



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



2023-2639  
 Officer Involved Critical Incident - 7498 Van Ness Avenue,  
 Hubbard, Ohio 44425, Trumbull County

**Investigative Activity:** Personnel File Received and Reviewed;  
 Training File Received and Reviewed  
**Involves:** Officer ██████████ (S);  
 Vienna Township Police Department (O)  
**Activity Date:** 1/18/2024  
**Activity Location:** Vienna Township Police Department -  
 856 Youngstown Kingsville Road, Vienna, Ohio 44473  
**Authoring Agent:** SAS Charles Moran #67

**Narrative:**

On January 18, 2024, at 1230 hours, Ohio Bureau of Criminal Investigation (BCI) Special Agent Supervisor (SA) Chuck Moran (Moran) met with Vienna Township Police Department (VTPD) Chief Bob Ludt (Ludt) at the VTPD. Chief Ludt provided SAS Moran with a folder containing a copy VTPD Officer ██████████ s ██████████ personnel file and training file. SA Moran scanned the documents, combined them, and placed the combined PDF file in the Matrix files section.

SA Moran reviewed the documents and noted the following:

PAGE	NOTE
1	Notice of Peace Officer Appointment with the VTPD on 8/29/2021
8	Completion certificate from Youngstown State University Police Academy for the Basic Peace Officer Training Academy
18	Completion certificate from Youngstown State University Police Academy for OPOTC Standard Police Rifle/Carbine Qualification Course - 16 hours - October 2017
21	VTPD Range Proficiency Record (Qualification) for Patrol Rifle Carbine - October 2019
61 and 101	Alcohol Testing Form - Result .000 - October 4, 2023
104	Certificate of Release or Discharge from Active Duty from the U.S. Army, Military Police, "Honorable" discharge, completed required service - 2014
108	Memo from VTPD Lieutenant Darbey indicating ██████████ was hired on 9/3/2019
111	OPOTC Field Sheet with "P" (passing qualification) score for ██████████ with his pistol, VTPD shotgun, and VTPD rifle on 8/26/2023
	There was no discipline in ██████████ s file related to any use of force.

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



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Investigative Report



2023-2639  
Officer Involved Critical Incident - 7498 Van Ness Avenue,  
Hubbard, Ohio 44425, Trumbull County

The combined personnel, training, and firearms qualification document is attached to this report.

**Attachment:**

1. VTPD Ofc. [REDACTED] Personnel-Training-FQ File - All Combined - UNREDACTED

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**DAVE YOST**  
OHIO ATTORNEY GENERAL



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

**NOTICE OF PEACE OFFICER APPOINTMENT**

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

1. Within ten days of the appointment or status change, or promotion to Chief, submit one copy of this form either by email SF400@ohioattorneygeneral.gov, fax, or mail.
2. Type or print legibly and complete all blanks. Officer and Agency email addresses need to be entered to receive training determinations.
3. Submit pages 1 and 2 when an officer is newly-appointed to your agency, or has previously left the agency and returns.
4. Submit only page 1 when an officer continues to be appointed by your agency, but has a change from one status, as listed in Box 15, to a different status, or is promoted to Chief.
5. Enter any necessary information for a Correction to Record, submitting all affected pages, and attach a letter explaining the requested change.

<b>OFFICER INFORMATION</b>		1. Name (Last) [Redacted]	(First) [Redacted]	(Middle) [Redacted]	2. Social Security Number (last 5 only) [Redacted]
3. Previous Name(s) or Alias (Last)		[Redacted]	(First)	(Middle)	[Redacted]
4. Birth date (mm/dd/yyyy) 07-24-1994	5. Officer's Individual Email Address [Redacted]@viennapd.com			6. Phone Number [Redacted]	
7. Home Mailing Address (#/Street/PO Box) [Redacted]		(City) Boardman	(State) Ohio	(Zip Code) 44512	(County Name) Mahoning
8. Basic Training Academy (Only complete if this is the officer's first appointment or OSP)		(Academy Name)	(Academy Number)	(Dates of Training)	

<b>AGENCY INFORMATION</b>		9. Agency Name Vienna Police Department			
10. Reporting Authority's Email Address bdarbey@viennapd.com		11. Agency Phone Number 330-856-4421			
12. Agency Mailing Address (#/Street/PO Box) 856 Youngstown Kingsville Rd /P.o. box 473		(City) Vienna	(Zip Code) 44473	(County Name) Trumbull	

<b>APPOINTMENT INFORMATION</b> (Complete Date, Status <u>and</u> ORC)		13. New Appointment Date / /	14. Status Change Date 08 / 29 / 21
15. Select New Status <input checked="" type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Auxiliary <input type="checkbox"/> Reserve <input type="checkbox"/> Special <input type="checkbox"/> Seasonal For the purpose of this form, full-time means those in active pay status (including those on vacation, sick, bereavement, personal or administrative leave; on compensatory time or holidays) receiving compensation and benefits for 40 hours in a work week or 80 hours in a 14-day period.			
16. Select New ORC			
<input type="checkbox"/> City Full-Time/Part-Time (737.02)	<input type="checkbox"/> City Auxiliary/Reserve/Special (737.051)	<input type="checkbox"/> City Chief (737.02)	
<input type="checkbox"/> Village Full-Time/Part-Time/Special (737.16)	<input type="checkbox"/> Village Auxiliary/Reserve (737.161)	<input type="checkbox"/> Village Chief (737.15)	
<input type="checkbox"/> Township Police Officer (505.49)	<input checked="" type="checkbox"/> Township Constable (509.01)	<input type="checkbox"/> Other Chief - List ORC/Charter _____	
<input type="checkbox"/> Other - List ORC/Charter _____	<input type="checkbox"/> Deputy Sheriff (311.04)	<input type="checkbox"/> Sheriff (311.01)	

<b>ATTESTATION OF REPORTING AUTHORITY</b>		I have carefully read this document and fully understand its contents and I sign it of my own free will and volition. I attest that the information provided on this document is true and correct and is based on my personal knowledge or inquiry. I further understand and acknowledge that submission of falsified records is a criminal violation.	
17. Signature of Reporting Authority 	18. Printed Name and Title Rob Ludi Chief	19. Date 10 / 07 / 22	
20. Signature of Witness 	21. Printed Name (First, Middle, Last) Brian Darbey	22. Date 10 / 07 / 22	



**VIENNA TOWNSHIP POLICE DEPARTMENT**

856 YOUNGSTOWN – KINGSVILLE RD.

P.O. BOX 473

VIENNA, OH 44473

PHONE: (330) 856-4421 FAX: (330) 856-4498

***FAX COVER SHEET***

**TO:** Ohio Peace Officer Training Com.

**FAX:** 740-845-2675

**FROM:** Lt Brian Darbey

**DATE:** 2-1-2023

**PAGES:** 9 Including cover page

**RE:**

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\_\_\_\_\_  
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***THIS FAX CONTAINS SENSITIVE INFORMATION. IF YOU HAVE RECEIVED THIS FAX BY ACCIDENT PLEASE NOTIFY US IMMEDIATELY.***



**DAVE YOST**  
OHIO ATTORNEY GENERAL



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

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(OSHP certificate must be attached)

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3. Previous Name(s) or Alias (Last) [REDACTED] (First) [REDACTED] (Middle) [REDACTED]				
4. Birth date (mm/dd/yyyy) 07-24-1994	5. Officer's Individual Email Address [REDACTED]@viennapd.com		6. Phone Number [REDACTED]	
7. Home Mailing Address (#/Street/PO Box) [REDACTED] (City) Boardman (State) Ohio (Zip Code) 44512 (County Name) Mahoning				
8. Basic Training Academy (Academy Name) [REDACTED] (Academy Number) [REDACTED] (Dates of Training) [REDACTED]				

<b>AGENCY INFORMATION</b>		9. Agency Name Vienna Police Department		
10. Reporting Authority's Email Address bdarbey@viennapd.com		11. Agency Phone Number 330-856-4421		
12. Agency Mailing Address (#/Street/PO Box) 856 Youngstown Kingsville Rd /P.o. box 473 (City) Vienna (Zip Code) 44473 (County Name) Trumbull				

<b>APPOINTMENT INFORMATION</b> (Complete Date, Status and ORC)		13. New Appointment Date / /	14. Status Change Date 08 / 29 / 21
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<input type="checkbox"/> Other - List ORC/Charter _____	<input type="checkbox"/> Deputy Sheriff (311.04)	<input type="checkbox"/> Sheriff (311.01)	

<b>ATTESTATION OF REPORTING AUTHORITY</b>		I have carefully read this document and fully understand its contents and I sign it of my own free will and volition. I attest that the information provided on this document is true and correct and is based on my personal knowledge or inquiry. I further understand and acknowledge that submission of falsified records is a criminal violation.	
17. Signature of Reporting Authority 	18. Printed Name and Title Bob Lodt Chief	19. Date 11 / 9 / 2021	
20. Signature of Witness 	21. Printed Name (First, Middle, Last) Brian Darbey LT	22. Date 11 / 15 / 2021	



**DAVE YOST**  
OHIO ATTORNEY GENERAL



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

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07-24-1994					
7. Home Mailing Address (#/Street/PO Box)		(City)	(State)	(Zip Code)	(County Name)
		Boardman	Ohio	44512	Mahoning
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<b>AGENCY INFORMATION</b>		9. Agency Name			
		Vienna Police Dept			
10. Reporting Authority's Email Address			11. Agency Phone Number		
Bdarbey@viennapd.com			330-856-4421		
12. Agency Mailing Address (#/Street/PO Box)		(City)	(Zip Code)	(County Name)	
856 Youngstown Kingsville Rd /Po.O Box473		Vienna	44473	Trumbull	

<b>APPOINTMENT INFORMATION</b> (Complete Date, Status and ORC)		13. New Appointment Date	14. Status Change Date
		09 / 03 / 2019	/ /
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			
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<input type="checkbox"/> Township Police Officer (505.49)	<input checked="" type="checkbox"/> Township Constable (509.01)	<input type="checkbox"/> Other Chief - List ORC/Charter	
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17. Signature of Reporting Authority	18. Printed Name and Title	19. Date	
	Bob Lutz Chief of Police	09 17, 2019	
20. Signature of Witness	21. Printed Name (First, Middle, Last)	22. Date	
	Brian Darbey LT	9, 17, 2019	



Officer Name (Last)

(First)

(Middle)

Social Security Number

23. OATH OF OFFICE

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

[Redacted Signature]

Signature of Appointing Authority

PHILLIP M. JEGG

Name of Appointing Authority (Typed or Printed Legibly)

VIENNA TWP TROOPER

Title of Appointing Authority (Typed or Printed Legibly)

