking right at me. Again, this vehicle refused to yield to my unit and again coming within inches of striking my unit.

I then ignorantly stopped and exited my unit and asked the driver of this tan vehicle if "he knows what the F\*\$% the lights mean?" The driver then stated "you're in my lane". As I was getting back into my unit, I stated "thank God there wasn't a shooting"(referring to the call I was responding to).

I completely understand how unprofessional this may have appeared, but it is not my intention to bring shame to this department. Letting my emotions get the best of me is uncharacteristic of my personality and situations like this shall/will be avoided in the future.

## Highland Hills Police Department Employee Notice

---

Employee: Mathew Mijangos

Job Title: Part-time Police Officer

Department: Police Department

Supervisor: Sgt. Jerome Skeabeck

Date: July 29<sup>th</sup> 2010

Date of Incident; July 28<sup>th</sup> 2010

---

### INCIDENT:

On July 28<sup>th</sup> 2010 I Sgt. Jerome Skeabeck did receive a phone call from a Drew Smith who stated he was cut off by our police unit 7684 and that the officer exited his vehicle and screamed at Mr. Smith "Are you a fucking asshole. Dont you know what these lights mean? You are lucky that you weren't shot." Mr. Smith was highly offended much less being threatened by our officer. I did speak to Ptl. Mijangos who was operating the vehicle, and his confrontation with a motorist. Ptl. Mijangos stated that Mr. Smith claims were false and that he did exit his vehicle an approach Mr. Smith's vehicle after Mr. Smith failed to stop in traffic when Ptl. Mijangos activated his emergency light and siren...

Ptl. Mijangos states he exited his police vehicle and asked Mr. Smith "if he knows what the fucking lights mean?" Mijangos also stated as he walked back to his car he stated "Thank God it wasn't a shooting" I have read statements from both Ptl. Mijangos and Mr. Smith and spoken to both parties about this incident..


### CONCLUSION:

Ptl. Mijangos should know as a police officer who operates an emergency vehicle that when lights and siren are activated the public does not always conform to the law to pull over to the right. The law states due caution must be used by the emergency vehicle operator. Further "PROFESSIONAL CONDUCT, AND COURTESY TO THE PUBLIC" Lacked in Ptl Mijangos performance of his duty. All Officers shall be tactful control their tempers, and exercise the utmost patience when dealing with the public. Using profanity is not acceptable behavior to be used in the performance of duty.


---

**ACTION TAKEN:** \*\*\*WRITTEN WARNING!\*\*\* any further Failure to following department rules, procedures & policies will result in disciplinary action.

I have read the employee notice issued to me. By signing this employee notice does not mean I agree with its content.

  
\_\_\_\_\_  
Sign

07/30/10  
Date

  
\_\_\_\_\_  
Antonio Sutt Chief of Police

\_\_\_\_\_  
Date

July 29, 2010

Sgt. Jerry Skeabeck  
3700 Northfield Road  
Highland Hills Ohio 44122  
FAX 216-283-3008

**Re: Incident on Harvard Road on July 28, 2010 at 5:50PM**

Dear Sgt. Skeabeck,

I am following up per your request on an incident that occurred on Harvard Road in your village involving one of your officers.

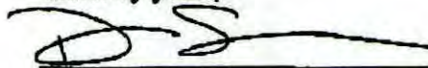
At approximately 5:50PM I was driving eastbound on Harvard between the Cleveland House of Correction and I-271 in the passing lane. An officer from Highland Hills Police Department in squad car 7684 was driving in the curbside lane. His rear bumper was approximately two to three feet ahead of my front bumper. The officer activated his lights and immediately swerved into my lane. I depressed my brakes to slow down. The officer went back into the curb lane and made a second attempt at the U-turn and I came to a complete stop.

The officer stopped his squad car in front of my vehicle and came running toward my car and screamed, "You fucking asshole. Don't you know what these lights mean?! You are lucky you weren't shot!" I was stunned by his threatening and hysterical actions. Never in my years in the law enforcement community have I witnessed such unprofessional behavior.

It does not bring me any pleasure to report this incident. I was not issued a citation and have no motive of personal gain to make this statement. This is exactly how it occurred. While this officer clearly behaved in a way that you or any other Sergeant would not condone, hopefully he is truthful and will acknowledge his actions.

Please keep me informed as to what action is taken in response to this incident.

Sincerely yours,



Drew A. Smith  
615 W. Superior Ave., 11<sup>th</sup> Floor  
Cleveland, Ohio 44113  
W: (216)787-4156  
C: (216)832-4869

## **ADMINISTRATIVE MEMO:**

***From: Sgt. J.M. S.***

***Date: 03-10-11***

***Ref: Complaint on Officer Mijangos***

---

***On 3-07-11, I received a complaint on Ptl Mijangos from a "AYISHA LACEY" Who states her rights were violated by Mijangos when he confiscated her license on a traffic stop.***

***On 2-17-11 Mijangos did stop "Lacey" for speed on Northfield rd. @ 07:15. Mijangos states Inv. Golston was his back up. When Mijangos approached the vehicle "Lacey" was verbally combative asking why she was being stopped. Mijangos states he continued to introduce himself and asked for her license & Ins. Lacey could not find her INS card Mijangos returned to his vehicle along with Golston and wrote the Citation. As he returned Lacey wanted to contest the speed violation as Mijangos states he attempted serve the citation to Very upset Lacey he stepped away from her vehicle and told her to calm down & cool off. A second attempt to serve her was attempted and Lacey began to talk Mijangos states he told Lacey to be quiet and listen to what he has to tell her about the citation. As Mijangos was talking, Lacey in a aggressive manner went to snatch the license citation copy. Mijangos states he firmed his grip Lacey only got the citation copy not her license, He demanded the copy back and advised her it will be mandatory court only! And held her license for court security until she paid or appeared in court.***

***SUPERVISORS ACTION:***

***I did speak to Mijangos about this incident and did a role play of the incident in the office behind closed door. We both agree that Mijangos did divert from the department traffic stop approach by having a time out with a upset motorist. Mijangos was advised to divert from the approach procedure is unacceptable.***

***~~Mijangos stated he felt he was not diverting from but his "cool off" minute helped Lacey calm down.~~***

***At this time I advised Mijangos there will be no more alterations to the approach. If Motorist does not comply the proper course of action will be taken including arrest. Mijangos felt by keeping Lacey's license was to assure her appearance as we do with out of state operators who are a risk.***

***Again I advised Mijangos to avoid motorist conflict if we have a positive ID on the subject to return the license. Unless we have reason for criminal charges then return with that party to be charged.***

***I do not feel that Mijangos violated Lacey's rights in this incident. I spoke to Inv. Golston who was the backup on this traffic stop he felt Mijangos actions other than the divert from the approach with the cool off was in good faith. Mijangos was advised to use better judgment in the future and do not divert from the approach procedure. It should be noted that Lacey did not file this complaint until she was found guilty of the speed. 3 weeks after the fact.***



Highland Hills Police Department  
3700 Northfield Rd. Highland Hills Ohio 44122  
(216) 591-1234 Fax. (216) 283-3008

Robert L. Nash : Mayor  
Antonio Stitt : Chief of Police

**OFFICIAL COMPLAINT**

I hereby wish to lodge a formal complaint against the Highland Hills Police Department

Officer Miyangos - Badge # 24  
OFFICER'S NAME AND OR BADGE NUMBER

I understand that if upon a full investigation of the following facts, and statements that are presented, there is no evidence of improper conduct on the part of officer or officer's. I may be subjecting myself to personal liability for defamation, libel, slander and/or other civil lawsuit damages. I likewise understand that I am subject to criminal charges for filing an "OFFICIAL COMPLAINT" against a Police Officer where allegations of misconduct in the performance of the officer's duties is knowingly false.

\*\*\*Filing a false accusation is a violation of the OHIO REVISED CODE 2921.15 misdemeanor of the 1<sup>st</sup> degree.

Date and Time if incident: February 17, 2011 - 7:15am

Location of Incident: Northfield Rd, Northbound

Describe what happened Officer Miyangos pulled me over stating a speeding infraction. He requested my license, and proof of insurance. I provided my license and looked for my insurance cards, when he stated he would return after running my information. Upon his return, I informed him I wanted to contest his accusation stated on the citation. He demanded I was quiet until he finished, which I did. and looked out my windshield.

time to "cool off" and stepped behind his vehicle. Confused, I waited his return. When he returned to the vehicle, he explained the ticket and handed me my license and the citation. I went to take my license back and the officer, Miyagos accused me of "snatching" and said he would keep my license until my court date, which the citation did not have the "personal appearance required" box checked. → over continued

WITNESS NAME ADDRESS PHONE NUMBER

WITNESS NAME ADDRESS PHONE NUMBER

\*\*\*PERSON FILING THIS COMPLAINT:

NAME: AYISHA LACEY

SIGNATURE: *Ayisha Lacey*

Address: [REDACTED]

Home phone: [REDACTED] Work or cell phone: [REDACTED]

*Jamella D. Hadden*  
NOTARY PUBLIC



JAMELLA D. HADDEN  
Notary Public - State of Ohio  
My Commission Expires Mar. 13, 2012

I went to the Highland Hills Police Department and asked to speak to a Supervisor regarding the incident. Corporal Koran immediately radioed Officer Miyangos to return to the Station with my license.

Officer Miyangos violated my rights by unlawfully confiscating my license without warrant or cause. Additionally, his actions were unprofessional and unnecessary as I fully cooperated with the <sup>requests</sup> of Officer Miyangos.

Ayisha Lacey

ADMINISTRATIVE	GEOCODE <b>11</b>		<b>Highland Hills Police Department</b>						CALL NUMBER			
	TOO <b>00:00</b>								INCIDENT NUMBER <b>11 497</b>			
	TOA <b>00:00</b>		<b>OHIO UNIFORM INCIDENT REPORT</b>						CLEARANCES <b>ARREST- ADULT</b>			
	TOC <b>12:11</b>								CLEARANCE DATE <b>05/20/2011</b>		CLEARED BY <b>Mijangos</b>	
OFFENSE												
REPORT DATE/TIME				INCIDENT OCCURRED FROM				INCIDENT OCCURRED TO				
MONTH	DAY	YEAR	TIME	MONTH	DAY	YEAR	TIME	MONTH	DAY	YEAR	TIME	
<b>05</b>	<b>19</b>	<b>2011</b>	<b>23:29</b>	<b>05</b>	<b>19</b>	<b>2011</b>	<b>23:29</b>	<b>05</b>	<b>20</b>	<b>2011</b>	<b>23:31</b>	
INCIDENT LOC (Street, Apt., City, State, Zip) <b>Richmond Rd. S/B, Robert Bishop, Highland Hills, OH, 44122</b>												
OFFENSE		OFFENSE CODE		A/C	F/M&DEGREE	HATE/BIAS	LARCENY	TYPE CRIMINAL ACT				
speed		333.03		C	U	N						
safety belt		337.27		C	U	N						
DRIVER'S LICENSE SUSPENSION		4510.11		C	M	N						
Obstructing official business		2921.31		C	M-2	N						
Resisting arrest - recklessly or by force, sha		2921.33A		C	M-2	N						
LOCATION OF OFFENSE (ENTER UP TO TWO)												
1. <b>47</b>		2.		OUTSIDE 43 YARD 44 CONSTRUCTION SITE 45 LAKE/WATERWAY 46 FIELD/WOODS 47 STREET 48 PARKING LOT 49 PARK/PLAYGROUND 50 CEMETARY 51 PUBLIC TRANSIT VEHICLE 52 OTHER OUTSIDE LOCATIONS 77 OTHER DRY				B - BUYING/REC. C - CULTIVATING/MFG/ PUB D - DISTRIBUTING/ SELLING E - EXPLOITING CHILDREN O - OPER/PROMOTING/ ASSIST P - POSSESSING/ CONCEALING T - TRANSP/TRANS- MITTING U - USING/ CONSUMING				
RESIDENTIAL STRUCTURE 01 SINGLE FAMILY HOME 02 MULTIPLE DWELLING 03 RESIDENTIAL FACILITY 04 OTHER FACILITY 05 GARAGE/SHED PUBLIC ACCESS BUILDINGS 06 TRANSIT FACILITY 07 GOVERNMENT OFFICE 08 SCHOOL 09 COLLEGE 10 CHURCH 11 HOSPITAL 12 JAIL/PRISON 13 PARKING GARAGE 14 OTHER PUBLIC ACCESS BUILDINGS COMMERCIAL LOCATIONS 15 AUTO SHOP 16 FINANCIAL INSTITUTION 17 BARBER/BEAUTY SHOP 18 HOTEL/MOTEL 19 DRY CLEANERS/LAUNDRY 20 PROFESSIONAL OFFICE		21 DOCTOR'S OFFICE 22 OTHER BUSINESS OFFICE 23 AMUSEMENT CENTER 24 RENTAL STORAGE FACILITY 25 OTHER COMMERCIAL SERVICE LOC. RETAIL 26 BAR 27 BUY/SELL/TRADE SHOP 28 RESTAURANT 29 GAS STATION 30 AUTO SALES LOT 31 JEWELLERY STORE 32 CLOTHING STORE 33 DRUGSTORE 34 LIQUOR STORE 35 SHOPPING MALL 36 SPORTING GOODS 37 GROCERY/SUPER MARKET 38 VARIETY/CONVENIENCE 39 DEPARTMENT STORE 40 OTHER RETAIL STORE 41 FACTORY/MILL/PLANT 42 OTHER BUILDING		SUSPECTED OF USING				NOT APPLICABLE				
METHOD OF ENTRY		METHOD OF ENTRY - MOTOR VEHICLE THEFT				METHOD OF ENTRY- BURGLARY/B&E						
PREMISES ENTERED						ENTRY	EXIT	ENTRY	EXIT	ENTRY	EXIT	
						1 BASEMENT		1 DOOR		1 FRONT		
						2 1ST FLOOR		2 WINDOW		2 SIDE		
						3 2ND FLOOR		3 GARAGE		3 REAR		
						4 OTHER		4 SKYLIGHT		4 ROOF		
								5 OTHER		5 OTHER		
METHODS OF OPERATION												
NO.	TOTAL VICTIMS		VICTIM TYPE									
<b>1</b>	<b>2</b>		<b>S - SOCIETY / PUBLIC</b>									
NAME (Last, First, Middle) <b>Village of Highland Hills</b>												
ADDRESS (Street, Apt., City, State, Zip)										Phone		
EMPLOYER NAME & ADDRESS										Phone		
AGE/D.O.B.		SEX	RACE	HEIGHT	WEIGHT	HAIR	EYES					
OCCUPATION				SSN	RESIDENTIAL STATUS							
VICTIM INJURED?		IF INJURED, DESCRIBE INJURIES										
NO												
AGG.ASLT/HOMICIDE		VICTIM-SUSPECT RELATIONSHIP				VICTIM-OFFENSE LINK						
						<b>333.03 337.27 4510.11 2921.31</b> <b>7071 33A 7071 331R</b>						
REPORTING OFFICER <b>Ptl. Matt Mijangos</b>						BADGE NO. <b>Mijangos</b>		DATE				
APPROVING OFFICER						BADGE NO.		DATE				
FOLLOW UP		IF YES, FOLLOW-UP ASSIGNMENT:										
N		-										
ADDITIONAL SUPPLEMENTS <b>2</b>				FORM RECD. BY				SPECIAL COPIES				

OFFENSE

VICTIM

# Highland Hills Police Department

INCIDENT NUMBER <b>11 497</b>
INCIDENT DATE / TIME <b>05/19/2011 / 23:29</b>

## OFFENSE SUPPLEMENT

OFFENSE	OFFENSE CODE	A/C	F/M & DEGREE	LARCENY TYPE	TYPE CRIMINAL ACTIVITY
Failure to comply with order/signal of P.O. - elude or flee	2921.331B	C	M-1		
Assault	2903.13	C	F-4		N

REPORTING OFFICER <b>Ptl. Matt Mijangos</b>	BADGE NO. <b>Mijangos</b>	DATE
APPROVING OFFICER	BADGE NO.	DATE

# Highland Hills Police Department

Incident Number <b>11 497</b>
Incident Date / Time <b>05/19/2011 / 23:29</b>

## VICTIM SUPPLEMENT

NO <b>2</b>	TOTAL VICTIMS <b>2</b>	NAME (Last, First, Middle) <b>Mijangos , Matt</b>					
ADDRESS						PHONE	
EMPLOYER NAME & ADDRESS						PHONE	
AGE / D O B <b>27 01/04/1984</b>	SEX <b>M</b>	RACE <b>Unknown</b>	HEIGHT	WEIGHT	HAIR	EYES	
OCCUPATION <b>Police Officer</b>			SSN	RESIDENT STATUS <b>NOT REPORTED</b>			
VICTIM TYPE <b>POLICE OFFICER ( IN THE LINE OF DUTY)</b>							
VICTIM INJURED? <b>NO</b>		IF INJURED DESCRIBE					
AGG. ASLT/ HOMICIDE CIRCUM.		VICTIM SUSPECT RELATION <b>1 - UNKNOWN</b>			VICTIM LINKED TO OFFENSE NO(S) <b>2903.13</b>		

REPORTING OFFICER <b>Ptl. Matt Mijangos</b>	BADGE NO. <b>Mijangos</b>	DATE
APPROVING OFFICER	BADGE NO.	DATE

# Highland Hills Police Department

**SUSPECT/ARRESTEE SUPPLEMENT**

Incident No **11 497**

NAME / DESCRIPTION	NO. <b>1</b>	ADULT	CATEGORY <b>ARRESTEE</b>			CHARGES FILED <b>NO</b>																							
	NAME (Last, First, Middle) <b>Smallwood, James</b>					SSN																							
	ALIAS			GANG AFFILIATION																									
	ADDR (Street, Apt., City, Zip, State)				PHONE																								
	EMP Name & ADDR (St, Apt., City, Zip, State)				PHONE																								
	PLACE OF BIRTH <b>Cleveland</b>			DL#/STATE <b>/ OH</b>	OCC/SCHOOL <b>Cook</b>																								
	AGE/D.O.B <b>21 02/23/1990</b>	SEX <b>M</b>	RACE <b>Black</b>	HEIGHT <b>600</b>	WEIGHT <b>165</b>	HAIR <b>BLACK</b>																							
	EYES <b>BROWN</b>		MARITAL STATUS <b>Unknown</b>																										
	SCARS, MARKS, TATTOOS				POTENTIAL INJURIES <b>None Reported</b>																								
	RESIDENTIAL STATUS <b>RESIDENT</b>																												
TYPE WEAPON FORCE USED / ARRESTEE WAS ARMED WITH																													
SUSPECT USED    1. <b>99</b> 2.    3.    ARRESTEE ARMED WITH    1. <b>99</b> 2.    3.																													
99 NONE 11 FIREARM 12 HANDGUN 12A AUTOMATIC HANDGUN 13 RIFLE 13A FULLY AUTOMATIC RIFLE 13B OTHER FULLY AUTOMATIC FIREARM		14 SHOTGUN 15 OTHER FIREARM 15A SEMI-AUTOMATIC SPORTING RIFLE 15B SEMI-AUTOMATIC ASSAULT FIREARM 15C MACHINE PISTOL/FIREARM		16 IMITATION FIREARM 17 SIMULATED FIREARM 18 BB / PELLET GUN 20 KNIFE/CUTTING INSTRUMENT 30 BLUNT OBJECT 35 MOTOR VEHICLE 40 PERSONAL WEAPON/EARM																									
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COURT		DATE																											

INCIDENT REPORT - PART 2

Highland Hills Police Department

Incident No. 11 497

R E P O R T E E	NO. 2	NAME (Last, First, Middle) Mijangos, Matt	AGE / D.O.B. 27 01/04/1984	SSN
	ADDRESS			PHONE
	EMPLOYER NAME & ADDR			PHONE
	STATEMENTS OBTAINED NO		TYPE	

V E H I C L E	CHECK CATEGORIES SUSPECT'S VEH./									
	NO 2	UC FFF1703	LS OH	LY 511	LIT PC	VIN/AN	VALUE 0			
	VYR 1999	VMA Pontiac	VMO Gran Prix	VST 4DR	VCOLTOP BOTTOM Black,Black	LOCKED	KEYS IN VEH	HOLD VEH YES	RELEASE CONTENTS	
	VEHICLE ASSOC. W/SUSPECT NO.		VEHICLE ASSOC. W/VICTIM NO.		VEHICLE TOWED YES		TOWED BY Kelly's Towing		OWNERSHIP VERIFIED BY	
	STOLEN MOTOR VEHICLE ONLY.		NO. STOLEN		AREA STOLEN		ADDITIONAL DESCRIPTION			
	AUTO INSURER NAME (Company) ADDRESS (Street, City, State, Zip)									PHONE
MOTOR/VEHICLE RECOVERY ONLY		NO. RECOVERED		DATE RECOVERED		STOLEN IN YOUR JURISDICTION WHERE RECOVERED ?				

P R O P E R T Y	TYPE PROPERTY 1 NONE 3 COUNTERFEITED/FORGED 5 STOLEN/ETC 7 RECOVERED P PHOTOLOSS/ETC (enter codes below)										TOTAL VALUE \$0.00
	LOSS CODE		QUANTITY	DESCRIPTION					PROP CODE	VALUE	
	VICTIM NO		VEHICLE NO	MAKE/BRAND			MODEL	RECOVERED DATE			
			SERIAL NUMBER		NCIC NUMBER		OTHER NUMBER		RECOVERED VALUE		
	LOSS CODE		QUANTITY	DESCRIPTION					PROP CODE	VALUE	
	VICTIM NO		VEHICLE NO	MAKE/BRAND			MODEL	RECOVERED DATE			
			SERIAL NUMBER		NCIC NUMBER		OTHER NUMBER		RECOVERED VALUE		
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		SERIAL NUMBER		NCIC NUMBER		OTHER NUMBER		RECOVERED VALUE			

- |  |  |  |   |   |
|--|--|--|---|---|
| <b>PROPERTY CODES :</b><br>EXCHANGE MEDIUMS<br>01 MONEY<br>02 CREDIT/DEBIT CARD<br>03 NEGOTIABLE INSTRUMENTS<br>04 OTHER EXCHANGE MEDIUMS<br>DOCUMENTS<br>05 NON NEGOTIABLE INSTRUMENTS<br>06 PERSONAL PAPERS<br>07 OTHER DOCUMENTS<br>VALUABLES<br>08 JEWELLERY/PRECIOUS METALS<br>09 ART OBJECTS, ANTIQUES<br>10 OTHER VALUABLES | <b>PERSONAL EFFECTS</b><br>11 CLOTHING/FURS<br>12 PURSES/HANDBAGS/WALLETS<br>13 OTHER PERSONAL EFFECTS<br>HOUSEHOLD EFFECTS<br>14 HOUSEHOLD ITEMS<br>EQUIPMENT<br>15 DRUG/NARCOTIC EQUIP<br>16 GAMBLING EQUIPMENT<br>17 COMPUTER HARDWARE/SOFTW.<br>18 OFFICE EQUIPMENT<br>19 STEREO TV EQUIPMENT<br>20 RECORDINGS - AUDIO VIS.<br>21 SPORTS EQUIPMENT | 22 PHOTOGRAPHIC EQUIP.<br>23 FARM EQUIPMENT<br>24 HEAVY CONSTRUCTION/INDUSTRIAL<br>25 BUILDING SUPPLIES - CONST<br>26 TOOLS<br>27 VEHICLE PARTS/ACCES.<br>28 SCHOOL SUPPLIES<br>29 OTHER EQUIPMENT<br>CONSUMABLE ITEMS<br>30 ALCOHOL<br>31 DRUGS/NARCOTICS<br>32 CONSUMABLE GOODS<br>ANIMALS<br>33 LIVESTOCK | 34 HOUSEHOLD PETS<br>VEHICLES<br>35 AIRCRAFT<br>36 AUTOMOBILES<br>37 BICYCLES<br>38 BUSES<br>39 TRUCKS<br>40 TRAILERS<br>41 WATERCRAFT<br>42 RECREATIONAL VEH.<br>43 OTHER MOTOR VEH.<br>WEAPONS<br>44 FIREARMS<br>45 OTHER WEAPONS | <b>STRUCTURES</b><br>46 SINGLE OCCUPANCY<br>47 OTHER DWELLINGS<br>48 COMMERCIAL/BUSINESS<br>49 INDUS/MFG<br>50 PUBLIC/COMM.<br>51 STORAGE<br>52 OTHER STRUCTURE<br>OTHER<br>53 MERCHANDISE<br>54 OTHER PROPERTY<br>55 PENDING INVENTORY |
|--|--|--|---|---|

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On 05/19/2011 at approximately 2330hrs, I, Ptl. Mijangos (badge #24) was on patrol traveling northbound on Richmond Rd. near the Robert Bishop intersection, in a marked police unit (7684), when I noticed the vehicle listed above traveling southbound on Richmond Rd. at a rate of 50MPH in a posted 35MPH speed limit zone. Based on this violation, I safely conducted a U-turn and proceeded behind this vehicle. I activated my lights and siren to signal this vehicle to stop on Richmond Rd. just before The Corporate College driveway. However, this vehicle ignored my signal and continued traveling approximately an addition five hundred feet. This vehicle then came to stop on Richmond Rd. just before the Emery intersection.

This vehicle was stopped for approximately 15 seconds. During this time, I was attempting



# Highland Hills Police Department

**NARRATIVE SUPPLEMENT**

Page Number: 1

Incident Number <b>11 497</b>
Incident Date / Time <b>05/19/2011 / 23:29</b>

to notifying dispatch of my location and vehicle plate number, this vehicle then drove-off at a high rate of speed and immediately headed westbound on Emery. At this time, I notifying dispatch of the situation and to call for mutal-aid. While traveling westbound on Emery, this vehicle reached speeds between 70MPH and 80MPH. Ptl. Cicero assisted in this pursuit at the intersection of Emery and S. Green. A Warrensville Hts unit assisted at the intersection of Emery and Northfield Rd.

This vehicle then proceeded to travel southbound on Warrensville Ctr. Rd. This vehicle was traveling in the curb lane of Warrensville Ctr. Rd. at approximately 40MPH, when I then entered the curb lane approximately fifty feet from this vehicle in attempt to slow the vehicle down. This vehicle slowed down to approximately 25MPH. This vehicle then proceeded to escape by striking my unit, however, the accident caused this vehicle to come to rest just before the Maple Hts Blvd intersection. There, Ptl. Cicero and I were assisted by Warrensville Hts PD along with Maple Hts PD. I ordered the driver, who was later identified as James Smallwood, to put his hands up, in which he complied. From the passenger-side of the said vehicle, Ptl. Cicero opened the passenger door and pulled Mr. Smallwood out of the vehicle and laid him on the ground. I then ordered Mr. Smallwood to put his hands behind his back, however, the driver refused to provided his right hand. After a short struggle, Mr. Smallwood was then handcuffed, searched, and then placed in the back seat of unit 7683. I then asked Mr. Smallwood what his name was? Mr. Smallwood refused to answer my question.

Ptl. Pagano of the Maple Hts PD will handle the motor vehicle accident report involving my unit and Mr. Smallwood's vehicle. During the inventory search of the vehicle, Ptl. Cicero located warrant paperwork which had Mr. Smallwood's information on it. After an inventory search of Mr. Smallwood's vehicle, the vehicle was towed to and by Kelly's Towing. I then asked Mr. Smallwood why he was running from the police? Mr. Smallwood stated "Because I was scared, I don't have a license". I then ran Mr. Smallwood's information through LEADS, at that time, it was known that Mr. Smallwood's driving privileges were suspended and that he had two active warrants. Ptl. Cicero then transported Mr. Smallwood back to the Highland Hills PD.

There, Mr. Smallwood was booked-in, fingerprinted, and then advised of his charges. Mr. Smallwood was then given an opportunity to provide a written statement in which he refused to provide. Ptl. Jackson then transported Mr. Smallwood to the Bedford Hts Jail.

Mr. James Smallwood is charged with Speed/Driving Under Suspension/Safety Belt/Fail to Comply/Obstruction Official Business/Assault on P.O./Resisting Arrest and was given a Bedford Court date of May 24th, 2011 at 1:30pm for his misdemeanor charges.

REPORTING OFFICER <b>Ptl. Matt Mijangos</b>	BADGE NO. <b>Mijangos</b>	DATE
APPROVING OFFICER	BADGE NO.	DATE

**Highland Hills Police Department**  
**ASSISTING / INVESTIGATING OFFICERS**

INCIDENT NUMBER	11497
INCIDENT DATE AND TIME	05/19/2011 / 23:29

A S S I S T I N G  O F F I C E R S	ASSISTING OFFICER Aux. Matthew Cicero, MC	BADGE NO. CIC
I N V E S T I G A T I N G  O F F I C E R S		

REPORTING OFFICER Ptl. Matt Mijangos	BADGE NO. Mijangos	DATE
APPROVING OFFICER	BADGE NO.	DATE

**Highland Hills Police Department  
EMPLOYEE REPRIMAND**

Employee: Mathew Mijangos

Position: Part Time Officer

Date: May 24<sup>th</sup> 2011

Incident Date: May 19<sup>th</sup> 2011

Ref: PROCEDURE VIOLATION VEHICLE PURSUIT

Supervisor: Sgt. Jerome Skeabeck

**INCIDENT:** On May 19<sup>th</sup> 2011 Ptl. Mathew Mijangos working third shift assigned to unit 7684 did attempt to stop a motor vehicle for a traffic violation. The subject's vehicle did fail to stop as Ptl: Mijangos pursued the vehicle which was attempting to flee. This pursuit exceeded the Highland Hills boundaries and did come to a stop inside the City of Maple Hts after a minor vehicle crash involving the suspect's vehicle and 7684. No injuries reported only property damage.

**CONCLUSION:** The Policy & procedure of this department in the case of a vehicle pursuit is clear.

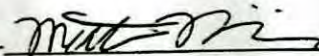
"NO PURSUITS WILL GO BEYOND THE BOUNDRIES OF THE VILLAGE." UNLESS THE SUSPECT POSES A DIRECT THREAT TO PERSONS OR PROPERTY. At no time was a threat to persons or property discovered. This is a clear failure on Ptl. Mijangos part to abide by Departments Policy & Procedure.

**ACTION TAKEN:** \* SUSPENDED TEN DAYS WITHOUT PAY.\*

Suspended days will commence from July 1<sup>st</sup> 2011 till July 10<sup>th</sup> 2011 return to duty will be July 11<sup>th</sup> 2011

Any further violations of Department Policies & Procedures will result in aggressive disciplinary action with the possibility of termination of employment.

Signature of employee confirms that this reprimand has been issued and may not agree with its content.

  
\_\_\_\_\_

Employee Signature

05/31/11


Date

  
\_\_\_\_\_

Supervisor

5-31-11

Date

  
\_\_\_\_\_

ANTONIO F. STITT "CHIEF OF POLICE"

06/01/11

Date

Cc: Personnel File

*ADMINISTRATIVE MEMO:*

*FROM: SGT. J.M.S.*

*DATE: 05-20-11*

*REF: Ptl. Mijangos*

---

*In Reference to the Mijangos pursuit that occurred on 05-20-11 23:29 hours attached is a copy of report # 11-497 it is my opinion that Ptl. Mijangos did clearly violate department pursuit policy. By leaving the Village boundaries on a nonviolent and a misdemeanor violation Mijangos pursued this subject a little over 3 miles. The Pursuit ended in Maple Hts. with 2 other agencies involved. Other than property damage to our vehicle and the subject's mother's vehicle there were no injuries reported. I did take Mijangos to South point for a drug screen at aprox. 01:30 and did fill out Village incident reports forward to the Chief Tom, & Jane.*

***Conclusion:*** *I believe a SUSPENSION is to be issued to Mijangos for the violation of Policy.*

*Though I feel Mijangos past record of being a team player I would like to consider a suspension not to break his spirit or moral of being an officer who seems to be a motivated officer. I will interview him Monday when he comes in on this matter.*

*I feel no less than 10 days maybe 15 days off  
Your thoughts. Suspension to be implemented July 1<sup>st</sup>  
2011.*

## **Pursuit Protocol**

### **INTERJURISDICTIONAL PURSUIT POLICY**

#### **Initiating/Primary Pursuing Agency Responsibilities**

Before entering another jurisdiction, the dispatcher or an officer will notify the assisting agency and provide the following information:

- A. That a pursuit is about to enter their jurisdiction.
- B. Reason for pursuit and nature of the offense.
- C. Location and direction of the pursuit
- D. Vehicle and occupant description if known.
- E. Whether assistance is required.
- F. When applicable, notify the assisting agency when the pursuit is leaving their jurisdiction or the location of its termination.

The initiating agency will have control and be responsible for the pursuit. **Other agencies will not participate unless requested to assist.**

Officers must continually assess whether the seriousness of the incident justifies continuing the pursuit. The policies and procedures of the initiating officer's agency shall determine the criteria for the continuation or termination of a pursuit.

The supervisor of the initiating agency will monitor radio communications to ensure that only authorized units participate in the pursuit.

Supervisors will continue to evaluate the nature and seriousness of the offense for which the suspect(s) are being pursued and assess the prevailing conditions and the potential for identifying the suspect(s) at a later time.

Supervisors will order a pursuit terminated when known circumstances or facts do not justify continuing the pursuit.

#### **Assisting Agency Responsibilities**

Assistance will be coordinated by the initiating agency's communications center under the direction of the supervisor. The initiating department's supervisor and the primary pursuing unit will be advised of the identity and location of the assisting secondary unit and other units who can assist in a non-pursuit, support role.

A pursuit will normally involve no more than two units. If additional units are needed, the number of additional units will be determined by the initiating agency supervisor.

Only the initiating agency supervisor may authorize more than two units to be actively involved in the pursuit. All other units will remain aware of the direction and progress of the pursuit but shall not actively participate, and shall not respond or parallel the pursuit in an emergency mode on adjacent streets, unless specifically authorized to do so. Aerial support, when available, will be used to direct ground units in locating pursuit suspects.

The assisting agency of an area where a pursuit is entering will communicate to the pursuing units any potential hazards (i.e., large gathering of pedestrians, disabled vehicle, construction zone, road closures, etc.). The communication and deployment of resources such as stop sticks must be coordinated with the initiating agency prior to use.

Assisting units shall avoid intersecting the path of an oncoming high speed vehicle, shall not parallel a pursuit at excessive speed for the conditions, or respond at excessive speeds for the conditions to intercept a pursuit.

#### **Reinitiation of Pursuit**

In the event that a pursuit has been terminated and the suspect vehicle remains at large, any jurisdiction who comes into contact with the suspect vehicle should contact the agency of the original pursuit to evaluate whether or not to reinitiate the pursuit. If another jurisdiction reinitiates the pursuit, they will become the primary agency and the incident will be viewed as a new pursuit.

#### **Investigative Responsibility**

The coordination of the criminal investigation surrounding the vehicular pursuit will be the responsibility of the originating agency. If during the pursuit an accident occurs, it will generally be the responsibility of the agency of geographic location. All administrative reviews/investigations will be the responsibility of each agency involved.

#### **Post Pursuit Review**

At the request of a participating agency in a pursuit incident, a debriefing/review of the incident may be held to discuss, review, and evaluate any issues related to the pursuit, individual departmental policy, or this protocol.

My signature Matth. Mijangos confirms that I have read and comprehended the above pursuit policy. Furthermore, I acknowledge that if I am found to be in violation of this policy I will face disciplinary actions, and possible termination.

Matthew M. Janos Awt.  
Printed name and badge no.

# VILLAGE OF HIGHLAND HILLS EMPLOYEE INCIDENT REPORT

MALE	FEMALE

PTL. Matthew Mijangos POLICE DEPT. \_\_\_\_\_  
 EMPLOYEE NAME DEPARTMENT

HOME ADDRESS \_\_\_\_\_ HOME PHONE \_\_\_\_\_  
3700 NORTHFIELD ROAD HIGHLAND HILLS, OHIO 44122 (216) 283-3007  
 WORK ADDRESS \_\_\_\_\_ WORK PHONE \_\_\_\_\_

CHIEF ANTONIO F. STITT DATE OF REPORT 10/05/2014  
 DEPARTMENT HEAD SUPERVISOR

DAYS USUALLY WORK

DATE OF BIRTH \_\_\_\_\_

x	x	x	x	x		
SUN	MON	TUES	WED	THUR	FRI	SAT
PART TIME		FULL TIME				

10/05/2014 DATE OF INCIDENT \_\_\_\_\_ TIME OF INCIDENT \_\_\_\_\_ DATE OF HIRE \_\_\_\_\_ BUILDING OR LOCATION Northfield & Clarkwood

EMPLOYEES STATEMENT

Ptl. Mijangos on patrol in marked unit 7687 observed a large group at the Highland Food mart which appeared to be a suspicious nature, as I attempted to investigate one suspect fled the scene. Suspect attempted to flee on foot from Ptl. Mijangos at which time Ptl. Mijangos pursued the suspect in 7687 causing damage to 7687 and a private property sign. Suspect was apprehended with drugs.

WHAT HAPPENED

Sgt Skeabeck & Cpl. Golston responded to station to follow up on a incident involving damage to Village property. It was discovered that Ptl. Mijangos operating Police unit 7687 attempting to apprehend a suspect that had fled from him on foot damaged unit 7687 hitting a fixed private property sign. Warrensville Hts Police Dept. arrived on the scene to generate a property damage report. There were no reported injuries. Ptl. Mijangos as by Village policy was taken to South Point Hospital for a Urine test. Paper work attached. This matter is under internal investigation at this time.

WHAT INJURY

[Signature] \_\_\_\_\_ YES  
 WITNESS WAS THIS NORMAL JOB DUTY? Yes/No  
[Signature] \_\_\_\_\_  
 WITNESS

Sgt. Jerome Skeabeck \_\_\_\_\_ PHONE \_\_\_\_\_  
 REPORT PREPARED BY

The information contained in this report is true and accurate.

EMPLOYEE SIGNATURE [Signature] #24 DATE 10/5/14



# Village of Highland Hills

Robert L. Nash, Mayor

Police Department  
Antonio F. Stitt, Chief of Police

## **LAST CHANCE AGREEMENT** **FOR MATTHEW MIJANGOS**

On October 30, 2014, Matthew Mijangos ("Mijangos" or "Employee") was provided a meeting to discuss his unsatisfactory work performance from an incident on October 4, 2014 where the Employee recklessly pursued a criminal suspect causing damage to a police cruiser in the amount of \$4,284.00 and advising him that his employer, Village of Highland Hills ("Village" or "Employer"), intended on taking disciplinary action up to termination for the reckless conduct for his actions taken at the police call on October 4, 2014.

Mijangos agrees he could be terminated by the Village for the reckless conduct regarding the pursuit inasmuch as he is already on a Last Chance Agreement. The Employer and Mijangos agree that the incident and pursuit actions of a criminal suspect on October 4, 2014 with the resulting police cruiser damage constitutes reckless police conduct and violation of the Village Police Department's rules, including but not limited to, the pursuit of criminal suspects, and neglect of duty, and are otherwise sufficient grounds for disciplinary action or discharge and that just cause exists for disciplinary action.

At the request of Mijangos, and in light of his acknowledgement of and regret at having committed the incident of reckless conduct, neglect of duty, and violation of the Police Department's Rules violations, the Employer agrees, on a non-precedential basis, to extend to Mijangos a one **LAST CHANCE and FINAL** opportunity to demonstrate that he can be a



responsible, dependable employee. Therefore, under the conditions set forth in this LAST CHANCE AGREEMENT, Mijangos' recommended disciplinary action or discharge shall be converted to a ten day (80-hour) unpaid suspension to be imposed as follows - Mijangos shall have forty (40) hours of vacation or personal leave forfeited from his leave balance. Such forfeiture shall be remaining 2014 leave time, however, in the event the Employee does not have such accrued time in 2014, the leave time shall be deducted from 2015 leave time. The Employee shall also serve a five day (40-hour) unpaid suspension on dates determined by the Chief of Police or his designee. Mijangos acknowledges he is already on a Last Chance Agreement through July 22, 2016. The parties agree that such Last Chance Agreement shall hereby be extended until December 31, 2016. In addition, Mijangos fully understands and agrees that as a result of this LAST CHANCE AGREEMENT (and extension of the prior Last Chance Agreement), any future incidents of a disciplinable nature during the remainder of the term of this Last Chance Agreement through December 31, 2016 shall result in his IMMEDIATE, FINAL AND IRREVOCABLE termination of employment from the Village, for which there will be no appeal, grievance, administration action, or lawsuit.


Mijangos further agrees to the following conditions of this Last Change Agreement:


1. Mijangos shall take retraining on adherence to pursuit policies or the apprehension of criminal suspects and any other retraining as determined by the Chief of Police or his designee. Such retraining days shall be unpaid and shall count as the unpaid suspension days as set forth in this Last Chance Agreement if approved by the Chief or his designee. If not taken on unpaid suspension days, such retraining will be taken on the Employee's own time. Mijangos further agrees to pay any and all costs associated with retraining up to the first five (5) days of retraining.
2. Mijangos shall take all refresher anger-management assessments and counseling or related treatment as directed by the Employer within the next sixty (60) days and shall comply with all recommendations, plans or directives of the counselors

or treatment advisors. Such anger management counseling or employee assistance shall be conducted while the Employee is off-duty. Mijangos agrees that the Employer shall be entitled to copies of all records to show proof of attendance and the compliance of all counseling plans. The Employee agrees to sign all waivers or HIPAA releases or any required document in order that the Village may obtain such counseling attendance records and records of compliance with treatment plans. Mijangos further agrees that he shall be responsible for the payment for all costs and expenses for such counseling or treatment not covered by any applicable health insurance plan.

3. Mijangos acknowledges that this Last Chance Agreement was offered by the Village and accepted by him in order to retain Mijangos' employment under the conditions contained herein. Consequently, Mijangos hereby releases and discharges the Village, its Mayor, elected officials, employees and representatives from any and all further claims, administrative charges, demands, lawsuits or liabilities whatsoever, whether known or unknown, which Mijangos had or may now have against the Employer from the beginning of time to the date of this Last Chance Agreement and Release.

This Last Chance Agreement is entered into this 30<sup>th</sup> day of October, 2014.

  
Matthew Mijangos

  
Chief Antonio Stitt

**A Stitt**

---

**From:** Sgt. David Koran [koran@vhhohio.org]  
**Sent:** Sunday, February 28, 2016 6:37 PM  
**To:** Chief Stitt; Sgt. Skeabeck; Cpl Golston  
**Subject:** Fwd: CIT 2/27/16

See below for second email.

---

Sgt. David Koran  
HIGHLAND HILLS POLICE DEPT.  
3700 Northfield Road  
Highland HILLS, Ohio 44122  
Emergency: 911  
Dispatch: 216-591-1234  
Office: 216-283-3007  
Fax: 216-283-3008

----- Original Message -----

Subject: CIT 2/27/16  
From: Sandy Kuntz <SandyKuntz@SPSH.com>  
To: Sergeant David Koran <koran@vhhohio.org>  
CC: Kirsten Muenchausen <KirstenMuenchausen@SPSH.com>

Sgt. Koran,

I am glad that Highland Springs and the Highland Hills Police Department have been able to work so well together. We appreciate how hospitable you guys have been in welcoming us into your community. We want to continue to maintain a great working relationship. With that being said we were more than happy to assist with Crisis Intervention Training for the Highland Hills Police Department. However, the last scheduled training class on 2/27/16 did not go as smoothly as anticipated.

As you know, you and I both worked on the training calibration amongst both of our organizations. I chose Kirsten to conduct the training because of her vast experience working with and training Law Enforcement in the area of Mental Health. I was in the hospital Saturday and decided to sit in on part of the training. I stayed from 3:00 pm – 4:30 pm and then left to do administrative rounds in the hospital. I then returned at 5:30 pm and that is when we made the decision to terminate the remainder of the training. Please see below for my observations:

- The majority of the officers (with a few exceptions) were rude and disrespectful to Kirsten. (Officers Cvanciger and Manjas were appropriate)
- Upon the officers arrival they immediately began making comments about how they did not want to be here.

2/29/2016

- Comments were made that it was a Saturday and they would rather be anywhere but here.
- Constant talking throughout Kirsten's training by the following officers (Petrucci, Romanin, L. Campbell, and Mijangos)
- Officers were on their cellphones during the presentation (L. Campbell and Romanin)
- Officers were fixated on breaks and when the training would be over

When I returned at 5:30 the class was returning from a scheduled break and Officer Mitri had just arrived to assist Kirsten with the role playing exercises. Kirsten had asked the following officers to go first (Selig and Manjas). Selig made a comment in a sarcastic tone, he clearly was not interested in participating. At that point I was called into the hallway with Kirsten and Officer Mitri, due to the lack of participation, interest and disengagement level we decided to terminate the training. The officers then started commenting and asking if they were in trouble, then I believe one of the officers made the comment "I guess we will get an email about this".

The other two classes were great and they were very respectful and engaged. I apologize for making a big deal about this but a lot of time and hard work went into this presentation from several members of our hospital, but especially from Kirsten. She had to be pulled out of her department in order to facilitate the training, she also was responsible for all the research and collaboration with our Medical Director. I don't feel that the officers are cognizant of all the time she devoted to their training. We are so appreciative of all the times the HHPD has had to come to our hospital. That is why we were more than happy and willing to facilitate a training that would shed some light on the patients that would be encountered at Highland Springs.

Thank you for your attention to this matter,

*Sandy Kuntz, MBA*

Director of Business Development

Highland Springs

4199 Mill Pond Drive

Highland Hills, OH 44122

W: 216.302.3096

C: 812.786.7624

<http://www.highlandspringshealth.com/>

**A Stitt**

---

**From:** Sgt. David Koran [koran@vhhohio.org]  
**Sent:** Saturday, February 27, 2016 7:16 PM  
**To:** Chief Stitt; Sgt. Skeabeck; Cpl Golston  
**Subject:** Fwd: RE: MH training for officers

---

Sgt. David Koran  
HIGHLAND HILLS POLICE DEPT.  
3700 Northfield Road  
Highland HILLS, Ohio 44122  
Emergency: 911  
Dispatch: 216-591-1234  
Office: 216-283-3007  
Fax: 216-283-3008

----- Original Message -----

**Subject:** RE: MH training for officers  
**From:** Kirsten Muenchausen <KirstenMuenchausen@SPSH.com>  
**To:** Sergeant David Koran <koran@vhhohio.org>  
**CC:** Sandy Kuntz <SandyKuntz@SPSH.com>

Dear Sergeant Koran,

I am sending this email in regards to the training class that I conducted on 2/27/16. I have been working with Law Enforcement in training MH for the past 6 years of my professional career, I have never in my time presented to a group of professionals where I was treated with such disrespect and disregard. Once the officers have arrived then immediately began making comments about how they did not want to be here, they were not interested in the training, M. Campbell "being anywhere would be better then here". I understand that it was a Saturday training, and I always allow for some comments, but in lieu of how the rest of the training went I feel that if they did not want to be there, they could have kept it to themselves. I also told Selig due to his level of complaining, that he was free to leave, and take it up with his superior, but I was going to conduct the training as asked.

Throughout the training while I was talking, Petrucci, Romanin (especially Romanin), L. Campbell, and Mijangos would talk constantly, over me while I was presenting. Several times L. Campbell and Romanin pulled out their phones in the middle of the class and began texting or playing games. Selig suggested that we do "15 minutes on and 15 minutes off, then get out a hour early". Several times I was asked how many breaks we were going to get, while I was presenting. At a point during the presenting I was talking about our holds and Mijangos asked me if I said "hoes" and implied that we employed "hoes" at our hospital.

2/29/2016

I have been a social worker for 10 years and I am very good at reading people Sergeant. When officers (Petrucci), Selig, Mijangos) sit with their arms folded, leaning back in their chairs, rolling their eyes, acting as if my questions were a bother I am aware they are intending to send me a message that they are uninterested and disengaged with the training. When we were getting ready for the skill practices I asked Selig and Manjas to go first and I believe Selig rolled his eyes and said "woo hoo" in a sarcastic tone. I went into the hallway with Officer Mitri and Sandy Kuntz, Director of Business Development and we decided to end the training at that point. When the officers were informed M. Campbell asked if they were in trouble, and Petrucci said in a sarcastic tone "oh, I guess we will get an email about this". To me that speaks to the fact the officers were aware their behavior was uncalled for, and the fact Romanin has been attempting to return to the hospital to find out what is going on.

To be fair Officer Cvanciger and Manjas were appropriate and respectful throughout the whole training, as were all officers in the previous two classes. I have received nothing but positive feedback on the previous trainings, and in my career up to this point.

Thank you,

Kirsten Muenchausen, MA, LSW

Highland Springs Hospital

---

**From:** Sergeant David Koran [koran@vhhohio.org]  
**Sent:** Monday, January 11, 2016 6:54 AM  
**To:** Kirsten Muenchausen  
**Cc:** Sandy Kuntz  
**Subject:** RE: MH training for officers

Hello Kirsten,

This sounds good and lets set up a series of three possible dates and times. I have had discussions with the team over my experiences working in Toledo at Mercy Health Partners Police on how to gain compliance and handling pinked slipped patients etc. It will be good to review those issues along with de-escalation and handling. Be aware that this is the first time some of these officers have ever dealt with a patient who's acting out and or being combative. I believe your experience and knowledge of working in this environment would be of a benefit to educate these officers. I have reached out with the ADAMHS board weeks ago over a certification course but never received a response. So at this time I will await hearing from you on when you would be available to set up some dates. Thanks

Sergeant David Koran

HIGHLAND HILLS POLICE DEPARTMENT

3700 Northfield Road

01/11/2016

## A Form

To: Admin

From: Ptl. Mijangos

Subject: Highland Spring Training

Date: 02-29-16

This is a requested written A-Form about the training session at the Highland Springs that was conducted by a member of the facility. It was brought to my attention about Officer behavior during this session.

The class started out as "business as usual", about an hour into the class, the instructor stated that "we are the quiet class of the three" and that "things would go fast if we participated", therefore the class turn into more of an open discussion about topics. Some laughing occurred about certain topics and some "chops were busted", but all with good intentions (nothing serious or extremely offensive).

Oddly, however, after coming back from a break and just before we were going to start the scenario portion of this training, the instructor took Ptl. Mitri into the hallway, shortly after the instructor came back into the classroom and immediately stated that "we do not have to do the scenarios" and that "we can leave". It was very usual however an explanation was not giving. It is my opinion either something had happen in the facility that required her attention or that something was said during a break outside the classroom.

[Skip to main content](#)

# 2006TRC10414R STATE OF OHIO VS. MIJANGOS, MATTHEW J RPD BRW

- Case Type:  
TRAFFIC (RAVENNA)
- Case Status:  
CLOSED
- File Date:  
07/31/2006
- DCM Track:
- Action:  
OVI OPERATING VEHICLE UNDER THE INFLUENCE 1ST
- Status Date:  
07/31/2006
- Case Judge:  
WATSON, BARBARA R.
- Next Event:

[All Information](#) | 
 [Party](#) | 
 [Charge](#) | 
 [Ticket/Citation #](#) | 
 [Event](#) | 
 [Docket](#) | 
 [Financial](#) | 
 [Receipt](#) | 
 [Disposition](#)

### Party Information

**MIJANGOS, MATTHEW J**  
- DEFENDANT

- DOB
- DOD
- Disposition
- Disp Date

• Address

**Alias**

#### Party Attorney

- Attorney  
DAVIDSON, ROGER KEITH
- Address  
441 WOLF LEDGES PKWY #302  
AKRON, OH 44311
- Phone  
(330)535-9739

[More Party Information](#)

**KRIEGER, S**  
- OFFICER

- DOB
- DOD
- Disposition
- Disp Date

• Address

- RAVENNA POLICE DEPARTMENT  
220 PARKWAY  
RAVENNA, OH 44266

**Alias**

#### Party Attorney

[More Party Information](#)

**PROSECUTOR**  
- OFFICER

- DOB
- DOD
- Disposition
- Disp Date

• Address

**Alias**

#### Party Attorney

- Attorney  
PROSECUTOR
- Address  
241 S CHESNUT ST  
RAVENNA, OH 44266
- Phone



[More Party Information](#)

**Party Charge Information**

• **MIJANGOS, MATTHEW J**

• - DEFENDANT

Charge # 1 :

**4511.19A1AA\_R - MISDEMEANOR 1ST DEGREE OVI OPERATING VEHICLE UNDER THE INFLUENCE 1ST**

- Original Charge
- 4511.19A1AA\_R OVI OPERATING VEHICLE UNDER THE INFLUENCE 1ST (MISDEMEANOR 1ST DEGREE)
- Indicted Charge
- Amended Charge
- DV Related?
- Modifiers
- Stage Date

- Ticket #
- 86382
- ATN #
- Tracking #
- Place of Offense
- RAVENNA POLICE DEPARTMENT
- Offense Location
- Date of Offense
- 07/29/2006
- Complainant

**Party Charge Disposition**

Disposition Date  
Disposition  
02/09/2007  
GUILTY

[Sentencing Information](#)

• **MIJANGOS, MATTHEW J**

• - DEFENDANT

Charge # 2 :

**4511.19A1DA\_R - MISDEMEANOR 1ST DEGREE OVI BREATH .08 - .17 1ST**

- Original Charge
- 4511.19A1DA\_R OVI BREATH .08 - .17 1ST (MISDEMEANOR 1ST DEGREE)
- Indicted Charge
- Amended Charge
- DV Related?
- Modifiers
- Stage Date

- Ticket #
- 86382
- ATN #
- Tracking #
- Place of Offense
- RAVENNA POLICE DEPARTMENT
- Offense Location
- Date of Offense
- 07/29/2006
- Complainant

**Party Charge Disposition**

Disposition Date  
Disposition  
02/09/2007  
MERGED

[Sentencing Information](#)

• **MIJANGOS, MATTHEW J**

• - DEFENDANT

Charge # 3 :

**4511.25\_R - MINOR MISDEMEANOR LANES OF TRAVEL**

- Original Charge
- 4511.25\_R LANES OF TRAVEL (MINOR MISDEMEANOR)
- Indicted Charge
- Amended Charge
- DV Related?
- Modifiers
- Stage Date

- Ticket #
- 86382
- ATN #
- Tracking #
- Place of Offense
- RAVENNA POLICE DEPARTMENT
- Offense Location
- Date of Offense
- 07/29/2006
- Complainant

**Party Charge Disposition**

Disposition Date  
Disposition  
02/09/2007  
MERGED

[Sentencing Information](#)

**Ticket/Citation #**

**Citation # : 86382 - RAVENNA POLICE DEPARTMENT**

• **Offense Date**  
• 07/29/2006

- Agency
- RAVENNA POLICE DEPARTMENT
- Officer
- KRIEGER, S(414)
- Second Officer
- 
- Complainant
- 

- Speed Cited
- 
- Speed Limit
- 
- Location
- DIAMOND ST
- Insured/Proof
- Y
- Accident
- N
- Work Zone
- 
- Haz Mat
- 
- Priors
- 
- License Taken
- N
- BAC
- .112

- Plate
- VW0636
- State
- WV
- Year
- 2005
- Type
- PASSENGER AUTO
- Style
- JEEP
- Color
- Green

**Events**

<u>Date/Time</u>	<u>Location</u>	<u>Type</u>	<u>Result</u>	<u>Event Judge</u>
07/31/2006 08:15 AM		ARRAIGNMENT		RAVENNA ADMINISTRATIVE JUDGE
08/31/2006 01:45 PM	COURTROOM B	PRETRIAL		WATSON, BARBARA R.
10/17/2006 01:00 PM	COURTROOM B	PRETRIAL		WATSON, BARBARA R.
12/28/2006 09:00 AM	COURTROOM B	TRIAL	JURY REQUESTED	WATSON, BARBARA R.
12/28/2006 09:00 AM	COURTROOM B	HEARING ON MOTION TO SUPPRESS		WATSON, BARBARA R.
02/09/2007 10:00 AM	COURTROOM B	PLEA		WATSON, BARBARA R.

**Docket Information**

<u>Date</u>	<u>Docket Text</u>	<u>Amount Owed</u>	<u>Amount Due</u>	<u>File Ref Nbr.</u>	<u>Image Avail.</u>

<u>Date</u>	<u>Docket Text</u>	<u>Amount Owed</u>	<u>Amount Due</u>	<u>File Ref Nbr.</u>	<u>Image Avail.</u>
07/31/2006	ARRAIGNMENT DATE Event: ARRAIGNMENT Date: 07/31/2006 Time: 8:15 am Judge: RAVENNA ADMINISTRATIVE JUDGE Location:				
07/31/2006	TRAFFIC TICKET FILED				
07/31/2006	OVI				
07/31/2006	AUTOMATIC LICENSE SUSPENSION FILED				
07/31/2006	PERSONAL RECOGNIZANCE BOND  RAVENNA RECOGNIZANCE BOND Sent on: 07/31/2006 09:03:38				
07/31/2006	NOT GUILTY PLEA ENTERED				
08/07/2006	LETTER OF REPRESENTATION RECEIVED FROM ATTORNEY ROGER DAVIDSON				<a href="#">Image</a>
08/07/2006	JURY DEMAND FILED Receipt: 163886 Date: 03/29/2007	\$1.00	\$0.00		<a href="#">Image</a>
08/08/2006	HEARING SET FOR: Event: PRETRIAL Date: 08/31/2006 Time: 1:45 pm Judge: WATSON, BARBARA R Location: COURTROOM B				<a href="#">Image</a>
09/01/2006	TIME WAIVER FILED				<a href="#">Image</a>
09/01/2006	MOTION FOR CONTINUANCE FILED & GRANTED				<a href="#">Image</a>
09/06/2006	HEARING SET FOR: Event: PRETRIAL Date: 10/17/2006 Time: 1:00 pm Judge: WATSON, BARBARA R Location: COURTROOM B				<a href="#">Image</a>
10/17/2006	PRE-TRIAL REPORT TRIAL TO COURT				<a href="#">Image</a>
10/30/2006	HEARING SET FOR: Event: TRIAL Date: 12/28/2006 Time: 9:00 am Judge: WATSON, BARBARA R Location: COURTROOM B  Result: JURY REQUESTED				<a href="#">Image</a>
11/15/2006	SUBPOENA ISSUED TO PTL WALLIS Receipt: 163886 Date: 03/29/2007	\$1.00	\$0.00		<a href="#">Image</a>
11/22/2006	MOTION TO SUPPRESS FILED				<a href="#">Image</a>
11/28/2006	HEARING SET FOR: Event: HEARING ON MOTION TO SUPPRESS Date: 12/28/2006 Time: 9:00 am Judge: WATSON, BARBARA R Location: COURTROOM B				<a href="#">Image</a>
11/28/2006	MOTION TO SUPPRESS FILED				<a href="#">Image</a>
11/30/2006	RETURN OF SUBPOENA SERVICE FOR: PTL WALLIS	\$0.00	\$0.00		<a href="#">Image</a>
12/11/2006	COURT NOTICE RETURNED BAD ADDRESS: RETURN TO SENDER				<a href="#">Image</a>
12/28/2006	PRE-TRIAL REPORT SET FOR PLEA				<a href="#">Image</a>
12/29/2006	HEARING SET FOR: Event: PLEA Date: 02/09/2007 Time: 10:00 am Judge: WATSON, BARBARA R Location: COURTROOM B				<a href="#">Image</a>
02/09/2007	COURT COSTS Charge #1: OVI OPERATING VEHICLE UNDER THE INFLUENCE 1ST Receipt: 163886 Date: 03/29/2007	\$82.00	\$0.00		
02/09/2007	FINE Charge #1: OVI OPERATING VEHICLE UNDER THE INFLUENCE 1ST Receipt: 163886 Date: 03/29/2007	\$250.00	\$0.00		

<u>Date</u>	<u>Docket Text</u>	<u>Amount Owed</u>	<u>Amount Due</u>	<u>File Ref Nbr.</u>	<u>Image Avail.</u>
02/09/2007	AGREEMENT TO PAY FINES/COSTS AS ORDERED SIGNED BY DEFENDANT MIJANGOS, MATTHEW J was sent bill for \$334.00. Printed on 02/09/2007 10:36:29.				<a href="#">Image</a>
02/09/2007	CHARGE DISPOSED: GUILTY Charge #1: OVI OPERATING VEHICLE UNDER THE INFLUENCE 1ST				
02/09/2007	PLEA: GUILTY Charge #1: OVI OPERATING VEHICLE UNDER THE INFLUENCE 1ST				
02/09/2007	SENTENCING INFORMATION (SEE IMAGE)  Sentence: Fine: 600.00, Susp: 350.00 Costs: 82.00, Susp: , Incl: N Jail Start: , days: 10, Jail End: susp days: 10, susp time: Points: 6, Lic susp: , Dr Ed: N Susp start: 07/29/2006, days: 180, Susp end: 01/24/2007 Clearance Date: Mod: , narr: , Lic flag: Dr sch: N, DUI sch: Y, Rest: WORK Prob type: , start: , days: , End:				<a href="#">Image</a>
02/09/2007	CHARGE DISPOSED: MERGED Charge #2: OVI BREATH .08 - .17 1ST				
02/09/2007	PLEA: MERGED Charge #2: OVI BREATH .08 - .17 1ST				
02/09/2007	CHARGE DISPOSED: MERGED Charge #3: LANES OF TRAVEL				
02/09/2007	PLEA: MERGED Charge #3: LANES OF TRAVEL				
02/09/2007	JOURNAL ENTRY (SEE IMAGE)				<a href="#">Image</a>
11/14/2007	DRIVER INTERVENTION PROGRAM COMPLETED				<a href="#">Image</a>

**Financial Summary**

<u>Cost Type</u>	<u>Amount Owed</u>	<u>Amount Paid</u>	<u>Amount Adjusted</u>	<u>Amount Outstanding</u>
COST	\$84.00	\$84.00	\$0.00	\$0.00
FINE	\$250.00	\$250.00	\$0.00	\$0.00
Total	Total \$334.00	Total \$334.00	Total \$0.00	Total \$0.00

**Receipts**

<u>Receipt Number</u>	<u>Receipt Date</u>	<u>Received From</u>	<u>Payment Amount</u>
163886	03/29/2007	MIJANGOS, MATTHEW J	\$334.00
Total	Total	Total	Total \$334.00

**Case Disposition**

<u>Disposition</u>	<u>Date</u>	<u>Case Judge</u>
NOT GUILTY	07/31/2006	RAVENNA ADMINISTRATIVE JUDGE
GUILTY	02/09/2007	WATSON, BARBARA R.