OHIO PEACE OFFICER APPOINTMENT HISTORY

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

24. Appointed By (Agency Name and County): <b>Mercy Health Police Dept</b>	25. From(mm/dd/yyyy): <b>08/20 /18</b>	To(mm/dd/yyyy): <b>/ /</b>
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): <b>Vienna Police Dept</b>	28. From(mm/dd/yyyy): <b>09/03 /19</b>	To(mm/dd/yyyy): <b>/ /</b>
29. 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		

30. Appointed By (Agency Name and County):	31. From(mm/dd/yyyy): <b>/ /</b>	To(mm/dd/yyyy): <b>/ /</b>
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): <b>/ /</b>	To(mm/dd/yyyy): <b>/ /</b>
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): <b>/ /</b>	To(mm/dd/yyyy): <b>/ /</b>
38. Appointment Status (Check Appropriate Box) <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Auxiliary <input type="checkbox"/> Reserve <input type="checkbox"/> Special <input type="checkbox"/> Seasonal		

39. Appointed By (Agency Name and County):	40. From(mm/dd/yyyy): <b>/ /</b>	To(mm/dd/yyyy): <b>/ /</b>
41. Appointment Status (Check Appropriate Box) <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Auxiliary <input type="checkbox"/> Reserve <input type="checkbox"/> Special <input type="checkbox"/> Seasonal		

1) VIENNA POLICE DEPARTMENT  
2)

Date/Time: Sep. 27. 2019 7:38AM

File No.	Mode	Destination	Pg(s)	Result	Page Not Sent
2261	Memory TX	17408452675	P. 3	OK	

Reason for error

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

*THIS FAX CONTAINS SENSITIVE INFORMATION. IF YOU HAVE RECEIVED THIS FAX BY ACCIDENT PLEASE NOTIFY US IMMEDIATELY.*

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**TO:** Ohio Peace Officer Training Commission

**FAX:** 740-845-2675

**FROM:** Lt Brian Darbey

**DATE:** 9-27-19

**PAGES:** 3 Including cover page

**RE:**

**FAX COVER SHEET**

**VIENNA TOWNSHIP POLICE DEPARTMENT**  
 856 YOUNGSTOWN - KINGSVILLE RD.  
 P.O. BOX 473  
 VIENNA, OH 44473  
 PHONE: (330) 856-4421 FAX: (330) 856-4498







***VIENNA TOWNSHIP POLICE DEPARTMENT***

856 YOUNGSTOWN – KINGSVILLE RD.

P.O. BOX 473

VIENNA, OH 44473

**PHONE:** (330) 856-4421 **FAX:** (330) 856-4498

***FAX COVER SHEET***

**TO:** Ohio Peace Officer Training Commission

**FAX:** 740-845-2675

**FROM:** Lt Brian Darbey

**DATE:** 9-27-19

**PAGES:** 3 Including cover page

***RE:***

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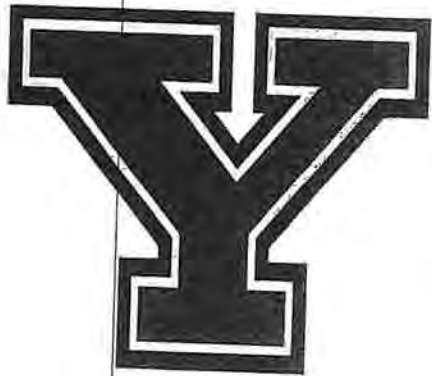
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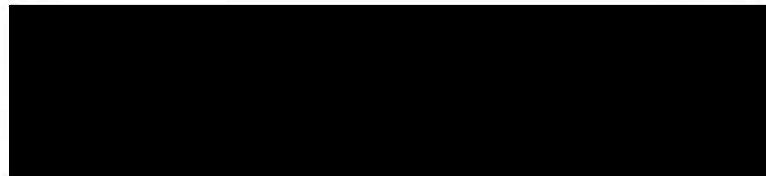
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# YOUNGSTOWN STATE UNIVERSITY BASIC PEACE OFFICER TRAINING ACADEMY




This award certifies that



Has successfully completed 695 hours of Basic Peace Officer Training at the Youngstown State University Basic Peace Officer Training Academy. The BAS 17-046 academy was completed from August 9, 2017 through December 15, 2017.

  
Edward J. Villone Academy Commander

  
John J. Gocala Sr. Academy Commander

  
Patricia B. Wagner, ESQ. Admin. Supervisor



**MIKE DEWINE**  
★ OHIO ATTORNEY GENERAL ★



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

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

January 26, 2018



Youngstown OH 44509

Re: Youngstown State University #BAS 17-046  
Date of Completion: 1/23/2018

Dear Mr. [REDACTED]:

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

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

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

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

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

Sincerely,

Jill Cury  
Certification Officer  
Professional Standards Division

cc: John Gocala, Sr., School Commander  
School File

JC/jw

OATH OF OFFICE

VIENNA TOWNSHIP POLICE DEPARTMENT )  
Constable )  
)

I, [REDACTED], do solemnly swear that I will uphold the Constitution of the United States, the Constitution of the State of Ohio, the laws of the State of Ohio and the Resolutions of the Township of Vienna.

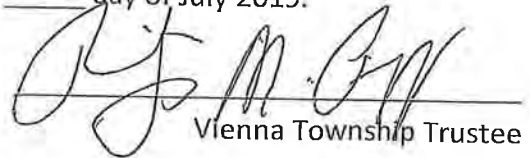
That I will honestly and faithfully perform the duties incumbent upon me to perform as a constable of the Vienna Township Police Department.

All this I promise to do to the best of my abilities;

SO HELP ME GOD.

[REDACTED SIGNATURE]

Administered and sworn before me in my presence this 3 day of July 2019.

  
Vienna Township Trustee

HEARTSAVER FIRST AID CPR AED

Heartsaver®  
First Aid CPR AED



American  
Heart  
Association

→  
PEEL  
HERE  
→

The above individual has successfully completed the objectives and skills evaluations  
in accordance with the curriculum of the AHA Heartsaver First Aid CPR AED Program.  
Optional completed modules are those NOT marked out:

Child CPR AED      Infant CPR      Exam

Issue Date 11/29/2017

11/2019  
Recommended Renewal Date

HEARTSAVER FIRST AID CPR AED

Training Center Name Akron Children's Hospital TC ID # OH03271

TC Info City, Akron, Ohio, 330-720-3987 TC Ohio

Course Location YSU/CPR First Aid Training Ohio

Instructor Name Murphy Miller Inst. ID # 04060066776

Holder's Signature \_\_\_\_\_

© 2015 American Heart Association Tampering with this card will alter its appearance. 15-1812

Strike through the modules **NOT** completed.  
This card contains unique security features to protect against forgery.

# Diocese of Youngstown

## Secondary Schools



*This is to certify that*



*having satisfactorily completed in*

**Ursuline High School**

*the Course of Study prescribed for Secondary  
Schools in the State of Ohio and the Diocese  
of Youngstown is awarded this*

### Diploma

*Given at Youngstown, Ohio, June 2, 2013.*

*George V. Murray, S.J.*  
Bishop

*Nicholas M. Woloszewicz*  
Superintendent of Schools

*Patricia Klesman*  
Principal



OHIO  
PUBLIC  
SAFETY

EDUCATION • SERVICE • PROTECTION



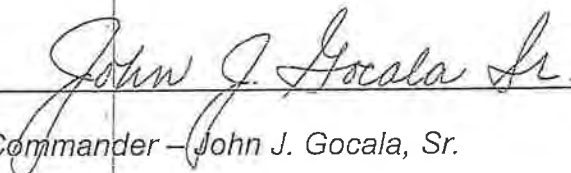
*STATE OF OHIO*  
*Certificate of Completion*

*This is to certify that*



*Has successfully completed 40 hours of*

*NHTSA Certified*  
*DWI Detection and Standardized Field Sobriety Testing*  
*at*  
*Youngstown State University Police Academy*

  
Commander – John J. Gocala, Sr.

October - November 2017

  
Instructor – Dominic P. Petrarca



# Emergency Management Institute



## FEMA

This Certificate of Achievement is to acknowledge that

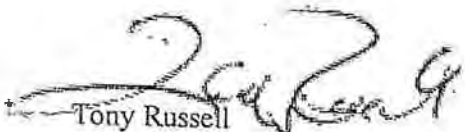


has reaffirmed a dedication to serve in times of crisis through continued professional development and completion of the independent study course:

**IS-00700.a**  
**National Incident Management System (NIMS)**  
**An Introduction**

*Issued this 9th Day of July, 2016*



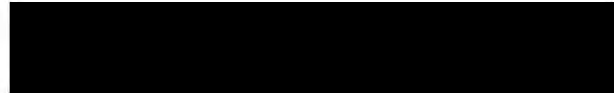
  
Tony Russell  
Superintendent  
Emergency Management Institute

# Emergency Management Institute



## FEMA

This Certificate of Achievement is to acknowledge that



has reaffirmed a dedication to serve in times of crisis through continued professional development and completion of the independent study course:

**IS-00100.b**

**Introduction to Incident Command System**

**ICS-100**

*Issued this 9th Day of July, 2016*



A handwritten signature in black ink, appearing to read "Tony Russell".  
Tony Russell

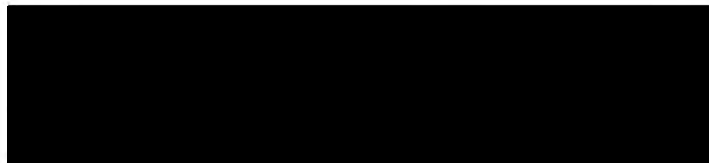


**IAHSS**

International Association of Health Service Standards

*Basic Training Certificate*

*Awarded to*



*for successful completion of the Basic Certification Exam*

*Commission on Certification*



*Issued on 2019-08-20*

*Expiry 2024-08-20*

OHIO  
PUBLIC  
SAFETY

EDUCATION • SERVICE • PROTECTION



[www.nhtsa.gov](http://www.nhtsa.gov)

STATE OF OHIO  
*Certificate of Completion*

*This is to certify that*



*Has successfully completed 40 hours of*

*NHTSA certified training in  
Electronic Speed Measuring Devices: Radar and Lidar*

*Youngstown State University Police Academy*

*November 14, 2017 – November 19, 2017*

*John J. Gocala Sr.*

Commander – John J. Gocala, Sr.

*Chris Wadley*

Instructor – Christopher R. Wadley



**STATE OF OHIO**  
*Certificate of Completion*

*This is to certify that*




*Has successfully completed 16 hours of*

*OPOTC Standard Police Rifle/Carbine Qualification Course*

*Youngstown State University Police Academy*

*October 3, 2017 & October 4, 2017*

  
\_\_\_\_\_  
Commander - John J. Gocala, Sr.

  
\_\_\_\_\_  
Instructor - Robert P. Paterniti

**RANGE PROFICIENCY RECORD: SEMI-AUTO PISTOL**

Name: [REDACTED] Agency: Vieona Township Police Department

Weapon make: Glock Model: 17 Serial #: [REDACTED]

Hits in the preferred area (PA) count as a plus one (+1).

Hits in the non-preferred area (NPA) and inside of the silhouette outline are zero (0).

Rounds not fired (NF) are zero (0).

Rounds outside of the silhouette outline (MISS), off the target (MISS), fired over the time limit (OT), or any extra rounds fired (ERF) are minus 1 (-1).

Stage 1 PA: 3 NPA:      NF:      MISS:      OT:      ERF:     

Stage 2 2 hits in the preferred area, one hit in the head circle or hip circle

PA: 3 NPA:      NF:      MISS:      OT:      ERF:     

Stage 3A PA: 4 NPA:      NF:      MISS:      OT:      ERF:     

Stage 3B PA: 4 NPA:      NF:      MISS:      OT:      ERF:     

Stage 4 PA: 6 NPA:      NF:      MISS:      OT:      ERF:     


Stage 5 PA: 3 NPA:      NF:      MISS:      OT:      ERF:     

Stage 6 PA: 0 NPA: 2 NF:      MISS:      OT:      ERF:     

Subtotals: 23 MISS:      OT:      ERF:     

Total: 23 (PASSING IS A MINIMUM OF 20)

Date tested: 10-10-19 Passed: X Failed:     

Tested by:  REQ#: 04805 Exp: 12-20

OHIO PEACE OFFICER TRAINING ACADEMY

**RANGE PROFICIENCY RECORD: SHOTGUN**

Name: [REDACTED] Agency: Vienna Township Police  
Weapon make: \_\_\_\_\_ Model: \_\_\_\_\_ Serial #: \_\_\_\_\_ Depastri

Hits in the preferred area (PA) count as a plus one (+1).  
Hits in the non-preferred area (NPA), but inside of the silhouette area are a zero (0).  
Rounds not fired (NF) are a zero (0)  
Hits outside of the target outline (MISS), off of the target (MISS), fired over the time limit (OT) and extra rounds fired (ERF) are a minus 1 (-1)

Stage 1 PA: 2 NPA: \_\_\_\_\_ NF: \_\_\_\_\_ MISS: \_\_\_\_\_ OT: \_\_\_\_\_ ERF: \_\_\_\_\_

Stage 2 PA: 2 NPA: \_\_\_\_\_ NF: \_\_\_\_\_ MISS: \_\_\_\_\_ OT: \_\_\_\_\_ ERF: \_\_\_\_\_

Stage 3 PA: 2 NPA: \_\_\_\_\_ NF: \_\_\_\_\_ MISS: \_\_\_\_\_ OT: \_\_\_\_\_ ERF: \_\_\_\_\_

Optional slug qualification stage

Stage 4 PA: 2 NPA: \_\_\_\_\_ NF: \_\_\_\_\_ MISS: \_\_\_\_\_ OT: \_\_\_\_\_ ERF: \_\_\_\_\_

Total: 100% PASSING SCORE - 100% HITS

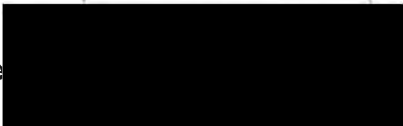
Date tested: 10-10-19 Passed: X Failed: \_\_\_\_\_

Tested by: [Signature] REQ#: 04805 Exp: 12-20



**RANGE PROFICIENCY RECORD: PATROL RIFLE/CARBINE**

Name



Agency: Vienna Township Police Department

Weapon make: \_\_\_\_\_ Model: \_\_\_\_\_ Serial #: \_\_\_\_\_

Hits in the preferred area (PA) count as a plus one (+1).

Hits in the non-preferred area (NPA) and inside of the silhouette outline are zero (0).

Rounds not fired (NF) are zero (0).

Rounds outside of the silhouette outline (MISS), off the target (MISS), fired over the time limit (OT), or any extra rounds fired (ERF) are minus 1 (-1).

Stage 1 PA: 3 NPA: \_\_\_\_\_ NF: \_\_\_\_\_ MISS: \_\_\_\_\_ OT: \_\_\_\_\_ ERF: \_\_\_\_\_

Stage 2 3 hits in the head circle or hip circle

PA: 3 NPA: \_\_\_\_\_ NF: \_\_\_\_\_ MISS: \_\_\_\_\_ OT: \_\_\_\_\_ ERF: \_\_\_\_\_

Stage 3 2 hits in the preferred area, one hit in the head circle or hip circle

PA: 3 NPA: \_\_\_\_\_ NF: \_\_\_\_\_ MISS: \_\_\_\_\_ OT: \_\_\_\_\_ ERF: \_\_\_\_\_

Stage 4 PA: 2 NPA: \_\_\_\_\_ NF: \_\_\_\_\_ MISS: \_\_\_\_\_ OT: \_\_\_\_\_ ERF: \_\_\_\_\_

Stage 5 PA: 1 NPA: \_\_\_\_\_ NF: \_\_\_\_\_ MISS: \_\_\_\_\_ OT: \_\_\_\_\_ ERF: \_\_\_\_\_

Stage 6 PA: 5 NPA: \_\_\_\_\_ NF: \_\_\_\_\_ MISS: \_\_\_\_\_ OT: \_\_\_\_\_ ERF: \_\_\_\_\_

Stage 7 PA: 3 NPA: \_\_\_\_\_ NF: \_\_\_\_\_ MISS: \_\_\_\_\_ OT: \_\_\_\_\_ ERF: \_\_\_\_\_

Subtotals: 20 MISS: \_\_\_\_\_ OT: \_\_\_\_\_ ERF: \_\_\_\_\_

Total: 20 (PASSING IS A MINIMUM OF 16)

Date tested: 10-10-19 Passed: X Failed: \_\_\_\_\_

Tested by: [Signature] REQ#: 04805 Exp: 12-20

OHIO PEACE OFFICER TRAINING ACADEMY

# TASER® CEW User Applicant Certification Form Annual Recertification

PRINT LEGIBLY AND CLEARLY PLEASE!

Which CEWs were you certified on (Check all that apply):  M26  X26  X26P  X2  X3

Name: [Redacted]  
Email: [Redacted] Agency: Vicenna Police Department  
Address/State/Zip: [Redacted] VICENNA, OH 44473

By signing below, I hereby acknowledge receipt of TASER's Product Warnings. I understand that I must Read and understand these warnings PRIOR to participating in any hands-on CEW drills required by the certification Course.

Student Signature: (Required) [Signature] #1756

## TASER Instructor Use Only

Instructor is required to verify that applicant has successfully completed all CEW User Certification/Recertification requirements.

- Review current Annual User Recertification Course PowerPoint Presentation(s) & training bulletins (if applicable)
- Demonstrate safe handling of CEW to include:  
proper finger positioning, aiming and deploying at preferred target area and while loading / unloading
- Deploy a minimum of 2 live cartridges (for each weapon certification), placing both probes in preferred target zones
- Perform a proper warning ARC (Safety warning: remove cartridge from X26P before conducting Arc warning)
- (X2 & X3) Utilize the ARC switch to re-energize deployed probes

I hereby certify that the above-named applicant has satisfactorily completed all components of the TASER End-User Certification, or Annual Re-Certification, training program and is hereby certified as a user of this system for one year.

Attested by Certifying Instructor: [Signature]  
(Print Name) (Signature)

Date: 10-29-20 Location of Training: Vicenna Twp PD Training Center

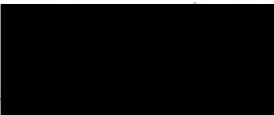
**Do not Send this Form to TASER Training  
Keep this Form for Department Training Records**

PowerPoint is a trademark of Microsoft Corporation.

Axon, M26, X2, X3, X26, and X26P, TASER, and the "Bolt within Circle Logo" are trademarks of Axon Enterprise, some of which are registered in the US and other countries. For more information, visit [www.axon.com/legal](http://www.axon.com/legal). All rights reserved. © 2017 Axon Enterprise, Inc.

**- OHIO ATTORNEY GENERAL -**  
**RECOGNITION OF COMPLETION AWARD**

*This certificate of completion is awarded to*



has completed the Ohio Attorney General's online training course

**1075 Compliance**

**Training**

A handwritten signature in cursive script that reads "Dave Yost".

DAVE YOST, OHIO ATTORNEY GENERAL

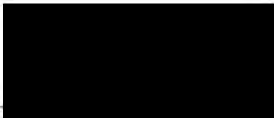
January 18, 2022



**DAVE YOST**  
OHIO ATTORNEY GENERAL

# - OHIO ATTORNEY GENERAL - RECOGNITION OF COMPLETION AWARD

*This certificate of completion is awarded to*



has completed the Ohio Attorney General's online training course

EEO Training

DAVE YOST, OHIO ATTORNEY GENERAL

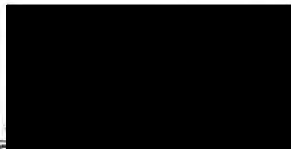
January 18, 2022



**DAVE YOST**  
OHIO ATTORNEY GENERAL

**- OHIO ATTORNEY GENERAL -**  
**RECOGNITION OF COMPLETION AWARD**

*This certificate of completion is awarded to*



has completed the Ohio Attorney General's online training course

**Email Management**

A handwritten signature in cursive script that reads "Dave Yost".