[Skip to main content](#)

**2002TRD05278K STATE OF OHIO VS. MIJANGOS, MATTHEW J KSUPD  
CLOSED**

- Case Type:  
TRAFFIC (KENT)
- Case Status:  
CLOSED
- File Date:  
09/11/2002
- DCM Track:
- Action:  
SPEED
- Status Date:  
09/11/2002
- Case Judge:  
KENT ADMINISTRATIVE JUDGE
- Next Event:

[All Information](#) | 
 [Party](#) | 
 [Charge](#) | 
 [Ticket/Citation #](#) | 
 [Event](#) | 
 [Docket](#) | 
 [Financial](#) | 
 [Disposition](#)

**Party Information**

**MIJANGOS, MATTHEW J  
- DEFENDANT**

- DOB
- [REDACTED]
- Disposition
- Disp Date

• Address

• [REDACTED]

Alias

Party Attorney

[More Party Information](#)

**PROSECUTOR  
- OFFICER**

- DOB
- Disposition
- Disp Date

• Address

Alias

Party Attorney

[More Party Information](#)

**RIPLEY  
- COMPLAINANT**

- DOB
- Disposition
- Disp Date

• Address

- KENT STATE UNIVERSITY PD
- STOCKDALE BLDG
- KSU
- KENT, OH 44242

Alias

Party Attorney

[More Party Information](#)

**Party Charge Information**

- MIJANGOS, MATTHEW J
- - DEFENDANT
- Charge # 1 :

4511.21\_K - 45/25

- Original Charge
- 4511.21\_K 45/25
- Indicted Charge
- Amended Charge
- DV Related?
- Modifiers
- Stage Date

- Ticket #
- 51229
- ATN #
- Tracking #
- Place of Offense
- KENT STATE UNIVERSITY POLICE DEPARTMENT
- Offense Location
- Date of Offense
- 09/08/2002
- Complainant

**Party Charge Disposition**  
 Disposition Date  
 Disposition  
 09/20/2002  
 BOND FORFEITURE

Sentencing Information

**Ticket/Citation #**

Citation # : 51229 - KENT STATE UNIVERSITY POLICE DEPARTMENT

- Offense Date
- 09/08/2002

- Agency
- KENT STATE UNIVERSITY POLICE DEPARTMENT
- Officer
- PRUSHA, HEATHER(328)
- Second Officer
- Complainant
- RIPLEY

- Speed Cited
- 45
- Speed Limit
- 25
- Location
- LOOP
- Insured/Proof
- Y
- Accident
- N
- Work Zone
- Haz Mat
- Priors
- License Taken
- N
- BAC

- Plate
- CG83AV
- State
- OH
- Year
- Type
- PASSENGER AUTO
- Style
- Color

**Events**

Date/Time	Location	Type	Result	Event Judge
09/16/2002 01:30 PM		ARRAIGNMENT		

**Docket Information**

<u>Date</u>	<u>Docket Text</u>	<u>Amount Owed</u>	<u>Amount Due</u>	<u>File Ref Nbr.</u>	<u>Image Avail.</u>
09/11/2002	TRAFFIC TICKET FILED				
09/11/2002	ARRAIGNMENT DATE ON 091602 130PM				
09/20/2002	COURT COST \$58 12/1/99 - Amount Owed: \$58.00 Paid Before Conversion: \$58.00 Receipt Number:	\$58.00	\$0.00		
09/20/2002	FINE \$42 Amount Owed: \$42.00 Paid Before Conversion: \$42.00 Receipt Number:	\$42.00	\$0.00		

<b>Financial Summary</b>					
<u>Cost Type</u>		<u>Amount Owed</u>	<u>Amount Paid</u>	<u>Amount Adjusted</u>	<u>Amount Outstanding</u>
COST		\$58.00	\$0.00	\$58.00	\$0.00
FINE		\$42.00	\$0.00	\$42.00	\$0.00
Total	Total	\$100.00	\$0.00	\$100.00	\$0.00

<b>Case Disposition</b>		
<u>Disposition</u>	<u>Date</u>	<u>Case Judge</u>
FORFEIT BOND	09/20/2002	KENT ADMINISTRATIVE JUDGE



[Skip to main content](#)

# 2017TRD01484 Village of Silver Lake VS. MIJANGOS, MATTHEW J SL KRH

- Case Type:  
TRAFFIC
- Case Status:  
CLOSED
- File Date:  
02/23/2017
- Action:  
EXPIRED OR UNLAWFUL PLATES
- Status Date:  
02/24/2017
- Case Judge:  
HOOVER, KIM R.
- Next Event:

[All Information](#) | 
 [Party](#) | 
 [Charge](#) | 
 [Ticket/Citation #](#) | 
 [Event](#) | 
 [Docket](#) | 
 [Financial](#) | 
 [Receipt](#) | 
 [Payment Plan](#) | 
 [Disposition](#)

### Party Information

MIJANGOS, MATTHEW J  
- Defendant

<ul style="list-style-type: none"> <li>• DOB</li> <li>• Disposition</li> <li>• Disp Date</li> </ul>	<ul style="list-style-type: none"> <li>• Address</li> <li>• Phone</li> <li>• Alias</li> </ul>
---	---

Party Attorney

[More Party Information](#)

### Party Charge Information

MIJANGOS, MATTHEW J  
- Defendant  
Charge # 1:  
335.10 - Minor Misdemeanor EXPIRED OR UNLAWFUL PLATES

<ul style="list-style-type: none"> <li>• Original Charge</li> <li>• 335.10 EXPIRED OR UNLAWFUL PLATES (Minor Misdemeanor)</li> <li>• Indicted Charge</li> <li>• Amended Charge</li> <li>• DV Related?</li> <li>• Modifiers</li> <li>• Stage Date</li> </ul>	<ul style="list-style-type: none"> <li>• Ticket #</li> <li>• 36478</li> <li>• ATN #</li> <li>• Tracking #</li> <li>• Place of Offense</li> <li>• Silver Lake Village of</li> <li>• Offense Location</li> <li>• Date of Offense</li> <li>• 02/11/2017</li> <li>• Complainant</li> </ul>
---	--

Party Charge Disposition  
Disposition Date  
Disposition  
03/02/2017  
DISMISSED WITH COSTS

[Sentencing Information](#)

### Ticket/Citation #

Citation # : 36478 - Silver Lake Village of

- Offense Date
- 02/11/2017
- Agency
- Village of Silver Lake
- Officer
- ROWE, OFC CRAIG(610)
- Second Officer
- Complainant

- Speed Cited
- Speed Limit
- Location
- Insured/Proof
- Y
- Accident
- N
- Work Zone
- Haz Mat
- Points
- 0
- Priors
- License Taken
- N
- BAC

- Drivers License
- Expiration
- State
- OH
- Type

- Plate
- PIK83319
- State
- OH
- Year
- Type
- Passenger
- Style
- Color

**Events**

Date/Time	Location	Type	Result	Event Judge
02/24/2017 01:00 PM	ARRAIGNMENT COURTROOM	Traffic Arraignment	ARRAIGNED	CLARK, JOHN W.
03/02/2017 01:45 PM	COURTROOM 1	Trial	HEARING HELD	CLARK, JOHN W.

**Docket Information**

Date	Description	Docket Text	Amount Owed	Amount Due	Image Avail.
02/23/2017	HEARING SCHEDULED	HEARING SCHEDULED Event: Traffic Arraignment Date: 02/24/2017 Time: 1:00 pm Judge: CLARK, JOHN W. Location: ARRGNMT COURTROOM  Result: ARRAIGNED			<a href="#">Image</a>
02/24/2017	HEARING SCHEDULED	HEARING SCHEDULED Event: Trial Date: 03/02/2017 Time: 1:45 pm Judge: CLARK, JOHN W. Location: COURTROOM 1  Result: HEARING HELD			
02/24/2017	NOTICE OF COURT APPEARANCE CREATED	NOTICE OF COURT APPEARANCE CREATED  NOTICE OF APPEARANCE Sent on: 02/24/2017 13:25:16.58			<a href="#">Image</a>
03/01/2017	PLEAD NOT GUILTY	PLEAD NOT GUILTY Charge #1: EXPIRED OR UNLAWFUL PLATES			<a href="#">Image</a>

<u>Date</u>	<u>Description</u>	<u>Docket Text</u>	<u>Amount Owed</u>	<u>Amount Due</u>	<u>Image Avail.</u>
03/02/2017	SENTENCED	SENTENCED  Sentence: Fine: , Susp: Costs: , Susp: , Incl: N Jail Start: Minimum Years: Months: Days: Life: N Maximum Years: Months: Days: Life: N Jail End: Jail Susp Time (days): Minimum Years: Months: Days: Life: N Maximum Years: Months: Days: Life: N Points: 0, Lic susp: , Dr Ed: N Susp start: , days: , Susp end: Clearance Date: Mod: , narr: , Lic flag: Dr sch: N, DUI sch: N, Rest: Prob Type: , Start: , End: Minimum Years: Months: Days: Life: N Maximum Years: Months: Days: Life: N Charge #1: EXPIRED OR UNLAWFUL PLATES			
03/02/2017	JOURNAL ENTRY -	JUDGMENT ENTRY -SENTENCING ORDER			<a href="#">Image</a>

**Financial Summary**

<u>Cost Type</u>	<u>Amount Owed</u>	<u>Amount Paid</u>	<u>Amount Adjusted</u>	<u>Amount Outstanding</u>
Costs-1	\$144.00	\$67.00	\$77.00	\$0.00
Fine	\$50.00	\$0.00	\$50.00	\$0.00
<b>Total</b>	<b>Total</b>	<b>Total</b>	<b>Total</b>	<b>Total</b>
	\$194.00	\$67.00	\$127.00	\$0.00

**Receipts**

<u>Receipt Number</u>	<u>Receipt Date</u>	<u>Received From</u>	<u>Payment Amount</u>
828049	03/02/2017	MIJANGOS, MATTHEW J	\$67.00
<b>Total</b>	<b>Total</b>	<b>Total</b>	<b>Total</b>
			\$67.00

**Party Payment Plan**

Responsible Party: MIJANGOS, MATTHEW J - Defendant

- Order Date
- 02/23/2017
- AR Status Date
- 02/23/2017
- Scheduled Outstanding Amount
- \$0.00
- Dunning Level
- None
- AR Status
- Open AR
- Past Due Amount
- 
- AR Reason
- None
- Next Payment Date
- 

**Case Disposition**

<u>Disposition</u>	<u>Date</u>	<u>Case Judge</u>
(A.J) TRANSFER	02/24/2017	ADMINISTRATIVE JUDGE
(I.J) OTHER DISMISSALS	03/02/2017	HOOVER, KIM R.



# TRAFFIC CRASH REPORT

LOCAL REPORT NUMBER \*

2015OH040

CRASH SEVERITY

3  
1 - FATAL  
2 - INJURY  
3 - PDO

HIT/SKIP

1  
1 - SOLVED  
2 - UNSOLVED

## LOCAL INFORMATION

<input checked="" type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P <input type="checkbox"/> OH-3 <input type="checkbox"/> OTHER	<input type="checkbox"/> PDO UNDER STATE REPORTABLE DOLLAR AMOUNT	<input type="checkbox"/> PRIVATE PROPERTY	REPORTING AGENCY NCIC * 01856	REPORTING AGENCY NAME * HIGHLAND HILLS PD	NUMBER OF UNITS 01	UNIT IN ERROR 01	98 - ANIMAL 99 - UNKNOWN
--	---	---	----------------------------------	--	-----------------------	---------------------	-----------------------------

COUNTY * 18	CITY * <input type="checkbox"/> VILLAGE * <input type="checkbox"/> TOWNSHIP *	CITY, VILLAGE, TOWNSHIP * HIGHLAND HILLS	CRASH DATE * 07/01/2015	TIME OF CRASH 1930	DAY OF WEEK Wed
----------------	---	---	----------------------------	-----------------------	--------------------

DEGREES / MINUTES / SECONDS LATITUDE 0 / / "	LONGITUDE 0 / / "	DECIMAL DEGREES LATITUDE 41.446579	LONGITUDE - 81.503127
--	----------------------	--	--------------------------

ROADWAY DIVISION <input type="checkbox"/> DIVIDED <input checked="" type="checkbox"/> UNDIVIDED	DIVIDED LANE DIRECTION OF TRAVEL E N - NORTHBOUND E - EASTBOUND S - SOUTHBOUND W - WESTBOUND	NUMBER OF TRU LANE 0	ROAD TYPES OR MILEPOST <sup>2</sup> AL - ALLEY CR - CIRCLE HE - HEIGHTS MP - MILEPOST PL - PLACE ST - STREET WA - WAY AV - AVENUE CT - COURT HW - HIGHWAY PK - PARKWAY RD - ROAD TE - TERRACE BL - BOULEVARD DR - DRIVE LA - LANE PI - PIKE SQ - SQUARE TL - TRAIL
---	--	-------------------------	---

LOCATION ROUTE TYPE <sup>1</sup>	LOCATION ROUTE NUMBER	LOC PREFIX N,S, E,W	LOCATION ROAD NAME TRI-C DRIVEWAY	LOCATION ROAD TYPE <sup>3</sup> DR	ROUTE TYPES <sup>3</sup> IR - INTERSTATE ROUTE (INC. TURNPIKE) CR - NUMBERED COUNTY ROUTE US - US ROUTE TR - NUMBERED TOWNSHIP ROUTE SR - STATE ROUTE
----------------------------------	-----------------------	---------------------------	--------------------------------------	---------------------------------------	--

DISTANCE FROM REFERENCE 100	DIR FROM REF E N,S, E,W	REFERENCE ROUTE TYPE <sup>1</sup>	REFERENCE ROUTE NUMBER	REF PREFIX N,S, E,W	REFERENCE NAME (ROAD, MILEPOST, HOUSE #)	REFERENCE ROAD TYPE <sup>2</sup>
					ROBERT BISHOP	

REFERENCE POINT USED 3 1 - INTERSECTION 2 - MILE POST 3 - HOUSE NUMBER	CRASH LOCATION 01 01 - NOT AN INTERSECTION 02 - FOUR-WAY INTERSECTION 03 - T-INTERSECTION 04 - Y-INTERSECTION 05 - TRAFFIC CIRCLE/ROUNDOABOUT 06 - FIVE-POINT, OR MORE 07 - ON RAMP 08 - OFF RAMP 09 - CROSSOVER 10 - DRIVEWAY/ALLEY ACCESS 11 - RAILWAY GRADE CROSSING 12 - SHARED-USE PATHS OR TRAILS 99 - UNKNOWN	INTERSECTION RELATED <input type="checkbox"/>	LOCATION OF FIRST HARMFUL EYE/IN 1 1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIUM 4 - ON ROADSIDE 5 - ON GORE 6 - OUTSIDE TRAFFICWAY 9 - UNKNOWN
--	--	--	--

ROAD CONTOUR 1 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - UNKNOWN	ROAD CONDITIONS PRIMARY 01 SECONDARY 11 01 - DRY 02 - WET 03 - SNOW 04 - ICE 05 - SAND, MUD, DIRT, OIL, GRAVEL 06 - WATER (STANDING, MOVING) 07 - SLUSH 08 - DEBRIS* 09 - RUT, HOLES, BUMPS, UNEVEN PAVEMENT* 10 - OTHER 99 - UNKNOWN	* SECONDARY CONDITION ONLY
--	--	----------------------------

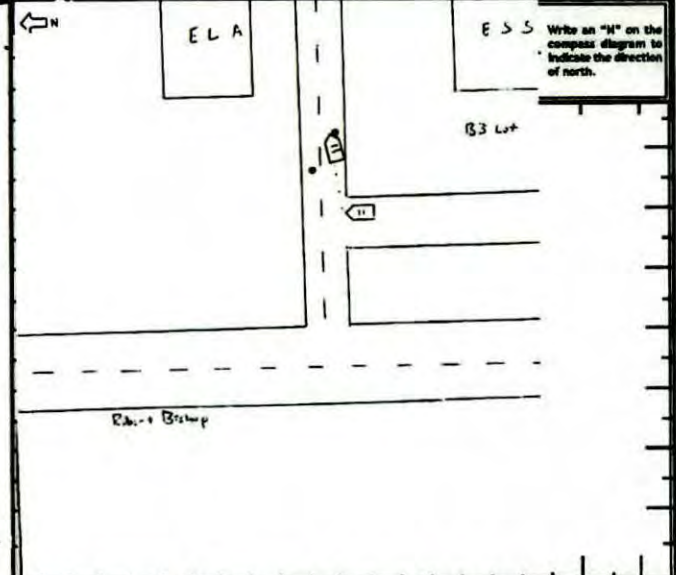
MANNER OF CRASH COLLISION/IMPACT 6 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT 2 - REAR-END 3 - HEAD-ON 4 - REAR-TO-REAR 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - UNKNOWN	WEATHER 01 1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE 4 - RAIN 5 - SLEET, HAIL 6 - SNOW 7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DIRT, SNOW 9 - OTHER/UNKNOWN
--	---

ROAD SURFACE 1 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 6 - OTHER	LIGHT CONDITIONS PRIMARY 1 SECONDARY 9 1 - DAYLIGHT 2 - DAWN 3 - DUSK 4 - DARK - LIGHTED ROADWAY 5 - DARK - ROADWAY NOT LIGHTED 6 - DARK - UNKNOWN ROADWAY LIGHTING 7 - GLARE* 8 - OTHER	SCHOOL BUS RELATED <input type="checkbox"/> YES, SCHOOL BUS DIRECTLY INVOLVED <input type="checkbox"/> YES, SCHOOL BUS INDIRECTLY INVOLVED
---	--	--

WORK ZONE RELATED <input type="checkbox"/>	WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT (OFFICER/VEHICLE) <input type="checkbox"/> LAW ENFORCEMENT PRESENT (VEHICLE ONLY)	TYPE OF WORK ZONE 1 - LANE CLOSURE 2 - LANE SHIFT/CROSSOVER 3 - WORK ON SHOULDER OR MEDIUM 4 - INTERMITTENT OR MOVING WORK 5 - OTHER	LOCATION OF CRASH IN WORK ZONE 1 - BEFORE THE FIRST WORK ZONE WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA
---	--	---	---

NARRATIVE

Unit one struck a barrier when making a right hand turn causing minor damage to the left front bumper.



REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST	<input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO OOPS)
--	---

DATE CRASH REPORTED 07/01/2015	TIME CRASH REPORTED 1930	DISPATCH TIME	ARRIVAL TIME 1930	TIME CLEARED 1930	OTHER INVESTIGATION TIME 30	TOTAL MINUTES 30
-----------------------------------	-----------------------------	---------------	----------------------	----------------------	--------------------------------	---------------------

OFFICER'S NAME * PTL. PAPA	OFFICER'S BADGE NUMBER 7613	CHECKED BY SGT. KORAN	PAGE OF
-------------------------------	--------------------------------	--------------------------	---------





# MOTORIST / NON-MOTORIST / OCCUPANT

Local Report Number

2015OH040

UNIT NUMBER <b>01</b>	NAME: LAST, FIRST, MIDDLE <b>MIJANGOS MATTHEW</b>	DATE OF BIRTH	AGE	GENDER F - FEMALE M - MALE
--------------------------	--	---------------	-----	----------------------------------

ADDRESS, CITY, STATE, ZIP <b>3700 NORTHFIELD ROAD HIGHLAND HILLS OH 44122</b>	CONTACT PHONE - INCLUDE AREA CODE
--	-----------------------------------

INJURIES <input checked="" type="checkbox"/>	INJURED TAKEN BY <input type="checkbox"/>	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED <b>04</b>	DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/>	SEATING POSITION <b>01</b>	AIR BAG USAGE <b>1</b>	EJECTION <b>1</b>	TRAPPED <b>1</b>		
OL STATE	OPERATOR LICENSE NUMBER	OL CLASS	No <input type="checkbox"/> VALID OL	M/C END. <input type="checkbox"/>	CONDITION <b>1</b>	ALCOHOL/DRUG SUSPECTED <b>1</b>	ALCOHOL TEST STATUS <b>1</b>	ALCOHOL TEST TYPE <b>1</b>	ALCOHOL TEST VALUE	DRUG TEST STATUS <b>1</b>	DRUG TEST TYPE <b>1</b>

OFFENSE CHARGED ( <input type="checkbox"/> LOCAL CODE)	OFFENSE DESCRIPTION <b>NONE</b>	CITATION NUMBER	HANDS-FREE DEVICE USED <input type="checkbox"/>	DRIVER DISTRACTED BY <b>7 7</b>
--	------------------------------------	-----------------	--	------------------------------------

UNIT NUMBER	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH / / : :	AGE	GENDER F - FEMALE M - MALE
-------------	---------------------------	--------------------------	-----	----------------------------------

ADDRESS, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE
---------------------------	-----------------------------------

INJURIES <input type="checkbox"/>	INJURED TAKEN BY <input type="checkbox"/>	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED	DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/>	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
OL STATE	OPERATOR LICENSE NUMBER	OL CLASS	No <input type="checkbox"/> VALID OL	M/C END. <input type="checkbox"/>	CONDITION	ALCOHOL/DRUG SUSPECTED	ALCOHOL TEST STATUS	ALCOHOL TEST TYPE	ALCOHOL TEST VALUE	DRUG TEST STATUS	DRUG TEST TYPE

OFFENSE CHARGED ( <input type="checkbox"/> LOCAL CODE)	OFFENSE DESCRIPTION <b>NONE</b>	CITATION NUMBER	HANDS-FREE DEVICE USED <input type="checkbox"/>	DRIVER DISTRACTED BY
--	------------------------------------	-----------------	--	----------------------

INJURIES 1 - NO INJURY / NONE REPORTED 2 - POSSIBLE 3 - NON-INCAPACITATING 4 - INCAPACITATING 5 - FATAL	INJURED TAKEN BY 1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 4 - OTHER 9 - UNKNOWN	SAFETY EQUIPMENT USED MOTORIST 01 - NONE USED - VEHICLE OCCUPANT 02 - SHOULDER BELT ONLY USED 03 - LAP BELT ONLY USED 04 - SHOULDER AND LAP BELT USED	99 - UNKNOWN SAFETY EQUIPMENT 05 - CHILD RESTRAINT SYSTEM-FORWARD FACING 06 - CHILD RESTRAINT SYSTEM- REAR FACING 07 - BOOSTER SEAT 08 - HELMET USED	NON-MOTORIST 09 - NONE USED 10 - HELMET USED 11 - PROTECTIVE PADS USED (ELBOW, KNEE, ETC.)	12 - REFLECTIVE CLOTHING 13 - LIGHTING 14 - OTHER
--	---	--	--	---	---

SEATING POSITION 01 - FRONT - LEFT SIDE (Motorcycle Driver) 02 - FRONT - MIDDLE 03 - FRONT - RIGHT SIDE 04 - SECOND - LEFT SIDE (Motorcycle Passenger) 05 - SECOND - MIDDLE 06 - SECOND - RIGHT SIDE	07 - THIRD - LEFT SIDE (Motorcycle Side Car) 08 - THIRD - MIDDLE 09 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION OF CAB (Truck) 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (Non-Trailing Unit Such as a Bus, Pick up with Cab)	12 - PASSENGER IN UNENCLOSED CARGO AREA 13 - TRAILING UNIT 14 - RUBBING ON VEHICLE EXTERIOR (Non-Trailing Unit) 15 - NON-MOTORIST 16 - OTHER 99 - UNKNOWN	AIR BAG USAGE 1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN
--	--	--	--

EJECTION 1 - NOT EJECTED 2 - TOTALLY EJECTED 3 - PARTIALLY EJECTED 4 - NOT APPLICABLE	TRAPPED 1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - EXTRICATED BY NON-MECHANICAL MEANS	OPERATOR LICENSE CLASS 1 - CLASS A 2 - CLASS B 3 - CLASS C 4 - REGULAR CLASS (Same as "D") 5 - MC/Moped ONLY	CONDITION 1 - APPARENTLY NORMAL 2 - PHYSICAL IMPAIRMENT 3 - EMOTIONAL (DEPRESSED, ANGRY, DISTURBED) 4 - ILLEGAL 5 - FELL ASLEEP, FAINTED, FATIGUED 6 - UNDER THE INFLUENCE OF MEDICATIONS, DRUGS, ALCOHOL 7 - OTHER	ALCOHOL/DRUG SUSPECTED 1 - NONE 2 - YES - ALCOHOL SUSPECTED 3 - YES - HBD NOT IMPAIRED 4 - YES - DRUGS SUSPECTED 5 - YES - ALCOHOL AND DRUGS SUSPECTED
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ALCOHOL TEST STATUS 1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN	ALCOHOL TEST TYPE 1 - NONE 2 - BLOOD 3 - URINE 4 - BREATH 5 - OTHER	DRUG TEST STATUS 1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN	DRUG TEST TYPE 1 - NONE 2 - BLOOD 3 - URINE 4 - OTHER	DRIVER DISTRACTED BY 1 - NO DISTRACTION REPORTED 2 - PHONE 3 - TEXTING/E-MAILING 4 - ELECTRONIC COMMUNICATION DEVICE 5 - OTHER ELECTRONIC DEVICE (Navigation Device, Radio, DVD) 6 - OTHER INSIDE THE VEHICLE 7 - EXTERNAL DISTRACTION
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UNIT NUMBER	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE
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INJURIES <input type="checkbox"/>	INJURED TAKEN BY <input type="checkbox"/>	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED	DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/>	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
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UNIT NUMBER	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE
---------------------------	-----------------------------------

INJURIES <input type="checkbox"/>	INJURED TAKEN BY <input type="checkbox"/>	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED	DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/>	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
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CALL FOR SERVICE REPORT

31108094

Date: 05/19/2011 Time: 23:31:21 Mrc: R Dispatchers: 281 281

Location: 5012 WARRS CENTER

City: MAPLE HTS Zone: 2 Grid: C

Call Type: 10-50 / MVA Incident#: 1108094 Accident#: EMS #: Fire # Agency MA

Reviewed By: 179 Disposition: SEE REPORT

Caller:

Common Name: MARATHON

Caller:

Caller Address:

Phone

Units / Times

Table with columns: Unit, Dispatch, Route, Arrive, Cleared, Patient, Leave, Hospital, In Service, Quarters, Badge1, Badge2, Agency. Rows include units 4424, 4425, 4426, and 4428.

Narrative

Incident: Officer Kevern called out with a 10-50 involving Highland Hills PD Zone Car No. 7684 and Ohio Plate FFF1703 Highland Hills PD pursuit ended in our city.

Disposition: See Report RD281

Persons Involved: Driver: James Smallwood 02/23/1990 - Suspended Vehicle Owner: Velma Graham 06/17/1970 - Valid Driver of Highland Hills Zone Car: Ptlm. Mijangos - Badge No. 24

Vehicles Involved: Highland Hill Zone Car No. 7684 - VIN - 2FAFP71W56X156360 - 2006 Ford - Crown Vict. FFF1703 - 1999 Pontiac (black) expires 06/17/2011

Miscellaneous: James Smallwood was detained by Highland Hills PD and transported to their station by Ptlm. Mijangos in zone car No. 7684. Per Officer Pagano's request Dispatch placed a holder was placed for James Smallwood with Highland Hills PD - Via Teletype and by telephone with Dispatcher Howell Kellys Towing responded to the scene and towed FFF1703 for Highland Hills PD



# Maple Heights PD

Incident Number

Page # 2

## Persons Involved with Incident

**Incident #:** 1108094      **Relation:** DRI      **Arrest #:** 1103299      **CAD #:** 31108094      **Date of Contact:** 05/19/2011      **Phone:** 216-645-2833

**First Name:** JAMES      **Middle:** M      **Last Name:** SMALLWOOD      **Til:**      **DOB:** 02/23/1990      **SSN:** [REDACTED]      **Pager:**

**Street #:** [REDACTED]      **Street Name:** [REDACTED]      **Apt:** E46      **City:** WARRENSVILLE      **St:** OH      **Zip:** 44128      **Cell Phone:**      **Employee Phone:**

**Hgt:** 508      **Wgt:** 185      **Hair:** BRO      **Eyes:** BRO      **Race:** B      **Sex:** M      **Physical Marks:**

**Offenses:**

**Resident Class:** Other      **Suspected of using:** /      **Victim Type:**

**Incident #:** 1108094      **Relation:** INS      **Arrest #:**      **CAD #:** 31108094      **Date of Contact:** 05/19/2011      **Phone:**

**First Name:** VELMA      **Middle:**      **Last Name:** GRAHAM      **Til:**      **DOB:** 06/17/1970      **SSN:** [REDACTED]      **Pager:**

**Street #:** [REDACTED]      **Street Name:** [REDACTED]      **Apt:**      **City:** MAPLE HTS      **St:** OH      **Zip:** 44137      **Cell Phone:**      **Employee Phone:**

**Hgt:** 504      **Wgt:** 170      **Hair:** BRO      **Eyes:** BRO      **Race:** U      **Sex:** F      **Physical Marks:**

**Offenses:**

**Resident Class:** Resident      **Suspected of using:** /      **Victim Type:**

**Incident #:** 1108094      **Relation:** DRI      **Arrest #:**      **CAD #:** 31108094      **Date of Contact:** 05/20/2011      **Phone:** 216-591-1234

**First Name:** MATHEW      **Middle:**      **Last Name:** MIJANGOS      **Til:**      **DOB:**      **SSN:**      **Pager:**

**Street #:** 3700      **Street Name:** NORTHFIELD RD      **Apt:**      **City:** HIGHLAND HILLS      **St:** OH      **Zip:** 44122      **Cell Phone:**      **Employee Phone:**

**Hgt:**      **Wgt:**      **Hair:**      **Eyes:**      **Race:**      **Sex:**      **Physical Marks:**

**Offenses:**

**Resident Class:**      **Suspected of using:** /      **Victim Type:**

\_\_\_\_\_  
Reviewing Supervisor:

\_\_\_\_\_  
Bureau Supervisor:

\_\_\_\_\_  
Officer:



# TRAFFIC CRASH REPORT

LOCAL REPORT NUMBER *	CRASH SEVERITY	HIT/SKIP
1108094	3 - FATAL 2 - INJURY 3 - PDO	1 - SOLVED 2 - UNSOLVED

PHOTOS TAKEN <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P <input type="checkbox"/> OH-3 <input type="checkbox"/> OTHER	PDD UNDER STATE REPORTABLE DOLLAR AMOUNT	PRIVATE PROPERTY	REPORTING AGENCY NCIC *	REPORTING AGENCY NAME *	NUMBER OF UNITS	UNIT IN ERROR
			01828	Maple Heights Police	02	02 98 - ANIMAL 99 - UNKNOWN

COUNTY *	CITY *	CITY, VILLAGE, TOWNSHIP *	CRASH DATE *	TIME OF CRASH	DAY OF WEEK
18	VILLAGE * MAPLE HEIGHTS		05/19/2011	2331	

DEGREES / MINUTES / SECONDS LATITUDE	LONGITUDE	DECIMAL DEGREES LATITUDE	LONGITUDE
0 / /	0 / /		

ROADWAY DIVISION <input type="checkbox"/> DIVIDED <input type="checkbox"/> UNDIVIDED	DIVIDED LANE DIRECTION OF TRAVEL N - NORTHBOUND E - EASTBOUND S - SOUTHBOUND W - WESTBOUND	NUMBER OF THRU LANES	ROAD TYPES OR MILEPOST # AL - ALLEY CR - CIRCLE HE - HEIGHTS AV - AVENUE CT - COURT HW - HIGHWAY PK - PARKWAY RD - ROAD TE - TERRACE BL - BOULEVARD DR - DRIVE LA - LANE PL - PLACE
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LOCATION ROUTE TYPE #	LOCATION ROUTE NUMBER	LOC PREFIX N,S,E,W	LOCATION ROAD NAME	LOCATION ROAD TYPE #	ROUTE TYPES # IR - INTERSTATE ROUTE (INC. TURNPIKE) CR - NUMBERED COUNTY ROUTE US - US ROUTE TR - NUMBERED TOWNSHIP ROUTE SR - STATE ROUTE
			WARRS CENTER	1	

DISTANCE FROM REFERENCE <input type="checkbox"/> MILES <input type="checkbox"/> FEET <input type="checkbox"/> YARDS	DIR FROM REF N,S,E,W	REFERENCE ROUTE TYPE #	REFERENCE ROUTE NUMBER	REF PREFIX N,S,E,W	REFERENCE NAME (ROAD, MILEPOST, HOUSE #)	REFERENCE ROAD TYPE #
					5012 WARRS CENTER	

REFERENCE POINT USED 04 - INTERSECTION 1 - MILE POST 3 - HOUSE NUMBER	CRASH LOCATION 01 - NOT AN INTERSECTION 02 - FOUR-WAY INTERSECTION 03 - T-INTERSECTION 04 - Y-INTERSECTION 05 - TRAFFIC CIRCLE/ROUNDBOAT 06 - FIVE-POINT, OR MORE 07 - ON RAMP 08 - OFF RAMP 09 - CROSSOVER 10 - DRIVEWAY/ALLEY ACCESS 11 - RAILWAY GRADE CROSSING 12 - SHARED-USE PATHS OR TRAILS 99 - UNKNOWN	INTERSECTION RELATED	LOCATION OF FIRST HARMFUL EVENT 1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIUM 4 - ON ROADSIDE 5 - ON GORE 6 - OUTSIDE TRAFFICWAY 9 - UNKNOWN
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ROAD CONDITION 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - UNKNOWN	ROAD CONDITIONS PRIMARY 01	SECONDARY	01 - DRY 02 - WET 03 - SNOW 04 - ICE 05 - SAND, MUD, DIRT, OIL, GRAVEL 06 - WATER (STANDING, MOVING) 07 - SLUSH 08 - DEBRIS 09 - RUT, HOLES, BUMPS, UNEVEN PAVEMENT 10 - OTHER 99 - UNKNOWN	* SECONDARY CONDITION ONLY
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MANNER OF CRASH COLLISION/IMPACT 6 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT 2 - REAR-END 3 - HEAD-ON 4 - REAR-TO-REAR 5 - BACKING 6 - ANGLE 7 - SIDESWIP, SAME DIRECTION 8 - SIDESWIP, OPPOSITE DIRECTION 9 - UNKNOWN	WEATHER 02 1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE 4 - RAIN 5 - SLEET, HAIL 6 - SNOW 7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DIRT, SNOW 9 - OTHER/UNKNOWN
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ROAD SURFACE 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, SIDING 5 - DIRT 6 - OTHER	LIGHT CONDITIONS 4 - PRIMARY 1 - DAYLIGHT 2 - DAWN 3 - DUSK 4 - DARK - LIGHTED ROADWAY 5 - DARK - ROADWAY NOT LIGHTED 6 - DARK - UNKNOWN ROADWAY LIGHTING 7 - GLARE 8 - OTHER 9 - UNKNOWN	SCHOOL BUS RELATED <input type="checkbox"/> SCHOOL ZONE RELATED <input type="checkbox"/> YES, SCHOOL BUS DIRECTLY INVOLVED <input type="checkbox"/> YES, SCHOOL BUS INDIRECTLY INVOLVED
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WORK ZONE RELATED <input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT (OFFICER/VEHICLE) <input type="checkbox"/> LAW ENFORCEMENT PRESENT (VEHICLE ONLY)	TYPE OF WORK ZONE 1 - LANE CLOSURE 2 - LANE SHIFT/CROSSOVER 3 - WORK ON SHOULDER OR MEDIAN 4 - INTERMITTENT OR MOVING WORK 5 - OTHER	LOCATION OF CRASH IN WORK ZONE 1 - BEFORE THE FIRST WORK ZONE WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA
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NARRATIVE	Diagram
	<p>Write an "N" on the compass diagram to indicate the direction of north.</p>

REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST	<input type="checkbox"/> SUPPLEMENT (CORRECTION BY ADDITION TO AN EXISTING REPORT SENT TO DOPS)	DATE CRASH REPORTED 05/19/2011	TIME CRASH REPORTED 2331	DISPATCH TIME 2331	ARRIVAL TIME 2331	TIME CLEARED 0014	OTHER INVESTIGATION TIME 60	TOTAL MINUTES 103
OFFICER'S NAME * S. PAGANO				OFFICER'S BADGE NUMBER 506	CHECKED BY	PAGE OF		

**OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION**

**OH - 2**

LOCAL REPORT NUMBER <b>1108094</b>	REPORTING AGENCY <b>Maple Heights PD</b>	DATE OF ACCIDENT M <b>05</b> D <b>19</b> Y <b>2011</b>
IN COUNTY OF <b>CUYAHOGA</b>	ACCIDENT LOCATION <b>WARRS CENTER</b>	
<p>Unit #1 (Highland Hills PD unit #7684) was in a police pursuit with Unit #2. As both units entered into Maple Heights, Unit #1 was traveling southbound on Warrensville Center Rd. in the center lane. Unit #2 was traveling southbound on Warrensville Center Rd. in the curb lane. Unit #2 began to slow down to stop. Unit #1 pulled in front of Unit #2. Unit #2's front driver's side struck Unit #1's passenger side.</p> <p>No one involved was injured during the accident. Unit #1 sustained non-functional damage to the passenger side of the vehicle. Unit #2 sustained functional damage to the front driver's side. Highland Hills Police took custody of the driver of Unit #2. Kelly's Towing towed the vehicle per Highland Hills Police.</p>		
OFFICER'S SIGNATURE <b>X</b>		BADGE NUMBER

**HSY 7002 4/07**



UNIT

LOCAL REPORT NUMBER  
1108094

UNIT NUMBER <b>01</b>	OWNER NAME: LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER ) <b>HIGHLAND HILLS PD</b>	OWNER PHONE NUMBER - INC. AREA CODE ( <input type="checkbox"/> SAME AS DRIVER ) <b>216-591-1234</b>	DAMAGE SCALE <b>2</b>	DAMAGED AREA 
OWNER ADDRESS: CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER ) <b>3700 NORTHFIELD RD HIGHLAND HILLS OH 44122</b>			1 - NONE	
LP STATE <b>OH</b>	LICENSE PLATE NUMBER <b>7684</b>	VEHICLE IDENTIFICATION NUMBER	2 - MINOR	
VEHICLE YEAR <b>2006</b>	VEHICLE MAKE <b>FORD</b>	VEHICLE MODEL <b>CUS</b>	3 - FUNCTIONAL	
		VEHICLE COLOR <b>WHI /</b>	4 - DISABLED	
<input type="checkbox"/> PROOF OF INSURANCE SHOWN	INSURANCE COMPANY <b>LOVE INS.</b>	POLICY NUMBER	9 - UNKNOWN	
		TOWED BY <b>NONE</b>		
CARRIER NAME, ADDRESS, CITY, STATE, ZIP			CARRIER PHONE - INCLUDE AREA CODE	

US DOT	VEHICLE WEIGHT GVWR/GCWR 1 - LESS THAN OR EQUAL TO 10K LBS. 2 - 10,001 TO 26,000 LBS. 3 - MORE THAN 26,000 LBS.	CARGO BODY TYPE 01 - NO CARGO BODY TYPE/NOT APPLICABLE 02 - BUS/VAN (9-15 SEATS, INC DRIVER) 03 - BUS (16+ SEATS, INC DRIVER) 04 - VEHICLE TOWING ANOTHER VEHICLE 05 - LOGGING 06 - INTERMODAL CONTAINER CHASSIS 07 - CARGO VAN/ENCLOSED BOX 08 - GRAIN, CHIPS, GRAVEL 09 - POLE 10 - CARGO TANK 11 - FLAT BED 12 - DUMP 13 - CONCRETE MIXER 14 - AUTO TRANSPORTER 15 - GARBAGE/REFUSE 99 - OTHER/UNKNOWN	TRAFFICWAY DESCRIPTION 1 - TWO-WAY, NOT DIVIDED 2 - TWO-WAY, NOT DIVIDED, CONTINUOUS LEFT TURN LANE 3 - TWO-WAY, DIVIDED, UNPROTECTED (PAVEMENT OR GRADE > 4 FT) MEDIAN 4 - TWO-WAY, DIVIDED, POSITIVE MEDIAN BARRIER 5 - ONE-WAY TRAFFICWAY
HM PLACARD ID No.	<input type="checkbox"/> HAZARDOUS MATERIAL RELEASED		<input type="checkbox"/> HIT / SKIP UNIT
HM CLASS NUMBER			

NON-MOTORIST LOCATION PRIOR TO IMPACT 01 - INTERSECTION - MARKED CROSSWALK 02 - INTERSECTION - NO CROSSWALK 03 - INTERSECTION - OTHER 04 - MIDBLOCK - MARKED CROSSWALK 05 - TRAVEL LANE - OTHER LOCATION 06 - BICYCLE LANE 07 - SHOULDER/ROADSIDE 08 - SIDEWALK 09 - MEDIAN/CROSSING ISLAND 10 - DRIVEWAY ACCESS 11 - SHARED-USE PATH OR TRAIL 12 - NON-TRAFFICWAY AREA 99 - OTHER/UNKNOWN	TYPE OF USE 1 - PERSONAL 2 - COMMERCIAL 3 - GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE	UNIT TYPE <b>24</b> 99 - UNKNOWN OR HIT / SKIP	PASSENGER VEHICLES (LESS THAN 9 PASSENGERS) 01 - SUB-COMPACT 02 - COMPACT 03 - MID SIZE 04 - FULL SIZE 05 - MINIVAN 06 - SPORT UTILITY VEHICLE 07 - PICKUP 08 - VAN 09 - MOTORCYCLE 10 - MOTORIZED BICYCLE 11 - SNOWMOBILE/ATV 12 - OTHER PASSENGER VEHICLE	MED/HEAVY TRUCKS OR COMBO UNITS > 10K LBS 13 - SINGLE UNIT TRUCK OR VAN 2AXLE, 6 TIRES 14 - SINGLE UNIT TRUCK; 3+ AXLES 15 - SINGLE UNIT TRUCK / TRAILER 16 - TRUCK/TRACTOR (BOBTAIL) 17 - TRACTOR/SEMI-TRAILER 18 - TRACTOR/DOUBLE 19 - TRACTOR/TRIPLES 20 - OTHER MED/HEAVY VEHICLE	BUS/VAN/LIMO (9 or MORE INCLUDING DRIVER) 21 - BUS/VAN (9-15 SEATS, INC DRIVER) 22 - BUS (16+ SEATS, INC DRIVER) NON-MOTORIST 23 - ANIMAL WITH RIDER 24 - ANIMAL WITH BUNGY, WAGON, SURREY 25 - BICYCLE/PEDALCYCLIST 26 - PEDESTRIAN/SKATER 27 - OTHER NON-MOTORIST
			<input type="checkbox"/> HAS HM PLACARD		

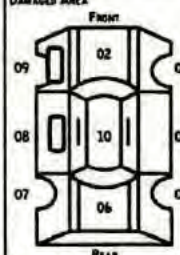
SPECIAL FUNCTION 01 - NONE 02 - TAXI 03 - RENTAL TRUCK (OVER 10K LBS) 04 - BUS - SCHOOL (PUBLIC OR PRIVATE) 05 - BUS - TRANSIT 06 - BUS - CHARTER 07 - BUS - SHUTTLE 08 - BUS - OTHER 09 - AMBULANCE 10 - FIRE 11 - HIGHWAY/MAINTENANCE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY 15 - OTHER GOVERNMENT 16 - CONSTRUCTION EQUIP. 17 - FARM VEHICLE 18 - FARM EQUIPMENT 19 - MOTORHOME 20 - GOLF CART 21 - TRAIL 22 - OTHER (EXPLAIN IN NARRATIVE)	MOST DAMAGED AREA 01 - NONE 02 - CENTER FRONT 03 - RIGHT FRONT 04 - RIGHT SIDE 05 - RIGHT REAR 06 - REAR CENTER 07 - LEFT REAR 08 - LEFT SIDE 09 - LEFT FRONT 10 - TOP AND WINDOWS 11 - UNDERCARRIAGE 12 - LOAD/TRAILER 13 - TOTAL/ALL AREAS 14 - OTHER 99 - UNKNOWN	ACTION <b>4</b> 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - STRIKING/STRUCK 9 - UNKNOWN
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PRE-CRASH ACTIONS <b>08</b> 99 - UNKNOWN	MOTORIST 01 - STRAIGHT AHEAD 02 - BACKING 03 - CHANGING LANES 04 - OVERTAKING/PASSING 05 - MAKING RIGHT TURN 06 - MAKING LEFT TURN 07 - MAKING U-TURN 08 - ENTERING TRAFFIC LANE 09 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 12 - DRIVERLESS 13 - NEGOTIATING A CURVE 14 - OTHER MOTORIST ACTION	NON-MOTORIST 15 - ENTERING OR CROSSING SPECIFIED LOCATION 16 - WALKING, RUNNING, JOGGING, PLAYING, CYCLING 17 - WORKING 18 - PUSHING VEHICLE 19 - APPROACHING OR LEAVING VEHICLE 20 - STANDING 21 - OTHER NON-MOTORIST ACTION
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CONTRIBUTING CIRCUMSTANCES PRIMARY <b>01</b> SECONDARY <input type="checkbox"/> 99 - UNKNOWN	MOTORIST 01 - NONE 02 - FAILURE TO YIELD 03 - RAN RED LIGHT 04 - RAN STOP SIGN 05 - EXCEEDED SPEED LIMIT 06 - UNSAFE SPEED 07 - IMPROPER TURN 08 - LEFT OF CENTER 09 - FOLLOWED TOO CLOSELY/ACDA 10 - IMPROPER LANE CHANGE /PASSING/OFF ROAD 11 - IMPROPER BACKING 12 - IMPROPER START FROM PARKED POSITION 13 - STOPPED OR PARKED ILLEGALLY 14 - OPERATING VEHICLE IN NEGLIGENCE MANNER 15 - SWERVING TO AVOID (DUE TO EXTERNAL CONDITIONS) 16 - WADING SIDE/WINDING WAY 17 - FAILURE TO CONTROL 18 - VISION OBSTRUCTION 19 - OPERATING DEFECTIVE EQUIPMENT 20 - LOAD SHIFTING/FALLING/SPILLING 21 - OTHER IMPROPER ACTION	NON-MOTORIST 22 - NONE 23 - IMPROPER CROSSING 24 - DARTING 25 - LYING AND/OR ILLEGALLY IN ROADWAY 26 - FAILURE TO YIELD RIGHT OF WAY 27 - NOT VISIBLE (DARK CLOTHING) 28 - INATTENTIVE 29 - FAILURE TO OBEY TRAFFIC SIGNS /SIGNALS/OFFICER 30 - WRONG SIDE OF THE ROAD 31 - OTHER NON-MOTORIST ACTION	VEHICLE DEFECTS <input type="checkbox"/> 01 - TURN SIGNALS 02 - HEAD LAMPS 03 - TAIL LAMPS 04 - BRAKES 05 - STEERING 06 - TIRE BLOWOUT 07 - WORN OR SLICK TIRES 08 - TRAILER EQUIPMENT DEFECTIVE 09 - MOTOR TROUBLE 10 - DISABLED FROM PRIOR ACCIDENT 11 - OTHER DEFECTS
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SEQUENCE OF EVENTS 1. <b>20</b> 2. <input type="checkbox"/> 3. <input type="checkbox"/> 4. <input type="checkbox"/> 5. <input type="checkbox"/> 6. <input type="checkbox"/> FIRST HARMFUL EVENT <b>1</b> MOST HARMFUL EVENT <b>1</b> 99 - UNKNOWN	NON-COLLISION EVENTS 01 - OVERTURN/ROLLOVER 02 - FIRE/EXPLOSION 03 - IMMERSION 04 - JACKKNIFE 05 - CARGO/EQUIPMENT LOSS OR SHIFT 06 - EQUIPMENT FAILURE (BUSHY TIRE, BRAKE FAILURE, ETC) 07 - SEPARATION OF UNITS 08 - RAN OFF ROAD RIGHT 09 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN 11 - CROSS CENTER LINE OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION	COLLISION WITH PERSON, VEHICLE OR OBJECT NOT FIXED 14 - PEDESTRIAN 15 - PEDALCYCLE 16 - RAILWAY VEHICLE (TRAIN, ENGINE) 17 - ANIMAL - FARM 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT 21 - PARKED MOTOR VEHICLE 22 - WEAR ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOVABLE OBJECT 25 - IMPACT ATTENUATOR/CRASH CUSHION 26 - BRIDGE OVERTAKE STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE 31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL BARRIER 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER 37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT/LUMINARIES SUPPORT 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT 43 - CURB 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT 50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL, BUILDING, TUNNEL 52 - OTHER FIXED OBJECT
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UNIT SPEED <b>20</b> <input type="checkbox"/> STATED <input type="checkbox"/> ESTIMATED	POSTED SPEED <b>25</b>	TRAFFIC CONTROL <b>12</b> 01 - NO CONTROLS 02 - STOP SIGN 03 - YIELD SIGN 04 - TRAFFIC SIGNAL 05 - TRAFFIC FLASHERS 06 - SCHOOL ZONE 07 - RAILROAD CROSSBUCKS 08 - RAILROAD FLASHERS 09 - RAILROAD GATES 10 - CONSTRUCTION BARRICADE 11 - PERSON (FLAGGER, OFFICER) 12 - PAVEMENT MARKINGS 13 - CROSSWALK LINES 14 - WALK/DON'T WALK 15 - OTHER 16 - NOT REPORTED	UNIT DIRECTION FROM <b>1</b> TO <b>2</b> 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - UNKNOWN
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UNIT NUMBER <b>02</b>	OWNER NAME: LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER ) <b>GRAHAM VELMA</b>	OWNER PHONE NUMBER - INC. AREA CODE ( <input type="checkbox"/> SAME AS DRIVER )	DAMAGE SCALE <b>3</b>	DAMAGED AREA 
OWNER ADDRESS: CITY, STATE, ZIP <b>MAPLE HTS OH 44137</b>			1 - NONE	
LP STATE <b>OH</b>	LICENSE PLATE NUMBER <b>FFF1703</b>	VEHICLE IDENTIFICATION NUMBER	2 - MINOR	
			3 - FUNCTIONAL	
VEHICLE YEAR <b>1999</b>	VEHICLE MAKE <b>PONT</b>	VEHICLE MODEL <b>GRA</b>	4 - DISABLING	
		VEHICLE COLOR <b>BLK /</b>	9 - UNKNOWN	
<input type="checkbox"/> PROOF OF INSURANCE SHOWN	INSURANCE COMPANY <b>UNK</b>	POLICY NUMBER	TOWED BY <b>KELLY'S TOWING</b>	
CARRIER NAME, ADDRESS, CITY, STATE, ZIP			CARRIER PHONE-INCLUDE AREA CODE	

US DOT	VEHICLE WEIGHT GVWR/GCWR 1 - LESS THAN OR EQUAL TO 10K LBS. 2 - 10,001 TO 26,000 LBS. 3 - MORE THAN 26,000 LBS.	CARGO BODY TYPE 01 - NO CARGO BODY TYPE/NOT APPLICABLE 02 - BUS/VAN (9-15 SEATS, INC DRIVER) 03 - BUS (16+ SEATS, INC DRIVER) 04 - VEHICLE TOWING ANOTHER VEHICLE 05 - LOGGING 06 - INTERMODAL CONTAINER CHASSIS 07 - CARGO VAN/ENCLOSED BOX 08 - GRAIN, CHIPS, GRAVEL 09 - POLE 10 - CARGO TANK 11 - FLAT BED 12 - DUMP 13 - CONCRETE MIXER 14 - AUTO TRANSPORTER 15 - GARBAGE/REFUSE 99 - OTHER/UNKNOWN	TRAFFICWAY DESCRIPTION 1 - TWO-WAY, NOT DIVIDED 2 - TWO-WAY, NOT DIVIDED, CONTINUOUS LEFT TURN LANE 3 - TWO-WAY, DIVIDED, UNPROTECTED (PAVED OR GRAVEL > 4 FT.) MEDIAN 4 - TWO-WAY, DIVIDED, POSITIVE MEDIAN BARRIER 5 - ONE-WAY TRAFFICWAY <input type="checkbox"/> HIT / SKIP UNIT
HM PLACARD ID No.	<input type="checkbox"/> HAZARDOUS MATERIAL RELEASED		
HM CLASS NUMBER			

NON-MOTORIST LOCATION PRIOR TO IMPACT 01 - INTERSECTION - MARKED CROSSWALK 02 - INTERSECTION - NO CROSSWALK 03 - INTERSECTION - OTHER 04 - MIDBLOCK - MARKED CROSSWALK 05 - TRAVEL LANE - OTHER LOCATION 06 - BICYCLE LANE 07 - SHOULDER/ROADSIDE 08 - SIDEWALK 09 - MEDIAN/CROSSING ISLAND 10 - DRIVEWAY ACCESS 11 - SHARED-USE PATH OR TRAIL 12 - NON-TRAFFICWAY AREA 99 - OTHER/UNKNOWN	TYPE OF USE 1 - PERSONAL 2 - COMMERCIAL 3 - GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE	UNIT TYPE <b>03</b> 99 - UNKNOWN OR HIT / SKIP	PASSENGER VEHICLES (LESS THAN 9 PASSENGERS) 01 - SUB-COMPACT 02 - COMPACT 03 - MID SIZE 04 - FULL SIZE 05 - MINIVAN 06 - SPORT UTILITY VEHICLE 07 - PICKUP 08 - VAN 09 - MOTORCYCLE 10 - MOTORIZED BICYCLE 11 - SNOWMOBILE/ATV 12 - OTHER PASSENGER VEHICLE	MED/HEAVY TRUCKS OR COMBO UNITS > 10K LBS 13 - SINGLE UNIT TRUCK OR VAN TRAILER, 6 TIRES 14 - SINGLE UNIT TRUCK, 3+ AXLES 15 - SINGLE UNIT TRUCK / TRAILER 16 - TRUCK/TRACTOR (BOAT/LA) 17 - TRACTOR/SEMI-TRAILER 18 - TRACTOR/DOUBLE 19 - TRACTOR/TRIPLES 20 - OTHER MED/HEAVY VEHICLE	BUS/VAN/LIMO (9 OR MORE INCLUDING DRIVER) 21 - BUS/VAN (9-15 SEATS, INC DRIVER) 22 - BUS (16+ SEATS, INC DRIVER) <b>Non-Motorist</b> 23 - ANIMAL WITH RIDER 24 - ANIMAL WITH Buggy, WAGON, SADDLE 25 - BICYCLE/PEDALCYCLIST 26 - PEDESTRIAN/WALKER 27 - OTHER NON-MOTORIST
			<input type="checkbox"/> HAS HM PLACARD		

SPECIAL FUNCTION 01 - NONE 02 - TAXI 03 - RENTAL TRUCK (OVER 10K LBS) 04 - BUS - SCHOOL (PUPILS OR PASSENGER) 05 - BUS - TRANSIT 06 - BUS - CHARTER 07 - BUS - SHUTTLE 08 - BUS - OTHER 09 - AMBULANCE 10 - FIRE 11 - HIGHWAY/MAINTENANCE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY 15 - OTHER GOVERNMENT 16 - CONSTRUCTION EQUIP. 17 - FARM VEHICLE 18 - FARM EQUIPMENT 19 - MOTORHOME 20 - GOLF CART 21 - TRAIN 22 - OTHER (EXPLAIN IN REMARKS)	MOST DAMAGED AREA <b>09</b>	IMPACT AREA <b>09</b>	01 - NONE 02 - CENTER FRONT 03 - RIGHT FRONT 04 - RIGHT SIDE 05 - RIGHT REAR 06 - REAR CENTER 07 - LEFT REAR 08 - LEFT SIDE 09 - LEFT FRONT 10 - TOP AND WINDOWS 11 - UNDERCARRIAGE 12 - LOAD/TRAILER 13 - TOTAL(ALL AREAS) 14 - OTHER 99 - UNKNOWN	ACTION <b>3</b> 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRUCK 4 - STRUCK 5 - STRIKING/STRUCK 9 - UNKNOWN
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PRE-CRASH ACTION <b>01</b> 99 - UNKNOWN	MOTORIST 01 - STRAIGHT AHEAD 02 - BACKING 03 - CHANGING LANES 04 - OVERTAKING/PASSING 05 - MAKING RIGHT TURN 06 - MAKING LEFT TURN 07 - MAKING U-TURN 08 - ENTERING TRAFFIC LANE 09 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 12 - DRIVELESS 13 - NEGOTIATING A CURVE 14 - OTHER MOTORIST ACTION	NON-MOTORIST 15 - ENTERING OR CROSSING SPECIFIED LOCATION 16 - WALKING, RUNNING, JOGGING, PLAYING, CYCLING 17 - WORKING 18 - PUSHING VEHICLE 19 - APPROACHING OR LEAVING VEHICLE 20 - STANDING 21 - OTHER NON-MOTORIST ACTION
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CONTRIBUTING CIRCUMSTANCES PRIMARY <b>13</b> SECONDARY <input type="checkbox"/> 99 - UNKNOWN	MOTORIST 01 - NONE 02 - FAILURE TO YIELD 03 - RAN RED LIGHT 04 - RAN STOP SIGN 05 - EXCEEDED SPEED LIMIT 06 - UNSAFE SPEED 07 - IMPROPER TURN 08 - LEFT IN CENTER 09 - FOLLOWED TOO CLOSELY/ACDA 10 - IMPROPER LANE CHANGE /PASSING/OFF ROAD 11 - IMPROPER BACKING 12 - IMPROPER START FROM PARKED POSITION 13 - STOPPED OR PARKED ILLEGALLY 14 - OPERATING VEHICLE IN NEGLIGENCE MANNER 15 - SWERVING TO AVOID (DUE TO EXTERNAL CONDITIONS) 16 - WRONG SIDE/WRONG WAY 17 - FAILURE TO CONTROL 18 - VISION OBSTRUCTION 19 - OPERATING DEFECTIVE EQUIPMENT 20 - LOAD SHIFTLING/FALLING/SPILLING 21 - OTHER IMPROPER ACTION	NON-MOTORIST 22 - NONE 23 - IMPROPER CROSSING 24 - DARTING 25 - LYING AND/OR ILLEGALLY IN ROADWAY 26 - FAILURE TO YIELD RIGHT OF WAY 27 - NOT VISIBLE (DARK CLOTHING) 28 - INATTENTIVE 29 - FAILURE TO OBEY TRAFFIC SIGNS /SIGNALS/OFFICER 30 - WRONG SIDE OF THE ROAD 31 - OTHER NON-MOTORIST ACTION	VEHICLE DEFECTS <input type="checkbox"/> 01 - TURN SIGNALS 02 - HEAD LAMPS 03 - TAIL LAMPS 04 - BRAKES 05 - STEERING 06 - TIRE BLOWOUT 07 - WORK ON SLICK TIRES 08 - TRAILER EQUIPMENT DEFECTIVE 09 - MOTOR TROUBLE 10 - DISABLED FROM PRIOR ACCIDENT 11 - OTHER DEFECTS
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SEQUENCE OF EVENTS 1 <b>20</b> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> FIRST HARMFUL EVENT <b>1</b> MOST HARMFUL EVENT <b>1</b> 99 - UNKNOWN	NON-COLLISION EVENTS 01 - OVERTURN/FOLLOWER 02 - FIRE/EXPLOSION 03 - IMMERSION 04 - JACKKNIFE 05 - CARGO/EQUIPMENT LOSS OR SHIFT 06 - EQUIPMENT FAILURE (BLUNT TOP, BRMS FAILURE, ETC) 07 - SEPARATION OF UNITS 08 - RAN OFF ROAD RIGHT 09 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN 11 - CROSS CENTER LINE 12 - OPPOSITE DIRECTION OF TRAVEL 13 - DOWNHILL RUNAWAY 14 - OTHER NON-COLLISION	COLLISION WITH PERSON, VEHICLE OR OBJECT NOT LISTED 14 - PEDESTRIAN 15 - PEDALCYCLE 16 - RAILWAY VEHICLE (TRAIN, ENGINE) 17 - ANIMAL - FARM 18 - ANIMAL - OTHER 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT 21 - PARKED MOTOR VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOVABLE OBJECT 25 - IMPACT ATTENUATOR/CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE 31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL BARRIER 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER 37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT/LUMINARIES SUPPORTS 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT 43 - CURB 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT 50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL, BUILDING, TUNNEL 52 - OTHER FIXED OBJECT
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UNIT SPEED <b>25</b> <input type="checkbox"/> STATED <input checked="" type="checkbox"/> ESTIMATED	POSTED SPEED <b>25</b>	TRAFFIC CONTROL <b>12</b> 01 - NO CONTROL 02 - STOP SIGN 03 - YIELD SIGN 04 - TRAFFIC SIGNAL 05 - TRAFFIC FLASHERS 06 - SCHOOL ZONE 07 - RAILROAD CROSSINGS 08 - RAILROAD FLASHERS 09 - RAILROAD GATE 10 - CONSTRUCTION BARRICADE 11 - PERSON (FLASHER, OFFICER) 12 - PAINTMENT MARKINGS 13 - CROSSWALK LINES 14 - WALK/DONT WALK 15 - OTHER 16 - NOT REPORTED	UNIT DIRECTION From <b>1</b> To <b>2</b> 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - UNKNOWN
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# MOTORIST / NON-MOTORIST / OCCUPANT

Local Report Number  
**1108094**

Motorist/Non-Motorist

UNIT NUMBER <b>01</b>	NAME: LAST, FIRST, MIDDLE <b>MIJANGOS MATTHEW J</b>	DATE OF BIRTH [REDACTED]	AGE <b>27</b>	GENDER <b>M</b> F - FEMALE M - MALE
ADDRESS, CITY, STATE, ZIP <b>3700 NORTHFIELD RD HIGHLAND HILLS OH 44122</b>		CONTACT PHONE - INCLUDE AREA CODE [REDACTED]		
INJURIES <b>1</b>	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED <b>04</b>
DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION <b>01</b>	AIR BAG USAGE <b>1</b>	EJECTION <b>1</b>	TRAPPED <b>1</b>
OL STATE <b>OH</b>	OPERATOR LICENSE NUMBER [REDACTED]	OL CLASS	NO <input type="checkbox"/> VALID OL	M/C <input type="checkbox"/> END
CONDITION <b>1</b>	ALCOHOL/DRUG SUSPECTED	ALCOHOL TEST STATUS	ALCOHOL TEST TYPE	ALCOHOL TEST VALUE
DRUG TEST STATUS	DRUG TEST TYPE	OFFENSE CHARGED ( <input type="checkbox"/> LOCAL CODE )		
OFFENSE DESCRIPTION		CITATION NUMBER	HANDS-FREE <input type="checkbox"/> DEVICE USED	DRIVER DISTRACTED BY

Motorist/Non-Motorist

UNIT NUMBER <b>02</b>	NAME: LAST, FIRST, MIDDLE <b>SMALLWOOD JAMES M</b>	DATE OF BIRTH <b>02/23/1990</b>	AGE <b>21</b>	GENDER <b>M</b> F - FEMALE M - MALE
ADDRESS, CITY, STATE, ZIP <b>MAPLE HEIGHTS OH 44137</b>		CONTACT PHONE - INCLUDE AREA CODE [REDACTED]		
INJURIES <b>1</b>	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED <b>01</b>
DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION <b>01</b>	AIR BAG USAGE <b>1</b>	EJECTION <b>1</b>	TRAPPED <b>1</b>
OL STATE <b>OH</b>	OPERATOR LICENSE NUMBER [REDACTED]	OL CLASS	NO <input type="checkbox"/> VALID OL	M/C <input type="checkbox"/> END
CONDITION <b>1</b>	ALCOHOL/DRUG SUSPECTED	ALCOHOL TEST STATUS	ALCOHOL TEST TYPE	ALCOHOL TEST VALUE
DRUG TEST STATUS	DRUG TEST TYPE	OFFENSE CHARGED ( <input type="checkbox"/> LOCAL CODE )		
OFFENSE DESCRIPTION <b>RECKLESS</b>		CITATION NUMBER <b>4511.20</b>	HANDS-FREE <input type="checkbox"/> DEVICE USED	DRIVER DISTRACTED BY

INJURIES	INJURED TAKEN BY	SAFETY EQUIPMENT USED	99 - UNKNOWN SAFETY EQUIPMENT	NON-MOTORIST
1 - NO INJURY / NONE REPORTED	1 - NOT TRANSPORTED / TREATED AT SCENE	MOTORIST	01 - NONE USED - VEHICLE OCCUPANT	09 - NONE USED
2 - POSSIBLE	2 - EMS	02 - SHOULDER BELT ONLY USED	05 - CHILD RESTRAINT SYSTEM-FORWARD FACING	10 - HELMET USED
3 - NON-INCAPACITATING	3 - POLICE	03 - LAP BELT ONLY USED	06 - CHILD RESTRAINT SYSTEM- REAR FACING	11 - PROTECTIVE PADS USED (ELBOW, KNEE, ETC)
4 - INCAPACITATING	4 - OTHER	04 - SHOULDER AND LAP BELT USED	07 - BOOSTER SEAT	12 - REFLECTIVE CLOTHING
5 - FATAL	9 - UNKNOWN		08 - HELMET USED	13 - LIGHTING
				14 - OTHER
SEATING POSITION		AIR BAG USAGE		
01 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)	07 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	12 - PASSENGER IN UNENCLOSED CARGO AREA	1 - NOT DEPLOYED	
02 - FRONT - MIDDLE	08 - THIRD - MIDDLE	13 - TRAILING UNIT	2 - DEPLOYED FRONT	
03 - FRONT - RIGHT SIDE	09 - THIRD - RIGHT SIDE	14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	3 - DEPLOYED SIDE	
04 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	10 - SLEEPER SECTION OF CAB (TRUCK)	15 - NON-MOTORIST	4 - DEPLOYED BOTH FRONT/SIDE	
05 - SECOND - MIDDLE	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT SEAT OR 4th, 5th ROW WITH CAB)	16 - OTHER	5 - NOT APPLICABLE	
06 - SECOND - RIGHT SIDE		99 - UNKNOWN	9 - DEPLOYMENT UNKNOWN	
EJECTION		TRAPPED		ALCOHOL/DRUG SUSPECTED
1 - NOT EJECTED	1 - NOT TRAPPED	1 - CLASS A	1 - APPARENTLY NORMAL	1 - NONE
2 - TOTALLY EJECTED	2 - EJECTED BY MECHANICAL MEANS	2 - CLASS B	2 - PHYSICAL IMPAIRMENT	2 - YES - ALCOHOL SUSPECTED
3 - PARTIALLY EJECTED	3 - EJECTED BY NON-MECHANICAL MEANS	3 - CLASS C	3 - EMOTIONAL (DEPRESSED, ANGRY, DISTURBED)	3 - YES - HBD NOT IMPAIRED
4 - NOT APPLICABLE		4 - REGULAR CLASS (OVER 2 "D")	4 - ILLNESS	4 - YES - DRUGS SUSPECTED
		5 - MC/MOPED ONLY	5 - FELL ASLEEP, FAINTED, FATIGUED	5 - YES - ALCOHOL AND DRUGS SUSPECTED
ALCOHOL TEST STATUS		ALCOHOL TEST TYPE		DRUG TEST STATUS
1 - NONE GIVEN	1 - NONE	1 - NONE GIVEN	1 - NONE	1 - NONE
2 - TEST REFUSED	2 - BLOOD	2 - TEST REFUSED	2 - BLOOD	2 - TEST REFUSED
3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE	3 - URINE	3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE	3 - URINE	3 - TEST GIVEN, RESULTS KNOWN
4 - TEST GIVEN, RESULTS KNOWN	4 - BREATH	4 - TEST GIVEN, RESULTS KNOWN	4 - OTHER	4 - TEST GIVEN, RESULTS UNKNOWN
5 - TEST GIVEN, RESULTS UNKNOWN	5 - OTHER	5 - TEST GIVEN, RESULTS UNKNOWN		
DRUG TEST STATUS		DRUG TEST TYPE		DRIVER DISTRACTED BY
1 - NONE GIVEN	1 - NONE	1 - NONE	1 - NO DISTRACTION REPORTED	6 - OTHER INSIDE THE VEHICLE
2 - TEST REFUSED	2 - BLOOD	2 - TEST REFUSED	2 - PHONE	7 - EXTERNAL DISTRACTION
3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE	3 - URINE	3 - TEST GIVEN, RESULTS KNOWN	3 - TEXTING/E-MAILING	
4 - TEST GIVEN, RESULTS KNOWN	4 - OTHER	5 - TEST GIVEN, RESULTS UNKNOWN	4 - ELECTRONIC COMMUNICATION DEVICE	
			5 - OTHER ELECTRONIC DEVICE (NAVIGATION DEVICE, RADIO, DVD)	

Occupant

UNIT NUMBER	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER F - FEMALE M - MALE
ADDRESS, CITY, STATE, ZIP		CONTACT PHONE - INCLUDE AREA CODE		

INJURIES	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED
				DOT COMPLIANT MOTORCYCLE HELMET
				SEATING POSITION
				AIR BAG USAGE
				EJECTION
				TRAPPED

Occupant

UNIT NUMBER	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER F - FEMALE M - MALE
ADDRESS, CITY, STATE, ZIP		CONTACT PHONE - INCLUDE AREA CODE		

INJURIES	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED
				DOT COMPLIANT MOTORCYCLE HELMET
				SEATING POSITION
				AIR BAG USAGE
				EJECTION
				TRAPPED

Maple Heights Police Department 5373 Lee Rd. Maple Hts., OH 44137  
(216) 662-1234 FAX (216) 662-5883

Maple Heights Police

JUST THE  
FAX



To: Barchwood PD Records From: SPORIE  
Fax: 216-292-1954 Pages: 2 (Including Cover Sheet)  
Phone: 216-587-9623 Date: 3/28/18  
Re: Barchwood Check CC:

Urgent  For Review  Please Comment  Please Reply  Please Recycle

● **Comments:** THE INFORMATION CONTAINED IN THIS TRANSMISSION IS PRIVILEGED AND CONFIDENTIAL. IT IS INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR ENTITY NAMED ABOVE. IF THE READER OF THIS MESSAGE IS "NOT" THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION, OR COPY OF THIS COMMUNICATION IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE NOTIFY US IMMEDIATELY BY TELEPHONE AND RETURN THE ORIGINAL MESSAGE TO US AT THE ABOVE ADDRESS VIA THE U.S. POSTAL SERVICE. THANK YOU.