\_\_\_\_\_  
DAVE YOST, OHIO ATTORNEY GENERAL

January 18, 2022



**DAVE YOST**  
OHIO ATTORNEY GENERAL

*The Ohio School Resource Officers Association*

Certificate of Completion:  
This is to certify

**Ptln.** [REDACTED]

has successfully completed the

**School Resource Officer - Basic Training**

July 25-29, 2022

Lakota East High School – Liberty Twp., Ohio  
(40 total classroom hours)

*Doug Hale*

Doug Hale, President  
OSROA



*Steve Burgess*

Steve Burgess, Executive Director  
OSROA

**OHIO SCHOOL RESOURCE OFFICERS ASSOCIATION (OSROA)  
SRO ACCREDITATION PROGRAM  
APPLICATION**

**SRO INFORMATION**

SRO Name (include title): P.H. [REDACTED]		
Law Enforcement Agency: <i>Vienna Township Police Department</i>	Phone:	
Agency Address: <i>856 Youngstown Kingsville Rd. Vienna OH, 44473</i>		
E-mail: [REDACTED] <i>@vienna.pd.com</i>	County: <i>Troub</i>	Zip: <i>44473</i>
Chief or Sheriff Name: <i>Bob Ludt</i>	Chief or Sheriff Email: <i>bludt@viennapd</i>	Chief or Sheriff Phone: <i>330 856 4481</i>
<input checked="" type="checkbox"/> <b>Certified SRO Level</b> – All SROs completing the SRO Basic Training <u>received their pin and certificate</u> on the last day of that training. Requirements: <ul style="list-style-type: none"> <li>Completed SRO Basic Training through OSROA</li> <li>Current member of OSROA</li> <li>Sworn Law Enforcement Officer</li> </ul>	<input type="checkbox"/> <b>Professional SRO Level</b> - Requirements: <ul style="list-style-type: none"> <li>Certified Level requirements plus:</li> <li>Four years or more of verifiable cumulative SRO duty</li> <li>Attendance at two of four OSROA Annual Conferences during the four years as SRO</li> <li>At least two years of paid membership in OSROA during the four years as SRO</li> <li>Signatures on this form from Chief/Sheriff AND School Principal verifying the four years of SRO duty</li> </ul>	<input type="checkbox"/> <b>Master SRO Level</b> – Requirements: <ul style="list-style-type: none"> <li>Certified Level requirements plus:</li> <li>Seven years or more of verifiable cumulative SRO duty</li> <li>Attendance at four of seven OSROA Annual Conferences during the seven years as SRO</li> <li>At least four years of paid membership in OSROA during the seven years as SRO</li> <li>Signatures on this form from Chief/Sheriff AND School Principal verifying the seven years of SRO duty</li> </ul>

**CURRENT SRO SCHOOL INFORMATION**

Name of School and School District:		
School address:	How many years?	
Phone:	E-mail:	Fax:
City:	County:	ZIP Code:
Principal's Name:	Principal's Signature:	Date of Signature:

**PAST SRO SCHOOL INFORMATION**

Name of School and School District:		
School Address:	How many years:	
Phone:	E-mail:	Fax:
City:	County:	ZIP Code:
Principal's Name:	Principal's Signature:	Date of Signature:

**SIGNATURES**

I authorize that information provided on this form accurate and complete.

Signature of applicant:	Date:
Signature of Chief/Sheriff: <i>[Signature]</i>	Date: <i>8-29-22</i>
<b>OSROA Office Use Only:</b> OSROA Basic Training verified: _____ By _____ Date _____ OSROA Conferences verified: _____ (conference dates) By _____ Date _____ OSROA Membership verified: _____ (membership years) By _____ Date _____ Cumulative SRO duty verified: _____ By _____ Date _____	<b>OSROA Office Use Only:</b> SRO Notified Date: _____ Board Notified Date: _____ Pin/Certificate Issued: _____





Dear OSROA Members:

On behalf of the OSROA Board of Directors I am pleased to inform you of the Ohio School Resource Officers Association's *SRO Accreditation Program*. The OSROA Board of Directors and Membership identified the need for a program of recognition/accreditation for SROs which would lend credit for their years of service in the SRO field, recognize the school based law enforcement training received at OSROA Annual Conferences and honor the years of dedication to and membership in the Ohio School Resource Officers Association.

Some SROs are in and out of the school after a year or two while others spend most of their career in the school-based policing field. Most police departments and sheriff's offices do not have accreditation or recognition for years of service/longevity in this field.

In 2014, OSROA worked with then Ohio Attorney General DeWine's office in a Working Group titled *Drug Abuse Resistance Education School Based Policing*. One of the recommendations that came from this Working Group was the need to recognize school-based law enforcement (both D.A.R.E. and School Resource Officers) for their years of service/accomplishments. This recognition could create more of a career ladder for SROs and D.A.R.E. Officers and could assist in promoting and recognizing the fact that school-based law enforcement positions are very important within the police department or sheriff's office ranks. D.A.R.E. Officers currently have a recognition program. Information can be found on the Ohio D.A.R.E. website [www.dare-oh.org](http://www.dare-oh.org)

There are three accreditation levels in the *OSROA SRO Accreditation Program*. Each level is accompanied with a certificate, a two-pronged/rubber clutched lapel pin (pin is different for each level) and recognition at the Annual State Conference:

- The **Certified SRO** level is for the SRO who is a certified law enforcement officer, has completed SRO Basic Training through OSROA and is a current member of OSROA. All SROs who have completed SRO Basic Training have obtained this level. SROs completing the SRO Basic Training in October 2014 or after received the Certified SRO level pin (date of the start of the program).
- The **Professional SRO** level recognizes the SRO who has met all of the Certified SRO requirements PLUS four or more years of verifiable cumulative SRO duty, attendance at two of four OSROA Annual Conferences during the four years as SRO, at least two years of paid membership in OSROA during the four years as SRO and signatures from his/her chief/sheriff and principal verifying the four years of SRO duty.
- The **Master SRO** level recognizes the SRO who has met all of the Certified SRO requirements PLUS seven years or more of verifiable cumulative SRO duty, attendance at four of seven OSROA Annual Conferences during the seven years as SRO, at least four years of paid membership in OSROA during the seven years as SRO and signatures from his/her chief/sheriff and principal verifying the seven years of SRO duty.

Please complete the *OSROA SRO Accreditation Program* application (attached) and return to the OSROA office by fax, US Mail or email ([osroa@osroa.org](mailto:osroa@osroa.org)) where all criteria and information will be verified by the OSROA office. After verification a letter of congratulations/approval will be sent to the SRO and a letter of commendation/congratulations will be sent to the SROs chief/sheriff and school principal. The *SRO Accreditation Program* certificate and pin recognizing the **Professional** and **Master** accreditation levels will be awarded at the **Summer OSROA Annual Conference**. Any awardees who cannot attend the Conference will be mailed their pin and certificate after the Conference. The **Certified** level awardees receive their pin and certificate at the conclusion of their SRO Basic Training class.

We look forward to receiving your *SRO Accreditation Program* application soon!

Steve Burgess  
Executive Director



# Online Registration for SRO Basic Training (in-person)

Thank you for your online registration for SRO Basic Training. Once your registration has been processed we will be sending you a confirmation letter. If you have not received a confirmation within seven business days from your online submit date, please call our office at 614-718-3210 to make sure that your registration has been processed.



# Bureau Of Criminal Investigations Ohio Law Enforcement Gateway Agency/User Agreement

### User Acknowledgment

I acknowledge that I am responsible for reading and understanding the OHLEG Security Policies. I acknowledge and agree that I will utilize this information exclusively for the administration of criminal justice for the official purposes of my agency. Access to OHLEG is a privilege subject to termination. Data accessed through OHLEG is continuously subject to limitations on use and dissemination and is not to be sold, transmitted, or disseminated to any unauthorized person. To protect the system from unauthorized use and to ensure that the system is functioning properly, individuals using this computer system are subject to having all of their activities monitored, recorded, and audited. Anyone using this system expressly consents to such monitoring and is advised that any evidence of possible abuse or criminal activity will be provided to appropriate officials. Unauthorized attempts to upload or change information, or otherwise cause damage to this service, are strictly prohibited. I acknowledge that any unauthorized access or misuse of the law enforcement information or data on this site is prohibited by Revised Code section 2913.04, and constitutes a fifth degree felony. I further acknowledge that any failure to abide by the conditions and restrictions in the user agreement and in the OHLEG Rules and Regulations will result in a loss of my privileges of access to this tool. The law enforcement data maintained by BCI on the OHLEG site is provided at and subject to the discretion of BCI. BCIs grant of access to OHLEG confers upon me no process or other rights in maintaining such access. I ACKNOWLEDGE THAT I HAVE READ THE CURRENT VERSION OF THE OHLEG RULES AND REGULATIONS AND WATCHED THE REQUIRED SECURITY TRAINING VIDEO, AVAILABLE ON THE OHLEG SITE.

Printed Name: [Redacted] Date: 6-22-22

Signature: [Redacted] OAI/ORI #: OH0782800

Agency Name: Vienna Township Police Department

### Agency Acknowledgment

I acknowledge that I am responsible for reading and understanding the OHLEG Security Policies. I also state that I am responsible for the users that are assigned to my charge and will adhere to these directives and that failure to do so may constitute a security violation resulting in denial of access to BCI/OHLEG information resources as well as other products and services provided by the AGO. I agree to cooperate with any OHLEG investigation and provide whatever information may be necessary for an OHLEG administrative review. I acknowledge and agree that I will utilize this information exclusively for the administration of criminal justice for the official purposes of my agency. Access to OHLEG is a privilege subject to termination. Data accessed through OHLEG is continuously subject to limitations on use and dissemination and is not to be sold, transmitted, or disseminated to any unauthorized person. To protect the system



**DAVE YOST**

OHIO ATTORNEY GENERAL

# Bureau Of Criminal Investigations Ohio Law Enforcement Gateway Agency/User Agreement

from unauthorized use and to ensure that the system is functioning properly, individuals using this computer system are subject to having all of their activities monitored, recorded, and audited. Anyone using this system expressly consents to such monitoring and is advised that any evidence of possible abuse or criminal activity will be provided to appropriate officials. Unauthorized attempts to upload or change information, or otherwise cause damage to this service, are strictly prohibited. I acknowledge that any unauthorized access or misuse of the law enforcement information or data on this site is prohibited by Revised Code section 2913.04, and constitutes a fifth degree felony. I further acknowledge that any failure to abide by the conditions and restrictions in the user agreement and in the OHLEG Rules and Regulations will result in a loss of my privileges of access to this tool. The law enforcement data maintained by BCI on the OHLEG site is provided at and subject to the discretion of BCI. BCIs grant of access to OHLEG confers upon me no process or other rights in maintaining such access. I ACKNOWLEDGE THAT I HAVE READ THE CURRENT VERSION OF THE OHLEG RULES AND REGULATIONS AND WATCHED THE REQUIRED SECURITY TRAINING VIDEO, AVAILABLE ON THE OHLEG SITE.