From: Beachwood Police Department 216 292 1954  
From: To: 712162921954

03/28/2018 12:35 #010 P.001/006  
03/28/2018 10:05 #195 P.001/002

Maple Heights Police Department 5373 Lee Rd. Maple Hts., OH 44137  
(216) 662-1234 FAX (216) 662-5883

**Maple Heights Police**

JUST THE  
**FAX**



*FROM*  
To: Beachwood PD RECORDS *TO*  
From: SPURIE  
Fax: 216-292-1954 Pages: 2 (Including Cover Sheet)  
Phone: 216-587-9623 Date: 3/28/18  
Re: Brickyard Creek CC:

Urgent  For Review  Please Comment  Please Reply  Please Recycle

• Comments: THE INFORMATION CONTAINED IN THIS TRANSMISSION IS PRIVILEGED AND CONFIDENTIAL. IT IS INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR ENTITY NAMED ABOVE. IF THE READER OF THIS MESSAGE IS "NOT" THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION, OR COPY OF THIS COMMUNICATION IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE NOTIFY US IMMEDIATELY BY TELEPHONE AND RETURN THE ORIGINAL MESSAGE TO US AT THE ABOVE ADDRESS VIA THE U.S. POSTAL SERVICE. THANK YOU.



**The City of Beachwood Request for Public Information (Police Department)**

**PLEASE NOTE:** Ohio law does not require disclosure of your identity or intended use of requested records nor does it require that a request be in writing. However, a public office may ask that a request be in writing, disclosing the identity of the requester and/or stating the intended use, when a written request, disclosure of identity or intended use would enhance the ability to comply with the request.

Note: For requests for up to nineteen (19) 8 1/2" x 11" sized pages, copies will normally be made at City Hall at no cost. Copies totaling more than nineteen (19) pages, color copies, or copies which are not 8 1/2" x 11" will be made by an outside copying service. At the City's discretion, copies may be made by the City at a cost of \$0.05 per page (single side); you must provide a self-addressed, stamped envelope for return of report to you by mail. FAX to: (216) 595-5466 c/o Law Department.

Requested by: Name: DET ANDREA SPORE #57  
 Agency/Company: MARLE HTS PD  
 Address: 5373 ILL  
 City, State, and Zip: MARLE HTS OHIO 44137  
 Daytime Phone: ( 216 ) - 291-5794  
 Date of Request: 3/28/18 Time of Request: 1045AM  
 Signature: DET AS #57

PLEASE FAX BACK  
 TO 216-662-5883  
 OR  
 Email to  
 SPECIES@OHIO.COM  
 MHPD-OHIO.COM

Please provide as much of the following information as possible so that we may easily locate the information you are requesting. Please attach copies of any documents that may describe your request, i.e., subpoenas, letters, etc.

Information  Offense Report  Accident Report  Photos  
 Other (describe) \_\_\_\_\_

Involved Party: Name: MATTHEW M. TANGOS  
 (Insured/Client) Address: \_\_\_\_\_  
 Date of Birth: 1/4/84

Incident: Type of Incident: ACCIDENT / DV  
 Date of Incident: 8/10/2011  
 Location of Incident: \_\_\_\_\_  
 Report Number: 11-26840

For internal use only:  
 Law Department:  Request Approved  Request Denied by: \_\_\_\_\_  
 Comments: \_\_\_\_\_  
 Submitted by: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_  
 Fire Department:  Request Approved  Request Denied by: \_\_\_\_\_  
 Police Department: Processed by: \_\_\_\_\_ Cost: \_\_\_\_\_  
 Released by: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Ohio law provides that public records, except certain statutory exceptions, must be available at reasonable times during regular business hours. Upon request, the City is afforded a reasonable period of time to assemble and organize these records, and have an attorney review and authorize each request before it is released. If any requested records are exempt from disclosure, the records or parts thereof, will be withheld or redacted, and you will be provided with a statement of the legal basis for such action.

## The City of Beachwood Request for Public Information (Police Department)

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Requested by: Name: DET ANDREA SPORE #57  
 Agency/Company: MARLE HTS PD  
 Address: 5373 ICE  
 City, State, and Zip: MARLE HTS OHIO 44137  
 Daytime Phone: (216) - 399-5794  
 Date of Request: 3/28/18 Time of Request: 1048AM  
 Signature: DET ASPORE #57

Please FAX Back  
 TO 216-662-5883  
 OR  
 Email to  
 SPORIASOT@  
 MHPD-OHIO.COM

Please provide as much of the following information as possible so that we may easily locate the information you are requesting. Please attach copies of any documents that may describe your request, i.e., subpoenas, letters, etc.

Information  Offense Report  Accident Report  Photos  
 Other (describe) \_\_\_\_\_

Involved Party: Name: MATTHEW MITANGOS  
 (Insured/Client) Address: \_\_\_\_\_  
 Date of Birth: 1/4/84

Incident: Type of Incident: ACCIDENT / DV  
 Date of Incident: 3/10/2011  
 Location of Incident: \_\_\_\_\_  
 Report Number: 11-26840

*For internal use only:*  
 Law Department:  Request Approved  Request Denied by: \_\_\_\_\_  
 Comments: \_\_\_\_\_  
 Submitted by: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_  
 Fire Department:  Request Approved  Request Denied by: \_\_\_\_\_  
 Police Department: Processed by: \_\_\_\_\_ Cost: \_\_\_\_\_  
 Released by: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

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# BEACHWOOD POLICE

Incident Number

2700 RICHMOND ROAD BEACHWOOD, OHIO 216-464-1234

Incident / Offense Report

11-26840

Method Received	Time Received	Time Dispatched	Time Arrived	Time Cleared:
T	19:59:00	20:01:00	20:04:00	21:11:00

Report Date / Time		Incident Occurred From		Incident Occurred To	
Date	Time	Date	Time	Date	Time
Wednesday 08/10/2011	21:23:00	Wednesday 08/10/2011	19:59:00	Wednesday 08/10/2011	19:59:00

Location of the Incident (Street #, Street, Apt. #, City, State, Zip) Zone  
**1000 EATON BLVD BEACHWOOD OH 44122 EATON WORLD HEADQUARTERS** S

Persons Involved:	RASHAUN M DAVIS - RASHAUN M DAVIS - JAMES C MAXEY - PAS RASHAUN M DAVIS - ARA MATT MIJANGOS - WIT SOCIETY - VIC	Property:	0
		Amount:	0.00
		Type:	

Units:	Officers:	
1st:	JACK O'DONNELL	ROGER D MARTIN
2nd:	RICHARD KEMER	
3rd:	KEVIN OWENS	
4th:	1229 RICHARD KEMER	
5th:	1221 KEVIN OWENS	Photos: 0

Codes:	Descriptions:	OFFENSES
5405C	REASONABLE CONTROL	4511.202
5453	AUTOS TOWED-POLICE IMPOUND	
5404	DRIVING UNDER THE INFLUENCE OF LIQUOR	4511.19A1
7094	TRANSPORTATION (MEDICAL AND PUBLIC SERVICE)	

Weapons Used: NONE Trade Marks: Hate Bias

Entry: Location Type: Highway/roadway/street

Refer to Arrest: Incident #: Tow#: Dispatcher: R40 Officer in Charge: L07 Entry Id: R40

Case Status: Cleared Date: Cleared By:

Narrative: 11-26840 Page: 1

A MALE WAS ARRESTED FOR OVI AFTER STRIKING A CURB ON ROBERT BISHOP AND GETTING HIS VEHICLE STUCK.

HABA GARY PTL RICHARD KEMER  
 Reviewing Supervisor: Bureau Supervisor: Officer:

# BEACHWOOD POLICE

Incident Number

Page # 2

Persons Involved with Incident

11-26840

Incident #: 1126840      Relation:      Arrest #:      CAD #: 0      Date of Contact: 08/10/2011      Phone: [REDACTED]

First Name: RASHAUN      Middle: M      Last Name: DAVIS      Til:      DOB: 07/28/1985      SSN:      Pager:

Street #: [REDACTED]      Street Name: [REDACTED]      Apt:      City: WARRENSVILLE      St: OH      Zip: 44128      Cell Phone:      Employee Phone:

Hgt: 504      Wgt: 140      Hair: BRO      Eyes: HAZ      Race: B      Sex: M      Physical Marks:

Offenses:

Resident Class: Other      Suspected of using: /      Victim Type:

Incident #: 1126840      Relation:      Arrest #:      CAD #: 0      Date of Contact: 03/01/2012      Phone: [REDACTED]

First Name: RASHAUN      Middle: M      Last Name: DAVIS      Til:      DOB: 07/28/1985      SSN:      Pager:

Street #: [REDACTED]      Street Name: [REDACTED]      Apt:      City: WARRENSVILLE      St: OH      Zip: 44128      Cell Phone:      Employee Phone:

Hgt: 504      Wgt: 140      Hair: BRO      Eyes: HAZ      Race: B      Sex: M      Physical Marks:

Offenses:

Resident Class: Other      Suspected of using: /      Victim Type:

Incident #: 1126840      Relation: PAS      Arrest #:      CAD #: 0      Date of Contact: 08/10/2011      Phone: [REDACTED]

First Name: JAMES      Middle: C      Last Name: MAXEY      Til:      DOB: 10/29/1977      SSN:      Pager:

Street #: [REDACTED]      Street Name: [REDACTED]      Apt:      City: CLEVELAND HGHTS      St: OH      Zip: 44112      Cell Phone:      Employee Phone:

Hgt: 509      Wgt: 198      Hair: BLK      Eyes: BRO      Race:      Sex: M      Physical Marks:

Offenses:

Resident Class:      Suspected of using: Not Applicable /      Victim Type:

PTL RICHARD KEMER  
Officer:

Reviewing Supervisor:

Bureau Supervisor:

# BEACHWOOD POLICE

Incident Number

Page # 3

Persons Involved with Incident

11-26840

**Incident #:** 1126840    **Relation:** ARA    **Arrest #:**    **CAD #:** 0    **Date of Contact:** 08/10/2011    **Phone:**   
**First Name:** RASHAUN    **Middle:** M    **Last Name:** DAVIS    **Til:**    **DOB:** 07/28/1985    **SSN:**    **Pager:**      
**Street #:**    **Street Name:**    **Apt:**    **City:** WARRENSVILLE    **St:** OH    **Zip:** 44128    **Cell Phone:**    **Employee Phone:**      
**Hgt:** 504    **Wgt:** 140    **Hair:** BRO    **Eyes:** HAZ    **Race:** B    **Sex:** M    **Physical Marks:**

Offenses:

**Resident Class:** Other    **Suspected of using:** Alcohol /    **Victim Type:**

**Incident #:** 1126840    **Relation:** WIT    **Arrest #:**    **CAD #:** 0    **Date of Contact:** 08/10/2011    **Phone:**      
**First Name:** MATT    **Middle:**    **Last Name:** MIJANGOS    **Til:**    **DOB:**    **SSN:**    **Pager:**      
**Street #:**    **Street Name:** HIGHLAND HILLS    **Apt:**    **City:**    **St:**    **Zip:**    **Cell Phone:**    **Employee Phone:** 216-591-1234      
**Hgt:**    **Wgt:**    **Hair:**    **Eyes:**    **Race:** W    **Sex:** M    **Physical Marks:**

Offenses:

**Resident Class:**    **Suspected of using:** Not Applicable /    **Victim Type:**

**Incident #:** 1126840    **Relation:** VIC    **Arrest #:**    **CAD #:** 0    **Date of Contact:** 08/10/2011    **Phone:**      
**First Name:**    **Middle:**    **Last Name:** SOCIETY    **Til:**    **DOB:**    **SSN:**    **Pager:**      
**Street #:**    **Street Name:**    **Apt:**    **City:**    **St:**    **Zip:**    **Cell Phone:**    **Employee Phone:**      
**Hgt:**    **Wgt:**    **Hair:**    **Eyes:**    **Race:**    **Sex:**    **Physical Marks:**

Offenses:

**Resident Class:** Not Reported    **Suspected of using:** Not Applicable /    **Victim Type:** Society/pulic

Reviewing Supervisor:

Bureau Supervisor:

PTL RICHARD KEMER  
Officer:

**BEACHWOOD POLICE**

Incident Number

Investigative Report

Title / Subject: OVI - ARREST

**11-26840**

On 08/10/2011 at 1959 hrs. this Officer responded to Robert Bishop / Harvard for a report of a vehicle that left the roadway. Upon arrival I met with Ptl. Mijangos # 24 from Highland Hills P.D. Ptl. Mijangos advised he received a call for a MVA involving a vehicle that jumped the curb. Ptl. Mijangos stated he observed a male (later identified as Rashaun M. Davis) in the drivers seat of a black Olds Cutlass (EYU6334) which had jumped the curb on Robert Bishop and was stuck. Ptl. Mijangos states Davis was spinning the tires of the vehicle attempting to get it unstuck. I approached Davis and his passenger (James Maxey) who were standing outside of the vehicle at which time I could smell a strong odor of an alcoholic beverage coming from Davis. I asked Davis how his vehicle got stuck on the curb and he stated he didn't know and then stated he swerved over the curb. I asked Davis how much he had to drink and he stated "I haven't had shit". Davis's speech was slurred, his eyes were glossy, and he was unable to give clear answers to my questions. I asked Davis if he could recite the english alphabet and he stated "no". I then attempted to have Davis perform the finger dexterity test which he refused. I then asked Davis to perform the horizontal gaze and nystagmus test and he refused. Davis refused to take any field sobriety tests. After all of my observations I asked Davis to place his hands on his vehicle so I could pat him down for Officer safety at which time he began to reach into his pockets. Davis was placed under arrest for OVI and placed in the rearseat of car 1229. The rearseat of car 1229 was checked prior to and after transport for contraband with negative results. Ptl. Martin remained on scene to handle the tow with Interstate towing. Maxey was highly intoxicated and remained on scene with Ptl. Martin until he was picked up by his mother Loraine Davis.

Davis was transported to the Beachwood City Jail for the booking process. Upon arrival at the jail Davis became loud and uncooperative. He refused to let me take his handcuffs off and refused to follow the booking procedures. As I read Davis his constitutional rights and the BMV 2255 form he continued to talk and make noises. An alcohol influence report form was also completed and Davis admitted to drinking at least one "36 oz" Bud Light beer at lunch. I read the BMV 2255 form to Davis and advised him we would offer him the opportunity to submit a breath sample after a twenty minute observation period. During the twenty minute observation, Davis threw himself to the floor and continued to be uncooperative. After the twenty minute observation Ptl. Owens offered Davis the opportunity to submit a breath sample on the BAC Datamaster and he refused. Davis again threw himself to the floor and refused to remove his property from his pockets. Davis was picked up from the floor and C.O. Shilling removed his property from his pockets. Davis was then placed in a holding cell until he was sober enough to finish the booking process.

Davis will be issued a copy of the BMV 2255 and traffic citation BW78039 for C.O.B. 434.01(a)(1)(A) - OVI and C.O.B. 434.025 Reasonable Control when the booking process is completed.

Witness statement by Ptl. Mijangos was scanned and attached to this report.

By: PTL RICHARD KEMER

Badge# 065

Date: 08/10/2011 Time: 23:08:0 No. 001 Page #: 4

Reviewing Supervisor: \_\_\_\_\_

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

**Matthew Mijangos**  
[REDACTED]



**March 5, 2018**

**Having nearly ten-years law enforcement experience, I would like to be considered for a position with The Maple Heights Police Department. The description of the Police Officer position matches closely with my background and career interests. The enclosed resume will provide you with details of my experience, training and capabilities.**

**I am very passionate about continuing my career as a police officer. As a product of an inner-city Cleveland neighborhood, my childhood was surrounded by crimes involving drugs and violence. Beginning at a young age, I considered the police to be heroes. It is my goal to continue being one of these heroes through dedication and commitment to protecting life and property, enforcing laws and keeping communities safe.**

**I would appreciate a chance to meet with you to discuss your needs and objectives and how I may contribute toward them.**

**Thank you for your time and consideration.**

**Sincerely,**

**Matthew J. Mijangos**

**Enclosures**

# Matthew J. Mijangos

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- Objective** To obtain a position which utilizes, as well as challenges, my law enforcement skills through the enforcement of local, state and federal laws to protect the community in which I serve.
- Education and Training**
- Cuyahoga Community College Police Academy** Cleveland, Ohio  
**Ohio Peace Officer Training Association** (September, 2007)
- Successfully completed physical conditioning assessment of the training program, including timed push-ups, sit-ups and 1.5 mile run.
  - Recognized as best driver in class upon completion of 20 hours of driving skills, including all driving exercises required by the Ohio Peace Officer Training Commission.
  - Finished 2<sup>nd</sup> in sight shooting firearms finals among classmates based on drills, practice and live fire activity.
- Kent State University** Kent, Ohio  
**College of Business Administration** (2002-2005)
- Work Experience**
- Summer 2017-Present** **Village of Wellington Police Dept.** Wellington, OH  
**Police Officer**
- Protect life and property through the enforcement of local, state and federal laws
  - Enforces all emergency and safety policies.
  - Investigate crimes, apprehend criminals, and document a well written report
- Summer 2017-2018** **G4S- Independence, OH**  
**Custom Protection Officer**
- Protect life and property to those on property
  - Carefully monitor person(s) who enter property for suspicious behavior
- Summer 2008 – 2016** **Village of Highland Hills Police Department** Highland Hills, OH  
**Police Officer**
- Use effective communication skills to interact with residents to gain their trust.
  - Protect life and property through the enforcement of local, state and federal laws.
  - Utilize patrol tactics, including foot patrols, to prevent criminal activity.
  - Provide superior police services while fostering successful community partnerships.
  - Investigate crimes, apprehend criminals, and document a well written report.

References

Personal References



**For  
Matthew J. Mijangos**

<b>Name</b>	<b>Occupation</b>	<b>Address</b>	<b>Phone Number</b>
Raymond Halas	Police Officer		
Esteban Rodriguez	Bank Teller		
Jamie Bailey	Detective		

Employee's social security number		This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.					
b Employer identification number (EIN)		1 Wages, tips, other compensation 34,441.69		2 Federal income tax withheld 4,453.08			
c Employer's name, address, and ZIP code VILLAGE OF HIGHLAND HILLS 3700 NORTHFIELD ROAD HIGHLAND HILLS, OHIO 44122		3 Social security wages		4 Social security tax withheld			
		5 Medicare wages and tips 39,011.25		6 Medicare tax withheld 656.65			
		7 Social security tips		8 Allocated tips			
d Control number		9		10 Dependent care benefits			
e Employee's name, address, and ZIP code MATTHEW MIJANGOS		11 Nonqualified plans		12a See instructions for box 12			
		13 Statutory employee <input type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b DD 6,900.00			
		14 Other 414H2 4,569.56		12c 12d			
15 State Employer's state ID number OH	16 State wages, tips, etc. 34,441.69	17 State income tax 941.34	18 Local wages, tips, etc. 39,011.25	19 Local income tax 975.28	20 Locality name HIGH		

Form **W-2** Wage and Tax Statement  
 Copy C—For EMPLOYEE'S RECORDS (See Notice to Employee on the back of Copy B.) or Copy 2 to be Filed With Employee's State, City or Local Income Tax Return

2015

Department of the Treasury—Internal Revenue Service

Safe, accurate, FAST! Use



Employee's social security number		This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.					
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d Control number		9		10 Dependent care benefits			
e Employee's name, address, and ZIP code MATTHEW MIJANGOS		11 Nonqualified plans		12a See instructions for box 12			
		13 Statutory employee <input type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b DD 6,900.00			
		14 Other 414H2 4,569.56		12c 12d			
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Form **W-2** Wage and Tax Statement  
 Copy C—For EMPLOYEE'S RECORDS (See Notice to

2015

Department of the Treasury—Internal Revenue Service

Safe, accurate, FAST! Use



# 2017 / City of Parma Income Tax Return

www.cityofparma-oh.gov

P-1040

Mail this return to THE CITY OF PARMA, DIVISION OF TAXATION, P.O. BOX 94734, Cleveland, OH 44101-4734, on or before April 18, 2018 or by the 15th day of the fourth month after the close of a fiscal year or period. Phone: (440) 885-8045

PARMA ACCOUNT NO. 144022-S

2017, THIS BLOCK MUST BE COMPLETED.

Date moved into Parma \_\_\_\_\_  
 Previous Address \_\_\_\_\_  
 Date moved out of Parma \_\_\_\_\_  
 Present Address \_\_\_\_\_  
 If retired, give date \_\_\_\_\_  
 Other Status Change & Date \_\_\_\_\_

DATE OF BIRTH, IF UNDER 18 IN 2017: \_\_\_\_\_

Filing Status:  Individual  Joint  Corporation  Partnership  Amended Return



\*\*\*\*\*5-DIGIT 44129 0009792  
 00009792  
 MIJANGOS, MATTHEW J

\_\_\_\_\_  
 Your Social Security Number

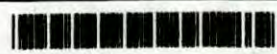
\_\_\_\_\_  
 Spouse's Social Security Number

Filing for 2017 calendar year  
 Filing for fiscal year ending 12/31

**1. WAGES AND COMPENSATION (From W-2's only)**

CAUTION: A copy of all W-2 Forms MUST be attached.

COLUMN 1	COLUMN 1A	COLUMN 1B	COLUMN 1C	COLUMN 1D	COLUMN 1e
LIST EACH WORK CITY	Total Wages (As shown on W-2 Form)	Withheld for Parma	Withheld for Other Cities	% of Col. 1A See instructions	Lesser of Column 1C or 1D
Akron	\$ 10,386.80	\$ 0	\$ 225.00	2.17	\$ 207.74
Wellington	4325.33	0	43.27	1.00	43.25
Cleveland	692.00	0	17.30	2.50	13.84
<b>COLUMN TOTALS</b>	<b>\$ 15,404.13</b>	<b>\$ 0</b>			<b>\$ 264.83</b>



HERE

OTHER INCOME

- 2) ENTER TOTAL OF COLUMN 1A. SEE INSTRUCTIONS BEFORE GOING TO LINE 3 ..... 2 \$ 15,404.13
- 3) INCOME OTHER THAN WAGES FROM PAGE 2 (ATTACH FEDERAL SCHEDULES) ..... 3 \$
- 4) TOTAL INCOME (TOTAL OF LINE 2 AND LINE 3) (DO NOT DEDUCT LOSS FROM W-2 INCOME) ..... 4 \$ 15,404.13
- 5) (A) ITEMS NOT DEDUCTIBLE (FROM LINE M SCHEDULE X) ..... ADD \$
- (B) ITEMS NOT TAXABLE (FROM LINE Z SCHEDULE X) ..... DEDUCT \$
- (C) ENTER EXCESS OF LINE 5A OR 5B ..... 5C \$
- 6) (A) ADJUSTED NET INCOME (LINE 4, PLUS OR MINUS LINE 5C) IF SCHEDULE X IS USED ..... 6A \$ 15,404.13
- (B) AMOUNT ALLOCABLE TO PARMA % OF LINE 6A NON-RESIDENT BUSINESSES ONLY ..... 6B \$
- (C) LESS ALLOCABLE NET LOSS PER PREVIOUS CITY INCOME TAX RETURNS (SUBMIT SCHEDULE) ..... 6C \$
- 7) AMOUNT SUBJECT TO CITY INCOME TAX (LINE 6A OR 6 B LESS LINE 6C) ..... 7 \$ 15,404.13

- 8) PARMA CITY TAX, 2.8%. MULTIPLY TOTAL OF LINE 7 BY 2.8% ..... 8 \$ 385.10
- 9A) ESTIMATED PAYMENTS AND PRIOR YEAR CREDIT ..... 9A \$
- 9B) WITHHELD FOR PARMA (FROM 1B) ..... 9B \$
- 9C) CREDIT FOR OTHER CITIES (FROM 1E) ..... 9C \$ 264.83
- 9D) DIRECT PAYMENTS TO OTHER CITIES (SEE INSTRUCTIONS) ..... 9D \$
- 9E) TOTAL PAYMENTS AND CREDITS (ADD LINES 9A THROUGH 9D) ..... 9E \$ 264.83
- 10) TAX DUE, LINE 8 LESS LINE 9E IF OVERPAID SEE INSTRUCTIONS ..... 10 \$ 120.27
- 11) PENALTY AND INTEREST, 11A PENALTY \$ ..... 11 B INTEREST \$ ..... (ADD LINE 11A & 11B) ..... 11C \$
- 12) BALANCE DUE (COMBINE LINES 10 & 11 C) ..... 12 \$ 120.27
- 13) OVERPAYMENT (IF LINE 12 IS LESS THAN ZERO) ..... 13A \$
- CREDIT TO 2018 ESTIMATED TAX (IF OVER \$10.00) ..... 13B \$

**DECLARATION OF ESTIMATED TAX FOR YEAR 2018**

- 14) ESTIMATED TAX (SEE INSTRUCTIONS) ..... 14A \$
- A. ESTIMATED TAX LIABILITY 2018 ..... 14A \$
- B. QUARTERLY ESTIMATED TAX DUE, 1/4 OF 14A LESS CREDIT FROM 13B ..... 14B \$
- 15) TOTAL DUE CITY OF PARMA (ADD LINES 12 AND 14B) MAKE CHECK PAYABLE TO: CITY OF PARMA DIV. OF TAX ..... 15 \$ 120.27

HERE

Signature of Person Preparing, If Other Than Taxpayer \_\_\_\_\_  
 Name and Address of Firm \_\_\_\_\_ Phone \_\_\_\_\_

Signature of Taxpayer or Agent \_\_\_\_\_ Date \_\_\_\_\_  
 Signature of Spouse if Joint Return \_\_\_\_\_ Date \_\_\_\_\_

May the city discuss this return with the tax preparer?  
 Yes  No

I CERTIFY I HAVE EXAMINED THIS RETURN INCLUDING ACCOMPANYING SCHEDULES AND STATEMENTS, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE AND CORRECT.

# Electronic Filing Instructions for your 2016 Federal Tax Return

Important: Your taxes are not finished until all required steps are completed.



MATTHEW J. MIJANGOS  
[REDACTED]

<b>Balance Due/Refund</b>	Your federal tax return (Form 1040) shows a refund due to you in the amount of \$856.00. Your tax refund will be direct deposited into your account. The account information you entered - Account Number: [REDACTED] Routing Transit Number: [REDACTED]																		
<b>When Will You Get Your Refund?</b>	The IRS issued more than 9 out of 10 refunds to taxpayers in less than 21 days last year. The same results are expected in 2017. To get your estimated refund date from TurboTax, log into My TurboTax at <a href="http://www.turbotax.com">www.turbotax.com</a> . If you do not receive your refund within 21 days, or the amount you get is not what you expected, contact the Internal Revenue Service directly at 1-800-829-4477. You can also check <a href="http://www.irs.gov">www.irs.gov</a> and select the "Where's my refund?" link.																		
<b>What You Need to Keep</b>	Your Electronic Filing Instructions (this form) Printed copy of your federal return																		
<b>2016 Federal Tax Return Summary</b>	<table><tr><td>Adjusted Gross Income</td><td>\$</td><td>30,528.00</td></tr><tr><td>Taxable Income</td><td>\$</td><td>13,128.00</td></tr><tr><td>Total Tax</td><td>\$</td><td>1,756.00</td></tr><tr><td>Total Payments/Credits</td><td>\$</td><td>2,612.00</td></tr><tr><td>Amount to be Refunded</td><td>\$</td><td>856.00</td></tr><tr><td>Effective Tax Rate</td><td></td><td>4.30%</td></tr></table>	Adjusted Gross Income	\$	30,528.00	Taxable Income	\$	13,128.00	Total Tax	\$	1,756.00	Total Payments/Credits	\$	2,612.00	Amount to be Refunded	\$	856.00	Effective Tax Rate		4.30%
Adjusted Gross Income	\$	30,528.00																	
Taxable Income	\$	13,128.00																	
Total Tax	\$	1,756.00																	
Total Payments/Credits	\$	2,612.00																	
Amount to be Refunded	\$	856.00																	
Effective Tax Rate		4.30%																	

For the year Jan. 1–Dec. 31, 2016, or other tax year beginning 2016, ending 2016. See separate instructions. Your first name and initial MATTHEW J Last name MIJANGOS Your social security number [redacted] If a joint return, spouse's first name and initial [redacted] Last name [redacted] Spouse's social security number [redacted] Home address (number and street). If you have a P.O. box, see instructions. Apt. no. [redacted] Make sure the SSN(s) above and on line 6c are correct. City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). Foreign country name Foreign province/state/country Foreign postal code Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. [ ] You [ ] Spouse

Filing Status 1 [ ] Single 4 [x] Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. 2 [ ] Married filing jointly (even if only one had income) 3 [ ] Married filing separately. Enter spouse's SSN above and full name here. 5 [ ] Qualifying widow(er) with dependent child Check only one box.

Exemptions 6a [x] Yourself. If someone can claim you as a dependent, do not check box 6a. 6b [ ] Spouse. Boxes checked on 6a and 6b 1. No. of children on 6c who: • lived with you • did not live with you due to divorce or separation (see instructions) Dependents on 6c not entered above 1. Add numbers on lines above 2. c Dependents: (1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) [x] if child under age 17 qualifying for child tax credit (see instructions) If more than four dependents, see instructions and check here [ ] d Total number of exemptions claimed

Income 7 Wages, salaries, tips, etc. Attach Form(s) W-2 7 21,874. 8a Taxable interest. Attach Schedule B if required 8a 8b Tax-exempt interest. Do not include on line 8a 8b 9a Ordinary dividends. Attach Schedule B if required 9a 9b Qualified dividends 9b 10 Taxable refunds, credits, or offsets of state and local income taxes 10 0. 11 Alimony received 11 12 Business income or (loss). Attach Schedule C or C-EZ 12 3,135. 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here [ ] 13 14 Other gains or (losses). Attach Form 4797 14 15a IRA distributions 15a 15b Taxable amount 15b 16a Pensions and annuities 16a 16b Taxable amount 16b 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 17 18 Farm income or (loss). Attach Schedule F 18 19 Unemployment compensation 19 5,741. 20a Social security benefits 20a 20b Taxable amount 20b 21 Other income. List type and amount 21 22 Combine the amounts in the far right column for lines 7 through 21. This is your total income 22 30,750.

Adjusted Gross Income 23 Educator expenses 23 24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ 24 25 Health savings account deduction. Attach Form 8889 25 26 Moving expenses. Attach Form 3903 26 27 Deductible part of self-employment tax. Attach Schedule SE 27 222. 28 Self-employed SEP, SIMPLE, and qualified plans 28 29 Self-employed health insurance deduction 29 30 Penalty on early withdrawal of savings 30 31a Alimony paid b Recipient's SSN 31a 32 IRA deduction 32 33 Student loan interest deduction 33 34 Tuition and fees. Attach Form 8917 34 35 Domestic production activities deduction. Attach Form 8903 35 36 Add lines 23 through 35 36 222. 37 Subtract line 36 from line 22. This is your adjusted gross income 37 30,528.

38 Amount from line 37 (adjusted gross income) 38 30,528.

Tax and Credits

Standard Deduction for—

• People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions. • All others: Single or Married filing separately, \$6,300 Married filing jointly or Qualifying widow(er), \$12,600 Head of household, \$9,300

39a Check [ ] You were born before January 2, 1952, [ ] Blind. Total boxes if: [ ] Spouse was born before January 2, 1952, [ ] Blind. checked ▶ 39a [ ]
b If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ 39b [ ]
40 Itemized deductions (from Schedule A) or your standard deduction (see left margin) 40 9,300.
41 Subtract line 40 from line 38 41 21,228.
42 Exemptions. If line 38 is \$155,650 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions 42 8,100.
43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- 43 13,128.
44 Tax (see instructions). Check if any from: a [ ] Form(s) 8814 b [ ] Form 4972 c [ ] 44 1,313.
45 Alternative minimum tax (see instructions). Attach Form 6251 45
46 Excess advance premium tax credit repayment. Attach Form 8962 46
47 Add lines 44, 45, and 46 47 1,313.
48 Foreign tax credit. Attach Form 1116 if required 48
49 Credit for child and dependent care expenses. Attach Form 2441 49
50 Education credits from Form 8863, line 19 50
51 Retirement savings contributions credit. Attach Form 8880 51
52 Child tax credit. Attach Schedule 8812, if required 52
53 Residential energy credits. Attach Form 5695 53
54 Other credits from Form: a [ ] 3800 b [ ] 8801 c [ ] 54
55 Add lines 48 through 54. These are your total credits 55
56 Subtract line 55 from line 47. If line 55 is more than line 47, enter -0- 56 1,313.

Other Taxes

57 Self-employment tax. Attach Schedule SE 57 443.
58 Unreported social security and Medicare tax from Form: a [ ] 4137 b [ ] 8919 58
59 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required 59
60a Household employment taxes from Schedule H 60a
b First-time homebuyer credit repayment. Attach Form 5405 if required 60b
61 Health care: individual responsibility (see instructions) Full-year coverage [x] 61
62 Taxes from: a [ ] Form 8959 b [ ] Form 8960 c [ ] Instructions; enter code(s) 62
63 Add lines 56 through 62. This is your total tax 63 1,756.

Payments

If you have a qualifying child, attach Schedule EIC.

64 Federal income tax withheld from Forms W-2 and 1099 64 2,612.
65 2016 estimated tax payments and amount applied from 2015 return 65
66a Earned income credit (EIC) No 66a
b Nontaxable combat pay election 66b
67 Additional child tax credit. Attach Schedule 8812 67
68 American opportunity credit from Form 8863, line 8 68
69 Net premium tax credit. Attach Form 8962 69
70 Amount paid with request for extension to file 70
71 Excess social security and tier 1 RRTA tax withheld 71
72 Credit for federal tax on fuels. Attach Form 4136 72
73 Credits from Form: a [ ] 2439 b [ ] Reserved c [ ] 8885 d [ ] 73
74 Add lines 64, 65, 66a, and 67 through 73. These are your total payments 74 2,612.

Refund

Direct deposit? See instructions.

75 If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid 75 856.
76a Amount of line 75 you want refunded to you. If Form 8888 is attached, check here ▶ [ ] 76a 856.
b Routing number [ ] ▶ c Type: [x] Checking [ ] Savings
d Account number [ ] ▶

Amount You Owe

77 Amount of line 75 you want applied to your 2017 estimated tax ▶ 77
78 Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions ▶ 78
79 Estimated tax penalty (see instructions) 79

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? [ ] Yes. Complete below. [x] No
Designee's name ▶ Phone no. ▶ Personal identification number (PIN) ▶

Sign Here

Joint return? See instructions. Keep a copy for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and accurately list all amounts and sources of income I received during the tax year. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.
Your signature Date Your occupation POLICE Daytime phone number [ ]
Spouse's signature. If a joint return, both must sign. Date Spouse's occupation If the IRS sent you an Identity Protection PIN, enter it here (see inst.) [ ]

Paid Preparer Use Only

Print/Type preparer's name Preparer's signature Date Check [ ] if self-employed PTIN
Firm's name ▶ Self-Prepared Firm's EIN ▶
Firm's address ▶ Phone no. ▶

**SCHEDULE C  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Profit or Loss From Business  
(Sole Proprietorship)**

► Information about Schedule C and its separate instructions is at [www.irs.gov/schedulec](http://www.irs.gov/schedulec).  
► Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074

**2016**  
Attachment  
Sequence No. **09**

Name of proprietor  
**MATTHEW J MIJANGOS**

Social security number (SSN)  
[REDACTED]

**A** Principal business or profession, including product or service (see instructions)  
**TOWING**

**B** Enter code from instructions  
▶ **4 8 8 0 0 0**

**C** Business name. If no separate business name, leave blank.

**D** Employer ID number (EIN), (see instr.)

**E** Business address (including suite or room no.) ▶ [REDACTED]  
City, town or post office, state, and ZIP code

**F** Accounting method: (1)  Cash (2)  Accrual (3)  Other (specify) ▶

**G** Did you "materially participate" in the operation of this business during 2016? If "No," see instructions for limit on losses .  Yes  No

**H** If you started or acquired this business during 2016, check here .

**I** Did you make any payments in 2016 that would require you to file Form(s) 1099? (see instructions) .  Yes  No

**J** If "Yes," did you or will you file required Forms 1099? .  Yes  No

**Part I Income**

<b>1</b> Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked . . . . .	<input type="checkbox"/>	<b>1</b>	<b>2,190.</b>
<b>2</b> Returns and allowances . . . . .		<b>2</b>	
<b>3</b> Subtract line 2 from line 1 . . . . .		<b>3</b>	<b>2,190.</b>
<b>4</b> Cost of goods sold (from line 42) . . . . .		<b>4</b>	
<b>5</b> <b>Gross profit.</b> Subtract line 4 from line 3 . . . . .		<b>5</b>	<b>2,190.</b>
<b>6</b> Other income, including federal and state gasoline or fuel tax credit or refund (see instructions) . . . . .		<b>6</b>	
<b>7</b> <b>Gross income.</b> Add lines 5 and 6 . . . . .		<b>7</b>	<b>2,190.</b>

**Part II Expenses. Enter expenses for business use of your home only on line 30.**

<b>8</b> Advertising . . . . .	<b>8</b>	<b>18</b> Office expense (see instructions)	<b>18</b>
<b>9</b> Car and truck expenses (see instructions). . . . .	<b>9</b>	<b>19</b> Pension and profit-sharing plans	<b>19</b>
<b>10</b> Commissions and fees . . . . .	<b>10</b>	<b>20</b> Rent or lease (see instructions):	
<b>11</b> Contract labor (see instructions)	<b>11</b>	<b>a</b> Vehicles, machinery, and equipment	<b>20a</b>
<b>12</b> Depletion . . . . .	<b>12</b>	<b>b</b> Other business property . . . . .	<b>20b</b>
<b>13</b> Depreciation and section 179 expense deduction (not included in Part III) (see instructions). . . . .	<b>13</b>	<b>21</b> Repairs and maintenance . . . . .	<b>21</b>
<b>14</b> Employee benefit programs (other than on line 19) . . . . .	<b>14</b>	<b>22</b> Supplies (not included in Part III) . . . . .	<b>22</b>
<b>15</b> Insurance (other than health)	<b>15</b>	<b>23</b> Taxes and licenses . . . . .	<b>23</b>
<b>16</b> Interest:		<b>24</b> Travel, meals, and entertainment:	
<b>a</b> Mortgage (paid to banks, etc.)	<b>16a</b>	<b>a</b> Travel . . . . .	<b>24a</b>
<b>b</b> Other . . . . .	<b>16b</b>	<b>b</b> Deductible meals and entertainment (see instructions) . . . . .	<b>24b</b>
<b>17</b> Legal and professional services	<b>17</b>	<b>25</b> Utilities . . . . .	<b>25</b>
<b>28</b> <b>Total expenses</b> before expenses for business use of home. Add lines 8 through 27a . . . . .		<b>26</b> Wages (less employment credits) . . . . .	<b>26</b>
<b>29</b> Tentative profit or (loss). Subtract line 28 from line 7 . . . . .		<b>27a</b> Other expenses (from line 48) . . . . .	<b>27a</b>
<b>30</b> Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). <b>Simplified method filers only:</b> enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____ . Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30 . . . . .		<b>b</b> <b>Reserved for future use</b> . . . . .	<b>27b</b>
<b>31</b> <b>Net profit or (loss).</b> Subtract line 30 from line 29. • If a profit, enter on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3. • If a loss, you must go to line 32.		<b>28</b>	<b>2,190.</b>
<b>32</b> If you have a loss, check the box that describes your investment in this activity (see instructions). • If you checked 32a, enter the loss on both Form 1040, line 12, (or Form 1040NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3. • If you checked 32b, you must attach Form 6198. Your loss may be limited.		<b>29</b>	
		<b>30</b>	
		<b>31</b>	<b>2,190.</b>

**32a**  All investment is at risk.  
**32b**  Some investment is not at risk.

**Part III Cost of Goods Sold** (see instructions)

33 Method(s) used to value closing inventory:    **a**  Cost    **b**  Lower of cost or market    **c**  Other (attach explanation)

34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory?  
If "Yes," attach explanation . . . . .  Yes     No

35 Inventory at beginning of year. If different from last year's closing inventory, attach explanation . . . . .	35	
36 Purchases less cost of items withdrawn for personal use . . . . .	36	
37 Cost of labor. Do not include any amounts paid to yourself . . . . .	37	
38 Materials and supplies . . . . .	38	
39 Other costs . . . . .	39	
40 Add lines 35 through 39 . . . . .	40	
41 Inventory at end of year . . . . .	41	
42 Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4 . . . . .	42	

**Part IV Information on Your Vehicle.** Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43 When did you place your vehicle in service for business purposes? (month, day, year) ▶ .....

44 Of the total number of miles you drove your vehicle during 2016, enter the number of miles you used your vehicle for:

**a** Business ..... **b** Commuting (see instructions) ..... **c** Other .....

45 Was your vehicle available for personal use during off-duty hours? . . . . .  Yes     No

46 Do you (or your spouse) have another vehicle available for personal use? . . . . .  Yes     No

47a Do you have evidence to support your deduction? . . . . .  Yes     No

**b** If "Yes," is the evidence written? . . . . .  Yes     No

**Part V Other Expenses.** List below business expenses not included on lines 8-26 or line 30.

.....		
.....		
.....		
.....		
.....		
.....		
.....		
.....		
.....		
.....		
.....		
.....		

48 Total other expenses. Enter here and on line 27a . . . . . 48



**SCHEDULE C  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Profit or Loss From Business**  
(Sole Proprietorship)

▶ Information about Schedule C and its separate instructions is at [www.irs.gov/schedulec](http://www.irs.gov/schedulec).  
▶ Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074

**2016**  
Attachment  
Sequence No. **09**

Name of proprietor <b>MATTHEW J MIJANGOS</b>		Social security number (SSN) [REDACTED]
<b>A</b> Principal business or profession, including product or service (see instructions) <b>UBER DRIVING</b>	<b>B</b> Enter code from instructions ▶ 4   8   5   3   0   0	
<b>C</b> Business name. If no separate business name, leave blank.	<b>D</b> Employer ID number (EIN), (see instr.) [REDACTED]	
<b>E</b> Business address (including suite or room no.) ▶ [REDACTED] City, town or post office, state, and ZIP code [REDACTED]		
<b>F</b> Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ▶		
<b>G</b> Did you "materially participate" in the operation of this business during 2016? If "No," see instructions for limit on losses		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>H</b> If you started or acquired this business during 2016, check here		<input type="checkbox"/>
<b>I</b> Did you make any payments in 2016 that would require you to file Form(s) 1099? (see instructions)		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>J</b> If "Yes," did you or will you file required Forms 1099?		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part I Income**

<b>1</b> Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked . . . . . ▶ <input type="checkbox"/>	<b>1</b>	5,265.
<b>2</b> Returns and allowances . . . . .	<b>2</b>	
<b>3</b> Subtract line 2 from line 1 . . . . .	<b>3</b>	5,265.
<b>4</b> Cost of goods sold (from line 42) . . . . .	<b>4</b>	
<b>5</b> <b>Gross profit.</b> Subtract line 4 from line 3 . . . . .	<b>5</b>	5,265.
<b>6</b> Other income, including federal and state gasoline or fuel tax credit or refund (see instructions) . . . . .	<b>6</b>	
<b>7</b> <b>Gross income.</b> Add lines 5 and 6 . . . . . ▶	<b>7</b>	5,265.

**Part II Expenses.** Enter expenses for business use of your home **only** on line 30.

<b>8</b> Advertising . . . . .	<b>8</b>		<b>18</b> Office expense (see instructions)	<b>18</b>	
<b>9</b> Car and truck expenses (see instructions). . . . .	<b>9</b>	4,320.	<b>19</b> Pension and profit-sharing plans . . . . .	<b>19</b>	
<b>10</b> Commissions and fees . . . . .	<b>10</b>		<b>20</b> Rent or lease (see instructions):		
<b>11</b> Contract labor (see instructions)	<b>11</b>		<b>a</b> Vehicles, machinery, and equipment	<b>20a</b>	
<b>12</b> Depletion . . . . .	<b>12</b>		<b>b</b> Other business property . . . . .	<b>20b</b>	
<b>13</b> Depreciation and section 179 expense deduction (not included in Part III) (see instructions). . . . .	<b>13</b>		<b>21</b> Repairs and maintenance . . . . .	<b>21</b>	
<b>14</b> Employee benefit programs (other than on line 19) . . . . .	<b>14</b>		<b>22</b> Supplies (not included in Part III) . . . . .	<b>22</b>	
<b>15</b> Insurance (other than health)	<b>15</b>		<b>23</b> Taxes and licenses . . . . .	<b>23</b>	
<b>16</b> Interest:			<b>24</b> Travel, meals, and entertainment:		
<b>a</b> Mortgage (paid to banks, etc.)	<b>16a</b>		<b>a</b> Travel . . . . .	<b>24a</b>	
<b>b</b> Other . . . . .	<b>16b</b>		<b>b</b> Deductible meals and entertainment (see instructions) . . . . .	<b>24b</b>	
<b>17</b> Legal and professional services	<b>17</b>		<b>25</b> Utilities . . . . .	<b>25</b>	
<b>28</b> <b>Total expenses</b> before expenses for business use of home. Add lines 8 through 27a . . . . . ▶	<b>28</b>	4,320.	<b>26</b> Wages (less employment credits) . . . . .	<b>26</b>	
<b>29</b> Tentative profit or (loss). Subtract line 28 from line 7 . . . . .	<b>29</b>	945.	<b>27a</b> Other expenses (from line 48) . . . . .	<b>27a</b>	
<b>30</b> Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). <b>Simplified method filers only:</b> enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30 . . . . .	<b>30</b>		<b>27b</b> Reserved for future use . . . . .	<b>27b</b>	
<b>31</b> <b>Net profit or (loss).</b> Subtract line 30 from line 29. • If a profit, enter on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3. • If a loss, you must go to line 32.	<b>31</b>	945.			
<b>32</b> If you have a loss, check the box that describes your investment in this activity (see instructions). • If you checked 32a, enter the loss on both Form 1040, line 12, (or Form 1040NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3. • If you checked 32b, you must attach Form 6198. Your loss may be limited.					

**32a**  All investment is at risk.  
**32b**  Some investment is not at risk.

Part III Cost of Goods Sold (see instructions)

33 Method(s) used to value closing inventory: a [ ] Cost b [ ] Lower of cost or market c [ ] Other (attach explanation)
34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory?
35 Inventory at beginning of year. If different from last year's closing inventory, attach explanation
36 Purchases less cost of items withdrawn for personal use
37 Cost of labor. Do not include any amounts paid to yourself
38 Materials and supplies
39 Other costs
40 Add lines 35 through 39
41 Inventory at end of year
42 Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4

Part IV Information on Your Vehicle. Complete this part only if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43 When did you place your vehicle in service for business purposes? (month, day, year) 10/01/2016
44 Of the total number of miles you drove your vehicle during 2016, enter the number of miles you used your vehicle for:
a Business 8,000 b Commuting (see instructions) 17,000 c Other 0
45 Was your vehicle available for personal use during off-duty hours? [X] Yes [ ] No
46 Do you (or your spouse) have another vehicle available for personal use?. [X] Yes [ ] No
47a Do you have evidence to support your deduction? [X] Yes [ ] No
b If "Yes," is the evidence written? [X] Yes [ ] No

Part V Other Expenses. List below business expenses not included on lines 8-26 or line 30.

48 Total other expenses. Enter here and on line 27a

**SCHEDULE SE  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Self-Employment Tax**

► Information about Schedule SE and its separate instructions is at [www.irs.gov/schedulese](http://www.irs.gov/schedulese).  
► Attach to Form 1040 or Form 1040NR.

OMB No. 1545-0074

**2016**  
Attachment  
Sequence No. 17

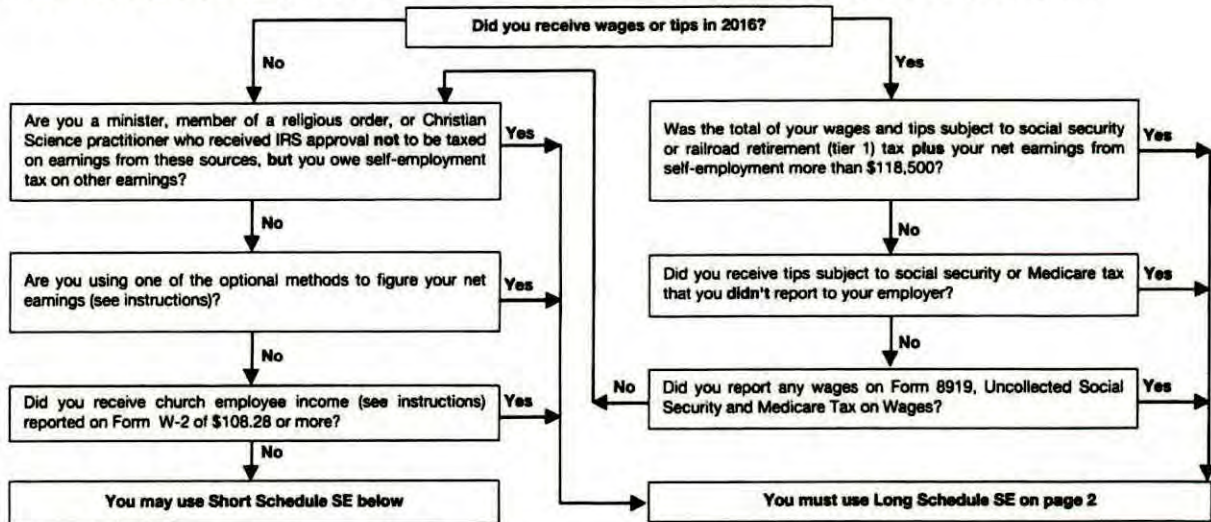
Name of person with self-employment income (as shown on Form 1040 or Form 1040NR)  
**MATTHEW J MIJANGOS**

Social security number of person with self-employment income ►

**Before you begin:** To determine if you must file Schedule SE, see the instructions.

**May I Use Short Schedule SE or Must I Use Long Schedule SE?**

**Note.** Use this flowchart **only** if you must file Schedule SE. If unsure, see *Who Must File Schedule SE* in the instructions.



**Section A—Short Schedule SE. Caution.** Read above to see if you can use Short Schedule SE.

<b>1a</b> Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A . . . . .	<b>1a</b>	
<b>b</b> If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code Z . . . . .	<b>1b</b> ( )	
<b>2</b> Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers and members of religious orders, see instructions for types of income to report on this line. See instructions for other income to report . . . . .	<b>2</b>	3,135.
<b>3</b> Combine lines 1a, 1b, and 2 . . . . .	<b>3</b>	3,135.
<b>4</b> Multiply line 3 by 92.35% (0.9235). If less than \$400, you don't owe self-employment tax; don't file this schedule unless you have an amount on line 1b. . . . .	<b>4</b>	2,895.
<b>Note.</b> If line 4 is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.		
<b>5 Self-employment tax.</b> If the amount on line 4 is: • \$118,500 or less, multiply line 4 by 15.3% (0.153). Enter the result here and on Form 1040, line 57, or Form 1040NR, line 55 • More than \$118,500, multiply line 4 by 2.9% (0.029). Then, add \$14,694 to the result. Enter the total here and on Form 1040, line 57, or Form 1040NR, line 55. . . . .	<b>5</b>	443.
<b>6 Deduction for one-half of self-employment tax.</b> Multiply line 5 by 50% (0.50). Enter the result here and on Form 1040, line 27, or Form 1040NR, line 27 . . . . .	<b>6</b>	222.

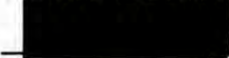
## File by Mail Instructions for your 2016 Ohio Tax Return

Important: Your taxes are not finished until all required steps are completed.



(If you prefer, you can still e-file. Go to the end of these instructions for more information.) Do not file these instructions.

MATTHEW J MIJANGOS



<b>Balance Due/Refund</b>	Your Ohio state tax return (Form IT 1040) shows you are due a refund of \$128.00.												
<b>What You Need to Mail</b>	<p>Your tax return - The official return for mailing is included in this printout. Remember to sign and date the return.</p> <p>Include legible state copies of your W-2, W-2G, and 1099R forms on top of your return.</p> <p>Mail your return and attachments to: Ohio Department of Taxation P.O. Box 2679 Columbus, OH 43270-2679</p> <p>Deadline: Postmarked by April 18, 2017</p> <p>Don't forget correct postage on the envelope.</p>												
<b>What You Need to Keep</b>	Keep these instructions and a copy of your return for your records. If you did not print one before closing TurboTax, go back to the program and select File tab, then select the Print for Your Records category.												
<b>2016 Ohio Tax Return Summary</b>	<table><tr><td>Taxable Income</td><td>\$</td><td>26,028.00</td></tr><tr><td>Total Tax</td><td>\$</td><td>420.00</td></tr><tr><td>Total Payments/Credits</td><td>\$</td><td>548.00</td></tr><tr><td>Amount to be Refunded</td><td>\$</td><td>128.00</td></tr></table>	Taxable Income	\$	26,028.00	Total Tax	\$	420.00	Total Payments/Credits	\$	548.00	Amount to be Refunded	\$	128.00
Taxable Income	\$	26,028.00											
Total Tax	\$	420.00											
Total Payments/Credits	\$	548.00											
Amount to be Refunded	\$	128.00											
<b>Special Formatting</b>	Your printed state tax forms may have special formatting on them, such as bar codes or other symbols. This is to enable fast processing. Don't worry, these forms have been approved by your taxing authority and are acceptable for printing and mailing.												
<b>Changed Your Mind About e-filing?</b>	You can still file electronically. Just go back to TurboTax, select the File tab, then select the E-file category. We'll walk you through the process. Once you file, we will let you know if your return is accepted (or rejected) by the state taxing agency.												



0033 Department of Taxation Rev. 9/16

Do not use staples. Use only black ink and UPPERCASE letters. 2016 Ohio IT 1040 Individual Income Tax Return



02 20 17

Note: This form encompasses the IT 1040, IT 1040EZ and amended IT 1040X.

Is this an amended return? Yes No X If yes, include Ohio IT RE (do not include a copy of the previously filed return)

Is this a Net Operating Loss (NOL) carryback? Yes No If yes, include Schedule IT NOL Taxpayer's SSN (required) Spouse's SSN (if filing jointly) If deceased Enter school district # for this return (see instructions). SD#

First name MATTHEW M.I. Last name J MIJANGOS Spouse's first name (only if married filing jointly) M.I. Last name

Mailing address (for faster processing, use a street address)

City State ZIP code Ohio county (first four letters) CUYA Home address (if different from mailing address) - do NOT include city or state ZIP code Ohio county (first four letters)

Foreign country (if the mailing address is outside the U.S.) Foreign postal code

Ohio Residency Status - Check applicable box Filing Status - Check one (as reported on federal income tax return, with limited exceptions - see instructions) Ohio Political Party Fund - Do you want \$1 to go to this fund? Note: Checking "Yes" will not increase your tax or decrease your refund.

Table with 3 columns: Line number, Description, Amount. Includes lines 1 through 7 for Federal adjusted gross income, additions, deductions, and taxable business income.



Include your federal income tax return if line 1 of this return is -0- or negative.

Postmark date and Code input fields

**2016 Ohio IT 1040  
 Individual Income Tax Return**



16000233

SSN [REDACTED]

7a. Amount from line 7 on page 1 .....	7a.	26028 00
8a. Nonbusiness income tax liability on line 7a (see instructions for tax tables).....	8a.	460 00
8b. Business income tax liability (include Ohio Schedule IT BUS, line 14).....	8b.	00
8c. Income tax liability before credits (line 8a plus line 8b).....	8c.	460 00
9. Ohio nonrefundable credits (include Ohio Schedule of Credits, line 34).....	9.	40 00
10. Tax liability after nonrefundable credits (line 8c minus line 9; if less than -0-, enter -0-).....	10.	420 00
11. Interest penalty on underpayment of estimated tax (include Ohio IT/SD 2210).....	11.	00
12. Sales and use tax due on Internet, mail order or other out-of-state purchases (see instructions). If you certify that no sales or use tax is due, check the box to the right.....	12.	00
13. <b>Total Ohio tax liability</b> before withholding or estimated payments (add lines 10, 11 and 12).....	13.	420 00
14. Ohio income tax withheld (W-2, box 17; W-2G, box 15; 1099-R, box 12). Include W-2(s), W-2G(s) and 1099-R(s) with the return.....	14.	548 00
15. Estimated and extension payments made (2016 Ohio IT 1040ES and/or IT 40P) and credit carryforward from previous year return .....	15.	00
16. Refundable credits (include Ohio Schedule of Credits, line 41).....	16.	00
17. <b>Amended return only</b> - amount previously paid with original/amended return.....	17.	00
18. <b>Total Ohio tax payments</b> (add lines 14, 15, 16 and 17).....	18.	548 00
19. <b>Amended return only</b> - overpayment previously requested on original/amended return .....	19.	00
20. Line 18 minus line 19 .....	20.	548 00
<hr/>		
<b>If line 20 is MORE THAN line 13, skip to line 24. OTHERWISE, continue to line 21.</b>		
<hr/>		
21. Tax liability (line 13 minus line 20).....	21.	00
22. Interest and penalty due on late filing or late payment of tax (see instructions).....	22.	00
23. <b>TOTAL AMOUNT DUE</b> (line 21 plus line 22). Include Ohio IT 40P (if original return) or IT 40XP (if amended return) and make check payable to "Ohio Treasurer of State".....	23.	00
24. Overpayment (line 20 minus line 13).....	24.	128 00
25. <b>Original return only</b> - amount of line 24 to be credited toward 2017 income tax liability .....	25.	00
26. Amount of line 24 to be donated:		
a. Wildlife species	b. Military injury relief	c. Ohio History Fund
00	00	00
d. State nature preserves	e. Breast / cervical cancer	f. Wishes for Sick Children
00	00	00
	Total.....	26g. 00
27. <b>YOUR REFUND</b> (line 24 minus lines 25 and 26g).....	<b>YOUR REFUND</b> ▶ 27.	128 00

**Sign Here (required):** I have read this return. Under penalties of perjury, I declare that, to the best of my knowledge and belief, the return and all enclosures are true, correct and complete.

▶ Your signature \_\_\_\_\_ Date (MM/DD/YY) \_\_\_\_\_  
 ▶ Spouse's signature (see instructions) SELF- PREPARED \_\_\_\_\_ Phone number \_\_\_\_\_  
 Preparer's printed name (see Instructions) PTIN \_\_\_\_\_ Phone number \_\_\_\_\_  
 Do you authorize your preparer to contact us regarding this return? Yes  No

**If your refund is \$1.00 or less, no refund will be issued.  
 If you owe \$1.00 or less, no payment is necessary.**

**NO Payment included - Mail to:**  
 Ohio Department of Taxation  
 P.O. Box 2679  
 Columbus, OH 43270-2679  
**Payment Included - Mail to:**  
 Ohio Department of Taxation  
 P.O. Box 2057  
 Columbus, OH 43270-2057



0033

Department of Taxation  
Rev. 11/16

Do not use staples. Use only black ink.

# 2016 Ohio Schedule of Credits

## Nonrefundable and Refundable



16280133

SSN of primary filer

02 20 17

### Nonrefundable Credits

1. Tax liability before credits (from Ohio IT 1040, line 8c).....	1.	460 00
2. Retirement income credit (limit \$200 per return). See the table in the instructions .....	2.	00
3. Lump sum retirement credit (include Ohio LS WKS, line 6).....	3.	00
4. Senior citizen credit (must be 65 or older to claim this credit; limit \$50 per return) .....	4.	00
5. Lump sum distribution credit (must be 65 or older to claim this credit; include Ohio LS WKS, line 3).....	5.	00
6. Child care and dependent care credit (see the worksheet in the instructions).....	6.	00
7. If Ohio IT 1040, line 5 is \$10,000 or less, enter \$88; otherwise, enter -0- (low income credit) .....	7.	00
8. Displaced worker training credit (see the worksheet in the instructions) (limit \$500 per taxpayer) .....	8.	00
9. Campaign contribution credit for Ohio statewide office or General Assembly (limit \$50 per taxpayer) ..	9.	0 00
10. Income-based exemption credit (\$20 personal/dependent exemption credit) .....	10.	40 00
11. Total (add lines 2 through 10) .....	11.	40 00
12. Tax less credits (line 1 minus line 11; if less than -0-, enter -0-) .....	12.	420 00
13. Joint filing credit. See the instructions for eligibility and documentation requirements. This credit is for married filing jointly status only. _____% times amount on line 12 (limit \$650) .....	13.	0 00
14. Earned income credit .....	14.	00
15. Ohio adoption credit (limit \$10,000 per adopted child) .....	15.	00
16. Job retention credit, nonrefundable portion (include a copy of the credit certificate).....	16.	00
17. Credit for eligible new employees in an enterprise zone (include a copy of the credit certificate).....	17.	00
18. Credit for purchases of grape production property .....	18.	00
19. Invest Ohio credit (include a copy of the credit certificate) .....	19.	00
20. Technology investment credit carryforward (include a copy of the credit certificate).....	20.	00
21. Enterprise zone day care and training credits (include a copy of the credit certificate).....	21.	00
22. Research and development credit (include a copy of the credit certificate).....	22.	00
23. Ohio historic preservation credit, nonrefundable carryforward portion (include a copy of the credit certificate) .....	23.	00
24. Total (add lines 13 through 23) .....	24.	0 00
25. Tax less additional credits (line 12 minus line 24; if less than -0-, enter -0-) .....	25.	420 00





0033  
 Department of  
 Taxation  
 Rev. 11/16

Do not use staples. Use only black ink.

**2016 Ohio Schedule of Credits**

**Nonrefundable and Refundable**

SSN of primary filer  
 [REDACTED]



16280233

**Nonresident Credit**

Date of nonresidency	to	State of residency	
26. Enter the portion of Ohio adjusted gross income (Ohio IT 1040, line 3) that was not earned or received in Ohio. Include Ohio IT NRC if required.....			26. 00
27. Enter the Ohio adjusted gross income (Ohio IT 1040, line 3).....			27. 00
28. Divide line 26 by line 27 and enter the result here (four digits; do not round). Multiply this factor by the amount on line 25 to calculate your nonresident credit.....			28. 00

**Resident Credit**

29. Enter the portion of Ohio adjusted gross income (Ohio IT 1040, line 3) subjected to tax by other states or the District of Columbia while you were an Ohio resident (limits apply).....	29.	00
30. Enter the Ohio adjusted gross income (Ohio IT 1040, line 3).....	30.	00
31. Divide line 29 by line 30 and enter the result here (four digits; do not round). Multiply this factor by the amount on line 25 and enter the result here.....	31.	00
32. Enter the 2016 income tax, less all credits other than withholding and estimated tax payments and overpayment carryforwards from previous years, paid to other states or the District of Columbia (limits apply).....	32.	00
33. Enter the smaller of line 31 or line 32. This is your Ohio resident tax credit. If you filed a return for 2016 with a state(s) other than Ohio, enter the two-letter state abbreviation in the box(es) below.....	33.	00
<b>34. Total nonrefundable credits</b> (add lines 11, 24, 28 and 33; enter here and on Ohio IT 1040, line 9)....	<b>34.</b>	<b>40 00</b>

**Refundable Credits**

35. Historic preservation credit (include a copy of the credit certificate).....	35.	00
36. Business jobs credit (include a copy of the credit certificate).....	36.	00
37. Pass-through entity credit (include a copy of the federal K-1).....	37.	00
38. Motion picture production credit (include a copy of the credit certificate).....	38.	00
39. Financial Institutions Tax (FIT) credit (include a copy of the federal K-1).....	39.	00
40. Venture capital credit (include a copy of the credit certificate).....	40.	00
<b>41. Total refundable credits</b> (add lines 35 through 40; enter here and on Ohio IT 1040, line 16).....	<b>41.</b>	<b>00</b>



Do not use staples. Use only black ink and uppercase letters.

**2016 Ohio Schedule J**  
**Dependents Claimed on the Ohio IT 1040 Return**



16230133

SSN of primary filer

02 20 17

**Do not list below the primary filer and/or spouse reported on Ohio IT 1040.** Use this schedule to claim dependents. If you have more than 15 dependents, complete additional copies of this schedule and include them with your income tax return. Abbreviate the "Dependent's relationship to you" below if there are not enough boxes to spell it out completely.

- |   |  |  |
|---|--|--|
| 1. Dependent's SSN (required)<br>[REDACTED]     | Dependent's date of birth (MM DD YYYY)<br>[REDACTED] | Dependent's relationship to you (required)<br>PARENT |
| Dependent's first name (required)<br>[REDACTED] | M.I. Last name (required)<br>[REDACTED]              |  |
| 2. Dependent's SSN (required)                   | Dependent's date of birth (MM DD YYYY)               | Dependent's relationship to you (required)           |
| Dependent's first name (required)               | M.I. Last name (required)                            |  |
| 3. Dependent's SSN (required)                   | Dependent's date of birth (MM DD YYYY)               | Dependent's relationship to you (required)           |
| Dependent's first name (required)               | M.I. Last name (required)                            |  |
| 4. Dependent's SSN (required)                   | Dependent's date of birth (MM DD YYYY)               | Dependent's relationship to you (required)           |
| Dependent's first name (required)               | M.I. Last name (required)                            |  |
| 5. Dependent's SSN (required)                   | Dependent's date of birth (MM DD YYYY)               | Dependent's relationship to you (required)           |
| Dependent's first name (required)               | M.I. Last name (required)                            |  |
| 6. Dependent's SSN (required)                   | Dependent's date of birth (MM DD YYYY)               | Dependent's relationship to you (required)           |
| Dependent's first name (required)               | M.I. Last name (required)                            |  |
| 7. Dependent's SSN (required)                   | Dependent's date of birth (MM DD YYYY)               | Dependent's relationship to you (required)           |
| Dependent's first name (required)               | M.I. Last name (required)                            |  |



# 2016 City of Parma Income Tax Return

www.cityofparma-oh.gov

P-1040

Mail this return to THE CITY OF PARMA, DIVISION OF TAXATION, P.O. BOX 94734, Cleveland, OH 44101-4734, on or before April 18, 2017 or by the 15th day of the fourth month after the close of a fiscal year or period. Phone: (440) 885-8045

PARMA ACCOUNT NO.

IF YOU MOVED OR HAD ANY CHANGE IN STATUS DURING 2016, THIS BLOCK MUST BE COMPLETED.

Date moved into Parma \_\_\_\_\_  
 Previous Address \_\_\_\_\_  
 Date moved out of Parma \_\_\_\_\_  
 Present Address \_\_\_\_\_  
 If retired, give date \_\_\_\_\_  
 Other Status Change & Date \_\_\_\_\_

DATE OF BIRTH, IF UNDER 18 IN 2016: \_\_\_\_\_

Filing Status:  Individual  Joint  Corporation  Partnership  Amended Return

Your Social Security Number

Spouse's Social Security Number

Filing for 2016 calendar year  
 Filing for fiscal year ending \_\_\_\_\_

**1. WAGES AND COMPENSATION (From W-2's only)**

CAUTION: A copy of all W-2 Forms MUST be attached.

COLUMN 1	COLUMN 1A	COLUMN 1B	COLUMN 1C	COLUMN 1D	COLUMN 1e
LIST EACH WORK CITY	Total Wages (As shown on W-2 Form)	Withheld for Parma	Withheld for Other Cities	% of Col. 1A See Instructions	Lesser of Column 1C or 1D
Highland Hills	\$ 10,648.80	\$	\$ 266.23	\$ 212.98	\$ 212.98
Cleveland	9,648.58		192.98	192.97	192.97
Sandusky	481.86		6.03	6.02	6.02
Lakewood	179.70		2.70	2.70	2.70
Toledo	177.62		4.00	3.55	3.55
<b>COLUMN TOTALS</b>	<b>\$ 21,136.56</b>	<b>\$</b>			<b>\$ 418.22</b>
	Post (To Line 2)	Post (To Line 9b)			Post (To Line 9c)

- 2) ENTER TOTAL OF COLUMN 1A. SEE INSTRUCTIONS BEFORE GOING TO LINE 3 . . . . . 2 \$ 21,136.56
- 3) INCOME OTHER THAN WAGES FROM PAGE 2 (ATTACH FEDERAL SCHEDULES) . . . . . 3 \$
- 4) TOTAL INCOME (TOTAL OF LINE 2 AND LINE 3) (DO NOT DEDUCT LOSS FROM W-2 INCOME) . . . . . 4 \$ 21,136.56
- 5) (A) ITEMS NOT DEDUCTIBLE (FROM LINE M SCHEDULE X) . . . . . ADD \$
- (B) ITEMS NOT TAXABLE (FROM LINE Z SCHEDULE X) . . . . . DEDUCT \$
- (C) ENTER EXCESS OF LINE 5A OR 5B . . . . . 5C \$
- 6) (A) ADJUSTED NET INCOME (LINE 4, PLUS OR MINUS LINE 5C) IF SCHEDULE X IS USED . . . . . 6A \$ 21,136.56
- (B) AMOUNT ALLOCABLE TO PARMA % OF LINE 6A NON-RESIDENT BUSINESSES ONLY . . . . . 6B \$
- (C) LESS ALLOCABLE NET LOSS PER PREVIOUS CITY INCOME TAX RETURNS (SUBMIT SCHEDULE) . . . . . 6C \$
- 7) AMOUNT SUBJECT TO CITY INCOME TAX (LINE 6A OR 6 B LESS LINE 6C) . . . . . 7 \$ 21,136.56

OTHER INCOME

ATTACH W-2(s) HERE

- 8) PARMA CITY TAX, 2.5%. MULTIPLY TOTAL OF LINE 7 BY 2.5% . . . . . 8 \$ 528.41
- 9A) ESTIMATED PAYMENTS AND PRIOR YEAR CREDIT . . . . . 9A \$
- 9B) WITHHELD FOR PARMA (FROM 1B) . . . . . 9B \$
- 9C) CREDIT FOR OTHER CITIES (FROM 1E) . . . . . 9C \$ 418.22
- 9D) DIRECT PAYMENTS TO OTHER CITIES (SEE INSTRUCTIONS) . . . . . 9D \$
- 9E) TOTAL PAYMENTS AND CREDITS (ADD LINES 9A THROUGH 9D) . . . . . 9E \$ 418.22
- 10) TAX DUE, LINE 8 LESS LINE 9E IF OVERPAID SEE INSTRUCTIONS . . . . . 10 \$ 110.19
- 11) PENALTY AND INTEREST, 11A PENALTY \$ . . . . . 11 B INTEREST \$ (ADD LINE 11A & 11B) . . . . . 11C \$
- 12) BALANCE DUE (COMBINE LINES 10 & 11 C) . . . . . 12 \$ 110.19
- 13) OVERPAYMENT (IF LINE 12 IS LESS THAN ZERO) . . . . . CREDIT TO 2017 ESTIMATED TAX (IF OVER
- 13A) REFUND (IF \$10.00 OR MORE) \$ . . . . . 13B \$10.00 \$

**DECLARATION OF ESTIMATED TAX FOR YEAR 2017**

- 14) ESTIMATED TAX (SEE INSTRUCTIONS)
- A. ESTIMATED TAX LIABILITY 2017 **NOTE TAX RATE & CREDIT CHANGE** . . . . . 14A \$
- B. QUARTERLY ESTIMATED TAX DUE, 1/4 OF 14 A LESS CREDIT FROM 13B . . . . . 14B \$
- 15) TOTAL DUE CITY OF PARMA (ADD LINES 12 AND 14B) **MAKE CHECK PAYABLE TO: CITY OF PARMA DIV. OF TAX** . . . . . 15 \$ 110.19

I CERTIFY I HAVE EXAMINED THIS RETURN INCLUDING ACCOMPANYING SCHEDULES AND STATEMENTS, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE AND CORRECT.

Signature of Person Preparing, if Other Than Taxpayer \_\_\_\_\_  
 Name and Address of Firm \_\_\_\_\_ Phone \_\_\_\_\_  
 Taxpayer Email Address \_\_\_\_\_

Signature of Taxpayer or Agent \_\_\_\_\_ Date \_\_\_\_\_  
 Signature of Spouse if Joint Return \_\_\_\_\_ Date \_\_\_\_\_

May the city discuss this return with the tax preparer?  
 Yes  No

ATTACH CHECK HERE

CITY OF PARMA  
DIVISION OF TAXATION  
6611 RIDGE ROAD  
PARMA, OHIO 44129  
PHONE: 440-885-8045  
FAX: 440-885-8044

TAX YEAR: 2016

Acct. No. 144022-S

SS# [REDACTED]

MIJANGOS, MATTHEW J  
[REDACTED]

FYE: 12-31-17

Ext. Date:

Phone:

Move Out Dt:

Total Income	21,136.56	
Tax Due		528.41
Less Estimate Payment/Credits		110.19
Less Payment with Return		
Less Credits allowed for work cities		418.22
Tax Due		0.00
Refund		
CR. Carryover		
Loss C/O Available Prior Years		0.00
Current Year Loss		0.00
Loss C/O Used This Year		0.00
P/I Charge		0.00
P/I Payment		0.00
TOTAL BALANCE DUE		0.00

Declaration for 2017  
Credit from Prior Year

Declaration Payment

TOTAL OF THIS PAYMENT

Preparer's ID: GP

\_\_\_\_\_  
Signature of Taxpayer

Acct. No. 144022-S

CITY OF PARMA  
DIVISION OF TAXATION  
6611 RIDGE ROAD  
PARMA, OHIO 44129  
PHONE: 440-885-8045  
FAX: 440-885-8044

144022-S 2016

INCOME FROM	INCOME	WITHHELD	PARMA CRED	OTHER CRED
HIGHLAND HILLS	10,648.80	266.22		212.98
SANDUSKY	481.86	6.02		6.02
TOLEDO	177.62	4.00		3.55
CLEVELAND	9,648.58	192.97		192.97
LAKWOOD	179.70	2.70		2.70
Totals	21136.56		0.00	418.22

CITY OF PARMA  
DIVISION OF TAXATION  
6611 RIDGE ROAD  
PARMA, OHIO 44129  
PHONE: 440-885-8045  
FAX: 440-885-8044

144022-S 2016

INCOME FROM	INCOME	WITHHELD	PARMA CRED	OTHER CRED
SANDUSKY	481.86	6.02		6.02
OTHER	11,772.12	0.00		0.00
HIGHLAND HILLS	10,648.80	266.22		212.98
Totals	22902.78		0.00	219.00

CITY OF PARMA  
DIVISION OF TAXATION  
6611 RIDGE ROAD  
PARMA, OHIO 44129  
PHONE: 440-885-8045  
FAX: 440-885-8044

STATEMENT OF OUTSTANDING TAX LIABILITIES 144022-S 16 AUG 2017  
MIJANGOS, MATTHEW J

YEAR	LIABILITY	SRV/CHRG	2210 CHG	PENALTY	INTEREST	PMT/CRED	BAL DUE
2016	572.57					329.19	243.38
					TOTAL DUE		243.38

Comments/Notes

---

Cut at line  
RETURN LOWER PORTION WITH REMITTANCE

144022-S  
6986

2016  
243.38

MIJANGOS, MATTHEW J  


Total Due by 15 SEP 2017 : \$243.38

AMOUNT ENCLOSED \_\_\_\_\_

**Electronic Filing Instructions for your 2015 Federal Tax Return**  
Important: Your taxes are not finished until all required steps are completed.



MATTHEW J MIJANGOS  
[REDACTED]

<b>Balance Due/Refund</b>	Your federal tax return (Form 1040) shows a refund due to you in the amount of \$1,023.00. Your tax refund will be direct deposited into your account. The account information you entered - Account Number: [REDACTED] Routing Transit Number: [REDACTED].																		
<b>When Will You Get Your Refund?</b>	The IRS issued more than 9 out of 10 refunds to taxpayers in less than 21 days last year. The same results are expected in 2016. To get your estimated refund date from TurboTax, log into My TurboTax at <a href="http://www.turbotax.com">www.turbotax.com</a> . If you do not receive your refund within 21 days, or the amount you get is not what you expected, contact the Internal Revenue Service directly at 1-800-829-4477. You can also check <a href="http://www.irs.gov">www.irs.gov</a> and select the "Where's my refund?" link.																		
<b>What You Need to Keep</b>	Your Electronic Filing Instructions (this form) Printed copy of your federal return																		
<b>2015 Federal Tax Return Summary</b>	<table><tr><td>Adjusted Gross Income</td><td>\$</td><td>35,504.00</td></tr><tr><td>Taxable Income</td><td>\$</td><td>25,204.00</td></tr><tr><td>Total Tax</td><td>\$</td><td>3,430.00</td></tr><tr><td>Total Payments/Credits</td><td>\$</td><td>4,453.00</td></tr><tr><td>Amount to be Refunded</td><td>\$</td><td>1,023.00</td></tr><tr><td>Effective Tax Rate</td><td></td><td>9.20%</td></tr></table>	Adjusted Gross Income	\$	35,504.00	Taxable Income	\$	25,204.00	Total Tax	\$	3,430.00	Total Payments/Credits	\$	4,453.00	Amount to be Refunded	\$	1,023.00	Effective Tax Rate		9.20%
Adjusted Gross Income	\$	35,504.00																	
Taxable Income	\$	25,204.00																	
Total Tax	\$	3,430.00																	
Total Payments/Credits	\$	4,453.00																	
Amount to be Refunded	\$	1,023.00																	
Effective Tax Rate		9.20%																	

Form **1040**

Department of the Treasury—Internal Revenue Service (99) **U.S. Individual Income Tax Return** **2015**

OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

For the year Jan. 1–Dec. 31, 2015, or other tax year beginning \_\_\_\_\_, 2015, ending \_\_\_\_\_, 20

Your first name and initial: **MATTHEW J** Last name: **MIJANGOS** See separate instructions. Your social security number: [REDACTED]

If a joint return, spouse's first name and initial: [REDACTED] Last name: [REDACTED] Spouse's social security number: [REDACTED]

Home address (number and street). If you have a P.O. box, see instructions. [REDACTED] Apt. no. [REDACTED] **▲ Make sure the SSN(s) above and on line 6c are correct.**

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). [REDACTED] Presidential Election Campaign

Foreign country name: [REDACTED] Foreign province/state/county: [REDACTED] Foreign postal code: [REDACTED] Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.  You  Spouse

**Filing Status** 1  Single 4  Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. **2**  Married filing jointly (even if only one had income) **3**  Married filing separately. Enter spouse's SSN above and full name here. **5**  Qualifying widow(er) with dependent child

**Exemptions** 6a  Yourself. If someone can claim you as a dependent, do not check box 6a. 6b  Spouse. **Boxes checked on 6a and 6b** 1. **No. of children on 6c who:** = lived with you - did not live with you due to divorce or separation (see instructions) **Dependents on 6c not entered above** **Add numbers on lines above** 1

c Dependents:		(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax credit (see instructions)
(1) First name	Last name			
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

If more than four dependents, see instructions and check here

**Income** 7 Wages, salaries, tips, etc. Attach Form(s) W-2 7 34,442. 8a Taxable interest. Attach Schedule B if required 8a 8b Tax-exempt interest. Do not include on line 8a 8b 9a Ordinary dividends. Attach Schedule B if required 9a 9b Qualified dividends 9b 10 Taxable refunds, credits, or offsets of state and local income taxes 10 11 Alimony received 11 12 Business income or (loss). Attach Schedule C or C-EZ 12 1,143. 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here  13 14 Other gains or (losses). Attach Form 4797 14 15a IRA distributions 15a 15b Taxable amount 15b 16a Pensions and annuities 16a 16b Taxable amount 16b 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 17 18 Farm income or (loss). Attach Schedule F 18 19 Unemployment compensation 19 20a Social security benefits 20a 20b Taxable amount 20b 21 Other income. List type and amount 21 22 Combine the amounts in the far right column for lines 7 through 21. This is your total income **▶** 22 35,585.

**Adjusted Gross Income** 23 Educator expenses 23 24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ 24 25 Health savings account deduction. Attach Form 8889 25 26 Moving expenses. Attach Form 3903 26 27 Deductible part of self-employment tax. Attach Schedule SE 27 81. 28 Self-employed SEP, SIMPLE, and qualified plans 28 29 Self-employed health insurance deduction 29 30 Penalty on early withdrawal of savings 30 31a Alimony paid b Recipient's SSN **▶** 31a 32 IRA deduction 32 33 Student loan interest deduction 33 34 Tuition and fees. Attach Form 8917 34 35 Domestic production activities deduction. Attach Form 8903 35 36 Add lines 23 through 35 36 81. 37 Subtract line 36 from line 22. This is your adjusted gross income **▶** 37 35,504.



<b>Tax and Credits</b>		<b>38</b> Amount from line 37 (adjusted gross income)	<b>38</b>	35,504.
<b>Standard Deduction for—</b>		<b>39a</b> Check <input type="checkbox"/> You were born before January 2, 1951, <input type="checkbox"/> Blind. Total boxes if: <input type="checkbox"/> Spouse was born before January 2, 1951, <input type="checkbox"/> Blind. checked ▶ <b>39a</b> <input type="checkbox"/>		
• People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.		<b>b</b> If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ <b>39b</b> <input type="checkbox"/>		
• All others: Single or Married filing separately, \$6,300 Married filing jointly or Qualifying widow(er), \$12,600 Head of household, \$9,250		<b>40</b> Itemized deductions (from Schedule A) or your standard deduction (see left margin)	<b>40</b>	6,300.
		<b>41</b> Subtract line 40 from line 38	<b>41</b>	29,204.
		<b>42</b> Exemptions. If line 38 is \$154,950 or less, multiply \$4,000 by the number on line 6d. Otherwise, see instructions	<b>42</b>	4,000.
		<b>43</b> Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	<b>43</b>	25,204.
		<b>44</b> Tax (see instructions). Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/>	<b>44</b>	3,323.
		<b>45</b> Alternative minimum tax (see instructions). Attach Form 6251	<b>45</b>	
		<b>46</b> Excess advance premium tax credit repayment. Attach Form 8962	<b>46</b>	
		<b>47</b> Add lines 44, 45, and 46	<b>47</b>	3,323.
		<b>48</b> Foreign tax credit. Attach Form 1116 if required	<b>48</b>	
		<b>49</b> Credit for child and dependent care expenses. Attach Form 2441	<b>49</b>	
		<b>50</b> Education credits from Form 8863, line 19	<b>50</b>	
		<b>51</b> Retirement savings contributions credit. Attach Form 8880	<b>51</b>	
		<b>52</b> Child tax credit. Attach Schedule 8812, if required	<b>52</b>	
		<b>53</b> Residential energy credits. Attach Form 5695	<b>53</b>	55.
		<b>54</b> Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	<b>54</b>	
		<b>55</b> Add lines 48 through 54. These are your total credits	<b>55</b>	55.
		<b>56</b> Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	<b>56</b>	3,268.
<b>Other Taxes</b>		<b>57</b> Self-employment tax. Attach Schedule SE	<b>57</b>	162.
		<b>58</b> Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	<b>58</b>	
		<b>59</b> Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	<b>59</b>	
		<b>60a</b> Household employment taxes from Schedule H	<b>60a</b>	
		<b>b</b> First-time homebuyer credit repayment. Attach Form 5405 if required	<b>60b</b>	
		<b>61</b> Health care: individual responsibility (see instructions) Full-year coverage <input checked="" type="checkbox"/>	<b>61</b>	
		<b>62</b> Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s)	<b>62</b>	
		<b>63</b> Add lines 56 through 62. This is your total tax	<b>63</b>	3,430.
<b>Payments</b>		<b>64</b> Federal income tax withheld from Forms W-2 and 1099	<b>64</b>	4,453.
		<b>65</b> 2015 estimated tax payments and amount applied from 2014 return	<b>65</b>	
		<b>66a</b> Earned income credit (EIC) No	<b>66a</b>	
		<b>b</b> Nontaxable combat pay election <b>66b</b>	<b>66b</b>	
		<b>67</b> Additional child tax credit. Attach Schedule 8812	<b>67</b>	
		<b>68</b> American opportunity credit from Form 8863, line 8	<b>68</b>	
		<b>69</b> Net premium tax credit. Attach Form 8962	<b>69</b>	
		<b>70</b> Amount paid with request for extension to file	<b>70</b>	
		<b>71</b> Excess social security and tier 1 RRTA tax withheld	<b>71</b>	
		<b>72</b> Credit for federal tax on fuels. Attach Form 4136	<b>72</b>	
		<b>73</b> Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/>	<b>73</b>	
		<b>74</b> Add lines 64, 65, 66a, and 67 through 73. These are your total payments	<b>74</b>	4,453.
<b>Refund</b>		<b>75</b> If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	<b>75</b>	1,023.
		<b>76a</b> Amount of line 75 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	<b>76a</b>	1,023.
Direct deposit? See instructions.		<b>b</b> Routing number <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ▶ c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
		<b>d</b> Account number <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
		<b>77</b> Amount of line 75 you want applied to your 2016 estimated tax ▶ <b>77</b>	<b>77</b>	
<b>Amount You Owe</b>		<b>78</b> Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions ▶	<b>78</b>	
		<b>79</b> Estimated tax penalty (see instructions)	<b>79</b>	
<b>Third Party Designee</b>		Do you want to allow another person to discuss this return with the IRS (see instructions)? <input type="checkbox"/> Yes. Complete below. <input checked="" type="checkbox"/> No		
		Designee's name ▶	Phone no. ▶	Personal identification number (PIN) ▶
<b>Sign Here</b>		Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.		
Joint return? See instructions. Keep a copy for your records.		Your signature	Date	Your occupation
		Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation
				Daytime phone number
				If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
<b>Print/Type preparer's name</b>		<b>Preparer's signature</b>	<b>Date</b>	<b>PTIN</b>
Firm's name ▶ <b>Self-Prepared</b>				Check <input type="checkbox"/> if self-employed
Firm's address ▶				Firm's EIN ▶
				Phone no.

**SCHEDULE C-EZ  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Net Profit From Business  
(Sole Proprietorship)**

▶ Partnerships, joint ventures, etc., generally must file Form 1065 or 1065-B.  
▶ Attach to Form 1040, 1040NR, or 1041. ▶ See instructions on page 2.

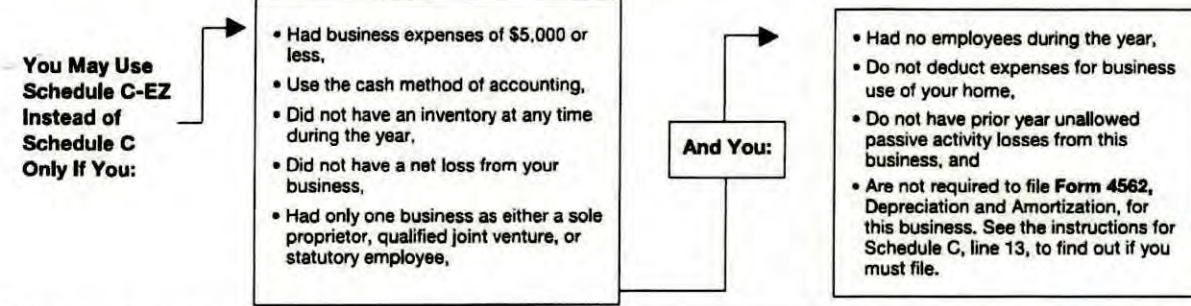
OMB No. 1545-0074

**2015**  
Attachment  
Sequence No. **09A**

Name of proprietor  
**MATTHEW J MIJANGOS**

Social security number (SSN)  
[REDACTED]

**Part I General Information**



**A** Principal business or profession, including product or service  
**SECURITY**

**B** Enter business code (see page 2)  
5 6 1 6 0 0

**C** Business name. If no separate business name, leave blank.

**D** Enter your EIN (see page 2)

**E** Business address (including suite or room no.). Address not required if same as on page 1 of your tax return.  
[REDACTED]  
City, town or post office, state, and ZIP code  
[REDACTED]

**F** Did you make any payments in 2015 that would require you to file Form(s) 1099? (see the Instructions for Schedule C)  Yes  No

**G** If "Yes," did you or will you file required Forms 1099?  Yes  No

**Part II Figure Your Net Profit**

<b>1</b>	<b>Gross receipts. Caution:</b> If this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked, see <i>Statutory employees</i> in the instructions for Schedule C, line 1, and check here <input type="checkbox"/>	<b>1</b>	1,930.
<b>2</b>	<b>Total expenses</b> (see page 2). If more than \$5,000, you must use Schedule C	<b>2</b>	787.
<b>3</b>	<b>Net profit.</b> Subtract line 2 from line 1. If less than zero, you must use Schedule C. Enter on both Form 1040, line 12, and Schedule SE, line 2, or on Form 1040NR, line 13, and Schedule SE, line 2 (see instructions). (Statutory employees do not report this amount on Schedule SE, line 2.) Estates and trusts, enter on Form 1041, line 3	<b>3</b>	1,143.

**Part III Information on Your Vehicle.** Complete this part only if you are claiming car or truck expenses on line 2.

**4** When did you place your vehicle in service for business purposes? (month, day, year) ▶ .....

**5** Of the total number of miles you drove your vehicle during 2015, enter the number of miles you used your vehicle for:

**a** Business ..... **b** Commuting (see page 2) ..... **c** Other .....

**6** Was your vehicle available for personal use during off-duty hours?  Yes  No

**7** Do you (or your spouse) have another vehicle available for personal use?  Yes  No

**8a** Do you have evidence to support your deduction?  Yes  No

**b** If "Yes," is the evidence written?  Yes  No

**SCHEDULE SE  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Self-Employment Tax**

► Information about Schedule SE and its separate instructions is at [www.irs.gov/schedulese](http://www.irs.gov/schedulese).

► Attach to Form 1040 or Form 1040NR.

OMB No. 1545-0074

**2015**  
Attachment  
Sequence No. **17**

Name of person with self-employment income (as shown on Form 1040 or Form 1040NR)

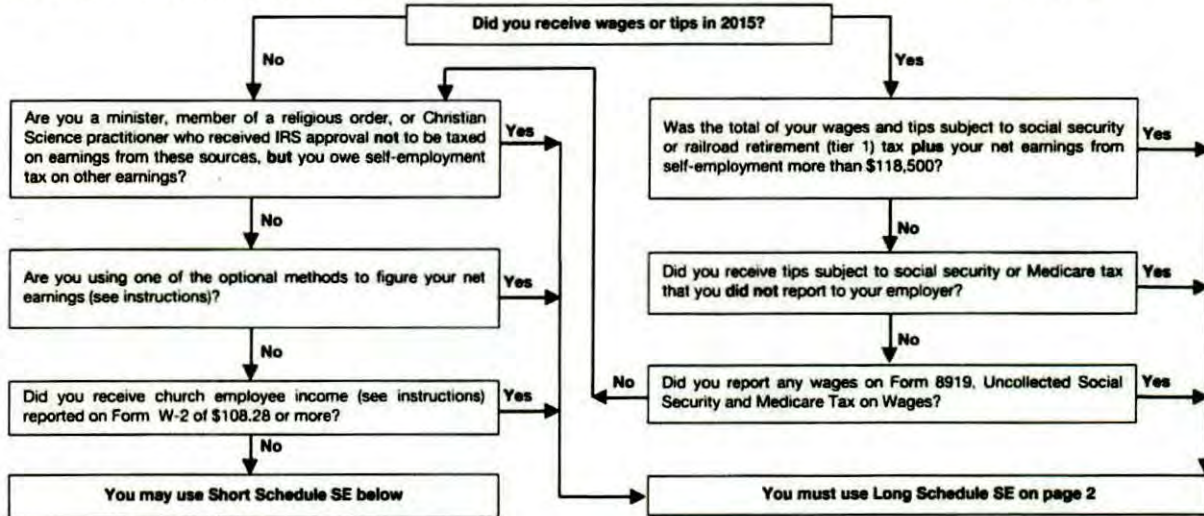
MATTHEW J MIJANGOS

Social security number of person  
with self-employment income ►

**Before you begin:** To determine if you must file Schedule SE, see the instructions.

**May I Use Short Schedule SE or Must I Use Long Schedule SE?**

**Note.** Use this flowchart **only** if you must file Schedule SE. If unsure, see *Who Must File Schedule SE* in the instructions.



**Section A—Short Schedule SE. Caution.** Read above to see if you can use Short Schedule SE.

<b>1a</b>	Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A . . . . .	<b>1a</b>	
<b>b</b>	If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code Z . . . . .	<b>1b</b>	( )
<b>2</b>	Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers and members of religious orders, see instructions for types of income to report on this line. See instructions for other income to report . . . . .	<b>2</b>	1,143.
<b>3</b>	Combine lines 1a, 1b, and 2 . . . . .	<b>3</b>	1,143.
<b>4</b>	Multiply line 3 by 92.35% (.9235). If less than \$400, you do not owe self-employment tax; do not file this schedule unless you have an amount on line 1b . . . . . ► <b>Note.</b> If line 4 is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.	<b>4</b>	1,056.
<b>5</b>	<b>Self-employment tax.</b> If the amount on line 4 is: • \$118,500 or less, multiply line 4 by 15.3% (.153). Enter the result here and on Form 1040, line 57, or Form 1040NR, line 55 • More than \$118,500, multiply line 4 by 2.9% (.029). Then, add \$14,694 to the result. Enter the total here and on Form 1040, line 57, or Form 1040NR, line 55 . . . . .	<b>5</b>	162.
<b>6</b>	<b>Deduction for one-half of self-employment tax.</b> Multiply line 5 by 50% (.50). Enter the result here and on Form 1040, line 27, or Form 1040NR, line 27 . . . . .	<b>6</b>	81.

**Residential Energy Credits**

► Information about Form 5695 and its separate instructions is at [www.irs.gov/form5695](http://www.irs.gov/form5695).  
► Attach to Form 1040 or Form 1040NR.

Name(s) shown on return

MATTHEW J MIJANGOS

Your social security number

**Part I Residential Energy Efficient Property Credit** (See instructions before completing this part.)

**Note:** Skip lines 1 through 11 if you only have a credit carryforward from 2014.

1	Qualified solar electric property costs . . . . .	1	
2	Qualified solar water heating property costs . . . . .	2	
3	Qualified small wind energy property costs . . . . .	3	
4	Qualified geothermal heat pump property costs . . . . .	4	
5	Add lines 1 through 4 . . . . .	5	
6	Multiply line 5 by 30% (0.30) . . . . .	6	
7a	Qualified fuel cell property. Was qualified fuel cell property installed on or in connection with your main home located in the United States? (See instructions) ► <b>Caution:</b> If you checked the "No" box, you cannot take a credit for qualified fuel cell property. Skip lines 7b through 11.	7a	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
b	Print the complete address of the main home where you installed the fuel cell property.  <div style="display: flex; justify-content: space-between;"> <span>Number and street</span> <span>Unit No.</span> </div> <hr/> <div style="display: flex; justify-content: space-between;"> <span>City, State, and ZIP code</span> </div>		
8	Qualified fuel cell property costs . . . . .	8	
9	Multiply line 8 by 30% (0.30) . . . . .	9	
10	Kilowatt capacity of property on line 8 above ► _____ x \$1,000	10	
11	Enter the smaller of line 9 or line 10 . . . . .	11	
12	Credit carryforward from 2014. Enter the amount, if any, from your 2014 Form 5695, line 16 . . . . .	12	
13	Add lines 6, 11, and 12 . . . . .	13	
14	Limitation based on tax liability. Enter the amount from the Residential Energy Efficient Property Credit Limit Worksheet (see instructions) . . . . .	14	
15	<b>Residential energy efficient property credit.</b> Enter the smaller of line 13 or line 14. Also include this amount on Form 1040, line 53; or Form 1040NR, line 50 . . . . .	15	
16	Credit carryforward to 2016. If line 15 is less than line 13, subtract line 15 from line 13 . . . . .	16	

**Part II Nonbusiness Energy Property Credit**

<p><b>17a</b> Were the qualified energy efficiency improvements or residential energy property costs for your main home located in the United States? (see instructions) . . . . . ▶</p> <p><b>Caution:</b> If you checked the "No" box, you cannot claim the nonbusiness energy property credit. Do not complete Part II.</p>	<p><b>17a</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p><b>b</b> Print the complete address of the main home where you made the qualifying improvements.</p> <p><b>Caution:</b> You can only have one main home at a time.</p> <p>_____</p> <p>Number and street <span style="float: right;">Unit No.</span></p> <p>_____</p> <p>City, State, and ZIP code</p>	
<p><b>c</b> Were any of these improvements related to the construction of this main home? . . . . . ▶</p> <p><b>Caution:</b> If you checked the "Yes" box, you can only claim the nonbusiness energy property credit for qualifying improvements that were not related to the construction of the home. Do not include expenses related to the construction of your main home, even if the improvements were made after you moved into the home.</p>	<p><b>17c</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p><b>18</b> Lifetime limitation. Enter the amount from the Lifetime Limitation Worksheet (see instructions) . . . . .</p>	<p><b>18</b></p>
<p><b>19</b> Qualified energy efficiency improvements (original use must begin with you and the component must reasonably be expected to last for at least 5 years; do not include labor costs) (see instructions).</p>	
<p><b>a</b> Insulation material or system specifically and primarily designed to reduce heat loss or gain of your home that meets the prescriptive criteria established by the 2009 IECC . . . . .</p>	<p><b>19a</b> 550 .</p>
<p><b>b</b> Exterior doors that meet or exceed the Energy Star program requirements . . . . .</p>	<p><b>19b</b></p>
<p><b>c</b> Metal or asphalt roof that meets or exceeds the Energy Star program requirements and has appropriate pigmented coatings or cooling granules which are specifically and primarily designed to reduce the heat gain of your home . . . . .</p>	<p><b>19c</b></p>
<p><b>d</b> Exterior windows and skylights that meet or exceed the Energy Star program requirements . . . . .</p>	
<p><b>e</b> Maximum amount of cost on which the credit can be figured . . . . .</p>	<p><b>19d</b></p> <p><b>19e</b> \$2,000</p>
<p><b>f</b> If you claimed window expenses on your Form 5695 for 2006, 2007, 2009, 2010, 2011, 2012, 2013, or 2014, enter the amount from the Window Expense Worksheet (see instructions); otherwise enter -0- . . . . .</p>	<p><b>19f</b> 0 .</p>
<p><b>g</b> Subtract line 19f from line 19e. If zero or less, enter -0- . . . . .</p>	<p><b>19g</b> 2,000 .</p>
<p><b>h</b> Enter the smaller of line 19d or line 19g . . . . .</p>	<p><b>19h</b> 0 .</p>
<p><b>20</b> Add lines 19a, 19b, 19c, and 19h . . . . .</p>	<p><b>20</b> 550 .</p>
<p><b>21</b> Multiply line 20 by 10% (0.10) . . . . .</p>	<p><b>21</b> 55 .</p>
<p><b>22</b> Residential energy property costs (must be placed in service by you; include labor costs for onsite preparation, assembly, and original installation) (see instructions).</p>	
<p><b>a</b> Energy-efficient building property. Do not enter more than \$300 . . . . .</p>	<p><b>22a</b></p>
<p><b>b</b> Qualified natural gas, propane, or oil furnace or hot water boiler. Do not enter more than \$150 . . . . .</p>	<p><b>22b</b></p>
<p><b>c</b> Advanced main air circulating fan used in a natural gas, propane, or oil furnace. Do not enter more than \$50 . . . . .</p>	<p><b>22c</b></p>
<p><b>23</b> Add lines 22a through 22c . . . . .</p>	<p><b>23</b></p>
<p><b>24</b> Add lines 21 and 23 . . . . .</p>	<p><b>24</b> 55 .</p>
<p><b>25</b> Maximum credit amount. (If you jointly occupied the home, see instructions) . . . . .</p>	<p><b>25</b> 500 .</p>
<p><b>26</b> Enter the amount, if any, from line 18 . . . . .</p>	<p><b>26</b></p>
<p><b>27</b> Subtract line 26 from line 25. If zero or less, stop; you cannot take the nonbusiness energy property credit . . . . .</p>	<p><b>27</b> 500 .</p>
<p><b>28</b> Enter the smaller of line 24 or line 27 . . . . .</p>	<p><b>28</b> 55 .</p>
<p><b>29</b> Limitation based on tax liability. Enter the amount from the Nonbusiness Energy Property Credit Limit Worksheet (see instructions) . . . . .</p>	<p><b>29</b> 3,323 .</p>
<p><b>30</b> Nonbusiness energy property credit. Enter the smaller of line 28 or line 29. Also include this amount on Form 1040, line 53; or Form 1040NR, line 50 . . . . .</p>	<p><b>30</b> 55 .</p>

## ELECTRONIC POSTMARK - CERTIFICATION OF ELECTRONIC FILING

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Taxpayer: MATTHEW J MIJANGOS

Primary SSN:                     

Federal Return Submitted: March 09, 2016 05:56 PM PST

Federal Return Acceptance Date: 03/09/2016

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The Intuit Electronic Postmark shows the date and time Intuit received your federal tax return. The Intuit Electronic Postmark documents the filing date of your income tax return, and the electronic postmark information should be kept on file with your tax return and other tax-related documentation.

There are two important aspects of the Intuit Electronic Postmark:

### 1. THE INTUIT ELECTRONIC POSTMARK.

The electronic postmark shows the date and time Intuit received the federal return, and is deemed the filing date if the date of the electronic postmark is on or before the date prescribed for filing of the federal individual income tax return.

#### TIMELY FILING:

For your federal return to be considered filed on time, your return must be postmarked on or before midnight April 18, 2016. Intuit's electronic postmark is issued in the Pacific Time (PT) zone. If you are not filing in the PT zone, you will need to add or subtract hours from the Intuit Electronic Postmark time to determine your local postmark time. For example, if you are filing in the Eastern Time (ET) zone and you electronically file your return at 9 AM on April 18, 2016, your Intuit electronic postmark will indicate April 18, 2016, 6 AM. If your federal tax return is rejected, the IRS still considers it filed on time if the electronic postmark is on or before April 18, 2016, and a corrected return is submitted and accepted before April 23, 2016. If your return is submitted after April 23, 2016, a new time stamp is issued to reflect that your return was submitted after the IRS deadline and, consequently, is no longer considered to have been filed on time.

If you request an automatic six-month extension, your return must be electronically postmarked by midnight October 17, 2016. If your federal tax return is rejected, the IRS will still consider it filed on time if the electronic postmark is on or before October 17, 2016, and the corrected return is submitted and accepted by October 20, 2015.

### 2. THE ACCEPTANCE DATE.

Once the IRS accepts the electronically filed return, the acceptance date will be provided by the Intuit Electronic Filing Center. This date is proof that the IRS accepted the electronically filed return.

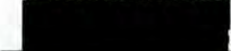
## File by Mail Instructions for your 2015 Ohio Tax Return

Important: Your taxes are not finished until all required steps are completed.



(If you prefer, you can still e-file. Go to the end of these instructions for more information.) Do not file these instructions.

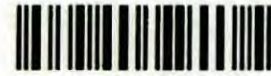
MATTHEW J MIJANGOS



<b>Balance Due/Refund</b>	Your Ohio state tax return (Form IT 1040) shows you are due a refund of \$262.00.												
<b>What You Need to Mail</b>	<p>Your tax return - The official return for mailing is included in this printout. Remember to sign and date the return.</p> <p>Include legible state copies of your W-2, W-2G, and 1099R forms on top of your return.</p> <p>Mail your return and attachments to: Ohio Department of Taxation P.O. Box 2679 Columbus, OH 43270-2679</p> <p>Deadline: Postmarked by April 18, 2016</p> <p>Don't forget correct postage on the envelope.</p>												
<b>What You Need to Keep</b>	Keep these instructions and a copy of your return for your records. If you did not print one before closing TurboTax, go back to the program and select File tab, then select the Print for Your Records category.												
<b>2015 Ohio Tax Return Summary</b>	<table><tr><td>Taxable Income</td><td>\$</td><td>33,304.00</td></tr><tr><td>Total Tax</td><td>\$</td><td>679.00</td></tr><tr><td>Total Payments/Credits</td><td>\$</td><td>941.00</td></tr><tr><td>Amount to be Refunded</td><td>\$</td><td>262.00</td></tr></table>	Taxable Income	\$	33,304.00	Total Tax	\$	679.00	Total Payments/Credits	\$	941.00	Amount to be Refunded	\$	262.00
Taxable Income	\$	33,304.00											
Total Tax	\$	679.00											
Total Payments/Credits	\$	941.00											
Amount to be Refunded	\$	262.00											
<b>Special Formatting</b>	Your printed state tax forms may have special formatting on them, such as bar codes or other symbols. This is to enable fast processing. Don't worry, these forms have been approved by your taxing authority and are acceptable for printing and mailing.												
<b>Changed Your Mind About e-filing?</b>	You can still file electronically. Just go back to TurboTax, select the File tab, then select the E-file category. We'll walk you through the process. Once you file, we will let you know if your return is accepted (or rejected) by the state taxing agency.												

Do not use staples. Use only black ink and UPPERCASE letters.

**2015 Universal IT 1040  
 Individual Income Tax Return**



15000133

**Note: For taxable year 2015 and forward, this form encompasses the IT 1040, IT 1040EZ and amended IT 1040X.**

Are you filing this as an **amended** return? Yes  No  If yes, attach Ohio IT RE, 2015 Reason and Explanation of Corrections

Is this a **Net Operating Loss (NOL)** carryback? Yes  No  If yes, attach Schedule IT NOL

Taxpayer Social Security no. (required) ▶▶ If deceased  Spouse's Social Security no. (if filing jointly) ▶▶ If deceased  Enter school district # for this return (see instructions).

First name  M.I. Last name  SD# ▶▶

MATTHEW J MIJANGOS

Spouse's first name (only if married filing jointly) M.I. Last name

Mailing address (for faster processing, use a street address)

City State ZIP code Ohio county (first four letters)

PARMA CUYA

Home address (if different from mailing address) – do NOT show city or state ZIP code Ohio county (first four letters)

Foreign country (if the mailing address is outside the U.S.) Foreign postal code

**Ohio Residency Status** – Check applicable box  
 Full-year resident  Part-year resident  Nonresident Indicate state ▶▶

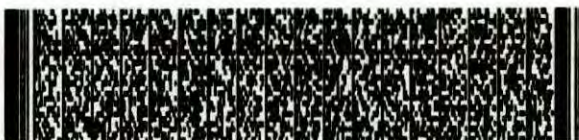
**Filing Status** – Check one (as reported on federal income tax return, with limited exceptions – see instructions)  
 Single, head of household or qualifying widow(er)

Check applicable box for spouse (only if married filing jointly)  
 Full-year resident  Part-year resident  Nonresident Indicate state ▶▶  
 Married filing jointly Married filing separately Yes No

**Ohio Political Party Fund**  
 Do you want \$1 to go to this fund? Yes No Did you file federal extension form 4868? Yes No  
 Is someone else claiming you or your spouse (if joint return) as a dependent? If yes, enter "0" on line 4. Yes No

Note: Checking "Yes" will not increase your tax or decrease your refund.

1. Federal adjusted gross income (from IRS forms 1040, line 37; 1040A, line 21; 1040EZ, line 4; 1040NR, line 36; or 1040NR-EZ, line 10).....	1.	35 504 00
2a. Additions to federal adjusted gross income (attach Ohio Schedule A, line 11) .....	2a.	
2b. Deductions from federal adjusted gross income (attach Ohio Schedule A, line 35).....	2b.	
3. Ohio adjusted gross income (line 1 plus line 2a minus line 2b) .....	3.	35 504 00
4. Personal and dependent exemption deduction (if claiming dependent(s), attach Schedule J).....	4.	2 200 00
5. Ohio income tax base (line 3 minus line 4; if less than -0-, enter -0-).....	5.	33 304 00
6. Taxable business income (attach Ohio Schedule IT BUS, line 13) .....	6.	
7. Line 5 minus line 6 (if less than -0-, enter -0-).....	7.	33 304 00



Enclose your federal income tax return if line 1 of this return is -0- or negative.

Postmark date Code



**2015 Universal IT 1040  
 Individual Income Tax Return**



15000233

SSN [REDACTED]

7a. Amount from line 7 on page 1 .....	7a.	33 304 00
8a. Tax liability on line 7a (see instructions for tax tables) .....	8a.	679 00
8b. Business income tax liability (attach Ohio Schedule IT BUS, line 14).....	8b.	
8c. Tax liability before credits (line 8a plus line 8b).....	8c.	679 00
9. Ohio nonrefundable credits/grants (attach Ohio Schedule of Credits, line 35) .....	9.	0 00
10. Tax liability after nonrefundable credits/grants (line 8c minus line 9; if less than -0-, enter -0-).....	10.	679 00
11. Interest penalty on underpayment of estimated tax (attach Ohio IT/SD 2210) .....	11.	
12. Sales and use tax due on Internet, mail order or other out-of-state purchases (see instructions). If you certify that no sales or use tax is due, check the box to the right.....	<input checked="" type="checkbox"/> 12.	
13. <b>Total Ohio tax liability</b> before withholding or estimated payments (add lines 10, 11 and 12).....	13.	679 00
14. Ohio income tax withheld (W-2, box 17; W-2G, box 15; 1099-R, box 12).....	14.	941 00
15. Estimated and extension payments made (2015 Ohio IT 1040ES and/or IT 40P) and credit carryforward from previous year return .....	15.	
16. Refundable credits (attach Ohio Schedule of Credits, line 41).....	16.	
17. <b>Amended return only</b> – amount previously paid with original/amended return.....	17.	
18. <b>Total Ohio tax payments</b> (add lines 14, 15, 16 and 17).....	18.	941 00
19. <b>Amended return only</b> – overpayment previously received on original/amended return.....	19.	
20. Line 18 minus line 19 .....	20.	941 00

**If line 20 is MORE THAN line 13, skip to line 24. OTHERWISE, continue to line 21.**

21. Tax liability (line 13 minus line 20).....	21.	
22. Interest and penalty due on late filing or late payment of tax (see instructions).....	22.	
23. <b>TOTAL AMOUNT DUE</b> (line 21 plus line 22). Enclose Ohio IT 40P (if original return) or IT 40XP (if amended return) and make check payable to "Ohio Treasurer of State".....	23.	
24. Overpayment (line 20 minus line 13).....	24.	262 00
25. <b>Original return only</b> – amount of line 24 to be credited toward 2016 income tax liability.....	25.	
26. Amount of line 24 to be donated: a. Military injury relief      b. Ohio History Fund      c. State nature preserves  d. Breast / cervical cancer      e. Wishes for Sick Children      f. Wildlife species  Total.....	26g.	
27. <b>YOUR REFUND</b> (line 24 minus lines 25 and 26g).....	27.	262 00

**Sign Here (required):** I have read this return. Under penalties of perjury, I declare that, to the best of my knowledge and belief, the return and all enclosures are true, correct and complete.

▶ Your signature \_\_\_\_\_ Date (MM/DD/YYYY) \_\_\_\_\_  
 ▶ Spouse's signature (see instructions) \_\_\_\_\_ Phone number (optional) \_\_\_\_\_  
**SELF - PREPARED**  
 Preparer's printed name (see Instructions) PTIN \_\_\_\_\_ Phone number \_\_\_\_\_  
 Do you authorize your preparer to contact us regarding this return? Yes  No

**If your refund is \$1.00 or less, no refund will be issued.  
 If you owe \$1.00 or less, no payment is necessary.**

**NO Payment Enclosed – Mail to:**  
 Ohio Department of Taxation  
 P.O. Box 2679  
 Columbus, OH 43270-2679  
  
**Payment Enclosed – Mail to:**  
 Ohio Department of Taxation  
 P.O. Box 2057  
 Columbus, OH 43270-2057

# 2015 City of Parma Income Tax Return

www.cityofparma-oh.gov

Mail this return to THE CITY OF PARMA, DIVISION OF TAXATION, P.O. BOX 94734, Cleveland, OH 44101-4734, on or before April 15, 2016 or by the 15th day of the fourth month after the close of a fiscal year or period. Phone: (440) 885-8045

PARMA ACCOUNT NO. 144022-S

IF YOU MOVED OR HAD ANY CHANGE IN STATUS DURING 2016, THIS BLOCK MUST BE COMPLETED.

Date moved into Parma 12-14-15  
 Previous Address [REDACTED]  
 Date moved out of [REDACTED]  
 Present Address [REDACTED]  
 If retired, give date \_\_\_\_\_  
 Other Status Change & Date \_\_\_\_\_

Filing Status:  Individual  Joint  Corporation  Partnership

DATE OF BIRTH, IF UNDER 18 IN 2015: \_\_\_\_\_



\*\*\*\*\*5-DIGIT 44109 0025949  
 00025949  
 MIJANGOS, MATTHEW

[REDACTED] Social Security Number

Spouse's Social Security Number

Filing for 2015 calendar year  
 Filing for fiscal year ending 12/31

1. WAGES AND COMPENSATION (From W-2's only)

CAUTION: A copy of all W-2 Forms MUST be attached.

COLUMN 1	COLUMN 1A	COLUMN 1B	COLUMN 1C	COLUMN 1D	COLUMN 1e
LIST EACH WORK CITY	Total Wages (As shown on W-2 Form)	Withheld for Parma	Withheld for Other Cities	2 % of Col. 1A See instructions	Lesser of Column 1C or 1D
Highland Hills	\$ 39,011.25	\$ 0	\$ 975.23	\$ 780.23	\$ 780.23
<b>COLUMN TOTALS</b>	\$ 39,011.25 Post (To Line 2)	\$ 0 Post (To Line 9b)			\$ 780.23 Post (To Line 9c)

OTHER INCOME

- 2) ENTER TOTAL OF COLUMN 1A. SEE INSTRUCTIONS BEFORE GOING TO LINE 3 . . . . . 2 \$ 39,011.25
- 3) INCOME OTHER THAN WAGES FROM PAGE 2 (ATTACH FEDERAL SCHEDULES) . . . . . 3 \$
- 4) TOTAL INCOME (TOTAL OF LINE 2 AND LINE 3) (DO NOT DEDUCT LOSS FROM W-2 INCOME) . . . . . 4 \$ 39,011.25
- 5) (A) ITEMS NOT DEDUCTIBLE (FROM LINE M SCHEDULE X) . . . . . ADD \$
- (B) ITEMS NOT TAXABLE (FROM LINE Z SCHEDULE X) . . . . . DEDUCT \$
- (C) ENTER EXCESS OF LINE 5A OR 5B . . . . . 5C \$
- 6) (A) ADJUSTED NET INCOME (LINE 4, PLUS OR MINUS LINE 5C) IF SCHEDULE X IS USED . . . . . 6A \$
- (B) AMOUNT ALLOCABLE TO PARMA % OF LINE 6A NON-RESIDENT BUSINESSES ONLY . . . . . 6B \$
- (C) LESS ALLOCABLE NET LOSS PER PREVIOUS CITY INCOME TAX RETURNS (SUBMIT SCHEDULE) . . . . . 6C \$
- 7) AMOUNT SUBJECT TO CITY INCOME TAX (LINE 6A OR 6 B LESS LINE 6C) . . . . . 7 \$ 39,011.25

- 8) PARMA CITY TAX, 2.5%. MULTIPLY TOTAL OF LINE 7 BY 2.5% . . . . . 8 \$ 975.28
- 9A) ESTIMATED PAYMENTS AND PRIOR YEAR CREDIT . . . . . 9A \$ 97.00
- 9B) WITHHELD FOR PARMA (FROM 1B) . . . . . 9B \$
- 9C) CREDIT FOR OTHER CITIES (FROM 1E) . . . . . 9C \$ 780.23
- 9D) DIRECT PAYMENTS TO OTHER CITIES (SEE INSTRUCTIONS) . . . . . 9D \$
- 9E) TOTAL PAYMENTS AND CREDIT'S (ADD LINES 9A THROUGH 9D) . . . . . 9E \$ 872.23
- 10) TAX DUE, LINE 8 LESS LINE 9E . . . . . IF OVERPAID SEE INSTRUCTIONS . . . . . 10 \$ 103.05
- 11) PENALTY AND INTEREST, 11A PENALTY \$ . . . . . 11 B INTEREST \$ . . . . . (ADD LINE 11A & 11B) . . . . . 11C \$
- 12) BALANCE DUE (COMBINE LINES 10 & 11 C) . . . . . 12 \$ 103.05
- 13) OVERPAYMENT (IF LINE 12 IS LESS THAN ZERO)
- 13A) REFUND (IF \$1.00 OR MORE) \$ . . . . . 13B CREDIT TO 2016 ESTIMATED TAX \$

DECLARATION OF ESTIMATED TAX FOR YEAR 2016

- 14) ESTIMATED TAX (SEE INSTRUCTIONS)
- A. ESTIMATED TAX LIABILITY 2016 NOTE TAX RATE & CREDIT CHANGE . . . . . 14A \$
- B. QUARTERLY ESTIMATED TAX DUE, 1/4 OF 14 A LESS CREDIT FROM 13B . . . . . 14B \$
- 15) TOTAL DUE CITY OF PARMA (ADD LINES 12 AND 14B) MAKE CHECK PAYABLE TO: CITY OF PARMA DIV. OF TAX . . . . . 15 \$ 103.05

I CERTIFY I HAVE EXAMINED THIS RETURN INCLUDING ACCOMPANYING SCHEDULES AND STATEMENTS, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE AND CORRECT.

Signature of Person Preparing, If Other Than Taxpayer  
 Esteban Rodriguez  
 Name and Address of Firm

216-253-3826

Signature of Taxpayer or Agent


Date

May the city discuss this return with the tax preparer?  
 Yes  No

PARMA

CITY OF PARMA  
DIVISION OF TAXATION &  
TREASURY  
Cash Receipt

JUL 20, 2015

Account Number : 144022-S  
Social Security Number: 6986  
Name : MIJANGOS, MATTHEW  
Address : 

Check/Cash Amount : \$92.00  
Deposit No. : 18281  
Deposit Date : 07/20/2015

P-1040

# 2015 City of Parma Income Tax Return

www.cityofparma-oh.gov

Mail this return to THE CITY OF PARMA, DIVISION OF TAXATION, P.O. BOX 94734, Cleveland, OH 44101-4734, on or before April 15, 2016 or by the 15th day of the fourth month after the close of a fiscal year or period. Phone: (440) 885-8045

PARMA ACCOUNT NO. 144022-S

IF YOU MOVED OR HAD ANY CHANGE IN STATUS DURING 2015, THIS BLOCK MUST BE COMPLETED.

Date moved into Parma \_\_\_\_\_  
Previous Address \_\_\_\_\_  
Date moved out of Parma \_\_\_\_\_  
Present Address \_\_\_\_\_  
If retired, give date \_\_\_\_\_  
Other Status Change & Date \_\_\_\_\_

Filing Status:  Individual  Joint  Corporation  Partnership

DATE OF BIRTH, IF UNDER 18 IN 2015: \_\_\_\_\_



\*\*\*\*\*5-DIGIT 44109 0025949

MIJANGOS, MATTHEW



Your Social Security Number \_\_\_\_\_

Spouse's Social Security Number \_\_\_\_\_

Filing for 2015 calendar year  
 Filing for fiscal year ending 12/31

### 1. WAGES AND COMPENSATION (From W-2's only)

CAUTION: A copy of all W-2 Forms MUST be attached.

COLUMN 1	COLUMN 1A	COLUMN 1B	COLUMN 1C	COLUMN 1D	COLUMN 1e
LIST EACH WORK CITY	Total Wages (As shown on W-2 Form)	Withheld for Parma	Withheld for Other Cities	% of Col. 1A See Instructions	Lesser of Column 1C or 1D
	\$	\$	\$	\$	\$
<b>COLUMN TOTALS</b>	\$	\$			\$
	Post (To Line 2)	Post (To Line 8b)			Post (To Line 8c)

LINE

### OTHER INCOME

- 2) ENTER TOTAL OF COLUMN 1A. SEE INSTRUCTIONS BEFORE GOING TO LINE 3 . . . . . 2 \$
- 3) INCOME OTHER THAN WAGES FROM PAGE 2 (ATTACH FEDERAL SCHEDULES) . . . . . 3 \$
- 4) TOTAL INCOME (TOTAL OF LINE 2 AND LINE 3) (DO NOT DEDUCT LOSS FROM W-2 INCOME) . . . . . 4 \$
- 5) (A) ITEMS NOT DEDUCTIBLE (FROM LINE M SCHEDULE X) . . . . . ADD \$
- (B) ITEMS NOT TAXABLE (FROM LINE Z SCHEDULE X) . . . . . DEDUCT \$
- (C) ENTER EXCESS OF LINE 5A OR 5B . . . . . 5C \$
- 6) (A) ADJUSTED NET INCOME (LINE 4, PLUS OR MINUS LINE 5C) IF SCHEDULE X IS USED . . . . . 6A \$
- (B) AMOUNT ALLOCABLE TO PARMA \_\_\_\_\_ % OF LINE 6A NON-RESIDENT BUSINESSES ONLY . . . . . 6B \$
- (C) LESS ALLOCABLE NET LOSS PER PREVIOUS CITY INCOME TAX RETURNS (SUBMIT SCHEDULE) . . . . . 6C \$
- 7) AMOUNT SUBJECT TO CITY INCOME TAX (LINE 6A OR 6 B LESS LINE 6C) . . . . . 7 \$

- 8) PARMA CITY TAX, 2.5%. MULTIPLY TOTAL OF LINE 7 BY 2.5% . . . . . 8 \$
- 9A) ESTIMATED PAYMENTS AND PRIOR YEAR CREDIT . . . . . 9A \$
- 9B) WITHHELD FOR PARMA (FROM 1B) . . . . . 9B \$
- 9C) CREDIT FOR OTHER CITIES (FROM 1E) . . . . . 9C \$
- 9D) DIRECT PAYMENTS TO OTHER CITIES (SEE INSTRUCTIONS) . . . . . 9D \$
- 9E) TOTAL PAYMENTS AND CREDITS (ADD LINES 9A THROUGH 9D) . . . . . 9E \$
- 10) TAX DUE, LINE 8 LESS LINE 9E IF OVERPAID SEE INSTRUCTIONS . . . . . 10 \$
- 11) PENALTY AND INTEREST. 11A PENALTY \$ . . . . . 11 B INTEREST \$ (ADD LINE 11A & 11B) . . . . . 11C \$
- 12) BALANCE DUE (COMBINE LINES 10 & 11 C) . . . . . 12 \$
- 13) OVERPAYMENT (IF LINE 12 IS LESS THAN ZERO)
- 13A)  REFUND (IF \$1.00 OR MORE) \$ . . . . . 13B  CREDIT TO 2016 ESTIMATED TAX \$

### DECLARATION OF ESTIMATED TAX FOR YEAR 2016

- 14) ESTIMATED TAX (SEE INSTRUCTIONS)
- A. ESTIMATED TAX LIABILITY 2016 NOTE TAX RATE & CREDIT CHANGE . . . . . 14A \$
- B. QUARTERLY ESTIMATED TAX DUE, 1/4 OF 14 A LESS CREDIT FROM 13B . . . . . 14B \$
- 15) TOTAL DUE CITY OF PARMA (ADD LINES 12 AND 14B) MAKE CHECK PAYABLE TO: CITY OF PARMA DIV. OF TAX . . . . . 15 \$

I CERTIFY I HAVE EXAMINED THIS RETURN INCLUDING ACCOMPANYING SCHEDULES AND STATEMENTS, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE AND CORRECT.