Printed Name: [REDACTED] Date: 6-22-22

Title: Patrolman

Signature: [REDACTED] OAI/ORI #: OH 0782800



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

This is to certify that

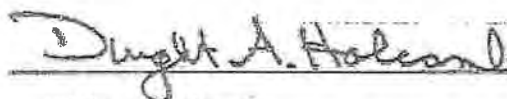


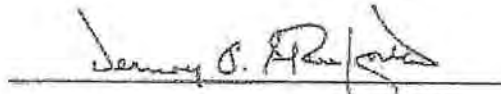
has successfully met the prescribed program requirements for

## Domestic Violence Legal Updates

Date: September 19, 2022

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

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

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



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

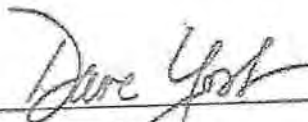
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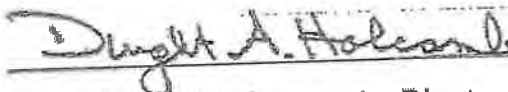


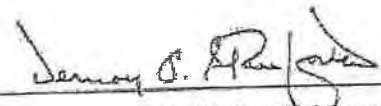
has successfully met the prescribed program requirements for

## Concealed Firearm Carry Changes

Date: September 21, 2022

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

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

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





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


This is to certify that





has successfully met the prescribed program requirements for

**Communication  
Disabilities**

Date: September 21, 2022

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

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

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





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

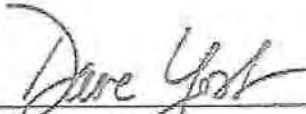
This is to certify that



has successfully met the prescribed program requirements for

**Community Diversity  
 and Procedural Justice**

*Date:* September 20, 2022

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

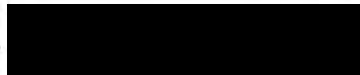
  
 \_\_\_\_\_  
 Vernon P. Stanforth, Chairperson  
 Ohio Peace Officer Training Commission

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



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


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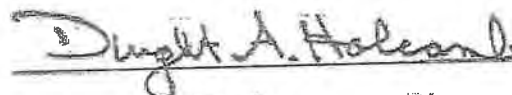



has successfully met the prescribed program requirements for

**Ethics and  
Professionalism**

Date: September 20, 2022

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

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

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



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

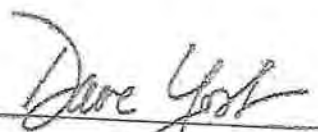
This is to certify that

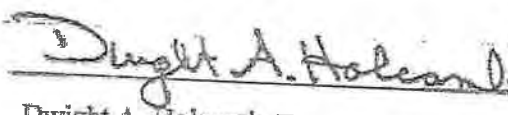



has successfully met the prescribed program requirements for

## Custodial Interrogation

Date: September 21, 2022

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

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

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



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

This is to certify that



has successfully met the prescribed program requirements for

**Hazing**

Date: September 22, 2022

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

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

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



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

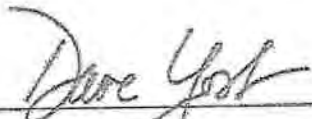
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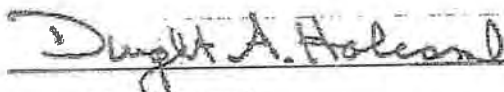


has successfully met the prescribed program requirements for

**Hate Crimes**

Date: September 22, 2022

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

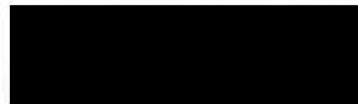
  
 \_\_\_\_\_  
 Dwight A. Holcomb, Executive Director  
 Ohio Peace Officer Training Commission

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



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

This is to certify that



has successfully met the prescribed program requirements for

**Medical Marijuana**

Date: September 22, 2022

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

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

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





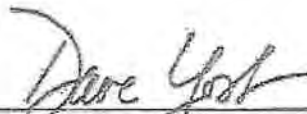
# OHIO PEACE OFFICER TRAINING COMMISSION & THE OFFICE OF THE ATTORNEY GENERAL

This is to certify that



has successfully met the prescribed program requirements for  
**Ohio Forfeiture Laws**

Date: September 23, 2022

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

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

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



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

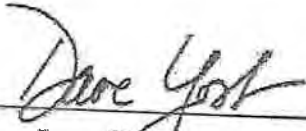
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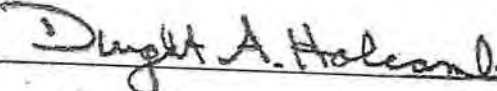


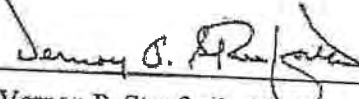
has successfully met the prescribed program requirements for

Effective  
 Communication and  
 Safe Interaction with  
 Persons in Crisis

*Date:* 2/27/23

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

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

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





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

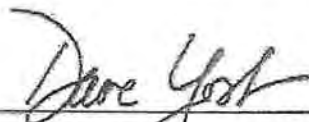
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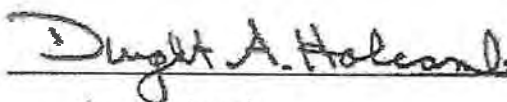


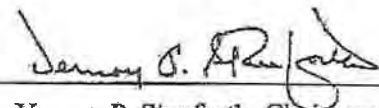
has successfully met the prescribed program requirements for

**Officer Wellness  
Seminar**

*Date:* September 28, 2022

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

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

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



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

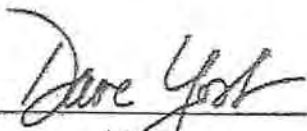
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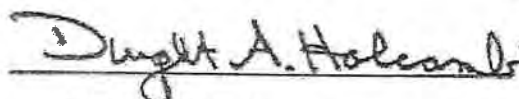


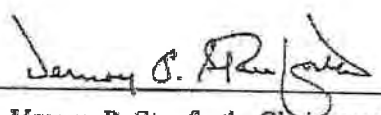
has successfully met the prescribed program requirements for

**CAT and Officer  
Wellness**

*Date:* September 27, 2022

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

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

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



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

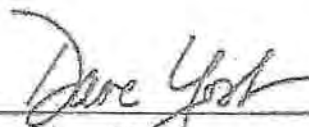
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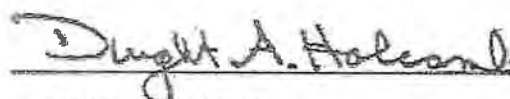


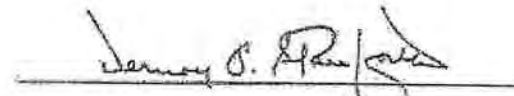
has successfully met the prescribed program requirements for

**Use of Restraints**

Date: September 23, 2022

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

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

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



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

This is to certify that



has successfully met the prescribed program requirements for

**Ohio Public Records Law**

Date: September 23, 2022

Dave Yost  
 Attorney General

Vernon P. Stanforth, Chairperson  
 Ohio Peace Officer Training Commission

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



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

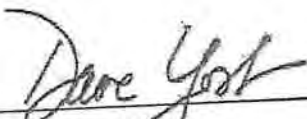
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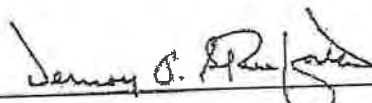


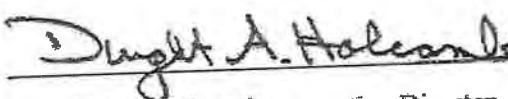
has successfully met the prescribed program requirements for

**Vicarious Trauma**

Date: September 29, 2022

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

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

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



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

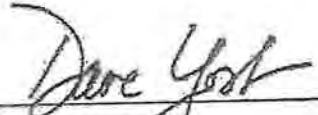
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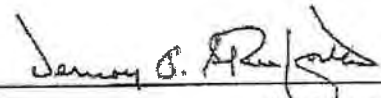



has successfully met the prescribed program requirements for

**Mental Health Response**

*Date:* September 29, 2022

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

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

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





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

This is to certify that



has successfully met the prescribed program requirements for

**New and Updated  
Criminal Charges**

*Date:* October 06, 2022

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

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

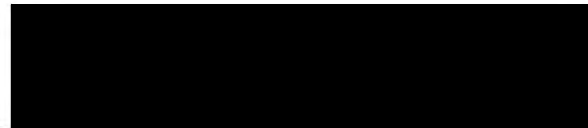
  
\_\_\_\_\_  
Dwight A. Holcomb, Executive Director  
Ohio Peace Officer Training Commission

**WRAP**

**BOLA** REMOTE  
RESTRAINT  
**WRAP**

## BolaWrap Operator Certification

THIS CERTIFICATION IS HEREBY GRANTED TO:



Who has successfully completed 2 hours of BolaWrap remote restraint operator training by Vienna Township PD. This certification will remain valid for one year from the date training was completed.



07/24/2023

ISSUED

**WRAP**  
TRAINING ACADEMY

07/24/2023

EXPIRES



**Heather M. Cloutier**

---

**From:** Heather M. Cloutier  
**Sent:** Thursday, October 03, 2019 10:42 AM  
**To:** [REDACTED]@mercy.com'  
**Cc:** 'bdarbey@viennapd.com'  
**Subject:** Training Determination Issued for [REDACTED]

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/hc

12/22/21, 8:00 AM

Mail - Brian Darbey - Outlook

**Training Determination for [REDACTED] -08/29/2021 appt. date**

Shawn Clagg <Shawn.Clagg@OhioAGO.gov>

Thu 12/16/2021 11:16 AM

To: [REDACTED] <[REDACTED]@viennapd.com>; Brian Darbey <bdarbey@viennapd.com>

**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 listed below.**

Sincerely,



**Courtney Delong  
Certification Officer  
Professional Standards Division  
Courtney.Delong@OhioAGO.gov**

# LEADS



This is to certify that



has successfully completed the Ohio LEADS testing on

November 20, 2021

by completing the following exam:

Inquiry Test

This certificate is good through

November 20, 2023

# LEADS



This is to certify that



has successfully completed the Ohio LEADS testing on

November 21, 2019

by completing the following exam:

Inquiry Test

This certificate is good through

November 21, 2021

P.O BOX 473  
VIENNA, OH 44473  
(330) 856-4421  
(330) 856-4498 - FAX

**Vienna Township  
Police Department**

# Memo

**To:** Officer [REDACTED]  
**From:** Lt. Darbey  
**CC:** Chief Ludt  
**Date:** October 2, 2022  
**Re:** **Conduct Violation**

---

On Thursday, September 29, 2022 while working in the school you violated the below department policy, when you used obscene language in front of students.

Section 319.5.9 CONDUCT

g) Use of obscene, indecent, profane or derogatory language while on-duty or in uniform. Respectfully,

This is your first written warning for Conduct Violation.

Lt. Darbey

[REDACTED SIGNATURE]

Signature

10/3/22  
Date

P.O BOX 473  
VIENNA, OH 44473  
(330) 856-4421  
(330) 856-4498 - FAX

**Vienna Township  
Police Department**

# Memo

**To:** Officer [REDACTED]  
**From:** Lt. Darbey  
**CC:** Chief Ludt  
**Date:** August 29, 2022  
**Re:** **Failure to report for duty at scheduled time**

---

On Monday, August 29, 2022, you failed to arrive for your scheduled shift at 6:30am.

This violates the following department policy:

Section 319.5.5 (Attendance) -

(b) – Unexcused or unauthorized absence or tardiness

(d) - Failure to report to work or to place of assignment at time specified to perform duties without reasonable excuse.

This is your first written warning for being late to work.

Respectfully,

Lt. Darbey

[REDACTED]  
Officer Signature

9-20-22  
Date

# Memo

**To:** Officer [REDACTED]  
**From:** Lt. Darbey  
**CC:** Chief Ludt  
**Date:** April 11, 2022  
**Re:** **Failure to report for duty at scheduled time**

---

On Monday, April 11, 2022, you failed to arrive for your scheduled shift at 6:45am.

This violates the following department policy:

Section 319.5.5 (Attendance) -

(b) - Unexcused or unauthorized absence or tardiness

(d) - Failure to report to work or to place of assignment at time specified to perform duties without reasonable excuse.