Signature of Person Preparing, if Other Than Taxpayer \_\_\_\_\_

Name and Address of Firm \_\_\_\_\_ Phone \_\_\_\_\_

Signature of Taxpayer or Agent \_\_\_\_\_ Date \_\_\_\_\_

Signature of Spouse if Joint Return \_\_\_\_\_ Date \_\_\_\_\_

May the city discuss this return with the tax preparer?  Yes  No

Business Name \_\_\_\_\_ Federal Identification No. \_\_\_\_\_  
Business Address \_\_\_\_\_ Nature of Business \_\_\_\_\_

**SCHEDULE C RETURNS WILL NOT BE ACCEPTED WITHOUT COPIES OR FACSIMILES OF FEDERAL SCHEDULES C AND E, FORMS 1120 AND 1120S AND 1065 WHEN APPLICABLE.**

**SCHEDULE C or FORM 1120 PROFIT (OR LOSS) FROM BUSINESS OR PROFESSION**  
1. Net profit or loss per Federal Income Tax Return \$ \_\_\_\_\_ LOSSES ENTER IN ( ) \$ \_\_\_\_\_

**SCHEDULE G Income from Rents - from Federal Schedule E**

KIND & LOCATION OF PROPERTY	AMOUNT OF RENT	DEPRECIATION	REPAIRS	OTHER EXPENSES	NET INCOME (OR LOSS)

NET INCOME SCHEDULE G LOSSES ENTER IN ( ) \$ \_\_\_\_\_

**SCHEDULE H All Other Taxable Income**

INCOME FROM PARTNERSHIPS, ESTATES & TRUSTS: FEES, TIPS, COMMISSIONS, AND MISCELLANEOUS

RECEIVED FROM	FOR (DESCRIBE)	AMOUNT

TOTAL INCOME SCHEDULE \$ \_\_\_\_\_

**TOTAL From Schedules C, G & H. Enter on Page 1, Line 3 LOSSES ENTER IN ( ) \$ \_\_\_\_\_**

**SCHEDULE X RECONCILIATION WITH FEDERAL INCOME TAX RETURN (BUSINESS ONLY)**

ITEMS NOT DEDUCTIBLE		ADD	ITEMS NOT TAXABLE		DEDUCT
a. Capital Losses (Excluding Ordinary Losses)		\$ _____	n. Capital gains (Excluding Ordinary Gains, see instructions)		\$ _____
b. Expenses incurred in the production of non-taxable income (At least 5% of Line Z)		_____	o. Interest income		_____
c. Taxes based on income		_____	p. Dividends		_____
d. Net operating loss deduction per Federal Return		_____	q. Other (Explain) See instructions		_____
e. Payments to partners		_____			
f. Sick pay not included in Line 1 Page 1		_____			
g. Contributions, limited to 10%		_____			
h. Other expenses not deductible (Explain)		_____			
m. Total Additions (enter as Line 5a Page 1)		\$ _____	z. Total Deductions (enter as Line 5B Page 1)		\$ _____

**SCHEDULE Y BUSINESS APPORTIONMENT FORMULA (Non-Resident Business Entities Only)**

	a. LOCATED EVERYWHERE	b. LOCATED IN THIS MUNICIPALITY	c. PERCENTAGE (b ÷ a)
STEP 1 AVG. VALUE OF REAL & TANG. PERSONAL PROPERTY	_____	_____	
GROSS ANNUAL RENTALS PAID MULTIPLIED BY 8 TOTAL STEP 1.	_____	_____	_____ %
STEP 2 GROSS RECEIPTS FROM SALES MADE AND/OR WORK OR SERVICES PERFORMED (SEE INSTRUCTIONS)	_____	_____	_____ %
STEP 3 WAGES, SALARIES, AND OTHER COMPENSATION PAID	_____	_____	_____ %
STEP 4 TOTAL PERCENTAGES			_____ %
STEP 5 AVERAGE PERCENTAGE (Divide Total Percentages by Number)			Carry to Line 6b, Page 1 _____ %

**SCHEDULE Z Partners' Distributive Shares of Net Income - From Federal Schedules 1065K and 1099**

1. NAME AND MUNICIPALITY OR TOWNSHIP OF EACH PARTNER	2. Resident		3. Distributive Shares of Partners		4. Other Payments	5. Taxable Percentage	6. Amount Taxable
	Yes	No	Percent	Amount			
				\$ _____	\$ _____		\$ _____
7. TOTALS from Schedule C and Schedule H Above			100	\$ _____			

PRE-EMPLOYMENT TEST QUESTIONS  
(POLICE OFFICER)

MARINA M. JAMES

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

DEPT. APPLYING WITH \_\_\_\_\_

- |  |    |                  |          |          |
|--|----|------------------|----------|----------|
| 1. Are you holding back any information about the address where you presently live?  | NO | NO               | Response | Initials |
| 2. Are you holding back any back information about your plans to hold this job only temporarily?   | NO |                  | Response | Initials |
| 3. Are you holding back any information about a job from which you were fired or asked to leave?   | NO |                  | Response | Initials |
| 4. Are you holding back any information about a debt in which you are behind in payment?   | NO | Edgy like credit | Response | Initials |
| 5. Are you holding back any information about any court conviction including minor traffic violations?   | NO |                  | Response | Initials |
| 6. Are you holding back any information about your involvement in any sexual activities that could disqualify you for this position?               | NO |                  | Response | Initials |
| 7. Are you holding back any information about an undetected crime in which you were involved?  | NO |                  | Response | Initials |
| 8. Are you holding back any information about any social networking site you have ever been affiliated with?                                       | NO |                  | Response | Initials |
| 9. Are you holding back any information about ever doing anything in the past that could open you up to blackmail?                                 | NO |                  | Response | Initials |
| 10. Are you holding back any information about having stolen anything from any of your past or present employer?                                   | NO |                  | Response | Initials |
| 11. Are you holding back any information about an intentional false entry on your employment application with the Maple Heights Police Department? | NO |                  | Response | Initials |
| 12. Are you holding back any information about recently using, buying, or selling any illegal drug, including Marijuana?                           | NO |                  | Response | Initials |
| 13. Are you holding back any information about the actual amount of your alcohol consumption?  | NO |                  | Response | Initials |
| 14. Are you holding back any information about your willingness to report dishonest or illegal activities by fellow employees?                     | NO |                  | Response | Initials |

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

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

MAHARU MIZANOS

### New Officer Training Questionnaire

What Police Academy Did you attend? TRI-C (2007)

In your opinion name one area or thing that you feel your academy trained you well? Responsibility

In your opinion name one area or thing that you feel you academy did not provide adequate training? Honor  
ward

#### Firearms Training

At your Academy (or prior department) did you receive training on or qualify with any of the following:

Semi Auto Pistol

Revolver

Patrol Rifle

Shotgun

Other (specify) Karben - Arms

(These are the only)

Do you have any prior firearms experience or training (i.e. Military or Hunting) NO

What do you feel are your strengths with firearms? Shooting - 20ft + 50ft

What do you feel are your weakness or areas you may need more training in? Dismantling Rifle + Semi-Auto

#### Defense Tactics

At your Academy (or prior department) did you receive training or certification in any of the following?

Subject control tactics (name system)

OC/pepper spray

Baton (name)

Taser/ECD

Do have any prior defensive tactics, martial arts, MMA experience? (explain) NO

What do you feel are your strengths in defensive tactics? Positioning

What do you feel are your weaknesses or areas you need more training in? Submission moves

#### Reality Based/Scenario Training/Force on Force/Real Life Experience

At your Academy (or prior department) did you have or participate in any of the following training?

Redman/Force on Force training (empty hand, baton or both) Sudden Assault Training

Airsoft/Simunitions Training Roleplaying/Scenario Based training (traffic stops, active shooter, etc.)

Simulator Training (driving or firearms) Driving Skills (any extra schooling or training)

Please briefly explain the worst physical confrontation that you have been in: MALE on drugs who WAS kicking in Apartment doors, I located male a block away from initial call. After placing this male in the back seat of the cruiser, he began slamming his head against the rear window. To protect himself from injuries, we had to drag him out the cruiser where he began to fight us. Due to the injuries to his head from the window, he was transported to the hospital. There, with no back up and the male not shackled (Doc orders), the male began fight me and medical staff. During the fight, the male was able to grab my badge

On tear it from my Uniform shirt. Mike then threw  
badge at my face which caused a small laceration above  
my left eye.



**Miscellaneous / Prior Police Experience**

Do you feel that you have strong verbal skills? Have you had to talk to people in the past to de-escalate a tense or very hostile situation? Explain- *YES. De-escalation is my first form of defense in every situation.*

Have you have any additional training in de-escalation techniques? Any kind of Crisis Intervention Training? *YES - 2017*

If you have prior police experience, please briefly describe you most serious call. *Home invasion shooting (2015). With NO supervision, I was in charge of the most serious crime in Highland Hills in my 6yr career there. Based on my actions, I was verbally commended.*

Have you ever been in a foot or vehicle pursuit? If so briefly explain. *YES. Approximately 15 pursuits total (foot and/or vehicle).*

Have you ever used force on a subject to affect an arrest or defend yourself? *YES. An Arm-bar take-down on male lounge toward my ~~weapon~~ - side. And female OVI with children in her back seat, she had to be forced handcuffed using wrist-lock technique.*

Have you received any legal training on use of force? *YES, not sure what year.*

Explain Graham vs Connor?

Explain Tennessee vs. Garner?



# Certification of Birth Registration State Of Ohio

No. 122139

DATE FILED 0/25/84

REGISTRAR'S NUMBER 198400218

CHILD'S NAME  
MATTHEW JAMS MIJANGOS

SEX  
MALE

DATE OF BIRTH  
[REDACTED]

PLACE OF BIRTH  
METROHEALTHMED CNTR

CITY OF BIRTH  
CLEVELAND

MOTHER'S MAIDEN NAME  
[REDACTED]

MOTHER'S AGE

24

MOTHER'S PLACE OF BIRTH

OHIO

FATHER'S NAME  
[REDACTED]

FATHER'S AGE

31

FATHER'S PLACE OF BIRTH

GU

DATE ISSUED 09/1/97

THIS IS A TRUE CERTIFICATION OF NAME AND  
BIRTH FACTS RECORDED IN THIS OFFICE

*[Signature of Michael R. White]*

MICHAEL R. WHITE, MAYOR

(NOT VALID UNLESS RAISED SEAL OF THE CITY OF CLEVELAND IS EMBOSSED)

*[Signature of Robert J. Hall]*

ROBERT J. HALL, REGISTRAR

THE REPRODUCTION OF THIS DOCUMENT IS PROHIBITED BY LAW  
ANY ALTERATION WILL BE PROSECUTED TO THE FULL EXTENT OF THE LAW

JOHN R. KASICK, GOVERNOR  
Comptroller of Public Accounts, BSM

1855US6634100200

Class  
D

**Ohio**

USA DRIVER LICENSE

**MJANGOS**  
MATTHEW

██████████

██████████

██████████

ISSUE DATE 01-04-2021

SEX: M HT: 5-10 WT: 196  
HAIR: BRO EYES: BLK

*Matthew M. Jangos*



*By Authority of the Board of Education of the  
Cleveland Municipal School District, Cleveland, Ohio*

# Max S. Hayes Vocational High School

*has awarded this*

## Diploma

*to*

**Matthew James Mirangos**

*who has satisfactorily completed the requirements prescribed for graduation  
from the High Schools of the Cleveland Municipal School District*

*May 30, 2002*

*Barbara Boyd-Beard*  
Chief Executive Officer

*Paul E. Blouin*  
Principal



*Hilton D. Smith*  
Chair, Board of Education

*Albert Johnson*  
Chief Financial Officer



772980

Name: MATTHEW J MIJANGOS

Student ID: ██████████ 0110411884

Official UNDERGRADUATE ACADEMIC RECORD

Fall 2004

Current Academic Program:  
College of Business Administration

Major: Pre-Business Management

Fall 2002

Admitted Program:  
College of Business Administration

Major: Pre-Business Management

Kent Campus		
CLAS-21201	ENG WORDS-CLAS ELEMENTS	D 3.00 3.00
ENG-10000	INTRO TO COLLEGE ENGLISH	C 3.00 6.00
GEOG-17064	GEOG U.S. & CANADA	D 3.00 3.00
MATH-10905	INTRO-COLLEGE MATH	W (3.00)
MUS-22111	UNDERSTANDING MUSIC	W (3.00)
PHY-21430	FRONTIERS IN ASTRONOMY	D 3.00 3.00

	AHRS	EHRS	QHRS	QPTS	GPA
Current	18.00	12.00	12.00	15.00	1.250
Cumulative	45.00	26.00	25.00	52.00	2.080

Spring 2005

Kent Campus		
ENG-10000	INTRO TO COLLEGE ENGLISH	D 3.00 3.00
Repeated Spring 2004 Effective Spring 2004		
MATH-10004	DEVELOPMENTAL MATHEMATICS	F (4.00)
Repeated Spring 2004 Effective Spring 2004		
PHY-11030	7 IDEAS-SHOOK UNIVERSE	F (3.00)
Repeated Spring 2004 Effective Spring 2004		
US-10001	UNIVERSITY ORIENTATION	S 1.00
US-10006	STUDY STRATEGIES COLLEGE	D 3.00 3.00
Repeated Spring 2004 Effective Spring 2004		

Kent Campus		
BUS-10123	EXPLORING BUSINESS	C 3.00 6.00
ENG-10001	COLLEGE ENGLISH I	C 3.00 6.00
HAIS-24053	COMPUTER APPLICATIONS	C 3.00 6.00
MATH-10005	INTRO-COLLEGE MATH	C 3.00 6.00
MUS-22111	UNDERSTANDING MUSIC	C 3.00 6.00

	AHRS	EHRS	QHRS	QPTS	GPA
Current	15.00	15.00	15.00	30.00	2.000
Cumulative	60.00	41.00	40.00	82.00	2.050

Spring 2006

ACADEMIC PROBATION  
Academic Dismissal, effective Fall 2002

	AHRS	EHRS	QHRS	QPTS	GPA
Current	14.00	7.00	13.00	6.00	0.462
Cumulative	14.00	7.00	13.00	6.00	0.462

Spring 2004

Kent Campus		
ENG-10002	COLLEGE ENGLISH II	F (3.00)
JUS-12000	INTRO-JUSTICE STUDIES	C 3.00 6.00
PSYC-11762	GENERAL PSYCHOLOGY	F (3.00)
SPAN-18202	ELEMENTARY SPANISH II	D 4.00 4.00
THEA-11000	THE ART OF THE THEATRE	C- 3.00 5.10

ACADEMIC PROBATION  
Academic Dismissal, effective Spring 2006

	AHRS	EHRS	QHRS	QPTS	GPA
Current	16.00	10.00	16.00	15.10	0.944
Cumulative	76.00	51.00	56.00	97.10	1.734

End of UNDERGRADUATE ACADEMIC RECORD

Kent Campus		
ENG-10000	INTRO TO COLLEGE ENGLISH	D 3.00 3.00R
MATH-10004	DEVELOPMENTAL MATHEMATICS	A 4.00 16.00R
PHY-11030	7 IDEAS-SHOOK UNIVERSE	B 3.00 9.00R
US-10006	STUDY STRATEGIES COLLEGE	B 3.00 9.00R

Reinstated

	AHRS	EHRS	QHRS	QPTS	GPA
Current	13.00	13.00	13.00	37.00	2.846
Repeat Adj	-6.00	-13.00	-6.00		
Cumulative	27.00	14.00	13.00	37.00	2.846

No Further Entries This Column

Provided Solely For:

MATTHEW J. MIJANGOS  
ISSUED TO STUDENT

1 of 1

Printed:  
10-18-07



Glenn Davis, University Registrar

In accordance with the Family Educational Rights and Privacy Act of 1974, all amended transcripts may not be released to a third party without the written consent of the student.

KENT STATE UNIVERSITY KENT STATE UNIVERSITY KENT STATE UNIVERSITY KENT STATE UNIVERSITY KENT STATE UNIVERSITY KENT STATE UNIVERSITY



P.O. Box 94638, Palatine, Illinois 60094-4638  
<http://www.sss.gov>

January 2, 2008

MATTHEW J MIJANGOS  
[REDACTED]

Dear Mr. MIJANGOS:

We are responding to your recent inquiry concerning your registration status.

You are registered with the following information:

Name: MATTHEW J MIJANGOS  
Selective Service Number: 84-0129397-5  
Effective Date: 03-06-02  
Date of Birth: [REDACTED]

Once a man is registered, his only obligation is to keep the Selective Service System notified of changes in his address until he reaches age 26.

Sincerely,

William A. Chatfield  
Director

TEL25-MAR 31, 97

# Certificate of Completion

CUYAHOGA COMMUNITY COLLEGE

*Matthew J. Mijangos*

*Has successfully completed the*

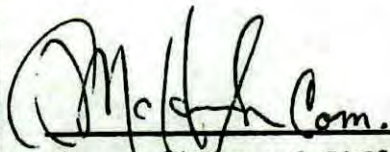
**OHIO BASIC PEACE OFFICER TRAINING ACADEMY**

**BAS 07-033**

*Consisting of 638 contact hours*

*February 24 2007 through September 8, 2007*

*Awarded this 28th day of September 2007*

  
Commander Ibrence J. McHugh



  
Director Douglas E. Dombroski





**Asterisk-Free Checking Account**

**Account:** [REDACTED]

Statement Activity From:  
01/20/18 to 02/15/18

<b>Beginning Balance</b>	<b>\$841.32</b>
Credits (+)	3,513.62
Debits (-)	2,811.59
Total Fees (-)	0.00
<b>Ending Balance</b>	<b>\$1,543.35</b>
Average Balance	984.10
Low Balance	331.16

Your savings account [REDACTED] is tied for overdraft protection to account 02664283070.

**Deposit / Credit Activity (+)**

**Account:** [REDACTED]

Date	Description	Amount
01/24	OFF DUTY SERVICE PAYROLL 180123 6986	139.50
01/25	ATM CASH DEPOSIT	400.00
01/31	MM HR PAYROLL PAYROLL 180131 100415	730.20
02/01	SAFE CHOICE LLC PAYROLL 74823700007131X	464.04
02/02	DEPOSIT	450.00
02/02	VILLAGE OF WELLI PAYROLL 180202 0407	390.68
02/14	MM HR PAYROLL PAYROLL 180214 100415	774.90
02/15	SAFE CHOICE LLC PAYROLL 75016800003611X	164.30

**ATM Withdrawal Activity (-)**

**Account:** [REDACTED]

Date	Description	Amount
01/22	HUNTINGTON ATM CASH WITHDRAWAL 4951 RIDGE ROAD PARMA OH 5175461660179021	80.00
01/29	HUNTINGTON ATM CASH WITHDRAWAL 6660 RIDGE ROAD PARMA OH 5175461660179021	100.00
02/05	HUNTINGTON ATM CASH WITHDRAWAL 817 N MAIN ST WELLINGTON OH 5175461660179021	200.00
02/07	HUNTINGTON ATM CASH WITHDRAWAL 817 N MAIN ST WELLINGTON OH 5175461660179021	20.00
02/12	HUNTINGTON ATM CASH WITHDRAWAL 817 N MAIN ST WELLINGTON OH 5175461660179021	20.00
02/14	HUNTINGTON ATM CASH WITHDRAWAL 6660 RIDGE ROAD PARMA OH 5175461660179021	20.00

THE HUNTINGTON NATIONAL BANK  
PO BOX 1558 EA1W37  
COLUMBUS OH 43216-1558



MATTHEW MIJANGOS  
[REDACTED]

Have a Question or Concern?

Stop by your nearest [Customer](#)  
Huntington office or [Information](#)  
contact us at: [Privacy Notice](#)

1-800-480-BANK (2265)

[www.huntington.com](http://www.huntington.com)

### ***Huntington Relationship Summary***

Statement Period from 01/20/18 to 02/15/18

#### ***Account Balances***

<b>Account Type</b>	<b>Number</b>	<b>Date</b>	<b>Balance</b>
Asterisk-Free Checking	[REDACTED]	02/15	1,543.35
	<b>Total Balance</b>		<b>\$1,543.35</b>

#### ***Loan Balances***

<b>Account Type</b>	<b>Number</b>	<b>Date</b>	<b>Balance</b>
Mortgage Loan	[REDACTED]	02/15	116,394.55
	<b>Total Balance</b>		<b>\$116,394.55</b>

Investments are offered through the Huntington Investment Company, Registered Investment Advisor, member FINRA/SIPC, a wholly-owned subsidiary of Huntington Bancshares Inc.

The Huntington National Bank is Member FDIC. and Huntington are federally registered service marks of Huntington Bancshares Incorporated. Patent pending for the 24-Hour Grace™ system and method. ©2018 Huntington Bancshares Incorporated.

Matthew J. Mijangos

Antonio Stitt  
Chief of Police  
Village of Highland Hills PD  
Highland Hills, Ohio 44122

Dear Chief Stitt,

Please accept this written notification as my letter of resignation. I have enjoyed working for the Village of Highland Hills immensely over the last eight years as a Police Officer.

I would like to personally thank you for the opportunity to live my dream with your department. This decision has not been easy, but I have decided that it will be in the best interests for my career advancement and future development.

Once again, I would like to thank you for the many opportunities that you and the Village of Highland Hills have given me. I wish you more success in your future.

Sincerely,

  
Matthew J. Mijangos

  
Approved



VILLAGE OF  
HIGHLAND HILLS POLICE DEPARTMENT

3700 Northfield Road  
Highland Hills, Ohio 44122  
Emergency 911 Non-Emergency (216) 591-1234 Fax (216) 283-3008

\*\*\*\*\*

To: Whom this document may concern.

From: Sergeant Jerome Skeabeck  
3700 Northfield Rd.  
Highland Hills Ohio 44122  
[skeabeck@vhhohio.org](mailto:skeabeck@vhhohio.org)  
216 283 3007

In reference to former Highland Hills Police Officer Mathew Mijangos, who was relieved of his duties from the Highland Hills Police Department. He is currently being reconsidered to be reinstated as a Police officer to our agency. As Mathew Mijangos past performance has shown an outstanding character. We find a fresh start with our agency would benefit both he, Mijangos and our department. Any question or concerns about the subject matter in this document, contact Sgt Jerome Skeabeck @ 216 283 3007



VILLAGE OF  
HIGHLAND HILLS POLICE DEPARTMENT

3700 Northfield Road  
Highland Hills, Ohio 44122  
Emergency 911 Non-Emergency (216) 591-1234 Fax (216) 283-3008

\*\*\*\*\*

To: Whom it may concern.

Date: November 29<sup>th</sup> 2016

From: Sergeant Jerome Skeabeck  
3700 Northfield Rd.  
Highland Hills, Ohio 44122  
[skeabeck@vhhohio.org](mailto:skeabeck@vhhohio.org)  
216 283 3007

In reference to Mathew Mijangos, who was relieved of his duties from the Highland Hills Police Department. He is currently being reconsidered to be reinstated as a Police Officer to our agency. As Mijangos past performance and outstanding character, a fresh start would benefit both he Mijangos and our department. As we await approval from our council to approve his reinstatement our intent is to have him reinstated by January 2017. Any question or concerns about this subject matter in this document contact Sgt. Jerome Skeabeck @ 215 283 3007



**HIGHLAND HILLS POLICE DEPARTMENT**

3700 Northfield Road  
Highland Hills, Ohio 44122  
Emergency 911 Non-Emergency (216) 591-1234 Fax (216)283-3008

\*\*\*\*\*

**Jerome Skeabeck - Sergeant**

**To: Mothers against Drunk Driving**

**Attention: Julie Leggett**

**Date: September 7<sup>th</sup> 2012**

**Ref: Top Cop / Deuce Award's**

I would be honored to nominate Ptl. Raymond Halas for our Top Cop nominee Ptl. Halas has shown a commitment in the apprehension of impaired drivers. Also I would like to nominate Ptl. Mathew Mijangos for his dedication to our operation and unselfishly assisting fellow officers on and off duty. Both Officers are shining stars in our operation and a credit to the Law Enforcement Family. Any questions or concerns please feel free to contact me.

\_\_\_\_\_  
**Sgt. Jerome Skeabeck**

\_\_\_\_\_



**Resolution  
By the Deuce Awards Committee; Relative to Your Nomination**

**Patrolman Mathew Mijangos**

**WHEREAS, driving under the influence is the most common violent crime in our society in that it is committed at least twice as often as all other crimes combined and is admitted to by twenty-eight percent of all drivers; and**

**WHEREAS, forty percent of all traffic fatalities in the United States involve drivers who had been using alcohol and/or other drugs, more than 500,000 Americans are injured in such crashes each year and such crashes are a leading cause of quadriplegia, paraplegia and brain damage; and**

**WHEREAS, the apprehension of impaired drivers can have a significant impact on all types of criminal behavior since eight percent of all felony convictions and a like percentage of all misdemeanor convictions involve alcohol or illegal drug usage; and**

**WHEREAS, other than by exercising constant vigilance combined with diligent use of automotive safety devices and restraints, the individual driver and pedestrian has no defense against the impaired driver; and**

**WHEREAS, the Peace Officer, who is society's last line of defense against the most devastating social ill, can find it discouraging to adhere to the complex procedures required when apprehending an impaired driver; and**

**WHEREAS, studies prove that a certainty of apprehension is a greater deterrent than the severity of punishment; and**

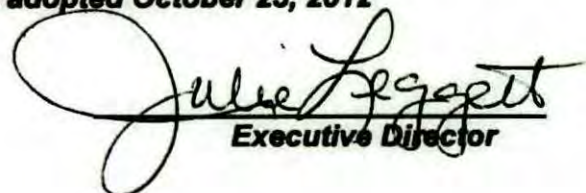
**WHEREAS, the below named individual, despite personal and professional burdens involved, has decided to save lives by taking the offense against perpetrators of this crime; and**

**WHEREAS, the public that they serve recognizes and is most grateful for their efforts and sacrifices, as well as those of their family; now, therefore, be it**

**RESOLVED BY THE DEUCE AWARDS COMMITTEE of MADD Northeastern Affiliate, that Patrolman Mathew Mijangos has been nominated by the Highland Hills Police Department for his exemplary service to the community and has gone above and beyond to keep the roadways and community safe.**

**Deuce Awards Committee Resolution adopted October 25, 2012**

  
\_\_\_\_\_  
Committee Chair

  
\_\_\_\_\_  
Executive Director



***Cuyahoga County DUI Task Force***

**Top OVI Cop**

***Patrolman Matt Mijangos***  
***Highland Hills Police Department***  
**2009**

***Awarded: November 17, 2009***

  
***Chrystal Gullett, Project Coordinator***





CUYAHOGA COUNTY OVI REDUCTION TASK FORCE

**2014 TOP OVI COP**

**HIGHLAND HILLS POLICE DEPARTMENT  
PATROLMAN MATTHEW MIGANGOS**

A handwritten signature in cursive script that reads "Jennifer A. Walker".

Jennifer Walker, Project Coordinator

AWARDED JANUARY 27, 2015





**PHYSICAL AGILITY TEST WAIVER AND RELEASE FORM**

I hereby waive and release the City of Maple Heights, its elected officials, appointed officials, employees and agents from any and I all claims for damages that I may incur as a result of any injury or other personal liability from my participation in Police Officer Physical Agility Test given this 28 day of MARCH, 2018.

I, the undersigned, acknowledge and recognize that the test may be rigorous and physically demanding.

I, (PRINT NAME) Matthew Mijangos

Hereby attest to my general good health and, therefore, assume all risks (known and unknown) and release the City of Maple Heights, all its officials or representatives, or any party actively participating in the administration of this Physical Agility test from any and all liability. Specifically, any liability is waived for injury or illness occasioned by reason of participating in the physical tests to be conducted by the City of Maple Heights Police Department.

[Signature]  
SIGNATURE

Det. LT. [Signature]  
WITNESS

03/28/, 2018  
DATE

Village of Highland Hills Police Department

3700 Northfield Road

Highland Hills, Ohio 44122

Department Office Numbers: (216) 591-1234 Fax: (216) 283-3008

APPLICATION FOR EMPLOYMENT

THE VILLAGE OF HIGHLAND HILLS IS AN EQUAL OPPORTUNITY EMPLOYER DEDICATED TO NONE DISCRIMINATION IN EMPLOYMENT. HIGHLAND HILLS SELECTS THE BEST QUALIFIED INDIVIDUAL FOR THE JOB BASED ON JOB-RELATED QUALIFICATIONS REGARDLESS OF RACE, AGE (40+), COLOR, RELIGION, SEX, NATIONAL ORIGIN, ANCESTRY, MARITAL STATUS, SEXUAL PREFERENCE, DISABILITY OR ANY OTHER STATUS PROTECTED BY APPLICABLE LAW.

(PLEASE PRINT CLEARLY AND COMPLETE ALL INFORMATION TO BEST OF ABILITY IN BLACK INK)

DATE OF APPLICATION: June 24, 2008

NAME: Matthew J Mijan gas  
FIRST MIDDLE INITIAL LAST

PERMANENT ADDRESS  
OTHER THAN PRESENT: [REDACTED]

HOME PHONE: [REDACTED] OTHER PHONE: N/A  
(AREA CODE) (AREA CODE)

SOCIAL SECURITY NUMBER: [REDACTED] - [REDACTED] Date of Birth [REDACTED] [REDACTED] [REDACTED]

IF YOU ARE HIRED, CAN YOU PRESENT EVIDENCE OF LEGAL RIGHTS TO WORK IN THE UNITED STATES?  
(PROOF REQUIRED BY LAW) YES  NO

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES  NO   
\*NOTE: CONVICTION OF CRIME IS NOT AN AUTOMATIC BAR TO EMPLOYMENT -ALL CIRCUMSTANCES WILL BE CONSIDERED\*

ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THE POSITION APPLIED FOR, WITH OR WITH OUT ACCOMMODATION? YES  NO

DO YOU HAVE A VALID OHIO DRIVER'S LICENSE? YES  NO

DRIVERS LICENSE NUMBER: [REDACTED] EXPIRATION DATE: \_\_\_\_\_

HAVE YOU HAD ANY ACCIDENTS DURING THE PAST THREE YEARS? YES  NO

IF YES HOW MANY: 1 accident

HAVE YOU HAD ANY MOVING VIOLATIONS WITHIN THE LAST THREE YEARS?

YES  NO  IF YES HOW MANY? 1 violation

POSITION APPLYING FOR: Auxiliary Police Officer

DATE YOU CAN START 06/24/2008 SALARY DESIRED Any

TYPE OF EMPLOYMENT DESIRED:  FULL-TIME  PART-TIME  AUXILLARY

HAVE YOU EVER APPLIED TO WORK FOR THE VILLAGE OF HIGHLAND HILLS BEFORE?  
YES  NO  IF YES, WHEN: \_\_\_\_\_

DO YOU KNOW OF ANYTHING THAT MIGHT POSSIBLY DISQUALIFY YOU FROM EMPLOYMENT IN THE CAPACITY OF POLICE OFFICER?

YES  NO  IF YES, PLEASE GIVE DETAILS: \_\_\_\_\_

PROFESSIONAL & PERSONAL REFERENCES

\* PLEASE LIST THE NAMES, ADDRESS, AND CONTACT NUMBER(S) OF 3 FORMER EMPLOYERS FOR PROFESSIONAL REFERENCES (SUPERVISOR OR CO-WORKER)

\* THEN LIST 3 OTHER INDIVIDUALS WHOM KNOW YOU WELL ENOUGH TO GIVE A PERSONAL REFERENCE ON YOU & THEIR CONTACT NUMBER(S)

PROFESSIONAL REFERENCES

NAME: Angela Gmerek ADDRESS: 1494 E. Aurora Rd. Meriden PHONE NO. 330-468-8371  
NAME: Jim Mahan ADDRESS: 1494 E. Aurora Rd. Meriden PHONE NO. 330-468-8372  
NAME: Jim Kozoski ADDRESS: 1494 E. Aurora Rd. Meriden PHONE NO. 330-468-8370

PERSONAL REFERENCES

NAME: Juan Vidal ADDRESS: [REDACTED] PHONE NO. [REDACTED]  
NAME: Esabina Rodriguez ADDRESS: [REDACTED] PHONE NO. [REDACTED]  
NAME: Tony Perez ADDRESS: [REDACTED] PHONE NO. [REDACTED]

POST-OFFER PHYSICAL/CONTROLLED SUBSTANCE SCREENING

THE VILLAGE OF HIGHLAND HILLS strongly believes in its responsibility to provide a safe and healthful workplace for all its employees. I understand that at any time after I am hired, The Village of Highland Hills may require me to submit to a physical examination to the extent permitted by law. I consent to the disclosure of the results of the physical examinations and related tests to The Village of Highland Hills. You should also understand that YOU MAY BE TESTED for the presence of controlled substances before you are hired as a condition of your employment with The Village of Highland Hills. If you have any questions regarding this policy, please contact the office before your final interview.

I understand an offer of employment may be made contingent on passing a job-related physical examination. I agree to submit to a controlled substances screening and physical examination by The Village Of Highland Hills designated medical practitioner.

I have read, understand, and agree to the above-referenced physical examination and drug testing policy.

APPLICANT'S SIGNATURE: Meltona Mijangos DATE: 06/24/2008

Matthew Mijangos  
[REDACTED]

June 24<sup>th</sup>, 2008

Antonio Stitt  
Chief of Police  
Highland Hills Police Department  
3700 Northfield Road  
Highland Hills, Ohio 44122

Dear Chief Stitt:

As a recent graduate of the Ohio Peace Officer Training Academy, I would like to be considered for a position with The Highland Hills Police Department. The description of the Police Officer position matches closely with my background and career interests. The enclosed application and resume will provide you with details of my experience, training and capabilities.

I am very passionate about becoming a police officer. As a product of an inner-city Cleveland neighborhood, my childhood was surrounded by crimes involving drugs and violence. Beginning at a young age, I considered the police to be heroes. It is my goal to become one of those heroes through dedication and commitment to protecting life and property, enforcing laws and keeping communities safe.

I would appreciate a chance to meet with you to discuss your needs and objectives and how I may contribute toward them.

Thank you for your time and consideration.

Sincerely,



Matthew J. Mijangos

Enclosures

# Matthew J. Mijangos

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<b>Objective</b>	<i>To obtain a position which utilizes, as well as challenges, my law enforcement skills through the enforcement of local, state and federal laws to protect the community in which I serve.</i>
<b>Education and Training</b>	<p><b>Cuyahoga Community College Police Academy</b> Cleveland, Ohio <b>Ohio Peace Officer Training Association</b> (September, 2007)</p> <ul style="list-style-type: none"><li>• Successfully completed physical conditioning assessment of the training program, including timed push-ups, sit-ups and 1.5 mile run.</li><li>• Recognized as best driver in class upon completion of 20 hours of driving skills, including all driving exercises required by the Ohio Peace Officer Training Commission.</li><li>• Finished 2<sup>nd</sup> in sight shooting firearms finals among classmates based on drills, practice and live fire activity.</li></ul> <p><b>Kent State University</b> Kent, Ohio <b>College of Business Administration</b> (2002-2005)</p>
<b>Professional Certifications</b>	<ul style="list-style-type: none"><li>• First Aid and Safety Certification</li><li>• CPR for the Professional Rescuer Certification</li></ul>
<b>Work Experience</b> Fall 2006 - present	<p><b>City of Macedonia Parks and Recreation</b> Macedonia, OH <b>Water Safety Instructor, Pool Supervisor, Lifeguard</b></p> <ul style="list-style-type: none"><li>• Acts as Manager on duty as necessary.</li><li>• Enforces all emergency and safety policies.</li><li>• Supervises full-time, part-time and seasonal employees.</li><li>• Responsible for performing necessary rescues on any person in need of assistance.</li><li>• Coordinates and instructs water safety lesson plans for various age groups.</li><li>• Responsible for maintaining accurate daily reports and log sheets.</li><li>• Establishes and maintains positive working relationships with community patrons.</li><li>• Responsible for maintaining personal fitness to be able to perform job duties successfully.</li></ul>
Fall 2006 - Fall 2007	<p><b>National City Bank</b> Parma, OH <b>Customer Service Representative</b></p> <ul style="list-style-type: none"><li>• Assisted customers with their banking transactions.</li><li>• Interacted with customers to learn more about their goals; identified and recommended services that helped them meet those goals.</li><li>• Introduced customers to other bank representatives in areas such as private banking, mortgage, investments or small business banking when appropriate.</li></ul>
Spring 2004 - Fall 2006	<p><b>Metropolitan Pool</b> Cleveland, OH <b>Aquatic Manager</b></p> <ul style="list-style-type: none"><li>• Supervised and managed aquatics personnel.</li><li>• Coordinated staff schedules and various special events.</li></ul>
<b>References</b>	Available upon request.

Village of Highland Hills Police Department

3700 Northfield Road  
Highland Hills, Ohio 44122

Department Office Numbers: (216)591-1234 Fax: (216)283-3008

APPLICATION FOR EMPLOYMENT

THE VILLAGE OF HIGHLAND HILLS IS AN EQUAL OPPORTUNITY EMPLOYER DEDICATED TO NONE DISCRIMINATION IN EMPLOYMENT. HIGHLAND HILLS SELECTS THE BEST QUALIFIED INDIVIDUAL FOR THE JOB BASED ON JOB-RELATED QUALIFICATIONS REGARDLESS OF RACE, AGE (40+), COLOR, RELIGION, SEX, NATIONAL ORIGIN, ANCESTRY, MARITAL STATUS, SEXUAL PREFERENCE, DISABILITY OR ANY OTHER STATUS PROTECTED BY APPLICABLE LAW.

(PLEASE PRINT CLEARLY AND COMPLETE ALL INFORMATION TO BEST OF ABILITY IN BLACK INK)

DATE OF APPLICATION: June 24, 2008

NAME: Matthew J Mijan 905  
FIRST MIDDLE INITIAL LAST

PERMANENT ADDRESS  
OTHER THAN PRESENT: [REDACTED]

HOME PHONE: [REDACTED] (AREA CODE) OTHER PHONE: N/A (AREA CODE)

SOCIAL SECURITY NUMBER: [REDACTED] Date of Birth [REDACTED]

IF YOU ARE HIRED, CAN YOU PRESENT EVIDENCE OF LEGAL RIGHTS TO WORK IN THE UNITED STATES?  
(PROOF REQUIRED BY LAW) YES  NO

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES  NO   
\*NOTE: CONVICTION OF CRIME IS NOT AN AUTOMATIC BAR TO EMPLOYMENT -ALL CIRCUMSTANCES WILL BE CONSIDERED\*

ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THE POSITION APPLIED FOR, WITH OR WITH OUT ACCOMMODATION? YES  NO

DO YOU HAVE A VALID OHIO DRIVER'S LICENSE? YES  NO

DRIVERS LICENSE NUMBER: [REDACTED] EXPIRATION DATE: \_\_\_\_\_

HAVE YOU HAD ANY ACCIDENTS DURING THE PAST THREE YEARS? YES  NO

IF YES HOW MANY: 1 accident

HAVE YOU HAD ANY MOVING VIOLATIONS WITHIN THE LAST THREE YEARS?

YES  NO  IF YES HOW MANY? 1 violation

POSITION APPLYING FOR: Auxiliary Police Officer

DATE YOU CAN START 06/17/2008 SALARY DESIRED Any

TYPE OF EMPLOYMENT DESIRED:  FULL-TIME  PART-TIME  AUXILLARY

HAVE YOU EVER APPLIED TO WORK FOR THE VILLAGE OF HIGHLAND HILLS BEFORE?  
YES  NO  IF YES, WHEN: \_\_\_\_\_

DO YOU KNOW OF ANYTHING THAT MIGHT POSSIBLY DISQUALIFY YOU FROM EMPLOYMENT IN THE CAPACITY OF POLICE OFFICER?  
YES  NO  IF YES, PLEASE GIVE DETAILS: \_\_\_\_\_

EDUCATION BACKGROUND

NAME OF SCHOOL: ADDRESS: #OF YEARS COMPLETED DID YOU GRADUATE? MAJOR SUBJECT DEGREES EARNED

HIGH SCHOOL: Max S. Hayes 4600 Detroit Ave. Cleveland, OH 4 years Yes

COLLEGE: Kent State University Kent, OH 2 years No Business Management None

GRADUATE OR TECHNICAL SCHOOL:

ADDITIONAL TRAINING/SKILLS, EXPERIENCE, SPECIAL ACHIEVEMENTS, CERTIFICATE, ETC. RELEVANT TO POSITION: OPOTA Cert. Lic.

HAVE YOU SERVED IN THE UNITED STATES ARMED FORCES? YES \_\_\_\_\_ NO

Branch \_\_\_\_\_ Reserve Status \_\_\_\_\_ Special Training \_\_\_\_\_

EMPLOYMENT HISTORY

\*LIST BELOW PRESENT AND PAST EMPLOYERS BEGINNING WITH THE MOST RECENT:

MONTH/YEAR	NAMES & ADDRESS OF EMPLOYER	Initial Position Titled and Duties	Previous Supervisor	Starting Pay	Reason for Leaving
		Final Position and Duties	Contact Number	Ending Pay	
FROM: 10/06 TO: Present	Macedonia Recreation 1494 E. Aurora Rd. Macedonia, OH 44056	Supervisor / Lifeguard  - Act as Manager when necessary - Enforce all emergency and safety policies.	Jim Mahan  330-468-4372	\$9.50/HR  N/A	Present
FROM: 12/06 TO: 07/07	National City Bank 6565 Ridge Rd Parma, OH 44129	Customer Service Rep.  - Assist customers with banking transactions. - Interact with customers to provide great customer care	Jerry Benko  440-888-4535	\$10.00/HR  \$10.00/HR	Police Academy
FROM: 05/05 TO: 09/06	Metropolitan Pools 3427 BrookPark Rd Cleveland, OH 44131	Aquatic Manager  - Supervise and manage aquatic personnel - Coordinate staff schedules and various events.	Peggy Buck  216-741-9451	\$10.00/HR  \$10.00/HR	End of Season



SPECIAL QUALIFICATIONS AND SKILLS

\*PLEASE LIST LICENSES, REGISTRATION OR CERTIFICATIONS WHICH YOU POSSESS.

\*ALSO LIST THE STATE OR THE LICENSEE ORIGINATION.

\*FOLLOWED BY ANY ADDITIONAL EXPERIENCE & COMPUTER EXPERIENCE THAT MAY BE BENEFICIAL TO YOUR APPLIED POSITION.

(ALL MAY BE LISTED BELOW IF YOU NEED ADDITIONAL ROOM PLEASE FEEL FREE TO ADD ANOTHER PAGE)

\* ALL LICENSES, REGISTRATIONS POSSESS \*

LICENSE/REGISTRATION: Ohio Drivers License

LICENSE/REGISTRATION: \_\_\_\_\_

LICENSE/REGISTRATION: \_\_\_\_\_

CERTIFICATIONS: OPOTA Certificate

CERTIFICATIONS: High School Diploma

CERTIFICATIONS: \_\_\_\_\_

\*\* ALL STATES OR LICENSEE ORIGINATION\*\*

LICENSE AUTHORITY: \_\_\_\_\_ STATE: Ohio

LICENSE AUTHORITY: \_\_\_\_\_ STATE: \_\_\_\_\_

LICENSE AUTHORITY: \_\_\_\_\_ STATE: \_\_\_\_\_

LICENSE AUTHORITY: \_\_\_\_\_ STATE: \_\_\_\_\_

LICENSE AUTHORITY: \_\_\_\_\_ STATE: \_\_\_\_\_

\*\*\* ADDITIONAL EXPERIENCES\*\*\*

OPOTA Certified, efficient using Microsoft word, Excel, and Power Point.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*AT THIS TIME PLEASE TAKE THE OPPORTUNITY TO TELL US WHY YOU WISH TO WORK FOR THE HIGHLAND HILLS POLICE DEPARTMENT?

(MAKE SURE THAT THE BELOW STATEMENT IS IN BLUE OR BLACK INK AND IN YOUR OWN HANDWRITING)  
IF YOU NEED ADDITIONAL ROOM FEEL FREE TO ATTACH A SHEET OR USE BACK SIDE OF THIS PAGE ONLY!!!

The Village of Highland Hills is a great place to start my career. With a population that is more than 1600 people, Highland Hills offers great hands-on experience that I need to become a police officer. Police work is the type of work I can see myself doing for the rest of my life. I enjoy working with the public, I have the ability to have a conversation with every walk of life. Moreover, I want to provide a great service for the community in which I serve. I strongly believe I can provide an excellent service for the residents of Highland Hills, in addition, I believe that the people of the village and I can have a strong work relationship.

APPLICANT'S SIGNATURE:

Mattia Nijman

DATE: 06/24/08

AGREEMENT OF APPLICANT  
CERTIFICATION, AUTHORIZATION AND UNDERSTANDING  
OF EMPLOYMENT RELATIONSHIP

I hereby state that all the information that I provided on this Application or any other document submitted in connection with my employment, and in any interview, are true and correct. I have withheld nothing that would, if disclosed affect this application unfavorably, I understand that if selected for hire, it will be necessary for me to provide satisfactory evidence of my identity and legal authority to work in the United States.

My Signature constitutes my certification that my responses are true and complete. My signature further constitutes my authorization for the Village of Highland Hills to investigate the facts submitted; and for those with relevant information (including but not limited to, my prior employers and references) to release such information to the Village of Highland Hills.

I understand and agree that any falsification or omission, either on this form or in my responses to questions asked during the interviewing or examination process, is grounds for immediate termination of employment, no matter when the falsification or omission is discovered.

I hereby acknowledge that I have read and understand the above statements.

DRUG FREE WORKPLACE CLAUSE

The Village of Highland Hills and its Police Department, having made a Commitment to maintain a drug-free environment in the workplace, and following its traditional commitment to public safety, is determined to eliminate the use of any intoxicants and controlled substances in the workplace or reporting to work under the influence of any intoxicant and/or controlled substance.

As Part of the qualification process for employment, I agree to pre-employment drug screening. I also understand that if the drug screening is returned "positive", I will not be eligible for employment.

I understand and accept that members of the Police Department must demonstrate a higher level of commitment to and responsibility for the safety of others, because error in judgment, inattentiveness or diminished coordination, dexterity or composure while performing duties could clearly result in endangerment of health and safety of others. I hereby accept these terms as necessary to ensure the public safety. Therefore, I agree that my tenure as a member of Highland Hills Police Department will be conditional upon my maintaining an abstinence from controlled substances and other intoxicants which may impair my performance as a Public Safety Official.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE STATEMENTS AND CONFIRM YOUR VOLUNTARY AGREEMENT:

APPLICANT'S SIGNATURE:

*Matthew Mijangos*

DATE: 06/24/2008

PROFESSIONAL & PERSONAL REFERENCES

\* PLEASE LIST THE NAMES, ADDRESS, AND CONTACT NUMBER(S) OF 3 FORMER EMPLOYERS FOR PROFESSIONAL REFERENCES (SUPERVISOR OR CO-WORKER)

\* THEN LIST 3 OTHER INDIVIDUALS WHOM KNOW YOU WELL ENOUGH TO GIVE A PERSONAL REFERENCE ON YOU & THEIR CONTACT NUMBER(S)

PROFESSIONAL REFERENCES

NAME: Angela Gmerek ADDRESS: 1494 E. Aurora Rd. Meriden PHONE NO. 330-468-8371  
NAME: Jim Mahan ADDRESS: 1494 E. Aurora Rd. Meriden PHONE NO. 330-468-8372  
NAME: Jim Karczak ADDRESS: 1494 E. Aurora Rd. Meriden PHONE NO. 330-468-8370

PERSONAL REFERENCES

NAME: Juan Vidal ADDRESS: [REDACTED] PHONE NO. [REDACTED]  
NAME: Esaban Rodriguez ADDRESS: [REDACTED] PHONE NO. [REDACTED]  
NAME: Tony Derez ADDRESS: [REDACTED] PHONE NO. [REDACTED]

POST-OFFER PHYSICAL/CONTROLLED SUBSTANCE SCREENING

THE VILLAGE OF HIGHLAND HILLS strongly believes in its responsibility to provide a safe and healthful workplace for all its employees. I understand that at any time after I am hired, The Village of Highland Hills may require me to submit to a physical examination to the extent permitted by law. I consent to the disclosure of the results of the physical examinations and related tests to The Village of Highland Hills. You should also understand that YOU MAY BE TESTED for the presence of controlled substances before you are hired as a condition of your employment with The Village of Highland Hills. If you have any questions regarding this policy, please contact the office before your final interview.

I understand an offer of employment may be made contingent on passing a job-related physical examination. I agree to submit to a controlled substances screening and physical examination by The Village Of Highland Hills designated medical practitioner.

I have read, understand, and agree to the above-referenced physical examination and drug testing policy.

APPLICANT'S SIGNATURE: Matthew Mijangos DATE: 01/24/2008



## Village of Highland Hills

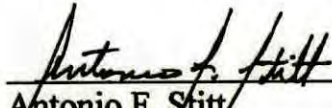
Robert L. Nash, Mayor


Police Department  
Antonio F. Stitt, Chief of Police

### HIGHLAND HILLS POLICE DEPARTMENT APPOINTMENT REQUEST

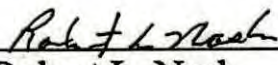
**To:** Robert L. Nash, Mayor  
**From:** Antonio F. Stitt, Chief of Police  
**Subject:** Employment  
**Date:** June 17, 2013

I am requesting permission to promote Matthew Mijanjos, to a full-time position with the Village of Highland Hills Police Department. He graduated from Maxx Hayes High School. Matthew also attended Kent State University for 3 years in the field of Business Administration. He attended Cuyahoga Community College's Police Academy and graduated in 2007. Matthew has been a part-time police officer with our agency since 2009. I have every confidence that Matthew will be a dedicated and loyal addition to our police agency.

  
Antonio F. Stitt,  
Chief of Police

Approved:   
PASSED BY COUNCIL ON  
Date: 6-19-13

Denied: \_\_\_\_\_

  
Robert L. Nash,  
Mayor



# Village of Highland Hills

Robert L. Nash, Mayor

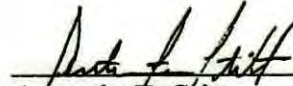
Police Department  
Antonio F. Stitt, Chief of Police

## HIGHLAND HILLS POLICE DEPARTMENT APPOINTMENT REQUEST

**To:** Robert L. Nash, Mayor  
**From:** Antonio F. Stitt, Chief of Police  
**Subject:** Employment  
**Date:** November 6, 2008

I am requesting permission, for Matthew Mijangos to be hired for the Part-time Police Officer position for the Village of Highland Hills Police Department. Matthew graduated from Max Hayes High School.

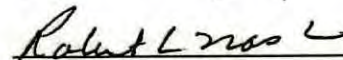
He also, attended Kent State University for (3) years. Matthew has volunteered as an auxiliary police officer for the past 3-1/2 months. I believe he will be an asset to our police agency.

  
Antonio F. Stitt,  
Chief of Police

Approved:

Denied:

Date: 12/10/08

  
Robert L. Nash,  
Mayor



## **DEPARTMENTAL MEMO**

**Date: January 1<sup>st</sup>, 2008**

**To: Ptl. Mijangos**

**From: Cpl. Flanigan**

**Cc.**

---

**I need you to give me a Form-A before the end of your shift explaining the following.**

**On December 26<sup>th</sup> I handed out a memo to be signed and returned to me stating that you read and understand the arrest log. I see that you have worked 1 scheduled days after the memo has been put out. This type of response will not be tolerated and will be handled appropriately.**

**When a memo is placed in your mail box they are to be read and completed by the end of that shift.**

**HIGHLAND HILLS POLICE DEPARTMENT  
INFORMATION**

**FORM A**

**DATE: 01/01/09**

**TO: Cpl. Flanigan**

**FM: Aux. Mijangos**

**RE : Arrest Log**

There is no explanation for my actions regarding the return of my copy of the new arrest log. I completely just forgot. Forgetting is uncharacteristic of me, and matters of such sort will be improved in the future.

Aux. Mijangos



# Village of Highland Hills Police Department Official Notice

---

Employee: Aux. Mijangos

Job Title: Patrolman

Department: Police

Supervisor: Cpl. Flanigan

Date: 01-05-2009

Date Of Incident: 12-26-2008

---

## Nature of Incident

On December 26<sup>th</sup> 2008 Aux. Mijangos you were given a Departmental Memo to sign and return to me stating that you understood the arrest log. The Departmental Memo was a written order from a supervisor, You failed to take responsibility and follow through with a written order. I responded after seven days of you not returning the signed copy and order you to type out a Form-A on your reason for your delay. I read your Form-A and find that there was no excuse for not returning your signed copy

This is a violation of our policy and procedure.

**3.001 VIOLATIONS OF RULES:** Officers shall not commit any acts or omit any acts which constitute a violation of any of the rules, regulations or directive orders of the department, whether stated in this general order or elsewhere.

**Action Taken:** Aux. Mijangos is officially on notice for the infraction. The next infraction of the Rules Policy will result in a progressive disciplinary action.

  
EMPLOYEE SIGNATURE

01/26/09  
DATE

  
DEPARTMENT SUPERVISOR

1-26-09  
DATE



## DEPARTMENTAL MEMO

**Date:** February 20th, 2009

**To:** Ptl. Mijangos

**From:** Cpl. Flanigan

**Cc.**

---

**Report # 09-112 needs to be validated before the end of your next shift. Return this memo signed stating this has been completed.**

*Cpl. Flanigan*  
\_\_\_\_\_  
**Hugh Flanigan, Corporal**

*Rz. Mijangos #24*

# Village of Highland Hills Police Department Official Reprimand

\*\*\*\*\*  
\*\*\*\*\*

Employee: **Matthew Mijangos** Job Title: **Part-Time Police Officer**

Department: **Police Department** Supervisor: **David Koran, Corporal**

Date: **November 17, 2010** Date of Incident: **November 12, 2010**

.....  
On November 12, 2010 you reported that damage was caused to unit 7683's rear passenger side rim. As you reported in the Form "A" you misjudged a curb near the MRI building off of Mill-Creek to check on a suspicious vehicle. This vehicle was never documented on radio logs, activity sheet, or report. The damage sustained to the rim was "minor" as reported but actually unrepairable and may have caused internal damage to a brand new tire that was affixed on this rim. Along with the damage, concrete dust from the impact was also visible on the rim, tire, and wheel well possibility indicating a higher speed than you reported as being 10mph at impact. Every officer with this agency must use extreme caution and use safe driving habits when operating department vehicles. Due to past complaints on your potential reckless operation of department vehicles you will receive a written warning. Any further complaints or damage caused by your actions will result in further discipline.

**Employee Statement:**

*None*

\*\*\*\*\*  
**Action Taken:**      **XX Written Warning**      **Suspension**      **Termination**  
\*\*\*\*\*

I acknowledge that I have been made aware of this report and that it will be made a part of my personnel file.  
Signing this form does not mean that I agree with the content.

*Matthew Mijangos*  
**Employee Signature**

11/17/10  
**Date**

\_\_\_\_\_  
**Department Head Supervisor**

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

Original to Employee

Copy to Personnel File

Copy to Supervisor File

*Highland Hills Police Department  
Form A*

*To: Cpl. Koran*

*From: Ptl. Mijangos*

*Date: 11/12/10*

*Subject: 7683*

While checking on a suspicious vehicle in the parking lot of MRI at approximately 2230hrs, I turned into the lot from Mill-Creek and mis-judged the curb. I bumped into this curb at approximately 10mph causing minor damage to the passenger rear rim.

# HIGHLAND HILLS POLICE DEPARTMENT

## ABSENCE REPORT

(SICKNESS OR INJURY)

**EMPLOYEE'S NAME** Matthew Miyangos (24)

**DATE AND TIME REPORTED** November 18<sup>th</sup> 2013 @ 0024

**NATURE OF ILLNESS (must be given)**  
N/A ~~\*\*\*\* VACATION DAY \*\*\*\*~~ Personal Day

**ESTIMATED DURATION (must be given)**  
November 18<sup>th</sup> 2013 at 0024

**ATTENDING PHYSICIAN (if you have seen one)**  
N/A

**PLACE OF CONFINEMENT (must be given)**  
Home

**PERSON REPORTING** M Miyangos (24)

**OFFICER RECEIVING REPORT** M. Campbell (36)

**COMMANDING OFFICER** N/A

**REMARKS:** (A) ~~VACATION DAY~~ - Personal Day

↖ CANT  
← Do This  
Without notice!  
11-19-13  
\*Gave personal  
day per Cpl. J  
[Signature]

# HIGHLAND HILLS POLICE DEPARTMENT

## ABSENCE REPORT

(SICKNESS OR INJURY)

**EMPLOYEE'S NAME** Matl Mjengos

**DATE AND TIME REPORTED** 12-28-12

**NATURE OF ILLNESS (must be given)**  
ill

**ESTIMATED DURATION (must be given)**  
next working shift

**ATTENDING PHYSICIAN (if you have seen one)**  
\_\_\_\_\_

**PLACE OF CONFINEMENT (must be given)**  
Home

**PERSON REPORTING** PTL Halas

**OFFICER RECEIVING REPORT** CPD Koran

**COMMANDING OFFICER** Chief Still

**REMARKS:**

# HIGHLAND HILLS POLICE DEPARTMENT

## ABSENCE REPORT

(SICKNESS OR INJURY)

**EMPLOYEE'S NAME**

MIJANGOS

**DATE AND TIME  
REPORTED**

9/24/12 2100

**NATURE OF ILLNESS (must be given)**

GIRLFRIEND ILL / STAYING HOME  
TO MAKE SURE SHE DOESNT HAVE  
ANOTHER EPISODE

**ESTIMATED DURATION (must be given)**

NOT GIVEN

**ATTENDING PHYSICIAN (if you have seen one)**

NOT GIVEN

**PLACE OF CONFINEMENT (must be given)**

HOME

**PERSON  
REPORTING**

MIJANGOS

**OFFICER RECEIVING REPORT**

GOLSTON

**COMMANDING OFFICER**

SGT SKENBECK

**REMARKS:**

**VILLAGE OF HIGHLAND HILLS  
EMPLOYEE INCIDENT REPORT**

MATT M. JANGOS  
Employee Name

Police  
Department

Female  
 Male

Home Address

Home Phone

3700 Northfield Rd.  
Work Address

216-591-1234  
Work Phone

Chief Stitt  
Department Head/Supervisor

04/21/13  
Date of Report

Date of Birth

What days of the week do you usually work?  
 Sun  Mon  Tues  Wed  Thur  Fri  Sat  
 Full Time  Part Time

04/21/13 2341  
Date of Incident Time of Incident Date of Hire

Northfield Rd.  
Building/Location of Incident



**EMPLOYEE'S STATEMENT:**

What was the employee doing when the incident occurred? Describe the activity as well as the tools, equipment, or material the employee was using. Examples: "climbing ladder", "driving a car", "driving to scene of accident".

Driving Police Unit while on patrol.

What happened? Describe how the incident/injury happened.

Suspect vehicle crashed head-on into police unit.

What was the injury? Describe the part of the body that was affected and how it was affected.

N/A

Witness \_\_\_\_\_ Was this part of the normal job duty?  yes  no

Witness \_\_\_\_\_

Report prepared by (if different from the injured employee) \_\_\_\_\_ Phone \_\_\_\_\_

The information contained herein is true and accurate.

[Signature]  
Employee Signature

04/22/13  
Date



**DEPARTMENT HEAD/SUPERVISOR INVESTIGATORY STATEMENT:** (please state all facts regarding findings related to the employee's incident/injury, including date of injury, employee/employer negligence, witness names, etc. Use additional paper if necessary.)

MOTOR VEHICLE ACCIDENT INVOLVING POLICE OFFICER WITH 1 POLICE UNIT VS. CIVILIAN UNIT - NO INJURIES TO THE POLICE OFFICER - DRINE TEST WAS GIVEN. See Attach Report for further

Chice SLIT  
Department Head/Supervisor Name

Police  
Department Phone, Ext.

This incident was reported to me on Date: 04/22

Time: 0630

MEDICAL TREATMENT SOUGHT?  YES  NO

DATE SEEN \_\_\_\_\_

Further investigation required?  YES  NO

[Signature]  
Department Head/Supervisor Signature

April - 22 - 2013  
Date

NAME OF EMERGENCY FACILITY/PHYSICIAN \_\_\_\_\_

Address \_\_\_\_\_ Phone No. \_\_\_\_\_

Date Law Department received \_\_\_\_\_ Date Human Resources received \_\_\_\_\_

Date Clerk-Treasurer received \_\_\_\_\_ Date Mayor's Office received \_\_\_\_\_  
(original)

### Instructions for Completing Employee Incident Report

The Employee Incident Report must be completed for every work-related incident. This report will:

- Assist employees in obtaining immediate medical treatment;
- Inform the Department Head/Supervisor of the incident;
- Serve as a record for follow-up and future prevention efforts.

#### EMPLOYEE RESPONSIBILITIES:

1. Immediately notify Department Head/Supervisor of work-related injury/incident.
2. Complete the "Employee" section of the form including signature and date, submit form to Department Head/Supervisor within 24 hours.
3. Seek medical treatment if necessary.

#### DEPARTMENT HEAD/SUPERVISOR RESPONSIBILITIES:

1. Complete "Department Head/Supervisor" section of form including signature and date.
2. Arrange for appropriate medical care.
3. If the employee does not need medical treatment, make a copy of this report for your records, law department, Mayor's office, and send the original to the Clerk-Treasurer.

Village employees are entitled to treatment. There is no charge to the employee for this treatment. If the employee needs immediate medical treatment, emergency (911) transportation should be provided to South Pointe Hospital for immediate treatment and referrals for follow-up care. Employees should report blood and body fluid exposures immediately to Department Head/Supervisor.

VILLAGE OF HIGHLAND HILLS  
EMPLOYEE INCIDENT REPORT

Female  
 Male

Matt Misangos  
Employee Name

HHAD  
Department

[Redacted]  
Home Address

[Redacted]  
Home Phone

3700 Northfield Rd  
Work Address

-  
Work Phone

St. Skeenbeck  
Department Head/Supervisor

05/20/11  
Date of Report

01/04/84  
Date of Birth

What days of the week do you usually work?  
 Sun  Mon  Tues  Wed  Thur  Fri  Sat  
 Full Time  Part Time

05/19/11 2329 07/08  
Date of Incident Time of Incident Date of Hire

Warrens. H Ctr Rd.  
Building/Location of Incident

**EMPLOYEE'S STATEMENT:**

What was the employee doing when the incident occurred? Describe the activity as well as the tools, equipment, or material the employee was using. Examples: "climbing ladder", "driving a car", "driving to scene of accident".

Driving Police vehicle.

What happened? Describe how the incident/injury happened.

While attempting to stop a fleeing vehicle, the vehicle struck the police vehicle.

What was the injury? Describe the part of the body that was affected and how it was affected.

None.

Witness \_\_\_\_\_ Was this part of the normal job duty?  yes  no

Witness \_\_\_\_\_

Report prepared by (if different from the injured employee) \_\_\_\_\_ Phone \_\_\_\_\_

The information contained herein is true and accurate.

Misangos #24  
Employee Signature

05/20/11  
Date



402 W County Rd D  
St. Paul, MN 55112

216832565

**STEP 1** To be completed by COLLECTOR  
or EMPLOYER REPRESENTATIVE Account # 2246326

<b>A. Employer Name, Address, I.D. No.</b> SOUTH POINTE HOSPITAL	<b>B. MRO Name, Address, Phone and Fax No.</b> CLINICAL MANAGER 4110 WARRENSVILLE CENTER ROAD WARRENSVILLE HEIGHTS, OH 44122	<b>LAB ACCESSION NO.</b>
---	---	--------------------------

<b>Account #</b>	<b>Donor SSN or Employee I.D.</b>
<b>Donor Name (Last, First)</b>	<b>Donor Daytime Phone</b>
<b>D. Reason for Test</b> <input type="checkbox"/> Pre-employment <input type="checkbox"/> Random <input checked="" type="checkbox"/> Reasonable Suspicion/Cause <input checked="" type="checkbox"/> Return To Duty <input type="checkbox"/> Follow-up <input type="checkbox"/> Post Accident <input type="checkbox"/> Other (Specify)	
<b>E. Collection Site Name</b>	<b>Collector Phone No.</b> 216 4916110 <b>Collector Fax No.</b>

**F. Test(s) Ordered**

<input checked="" type="checkbox"/> 88544 5 PANEL	<input type="checkbox"/> 88543 7 PANEL	<input type="checkbox"/> 88537 10 PANEL	<input type="checkbox"/> OTHER TEST CODE:
--	---	--	---

**STEP 2: COMPLETED BY COLLECTOR**  
Read specimen temperature within 4 minutes. Is temperature between 90° and 100° F?  Yes     No, Enter Remark

**Specimen Collection:**  Split     Single     None Provided (Enter Remark)     Observed (Enter Remark)

**REMARKS**

30066

**STEP 3:** Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5 on Copy 2 (MRO Copy)

**STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY**

I certify that the specimen given to me by the donor identified in the certification section on Copy 2 of this form was collected, labeled, sealed and released to the Delivery Service noted in accordance with applicable requirements.

Signature of Collector: Suzanne Kuhn  
(PRINT) Collector's Name (First, MI, Last)

**Time of Collection:** 01:51  AM  PM

**Date (Mo./Day/Yr.):** 05/20/2011

**SPECIMEN BOTTLE(S) RELEASED TO:**  
Name of Delivery Service Transporting Specimen to Lab  
 UPS     Local Courier  
 Other

**STEP 5: COMPLETED BY DONOR**

I certify that I provided my urine specimen to the collector; that I have not adulterated it in any manner; each specimen bottle used was sealed with a tamper-evident seal in my presence; and that the information provided on this form and on the label affixed to each specimen bottle is correct.

Signature of Donor: [Signature]  
(PRINT) Donor's Name (First, MI, Last)    Date (Mo. / Day / Yr.)

Daytime Phone No. ( )    Evening Phone No. ( )    Date of Birth Mo. / Day / Yr.

Should the results of the laboratory tests for the specimen identified by this form be confirmed positive, the Medical Review Officer may contact you to ask about prescriptions and over-the-counter medications you may have taken. Therefore, you may want to make a list of those medications for your own records. THIS LIST IS NOT NECESSARY. If you choose to make a list, do so either on a separate piece of paper or on the back of your copy (Copy 5). — DO NOT PROVIDE THIS INFORMATION ON THE BACK OF ANY OTHER COPY OF THE FORM. TAKE COPY 5 WITH YOU.

DEPARTMENT HEAD/SUPERVISOR INVESTIGATORY STATEMENT: (please state all facts regarding findings related to the employee's incident/injury, including date of injury, employee/employer negligence, witness names, etc. Use additional paper if necessary. 5-20-11 Approx. 23-30 PTL MATTHEW MIYANOS WAS

ON DUTY POLICE UNIT 7684. Attempt to stop a fleeing vehicle  
A COLLISION OCCURED NO. INJURED PROPERTY DAMAGE ONLY!  
SEE Report #11-497 for further information. JMD

JEROME SKEARBECK SGT. Police 253  
Department Head/Supervisor Name Department Phone, Ext.

This incident was reported to me on Date: 5-20-11 Time: 00:20

MEDICAL TREATMENT SOUGHT?  YES  NO DATE SEEN N/A

Further investigation required?  YES  NO

[Signature] 5-20-11  
Department Head/Supervisor Signature Date

NAME OF EMERGENCY FACILITY/PHYSICIAN South Point EIR

Address 4110 W. Warrsville Hs OH. Phone No.

Date Law Department received \_\_\_\_\_ Date Human Resources received \_\_\_\_\_

Date Clerk-Treasurer received \_\_\_\_\_ Date Mayor's Office received \_\_\_\_\_  
(original)

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- Inform the Department Head/Supervisor of the incident;
- Serve as a record for follow-up and future prevention efforts.

#### EMPLOYEE RESPONSIBILITIES:

1. Immediately notify Department Head/Supervisor of work-related injury/incident.
2. Complete the "Employee" section of the form including signature and date, submit form to Department Head/Supervisor within 24 hours.
3. Seek medical treatment if necessary.

#### DEPARTMENT HEAD/SUPERVISOR RESPONSIBILITIES:

1. Complete "Department Head/Supervisor" section of form including signature and date.
2. Arrange for appropriate medical care.
3. If the employee does not need medical treatment, make a copy of this report for your records, law department, Mayor's office, and send the original to the Clerk-Treasurer.

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Euclid  
Hillcrest  
Huron  
South Pointe

**CENTER FOR CORPORATE HEALTH  
SERVICE REQUEST FORM**

Company Name: Village of Highland Hills  
 Employee/Applicant Name: Matthew J. Mijangos  
 Social Security Number: [REDACTED]  
 Appointment Date: \_\_\_\_\_ Appointment Time: \_\_\_\_\_  Employee to Call

**CENTER FOR CORPORATE HEALTH LOCATION: (check one)**

- |   |  |   |
|---|--|---|
| <input checked="" type="checkbox"/> <b>South Pointe Hospital</b><br>4110 Warrensville Center Rd.<br>Warrensville Hts., OH 44122<br>(216) 491-7136<br>Fax: (216) 491-7791<br>Hours: M-F: 7:00 am - 4:00 pm | <input type="checkbox"/> <b>Sagamore Hills Medical Center</b><br>863 W. Aurora Road, Suite A<br>Sagamore Hills, OH 44067<br>(330) 468-0194<br>Fax: (330) 467-3830<br>Hours: M-F: 7:00 am - 5:00 pm | <input type="checkbox"/> <b>Twinsburg Med. Ctr./Urgent Care</b><br>2365 Edison Blvd., #400<br>Twinsburg, OH 44087<br>(330) 963-4779<br>Fax: (330) 963-4783<br>Hours: M-F: 8:00 am - 8:00 pm<br>S, S: 10:00 am - 6:00 pm |
| <input type="checkbox"/> <b>Euclid Hospital</b><br>18901 Lake Shore Blvd.<br>Euclid, OH 44119<br>(216) 692-7555<br>Fax: (216) 692-7549<br>Hours: M-F: 7:30 am - 4:00 pm                                   | <input type="checkbox"/> <b>Hillcrest Hospital</b><br>6780 Mayfield Road<br>Mayfield Heights, OH 44124<br>(440) 312-4181<br>Fax: (440) 312-2907<br>Hours: M-F: 7:00 am - 4:00 pm                   | <input type="checkbox"/> <b>Huron Hospital</b><br>13951 Terrace Road<br>E. Cleveland, OH 44112<br>(216) 761-4261<br>Fax: (216) 761-7950<br>Hours: M-Th: 7:30 am - 3:30 pm<br>Fr: 7:30 am - 11:30 pm                     |

**PURPOSE OF VISIT:**

- Occupational health Services  
 Work Injury Care

Attention Emergency Staff: The named employer requests that all of their employees be referred to the Center for Corporate Health for after care.

**CLASSIFICATION:**

- Post Offer/New Hire  Random Drug Screening  
 Post Accident Screening  Reasonable Cause/Suspicion  
 Other: \_\_\_\_\_

The Center for Corporate Health is authorized to perform the following exams/tests:  
(check all appropriate services)

- |   |  |                                      |                                    |
|---|--|--------------------------------------|------------------------------------|
| <input type="checkbox"/> Physical Exam:     | <input type="checkbox"/> Routine/Private | <input type="checkbox"/> DOT         | <input type="checkbox"/> T-8, T-8V |
| <input type="checkbox"/> Urine Drug Screen: | <input type="checkbox"/> Private         | <input type="checkbox"/> DOT/Federal |                                    |
| <input type="checkbox"/> Alcohol Screen:    | <input type="checkbox"/> Urine           | <input type="checkbox"/> Blood       | <input type="checkbox"/> Breath    |
|   | <input type="checkbox"/> DOT             |                                      | <input type="checkbox"/> DOT       |
|   | <input type="checkbox"/> Private         |                                      | <input type="checkbox"/> Private   |

Other Services: \_\_\_\_\_

Company Contact Name: JANE PIERCE Phone #: 216-283-3000 X263

Fax #: \_\_\_\_\_  Secured

PLEASE MAIL RESULTS TO: Village of Highland Hills  
 ATTN: JANE PIERCE  
 3700 Northfield Road, Rm. 21B  
 Highland Hills, OH 44122



Euclid  
Hillcrest  
Huron  
South Pointe

**CENTER FOR CORPORATE HEALTH  
SERVICE REQUEST FORM**

Company Name: Village of Highland Hills  
 Employee/Applicant Name: Matthew J. Mijangos  
 Social Security Number: [REDACTED]  
 Appointment Date: \_\_\_\_\_ Appointment Time: \_\_\_\_\_  Employee to Call

**CENTER FOR CORPORATE HEALTH LOCATION: (check one)**

- |   |  |   |
|---|--|---|
| <input checked="" type="checkbox"/> <b>South Pointe Hospital</b><br>4110 Warrensville Center Rd.<br>Warrensville Hts., OH 44122<br>(216) 491-7136<br>Fax: (216) 491-7791<br>Hours: M-F: 7:00 am - 4:00 pm | <input type="checkbox"/> <b>Sagamore Hills Medical Center</b><br>863 W. Aurora Road, Suite A<br>Sagamore Hills, OH 44067<br>(330) 468-0194<br>Fax: (330) 467-3830<br>Hours: M-F: 7:00 am - 5:00 pm | <input type="checkbox"/> <b>Twinsburg Med. Ctr./Urgent Care</b><br>2365 Edison Blvd., #400<br>Twinsburg, OH 44087<br>(330) 963-4779<br>Fax: (330) 963-4783<br>Hours: M-F: 8:00 am - 8:00 pm<br>S, S: 10:00 am - 6:00 pm |
| <input type="checkbox"/> <b>Euclid Hospital</b><br>18901 Lake Shore Blvd.<br>Euclid, OH 44119<br>(216) 692-7555<br>Fax: (216) 692-7549<br>Hours: M-F: 7:30 am - 4:00 pm                                   | <input type="checkbox"/> <b>Hillcrest Hospital</b><br>6780 Mayfield Road<br>Mayfield Heights, OH 44124<br>(440) 312-4181<br>Fax: (440) 312-2907<br>Hours: M-F: 7:00 am - 4:00 pm                   | <input type="checkbox"/> <b>Huron Hospital</b><br>13951 Terrace Road<br>E. Cleveland, OH 44112<br>(216) 761-4261<br>Fax: (216) 761-7950<br>Hours: M-Th: 7:30 am - 3:30 pm<br>Fr: 7:30 am - 11:30 pm                     |

**PURPOSE OF VISIT:**

- Occupational health Services  
 Work Injury Care  
 Attention Emergency Staff: The named employer requests that all of their employees be referred to the Center for Corporate Health for after care.

**CLASSIFICATION:**

- Post Offer/New Hire  Random Drug Screening  
 Post Accident Screening  Reasonable Cause/Suspicion  
 Other: \_\_\_\_\_

The Center for Corporate Health is authorized to perform the following exams/tests:  
(check all appropriate services)

- |   |  |                                      |                                    |
|---|--|--------------------------------------|------------------------------------|
| <input type="checkbox"/> Physical Exam:     | <input type="checkbox"/> Routine/Private | <input type="checkbox"/> DOT         | <input type="checkbox"/> T-8, T-8V |
| <input type="checkbox"/> Urine Drug Screen: | <input type="checkbox"/> Private         | <input type="checkbox"/> DOT/Federal |                                    |
| <input type="checkbox"/> Alcohol Screen:    | <input type="checkbox"/> Urine           | <input type="checkbox"/> Blood       | <input type="checkbox"/> Breath    |
|   | <input type="checkbox"/> DOT             |                                      | <input type="checkbox"/> DOT       |
|   | <input type="checkbox"/> Private         |                                      | <input type="checkbox"/> Private   |

Other Services: \_\_\_\_\_

Company Contact Name: JANE PIERCE Phone #: 216-283-3000 X 2103

Fax #: \_\_\_\_\_  Secured

PLEASE MAIL RESULTS TO: Village of Highland Hills  
 ATTN: JANE PIERCE  
 3700 Northfield Road, Rm. 21B  
 Highland Hills, OH 44122



402 W County Rd D  
St. Paul, MN 55112

**1 To be completed by COLLECTOR or EMPLOYER REPRESENTATIVE** Account #

A. Employer Name, Address, I.D. No.		B. MRO Name, Address, Phone and Fax No.		LAB ACCESSION NO.
Account #		Donor I.D.		
Donor Name (Last, First)		Donor Daytime Phone		
C. Reason for Test		Collector Phone No.		Collector Fax No.
E. Collection Site Name		F. Test(s) Ordered		

**STEP 2: COMPLETED BY COLLECTOR**  
 Read specimen temperature within 4 minutes. Is temperature between 90° and 100° F?  Yes  No, Enter Remark

Specimen Collection:  Split  Single  None Provided (Enter Remark)  Observed (Enter Remark)

14008

REMARKS

**STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5 on Copy 2 (MRO Copy)**

**STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY**

I certify that the specimen given to me by the donor identified in the certification section on Copy 2 of this form was collected, labeled, sealed and released to the Delivery Service noted in accordance with applicable requirements.

X _____ Signature of Collector  (PRINT) Collector's Name (First, MI, Last)	Time of Collection	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	SPECIMEN BOTTLE(S) RELEASED TO: Name of Delivery Service Transferring Specimen to Lab <input type="checkbox"/> FedEx <input type="checkbox"/> Local Courier <input type="checkbox"/> Other
	Date (Mo./Day/Yr.)		

**STEP 5: COMPLETED BY DONOR**

I certify that I provided my urine specimen to the collector; that I have not adulterated it in any manner; each specimen bottle used was sealed with a tamper-evident seal in my presence; and that the information provided on this form and on the label affixed to each specimen bottle is correct.

X \_\_\_\_\_  
Signature of Donor

\_\_\_\_\_ (PRINT) Donor's Name (First, MI, Last)

Date (Mo./Day/Yr.)

Daytime Phone No. ( ) Evening Phone No. ( ) Date of Birth Mo. Day Yr.

Should the results of the laboratory tests for the specimen identified by this form be confirmed positive, the Medical Review Officer may contact you to ask about prescriptions and over-the-counter medications you may have taken. Therefore, you may want to make a list of those medications for your own records. THIS LIST IS NOT NECESSARY. If you choose to make a list, do so either on a separate piece of paper or on the back of your copy (Copy 5). — DO NOT PROVIDE THIS INFORMATION ON THE BACK OF ANY OTHER COPY OF THE FORM. TAKE COPY 5 WITH YOU.

**NON-REGULATED 5 PART DRUG TESTING CUSTODY AND CONTROL FORM**



402 W County Rd D  
St Paul, MN 55112

223020377

To be completed by **COLLECTOR**  
or **EMPLOYER REPRESENTATIVE**

Account # 123456789

Employer Name, Address, I.D. No.		B. MRO Name, Address, Phone and Fax No.		LAB ACCESSION NO.
Account #	<input type="text"/>	Donor I.D.	<input type="text"/>	
Donor Name (Last, First)	<input type="text"/>	Donor Daytime Phone	<input type="text"/>	
Reason for Test	<input type="checkbox"/> Pre-employment <input type="checkbox"/> Random <input type="checkbox"/> Reasonable Suspicion/Cause <input type="checkbox"/> Return To Duty <input type="checkbox"/> Follow-up <input type="checkbox"/> Post Accident <input type="checkbox"/> Other (Specify) <input type="text"/>			
Collection Site Name	Collector Phone No.	<input type="text"/>	Collector Fax No.	<input type="text"/>
Test(s) Ordered	<input type="text"/>			

**EP 2: COMPLETED BY COLLECTOR**  
Lead specimen temperature within 4 minutes. Is temperature between 90° and 100° F?  Yes  No, Enter Remark

**Specimen Collection:**  
 Split   
 Single   
 None Provided (Enter Remark)   
 Observed (Enter Remark)   
14008

REMARKS

**EP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5 on Copy 2 (MRO Copy)**  
**EP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY**

*certify that the specimen given to me by the donor identified in the certification section on Copy 2 of this form was collected, labeled, sealed and released to the Delivery Service noted in accordance with applicable requirements.*

Signature of Collector _____ (PRINT) Collector's Name (First, MI, Last)	Time of Collection <input type="text"/> : <input type="text"/> : <input type="text"/> <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	<b>SPECIMEN BOTTLE(S) RELEASED TO:</b> Name of Delivery Service Transferring Specimen to Lab <input type="checkbox"/> UPS <input type="checkbox"/> Local Courier <input type="checkbox"/> Other <input type="text"/>
Date (Mo./Day/Yr.) <input type="text"/> / <input type="text"/> / <input type="text"/>	Date (Mo./Day/Yr.) <input type="text"/> / <input type="text"/> / <input type="text"/>	

**EP 5: COMPLETED BY DONOR**

*certify that I provided my urine specimen to the collector; that I have not adulterated it in any manner; each specimen bottle used was sealed with a tamper-evident seal in my presence; and that the information provided on this form and on the label affixed to each specimen bottle is correct.*

Signature of Donor _____ (PRINT) Donor's Name (First, MI, Last)	Date (Mo./Day/Yr.) <input type="text"/> / <input type="text"/> / <input type="text"/>	Date of Birth <input type="text"/> / <input type="text"/> / <input type="text"/>
Daytime Phone No. ( ) - ( ) - ( )	Evening Phone No. ( ) - ( ) - ( )	

Should the results of the laboratory tests for the specimen identified by this form be confirmed positive, the Medical Review Officer may contact you to ask about prescriptions and over-the-counter medications you may have taken. Therefore, you may want to make a list of those medications for your own records. THIS LIST IS NOT NECESSARY. If you choose to make a list, do so either on a separate piece of paper or on the back of your copy (Copy 5). — DO NOT PROVIDE THIS INFORMATION ON THE BACK OF ANY OTHER COPY OF THE FORM. TAKE COPY 5 WITH YOU.



## Highland Hills Police Interoffice

### Administrative Memo

From: Sgt. Ferrel P. Ridgeway

Ref: Phone accessibility – S.O.P # 2

To: Police Department Personnel

Date: 8-18-08

I have noticed a consistent pattern of officers and dispatchers who are not easily accessed by telephone. Some personnel have failed to return calls in a timely manner after several attempts by the dispatcher. This behavior is not acceptable and will not be tolerated. Please understand that every member of this agency is an emergency responder. And the administration holds everyone to a high standard of accessibility. Having said this, you are expected to return a phone call to the department within 2 hours. Below this paragraph please complete the following and return to my desk immediately.

Name of Employee: MATT MIJANGOS

Phone Number(s): [REDACTED] 4 [REDACTED]

By order of

  
Ferrel Phillip Ridgeway, Sergeant

Cc: Chief Antonio Stitt, Individual Personnel file

Highland Hills Police Department

Interoffice Memorandum

From: Sgt.F.P. Ridgeway

To: All Police Department Personnel

Date: February 23, 2009

Ref: Restaurant patronage/ Official Order

It has been brought to my attention that a select few of our officers are over indulging in public eateries. My issue is mainly concerning second and third shifts, and the late night establishments. Effective immediately absolutely every officer will simply order his/her food prior to arrival. The officer will gather their meal and depart. Especially during late night hours, our Police Officers will not sit and frequent late night food establishments while on duty.

Restaurants that are open after midnight usually have the potential to service individuals who have frequented clubs and or bars prior to their arrival. A prudent person can say with a high degree of certainty that this environment may not be the best for a Law Enforcement Officer. Also, the Village of Highland Hills does not have any food oriented establishments open during late hours. This may suggest that an officer is out of his/her jurisdiction for an unacceptable amount of time.

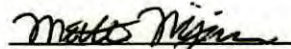
Outside of the potential for unprovoked circumstances that could jeopardize an Officer's safety, it is not a professional image portrayed when an officer in uniform sits among individuals who could possibly be inebriated. Also allow me to reiterate that we do not accept gratuities.

Please review and sign this memorandum, this notice is to be returned to me no later than Monday, March 2, 2009.

Thank you

  
Ferrel Phillip Ridgeway, Sergeant

Matt M. Jangos  
Employee's name printed

  
Employee's name signed

**HIGHLAND HILLS POLICE DEPARTMENT  
INFORMATION**

**FORM A**

**DATE: October 17, 2008**

**TO: Chief Stitt**

**FM: AUX. Mijangos**

**RE: Request for Patrol Officer**

***I' am putting in a request for part-time Patrol Officer. After 92 days of service as an Auxiliary Officer, I now feel very comfortable to serve the Village of Highland Hills. I will always serve this community with a great passion, professionalism, and dedication.***

***HIGHLAND HILLS POLICE DEPARTMENT***

**To: CPL. Flanigan**  
**From: AUX. Mijangos**  
**Date: 09/05/08**  
**Subject: Incident on 08/30/08**

**On 08/30/08 at 2340hours, PTL. Goldenberg and I were monitoring eastbound traffic on Chargin when a vehicle was traveling at a high rate of speed. PTL Goldenberg and I issued a traffic stop. After getting the drivers information, we were told that the driver had a warrant for his arrest. PTL. Mitri showed up to the scene and demanded to the driver to exit the vehicle. The driver refuse to exit the vehicle and reached for his girlfriend who was sitting in the front passenger seat. PTL. Goldenberg then used his pepper spray. The spray hit PTL. Mitri, the driver, and the two passengers in the vehicle. After putting the driver in handcuffs, he wanted to resist arrest by physically fighting with both PTL. Mitri and PTL Goldenberg. I came to help contain the drivers legs as he was using them to escape. PTL. Goldenberg was laying on the drivers back causing PTL. Mitri to yell at PTL. Goldenberg to get off because the driver couldn't breathe. After the physical altercation, it seemed that PTL. Goldenberg was more lax and seemed not to take control of the situation, therefore, causing me to lose trust in his judgment and physical fitness. I don't feel comfortable working with him.**



## DEPARTMENTAL MEMO

**Date:** December 26, 2008  
**To:** All Patrolman  
**From:** Cpl. Flanigan *[Signature]*  
**Cc:** Chief Stitt, Sgt. Ridgeway, Sgt. Skeabeck

---

The administration is going to implement a new arrest log for 2009. This arrest log is going to be filled out for all arrestee's and traffic citations. The arrest log will be filled out before the end of your shift and will be in order by the date of arrest or citation. This log will be used for officers on shifts to know what action was taken on any date before there shift. The second sheet of this form is a copy of a demo arrest log which will be filled out as it is on the demo sheet. This arrest log will start on 1-1-2009, if you have any questions please ask me.

Please sign and return to me

*Auf. Miyangos*



## DEPARTMENTAL MEMO

**Date:** February 23rd, 2009  
**To:** All Patrolmen  
**From:** Cpl. Flanigan  
**Cc:** Chief Stitt, Sgt. Ridgeway, Sgt Skeabeck

---

On 1-7-2009 Sgt. Skeabeck handed out a memo about turning off all equipment in the police vehicles (RADIOS, SIRENS, RADARS) at the end of your shift. On 2-23-2009 7611 had a dead battery, because the radio, siren and the radar was left on which caused the battery to go dead and freeze. We need to understand that this equipment such as the police vehicle are a vital part of us performing our job and without these vehicles operable we cannot perform are job. You will be held responsible when you fail to comply with this order.

All officers will sign this form by the end of your next shift.

*Off. Matt Flanigan # 241*  
Officer and badge number

---

Hugh Flanigan, Corporal



## DEPARTMENTAL MEMO

**Date:** February 23rd, 2009  
**To:** All Patrolman  
**From:** Cpl. Flanigan  
**Cc:** Chief Stitt, Sgt. Ridgeway, Sgt Skeabeck

---

On 2-23-2008 I removed the shotgun from 7611 and found the gun to be loaded, one in the chamber and the safety in the off position. When checking your vehicle you will check your shotgun every time. The shotgun should be loaded without one in the chamber and the safety on. This is a safety issue and common sense.

All officers will sign this and return this form by the end of your next shift.

PT. Matts Flanigan #24  
Officer and badge number

  
Hugh Flanigan, Corporal

Highland Hills Police Department

Interoffice Memorandum

From: Sgt.F.P. Ridgeway

To: **All Police Department Personnel**

Date: March 23, 2009

Ref: Mandatory meeting with Village Counsel

On Monday April 6, 2009, at **promptly 18:30Hrs** absolutely every member of this police department including but not limited to: supervisors; fulltime officers; part-time officers; auxiliary officers; court officers; and dispatchers, will report to the station and prepare to go before the Highland Hills Village Counsel. Every employee will briefly meet with members of counsel on an individual basis.

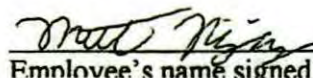
All employees will be neatly dressed in full uniform and participate in this meeting without exception. Please make the necessary provisions to ensure your attendance.

**Please review and sign this memorandum, this notice is to be returned to me no later than Sunday, March 29, 2009.**

Thank you

  
Ferrel Phillip Ridgeway, Sergeant

MATT MISANOS  
Employee's name printed

  
Employee's name signed






## DEPARTMENTAL MEMO

**Date:** June 16, 2009  
**To:** Ptl. Mijangos  
**From:** Cpl. Flanigan  
**Cc:** Chief Stitt, Sgt. Ridgeway, Sgt Skeabeck  
**Ref:** 09-509 OMVI TRAFFIC STOP

---

I need a Form-A on all related information on the OMVI traffic stop with the report number 09-509. I need from start to finish everything that happened and how you received the call, where you were stopped with this vehicle and the positions of all vehicles on scene. This form-A will be done by the end of your next scheduled shift.

  
\_\_\_\_\_  
Hugh Flanigan, Corporal

*Highland Hills Police  
Department  
Form A*

**Date:** June 18, 2009  
**To:** Cpl. Flanigan  
**From:** Ptl. Mijangos  
**Ref:** 09-509 OMVI Traffic Stop

---

On Sunday morning approximately 0530hrs, I over heard dispatcher Jones talking on the phone with someone who was complaining about an erratic driver on the roadway. Jones then dispatched to Zimmerman, who was out re-fueling his police unit, to head towards S.Green and Harvard because Ptl. Mitri was behind the vehicle driving erratically. Ptl. Davidovic and I ran to our police unit. While enroute, we were advised by Zimmerman to 10-25 immediately on Rt.8 and Emery.

While approaching, I noticed the scene was on Emery in the curb lane of the westbound traffic. I then noticed two black males lying in the street with handcuffs on. I then blocked the westbound traffic by positioning my unit facing eastbound on Emery in the middle lane of the westbound traffic. Zimmerman's unit was facing eastbound in the curb lane directly behind the suspects vehicle, which was facing eastbound in the curb lane. I then noticed Ptl. Mitri's personal vehicle angled (northwest) directly in front of the suspect's vehicle.

I then got out of my unit, I noticed Zimmerman speaking to three black females who were sitting on the curb. Ptl. Mitri immediately came up to me and started to explain what had happen. I then asked Ptl. Mitri "who was the driver?" Ptl. Mitri replied "that one (pointing at him)". I then picked



## Highland Hill Inter- Office Memo

**Date:** January 25, 2010  
**To:** Patrolman/Dispatchers  
**From:** Cpl. Flanigan  
**Subject:** Road Logs and Time  
**Cc:** Chief Stitt, Sgt Skeabeck, Mike Simcic

---

**When your scheduled for your shift and your road log shows more hours then your scheduled for you need to enter why you worked the extra time and (NOT THAT YOUR AT THE STATION) you need to enter in detail what you were doing for that period of time.**

**Example: Reports and the Number  
Arrest and Number  
Held over by Supervisor (Supervisors Name)**

**If this is incomplete on your log sheet you will not be paid.**

**Please sign with badge number and return to my desk by the end of your next scheduled shift.**

  
Corporal Hugh Flanigan

*mi #24*



## DEPARTMENTAL MEMO

**Date:** December 22, 2009  
**To:** All Officers  
**From:** Cpl. Flanigan  
**Cc:** Chief Stitt, Sgt. Skeabeck  
**Ref:** Crash Reports

---

The crash reports for this year need to be completed by all officers that have entered crash reports and have not completed them with a validation. This needs to be completed by 12-31-2009. I reviewed these crash reports and found that there incomplete and the diagrams need to be more detailed. If the crash occurs on Harvard Rd., the diagram should show a four lane roadway with a double yellow line and all intersections or driveways that are involved. The vehicle should have a direction of travel and a number on the unit, see example of crash diagram attached.

Sign and return to my desk when you completed your crash reports:

If you have any questions feel free to ask.

  
Cpl. Hugh Flanigan

*Mia* #24 on 12/30/09 @ 0300AM

*Highland Hills Police  
Department  
Form A*

**To:** Cpl. Flanigan, Sgt. Skeabeck, Sgt.  
Ridgeway, Chief Stitt

**From:** Ptl. Mijangos

**Subject:** Juvenile Townhouse Incident

On Sunday October 11<sup>th</sup>, Aux. Campana and I were on a foot patrol near the area of 4054 Selfridge Pkwy when I observed a large group of males (seven or eight males) loitering against the building. We started to walk in the area where they were when one of the males noticed us approaching. They started running behind 4054. I continued to walk to the area where they were standing, once I arrived, I could smell burnt marijuana. After knowing why these individuals started to run, I called dispatch and let them know of the situation. Aux. Campana and I searched the open garages of 4054 and 20411. I then walked to Randolph and from the sidewalk, I observed one of the males running behind south pointe hospital. I then advised dispatch of their location, and got into our unit 7611. By then 7616 (Brooks and Shepetiak) and 7683 (Houser) arrived in the area. During a search from our unit behind south pointe, we observed three males run into a ravine.

After a quick foot pursuit of these males, they were appended. However, during the foot pursuit, Brook, Shepetiak, and Houser fell into the creek. They were not injured, but Brooks suffered some equipment damage (portable radio, and digital recorder). After an on scene investigation, it was known that these males were juveniles. One male, a Davion Herron was found with a small bag of marijuana and an

empty sandwich bag with marijuana residue inside. 7611, 7616, and 7683 transported one male each back to the station.

At the station, I got each juvenile males to provide me with the names of those in the group who were not appended. I then called the parents of all three males, in which they later arrived. I spoke to each parent indivually, filled out facts sheets, and then released them to their parents.

*Highland Hills Police Department  
Form A*

*To: Sgt. Skeabeck*

---

*From: Ptl. Mijangos*

*Date: 08/09/2011*

*Subject: Tom O'Donnell*

On 08/09/2011 I was at Bedford Court for a case regarding a falsification charge. Tom Donnell, the Highland Hills Prosecutor, provided me with the case jacket for the said case. In this jacket there was a note from another judge about the previous attempt to plea the case. This note stated "No Punishment?" The plea was denied.

During the trial of this case, Mr. Donnell approached the bench with a different judge and plead this case. I'm not sure the contents of this plea, however, it was clear that my services were not needed. Mr. Donnell looked at me and stated "that's it". I then stood up, shook my head and then stated to my partner (Ptl. Tvesdos) "lets go". I continued to shake my head as I walked out. Mr. Donnell appeared to take offense to this, therefore he called me back. However, I did respond. Mr. Donnell followed me outside the court and stated in a loud voice "are you upset at me or the system?" I responded in a normal tone of voice "I don't like to waste my time, I need to be on the road right now (the lack of man power on the said date)".

Mr. Donnell stated, again, in a loud voice "If you don't like the way the system work, then you need to get a new line of work". At that time I advice Mr. Donnell to keep his voice down and maintain his professionalism. Mr. Donnell then spoke in a normal voice by stated "don't give me orders". I then stated "then don't yell at me like am some kind of scrub". Mr. Donnell then asked me "what you want all your cases to go to trial?" In which I stated "yes, that's what I want". Mr. Donnell then responded with "fine, that's what we are going to do for now on". I then advised Mr. Donnell that we need to come up with a way so that officers do not waste their time coming out here. Mr. Donnell then stated "I did, I notified Ptl. Dynys that he

did not need to come. This notification came at 1410hrs, while we were already enroute to Bedford Court. I then stated, "No, that way does not work". I then stated to Mr. Donnell "have a nice day".

For some time now this prosecutor has failed to take cases to trail. Instead, these cases are being plead out for a much lesser punishment. For example, ~~cases where a motor vehicle accident occurs and the suspect gets away with~~ just a fine and no points on the license. Another example, after performing multiple OVI arrest, I have not yet gone to trail for one of them. After I check on the status of these arrests, they have already pleaded out to a much lesser charge (even those in which a compliant has been made on the officer).

These officers work extremely hard on all incidents on scene, booking, paperwork (i.e. Reports), and deserve somewhat of a chance to fully prosecute these suspects or at least be notified if they are willing to take a plea. I apologize in advanced if this incident causes an inconvenience to anyone.

Ptl. Mijangos



# Form A

Corp. Flanigan,

I was unable to swipe in  
On Duty on Sunday May 31<sup>st</sup>  
because I did not have my Swipe  
Card. Sorry For any inconvenience  
this may cause you.


PTL. MiJangos

## Highland Hills Police Department

**\*Memo\***

---

To: Inv. Charles Golston / Ptl. Mathew Mijangos

From: Sgt. Jerome Skeabeck 

Date: June-29<sup>th</sup>-2010

Ref: **Good Job!**

---

On Sunday morning June 27<sup>th</sup> 2010 you both responded to a call on Selfridge Pkwy. For a vacant home being vandalized by several subjects. You both handle this matter in a safe and professional manner with all suspects apprehended. Good Job!

Cc: Antonio Stitt Chief of Police  
Dave Koran Corporal  
Personnel File.

*Highland Hills Police  
Department  
Form A*

***To: SGT. Ridgeway***

***From: Ptl. Mijangos***

***Subject: Traffic Stop 09/27/09 @ 1230p.***

While behind a tan Pontiac on Northfield Rd. southbound at Harvard Rd. I advised dispatch for the expiration date on the vehicle's plate directly in front of me. The vehicle's tags were not expired; however, dispatch advised me that the owner's driving privileges were suspended with limited privileges. I then asked for a physical description of the owner. The description matched the driver; therefore, I stopped the vehicle on Clarkwood.

The driver, Mr. Randy Powell stated that he was "going to Granada to pick up gas money". Mr. Powell then stated he had "work privileges to drive". After further investigations, Mr. Powell did not have his correct paperwork with him; moreover, he did not have his work uniform with him. I then used his cell phone to call his manager to see if he had to work. The manager, Jen, of Arby's told me that she was "not going to need him today because they are slow".

Due to Mr. Powell not driving on the route to and from work only, he was cited for DUS. The vehicle was towed and on Mr. Powell's request, he was released on scene.

*Highland Hills Police Department*  
*Form A*

To: Sgt. Skeabeck  
From: Ptl. Mijangos  
Date: 07/26/2010  
Subject: Transport Dispatch to Marymount

On July 25<sup>th</sup>, 2010 I was ordered by the OIC to transport our dispatcher to Marymount Hospital for a family emergency. The dispatcher was very upset and irate about what had happen to her daughter.

During my transport, I used my lights and sirens to carefully go through the intersections of Northfield Rd. at Emery and also Northfield Rd. at Miles. These were the only times this tactic was used. While going through these intersections, I made sure it was clear of traffic. The dispatcher was using her safety belt. On the highway, at no time was there lights and/or sirens used. Once off the highway, the proper speed limits and traffic control devices were obeyed.

The reason for using this tactic was due to the severity of our dispatcher's situation. I had no other point of intentions but to assist in getting our dispatcher back to her daughter. Once we arrived, The EMS was taking the daughter off of their truck.



## DEPARTMENTAL MEMO

**Date:** February 20th, 2009

**To:** Ptl. Mijangos

**From:** Cpl. Flanigan

**Cc.**

---

**Report # 09-112 needs to be validated before the end of your next shift. Return this memo signed stating this has been completed.**

*CPC*  
  
\_\_\_\_\_  
**Hugh Flanigan, Corporal**

# ***Highland Hills Police Department***

## ***Form A***

To: Chief Stitt  
From: Ptl. Mijangos #24  
Date: March 12, 2009  
Ref: Disabling Unit 7616

While attempting to position unit (7616) on the north side of Harvard Rd. facing westbound slightly off-road to run traffic, the unit slipped into a hole. As a result, I was unable to get out of the hole causing Kelly's towing to come and pull us out. Kelly's got us out with no problem. Ptl. Houser and myself checked the unit for damage, but the unit did not have any damage. I was able to drive the unit to the car wash from the scene.

Thank you,

*Ptl. Mijangos #24*

Ptl. Mijangos #24

*Highland Hills Police  
Department  
Form A*

***To: Cpl. Flanigan; Sgt. Ridgeway; Sgt. Skeabeck***

***From: Ptl. Mijangos***

***Ref: Found Drugs in Unit***

On 06/20/09 at 2205hrs, while conducting a vehicle inspection on police unit 7611, I found in the back seat, under the seat cushion, two bags of Marijuana. I then talked to Sgt. Skeabeck about what I found and he told me to write an A-form and have dispatch tell me who the last two people to sign out 7611 were. After talking to dispatch, Mrs. Jones advised me that Ptl. Brooks had the vehicle on Tuesday 06/16/09 and Monday 06/15/09 according to her Dispatch/Radio Log. I'm sure this is an honest mistake, and this Form is not intended to throw any of my brothers "under the bus", it's just a Form to cover myself.

*Highland Hills Police  
Department  
Form A*

*To: SGT. Ridgeway*

*From: Ptl. Mijangos*

*Subject: Traffic Stop 09/27/09 @ 1230p.*

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*Highland Hills Police Department*  
*Form A*

To: Sgt. Skeabeck

From: Ptl. Mijangos

Date: 07/26/2010

Subject: Transport Dispatch to Marymount

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During my transport, I used my lights and sirens to carefully go through the intersections of Northfield Rd. at Emery and also Northfield Rd. at Miles. These were the only times this tactic was used. While going through these intersections, I made sure it was clear of traffic. The dispatcher was using her safety belt. On the highway, at no time was there lights and/or sirens used. Once off the highway, the proper speed limits and traffic control devices were obeyed.

The reason for using this tactic was due to the severity of our dispatcher's situation. I had no other point of intentions but to assist in getting our dispatcher back to her daughter. Once we arrived, The EMS was taking the daughter off of their truck.

*Highland Hills Police Department  
Form A*

*To: Cpl. Koran*

*From: Ptl. Mijangos*

*Date: 02/11/2011*

*Subject: Traffic Accident on Chagrin.*

Recently, on Chagrin Blvd. there was a traffic accident just east of Belvoir. Ptl. Doctor and I responded to this accident in the same police unit. Once we arrived, we noticed that three vehicles were involved and two Beachwood units were there to assist. Based on the potential road hazard, we asked if a responding unit can block the eastbound traffic on Chagrin at the Belvoir intersection.

The responding unit did not fulfill this request, therefore, during our investigation, our unit had to leave the scene to provide this support. Once we had this area blocked off, the traffic flowed at a safe pace. The responding unit stayed on scene. The accident report was taken by the Beachwood PD.

# Village of Highland Hills Police Department Official Notice

---

Employee: Aux. Mijangos

Job Title: Patrolman

Department: Police

Supervisor: Cpl. Flanigan

Date: 01-05-2009

Date Of Incident: 12-26-2008

---

## Nature of Incident

On December 26<sup>th</sup> 2008 Aux. Mijangos you were given a Departmental Memo to sign and return to me stating that you understood the arrest log. The Departmental Memo was a written order from a supervisor, You failed to take responsibility and follow through with a written order. I responded after seven days of you not returning the signed copy and order you to type out a Form-A on your reason for your delay. I read your Form-A and find that there was no excuse for not returning your signed copy

This is a violation of our policy and procedure.

**3.001 VIOLATIONS OF RULES:** Officers shall not commit any acts or omit any acts which constitute a violation of any of the rules, regulations or directive orders of the department, whether stated in this general order or elsewhere.

**Action Taken:** Aux. Mijangos is officially on notice for the infraction. The next infraction of the Rules Policy will result in a progressive disciplinary action.

  
EMPLOYEE SIGNATURE

01/26/09  
DATE

  
DEPARTMENT SUPERVISOR

1-26-09  
DATE

Highland Hills Police Department

OFFICER EVALUATION

February 18 2013

---

Officer: Mathew Mijangos

Supervisor: Sgt. Jerome Skeabeck

---

**UNIFORM:** Meets department standards .

**REPORTING FOR DUTY:** On Time and ready to go **GOOD JOB.**

**JOB KNOWLEDGE:** Has grown leaps and bounds from when he started is considered a team go to guy. I expect him to continue to learn.

**JUDGMENT SKILLS:** As a selected OIC I feel confident in his decision making.

Works well with little supervision assistance needed does a Good Job!

**QUALITY OF WORK:** Meets department standards manages his time well. Good Job.

**OPEN COMMIT:** Mijangos is growing into being a seasoned officer. Shows a willingness to learn and be a team player. Is a pleasure to have on our team. Good asset to our team.

---



**HIGHLAND HILLS POLICE DEPARTMENT**

**Employee Performance Evaluation**

Name: MATTHEW MIJANGOS Badge: 23

Date of Review: 2-17-2011 Next Evaluation: 8-11

PERFORMANCE DEFINITIONS

1-EXCEEDS DEPARTMENT STANDARDS 2-MEETS DEPARTMENT STANDARD  
3-NEEDS IMPROVEMENT 4-UNACCEPTABLE

3	Uniform is kept clean, pressed, professional
2	Job knowledge of employee
2	Reports for duty on time and prepared
2	Human Relation skills with other employees
2	Human Relation Skills with the Public: Effectively communicates information
2	Judgment; able to make decisions based on sound reasoning
1	Exhibits honor, integrity, and professionalism
2	Quality in which employee accepts and carries out assignments
2	Quality of completed assignments
2	Operating Department Vehicles in a safe and professional manner
2	Follows department rules and regulations
2	Follows department procedures
1	Considered a positive team player to all employees
2	Employee is an asset to the operation

Scoring: (14+) High Value Employee (25+) Average Employee (38+) Needs Improvement (50+) Lowest Performance

Total Score: 26

Overall how would the supervisor rate this employee? Good Officer, Department Asset

Supervisor Comments:

Ptl. Mijangos has developed into a good performing officer. Ptl. Mijangos exhibits integrity and professionalism in his work and shows that he wants to be a teamplayer.

This evaluation will be part of the employee personnel file. Signing this evaluation does not mean that the employee agrees with its content, rather that it has been reviewed by the employee.

Signature Ptl. Matt Mijangos Date 02/17/11

Reviewing Supervisor CP. Stitt Date 2-17-11

Antonio Stitt, Chief of Police \_\_\_\_\_ Date \_\_\_\_\_



## HIGHLAND HILLS POLICE DEPARTMENT

### Employee Performance Evaluation

This is an opportunity for each employee to evaluate their job performance as they feel they have exhibited in the performance of their duties.

How do you feel about being an employee of the Highland Hills Police Department?

I Feel Blessed, thankful for the opportunity to fulfill  
A dream.

Do you consider yourself an asset to the operation?

Absolutely, with my experiences growing up and my  
leadership abilities, I can teach and bring good police  
work to this operation.

What more can you do as an employee to help the operation?

Get involved with more shifts or operation departments  
to receive more experience.

What accomplishments have you made to improve our operation?

Besides playing every traffic stop and on situation  
back in my head to see how/what I can do better.

What changes would you make within your area of the operation?

More traffic stops & ticket writing.

Would you consider yourself a leader in the operation or a follower?

No Doubt a leader. Never been a follower, if I was  
a follower I wouldn't be here today.

Additional Comments:

Thank you for this evaluation, its good to know  
where I can improve.

Employee  
Signature

*Mark D. [Signature]*

Date 02/12/11

**Written Assessment for**

**Ptl. Regina Baker**

**Prepared by Ptl. Mijangos (FTO)**

**Positives:** During training Ptl. Baker showed up on time and ready for work. Ptl. Baker was well dressed and clean. Ptl. Baker brings a maturity level which cannot be trained. Ptl. Baker shows great interest in public relations and building a rapport with the public. Ptl. Baker appears very professional and would handle herself respectfully in the general public. Ptl. Baker also has good report writing capabilities.

**Negatives:** Based on the position Ptl. Baker is in her career, we should not expect a high production rate from her. Ptl. Baker has shown no interest in traffic enforcement or citations in general. This information was obtained while shadowing her during a sixteen hour assessment. During this assessment Ptl. Baker did not attempt to run one plate through our LEADS system! In addition, her traffic enforcement attempts were unsatisfactory (running radar near traffic lights which would not allow a speeder to reach high speeds before being targeted). Ptl. Baker also shows a lack of computer skills which would impede her daily tasks. Expect many errors on reports along with missing information.

## ON ROAD VISUAL ESTIMATE TESTING

Name MATT MIZANOS Department Highland Hills PD

Stationary				Moving				
Target Vehicle	EST	Actual	Error MPH	Target Vehicle	EST	Actual	Error MPH	
1	34	36	-2	1	<del>38</del> 35	35	+3	Years of Experience w/RADAR <u>2</u>
2	27	30	-3	2	35	35	0	Location of Test _____
3	34	37	-3	3	35	35	0	Highway Type _____
4	36	35	+1	4	34	40	-6	Traffic Volume _____
5	36	34	+2	5	36	48	-12	Radar Model <u>Co. 1515 Custom 1400</u>
6	36	40	-4	6	36	33	+3	Comments _____
7	30	36	+4	7	34	38	-4	_____
8	32	30	+2	8	37	40	-3	_____
9	35	35	0	9	35	35	0	_____
10	40	40	0	10	35	37	-2	_____
11	38	32	+4	11	41	35	+6	_____
12	45	44	+1	12	37	39	-2	_____
13	40	35	+5	13	35	35	0	_____
14	36	34	+2	14	38	47	-9	Avg. Error MPH Stationary _____
15	38	38	0	15	35	35	0	Avg. Error MPH Moving _____
16	32	35	-3	16	38	36	+2	Avg. Error MPH Overall _____
17	35	33	+2	17	36	38	-2	
18	30	39	+1	18	42	37	+5	
19	36	39	-3	19	40	35	+5	Note: The "ERROR MPH" columns represent
20	36	38	-2	20	32	37	-5	actual deviations in MPH - no plus or minus
21	35	37	+1	21	40	38	+2	values (a -3 mph and +2 mph for two speed
22	34	34	0	22	36	28	+8	estimations is total deviation of 5 mph, not
23	37	40	-3	23	38	39	-1	minus 1 mph)
24	35	35	0	24	40	42	-2	
25	35	38	-3	25	37	37	+1	
Total				Total				Instructor's Signature (Date) <u>[Signature] 2010</u>



Highland Hills Police Department

PTL .MIANGOS was issued on December 15<sup>th</sup> 2015, 1 Glock #17 with 3 Magazines serial# [REDACTED]

I acknowledge I have been issued the stated equipment and recognize this is the Property of the Highland Hills Police Department, and will be returned upon request from the Chief of Police.

PTL. Miangos 7602  
SIGNATURE

12-16-15  
DATE

# Village of Highland Hills

## Oath of Office for Division of Police

I, **Matthew Mijangos**, do solemnly swear that I will support the Constitution of the United States of America, the Constitution and Laws of the State of Ohio, the Charter and Ordinances of the Village of Highland Hills; obey the rules, and regulations and orders of the Division of Police for the Village of Highland Hills, and will discharge the duties of the position of Police Officer to the best of my knowledge and ability, so help me God.

Matthew Mijangos  
Signature of Appointee

06/25/13  
Date

[Signature]  
Signature of Witness

6-25-13  
Date

By the affixing of my signature, I do hereby swear that the commission issued to **Matthew Mijangos**, is given pursuant to the authority vested in me as the Chief of Highland Hills Police, and that the individual has personally appeared before me and affixed his signature to this oath in my presence.

[Signature]

Antonio F. Stitt, Chief of Police

Sworn to and subscribed before me this 25<sup>th</sup> day of June, 2013.

[Signature]  
Jeune Drayton, Village Clerk



JEUNE DRAYTON  
NOTARY PUBLIC

STATE OF OHIO

My Comm. Expires August 23, 2017

**POST-OFFER, PRE-EMPLOYMENT TESTING  
REIMBURSEMENT AGREEMENT**

I, Matthew Miangos, a candidate being considered for employment with the Highland Hills Police Department as a POLICE OFFICER, am of the understanding, and hereby agree that I am financially responsible for any/all costs associated with any/all testing administered as a part of the conditional offer of employment testing requirements. Financial responsibility for testing is understood in the event that I voluntarily withdraw my name from further consideration for employment prior to being employed, or voluntarily resign from my position within the first year of my appointment (official starting date), or am terminated within the confines of the prescribed probationary period. Testing as previously indicated would include but not be limited to post-offer physical and medical testing (complete physical, X-rays, blood work, urinalysis).

I understand that the financial costs associated with post-offer testing can be as high as \$500 or more and I nevertheless wish to proceed with the testing process after receiving a conditional offer of employment. (NOTE: The Village of Highland Hills reserves the right to withhold final pay as total or partial payment toward any financial reimbursement required of an employee).

Matthew Miangos  
Signature of Prospective Employee

Matthew Miangos 12/22/08  
Print Name Date

Antonio F. Stitt  
Antonio F. Stitt, Chief of Police

12/22/2008  
Date

CPL [Signature]  
Witness (Signature)

CPL HUGH FLANIGAN 12-22-08  
Print Name Date

Highland Hills Police Department

**EQUIPMENT ISSUE**

.....

**Ptl. Mathew Mijangos has been issued 1 Glock Model 22 with 2 magazines serial number KMH553 One Glock carrying case mag loader with a cleaning brush and rod.**

**ISSUED THIS DATE August 2, 2013**

  
**MATHEW MIJANGOS**

  
**SGT. JEROME SKEABECK**

**COPY TO PERSONELL FILE.**

## Highland Hills Police Department

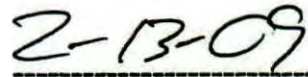
The following Department property has been issued to Matt Mijangos as he has been upgraded from Auxiliary Officer to Part Time status.

Issued- 2 hat badges #24/ 2 breast badges #24  
3 keys- 3x- 31- 39.

  
Matt Mijangos

  
Date

  
Sgt. Jerome Skeabeck

  
Date

Cc: Personnel File.

**HIGHLAND HILLS DIVISION OF POLICE**  
**DEPARTMENT MANUAL**

**TERMS OF ISSUANCE**

This manual is issued to: MATT MIJANGOS

Date: 01/22/11

**I acknowledge the below guidelines upon issuance of this manual.**

- This officer is responsible for the upkeep and content in this manual.
- Upon new additions of any regulation, policy, or procedure it is my responsibility to indicate the new addition on the supplied pages and enclose the copy of the new addition within the folder.
- This manual is to be return upon my separation of employment with the Village of Highland Hills in the condition which was first issued.

PTI. Mi #24  
Signature

01/22/11  
Date

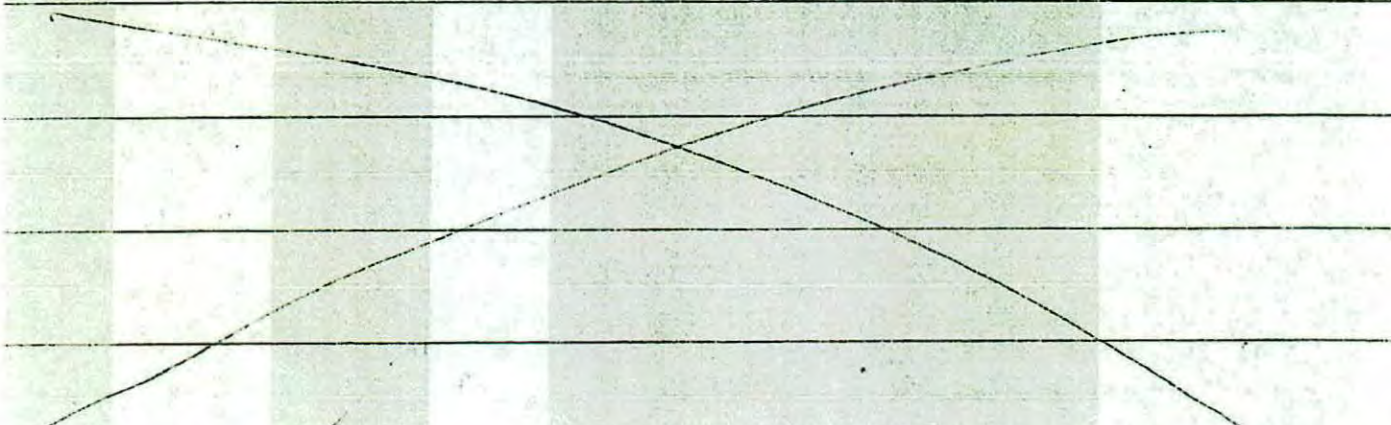


# Highland Hills Police Daily Duty Log

Officer Name: Psc. Mi. Santos Badge No.: 24  
 Tour Start: WED day Date: 07/28/2010 Time: 14:00 hrs. Mileage: 74325  
 Tour End: WED day Date: 07/28/2010 Time: 23:00 hrs. Mileage: 74390  
 Unit No. Assignment: 2684 Totals: Hours: 9 hrs Miles: 65

Court Date: 08/10/2010

B/O/S	Received	Arrived	Comp.	Location & Nature of Assignment	Disposition/Name
S		1400	-	ON Duty	10-41
S		1400	1430	Roll-call / <sup>vehicle</sup> Ins. Acc. / <sup>RAOIN</sup>	10-24/8
O		1456	1525	out @ Service garage	10-6
O	<del>1747</del> 1605	<del>1751</del> 1505		Accident / <sup>RTA</sup> self-ridge / clear	10-50/24/8
O		1846	1926	Lunch / set meeting	10-7/24/8
O		1926	2150	Village patrol	10-8
S		2150	2300	PAPERWORK (cite A-Firm)	10-24
		-	2300	OFF DUTY	10-42



Source of Assignment Key: B= Broadcast O= On View or Other S=Station

Oil Level Checked  Fuel Level Checked  Vehicle Wash

Officer Name: [Signature] Badge No.: 24

Officer Name: \_\_\_\_\_ Badge No.: \_\_\_\_\_

Examined & Approved By: [Signature]

*Highland Hills Police  
Department  
Form A*

**To:** Cpl. Flanigan, Sgt. Skeabeck, Sgt.  
Ridgeway, Chief Stitt

**From:** Ptl. Mijangos

**Subject:** Juvenile Townhouse Incident

On Sunday October 11<sup>th</sup>, Aux. Campana and I were on a foot patrol near the area of 4054 Selfridge Pkwy when I observed a large group of males (seven or eight males) loitering against the building. We started to walk in the area where they were when one of the males noticed us approaching. They started running behind 4054. I continued to walk to the area where they were standing, once I arrived, I could smell burnt marijuana. After knowing why these individuals started to run, I called dispatch and let them know of the situation. Aux. Campana and I searched the open garages of 4054 and 20411. I then walked to Randolph and from the sidewalk, I observed one of the males running behind south pointe hospital. I then advised dispatch of their location, and got into our unit 7611. By then 7616 (Brooks and Shepetiak) and 7683 (Houser) arrived in the area. During a search from our unit behind south pointe, we observed three males run into a ravine.

After a quick foot pursuit of these males, they were appended. However, during the foot pursuit, Brook, Shepetiak, and Houser fell into the creek. They were not injured, but Brooks suffered some equipment damage (portable radio, and digital recorded). After an on scene investigation, it was known that these males were juveniles. One male, a Davion Herron was found with a small bag of marijuana and an



empty sandwich bag with marijuana residue inside. 7611, 7616, and 7683 transported one male each back to the station.

At the station, I got each juvenile males to provide me with the names of those in the group who were not appended. I then called the parents of all three males, in which they later arrived. I spoke to each parent indivually, filled out facts sheets, and then released them to their parents.

## Highland Hills Police Interoffice

### Administrative Memo

From: Sgt. Ferrel P. Ridgeway

Ref: Phone accessibility – S.O.P # 2

To: Police Department Personnel

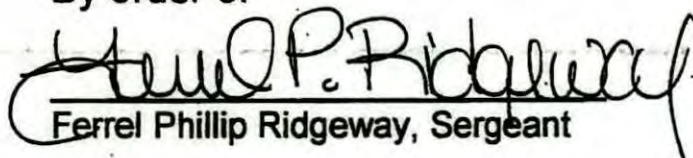
Date: 8-18-08

I have noticed a consistent pattern of officers and dispatchers who are not easily accessed by telephone. Some personnel have failed to return calls in a timely manner after several attempts by the dispatcher. This behavior is not acceptable and will not be tolerated. Please understand that every member of this agency is an emergency responder. And the administration holds everyone to a high standard of accessibility. Having said this, you are expected to return a phone call to the department within 2 hours. Below this paragraph please complete the following and return to my desk immediately.

Name of Employee: Matt Miangos

Phone Number(s): [REDACTED]

By order of

  
Ferrel Phillip Ridgeway, Sergeant

Cc: Chief Antonio Stitt, Individual Personnel file



# MIKE DeWINE

★ OHIO ATTORNEY GENERAL ★



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

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

## NOTICE OF PEACE OFFICER APPOINTMENT

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

<b>OFFICER INFORMATION</b>	1. Name (Last)	(First)	(Middle)	2. Social Security Number
	Mijangos	Matthew	J.	[REDACTED]
3. Alias (Last)	(First)	(Middle)		
4. Birth date (mm/dd/yyyy)	5. Email Address		6. Phone Number	
[REDACTED]	[REDACTED]		[REDACTED]	
7. Home Mailing Address (#/Street/PO Box)	(City)	(State)	(Zip Code)	(County Name)
[REDACTED]	[REDACTED]	Ohio	[REDACTED]	Cuyahoga
8. Basic Training Academy (Only complete if this is the officer's first appointment or OSP)	(Academy Name)	(Academy Number)	(Dates of Training)	
	Cuyahoga Community College	BAS 07-033	02/24/2007 - 09/08/2007	

<b>AGENCY INFORMATION</b>	9. Agency Name			
	Highland Hills Police Department			
	10. Agency Email Address	11. Agency Phone Number		
koran@vhhohio.org	216-591-1234			
12. Agency Mailing Address (#/Street/PO Box)	(City)	(Zip Code)	(County Name)	
3700 Northfield Rd.	Highland Hills	44122	Cuyahoga	

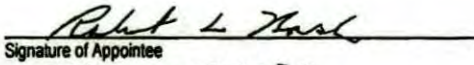
<b>APPOINTMENT INFORMATION</b>	(Complete Date, Status and ORC)	13. New Appointment Date	14. Status Change Date
		07 / 13 / 2008	07 / 13 / 2008
15. Select New Status	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input checked="" type="checkbox"/> Auxiliary <input type="checkbox"/> Reserve <input type="checkbox"/> Special <input type="checkbox"/> Seasonal		
16. Select New ORC	<input type="checkbox"/> City/Municipality Full-Time/Part-Time (737.02) <input type="checkbox"/> City/Municipality Auxiliary/Reserve/Special (737.051) <input type="checkbox"/> City/Municipality Chief (737.02)		
	<input type="checkbox"/> Village Full-Time/Part-Time/Special (737.16) <input checked="" 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)		

<b>ATTESTATION OF REPORTING AUTHORITY</b>		I attest that the information provided on this form is true and correct and is based on my personal knowledge or inquiry.	
17. Signature of Reporting Authority	18. Name and Title	19. Date	
<i>Antonio F. Stitt, Chief</i>	Antonio F. Stitt Chief of Police	02 / 15 / 2013	
<b>NOTARY</b>			
Sworn to and subscribed before me this <u>15<sup>th</sup></u> day of <u>February</u> , 20 <u>13</u> in the county of <u>Cuyahoga</u> , Ohio.			
<i>Margerie Scott</i> Signature of Notary		My commission expires <u>3/25/2014</u>	Affix Seal Here
<u>MARGERIE SCOTT</u>			


Officer Name (Last) (First) (Middle) Social Security Number  
 Mijangos Matthew J. [REDACTED]

**20. 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

Robert Nash  
 Name of Appointing Authority (Typed or Printed Legibly)

  
 Signature of Appointing Authority

Village of Highland Hills, Mayor  
 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.

21. Appointed By (Agency Name and County):	22. From(mm/dd/yyyy): / /	To(mm/dd/yyyy): / /
23. 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		
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		
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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		
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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		



**MIKE DEWINE**  
 ★ OHIO ATTORNEY GENERAL ★



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

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

**NOTICE OF PEACE OFFICER SEPARATION FROM SERVICE**

Complete all blanks. Type or print legibly. Enter N/A if not applicable.  
 Please email (SF400@ohioattorneygeneral.gov), fax, or mail this document within ten days of the separation.

<b>OFFICER INFORMATION</b>	1. Name (Last)	(First)	(Middle)	2. Social Security Number
	Mijangos	Matthew	J.	[REDACTED]
3. Previous Name(s) or Alias (Last)	(First)		(Middle)	
4. Birth date (mm/dd/yyyy)	5. Email Address			
[REDACTED]				
6. Home Mailing Address (#/Street/PO Box)	(City)	(State)	(Zip Code)	(County Name)
[REDACTED]	[REDACTED]	Ohio	[REDACTED]	Cuyahoga

<b>AGENCY INFORMATION</b>	7. Agency Name			
	Highland Hills Police Department			
	8. Agency Email Address		9. Agency Phone Number	
golston@vhhohio.org		216-283-3007		
10. Agency Mailing Address (#/Street/PO Box)		(City)	(State)	(Zip Code) (County Name)
3700 Northfield Road		Highland Hills	Ohio	44122 Cuyahoga

<b>SEPARATION INFORMATION</b>	11. Appointment Date (mm/dd/yyyy)	12. Separation Date (mm/dd/yyyy)
	06/19/2013	03/07/2016
13. Reason for Separation (check appropriate box)		
<input type="checkbox"/> Resignation <input type="checkbox"/> Death <input type="checkbox"/> Felony Conviction (please explain below)		
<input type="checkbox"/> Misdemeanor guilty plea with a surrender of peace officer certificate (please explain below) <input checked="" type="checkbox"/> Separation from service, retirement, or termination for any other reason		

<b>ATTESTATION OF LAW ENFORCEMENT AGENCY ADMINISTRATOR</b>		
I attest that the information provided on this form is true and correct and is based on my personal knowledge or inquiry.		
14. Signature of Law Enforcement Agency Administrator	15. Name and Title	16. Date
	Antonio F. Stitt, Chief of Police	03/08/2016



# MIKE DEWINE

★ OHIO ATTORNEY GENERAL ★



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

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

## NOTICE OF PEACE OFFICER APPOINTMENT

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

<b>OFFICER INFORMATION</b>		1. Name (Last) Mijangos	(First) Matthew	(Middle) J.	2. Social Security Number [REDACTED]
3. Alias (Last)		(First)	(Middle)		
4. Birth date (mm/dd/yyyy) [REDACTED]	5. Email Address			6. Phone Number [REDACTED]	
7. Home Mailing Address (#/Street/PO Box) [REDACTED]		(City) [REDACTED]	(State) Ohio	(Zip Code) [REDACTED]	(County Name) Cuyahoga
8. Basic Training Academy (Only complete if this is the officer's first appointment or OSP)		(Academy Name) Cuyahoga Community College	(Academy Number) BAS 07-033	(Dates of Training) 02/24/2007 - 09/08/2007	

<b>AGENCY INFORMATION</b>		9. Agency Name Highland Hills Police Department			
10. Agency Email Address koran@vhhohio.org		11. Agency Phone Number 216-591-1234			
12. Agency Mailing Address (#/Street/PO Box) 3700 Northfield Rd.		(City) Highland Hills	(Zip Code) 44122	(County Name) Cuyahoga	

<b>APPOINTMENT INFORMATION</b> (Complete Date, Status <u>and</u> ORC)		13. New Appointment Date 12 / 10 / 2008	14. Status Change Date 12 / 10 / 2008
15. Select New Status <input type="checkbox"/> Full-Time <input checked="" type="checkbox"/> Part-Time <input type="checkbox"/> Auxiliary <input type="checkbox"/> Reserve <input type="checkbox"/> Special <input type="checkbox"/> Seasonal			
16. Select New ORC			
<input type="checkbox"/> City/Municipality Full-Time/Part-Time (737.02)		<input type="checkbox"/> City/Municipality Auxiliary/Reserve/Special (737.051)	
<input checked="" type="checkbox"/> Village Full-Time/Part-Time/Special (737.16)		<input type="checkbox"/> Village Auxiliary/Reserve (737.161)	
<input type="checkbox"/> Township Police Officer (505.49)		<input type="checkbox"/> Township Constable (509.01)	
<input type="checkbox"/> Other - List ORC/Charter _____		<input type="checkbox"/> Sheriff (311)	
<input type="checkbox"/> Other - List ORC/Charter _____		<input type="checkbox"/> Deputy Sheriff (311.04)	

<b>ATTESTATION OF REPORTING AUTHORITY</b>		I attest that the information provided on this form is true and correct and is based on my personal knowledge or inquiry.	
17. Signature of Reporting Authority <i>Antonio F. Stitt</i>	18. Name and Title Antonio F. Stitt Chief of Police	19. Date 02 / 15 / 2013	
<b>NOTARY</b>			
Sworn to and subscribed before me this <u>15<sup>th</sup></u> day of <u>February</u> , 20 <u>13</u> in the county of <u>Cuyahoga</u> , Ohio.			
<i>Margaret Scott</i> Signature of Notary		My commission expires <u>3/25/2014</u>	Affix Seal Here
<u>MARGARET SCOTT</u>			

Officer Name (Last) (First) (Middle) Social Security Number  
 Mijangos Matthew J. [REDACTED]

**20. 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 \_\_\_\_\_ Robert Nash  
 Name of Appointing Authority (Typed or Printed Legibly)  
 Signature of Appointing Authority \_\_\_\_\_ Village of Highland Hills, Mayor  
 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.