This is your second written warning for failing to report to work at your schedule time.

Respectfully,

Lt. Darbey

[REDACTED]

4-11-22

Date

# Memo

**To:** Officer [REDACTED]  
**From:** Lt. Darbey  
**CC:** Chief Ludt  
**Date:** February 24, 2022  
**Re:** **Failure to report for duty at scheduled time**

---

On Thursday, February 24, 2022, you failed to arrive for your scheduled shift at 6:45am.

This violates the following department policy:

Section 319.5.5 (Attendance) -

(b) – Unexcused or unauthorized absence or tardiness.

(d) - Failure to report to work or to place of assignment at time specified to perform duties without reasonable excuse.

Respectfully,

*LT B Darbey*

Lt. Darbey

[REDACTED]

Chief Signature

*2-25-21*

Date



P.O BOX 473  
VIENNA, OH 44473  
(330) 856-4421  
(330) 856-4498 - FAX

**Vienna Township  
Police Department**

# Memo

**To:** Officer [REDACTED]  
**From:** Lt. Darbey  
**CC:** Chief Ludt  
**Date:** May 16, 2022  
**Re:** **Violations of Department Policies**

---

On Monday May 16, 2022, you violated the department policy regarding facial hair:

Section 1023.2.4 FACIAL HAIR:

Facial Hair other than sideburns, mustaches and eyebrows shall not be worn, unless authorized by the Chief of Police or a designee.

This is your first written warning regarding the department policy regarding facial hair.

Respectfully,

Lt. Darbey

---

Signature

---

Date

Ohio State Highway Patrol

# Media Release



For Immediate Release: October 4, 2023  
Contact: OSHP Sergeant Bridget Matt (614) 752-2792

[oshp@dps.ohio.gov](mailto:oshp@dps.ohio.gov)

Contact: Hubbard Township Police Department Chief Ronald Fusco XX  
BCI Contact: Steve Irwin (614) 955-8844

## Joint Media Release

### **Officer Involved Shooting with armed and Dangerous Suspect**

HUBBARD TOWNSHIP – The Ohio State Highway Patrol Warren Post and Vienna Township Police Department responded to assist the Hubbard Township Police Department with an armed and dangerous suspect on private property located at 2180 Masury Road, Trumbull County which resulted in an officer involved shooting.

At approximately 9:34 p.m. yesterday, officers and troopers responded to a 911 call regarding a domestic violence incident with a dangerous suspect that was reported impaired and armed with two shotguns.

As officers approached the suspect, Shawn M. Thomas, 66, Hubbard, he fled on foot to a nearby wooded area. Officers established a perimeter of the immediate area and at approximately 10:26 p.m. the suspect was again observed with two shotguns near Van Ness Avenue. Thomas then brandished a shotgun at officers, officers fired their weapons striking the suspect.

The Eagle Joint Fire District was requested and transported the suspect to Saint Elizabeth's, Youngstown where he was pronounced deceased.

No officers were physically injured in the incident. Agencies; Brookfield, Hubbard City and Liberty Township police departments and the Trumbull County Sheriff's Office also assisted on scene.

This incident is under investigation by the Bureau of Criminal Investigation.

#

#

# Alcohol Testing Form (Non-DOT)

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

Lifeloc Technologies

### Step 1: TO BE COMPLETED BY ALCOHOL TECHNICIAN

A: Employee Name [Redacted] [Redacted]  
(PRINT) (FIRST, M.I., LAST)

B: SSN or Employee ID No. OH - [Redacted] 7/24/94 [Redacted]

C: Employer Name Vienna Township  
 Street 848 Youngstown-Kingsville  
 City, State, Zip Vienna OH 44473

DER Name and Telephone No. Linda McCullough (330) 717-0702  
DER Name DER Phone Number

D: Reason for Test:  Random  Reasonable Susp  Post-Accident  Return to Duty  Follow-up  Pre-employment

Phoenix 6.0	v8.9.9
Serial No.	19000023
Units	BAC
Test Number	02950
Test Type (ez)	Auto Test
Result:	.000
Date:	10/04/2023
Time:	02:43
Air Blank	.000
Time:	02:43

I.D. 4541  
 Subject AK

### STEP 2: TO BE COMPLETED BY EMPLOYEE

I certify that I am about to submit to alcohol testing and that the identifying information provided on the form is true and correct.

[Redacted Signature] 10/4/23  
Signature of Employee Date Month Day Year

Print Confirmation Results Here or Affix with Tamper Evident Tape

### STEP 3: TO BE COMPLETED BY ALCOHOL TECHNICIAN

(If the technician conducting the screening test is not the same technician who will be conducting the confirmation test, each technician must complete their own form.) I certify that I have conducted alcohol testing on the above named individual and that I am qualified to operate the testing device(s) identified, and that the results are as recorded.

TECHNICIAN:  BAT  STT DEVICE:  SALIVA  BREATH\* 15-Minute Wait:  Yes  No

SCREENING TEST: (For BREATH DEVICE\* write in the space below only if the testing device is not designed to print.)

Test #	Testing Device Name	Device Serial # OR Lot # & Exp Date	Activation Time	Reading Time	Result
CONFIRMATION TEST: Results <u>MUST</u> be affixed to each copy of this form or printed directly onto the form.					

REMARKS:

OH - Demand 5766 Patriot Blvd  
Alcohol Technician's Company Company Street Address

Scott M Schwund Austintown OH  
(PRINT) Alcohol Technician's Name (First, M.I., Last) Company City, State, Zip

[Redacted Signature] 10/4/25  
Signature of Alcohol Technician Date Month Day Year

Print Additional Results Here or Affix With Tamper Evident Tape

### STEP 4: TO BE COMPLETED BY EMPLOYEE IF TEST RESULTS ARE POSITIVE.

I certify that I have submitted to the alcohol test, the results of which are accurately recorded on this form. I understand that I must not drive, perform safety-sensitive duties, or operate heavy equipment because the results are positive.

[Redacted Signature] 1/1/  
Signature of Employee Date Month Day Year





# Media Release

For Immediate Release: October 4, 2023

Contact: OSHP Sergeant Bridget Matt (614) 752-2792

[oshp@dps.ohio.gov](mailto:oshp@dps.ohio.gov)

Contact: Hubbard Township Police Department Chief Ronald Fusco XX

BCI Contact: Steve Irwin (614) 955-8844

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No officers were physically injured in the incident. Agencies; Brookfield, Hubbard City and Liberty Township police departments and the Trumbull County Sheriff's Office also assisted on scene.

This incident is under investigation by the Bureau of Criminal Investigation.

#

#

# Vienna Township Police Department



## Personal History Questionnaire

Personal History of



Date Completed: 08/29/2019

Position applied for: Peace Officer

Completed applications may be returned in person or mailed back to:

Vienna Township Police Department

P.O. Box 473

Vienna, Ohio 44473

(330) 856-4421

**The Vienna Township Police Department is an Equal Opportunity Employer.**

**NOTICE**

This Personal History Questionnaire is intended for use by the Vienna Township Police Department. All information contained herein will be subject to verification and may be subject to disclosure under public records laws of this State and Township.

You are cautioned to answer all questions directly and without evasion. Ohio Revised Code and Departmental Rules and Regulations provide penalties for making false or misleading statements and for practicing fraud or deception to obtain a position with this agency. Such penalties may include rejection of application, discharge after employment and prosecution under Ohio Revised Code.

**INSTRUCTIONS FOR COMPLETING THIS QUESTIONNAIRE**

Your answers must be printed legibly in black ink or typed. Answer all questions and if the question does not apply, write "N/A". The signature page and authorization to release information page must bear your signature and be notarized or your application will not be processed. Incomplete questionnaires will not be processed. Please attach all copies of pertinent certificates, diplomas, etc. to this packet. Your application will be kept active for six months or until you have been disqualified from eligibility. It is the applicant's responsibility to keep a current address and telephone number on file with the Vienna Township Police Department.



## Vienna Police Department Application Process

A prospective Police Officer with the Vienna Township Police Department faces a thorough selection process before being appointed by the Vienna Township Trustees.

Before the application will be processed, the following basic requirements must be met:

1. The applicant must be an Ohio resident, or willing to become an Ohio resident BEFORE being appointed.
2. The applicant must possess, or be able to obtain, a valid Ohio driver's license.
3. The applicant must be twenty-one (21) years of age at the time of application.
4. The applicant must be a United States Citizen.
5. The applicant must have a high school diploma or equivalent.

Once it is determined the applicant has met the above basic requirements; the applicant will be requested to fill out a Personal History Questionnaire. Once the questionnaire is complete, and this agency determines positions are available, the process will begin. Officers of the Vienna Township Police Department will conduct a thorough investigation into the applicant's background to determine suitability for employment as a police officer. The following occurrences in the background could result in rejection of the application:

1. Felony conviction(s), misdemeanor conviction(s) (not including minimal/minor traffic offenses) and/or felony conduct
2. Non-compliance to law
3. Illegal use of drugs or conviction for drug-related violation
4. Intemperate use of alcohol
5. Anti-social behavior
6. Poor work record
7. Poor driving record
8. Numerous debts, which are not regularly being paid
9. Other than honorable discharge from the United States Armed Forces

Either while the background investigation is being conducted, or after it has been completed, an oral interview will be conducted with the Chief and/or Supervisor of police. Refusal to participate in the interview will result in the application being rejected.

Once the Chief of Police has determined the applicant will be recommended for appointment, and interview will be conducted with the Vienna Township Trustees. If the Trustees determine an appointment is to be made, the applicant will be responsible for taking a drug screen test as well as a medical examination by the applicant's family doctor. These two examinations will be at the expense of the applicant. If the applicant passes the above process, they will be appointed to the position of Police Officer.



## POSITION DESCRIPTION

**POSITION:** Police Officer  
**CLASSIFICATION:** Police Officer (Classified & Unclassified)  
**SUPERVISES:** Less Senior/ranking officers/civilians  
**SUPERVISED BY:** Supervisor and Chief of Police

### DUTIES

1. Enforces all pertinent & applicable laws of Vienna Township, State of Ohio and United States of America.
2. Responds to citizen complaints & documents in accordance with governing policy.
3. Patrols assigned areas of the township, observing vehicular traffic, criminal activity, hazardous conditions, suspicious activity, etc. & responds accordingly.
4. Conducts investigations & attends required court appearances.
5. Collects & preserves evidence at & from crime scenes in accordance with policy and professional policing standards.
6. Responsible for facility security.
7. Responsible for assuming field command of major or emergency incidents & to summons the appropriate supervisory personnel.
8. Responsible for coordinating & presenting various citizen programs upon request and/or assignment.
9. Responsible for maintenance of all department equipment.
10. Responsible for presenting a professional image to the community by appearance and actions.
11. Responsible for review of the Policy and Procedures manual and comprehensive understanding & recognition of the contents therein.
12. Responsible for additional direction & delegation of authority from senior or ranking agency personnel.

### QUALIFICATIONS

Comprehensive knowledge of patrol & investigative techniques. Ability to obey orders & work in harmony with others internal and external to the organization environment. Must meet requirements as set forth by law.

Above is a position description of the duties for police officer within the Vienna Township Police Department.

CAN YOU PERFORM THESE DUTIES?

YES  NO

Full Name: [REDACTED]

List any other names you have used (Maiden Name, former married name(s), aliases, nicknames, etc.) N/A

Current Address (include city, state & zip code) [REDACTED] Boardman, OH 44512

Current Address (include city, state & zip code) [REDACTED] Boardman, OH 44512

Home Telephone #: [REDACTED] Work Telephone #: [REDACTED]

Social Security Number: [REDACTED]

Place of Birth: Warren, OH

Driver's License Number: [REDACTED] State: OH

Are you 21 years of age or older?  Yes  No

Are you a citizen of the United States?  Yes  No

Do you possess a valid driver's license?  Yes  No

**FAMILY INFORMATION**

Father's Name: Patrick T. [REDACTED] Phone #: [REDACTED]

Street: [REDACTED] City: Youngstown State: OH Zip: 44509

Mother's Name: Deceased Phone #: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Current Spouse's Name: N/A Date married: \_\_\_\_\_

Have you been previously married? \_\_\_\_\_ If yes, how many times? \_\_\_\_\_

List your children: N/A

Name

Address

Name	Address

**CHARACTER REFERENCES**

List the names of three adult references you have known for at least five (5) years who are not related to you that we may contact.

Name: Mike Saltzman Phone: [REDACTED]  
Street: [REDACTED] City: Youngstown State: OH Zip: 44511  
Occupation: Police officer Years known? 5

Name: Matt Schriener Phone: [REDACTED]  
Street: [REDACTED] City: Astintown State: OH Zip: 44515  
Occupation: Corrections officer Years known? 9

Name: Joshua Condon Phone: [REDACTED]  
Street: [REDACTED] City: Cincinnati State: OH Zip: 45247  
Occupation: Police officer Years known? 6

Name: Mike Bator Phone: [REDACTED]  
Street: [REDACTED] City: New Springfield State: OH Zip: 44443  
Occupation: Police officer Years known? 2

**CIVIC/VOLUNTEER ACTIVITIES**

LIST ALL CLUBS OR ORGANIZATION MEMBERSHIPS

- Organization: St. Brendan's Church (volunteered in many events) Phone: 330-792-3875 Years in: 12
- Organization: \_\_\_\_\_ Phone: \_\_\_\_\_ Years in: \_\_\_\_\_
- Organization: \_\_\_\_\_ Phone: \_\_\_\_\_ Years in: \_\_\_\_\_
- Organization: \_\_\_\_\_ Phone: \_\_\_\_\_ Years in: \_\_\_\_\_
- Organization: \_\_\_\_\_ Phone: \_\_\_\_\_ Years in: \_\_\_\_\_

**EMPLOYMENT HISTORY**

List ALL places of employment with in the past 10 years. Include Reserve Police Officer, Volunteer Fireman and EMT Positions.

Hire Date: 08/20/2018 Departure Date: Present  
Employer: Mercy Health Police Department  
Street: 1044 Belmont Ave. City: Youngstown State: OH Zip: 44501  
Telephone #: 330-480-3288 Supervisor: Chief Bonacci  
Description of duties: Protecting employees, patients, and all Mercy Health Properties. (Law enforcement)  
Reason for leaving: N/A  
Were you fired or asked to resign?  Yes  No  
If yes, explain: \_\_\_\_\_

Hire Date: 05/01/2018 Departure Date: 08/19/2018  
Employer: Buckeye Beverage  
Street: 301 Vienna Ave City: Niles State: OH Zip: 44446  
Telephone #: 330-518-9446 Supervisor: Shon Regan  
(under new management)  
Description of duties: Store clerk  
Sales, stocking, customer service  
Reason for leaving: Hired at Mercy Health  
Were you fired or asked to resign?  Yes  No  
If yes, explain: \_\_\_\_\_

Hire Date: 06/01/2017 Departure Date: 09/01/2017  
Employer: Elm Road Drive in  
Street: 1895 Elm Rd NE City: Warren State: OH Zip: 44483  
Telephone #: 586-854-6752 Supervisor: Jake Horvath  
(son of the owner)  
Description of duties: Fry cook  
Cooked Hot foods  
Reason for leaving: Started the Police Academy  
Were you fired or asked to resign?  Yes  No  
If yes, explain: \_\_\_\_\_

Hire Date: 06/01/2015 Departure Date: 05/01/2016  
Employer: Chisette Mexican Grill  
Street: 5553 Mahoning Ave City: Austintown State: OH Zip: 44515  
Telephone #: 330-318-4930 Supervisor: Unknown  
Description of duties: Crew member  
Food preparation, and line server,  
Reason for leaving: Fired  
Were you fired or asked to resign?  Yes  No  
If yes, explain: For being rude to customers.



Hire Date: \_\_\_\_\_ Departure Date: \_\_\_\_\_  
Employer: Started at VSU  
Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone #: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Description of duties: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
Were you fired or asked to resign?  Yes  No  
If yes, explain: \_\_\_\_\_

Hire Date: \_\_\_\_\_ Departure Date: \_\_\_\_\_  
Employer: N/A  
Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone #: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Description of duties: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
Were you fired or asked to resign?  Yes  No  
If yes, explain: \_\_\_\_\_

EDUCATION INFORMATION

Circle the highest grade completed:

8 9 10 11 12 13 14 15 16 17 18 19+

Name of School: Orsoline High School  
Location: 750 Wick Ave. Youngstown, OH 44505  
Graduation and/or degree information: Graduated 2013

Name of School: Youngstown State University  
Location: 7 University Plz. Youngstown, OH 44555  
Graduation and/or degree information: Criminal Justice. ~~Need~~ Needing to finish

Name of School: N/A  
Location: \_\_\_\_\_  
Graduation and/or degree information: \_\_\_\_\_

Name of School: N/A  
Location: \_\_\_\_\_  
Graduation and/or degree information: \_\_\_\_\_

Are you now or have you ever been employed by Vienna Township? NO

If yes, describe \_\_\_\_\_

Are any of your family members employed by Vienna Township? NO

If yes, describe \_\_\_\_\_

**MILITARY INFORMATION**

Were you ever a member of the United States Armed Forces?  Yes  No

If yes, branch Army National Guard Highest Grade/Rank E-4/CPL

What was your military occupation? Military Police

Date of enlistment 10/10/2013

Date of discharge Still serving

Type of discharge received N/A

If other than honorable explain why? N/A

Were you ever court martialed or subjected to UCMJ Sanctions?  Yes  No

**EMERGENCY CONTACT INFORMATION**

In case of emergency, who can we contact

Name: Patrick [REDACTED] Relationship: Father  
Street: [REDACTED] City: Youngstown State: OH  
Zip: 44501 Telephone (day) [REDACTED] Telephone (evening) N/A

**LAW ENFORCEMENT INFORMATION**

Do you now possess a valid Ohio Peace Officer Certificate?  Yes  No

Date obtained 12/2017

Academy attended YSU

Do you now hold a current police commission?  Yes  No

If yes, what department Mercy Health



### MISCELLANEOUS QUESTIONS

The following questions require a yes or no answer and may be verified by a polygraph or voice stress analyzer examination. All yes answers must be explained.

1. If it became necessary, in the course of your police duties to take a human life, would you have any reluctance to do so due to your religious and/or personal beliefs?	Y	<input checked="" type="radio"/> N
2. Have you ever committed a serious crime for which you were never arrested?	Y	<input checked="" type="radio"/> N
3. Have you ever been convicted of a felony offense?	Y	<input checked="" type="radio"/> N
4. Have you ever been convicted of a misdemeanor offense (other than traffic)?	Y	<input checked="" type="radio"/> N
5. Have you ever been convicted of any traffic offenses?	<input checked="" type="radio"/> Y	N
6. Have you ever had your drivers' license suspended, revoked or cancelled?	<input checked="" type="radio"/> Y	N
7. As an adult, have you ever bought anything you had reason to believe or should have known was stolen?	Y	<input checked="" type="radio"/> N
8. Have you ever been sentenced to jail because of a conviction of any type?	Y	<input checked="" type="radio"/> N
9. Do you currently have any pending criminal, traffic, or civil charges against you in a court of law?	Y	<input checked="" type="radio"/> N
10. Have you ever used illegal drugs?	<input checked="" type="radio"/> Y	N
11. Have you ever used any narcotic such as opium, morphine, codeine, methadone, darvon, etc. that was not prescribed by a physician or qualified treatment specialist?	Y	<input checked="" type="radio"/> N
12. Have you ever used designer drugs or those drugs that are chemically altered to give the same effect as an illegal drug?	Y	<input checked="" type="radio"/> N
13. Have you ever sold, or been party to the sale of, or in any way financially benefited from the sale of illegal drugs or controlled substance?	Y	<input checked="" type="radio"/> N
14. Are you now, or have you ever been, receiving any type of governmental assistance (such as welfare, ADC, housing subsidy, educational loans or grants etc.) that you were not eligible for, or receiving in a fraudulent manner, or after receiving it became ineligible but continued to receive those benefits?	Y	<input checked="" type="radio"/> N
15. Do you have any gambling problems?	Y	<input checked="" type="radio"/> N
16. Do you have any hatred or prejudices towards others based on their sex, race, national origin, religious beliefs, disabilities, and/or sexual preferences?	Y	<input checked="" type="radio"/> N

**EXPLANATION OF YES ANSWERS ON THE NEXT PAGE**

Question #

Explanation

5

As a minor I have been convicted of numerous speeding violations.

6

My license was suspended twice due to the speeding violations.

10

In High school I smoked Marijuana only five times in a single month. The last time I did in that same month, Police officers cut me a break and had never touched it again since.

In the spaces provided please answer the following questions.

Why do you want to become a Vienna Township Police Officer?

I have two friends who are currently employed with Vienna Police Department. Both of which speak highly of the department and its officers, and would like to gain road experience.

What do you feel are your strengths that will make you a good police officer?

I feel very confident when it comes to having excellent people skills. Most people encounter at the hospital want to speak to me, mostly due to the uniform but occasionally some like to strike a conversation with me. When they do I like to be engaged with them and it can open relations down the road performing law enforcement duties, and can make the job that much simpler.