21. Appointed By (Agency Name and County):	22. From(mm/dd/yyyy):	To(mm/dd/yyyy):
	/ /	/ /

23. 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
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	/ /	/ /

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	/ /	/ /

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# MIKE DEWINE

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## NOTICE OF PEACE OFFICER APPOINTMENT

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

<b>OFFICER INFORMATION</b>		1. Name (Last) Mijangos	(First) Matthew	(Middle) J.	2. Social Security Number [REDACTED]
3. Alias (Last) N/A		(First) N/A	(Middle) N/A		
4. Birth date (mm/dd/yyyy) [REDACTED]		5. Email Address N/A		6. Phone Number [REDACTED]	
7. Home Mailing Address (#/Street/PO Box) [REDACTED]			(City) [REDACTED]	(State) Ohio	(Zip Code) [REDACTED] (County Name) Cuyahoga
(Only complete if this is the officer's first appointment or OSP)					

<b>AGENCY INFORMATION</b>		9. Agency Name Highland Hills Police Department			
10. Agency Email Address koran@vhhohio.org			11. Agency Phone Number 216-591-1234		
12. Agency Mailing Address (#/Street/PO Box) 3700 Northfield Rd.		(City) Highland Hills	(Zip Code) 44122	(County Name) Cuyahoga	

<b>APPOINTMENT INFORMATION</b> (Complete Date, Status and ORC)		13. New Appointment Date 07 /13 / 2008	14. Status Change Date 06 /19 / 2013
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			
16. Select New ORC			
<input type="checkbox"/> City/Municipality Full-Time/Part-Time (737.02)	<input type="checkbox"/> City/Municipality Auxiliary/Reserve/Special (737.051)	<input type="checkbox"/> City/Municipality Chief (737.02)	
<input checked="" 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)	

<b>ATTESTATION OF REPORTING AUTHORITY</b>		I attest that the information provided on this form is true and correct and is based on my personal knowledge or inquiry.	
17. Signature of Reporting Authority <i>Antonio F. Stitt, Chief</i>		18. Name and Title Antonio F. Stitt Chief of Police	19. Date 06 /20 / 2013
<b>NOTARY</b>			
Sworn to and subscribed before me this <u>20<sup>th</sup></u> day of <u>June</u> , 20 <u>13</u> in the county of <u>Cuyahoga</u> , Ohio.			
<i>Magee Scott</i> Signature of Notary		My commission expires <u>3/25/2014</u>	Affix Seal Here
<b>MAGEE Scott</b>			



Officer Name (Last) (First) (Middle) Social Security Number  
 Mijangos Matthew J. [REDACTED]

**20. OATH OF OFFICE**

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

Matthew Mijangos  
 Signature of Appointee  
Robert Nash  
 Signature of Appointing Authority

Robert Nash  
 Name of Appointing Authority (Typed or Printed Legibly)  
 Mayor / Village of Highland Hills  
 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.

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## Maple Heights Police Department Employee Counseling Record

The Fire Department was notified of the smoke in the home and unresponsive female. Officers Heitzer and Mijangos arrived and the officers could see a female unconscious on the living room couch. Officer Moore then stripped off his outer vest carrier so he could fit through the side window of the home and then Mijangos boosted Moore through the window. Inside the smoke-filled home Moore attempted to awaken the unresponsive female, Officer Heitzer advised to unlock the door so the female could be assisted out of the home. Moore unlocked the front door and Heitzer and Mijangos entered the smoke-filled home to assist. Moore was able to drag the female to the door and the boyfriend assisted in getting the groggy female to her feet and out of the home. Officers Heitzer and Moore entered further into the home to search for any additional persons, followed by Officer Mijangos. Officer Heitzer found a heavily smoking pot on the kitchen stove and removed it from the heat source and shut off the stove. Officers then continued checking the residence and found no other persons inside.

The fire department was advised that officers found the source of the smoke and that it was burnt food on the stove. The Fire Department arrived a short time later and confirmed the smoke was from the stove and then ventilated the home. The female was uninjured and was possibly incapacitated from drinking.

Officers were quick to respond and jump into action prior to the Fire Department arriving rushing into a possible house fire to save a life.

These Officers are to be commended for their fast action and heroism, not hesitating when duty called, willingly placing themselves in a hazardous environment to provide care to the female resident.

Note: Employees signature is required. It is not an admission of guilt or responsibility. It is an acknowledgment of receipt of a copy of this form. The Employee has the option of attaching his/her own letter of explanation or rebuttal to this form.

PT-72-581  
(Employee signature)

[Handwritten Signature]  
(Supervisor signature)

Original to personnel file, Copy to employee

This form may only be used by a Supervisor



**Resolution  
By the Deuce Awards Committee; Relative to Your Nomination**

**Patrolman Mathew Mijangos**

**WHEREAS, driving under the influence is the most common violent crime in our society in that it is committed at least twice as often as all other crimes combined and is admitted to by twenty-eight percent of all drivers; and**

**WHEREAS, forty percent of all traffic fatalities in the United States involve drivers who had been using alcohol and/or other drugs, more than 500,000 Americans are injured in such crashes each year and such crashes are a leading cause of quadriplegia, paraplegia and brain damage; and**

**WHEREAS, the apprehension of impaired drivers can have a significant impact on all types of criminal behavior since eight percent of all felony convictions and a like percentage of all misdemeanor convictions involve alcohol or illegal drug usage; and**

**WHEREAS, other than by exercising constant vigilance combined with diligent use of automotive safety devices and restraints, the individual driver and pedestrian has no defense against the impaired driver; and**

**WHEREAS, the Peace Officer, who is society's last line of defense against the most devastating social ill, can find it discouraging to adhere to the complex procedures required when apprehending an impaired driver; and**

**WHEREAS, studies prove that a certainty of apprehension is a greater deterrent than the severity of punishment; and**

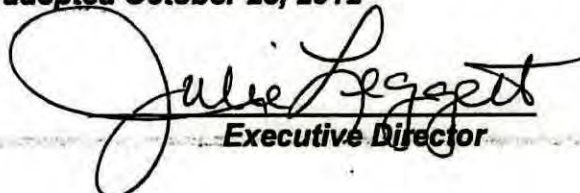
**WHEREAS, the below named individual, despite personal and professional burdens involved, has decided to save lives by taking the offense against perpetrators of this crime; and**

**WHEREAS, the public that they serve recognizes and is most grateful for their efforts and sacrifices, as well as those of their family; now, therefore, be it**

**RESOLVED BY THE DEUCE AWARDS COMMITTEE of MADD Northeastern Affiliate, that Patrolman Mathew Mijangos has been nominated by the Highland Hills Police Department for his exemplary service to the community and has gone above and beyond to keep the roadways and community safe.**

**Deuce Awards Committee Resolution adopted October 25, 2012**

  
\_\_\_\_\_  
**Committee Chair**

  
\_\_\_\_\_  
**Executive Director**

## HansenT183

---

**From:** Stephanie Mann <Stephanie.Mann@ohioattorneygeneral.gov>  
**Sent:** Monday, November 19, 2018 10:49 AM  
**To:** matchilles@gmail.com  
**Cc:** HansenT183  
**Subject:** Training Determination for Matthew Mijangos- Maple Heights PD- 10/28/18 appointment

**Categories:** Applicant related

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 email address listed below.

Sincerely,



Courtney DeLong  
Certification Officer  
Ohio Peace Officer Training Commission  
[Courtney.DeLong@OhioAttorneyGeneral.gov](mailto:Courtney.DeLong@OhioAttorneyGeneral.gov)

CD/sm



10/13

# Maple Heights Police Department Employee Counseling Record

<b>EMPLOYEE NAME:</b>	<b>Moore #538</b>	<b>Kashiff</b>	<b>R.</b>
	<b>Heitzer #547</b>	<b>Matthew</b>	
	<b>Mijangos #551</b>	<b>Matthew</b>	<b>J.</b>
	Last Name	First Name	M.I.

**COUNSELING DATE:** October 04, 2020      **TIME:** 1930

**SUPERVISOR / COUNSELOR:** Sgt. R. T. Voll #188

**OTHERS INVOLVED IN SESSION:** Lt. B. J. Kevern #508

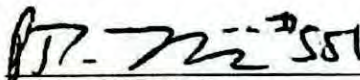
**TOPIC OF SESSION:**     **Commendation**             **Correction**

**DISCUSSION / REMARKS:**

On 10/03/2020 at 0543 hours Officers responded to the area of Stanley and Raymond for a male around vehicle playing loud music. Officers cleared this call at 0550 hours not locating any loud music or a male around a vehicle (the caller did not provide an address MA20-10182793)

At 0555 hours the original caller called back (MA20-10182797) leaving contact info and advised the male was still outside playing music. Officer Moore responded to the area and a male suspect came out of the driveway from between the houses at 5123 Stanley and flagged down Officer Moore. This male advised that his girlfriend was sleeping in the house and he couldn't get into wake her up and there is smoke inside the home and loud music playing inside.

Note: Employees signature is required. It is not an admission of guilt or responsibility. It is an acknowledgment of receipt of a copy of this form. The Employee has the option of attaching his/her own letter of explanation or rebuttal to this form.

  
(Employee signature)

  
(Supervisor signature)

Original to personnel file, Copy to employee

This form may only be used by a Supervisor



## Maple Heights Police Department Employee Counseling Record

**EMPLOYEE NAME:** **Mijangos** **Matthew**  
Last Name First Name M.I.

**COUNSELING DATE:** **04/29/2021** **TIME:** **1200**

**SUPERVISOR / COUNSELOR:** **Sgt. M. Berger #512**

**OTHERS INVOLVED IN SESSION:** **Lt. Kevern #508**

**TOPIC OF SESSION:**  **Commendation**  **Correction**

### DISCUSSION / REMARKS:

On 04/20/2021 at approximately 1020 hours, we received a call for a possible car jacking at the Shell Gas Station at 5300 Warrensville Center Road. The stolen vehicle, a gold Honda Odyssey, fled southbound on Warrensville Center Road. Ptl. Sidor located the vehicle at Rockside and Broadway. Ptl. Sidor pursued the vehicle. You, Ptl. Mijangos, arrived in the area traveling southeast in the middle northwest bound lane. According to security camera video and your POV video, as the Honda was passing a vehicle in the center lane on Broadway, you pulled up to the Honda. As the Honda was going into the curb lane, you turned your front end towards the Honda towards the curb lane. The Honda made contact with your cruiser. At the end of the chase, when the subject was fleeing the Honda, you drove up onto the tree lawn and into the lawn towards the house at 5573 South Blvd. You had stated you were trying to cut off the subject's avenue of escape with your cruiser. When watching Ptl. Sidor's and

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M. Mijangos #551  
(Employee signature)

[Signature] #512  
(Supervisor signature)

Original to personnel file, Copy to employee

This form may only be used by a Supervisor

*[Handwritten signature]*  
#508



## Maple Heights Police Department Employee Counseling Record

your POV's, the male could be seen in front of your cruiser. The subject male jumped up and slid across the right side of your hood. Your cruiser then made contact with the house.

You were not exercising good judgement when traveling southeast bound in the northwest bound lane especially because there was not any traffic in the southeast bound middle lane. It could be misconstrued that when the Honda was passing the vehicle and the front of your cruiser turned towards the Honda, into the northwest curb lane, that you were trying to get the Honda to stop by blocking it in. You had stated that you thought the Honda was stopping and that you were setting up for a felony stop. If that was the case, you would have placed yourself in a disadvantageous position for a felony stop. When you stated you were trying to cut off the subject's avenue of escape at the end of the chase, again you were not exercising good judgement. Not only did your POV show that your cruiser was heading right at the subject, you would have placed yourself in a disadvantageous position if the subject would have stopped and not tried get past your cruiser. Using this technique could be misconstrued as using deadly force against a fleeing subject.

Not exercising good judgement when travelling in the opposite lanes is a violation of Maple Heights Police Department Policy 308.5. Using a pursuit intervention technique (i.e.- road block) without getting OIC approval first is a violation of Maple Heights Police Department Policy 307.8.1.

This will serve as an oral written warning for this matter.

Note: Employees signature is required. It is not an admission of guilt or responsibility. It is an acknowledgment of receipt of a copy of this form. The Employee has the option of attaching his/her own letter of explanation or rebuttal to this form.

MT. [Signature] 551  
(Employee signature)

[Signature] 512  
(Supervisor signature)

Original to personnel file, Copy to employee

This form may only be used by a Supervisor

*[Handwritten signature]* 58



## THE CITY OF MAPLE HEIGHTS DEPARTMENT OF POLICE

Annette M. Blackwell  
Mayor/Director of Safety

Todd T. Hansen  
Chief of Police



Ptl. Mijangos,

On 09/21/2021 I sent out an email to all of Patrol detailing the Defensive Tactics Training for the rest of the year. In the email, I advised that on the day of training, officers on day shift would be staying over from 1900-2100 and officers on night shift would be coming in early 1700-1900. I advised all training was mandatory but if someone was on vacation during the time of training that there were make-up dates. The following dates were chosen for Defensive Tactics training: 10/04/2021, 10/06/2021, 10/18/2021, 10/20/2021, 11/15/2021 and 11/17/2021.

On 10/20/2021 you did not show up for Defensive Tactics Training. But due to other circumstances such as the following: My mistake in the Defensive Tactics outline, in regards to mixing up the times the Platoons had to train on 10/20/2021, I was not able to block off the date in Pace before any one took off, and day shift (B Platoon) seemed to have forgotten about the date as well. Because of the aforementioned, I decided not to take any disciplinary action.

The 10/20/2021 Defensive Tactics session was made up on 11/08/2021 and B/D Platoons were reminded that there was an email put out with the Defensive Tactics schedule for the year.

On 11/17/2021 at 0546 hours, I texted a reminder to B/D Platoons to remind them of the Defensive Tactics that night. I arrived at the station around 1630 hours and waited for your shift to arrive. At 1709 hours, you were not there. The only people from night shift that were there were Sgt. Zupancic and Cdt. Lowe. I texted you and the other officers to see why you were not at the station for the Defensive Tactics session. I used the text string from 10/20/2021 when I texted you then about not being at the station. Sgt. Zupancic also texted you asking if you were going to show up to the station. You responded to my text with, "Damn...honestly, I forgot...can I come now." You responded to Sgt. Zupancic's text with, "I forgot." You did call me and advise me that you were aware of the training but that you forgot. You asked if you should come in at that time. It was already 1712 hours. I asked you how long it would take you to get to the station. You stated it would probably be after 1800 hours. I advised you that I would not have enough time to get everything taught before the session ended.

Regardless of whether or not you got a reminder text, there was an email sent out on 09/21/2021 regarding the Defensive Tactics schedule. You were reminded of that schedule





# THE CITY OF MAPLE HEIGHTS

## DEPARTMENT OF POLICE



Annette M. Blackwell  
Mayor/Director of Safety

Todd T. Hansen  
Chief of Police

when the Defensive Tactics session was missed on 10/20/2021. It is your responsibility to write down the dates and times that you are scheduled to be at the station for any departmental function that you are ordered to be at.

You failed to show up to a mandatory class that had not been cancelled prior to the event. This resulted in having to reschedule the class during a busy time of the year.

By failing to attend your mandatory scheduled class you are in violation of the Rules and Regulations under section, Orders and Rank Orders, subsection: 501.02 Insubordination. You are also in violation of the General Rules and Regulations under subsection Training: 401.34.

In the future you need to take better care to keep a reminder for yourself about mandatory departmental functions you are scheduled to attend.

You do understand that any future incidents regarding this issue for any reason, may result in progressive discipline, up to and including possible termination. But I am confident you will take the necessary actions to correct this problem so we can move forward. Thank You for your continued dedication.

Sgt. M. Berger #512

*[Handwritten signature]* 512

*[Handwritten signature]* #551 12/9/21

**CITY OF MAPLE HEIGHTS  
DEPARTMENT OF LAW/HUMAN RESOURCES**

5353 Lee Road – Maple Heights, Ohio 44137  
Phone: (216) 587-9008 – Fax: (216) 662-7556  
E-mail: law@mapleheightsohio.com



**APPLICATION FOR EMPLOYMENT**

Your application is the first step in the process of obtaining employment with the City of Maple Heights. Please read all instructions carefully and complete all sections to the best of your knowledge. Falsification or Omission of information may result in rejection of the application or dismissal if you are employed by the City of Maple Heights.

Please PRINT in BLACK ink or use a typewriter. Pencil is not acceptable. If an item does not apply to you, write in the letters "NA" or "Not Applicable". A resume may be attached to supplement this application; however, you must complete all information requested on the application. Applications remain on file for a period of one (1) year from the date of completion.

Date: 03/05/2018 Social Security #: [REDACTED]

Name: Mijangos Matthew James  
Last First Middle

Present Permanent Address: [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]  
Street Apt # City State Zip

([REDACTED]) ([REDACTED]) ([REDACTED]) [REDACTED]  
Home Phone Work Phone Alternate Phone Email

May we contact you at work? [ ] Yes [ ] No

Driver's License No.: [REDACTED] State OH Valid? [X] Yes [ ] No  
(Only for positions requiring driving) [X] Operator [ ] CDL/Class

Have you ever been employed anywhere under any other name(s)? [ ] Yes [X] No

If yes, please list name(s) \_\_\_\_\_

Position(s) applied for: 1. Police Officer (Lateral) 2. \_\_\_\_\_  
If available, list Req # If available, list Req #

Minimum Acceptable Rate/Salary: \_\_\_\_\_ Date Available: 04/01/2018

**Check all that are applicable**

Availability: [X] Full-time [ ] Part-time [ ] Temporary [ ] Seasonal [X] 1<sup>st</sup> Shift [X] 2<sup>nd</sup> Shift [X] 3<sup>rd</sup> Shift

How did you hear about this position?

- Employee Referral
  - Internet
  - Job Posting
  - Newspaper
  - Walk In
  - Other \_\_\_\_\_
- If employee Referral, employee name \_\_\_\_\_

**PERSONAL DATA**

1. Have you ever been employed by the City of Maple Heights prior to this application? [ ] Yes [X] No If yes, Under what name? \_\_\_\_\_ Position held? \_\_\_\_\_ Dates? \_\_\_\_\_  
From - To

2. Does the City of Maple Heights employ any relative (by blood/marriage) or cohabitant of yours? [ ] Yes [X] No

If yes, Name \_\_\_\_\_ Relationship \_\_\_\_\_

Department where they work \_\_\_\_\_

3. Other than a minor offense, have you ever been convicted of a misdemeanor? [ ] Yes [X] No  
 If yes, Offense: \_\_\_\_\_ Date: \_\_\_\_\_
4. Are you legally eligible for employment in the United States? [X] Yes [ ] No
5. Are you at least 18 years of age? [X] Yes [ ] No

**REFERENCES**

List two references that have knowledge of your work history, character and experience. Do not list relatives, friends, or personal references.

1. Name: Jamie Bailey Employer's Name: Cuyahoga Community College  
 Business Relationship: Former Field Training Officer Years known 10 years  
 Phone # 216-785-1723
2. Name: Raymond Halas Employer's Name: Lakewood Police Department  
 Business Relationship: Former Co-Worker Years known 9 years  
 Phone # 216-965-1002

**EDUCATION**

Depending on the position sought, you may be required to provide a copy of your high school or college transcript/degree and/or professional registration. Give dates of attendance, type of degree, and major/minor. Be sure to answer "HAVE YOU GRADUATED?" List all technical and/or trade courses or programs you have completed.

Please check highest level of education:

- Some High School
- High School Graduate or GED
- Some College
- AA or AS Degree
- Bachelor's Degree
- Master's Degree
- Doctorate Degree
- Other Training

Name/City/State	Dates Attended		Have you Graduated? Yes/No	Type of Degree	List Major/Minor
	From Mo/Yr	To Mo/Yr			
High School					
<u>Max S. Hayes</u>	<u>8/98</u>	<u>6/02</u>	<u>Yes</u>	<u>Diploma</u>	<u>College Prep.</u>
<del>College/University</del>					
<u>Kent State University</u>	<u>8/02</u>	<u>5/05</u>	<u>No</u>	<u>None</u>	<u>Business Adm.</u>
<del>Graduate Studies</del>					
Technical/Vocational/Other					
<u>Cuyahoga Community College</u>	<u>2/07</u>	<u>9/07</u>	<u>Yes</u>	<u>OPOTA Certificate</u>	<u>Police Academy</u>

List any other applicable courses, seminars, workshops that relate to the position(s) you are applying for  
CPR and First Aid.

List any certificates, competency cards, or trade licenses related to the position(s) you are applying for. OPOTA; CPR and First Aid

List any other skills/experience that relates to the position(s) you are applying for. Report writing; FTO; Background investigations.

### PREVIOUS EMPLOYMENT

Please give complete name and address of all employers including military employment. Dates of employment, salary history, name and phone number of immediate supervisor must be included. **A resume may be attached as a supplement, however, you must complete all information requested on the application.**

**Begin with your current or most recent employer and list all previous employers in chronological order. Also, account for all periods of unemployment.**

May the City contact your current employer? [ ] Yes [ ] No

<b>EMPLOYER # 1</b>	<i>Please Print</i>		Dates of Employment	
Hrs/Week: [ ] 16-20hours	Full-Time <input type="checkbox"/>	P/T <input checked="" type="checkbox"/>	From Mo/Yr 07/2017	To Mo/Yr Present
	Temp <input type="checkbox"/>	Volunteer <input type="checkbox"/>		
Employer Name: Village of Wellington Police Department				
Address: 171 Willard Memorial Ct		City: Wellington	State: Ohio	Zip: 44129 Phone#: 440-647-2244
Job Title: Police Officer		Supervisor (Name & Title): Tim Barfield- Chief of Police		
Reason for Leaving: N/A				
Description of Duties: Patrol Community and gain their trust, Respond to calls for service and provide excellent police services, Protect life and Property				
			Starting: 15.29/hr	Rate/Salary Ending: 16.22/hr

<b>EMPLOYER # 2</b>	<i>Please Print</i>		Dates of Employment	
Hrs/Week: [ ] 35 hours/wk	Full-Time <input checked="" type="checkbox"/>	P/T <input type="checkbox"/>	From Mo/Yr 8/2017	To Mo/Yr 01/2018
	Temp <input type="checkbox"/>	Volunteer <input type="checkbox"/>		
Employer Name: G4S Security Solutions				
Address: 6500 Rockside Rd		City: Independence	State: Ohio	Zip: 44131 Phone#: 216-520-3039
Job Title: Custom Protection Officer		Supervisor (Name & Title): Kristen-Area Supervisor		
Reason for Leaving: Company lost client contract				
Description of Duties: Provide protection to employees and guest of the Save A lot store.				
			Starting: 15.00/hr	Rate/Salary Ending: 15.00/hr

<b>EMPLOYER #3</b>	<b>Please Print</b>	<b>Dates of Employment</b>	
Hrs/Week: [ ] Full-Time <input checked="" type="checkbox"/> P/T <input type="checkbox"/> 40 hours/wk Temp <input type="checkbox"/> Volunteer <input type="checkbox"/>		From Mo/Yr 7/2008	To Mo/Yr 3/2016
Employer Name: Village of Highland Hills Police Department			
Address: 3700 Northfield Rd		City: Highland Hills	State: Ohio Zip: 44128 Phone#: 216-283-3007
Job Title: Police Officer		Supervisor (Name & Title): Jerome Skeabeck- Shift Sargeant	
Reason for Leaving: Resignation-Open for Discussion			
Description of Duties: Patrol Community and provide excellent police service; Conduct background investigations on new hires, Field Train new Police Officers.			
		Starting: 12.00/hr	Rate/Salary Ending: 17.00/hr

Can you perform the essential functions of the position(s) for with you are applying, with or without reasonable accommodation?  Yes [ ] No

Reasonable Accommodations may be made to enable individuals with disabilities to perform the essential tasks.

The information provided in this Employment Application is true and complete. The City may terminate my employment for any false or misleading statements or omissions in this application, whenever they may be discovered.

If I receive an offer of employment, I authorize a medical examination, including a drug screen, by an examiner selected by the City. I understand that any offer of employment may be contingent upon such medical examination and a background check.

I acknowledge that, if hired, my employment is for no definite period and may be terminated at any time with or without cause, by either me or the City. I understand that this cannot be changed except in a writing signed by the City Manager that states it is intended to make that change. Anything said or implied to the contrary is not binding on the City.

Date: 03/05/18 Signature: *Matthew Mijangos*  
Matthew Mijangos  
Printed name

**AUTHORIZATION FOR RELEASE OF INFORMATION**

I authorize any reference, school, former employer, military or other person to disclose to the City, upon request, any information they may have about me and I release them from all liability for disclosing such information. **(If you are applying for a Police Officer or Firefighter position you must have your signature Notarized).**

Date: 03/05/18 Signature: *Matthew Mijangos*

**POLICE AND FIRE APPLICANTS ONLY**

Notary Signature *Kyle J Garra* Date 3/5/18  
KYLE J GARRA

My Commission expires Dec 19  
Revised 02/18 NOTARY PUBLIC - OHIO  
MY COMMISSION EXPIRES  
DECEMBER 19 2021



**AUTHORIZATION AND DISCLOSURE OF CONSUMER REPORT  
AND INVESTIGATIVE CONSUMER REPORT  
UNDER THE FAIR CREDIT REPORTING ACT**

The City may obtain or cause to be prepared consumer reports for employment purposes. It may be an investigative consumer report which is obtained through personal interviews and might include information as to your character, general reputation, personal characteristics and mode of living.

You may make a written request, within a reasonable period of time, for a disclosure of the nature and scope of any investigative consumer report we have requested. You may also request a written summary of your rights under the Fair Credit Reporting Act.

If you consent to our obtaining a consumer report or investigative consumer report, sign and date below. We will not process your application until this is signed.

\* \* \*

I authorize the City to obtain or cause to be prepared consumer reports, and investigative consumer reports, about me for employment purposes. I understand that in obtaining such consumer reports and investigative consumer reports, a consumer reporting agency may be used, and I authorize such use. This authorization and disclosure will remain effective for the duration of my employment, if I am hired.

I have received a copy of this authorization and disclosure.

03/05/18  
Date

Matthew Mijangos  
Signature

MATTHEW MIJANGOS  
Printed name

***In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, ancestry or the presence of a non-job related medical condition or disability.***

**The City of Maple Heights complies with EEO/ADA guidelines and is a drug-free workplace.**

*By Authority of the Board of Education of the  
Cleveland Municipal School District, Cleveland, Ohio*

# Max S. Hayes Vocational High School

*has awarded this*

## Diploma

*to*

### Matthew James Mijangos

*who has satisfactorily completed the requirements prescribed for graduation  
from the High Schools of the Cleveland Municipal School District  
May 30, 2002*

*Barbara Boyd-Beard*  
Chief Executive Officer

*Adelle Whorin*  
Principal



*Hilton D. Smith*  
Chief, Board of Education

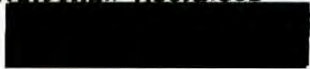
*Robert Johnson*  
Chief Financial Officer

2018/03/06 09:48:47 5 /6

VILLAGE OF HIGHLAND HILLS • 3700 NORTHFIELD ROAD • HIGHLAND HILLS, OHIO 44122

DATE: 11/28/14 RATE 17.0000 FED:S EXMP:00 ST:S EXMP:00 CHECK#D000011363  
EMP#:1010-120 HOME DEPT:POLICE

NAME: MATTHEW MIJANGOS



BENEFIT HOURS	BALANCE	Y-T-D
SICK	.	.00
VACATION	40.00	40.00
PERSONAL DAY	8.00	8.00
HOLIDAY	48.00	24.00

	HOURS	CURRENT	Y-T-D	DEDUCTIONS	CURRENT	Y-T-D
CURRENT PAY						
HOLIDAY			380.00	FED TAX	183.36	3883.55
OVERTIME	6.00	153.00	1628.64	STATE TAX	39.71	812.40
PERSONAL DAY			136.00	CTY TAX-HH	40.16	859.86
REGULAR	85.50	1453.50	31189.88	PENSION	184.75	3758.11
UNIFORM ALLOW			400.00	MEDICARE W	23.29	498.73
VACATION			660.00	TOTAL DED	471.27	9812.65
GROSS PAY	91.50	1606.50	34394.52			
TOTAL DED			471.27			
NET PAY			1135.23			
Timecard Detail	Hours	Rate	Amount			
R -REGULAR	85.50	17.0000	1453.50			
O -OVERTIME	6.00	25.5000	153.00			

REPRODUCE FROM © A BUSINESS FORMS (440) 861-1520 OR 1 (800) 867-1520

THIS DOCUMENT HAS 7 SECURITY FEATURES: WARNING BAND, COPY VOID, WATERMARK AND SAFETY PAPER WITH 4 INTERNAL CHECK FRAUD FEATURES



### VILLAGE OF HIGHLAND HILLS

3700 NORTHFIELD RD.  
HIGHLAND HILLS, OHIO 44122

DEPOSIT NO.

D000011363

DATE

11/28/14

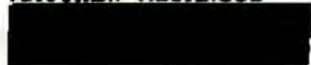
AMOUNT

\$\*\*\*\*\*1135.23

VILLAGE OF HIGHLAND HILLS

\* \* NON - NEGOTIABLE - DIRECT DEPOSIT \* \*

MATTHEW MIJANGOS



THIS IS NOT A CHECK  
NON-NEGOTIABLE

## DIRECT DEPOSIT



2018/03/06 09:48:47 6 /6

LAGE OF HIGHLAND HILLS 3700 NORTHFIELD RD. HIGHLAND HILLS, OHIO 44122

DATE: 11/25/15 RATE 17.0000 FED:S EXMP:00 ST:S EXMP:00 CHECK#D000013377  
EMP#:1010-120 HOME DEPT:POLICE

NAME: MATTHEW MIJANGOS	BENEFIT HOURS	BALANCE	Y-T-D
[REDACTED]	SICK	.00	.00
	VACATION	44.00	36.00
	PERSONAL DAY	8.00	8.00
	HOLIDAY	90.00	38.00

CURRENT PAY	HOURS	CURRENT	Y-T-D	DEDUCTIONS	CURRENT	Y-T-D
HOLIDAY			646.00	FED TAX	148.06	4254.29
OVERTIME			2154.75	STATE TAX	30.97	900.14
PERSONAL DAY			136.00	CTY TAX-HH	34.00	934.27
REGULAR	80.00	1360.00	33422.00	PENSION	166.60	4368.60
UNIFORM ALLOW			400.00	MEDICARE W	19.72	541.86
VACATION			612.00	TOTAL DED	399.35	10999.16
GROSS PAY	80.00	1360.00	37370.75			
TOTAL DED		399.35	10999.16			
NET PAY		960.65	26371.59			
Timecard Detail	Hours	Rate	Amount			
R -REGULAR	80.00	17.0000	1360.00			

REORDER FROM: 01X BUSINESS FORMS MAIL/007 1500 OHIO 44122 867-1300

THIS DOCUMENT HAS 7 SECURITY FEATURES: WARNING BAND, COPY VOID, WATERMARK, AND SAFETY PAPER WITH 4 INTERNAL CHECK FRAUD FEATURES



**VILLAGE OF HIGHLAND HILLS**  
3700 NORTHFIELD RD.  
HIGHLAND HILLS, OHIO 44122

DEPOSIT NO.  
D000013377  
DATE  
11/25/15

AMOUNT

\$\*\*\*\*\*960.65

VILLAGE OF HIGHLAND HILLS

\* \* NON - NEGOTIABLE - DIRECT DEPOSIT \* \*

MATTHEW MIJANGOS  
[REDACTED]

**THIS IS NOT A CHECK  
NON-NEGOTIABLE  
DIRECT DEPOSIT**



## Village of Highland Hills

### Finance Department

3700 Northfield Road \* Highland Hills, OH 44122  
phone 216.283.3000 fax 216.283.3005

March 7, 2018

Tracy Smith, CPA  
Finance Director  
City of Maple Heights  
5353 Lee Road  
Maple Heights, OH 44137  
RE: Employment verification (fax to 216-663-3483)

Dear Tracy Smith,

This letter is notification that Matthew Mijangos was employed by the Village of Highland Hills in the Police Department. Matthew has greater than 2080 hours worked for the Village. If you have any further questions, please contact me at (216) 283-3000 x 265.

Regards,

Duane Morris, CPA

Director of Finance

# Certificate of Completion

CUYAHOGA COMMUNITY COLLEGE

*Matthew J. Mijangos*

*Has successfully completed the*

**OHIO BASIC PEACE OFFICER TRAINING ACADEMY**  
**BAS 07-033**

*Consisting of 638 contact hours*

*February 24 2007 through September 8, 2007*

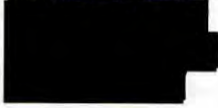
*Awarded this 28th day of September 2007*

  
Commander Terence J. McHugh

  
OFFICE  
OF THE  
DIRECTOR  
OHIO PEACE OFFICER TRAINING ACADEMY

  
Director Douglas E. Dombroski

Matthew Mijangos



March 5, 2018

Having nearly ten-years law enforcement experience, I would like to be considered for a position with The Maple Heights Police Department. The description of the Police Officer position matches closely with my background and career interests. The enclosed resume will provide you with details of my experience, training and capabilities.

I am very passionate about continuing my career as a police officer. As a product of an inner-city Cleveland neighborhood, my childhood was surrounded by crimes involving drugs and violence. Beginning at a young age, I considered the police to be heroes. It is my goal to continue being one of these heroes through dedication and commitment to protecting life and property, enforcing laws and keeping communities safe.

I would appreciate a chance to meet with you to discuss your needs and objectives and how I may contribute toward them.

Thank you for your time and consideration.

Sincerely,

Matthew J. Mijangos

Enclosures

IS THIS THE  
"LETTER" THAT  
GOT YOU Hired

# Matthew J. Mijangos



**Objective** To obtain a position which utilizes, as well as challenges, my law enforcement skills through the enforcement of local, state and federal laws to protect the community in which I serve.

**Education and Training** Cuyahoga Community College Police Academy Cleveland, Ohio  
*Ohio Peace Officer Training Association (September, 2007)*

- Successfully completed physical conditioning assessment of the training program, including timed push-ups, sit-ups and 1.5 mile run.
- Recognized as best driver in class upon completion of 20 hours of driving skills, including all driving exercises required by the Ohio Peace Officer Training Commission.
- Finished 2<sup>nd</sup> in sight shooting firearms finals among classmates based on drills, practice and live fire activity.

Kent State University Kent, Ohio  
*College of Business Administration (2002-2005)*

DEGREE

## Work Experience

Summer 2017-Present **Village of Wellington Police Dept. Wellington, OH**  
**Police Officer**

- Protect life and property through the enforcement of local, state and federal laws
- Enforces all emergency and safety policies.
- Investigate crimes, apprehend criminals, and document a well written report

Summer 2017-2018 **G4S- Independence, OH**  
**Custom Protection Officer**

- Protect life and property to those on property
- Carefully monitor person(s) who enter property for suspicious behavior

Summer 2008 – 2016 **Village of Highland Hills Police Department Highland Hills, OH**  
**Police Officer**

- Use effective communication skills to interact with residents to gain their trust.
- Protect life and property through the enforcement of local, state and federal laws.
- Utilize patrol tactics, including foot patrols, to prevent criminal activity.
- Provide superior police services while fostering successful community partnerships.
- Investigate crimes, apprehend criminals, and document a well written report.

## References

## Personal References

**For  
Matthew J. Mijangos**

<b>Name</b>	<b>Occupation</b>	<b>Address</b>	<b>Phone Number</b>
Raymond Helas	Police Officer		
Esteban Rodriguez	Bank Teller		
Jamie Bailey	Detective		

To: Det. Lt. D. Grossmyer

From: Det. D. Sperie

Date: 04-20-2018

Subject: Pre-Employment interview Matthew Mijangos (lateral application)

Det. Lt. Grossmyer,

Here are the results of my pre- polygraph background investigation for Matthew Mijangos (age 34) who is currently employed by Wellington PD as a part time patrol officer.

Mijangos grew up in Cleveland in the W65th are and graduated from Max Hayes HS in 2002. Mijangos stated growing up he was surrounded by crime and disorder and looked up to cops as heroes. Initially, Mijangos went to Kent State for business but then decided to change majors to criminal justice. He transferred to Cuyahoga Community College and was informed that he could get 24 credit hours for attending the police academy. Mijangos went to Cuyahoga Community College police academy in and "Fell in love the job." So after graduating from the police academy in September, 2007 he sought out jobs in law enforcement.

Mijango's first job was with Highland Hills PD. He was hired in 07-08 and resigned in 03-16. He was part time then hired full time in 2013. Mijangos' was suspended into 2011 for three days for violating department's pursuit policy. In 2013, Mijangos got into two incidents in which he used force on suspects. The first time was with an intoxicated male at the Cleveland Workhouse who lunged toward Mijangos' weapon, Mijangos took him down with an arm bar take down. Later in 2013, Mijangos was assisting other officers when one male kept looking at him (both males were intoxicated.) After several commands, Mijangos pushed the male's head down. Although the male did not complain, the officers on scene said something later on to the Chief. Mijangos stated that he was given a last chance agreement with two years of additional time placed on his probation and a three day suspension. (NOTE: Mijangos did not go into detail as to how this incident became a last chance agreement.) In mid-2015 Mijangos was getting disciplined for not preventing other HH officers from being "rude" during a presentation during a civilian training class. Mijangos stated the chief felt since Mijango was the senior man in the room he should have prevented this; Mijangos replied that no one was being rude although several guys were on their phones. They wanted him to resign but he refused. Eventually in order to take a job at Wellington PD, Mijangos resigned. Six months later, Mijangos went back to Highland Hills to try and straighten out a benefit payout issue and Highland Hills offered him his job back. Mijangos eventually decided not to go back to Highland Hills. I have copies of both Mijangos' resignation letter and a letter from Highland Hills offering him his job back. I also had Mijangos write out a synopsis of what occurred at Highland Hills. A copy of the letter was entered into his applicant file.

Mijangos has never served in the US armed forces but has worked for the following companies within the last 10 years:

Safechoice (off duty police duties at a women's shelter) 12-17 till present

Wellington PD (part time) 07-17 till present

G4S (armed security full time) worked at a Save a lot store; 08-17 till 12-17, contract ended

Medlock Recovery (repo agent full time) 10-16 till 08-17- conflict of interest with WPD

Paragon Systems Security (part time for RNC) 05-16 till 10-16-RNC ended

Highland Hills Police- 07-08 till 03-16. Resigned

Mijangos has applied for the position of Police Officer at Cleveland PD in 11/16, unsuccessful due to Highland Hills not providing a copy of his resignation

Mijangos also took a job with Norfolk Police in Virginia; however when he got down there they reneged on some of the promises they make (such as not sending him to the full term police academy again which they started to) and he returned to Ohio and Highland Hills. November of 2012.

I checked Mijangos through all the Common Pleas and Municipal Court systems on the attached sheet. The only entries I could find were an expired plate from Stow Municipal Court (02-11-2017) and the OVI from Portage County Municipal Court in 2006. I checked for the speeding ticket in Wayne County but could not find any record of it on their website; it's possible it was either purged or never entered. I did find a speeding ticket from Kent Municipal court during the same time period.

I found the following entries in OLEN for Mijangos:

08-10-2011 Beachwood PD 11-26840- witness to an OVI

05-20-2011 Maple Heights PD 11-08094- Accident while working for HHPD in Maple after a pursuit

01-03-2013- TAC entry with no other information

07-01-2015 Highland Hills PD-minor 10-50 with a cruiser 2015OH040

02-11-2017 Alliance PD- traffic stop for expired plates APD 1706511 (advised as Sliver Lake PD just cited him 45 minutes ago; he was driving a repo tow truck.)

01-10-2018 Oberlin PD- was the victim of an assault by a patient under arrest (as were other officers and staff) Mijangos received 5 stitches above his left eye. Oberlin PD 18-00009

Mijango's Ohio Driver's License is valid; however he did have two suspensions. One was for a speeding ticket in 2002 (30 days) and an OVI in 2006 (60 days.)

Mijangos has never filed for bankruptcy nor does he have any liens or garnishments against him.

Mijangos is current on his taxes for the last two years.



Mijangos has never used drugs of any kinds. He is a social drinker.

I did have Mijangos bring up his Facebook page (it's the only social media that he has) and viewed his page. I did not find anything outlandish, unusual, or derogatory on it. Like most people, he uses it to keep in touch with friends and family.

On 04-19-2018, I reached out to Highland Hills PD in an attempt to set up an appointment to review Mijangos' personnel file. I was told that only their Chief has access to the files and all appointments must be made through him. I left my contact information and am awaiting a phone call back.

Also on 04-19-2018, I spoke to Chief Barfield from Wellington PD. I was advised by Chief Barfield that he too had a difficult time reviewing Highland Hills' personnel file on Mijangos. Chief Barfield did state that he has had no issues with Mijangos' work ethic, that he is level headed/mature and knows how to talk to people.

At this time I recommend we wait until I have a chance to review Mijangos' personnel file at Highland Hills.

Respectfully Submitted,

Detective Sperie

To: Det. Lt. D. Grossmyer

Date: 06-21-2018

Subject: Review of background and polygraph for Matthew Mijangos (lateral application)

Due to difficulties in having meaningful communication with anyone at Highland Hills PD in regards to getting a chance to look at Mijango's personnel file, I sent a public records request to Highland Hills' law Department on 05-16-2018 via certified mail. When I returned from vacation, I had voice messages from Highland Hills PD that Mijango's personnel file was ready to be picked up. The auxiliaries picked up the file for me on 06-03-2018. The file was disorganized, with numerous duplicates of forms, letters and emails; it took me over 4 hours to sort through it, combine things and organize the paperwork. There was even paperwork that did not belong to or was not related to Mijangos' in the file. I doubt that I got his complete file, such a file might not even exist.

Apparently I was not the only person to have to send HH a public records request; the FBI sent one when Mijangos applied to the US Postal Service.

I did find copies of Mijangos' OPOTA "Notice of Peace Officer Appointment" forms. Mijangos started at the department on 07-13-2008 as an auxiliary. He became a part time officer on 12-08-2008 and then a full time officer on 06-19-2013. There was also a copy of an OPOTA "Notice of Peace Officer Separation from Service" form. That was filed with the state on 03-07-2016. The block that was marked was not "resignation" but "separation from service, retirement or termination for any other reason."

I broke the file down into these parts:

- Administrative paperwork
- Incident reports
- Complaints
- Last Chance Agreement

HH PD has two forms; one is what they call a "Form A" the other "memo" Apparently anything and everything goes on either of these two forms from being late, writing an arrest synopsis, explaining yourself or being commended. Therefore there was lots of Form As in his file.

The administrative paperwork consisted of departmental memos that Mijangos signed in regards to policy, procedure, etc. It also consisted of departmental evaluations. The incident reports involved accidents and the incidents related to the complaints/last chance agreements.

In reviewing Mijango's administrative paperwork there was nothing out of the ordinary. There was one incident where he put on paper his lack of faith in another officer during an arrest while still an Auxiliary Officer in 2008 (recently after being hired) and another incident where he found two bags of marijuana in his cruiser in the backseat (2009.) There was a "good job" letter from 6/29/2010 where Mijangos and another officer caught some people vandalizing a vacant home. There was another letter explaining why he used his lights and sirens to get one of HH's dispatchers to Marymount ER for a family emergency.

There were also a few letters reminding him to complete reports or scolding him for not signing forms. In 2011, he wrote a letter to the administration complaining about HH's city prosecutor.

Also included in this paperwork were sign out sheets for issued equipment, favorable employee reviews from 02-18-2013 and 02-17-2011. There was an evaluation of an employee he was acting as an FTO for.

The incident reports consisted of events related to either complaints or incidents related to the last chance agreement from the 2 incidents in 2013 and the one in 2014.

The incident that got Mijangos placed on a last chance agreement stemmed from two incidents that took place on July 11<sup>th</sup>, 2013 and August 7<sup>th</sup>, 2013. Brief synopses of both incidents are as follows:

The July 11<sup>th</sup>, 2013 incident took place at the Cleveland House of Corrections; HH PD responded to there for an intoxicated male on the premises. Mijangos' version of events is that the male started to use profanity towards him after Mijangos refused to shake his hand. The male then tried to slap Mijangos. Mijangos then went to place the male in handcuffs and forced him on to his stomach so he could be handcuffed. The male suffered a small scratch under his eye and therefore Mijangos called a rescue squad for the male. The male was taken to Southpointe and issued a citation for Disorderly Conduct Intox.

The other officer took a different view of events. As he was exiting his vehicle he heard Mijangos putting the male on the ground while yelling, "What did you say to me?" He helped Mijangos handcuff the male.

A review of Mijangos' Body camera showed a different version of events: The intoxicated male was sitting on the ground screaming and swearing. When Mijangos approached the male he wanted to shake his hand; when Mijangos refused the male yelled, "Fuck You." Mijangos asked the male what he said and the male yelled, "Fuck you!" again. Mijangos then grabbed the suspect and threw him on the ground while telling the suspect, "No Fuck you!" The attempted slap was not observed on body camera when reviewed by supervisors, by the other officer or the three work house employees who were present. When interviewed by supervisors, Mijangos felt he acted in a professional manner. Needless to say the department felt that Mijangos' actions were unprofessional and in violation of policy/procedure.

The second incident took place on 08-07-2013 and was of a similar nature. Mijangos arrived to back up other officers who were on a traffic stop. An intoxicated male was sitting on the curb handcuffed more or less minding his own business. Mijangos told the male to look down. The male refused and Mijangos pushed the male's head down while telling him to comply. A review of this incident revealed no reason for this to happen. Also the next day on 08-08-2013 it came to the department's attention that Mijangos encountered a couple having sex in a car; he pulls up in his cruiser and tells them, "Why don't you go on the other side of the street and FUCK!" Apparently he took too long to call out this incident. Once backup arrives he cuffs the male and identifies both parties. The female was put into the back up officer's car; he did not have video. They were later released.

The reviewing supervisor commented that in the workhouse incident Mijangos used **excessive force, conduct unbecoming and truthfulness**, in the traffic stop incident **conduct unbecoming and excessive force** and the last incident **procedure was not followed**. Sgt. Skeabeck recommended some kind of disciplinary action in addition to anger management/probation for further violations.

HH PD decided since Mijangos was on one year probation due to recently being promoted to full time status that he would be given a last chance agreement and his probation extended to more two years (normally HH PD promotes from within their ranks and it's a one year probation.) In addition to the last

chance agreement Mijangos was order to attend anger management within 30 days at his own expense and provide proof to the city that he completed it. He also got a 10 day suspension. The last chance agreement would end on July 22, 2016.

It should be noted around time period there were other complaints against Mijangos. The first was from 08-21-2009 from a motorist who was upset where Mijangos was sitting on the side of a roadway and how Mijangos pulled out behind him with no lights on and then pulled him over (it appears to be an unfounded complaint as there is no record of results. On 07-28-2010, while responding to an accident with his lights and sirens on, was almost hit by a motorist who refused to yield. The motorist filed a complaint because Mijangos said to him, Are you a fucking asshole. Don't you know what these lights mean? Your're lucky you weren't shot." When asked about it, Mijangos admitted to swearing at the male but claimed that that he asked the motorist if he knew what the fucking lights mean and thank god this wasn't a shooting! Majangos was given an employee notice (written warning) about "professional conduct and courtesy to the public. The final complaint was from 2-17-2011 (but filed three weeks after the motorist was found guilty in court) about a speeding ticket. The motorist complained that her rights were violated when Mijangos kept her driver's license after the stop and snatched her ticket back and made it a mandatory court appearance. Her complaint was found to be unfounded but HH PD found fault with Mijangos as he "violated the approach procedure" by stepping away from the motorist for a moment to give her a moment to cool off as she was very verbally hostile and next time to return a motorist's license. Apparently HH PD has a set way they do traffic stops and the procedure shall be adhered to even if a deviation is made in "good faith."

The next major incident for Mijango's was a pursuit that violated departmental policy on 05-19-2011. HH PD pursuit policy states that there will be no pursuits out of the city limits for misdemeanor violations or unless the person poses a direct risk to persons or property. Mijangos chased a motorist for misdemeanor violations into Maple Heights where his vehicle struck Mijango's cruiser. No one was injured but there was damage to both vehicles. Mijango's was recommended to receive a 10 to 15 day suspension as to not break his spirt as he's a team player (Note this is what the write up says.) He ended up with a 10 day suspension and having to review the pursuit policy.

The incident that got Mijango's last chance agreement extended was a damage to cruiser incident that occurred on 10-05-2014. Mijangos struck a sign while trying to chase down a suspect who fled from him on foot who had drugs. The damage to the vehicle was \$4,284.00. After an investigation (all the facts I learned about this incident was from the last chance agreement; there was only a brief employee incident report in his file) Mijangos was found to have violated Departmental Policy for reckless conduct, and neglect of duty. The last chance agreement was supposed to expire on 07-22-2016 but in lieu of the accident it was extended to 12-31-2016. Mijangos had 40 hours of vacation/personal time forfeited from his leave balance and serve a 40 hour suspension. He was also sent back to refresher anger management courses within 60 days and additional training in regards to the pursuit policy.

The final straw occurred on 02-27-2016 while at CIT training provided by Highland Springs Hospital. They had previously conducted CIT training for HH PD. On this occasion, several officers attending the training on a Saturday and they all let the instructor know that they were not happy to be there. The instructor complained that the officers were rude, refused to take part in discussions or role playing, talked amongst themselves while she talked and were on their phones constantly. In fact the instructor ended the class early due to the officers' behavior and filed a complaint with the department. Mijangos was part of the class and according to the department the senior man in the room (even though he was a patrolman) and therefore should have "controlled the men." Mijangos countered that although some of the allegations made by the instructor were true but over exaggerated. Mijangos also stated he sat in

the front of the class due to hearing issues. However the email complaint sent to the department names Mijangos as one of the offenders talking over the instructor and at one point when the instructor was talking about control holds implied that the hospital employed "hoes."

The department took this incident as the last straw and decided to invoke the last chance agreement. Mijangos was terminated; however six months later when he went back to the department to resolve a benefit payout issue he was offered his job back by the Chief and the Sargent (there is a letter to prove this.) Mijangos ultimately refused the offer and eventually got his termination changed to a resignation (Note: There is a letter to document this but it's not dated.) This was because other departments had asked for proof of his termination and HH PD Chief Stitt would not produce it. If I had been granted access to his Mijangos personnel file and an audience with one of their supervisors or their chief I would have asked why HH PD did not terminate Mijangos sooner for the other violations and why after all of this they would hire Mijangos back?

In reviewing HH PD's personnel file on Mijangos, it did not clear up things for me. On one hand it's obvious HH PD has an inconsistent approach to discipline; to an ordinary person Mijangos should have been terminated for the pursuit policy violation as it was a grievous violation of the last chance agreement. I was also left wondering about HH PD's training for their officers. When I conducted my pre-employment interview with Mijangos I asked him to explain Graham vs Conner and Tenn. Vs Gardner (as I ask all my candidates) to me and his explanation was very brief and vague. He had a very poor grasp of either important U of F case. Therefore I was wondering if his behavior early on was due to lack of knowledge/training or did he have anger management issues? Was he just immature and finally grew up? Does he still have anger issues is a concern that I have.

In light of the confusing information from Highland Hills, it was decided to send Mijangos for a polygraph. I submitted a list of questions that the department wanted the polygraphist to work into the pertinent admissions. The questions were as follows:

- 1) Please explain the incident with the intoxicated male at the Cleveland workhouse in 2013?
- 2) Please explain the incident with the traffic stop when you were pushed the male's head down in 2013?
- 3) Please explain the last chance agreement with Highland Hills
- 4) Was the pursuit incident just because you violated the pursuit policy or was there something more?
- 5) Please explain the termination/resignation incident with Highland Hills
  - Did they actually terminate you?
  - Did you actually resign?
  - Did they offer you your job back six months later
- 6) Are you withholding any information about these incidents or the manner/method in which you ended your employment with Highland Hills?
- 7) Are there any other incidents at Highland Hills?
- 8) Did you ever attend anger management training as mentioned in the last chance agreements?
- 9) Did you falsify any of the above information to obtain a job with Wellington PD?

A copy of the polygraph report is attached to this report. To be fair Mijangos answered the questions at the polygraph in a manner consistent with what he has answered in the past.

Copies of his personnel file were scanned into his electronic file.

In reviewing the polygraph, I learned that Mijangos had applied with the following departments recently; Cuyahoga Community College (2015), Elyria PD (2017) and the Cuyahoga County Sheriff's Department (April 2018.) I have reached out to TRI CCC and Elyria PD to see if I can glean any additional information from their background investigations or why they choose not to hire Mijangos. If I obtain that information, I will write another report.

If you have any questions do not hesitate to contact me.

Det. Sperie

On 08/10/2018 @ 0836 I, Ptl. Mijangos (4444) was dispatched to the above address for an alarm drop. As I approached the said address from the front of the house, I did not observe any foot prints in the snow. As I rounded the corner of the two garage doors, a white male wearing a denim jacket and a black hoodie came out from the side door of the garage carrying an electronic device. Once the white male noticed my presence, he stated "oh shit", dropped the electronic device on the ground and began running westbound in front of the house. This male then stopped, turned around and pointed a firearm towards my direction. This male immediately fired two shots in my direction. This male then again began to flee going westbound. At that time, a black male opened the front door of the house causing the dog to escape. The black male immediately pointed a firearm in my direction and fired shots towards me. This male also fled the scene on foot in the westbound direction.

**\*\*Theres Nothing Further to Report at this time\*\***

## CANDIDATE INTERVIEW WORKSHEET

Matthew Mijangos  
Candidate

CADET Patrol Officer  
Position S 0915  
F 1105

Det. Lt. D. Grossmyer 165  
Interviewer

08-10-18  
Date and Length of Interview

TRAIT

APPEARANCE:	Unacceptable	Marginal	Acceptable	<u>Above Average</u>	Exceptional
COMMUNICATION SKILLS	Unacceptable	Marginal	<u>Acceptable</u>	Above Average	Exceptional
EDUCATION	Unacceptable	Marginal	<u>Acceptable</u>	Above Average	Exceptional
WORK HISTORY	Unacceptable	Marginal	<u>Acceptable</u>	Above Average	Exceptional
POLICE EXPERIENCE	None	Marginal	<u>Acceptable</u> →	Above Average	Exceptional
JUDGEMENT	Unacceptable	Marginal	<u>Acceptable</u>	Above Average	Exceptional
POISE/CONFIDENCE	Unacceptable	Marginal	Acceptable	<u>Above Average</u>	Exceptional
AGGRESSIVENESS	Unacceptable	Marginal	<u>Acceptable</u>	Above Average	Exceptional
LOYALTY	Unacceptable	Marginal	Acceptable	<u>Above Average</u>	Exceptional
INTEGRITY	Unacceptable	Marginal	<u>Acceptable</u>	Above Average	Exceptional

### RECOMMENDATION

RECOMMENDED

NOT RECOMMENDED

### NOTES

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## CANDIDATE INTERVIEW WORKSHEET

MATTHEW MIJANGOS  
Candidate

CADET OFFICER  
Position

HANSEN #183  
Interviewer

8/10/18 9:15-11:05 hrs  
Date and Length of Interview

TRAIT

APPEARANCE:	Unacceptable	Marginal	Acceptable	<u>Above Average</u>	Exceptional
COMMUNICATION SKILLS	Unacceptable	Marginal	Acceptable	<u>Above Average</u>	Exceptional
EDUCATION	Unacceptable	Marginal	<u>Acceptable</u>	Above Average	Exceptional
WORK HISTORY	Unacceptable	Marginal	<u>Acceptable</u>	Above Average	Exceptional
POLICE EXPERIENCE	None	Marginal	<u>Acceptable</u>	Above Average	Exceptional
JUDGEMENT	Unacceptable	Marginal	Acceptable	Above Average	Exceptional
POISE/CONFIDENCE	Unacceptable	Marginal	Acceptable	<u>Above Average</u>	Exceptional
AGGRESSIVENESS	Unacceptable	Marginal	<u>Acceptable</u>	Above Average	Exceptional
LOYALTY	Unacceptable	Marginal	Acceptable	<u>Above Average</u>	Exceptional
INTEGRITY	Unacceptable	Marginal	<u>Acceptable</u>	Above Average	Exceptional

RECOMMENDATION

RECOMMENDED

NOT RECOMMENDED

NOTES

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**MAPLE HEIGHTS POLICE DEPARTMENT  
AUTHORIZATION TO RELEASE INFORMATION AND WAIVER**

I, Matthew Mianagos, an applicant for a position with the Maple Heights Police Department (herein MHPD) understand that the MHPD needs to thoroughly investigate my personal and employment histories to evaluate my qualifications to hold the position for which I have applied. It is in the public's interest that all relevant information concerning my personal and employment histories be disclosed to the MHPD.

**NOTE TO EMPLOYERS: 4113.71 Employer immunity as to job performance information disclosures.**

- (A) An employer who is requested by an employee or a prospective employer of an employee to disclose to a prospective employer of that employee information pertaining to the job performance of that employee for the employer and who and who discloses the requested information to the prospective employer is not liable in damages in a civil action to that employee, the prospective employer, or any other person for any harm sustained as a proximate result of making the disclosure or of any information disclosed, unless the plaintiff in a civil action establishes, either or both of the following;
- (1) By a preponderance of the evidence that the employer disclosed particular information with the knowledge that it was false, with the deliberate intent to mislead the prospective employer or another person, in bad faith, or with malicious purpose;
  - (2) By a preponderance of the evidence that the disclosure of particular information by the employer constitutes an unlawful discriminatory practice described in Section 4112.02, 4112.021, or 4112.022 of the Ohio Revised Code
- (B) If the court finds that the verdict of the jury was in favor of the defendant, the court shall determine whether the lawsuit brought under division (B) of the section constituted frivolous conduct as defined in division (A) of section 2323.51 of the Revised Code. If the court finds by a preponderance of the evidence that the lawsuit constituted frivolous conduct, it may Order the plaintiff to pay reasonable attorney's fees and court costs of the defendant.
- (C) (1) This section does not create a new cause of action or substantive legal right against the employer.
- (2) This section does not affect any immunities from civil liability or defenses established by another section of the Revised Code or available at common law to which an employer may be entitled under circumstances not covered by this section.

I do hereby authorize any representative of the MHPD bearing this release to obtain any information in your files pertaining to my employment records and direct you to release such information upon request of the bearer. I also authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of the MHPD whether said records are of public, private or confidential nature. The intent of this authorization is to give my consent for full and complete disclosure. **This Authorization is not to include any medically related history or workers' compensation act or workers' occupational diseases act claims.**

I reiterate and emphasize that the specific intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation that may provide pertinent data for the MHPD to consider in determining my character and suitability for employment.

I consent to your release of any and all public and private information by any person, business or institute contacted in the course of such investigation to release any and all information properly requested and Photostats of same if requested, concerning me for the following:

- Employment and pre-employment information, including, but not limited to, background reports and efficiency/performance ratings, attendance records, but excluding information relating to medical conditions and medical history (unless a conditional offer of employment has been made).
- Any internal affairs investigations and discipline, including any files deemed to be confidential and/or sealed complaints or grievances filed by or against me.

- Personal background and reputation.
- Military service records.
- Educational records.
- Financial and/or credit records including loans, commercial or retail credit agencies (including credit reports and/or ratings).
- Any and all records maintained by any criminal justice or corrections agency including incident reports, arrest records, traffic citations, and criminal history information, except as prohibited by law.

I hereby release you, as the custodian of such records, your organization, including its officers, employees, or related personnel, both individually and collectively from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family, or associates because of compliance with this authorization to release information or any attempt to comply with it. I direct you to release such information upon request of the duly authorized representative of the MHPD regardless of any agreement I may have previously made to the contrary. For and in consideration of the MHPD acceptance and processing of my employment application, I agree to hold the organization, its agents and employees harmless from any and all claims and liability associated with my employment application or in any way connected with the decision whether or not to employ me with the MHPD, including any liability or damage pursuant to any state or federal laws.

I understand that should information of a serious criminal nature surface as a result of this investigation, such information may be turned over to the proper authorities. I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, and the Ohio Revised Code, Chapter 1347, with regard to access of, and disclosure of records, and I waive those rights with the understanding that information furnished will be used by the MHPD in conjunction with employment procedures.

A photocopy/Fax copy of this release will be valid as an original thereof, even though said photocopy/Fax copy does not contain an original writing of my signature. Should there be questions as to the validity of this release, you may contact me at the address listed below.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents/employees from and against all claims, damages, losses and expenses, including reasonable attorney fees arising out of, or reason of complying, or any attempt to comply with this request.

By signing below, I certify that I have had adequate time to review this entire form and have read and clearly understand its purpose.

\*\*\*\*\*

Signature: Mate Min Date: 03/25/18

Address: [Redacted] Phone: (home) [Redacted]  
 (cell) [Redacted]

Date of Birth: [Redacted] Social Security Number [Redacted] - [Redacted] - [Redacted]

\*\*\*\*\*

Witness: Det. LT. [Signature] 165 Date: 03/28/18

# CITY OF MAPLE HEIGHTS

## Oath of Office

*State of Ohio  
County of Cuyahoga*

*I, Matthew J. Mijangos, solemnly swear that I will support the Constitution of the United States, the Constitution of the State of Ohio, and the Charter of the City of Maple Heights; and that I will faithfully, honestly and impartially discharge and perform all duties incumbent upon me as an Police Cadet, of the City of Maple Heights, State of Ohio, during my continuance in said office, so help me God.*

*Matthew Mijangos*

*Sworn to before me and subscribed in my presence this 22<sup>nd</sup> day of October, 2018.*

*Effective Date: October 28, 2018*

*Anette M. Blackwell*  
\_\_\_\_\_  
*Mayor Annette M. Blackwell*



# MIKE DEWINE

★ OHIO ATTORNEY GENERAL ★



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

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

## NOTICE OF PEACE OFFICER APPOINTMENT

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

<b>OFFICER INFORMATION</b>		1. Name (Last) Mijangos	(First) Matthew	(Middle) J	2. Social Security Number [REDACTED]
3. Alias (Last)		(First)	(Middle)		
4. Birth date (mm/dd/yyyy) [REDACTED]	5. Email Address			6. Phone Number	
7. Home Mailing Address (#/Street/PO Box) [REDACTED]		(City) [REDACTED]	(State) [REDACTED]	(Zip Code) [REDACTED]	(County Name) Cuyahoga
8. Basic Training Academy (Only complete if this is the officer's first appointment or OSP)		(Academy Name) Cuyahoga Community College	(Academy Number) BAS07-033	(Dates of Training) 02/24/2007 - 09/08/2007	

<b>AGENCY INFORMATION</b>		9. Agency Name Maple Heights Police Department			
10. Agency Email Address		11. Agency Phone Number 216 662-1234			
12. Agency Mailing Address (#/Street/PO Box) 5373 Lee Road		(City) Maple Heights	(Zip Code) 44137	(County Name) Cuyahoga	

<b>APPOINTMENT INFORMATION</b> (Complete Date, Status and ORC)		13. New Appointment Date 10 / 28 / 2018	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			
16. Select New ORC			
<input checked="" type="checkbox"/> City/Municipality Full-Time/Part-Time (737.02)	<input type="checkbox"/> City/Municipality Auxiliary/Reserve/Special (737.051)	<input type="checkbox"/> City/Municipality 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)	

<b>ATTESTATION OF REPORTING AUTHORITY</b>		I attest that the information provided on this form is true and correct and is based on my personal knowledge or inquiry.	
17. Signature of Reporting Authority 	18. Name and Title Todd T. Hansen, Chief of Police	19. Date 10 / 30 / 2018	
<b>NOTARY</b>			
Sworn to and subscribed before me this 30th day of October, 2018 in the county of Cuyahoga, Ohio.			
		My commission expires Feb. 24, 2020	
Signature of Notary		Affix Seal Here	



Officer Name (Last) (First) (Middle) Social Security Number  
 Mijangos Matthew J [REDACTED]

**20. 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 Appointing Authority

Annette M. Blackwell  
 Name of Appointing Authority (Typed or Printed Legibly)  
 Mayor/Safety Director  
 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.

21. Appointed By (Agency Name and County): Wellington Police Department	22. From(mm/dd/yyyy): 07 / 15 / 2017	To(mm/dd/yyyy): 10 / 27 / 2018
23. Appointment Status (Check Appropriate Box) <input type="checkbox"/> Full-Time <input checked="" type="checkbox"/> Part-Time <input type="checkbox"/> Auxiliary <input type="checkbox"/> Reserve <input type="checkbox"/> Special <input type="checkbox"/> Seasonal		
24. Appointed By (Agency Name and County): Highland Hills Police Department	25. From(mm/dd/yyyy): 07 / 13 / 2008	To(mm/dd/yyyy): 03 / 07 / 2016
26. Appointment Status (Check Appropriate Box) <input checked="" type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Auxiliary <input type="checkbox"/> Reserve <input type="checkbox"/> Special <input type="checkbox"/> Seasonal		
27. Appointed By (Agency Name and County):	28. From(mm/dd/yyyy): / /	To(mm/dd/yyyy): / /
29. Appointment Status (Check Appropriate Box) <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Auxiliary <input type="checkbox"/> Reserve <input type="checkbox"/> Special <input type="checkbox"/> Seasonal		
30. Appointed By (Agency Name and County):	31. From(mm/dd/yyyy): / /	To(mm/dd/yyyy): / /
32. Appointment Status (Check Appropriate Box) <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Auxiliary <input type="checkbox"/> Reserve <input type="checkbox"/> Special <input type="checkbox"/> Seasonal		
33. Appointed By (Agency Name and County):	34. From(mm/dd/yyyy): / /	To(mm/dd/yyyy): / /
35. Appointment Status (Check Appropriate Box) <input 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		



**MIKE DEWINE**

★ OHIO ATTORNEY GENERAL ★



Civilian Identification  
Office 877-224-0043  
Fax 1-866-750-0214

P.O. Box 365  
London, OH 43140  
www.OhioAttorneyGeneral.gov

September 25, 2018

DETECTIVE DREW SPERIE  
MAPLE HTS POLICE DEPARTMENT  
5373 LEE RD  
MAPLE HTS OH 44137



**CRIMINAL HISTORY RECORD CHECK  
NO BCI CONVICTIONS ON FILE  
AUTHENTICATION NO. CS01042189OC0744**

The Ohio Bureau of Criminal Investigation (BCI) has completed a criminal history record check on the applicant listed below.

When authorized by law, an individual may have their criminal history sealed. In the event that an applicant has a sealed record, certain parties are permitted to receive such information to determine whether an applicant is legally disqualified from performing specific work.

Sealed records are disclosed based upon the **Reason Fingerprinted**, as submitted on the background check transaction and listed below. Sealed criminal histories will be provided in a manner consistent with the reason that the records are requested, regardless of the destination of the result.

There are no convictions on file with this office for this applicant.

<b>Name:</b>	MIJANGOS, MATTHEW
<b>Date of Birth:</b>	[REDACTED]
<b>SSN:</b>	[REDACTED]
<b>BCI Completion Date:</b>	September 24, 2018
<b>Reason Fingerprinted:</b>	LAW

This letter is valid for one year from the record check completion date. This letter may be photocopied by the prospective employer and retained by the applicant.

Thomas J. Stickrath, Superintendent  
Ohio Bureau of Criminal Investigation

*Pursuant to Ohio Revised Code section 109.57(E)(2), BCI is authorized to provide only information relating to criminal convictions and guilty pleas. BCI is also only permitted to provide information regarding juvenile adjudications if the adjudication meets specific criteria listed in Ohio Revised Code section 109.57(E)(2) & (3).*



# MIKE DEWINE

★ OHIO ATTORNEY GENERAL ★



Civilian Identification  
Office 877-224-0043  
Fax 1-866-750-0214

P.O. Box 365  
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September 25, 2018

DETECTIVE DREW SPERIE  
MAPLE HTS POLICE DEPARTMENT  
5373 LEE RD  
MAPLE HTS OH 44137



**CRIMINAL HISTORY RECORD CHECK**  
**AUTHENTICATION NO. CS01042189OC0744**  
**ICN. E2018267000000132043**

A criminal history record check was conducted on the applicant listed below.

There are no convictions on file for this applicant.

<b>Applicant Name:</b>	MIJANGOS, MATTHEW
<b>Date of Birth:</b>	[REDACTED]
<b>Social Security Number:</b>	[REDACTED]
<b>Completion Date:</b>	September 24, 2018
<b>Reason Fingerprinted:</b>	LAW

Thomas J. Stickrath, Superintendent  
Ohio Bureau of Criminal Investigation

*Pursuant to Ohio Revised Code section 109.57(E)(2), BCI is authorized to provide only information relating to criminal convictions and guilty pleas. BCI is also only permitted to provide information regarding juvenile adjudications if the adjudication meets specific criteria listed in Ohio Revised Code section 109.57(E)(2) & (3).*



Maple Heights Police Department  
Employee Performance Appraisal

Rated Employee Matthew Mijangos Rank Ptlm. Appraiser Sgt. C Swope 507

Performance Appraisal Period From: 1/1/19 To: 12/31/19 Appraisal Date 1/3/20

**INSTRUCTIONS:** This form is to be completed by the Appraising Supervisor and then discussed with the employee. Circle the Rating Factor for each Performance Category.

**DEFINITIONS OF RATING FACTORS:**

**POOR PERFORMANCE** – Total work performance in this category falls far below the requirements that are expected of a thoroughly competent employee and is unacceptable. POINT VALUE of 1

**BELOW STANDARD** – Total work performance in this category does not meet requirements that are expected of a thoroughly competent employee. POINT VALUE of 2

**MEET STANDARD** – Total work performance in this category meets requirements that are expected of a thoroughly competent employee. POINT VALUE of 3

**ABOVE STANDARD** – Total work performance in this category is consistently above the requirements that are expected of a thoroughly competent employee. POINT VALUE of 4

**OUTSTANDING PERFORMANCE** – Total work performance in this category consistently far exceeds the requirements that are expected of a thoroughly competent employee. POINT VALUE of 5

Circle One Rating Per Category

	<u>POOR</u> 1	<u>BELOW</u> 2	<u>MEET</u> 3	<u>ABOVE</u> 4	<u>OUTSTANDING</u> 5
QUALITY OF WORK	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WORK HABITS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ADAPTABILITY	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INITIATIVE	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DEPENDABILITY	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RELATIONSHIPS WITH PEOPLE	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ANALYTICAL ABILITY	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
JUDGMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PRODUCTIVITY	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PROFESSIONAL APPEARANCE	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: Work Habits: I would like to see Ptlm. Mijangos improve on his report writing efficiency, as there are times his reports could be turned in an a more timely manner. I would also like for him to be more productive as he spends a considerable amount of time doing routine patrol but turns in a lower than average amount of tickets and other self-initiated items.

Ptlm. Mijangos, for being a new officer, seems to be learning the operations of our department in an acceptable manner. I believe this is due to his past experiences with previous departments. He gets along well with his fellow officers and treats the people he comes into contact with on calls with respect. Ptlm. Mijangos maintains an acceptable attendance record. I believe that Ptlm. Mijangos will continue to improve as an officer as his career continues.

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

Appraiser's Signature

SLS 4/3/97

Rated Employee's Signature

P. Mijangos #551

File

Maple Heights Police Department  
Employee Performance Appraisal

Rated Employee Ptl. Mijangos Rank Patrol Appraiser Sgt. Zupancic 532

Performance Appraisal Period From: 2021 To: 2022 Appraisal Date November 19, 2021

**INSTRUCTIONS:** This form is to be completed by the Appraising Supervisor and then discussed with the employee. Circle the Rating Factor for each Performance Category.

**DEFINITIONS OF RATING FACTORS:**

**POOR PERFORMANCE** – Total work performance in this category falls far below the requirements that are expected of a thoroughly competent employee and is unacceptable. POINT VALUE of 1

**BELOW STANDARD** – Total work performance in this category does not meet requirements that are expected of a thoroughly competent employee. POINT VALUE of 2

**MEET STANDARD** – Total work performance in this category meets requirements that are expected of a thoroughly competent employee. POINT VALUE of 3

**ABOVE STANDARD** – Total work performance in this category is consistently above the requirements that are expected of a thoroughly competent employee. POINT VALUE of 4

**OUTSTANDING PERFORMANCE** – Total work performance in this category consistently far exceeds the requirements that are expected of a thoroughly competent employee. POINT VALUE of 5

Circle One Rating Per Category

	<u>POOR</u> 1	<u>BELOW</u> 2	<u>MEET</u> 3	<u>ABOVE</u> 4	<u>OUTSTANDING</u> 5
QUALITY OF WORK	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WORK HABITS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
ADAPTABILITY	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INITIATIVE	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DEPENDABILITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
RELATIONSHIPS WITH PEOPLE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ANALYTICAL ABILITY	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
JUDGMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PRODUCTIVITY	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PROFESSIONAL APPEARANCE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Comments: Ptl. Mijangos arrives to work early on a daily basis. He prepares his patrol vehicle and is ready at the start of shift. Ptl. Mijangos spends most of his time on the road, patrolling (calling out with suspicious activity) and I see him in passing while patrolling, he isn't just sitting in a parking lot. Ptl. Mijangos has not called off sick and does not use comp time. Ptl. Mijangos is a veteran Officer with a lot of experience who knows the job. Unfortunately, on occasions, Ptl. Mijangos is brutally honest with people he comes in contact with. Some things Ptl. Mijangos states are true, however they are unprofessional in how Maple Heights expects their Officer's to conduct themselves. With Ptl. Mijangos' work habits and experience, he could be a stand out Officer if he work his wording when speaking with individuals. Ptl. Mijangos' uniform is always squared away with a clean hair cut and clean shaven.

==

Appraiser's Signature

Darwin Zyranii 530

Rated Employee's Signature

Ptl. Mijangos #551

NAME: <b>Matthew J. Mijangos</b>		ADDRESS: [REDACTED]		DEPARTMENT: <b>Police/ Safety</b>	
<input checked="" type="checkbox"/> HOURLY PAYROLL		<b>EMPLOYEE STATUS NOTICE CITY OF MAPLE HEIGHTS</b>		DATE ORIGINATED: <b>October 16, 2018</b>	
<input type="checkbox"/> OFFICE PAYROLL				DATE EFFECTIVE: <b>October 28, 2018</b>	
<input checked="" type="checkbox"/> ADD TO PAYROLL		SOCIAL SECURITY NUMBER [REDACTED]	REGULAR EMPLOYEE <input type="checkbox"/>	SUMMER EMPLOYEE <input type="checkbox"/>	
RATE OR SALARY <b>\$22.5795</b>	JOB CLASSIFICATION TITLE <b>Police Officer</b>	RANGE	STEP	NEW HIRE <input type="checkbox"/>	RET. LV <input type="checkbox"/>
				REHIRE <input type="checkbox"/>	RET. M: LV <input type="checkbox"/>
<input type="checkbox"/> LEAVE OF ABSENCE		FROM:	TO:	Phone # [REDACTED]	
<input type="checkbox"/> TERMINATION		<input type="checkbox"/> DISCHARGE	<input type="checkbox"/> QUIT	<input type="checkbox"/> RETIRED	
DATE LAST WORKED		LAID OFF <input type="checkbox"/>	OK TO REHIRE <input type="checkbox"/>		
<input type="checkbox"/> RATE CHANGE	<input type="checkbox"/> CLASS CHANGE	<input type="checkbox"/> DEPARTMENT TRANSFER		NEW DEPARTMENT	
OLD STATUS	RATE OR ALARY	JOB CLASSIFICATION	RATE RANGE		
NEW STATUS					
DATE OF BIRTH: [REDACTED]		FIRST DAY WORKED:		LAST DAY WORKED:	
<b>Chief's Office</b>		APPROVED BY: <i>Chief Todd [Signature]</i> 163			
ORIGINATED BY:		DIVISION HEAD		FINANCE DEPARTMENT	
MAYOR		HUMAN RESOURCES			



# MAPLE HEIGHTS POLICE DEPARTMENT



## HOLIDAY BUY BACK FORM

In accordance with the current Collective Bargaining Agreement, Section XIV, Paragraph 14.06. I am requesting to be reimbursed for 32 hours (maximum of 40 hours) of 2018 holiday time.

Name: MATT MiJangos


Date: 11/13/18

Chief's Approval: 

Date: 11/14/18

**Please return to the Chief's office no later than Monday, November 19, 2018.**

Cc: Mayor Annette M. Blackwell  
Human Resources Department  
Finance Department

NAME: <b>Matthew Mijangos</b>		ADDRESS:		DEPARTMENT: <b>Police/ Safety</b>	
<input checked="" type="checkbox"/> HOURLY PAYROLL		<b>EMPLOYEE STATUS NOTICE CITY OF MAPLE HEIGHTS</b>		DATE ORIGINATED: <b>October 3, 2019</b>	
<input type="checkbox"/> OFFICE PAYROLL				DATE EFFECTIVE: <b>October 28, 2019</b>	
<input type="checkbox"/> ADD TO PAYROLL		SOCIAL SECURITY NUMBER [REDACTED]	REGULAR EMPLOYEE <input type="checkbox"/>		SUMMER EMPLOYEE <input type="checkbox"/>
RATE OR SALARY	JOB CLASSIFICATION TITLE <b>Police Officer</b>	RANGE	STEP	NEW HIRE <input type="checkbox"/>	RET. LV <input type="checkbox"/>
				REHIRE <input type="checkbox"/>	RET. M: LV <input type="checkbox"/>
<input type="checkbox"/> LEAVE OF ABSENCE		FROM:		TO:	
<input type="checkbox"/> TERMINATION		<input type="checkbox"/> DISCHARGE	<input type="checkbox"/> QUIT	<input type="checkbox"/> RETIRED	
DATE LAST WORKED		LAID OFF <input type="checkbox"/>	OK TO REHIRE <input type="checkbox"/>		
<input checked="" type="checkbox"/> RATE CHANGE	<input checked="" type="checkbox"/> CLASS CHANGE	<input type="checkbox"/> DEPARTMENT TRANSFER		NEW DEPARTMENT	
OLD STATUS	RATE OR ALARY <b>\$22.5795</b>	JOB CLASSIFICATION <b>Police Cadet</b>	RATE RANGE <b>\$46,965.40</b>		
NEW STATUS	<b>\$25.7714</b>	<b>Police Cadet 1<sup>st</sup> Class</b>	<b>\$53,604.48</b>		
DATE OF BIRTH: [REDACTED]		FIRST DAY WORKED:		LAST DAY WORKED:	
<b>Chief's Office</b>		APPROVED BY: 			
ORIGINATED BY:		DIVISION HEAD		FINANCE DEPARTMENT	
MAYOR		HUMAN RESOURCES			



**MAPLE HEIGHTS POLICE DEPARTMENT**



**HOLIDAY BUY BACK FORM**

In accordance with the current Collective Bargaining Agreement, Section XIV, Paragraph 14.06. I am requesting to be reimbursed for 40 hours (maximum of 40 hours) of 2019 holiday time.

Name: PJT. MATT MIZANGOS # 551

Date: 11/11/19

Chief's Approval: [Signature]

Date: 11/18/19

**Please return to the Chief's office no later than Monday, November 18, 2019.**

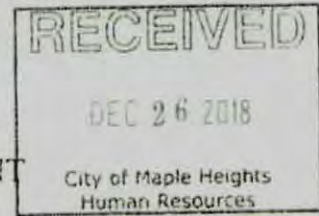
Cc: Mayor Annette M. Blackwell  
Human Resources Department  
Finance Department





VILLAGE OF  
HIGHLAND HILLS POLICE DEPARTMENT

3700 Northfield Road  
Highland Hills, Ohio 44122  
Emergency 911 Non-Emergency (216) 591-1234 Fax (216) 283-3008



To: Whom it may concern.  
From: Sgt. Jerome Skeabeck  
Date: December 18<sup>th</sup> 2018  
Ref: Mathew Mijangos

Mathew Mijangos, was sworn in as a Police Officer on December 10<sup>th</sup> 2008. He did separate his position on March 7<sup>th</sup> 2016. Mathew Mijangos upon separation did have 264 hours of accumulated sick time that was unused. Any questions that I may be able to be of assistance in this matter feel free to call or email me at 216 283 3007 or skeabeck@vhhohio.org.

TO FINANCE  
12/27/18  
AS

**Employee's Withholding Certificate**

Department of the Treasury  
Internal Revenue Service

▶ 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.

**2020**

<b>Step 1: Enter Personal Information</b>	(a) First name and middle initial <b>Matthew J</b>	Last name <b>Mijangos</b>	(b) Social security number [REDACTED]
	Address [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> .
	City or town, state, and ZIP code [REDACTED]		
	(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 online estimator, and privacy.

**Step 2:  
Multiple Jobs  
or Spouse  
Works**

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.

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 2020 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: Claim Dependents</b>	If your 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 ▶ <u>\$ 2,000.<sup>00</sup></u>		
	Multiply the number of other dependents by \$500 . . . . . ▶ <u>\$ 0</u>		
	Add the amounts above and enter the total here . . . . .	<b>3</b>	<b>\$ 2,000.<sup>00</sup></b>
<b>Step 4 (optional): Other Adjustments</b>	(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>\$ 0</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>	<b>\$ 0</b>
	(c) <b>Extra withholding.</b> Enter any additional tax you want withheld each pay period . . . . .	<b>4(c)</b>	<b>\$ 0</b>

<b>Step 5: Sign Here</b>	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.		
	▶ <u>Matthew J</u> Employee's signature (This form is not valid unless you sign it.)		▶ <u>01/10/20</u> Date
<b>Employers Only</b>	Employer's name and address	First date of employment	Employer identification number (EIN)

**Notice to Employee**

- 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.
- 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:
  - 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.
  - The support of a dependent for whom you claimed exemption is taken over by someone else.
  - 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.

- 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.
- 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

**Ohio** | Department of Taxation | **Employee's Withholding Exemption Certificate** | IT 4 Rev. 5/07

Print full name Matthew Mijangos Social Security number [REDACTED]


Home address and ZIP code [REDACTED]

Public school district of residence [REDACTED] School district no. [REDACTED]  
(See *The Finder* at tax.ohio.gov.)

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

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 [Signature] Date 01/10/20

NAME: <b>Matthew Mijangos</b>		ADDRESS:		DEPARTMENT: <b>Police/ Safety</b>	
<input type="checkbox"/> HOURLY PAYROLL		<b>EMPLOYEE STATUS NOTICE CITY OF MAPLE HEIGHTS</b>		DATE ORIGINATED: <b>October 1, 2020</b>	
<input type="checkbox"/> OFFICE PAYROLL				DATE EFFECTIVE: <b>October 28, 2020</b>	
<input type="checkbox"/> ADD TO PAYROLL		SOCIAL SECURITY NUMBER [REDACTED]		REGULAR EMPLOYEE <input type="checkbox"/>	SUMMER EMPLOYEE <input type="checkbox"/>
RATE OR SALARY	JOB CLASSIFICATION <b>Police Officer</b>	RANGE	STEP	NEW HIRE <input type="checkbox"/>	RET. LV <input type="checkbox"/>
				REHIRE <input type="checkbox"/>	RET. M: LV <input type="checkbox"/>
<input type="checkbox"/> LEAVE OF ABSENCE		FROM:		TO:	
<input type="checkbox"/> TERMINATION		<input type="checkbox"/> DISCHARGE	<input type="checkbox"/> QUIT	<input type="checkbox"/> RETIRED	
DATE LAST WORKED		LAID OFF <input type="checkbox"/>		OK TO REHIRE <input type="checkbox"/>	
<input checked="" type="checkbox"/> RATE CHANGE		<input checked="" type="checkbox"/> CLASS CHANGE		<input type="checkbox"/> DEPARTMENT TRANSFER	
NEW DEPARTMENT					
OLD STATUS	RATE OR ALARY <b>\$25.7714</b>	JOB CLASSIFICATION <b>Police Cadet 1<sup>st</sup> Class</b>		RATE RANGE <b>\$53,604.48</b>	
NEW STATUS	<b>\$30.2345</b>	<b>Police Patrol 1<sup>st</sup> Class</b>		<b>\$62,887.72</b>	
DATE OF BIRTH: [REDACTED]		FIRST DAY WORKED:		LAST DAY WORKED:	
<b>Chief's Office</b>		APPROVED BY: 			
ORIGINATED BY:		DIVISION HEAD		FINANCE DEPARTMENT	
MAYOR			HUMAN RESOURCES		



# MAPLE HEIGHTS POLICE DEPARTMENT



## HOLIDAY BUY BACK FORM

In accordance with the current Collective Bargaining Agreement, Section XIV, Paragraph 14.06. I am requesting to be reimbursed for 32 hours (maximum of 40 hours) of 2020 holiday time.

Name: PT7. MATT Mijangos # 551


Date: 11/23/20

Chief's Approval: [Signature]

Date: 11/23/2020

**Please return to the Chief's office no later than Monday, November 23, 2020.**

Cc: Mayor Annette M. Blackwell  
Human Resources Department  
Finance Department

NAME: <b>Matthew Mijangos</b>		ADDRESS: [REDACTED]		DEPARTMENT: <b>Police/ Safety</b>	
<input checked="" type="checkbox"/> HOURLY PAYROLL		<b>EMPLOYEE STATUS NOTICE CITY OF MAPLE HEIGHTS</b>		DATE ORIGINATED: <b>January 14, 2021</b>	
<input type="checkbox"/> OFFICE PAYROLL				DATE EFFECTIVE: <b>January 1, 2021</b>	
<input type="checkbox"/> ADD TO PAYROLL		SOCIAL SECURITY NUMBER [REDACTED]	REGULAR EMPLOYEE <input checked="" type="checkbox"/>	SUMMER EMPLOYEE <input type="checkbox"/>	
RATE OR SALARY	JOB CLASSIFICATION <b>Police Officer</b>	RANGE	STEP	NEW HIRE <input type="checkbox"/>	RET. LV <input type="checkbox"/>
				REHIRE <input type="checkbox"/>	RET. M: LV <input type="checkbox"/>
				RET. LAY OFF <input type="checkbox"/>	REINSTATE <input type="checkbox"/>
<input type="checkbox"/> LEAVE OF ABSENCE		FROM:		TO:	
<input type="checkbox"/> TERMINATION		<input type="checkbox"/> DISCHARGE	<input type="checkbox"/> QUIT	<input type="checkbox"/> RETIRED	
DATE LAST WORKED		LAI D OFF <input type="checkbox"/>	OK TO REHIRE <input type="checkbox"/>		
<input checked="" type="checkbox"/> RATE CHANGE	<input type="checkbox"/> CLASS CHANGE	<input type="checkbox"/> DEPARTMENT TRANSFER	NEW DEPARTMENT		
OLD STATUS	RATE OR SALARY <b>\$30.2345</b>	JOB CLASSIFICATION <b>Patrol Officer 1<sup>st</sup> class</b>	RATE RANGE		
NEW STATUS	<b>\$31.1415</b>	<b>Patrol Officer 1<sup>st</sup> class</b>	<b>3% Increase per Council.</b>	<b>Ordinance 2021-06</b>	
DATE OF BIRTH: [REDACTED]		FIRST DAY WORKED:		LAST DAY WORKED:	
<b>Chief's Office</b>		APPROVED BY: 			
ORIGINATED BY:		DIVISION HEAD		FINANCE DEPARTMENT	
MAYOR			HUMAN RESOURCES		



# MIKE DEWINE

★ OHIO ATTORNEY GENERAL ★



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

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

## INDIVIDUAL FIREARMS QUALIFICATION RECORD

<b>OFFICER:</b> Cadet M. Mijangos #551	<b>DATE:</b> November 2, 2018
<b>AGENCY:</b> Maple Hts. Police Dept.	<b>RANGE:</b> MHPD

<b>SEMIAUTOMATIC PISTOL MANUFACTURER:</b> Glock			<b>COURSE OF FIRE:</b> OPOTA State course	
<b>MODEL:</b> G17 Gen 4	<b>CALIBER:</b> 9mm	<b>SERIAL NUMBER:</b> [REDACTED]	<b>SCORE:</b> 20/25	<b>INSTRUCTOR:</b> Sgt. B. Kevern #508

<b>SEMIAUTOMATIC PISTOL MANUFACTURER:</b>			<b>COURSE OF FIRE:</b>	
<b>MODEL:</b>	<b>CALIBER:</b>	<b>SERIAL NUMBER:</b>	<b>SCORE:</b>	<b>INSTRUCTOR:</b>

<b>REVOLVER MANUFACTURER:</b>			<b>COURSE OF FIRE:</b>	
<b>MODEL:</b>	<b>CALIBER:</b>	<b>SERIAL NUMBER:</b>	<b>SCORE:</b>	<b>INSTRUCTOR:</b>

<b>SHOTGUN MANUFACTURER:</b>			<b>COURSE OF FIRE:</b> OPOTA State course	
<b>MODEL:</b> 870	<b>CALIBER:</b> 12 gauge	<b>SERIAL NUMBER:</b>	<b>SCORE:</b>	<b>INSTRUCTOR:</b>

<b>RIFLE/CARBINE MANUFACTURER:</b> Rock River AR-15			<b>COURSE OF FIRE:</b> OPOTA State course	
<b>MODEL:</b> AR-15	<b>CALIBER:</b> 223/556	<b>SERIAL NUMBER:</b> [REDACTED]	<b>SCORE:</b> 20/20	<b>INSTRUCTOR:</b> Sgt. B. Kevern #508

<b>SMG MANUFACTURER:</b>			<b>COURSE OF FIRE:</b>	
<b>MODEL:</b>	<b>CALIBER:</b>	<b>SERIAL NUMBER:</b>	<b>SCORE:</b>	<b>INSTRUCTOR:</b>

Effective 1/1/2014



# MIKE DEWINE

★ OHIO ATTORNEY GENERAL ★



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

P.O. Box 309  
London, OH 43140  
www.Ohio.AttorneyGeneral.gov

## INDIVIDUAL FIREARMS QUALIFICATION RECORD

<b>OFFICER:</b> Ptl. Mijangos #551	<b>DATE:</b> July 3, 2019
<b>AGENCY:</b> Maple Hts. Police Dept.	<b>RANGE:</b> MHPD

<b>SEMI-AUTOMATIC PISTOL MANUFACTURER:</b> Glock			<b>COURSE OF FIRE:</b> OPOTA State course	
<b>MODEL:</b> G17	<b>CALIBER:</b> 9mm	<b>SERIAL NUMBER:</b> [REDACTED]	<b>SCORE:</b> 25/25	<b>INSTRUCTOR:</b> Det. Hobart #520

<b>SEMI-AUTOMATIC PISTOL MANUFACTURER:</b>			<b>COURSE OF FIRE:</b>	
<b>MODEL:</b>	<b>CALIBER:</b>	<b>SERIAL NUMBER:</b>	<b>SCORE:</b>	<b>INSTRUCTOR:</b>

<b>REVOLVER MANUFACTURER:</b>			<b>COURSE OF FIRE:</b>	
<b>MODEL:</b>	<b>CALIBER:</b>	<b>SERIAL NUMBER:</b>	<b>SCORE:</b>	<b>INSTRUCTOR:</b>

<b>SHOTGUN MANUFACTURER:</b> Remington			<b>COURSE OF FIRE:</b> OPOTA State course	
<b>MODEL:</b> 870	<b>CALIBER:</b> 12 gauge	<b>SERIAL NUMBER:</b> [REDACTED]	<b>SCORE:</b> 8/8	<b>INSTRUCTOR:</b> Det. Hobart #520

<b>RIFLE/CARBINE MANUFACTURER:</b> Rock River AR-15			<b>COURSE OF FIRE:</b> OPOTA State course	
<b>MODEL:</b> AR-15	<b>CALIBER:</b> 223/556	<b>SERIAL NUMBER:</b> [REDACTED]	<b>SCORE:</b> 18/20	<b>INSTRUCTOR:</b> Det. Hobart #520

<b>SMG MANUFACTURER:</b>			<b>COURSE OF FIRE:</b>	
<b>MODEL:</b>	<b>CALIBER:</b>	<b>SERIAL NUMBER:</b>	<b>SCORE:</b>	<b>INSTRUCTOR:</b>





**MIKE DEWINE**  
 ★ OHIO ATTORNEY GENERAL ★



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

P.O. Box 309  
 London, OH 43140  
 www.Ohio.AttorneyGeneral.gov

**INDIVIDUAL FIREARMS QUALIFICATION RECORD**

<b>OFFICER:</b> Ptl. Mijangos #551		<b>DATE:</b> January 7, 2020	
<b>AGENCY:</b> Maple Hts. Police Dept.		<b>RANGE:</b> MHPD	

<b>SEMIAUTOMATIC PISTOL MANUFACTURER:</b> Glock			<b>COURSE OF FIRE:</b> OPOTA State course	
<b>MODEL:</b> G17	<b>CALIBER:</b> 9mm	<b>SERIAL NUMBER:</b> [REDACTED]	<b>SCORE:</b> 25/25	<b>INSTRUCTOR:</b> Sgt. Voll #188

<b>SEMIAUTOMATIC PISTOL MANUFACTURER:</b> Glock			<b>COURSE OF FIRE:</b> OPOTA Backup course	
<b>MODEL:</b> G27	<b>CALIBER:</b> 40	<b>SERIAL NUMBER:</b> [REDACTED]	<b>SCORE:</b> 8/8	<b>INSTRUCTOR:</b> Sgt. Voll #188

<b>REVOLVER MANUFACTURER:</b>			<b>COURSE OF FIRE:</b>	
<b>MODEL:</b>	<b>CALIBER:</b>	<b>SERIAL NUMBER:</b>	<b>SCORE:</b>	<b>INSTRUCTOR:</b>

<b>SHOTGUN MANUFACTURER:</b> Remington			<b>COURSE OF FIRE:</b> OPOTA State course	
<b>MODEL:</b> 870	<b>CALIBER:</b> 12 gauge	<b>SERIAL NUMBER:</b> [REDACTED]	<b>SCORE:</b> 8/8	<b>INSTRUCTOR:</b> Sgt. Voll #188

<b>RIFLE/CARBINE MANUFACTURER:</b> Rock River AR-15			<b>COURSE OF FIRE:</b> OPOTA State course	
<b>MODEL:</b> AR-15	<b>CALIBER:</b> 223/556	<b>SERIAL NUMBER:</b> [REDACTED]	<b>SCORE:</b> 20/20	<b>INSTRUCTOR:</b> Sgt. Voll #188

<b>SMG MANUFACTURER:</b>			<b>COURSE OF FIRE:</b>	
<b>MODEL:</b>	<b>CALIBER:</b>	<b>SERIAL NUMBER:</b>	<b>SCORE:</b>	<b>INSTRUCTOR:</b>



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

This is to certify that

**Matthew James Mijangos**

**has completed the Ohio  
Peace Officer Basic Training Program**

Conducted by

**Cuyahoga Community College**

Awarded on

**July 13, 2008**

Mike DeWine  
Attorney General

Vernon P. Stanforth, Chairperson  
Ohio Peace Officer Training Commission



Mary E. Davis, Executive Director  
Ohio Peace Officer Training Commission

Duplicate # 130532  
School # BA07-033

# Certificate of Completion

CUYAHOGA COMMUNITY COLLEGE

*Matthew J. Mijangos*

*Has successfully completed the*

**OHIO BASIC PEACE OFFICER TRAINING ACADEMY**

**BAS 07-033**

*Consisting of 638 contact hours*

*February 24 2007 through September 8, 2007*

*Awarded this 28th day of September 2007*



Commander Terence J. McHugh



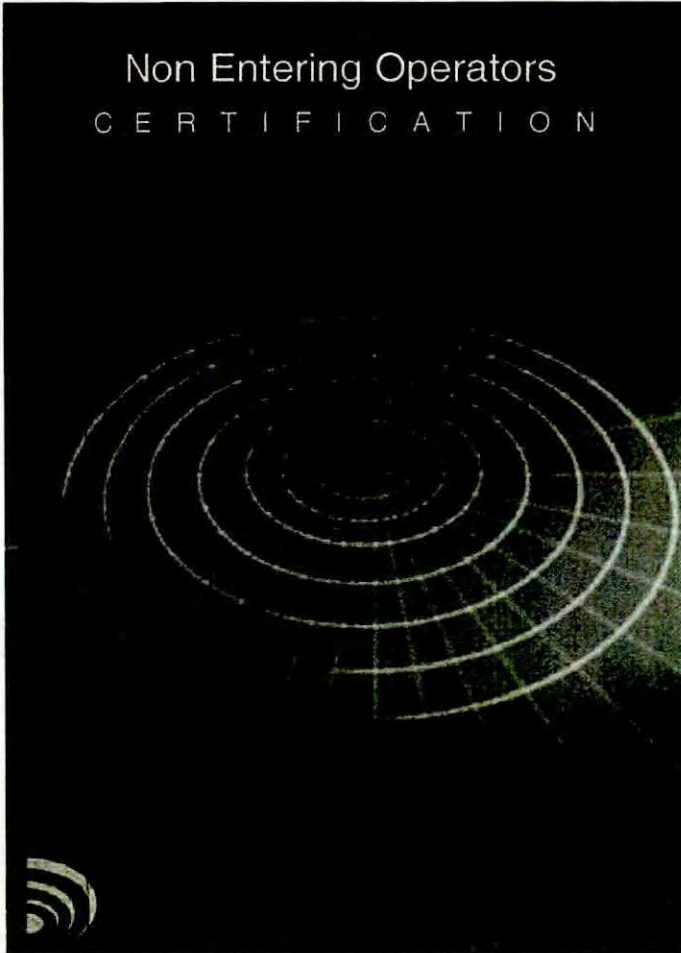
**POLICE**

**PUBLIC SAFETY  
TRAINING INSTITUTE  
CUYAHOGA COMMUNITY COLLEGE**



Director Douglas E. Dombroski

Non Entering Operators  
C E R T I F I C A T I O N



This document certifies that

**MATHEW MIJANGOS**

has passed the

**Non Entering Operators**

**test and should be afforded the rights and  
responsibilities pertaining thereto.**

**Awarded this**

**23rd day of June, 2009**

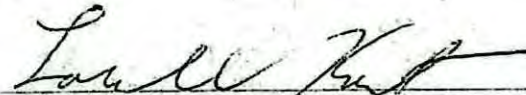
# Certificate

Awarded for the Successful Completion of Instruction on:  
**Theory and Practical Use of Traffic  
Radar and Laser**

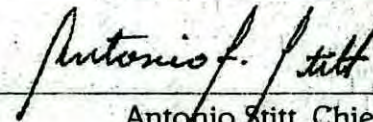
Presented to:

MATT MIJANGOS

Date: OCT. 24 2010



Lowell Katz, Instructor  
Western Reserve Communications



Antonio Stitt, Chief of Police  
Highland Hills Police Department

# BEDFORD MUNICIPAL COURT 2010 DOMESTIC VIOLENCE TRAINING



## *Certificate of Training*

*This is to certify*

*Matt Mijangos*

*Has satisfactorily completed 1.5 hours of  
Crime Victims Training with Bedford Municipal Court*

*On May 13, 2010*

A handwritten signature in cursive script, appearing to read "Brian J. Melling", written over a horizontal line.

Brian J. Melling  
Presiding Judge  
Bedford Municipal Court

A handwritten signature in cursive script, appearing to read "Harry Jacob III", written over a horizontal line.

Harry Jacob III  
Judge  
Bedford Municipal Court

A handwritten signature in cursive script, appearing to read "Candice L. Pidala", written over a horizontal line.

Candice L. Pidala, JD, LSW  
Domestic Violence Court Liaison  
Bedford Municipal Court  
Certifying Instructor



# NORTH COAST POLYTECHNIC INSTITUTE

This is to certify that

**Matthew Mijangos**

has completed a four (4) hr. course of instruction in

***Ethics in Policing***

April 2, 2011  
Date

William D. Healy  
Training Director

# OHIO DEPARTMENT OF HEALTH

## BUREAU OF ALCOHOL AND DRUG TESTING

This is to certify that

**MATTHEW J MIJANGOS**

has qualified for and is hereby issued Senior Operator permit number **85137-S-3**  
under the provisions of section 3701.143 of the Ohio Revised Code and chapter  
3701-53-01 through 10 of the Ohio Administrative Code and is authorized to perform  
breath tests in accordance with such laws and rules,  
using the Intoxilyzer 5000 instrument.

Effective Date March 10, 2010

This permit expires **March 10, 2011**



Application Date  
March 10, 2010

*Alvin J. Jackson, M.D.*

DIRECTOR OF HEALTH





# NORTH COAST POLYTECHNIC INSTITUTE

This is to certify that

**Matt J. Mijangos**

has completed a course of instruction in

***Supervisory Skills***

December 22, 2011  
Date

*William D. Healy*  
Training Director

# OHIO DEPARTMENT OF HEALTH

## ALCOHOL AND DRUG TESTING

This is to certify that

**MATTHEW J MIJANGOS**

has qualified for and is hereby issued Senior Operator permit number **85137-S-3**  
under the provisions of section 3701.143 of the Ohio Revised Code and chapter  
3701-53-01 through 10 of the Ohio Administrative Code and is authorized to perform  
breath tests in accordance with such laws and rules,  
using the Intoxilyzer 5000 instrument.

Effective Date March 25, 2011

This permit expires **March 25, 2012**



Application Date  
March 25, 2011

*Theodore E. Wyangho MD*

DIRECTOR OF HEALTH



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

This is to certify that

**Matthew J. Mijangos**

has participated in the advanced training course  
**66-007-13-06: Judgmental Driving Simulator**  
at the Ohio Peace Officer Training Academy given  
**February 26 - 28, 2013**

Mike DeWine  
Attorney General

Vernon P. Stanforth, Chairperson  
Ohio Peace Officer Training Commission

Robert A. Fiatal, Executive Director  
Ohio Peace Officer Training Commission



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

This is to certify that

**Matthew J. Mijaños**

has participated in the advanced training course

**44-004-13-06: Judgmental Firearms Simulator**

at the Ohio Peace Officer Training Academy given

**February 26 - 28, 2013**

Mike DeWine  
Attorney General

Vernon P. Stanforth, Chairperson  
Ohio Peace Officer Training Commission

Robert A. Fiatal, Executive Director  
Ohio Peace Officer Training Commission

# OHIO DEPARTMENT OF HEALTH

## ALCOHOL AND DRUG TESTING

This is to certify that

**MATTHEW J MIJANGOS**

has qualified for and is hereby issued Senior Operator permit number **85137-S-3**  
under the provisions of section 3701.143 of the Ohio Revised Code and chapter  
3701-53-01 through 10 of the Ohio Administrative Code and is authorized to perform  
breath tests in accordance with such laws and rules,  
using the Intoxilyzer 5000 instrument.

Effective Date March 25, 2012

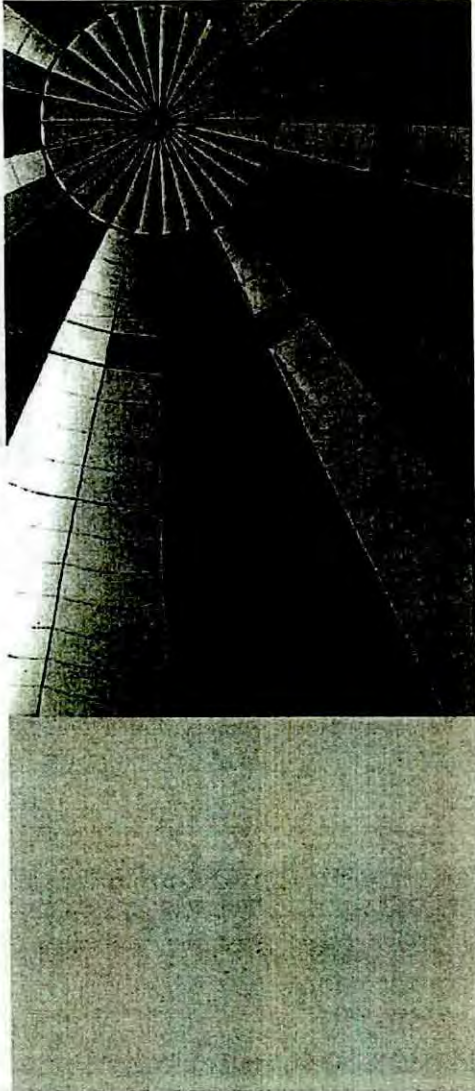
This permit expires **March 25, 2013**



Application Date  
December 20, 2011

*Theodore E. Wyangos MD*

DIRECTOR OF HEALTH



# Cuyahoga County Regionalized Training Program

*presents*

## Certificate of Completion

*to*

*Matthew Mijangos*

*for*

Workplace Harassment Prevention

Class Hours:  
2.0 Hours

*Kathy Jackson, Training Manager*

*Date: October 29, 2013*



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

This is to certify that

**Matthew J. Mijangos**

has participated in the advanced training course

**77-001-15-02: Mobile Subject Control**

at the Ohio Peace Officer Training Academy given

**February 17 - 19, 2015**

Mike DeWine  
Attorney General

Vernon P. Stanforth, Chairperson  
Ohio Peace Officer Training Commission


Mary E. Davis, Executive Director  
Ohio Peace Officer Training Commission

# Highland Hills Police Department

CERTIFICATE OF TRAINING JANUARY 11 2014

## Mathew Mijangos

HAS SUCCESSFULLY COMPLETED 8 HOURS OF TRAINING ON THE OPERATION & DEPLOYMENT OF THE KARBON ARMS M.P.I.D. UNDER MANUFACTURES GUIDELINES ALONG WITH THE HIGHLAND HILLS POLICE DEPARTMENTS PROCEDURE AND POLICY OF THE M.P.I.D.



INSTRUCTOR



INSTRUCTOR



# **LEADS**

Law Enforcement Automated Data System

**This is to certify that**

**MATTHEW MIJANGOS**

**has successfully completed the Ohio LEADS testing on**

**July 30, 2012**

**by completing the following exam:**

**Inquiry Test**

**This certificate is good through**

**July 30, 2014**



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

This is to certify that

**Matthew J. Mijangos**

has participated in the advanced training course

**44-002-15-38: Judgmental Firearms Simulator**

at the Ohio Peace Officer Training Academy given

**November 3 - 5, 2015**

Mike DeWine  
Attorney General

Vernon P. Stanforth, Chairperson  
Ohio Peace Officer Training Commission

Mary E. Davis, Executive Director  
Ohio Peace Officer Training Commission



**NORTH COAST  
POLYTECHNIC INSTITUTE**

**This is to certify that**

**Mathew J. Mijangos**

**has completed a course of instruction in**

***CPT - Domestic Violence (1 hr), Drug  
Identification (1 hr), Evidence  
Processing (1 hr) and Search & Seizure (3 hrs)***

**March 28, 2015**  
Date

**William D. Healy**  
Training Director



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

This is to certify that

**Matthew J. Mijangos**

has participated in the advanced training course

**66-002-15-38: Judgmental Driving Simulator**

at the Ohio Peace Officer Training Academy given

**November 3 - 5, 2015**

Mike DeWine  
Attorney General

Vernon P. Stanforth, Chairperson  
Ohio Peace Officer Training Commission

Mary E. Davis, Executive Director  
Ohio Peace Officer Training Commission



# NORTH COAST POLYTECHNIC INSTITUTE

This is to certify that

**Mathew Mijangos**

has completed a course of instruction in

***CPT - Domestic Violence (1 hr), Search and  
Seizure (2 hrs) and SFST Refresher (1 hr)***

March 15, 2014  
Date

William D. Healy  
Training Director

# LEADS



This is to certify that

**MATTHEW MIJANGOS**

has successfully completed the Ohio LEADS testing on

**March 4, 2014**

by completing the following exam:

**Inquiry Test**

This certificate is good through

**March 4, 2016**

**CONFIRMATION OF TRAINING**

The undersigned, a peace officer on the Maple Heights Police Department, states that they have received training in the proper administration of oaths and acknowledgements pursuant to R.C. 2935.081.

Matt Min #551  
Peace Officer signature and badge #

10/29/18  
Date

Matthew M. Angos #551  
Peace Officer printed name and badge #

# Calibre Press

This certificate is presented to:

**Matthew Mijangos**

Note: This certifies that the individual named above has completed the Calibre Press-owned and copyrighted course identified on this Certificate of Completion. Receipt of this document does not qualify nor in any way allow this student to present the proprietary material presented in this program to others. This class is not designed as a train-the-trainer program and the redistribution of the material presented herein in any form; written, recorded, publicly presented or otherwise, is strictly prohibited under U.S. Copyright law. Further, this document does not represent any level of Calibre Press endorsement of this individual's knowledge, skills, or abilities.

For successfully completing the webinar

## ***IMPLICIT BIAS:***

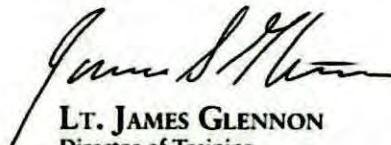
***Understanding its Impact on Actions & Decisions***

**SEPTEMBER 10, 2020**



3 hours of Instruction

Lead by:

  
LT. JAMES GLENNON  
Director of Training



# CPR & AED Training



This training certificate verifies that

**M. Mijangos**

participated in CPR and AED training presented by the Maple Heights Fire  
Department on

**3/12/2020**

Topics covered include:

- CPR and AED Use for Adults
- CPR and AED Use for Children
- CPR for Infants

CPR and AED guidelines are consistent with the 2015 International  
Consensus on CPR and Emergency Cardiovascular Care Science  
with Treatment Recommendations (CoSTR).

Instructor  
Daniel Syphen



# Calibre Press

This certificate is presented to:

**Matthew Mijangos**

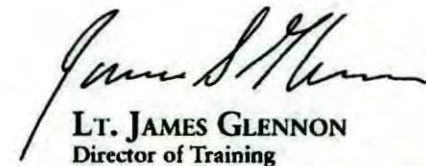
For successfully completing the course

## **PRESSURIZED PEOPLE:**

*Recognize & Implementing Force Mitigation Opportunities*



2.5 hours of Instruction

  
LT. JAMES GLENNON  
Director of Training

# Certificate of Training

*is hereby granted to*

## **Matt Mijangos**

*to certify completion of*

### **Vehicle Close Quarter Battle Training**

9/23/2020



Instructors:

*Steve Davis*

Steve Davis  
Solon Police Department

*Ben Lang*

Ben Lang  
Bedford Police Department

*Ron Dodge*

Ron Dodge  
Garfield Heights Police Department

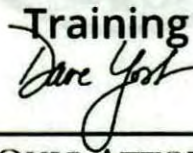
**- OHIO ATTORNEY GENERAL -**  
RECOGNITION OF COMPLETION AWARD

*This certificate of completion is awarded to*

**Matthew Mijangos**

has completed the Ohio Attorney General's online training course

**OHLEG Security  
Training**



DAVE YOST, OHIO ATTORNEY GENERAL

July 29, 2021



**DAVE YOST**  
OHIO ATTORNEY GENERAL



**This is to certify that**

**Matthew Mijangos**

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

**Restraint or Confinement of a Pregnant Suspect**

**Completed on: April 09, 2021**

# Certificate of Training

*is hereby granted to*

## **Matthew Mijangos**

*to certify completion of*

## **Dynamic Rescue Training**

10/13/2021



Instructors:

*Steve Davis*

Steve Davis  
Solon Police Department

*Nick Kline*

Nick Kline  
Solon Police Department

*Ron Dodge*

Ron Dodge  
Garfield Heights Police Department

# SUPERVISOR'S OBSERVATIONS OF CADET

**Period of Observations: November 4 - November 10, 2018**

**Dates and Time spent with Cadet** Ptl. M. Mijangos #551 :

Riding- Time Spent- 8 hours OC & Gun Training minutes Date: 11-06-18

Discussion- Time Spent- 8 hours OC & Gun Training minutes Date: 11-06-18

**Items identified by FTO (Ponyicky) as Potential / Current problems:**

**Keep Studying the city map.**

**Supervisor's Observations of Cadet:**

**Good Attitude, Keeps Busy even when FTO is busy with other tasks,**

**What did you cover with the Cadet during this period:**

**Firearms and OC Training**

**Recommendations going forward for the Cadet:**

Remember to sign documents with "Ptl. M. Mijangos #551" Doing good, keep up the good work and positive attitude. Keep Practicing Dry firing for trigger control issues. Use the middle to the tip of index finger for trigger. Practice Thumbs Forward grip when drawing and dry firing practice.

Supervisor Signature: Sgt. R. T. Voll #188 Date: 11-26-2018

Probationary Officer Signature: Ptl. M. Mijangos #551 Date: 11-26-18

Field Training Officer Signature: Ptl. J. Ponyicky #513 Date: 11-26-18

Ptl. Mij #551  
J. Ponyicky #513  
S. R. Voll #188

# SUPERVISOR'S OBSERVATIONS OF CADET

**Period of Observations: November 11 - November 17, 2018**

**Dates and Time spent with Cadet** Ptl. M. Mijangos #551 :

Riding- Time Spent-        minutes    Date:

Discussion- Time Spent- Training 60 minutes    Date: 11-16-18

**Items identified by FTO (Ponyicky) as Potential / Current problems:**

**Keep Studying the city map.**

**Supervisor's Observations of Cadet:**

**Good Attitude, Keeps Busy even when FTO is busy with other tasks,**

**What did you cover with the Cadet during this period:**

**Firearms and OC Training**

**Recommendations going forward for the Cadet:**

Remember to sign documents with "Ptl. M. Mijangos #551" Doing good, keep up the good work and positive attitude. Keep Practicing Dry firing for trigger control issues. Use the middle to the tip of index finger for trigger. Practice Thumbs Forward grip when drawing and dry firing practice. DV Paperwork Requirements Covered.

Supervisor Signature: Sgt. R. T. Voll #188    Date: 11-26-2018

Probationary Officer Signature: Ptl. M. Mijangos #551    Date: 11-26-18

Field Training Officer Signature: Ptl. J. Ponyicky #513    Date: 11-26-18

*Ptl. Mij #551*

*Ptl. Pony #513*

*Sgt. R. T. Voll*



# SUPERVISOR'S OBSERVATIONS OF CADET

## Period of Observations: Week 4

Dates and Time spent with Cadet M. Mijingos #551 :

Riding- Time Spent- n/a minutes Date:

Discussion- Time Spent- 60 minutes Date: 11/30 & 12/01/2018

### Items identified by FTO Pt. D. Zupancic #532 as Potential / Current problems:

The cadet can complete report and paperwork with the proper information. Most of his mistakes come from not knowing how we put paperwork / reports together or our way of doing things. The cadet is able to fix his mistakes and has a good attitude.

We complete MM Criminal Citations which the cadet has not done before. The cadet properly filled out the citation and was shown how to complete the paperwork at the station to be turned in. Overall the cadet has a good attitude and takes direction well.

### Supervisor's Observations of Cadet:

Overall the cadet is doing well. He has had prior experience as a police officer and he is able to handle calls with little to no assistance. The cadet is able to navigate to and from calls with little to no assistance.

What did you cover with the Cadet during this period:

Missing Persons and DV calls and State Requirements

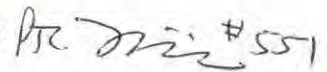
### Recommendations going forward for the Cadet:

Keep Study Maps, Follow-Up with Hearing Issues, Double Check Paperwork for Signatures,

Supervisor Signature: Sgt. R. T. Voll #188 Date: 12-10-2018



Probationary Officer Signature: Cdt. M. Mijingos #551 Date: 12/10/2018



Field Training Officer Signature: Ptlm. D. Zupancic #532 Date: 12/10/2018



# SUPERVISOR'S OBSERVATIONS OF CADET

## Period of Observations: Week 5

Dates and Time spent with Cadet M. Mijingos #551 :

Riding- Time Spent- n/a minutes Date:

Discussion- Time Spent- 30 minutes Date: 12/05 & 12/06/2018

### Items identified by FTO (Ponyicky) as Potential / Current problems:

Concerns about the Cadet hearing the radio and speaking with people. He has been advised of a hearing issue. He does see a doctor about this issue. Future FTOs should monitor his improvement with this. I have also asked others about his radio transmission. He can be difficult to understand. This might be due to where he has his mic positioned on his shoulder. We will try to correct this issue.

### Supervisor's Observations of Cadet:

Cadet is progressing well. covered the importance of checking complaint sheets. discussed the hearing issue with FTO. cadet is keeping busy even during undirected time studying the maps and researching any other issues he was not familiar with. doing a great job so far just need to monitor hearing issues.

### What did you cover with the Cadet during this period:

Importance of completing dispos in sheets that the cadet is responsible for. Cadet should review the sheets himself to be sure information relayed to dispatch was put in the sheets. Missing Persons Spreadsheets and the importance of follow-up on missing persons.

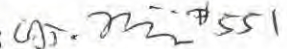
### Recommendations going forward for the Cadet:

Cadet is doing well in all areas observed. only issue to monitor is the hearing issue.

Supervisor Signature: Sgt. R. T. Voll #188 Date: 12/15/2018



Probationary Officer Signature: Cdt. M. Mijingos #551 Date: 12/15/2018



Field Training Officer Signature: Ptl. J. Ponyicky #513 Date: 12/15/2018



# SUPERVISOR'S OBSERVATIONS OF CADET

## Period of Observations: Week 6

Dates and Time spent with Cadet M. Mijingos #551 :

Riding- Time Spent-            minutes    Date:

Discussion- Time Spent- 60 minutes    Date: 12/14/ & 12/15/2018

### Items identified by FTO (Ponyicky) as Potential / Current problems:

Concerns about the Cadet hearing the radio and speaking with people. He has been advised of a hearing issue. He does see a doctor about this issue.

### Supervisor's Observations of Cadet:

Had a hold up alarm at a fianical institution. Covered investigating a missing juvenile case from May 2018, in which cadet and FTO were able to track down an address where the juvenile might be in Cleveland and Bedford Hts. FTO and Cadet were able to find that the juvenile is a runaway and is no longer missing.

### What did you cover with the Cadet during this period:

Covered paperwork required for DV and Missing Persons including the Missing Persons Spreadsheet. Covered DV Reports and information required by the state and requirements of police at DV scenes.

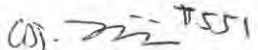
### Recommendations going forward for the Cadet:

Keep Study Maps, Follow-Up with Hearing Issues, Double Check Paperwork for Signatures,

Supervisor Signature: Sgt. R.T. Voll #188    Date: 12/15/2018



Probationary Officer Signature: Cdt. M. Mijingos #551    Date: 12/15/2018



Field Training Officer Signature: Ptl. J. Ponyicky #513    Date: 12/15/2018



## SUPERVISOR'S OBSERVATIONS OF CADET

**Period of Observations: December 16 - December 22, 2018 week 7**

**Dates and Time spent with Cadet Mijangos #551 :**

Riding- Time Spent- 110 minutes Date: December 20, 2018

Discussion- Time Spent- 110 minutes Date: December 20, 2018

**Items identified by FTO (Augustyn) as Potential / Current problems:**

**Cadet Mijangos needs to work on his radio usage and speaking clearly into the radio**

**Supervisor's Observations of Cadet:**

**An arrest was made on a subject for criminal trespass and disorderly conduct. This subject admitted he suffers from mental illness. When Cadet Mijangos turned in the report, he had not addressed any of the mental illness issues which might influence the court to intervene for a mental evaluation.**

**I was on a couple of different calls with Cadet Mijangos, which involved multiple subjects. Cadet Mijangos demonstrated good tactics in positioning and being aware of his surroundings. Cadet Mijangos still needs to work on figuring out the quickest route to travel to a call (i.e. we were on Lisa and I instructed him to go to Morning Star. He took Dunham to Mendota to Glenwood to Mornign Star).**

**We responded to a suspicious vehicle that was running on Catherine Street. As we arrived, Cadet Mijangos seemed to be hesitant if he should activate his emergency lights and use his spotlight to see the vehicle and occupants better.**

**During my time with Cadet Mijangos, he appeared to accept the criticism as a learning exercise to better himself.**

**What did you cover with the Cadet during this period:**

**I discussed the importance of knowing the quickest way to travel to a call. I also discussed with Cadet Mijangos when arriving on a call such as an occupied suspicious vehicle the importance of multitasking in activating the emergency lights, spotlight, and calling the information in to dispatch.**

**Recommendations going forward for the Cadet:**

**Now that Cadet Mijangos is learning the streets, he needs to work on getting to the calls in a more direct route. Cadet Mijangos also needs to work on his radio usage in calling out in the area or at the scene and to speak clearly into the radio. Cadet Mijangos needs to continue any other training as prescribed by his training officer.**

Supervisor Signature: Cpl. Basiewicz #514

*Cpl. Basiewicz #514*

Date: 12-25-18

Probationary Officer Signature: Cadet Mijangos #551

Date: 12-25-18

*PJM #551*

Field Training Officer Signature: Ptl. Augustyn #536

Date: 12-25-18

*PA #536*

## SUPERVISOR'S OBSERVATIONS OF CADET

**Period of Observations: December 23 - 29, 2018 week 8**

**Dates and Time spent with Cadet** Cadet Mijangos # 551 :

Riding- Time Spent- 60 minutes Date: December 25, 2018

Discussion- Time Spent- 80 minutes Date: December 25 & 28, 2018

**Items identified by FTO (Augustyn) as Potential / Current problems:**

Ptl. Augustyn informed me Cadet Mijangos needs to work on his self initiated activity. Ptl. Augustyn also stated Cadet Mijangos still needs to work on his radio voice.

**Supervisor's Observations of Cadet:**

I observed Cadet Mijangos speaking to a female with mental issues who was upset feeling her parents were being unfair to her. Cadet Mijangos did a good job on speaking to her to attempt to determine what the problem was and how to resolve it.

On 12-25-18, I rode with Cadet Mijangos. He is doing a lot better on the streets. We discussed various routes to get to calls quicker from different locations. We also discussed different ways to handle stopping vehicles / persons who match the description of suspects in a crime.

On 12-29-18, we responded to a call involving multiple people. One of the subjects appeared to be looking around as if to run. Cadet Mijangos recognized this and repositioned himself to close of an avenue of possible escape.

Cadet Mijangos seems to have a positive attitude with a willingness to learn from his mistakes.

**What did you cover with the Cadet during this period:**

Cadet Mijangos still needs to work on his radio "voice". He still comes across muffled.

I was present when Lt. Gazer was having a discussion with Cadet Mijangos about various OVI scenarios. Cadet Mijangos needs to study the OVI laws and procedures to become better informed on them.

**Recommendations going forward for the Cadet:**

Cadet Mijangos needs to review the OVI procedures and to make an effort to use a clear radio voice. Cadet Mijangos to continue training as prescribed by his training officers.

Supervisor Signature: Cpl. Basiewicz #514 *Cpl Basiewicz 514* Date: 01-02-19

Probationary Officer Signature: Cadet Mijangos #551 *Cadet Mijangos #551* Date: 01-02-19

Field Training Officer Signature: Ptl. Augustyn #536 *Ptl Augustyn #536* Date: 01-02-19

## **SUPERVISOR'S OBSERVATIONS OF CADET**

**Period of Observations: December 30, 2018 to January 5, 2019 week 9**

**Dates and Time spent with Cadet** Cadet Mijangos # 551 :

Riding- Time Spent- 70 minutes Date: January 3, 2019

Discussion- Time Spent- 70 minutes Date: January 3, 2019

**Items identified by FTO (Augustyn) as Potential / Current problems:**

**Cadet Mijangos needs to work on how to put the paperwork together for citations and summons. Cadet Mijangos still needs to work on what information, how to present it, in his reports**

**Supervisor's Observations of Cadet:**

**On 01-02-19, we responded to a shots fired call. While checking the area Cadet Mijangos observed a house with exterior security cameras and took the initiative to contact the homeowner to review the security camera footage. Cadet Mijangos interacted well with the victims in gathering information.**

**I observed Cadet Mijangos still needs to concentrate on speaking clearly into the radio. Cadet Mijangos had responded to a disturbance call. Cadet Mijangos had parked on the wrong side of the street. When a subject had backed out of the driveway, she had struck Cadet Mijangos' cruiser.**

**What did you cover with the Cadet during this period:**

**While riding with Cadet Mijangos, he asked if there was any type of template for serious reports (i.e. rapes, shootings, murder, etc.). We discussed the information that was needed on a report and before he would release anyone to speak to a supervisor to verify if there was anything else he needed. Ptl. Augustyn had shown Cadet Mijangos the DOA "cheat sheet" that can be used to gather the needed information. Cadet Mijangos has also looked over the reports for sexual assaults and some of the more major crimes to determine what were needed in the reports.**

**We also discussed an OVI arrest he had made, which I had observed his SFSTs. I pointed out that he needed to practice on the SFSTs, in particular the HGN with him moving the stimulus too fast during the tracking phase and having it too close to the subjects face during the testing.**

**It was discussed with Cadet Mijangos about parking of police vehicles when responding to different types of calls.**

**Recommendations going forward for the Cadet:**

**Cadet Mijangos needs to review other officers reports to get a better understanding on how our reports are written. Continue with training as instructed by his FTO.**

Supervisor Signature: Cpl. Basiewicz #514 *Cpl Basiewicz 514* Date: 1-16-19

Probationary Officer Signature: Cadet Mijanogs #551 *H. Mijanogs #551* Date: 1-16-19

Field Training Officer Signature: Ptl. Augustyn #536 *Ptl. Augustyn #536* Date: 1-16-19



## **SUPERVISOR'S OBSERVATIONS OF CADET**

**Period of Observations: January 6 - January 12, 2019 week 10**

**Dates and Time spent with Cadet Cadet Mijangos #551 :**

Riding- Time Spent- 75 minutes Date: 01-09-19

Discussion- Time Spent- 75 minutes Date: 01-09-19

**Items identified by FTO (Augustyn) as Potential / Current problems:**

**Cadet Mijangos needs to work on his approaches and parking. Cadet Mijangos also needs to work on understanding what paperwork is needed for reports, warrants, citations, and summons.**

**Supervisor's Observations of Cadet:**

**On 01-07-19 we were extremely busy with several high priority calls involving shots fired or subjects with firearms. Cadet Mijangos handled himself in a professional manner and assisted in looking for evidence and / or suspects.**

**On one call of shots fired with a house being struck by a bullet, Cadet Mijangos located security cameras on a residence that eventually did show the suspect vehicle.**

**From my observations of Cadet Mijangos on various calls and my inter-reactions with Cadet Mijangos, it would appear that Cadet Mijangos is handling his training well and is open to criticism.**

**With the exception of the HGN SFST test discussed below, Cadet Mijangos appears to be taking his training seriously. I have observed when Cadet Mijangos is caught up on his work and has no other tasks assigned to him, he is self-motivated and finds other things to study and to work on.**

**On 01-11-19 I responded as the secondary officer with Cadet Mijangos for an escort on Corkhill. When Cadet Mijangos arrived, he parked on the north side of the street (which was the non-parking side). I thought this was odd since he had recently been involved in an accident where he had parked on the wrong side of the street. I spoke to Cadet Mijangos about this and he informed me he thought the south side of the streets was the non-parking sides. Cadet Mijangos was informed the side of the streets with the fire hydrants was the non-parking side of the streets.**

**What did you cover with the Cadet during this period:**

**During my ride time with Cadet Mijangos, we discussed the previous shift on the call volume and the type of calls (2 shots fired calls and a call where a male had pointed a handgun at a female and fled the area upon our arrival). On one of the calls, we had called for a canine unit to help track the suspect. Cadet Mijangos recognized that the canine unit was requested very late into the call, he asked if we would normally set up a perimeter. I felt this was astute question coming from a trainee.**

**We also discussed the previous shift being an indicator on our call volume and pace, especially during the warmer months. Cadet Mijangos stated he felt he could handle the**

pace of the Maple Heights Police Department.

I asked Cadet Mijangos if he realized the amount of overtime we deal with during the summer months and if his wife understood this. Cadet Mijangos stated he does realize this and he has discussed it with his wife.

From the previous week, I had discussed with Cadet Mijangos his performance on the HGN SFST tests. I asked Cadet Mijangos if he had been practicing the test. He stated he had not and when asked why not, he informed me he had been busy.

**Recommendations going forward for the Cadet:**

Cadet Mijangos needs to work on his SFST skills, specifically the HGN. Cadet Mijangos needs to work on his approaches and parking when responding to calls. Continue with training as instructed by his FTO.

Supervisor Signature: Cpl. Basiewicz #514 *Cpl. Basiewicz 514* Date: 1-14-19

Probationary Officer Signature: Cdt. Mijangos #551 *Cdt. Mijangos* Date: 01/14/19

Field Training Officer Signature: Ptl. Augustyn #536 *Ptl. Augustyn #536* Date: 1-14-19