**CERTIFICATION OF TRUTH**

I, [REDACTED], certify that all the statements contained within this questionnaire are true to the best of my knowledge. I understand that any false statements can be cause for my dismissal or disapproval for appointment. I further realize that any falsification may subject me to prosecution under the Ohio Revised Code:

[REDACTED]

08/30/2019  
Date



KAYLA M. MCINTOSH  
Notary Public, State of Ohio  
My Comm. Expires June 26, 2024  
Recorded in Mahoning County

AUTHORIZATION TO RELEASE INFORMATION

I, [redacted], being born on the 24<sup>th</sup> day of July the year 1974, presently residing at [redacted] Boardman, OH 44512

have applied for employment with the Vienna Township Police Department. I have been advised and am fully aware that a representative of the Vienna Township Police Department will be conducting a thorough investigation of my background to assist in determining my eligibility for this employment. I realize that, in conducting this background investigation, officers will be making inquiries of officials and record offices at schools which I have attended, Police agencies and courts, credit bureaus and/or firms who may have information regarding my credit record and/or financial standing, present and previous employers and other persons and/or companies that may be able to provide information about me that the Vienna Township Police Department desires. I hereby give my permission and waive all provisions of law forbidding any school official, court, police agency, credit bureau, employer, firm or person from disclosing any knowledge or information they have concerning me, which is desired by the Vienna Township Police Department. I further consent that the Vienna Township Police Department be provided with a copy of any such record concerning me and which they may desire.

[redacted signature]

Signature of Applicant

08/30/2019

Date



[Handwritten Signature]

KAYLA M. MCINTOSH  
Notary Public, State of Ohio  
My Comm. Expires June 26, 2024  
Recorded in Mahoning County



**EMPLOYMENT HISTORY**

List ALL places of employment with in the past 10 years. Include Reserve Police Officer, Volunteer Fireman and EMT Positions.

Hire Date: 08/20/2018 Departure Date: Present  
Employer: Mercy Health Police Department  
Street: 1044 Belmont Ave. City: Youngstown State: OH Zip: 44501  
Telephone #: 330-480-3288 Supervisor: Chief Bonacc  
Description of duties: Protecting employees, patients, and all Mercy Health Properties. (Law enforcement)  
Reason for leaving: N/A  
Were you fired or asked to resign?  Yes  No  
If yes, explain: \* Good Red, Hard worker, Always on time & Present

Hire Date: 05/01/2018 Departure Date: 08/19/2018  
Employer: Buckeye Beverage  
Street: 301 Vienna Ave City: Niles State: OH Zip: 44446  
Telephone #: 330-518-9446 Supervisor: Shon Regan  
Description of duties: Store clerk  
Sales, stocking, Customer service  
Reason for leaving: Hired at Mercy Health  
Were you fired or asked to resign?  Yes  No  
If yes, explain: \_\_\_\_\_

No Answer

Hire Date: 06/01/2017 Departure Date: 09/01/2017  
Employer: Elm Road Drive in  
Street: 1895 Elm Rd NE City: Warren State: OH Zip: 44483  
Telephone #: 586-854-6752 Supervisor: Jake Horvath  
(son of the owner)  
Description of duties: Fry cook  
cooked hot foods  
Reason for leaving: Started the Police Academy  
Were you fired or asked to resign?  Yes  No  
If yes, explain: \_\_\_\_\_

Hire Date: 06/01/2015 Departure Date: 05/01/2016  
Employer: Chisotle Mexican Grill  
Street: 5553 Mahoning Ave City: Austintown State: OH Zip: 44515  
Telephone #: 330-318-4930 Supervisor: Unknown  
Description of duties: Crew member  
Food preparation, and line server  
Reason for leaving: Fired  
Were you fired or asked to resign?  Yes  No  
If yes, explain: For being rude to customers



CERTIFICATION OF BIRTH

STATE FILE NUMBER

1994079276

DATE RECORD FILED

07/27/1994

NAME

[REDACTED]

DATE OF BIRTH

07/24/1994

SEX

MALE

BIRTHPLACE

OHIO

MOTHER'S NAME

MARGARET MARIE WALWORTH

FATHER'S NAME

PATRICK THOMAS

LAST NAME PRIOR TO FIRST MARRIAGE

SPENCER

MOTHER'S BIRTHPLACE

MICHIGAN

FATHER'S BIRTHPLACE OHIO

Note:

This is a true certification of the name and birth facts as recorded in the Office of Vital Statistics, Columbus, Ohio. Witness my signature and seal of the Department of Health this 11 day of April, 2018.

State Registrar of Vital Statistics

*Judith B. Neely*

MAHONING COUNTY GENERAL HEALTH DISTRICT





[Redacted]

[Redacted]

Youngstown, OH 44509

[Redacted]

[Redacted]

**References:**

Condon, Joshua  
Cincinnati Police Department - Peace Officer

[Redacted]  
[Redacted]

*6 yrs ~ team leader in National Guard  
motivated, self starter, encouraged him to come to  
chcy to work.*

Marshall, Cory  
Stark County Sheriff's Office - Deputy Sheriff

[Redacted]  
[Redacted]

*left message*

Schriner, Mathew  
Corecivic- Corrections Officer

[Redacted]  
[Redacted]

*left message*

Connolly, Ryan  
Salem & Goshen Police Department - Peace Officer

[Redacted]  
[Redacted]

*mail box full*

\* Saltsman, Michael  
Department of Air Force - Peace Officer Security Forces

[michael.saltsman@us.af.mil](mailto:michael.saltsman@us.af.mil)

[Redacted]

**CHARACTER REFERENCES**

List the names of three adult references you have known for at least five (5) years who are not related to you that we may contact.

Name: Mike Saltzman Phone: [Redacted]  
Street: [Redacted] City: Youngstown State: OH Zip: 44511  
Occupation: Police Officer Years known? 5

Name: Matt Schriener Phone: [Redacted]  
Street: [Redacted] City: Astintown State: OH Zip: 44515  
Occupation: Corrections Officer Years known? 9

Name: Joshua Condon Phone: [Redacted]  
Street: [Redacted] City: Cincinnati State: OH Zip: 45247  
Occupation: Police Officer Years known? 6

Name: Mike Bator Phone: [Redacted]  
Street: [Redacted] City: New Springfield State: OH Zip: 44443  
Occupation: Police Officer Years known? 1

- \* Work w/ him at Meray health
- \* good officer
- \* willing to learn
- \* Helped out in fire several times
- \* very positive

**CIVIC/VOLUNTEER ACTIVITIES**

LIST ALL CLUBS OR ORGANIZATION MEMBERSHIPS

Organization: St. Brendan's Church (Volunteered in many events) Phone: 330-792-3875 Years in: 12

Organization: \_\_\_\_\_ Phone: \_\_\_\_\_ Years in: \_\_\_\_\_

Organization: \_\_\_\_\_ Phone: \_\_\_\_\_ Years in: \_\_\_\_\_

Organization: \_\_\_\_\_ Phone: \_\_\_\_\_ Years in: \_\_\_\_\_

Organization: \_\_\_\_\_ Phone: \_\_\_\_\_ Years in: \_\_\_\_\_



# Ohio Public Employees Retirement System

277 East Town Street, Columbus, Ohio 43215-4642

1-800-222-PERS (7377) www.opers.org

## Personal History Record

### INSTRUCTIONS

1. As an OPERS member you are required to complete a Personal History Record (Form A). Please fill out the form in blue or black ink.
2. Be sure your date of birth and Social Security Number, which are used to identify your account, are entered correctly.
3. Sign the form in SECTION 4 - EMPLOYEE CERTIFICATION. DO NOT print or type.
4. The employer is required to complete SECTION 5 - EMPLOYER CERTIFICATION.
5. The employer is required to mail the *completed* form to OPERS at the above address immediately upon hire.

### Section 1 - Personal Information

Social Security Number

[Redacted]

Last Name

[Redacted]

First Name

[Redacted]

MI

Street or Mailing Address

[Redacted]

Apt. Number

City  
Youngstown

State

OH

ZIP Code

44509

Province

[Redacted]

Country

[Redacted]

Postal Code

[Redacted]

Date Of Birth

Month Day Year  
07 24 1994

Gender

Male  Female

Are you legally married?

Yes  No

Maiden Name

[Redacted]

Work Phone Number

330 951 8386

Home Phone Number

[Redacted]

Fax Phone Number

[Redacted]

E-mail Address

[Redacted]

### Section 2 - Current Employment Information

First date salary earned from which OPERS retirement contributions are deducted:

Month Day Year  
[Redacted]

Full-Time

Part-Time

Employee Title

Patrolman

**Section 3 - Prior Service Information**

1. Have you previously worked in public employment in Ohio? Yes  No

If "yes," give first date of service: Month  Day  Year

If "yes," which employer(s)

Grid for listing employer(s)

2. Do you have previous public service for which OPERS contributions were not submitted? Yes  No   
 If "Yes," and you wish to request a determination relative to your non-contributing service, please provide OPERS with a completed *Certification of Unreported Public Service (Form AA)*.

3. Are you currently a member of, have you been a member of, or are you receiving a disability benefit from of any of the following retirement systems? (If applicable, check *Refunded*, *Receiving a Disability Benefit*, or *Receiving a Retirement Benefit*.)

	Yes	No	Refunded	Receiving a Disability Benefit	Receiving a Retirement Benefit
Ohio Public Employees Retirement Systems (OPERS)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State Teachers Retirement Systems (STRS)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School Employees Retirement System (SERS)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ohio Police and Fire Pension Fund (OP&F)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State Highway Patrol Retirement System (HPRS)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cincinnati Retirement System (CRS)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Section 4 - Employee Certification**

I state that the information contained herein is complete and true to the best of my knowledge and belief.

Month  Day  Year

Employee Signature (Do not print or type.)

**Section 5 - Employer Certification**

Employer Name

Grid for Employer Name

Is this an elected position? Yes  No   
 If "Yes," OPERS membership is optional and requires an application. If not already submitted, the employee will need to complete an Elected Official Membership Application (Form A-9) and submit it to OPERS.

Is this a law enforcement position? Yes  No

I hereby certify that \_\_\_\_\_ began earning salary from which OPERS retirement contributions are deducted with the above employer on the start date indicated in SECTION 2 - Current Employment Information, and the statements set forth are true and accurate as disclosed by the records of

Certifying Officer Title

Signature of Certifying Office

Grid for Certifying Officer Title and Signature







**GOVERNMENT BUSINESS AND FUNDING CONTRACTS**  
 In accordance with section 2909.33 of the Ohio Revised Code

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

This form serves as a declaration by an applicant for a government contract or funding of material assistance/nonassistance to an organization on the U.S. Department of State Terrorist Exclusion List ("TEL"). Please see the Ohio Homeland Security Division Web site for a copy of the TEL.

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

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

**COMPLETE THIS SECTION ONLY IF YOU ARE AN INDEPENDENT CONTRACTOR**

LAST NAME		FIRST NAME		MI
HOME ADDRESS				
CITY	STATE	ZIP	COUNTY	
HOME PHONE		WORK PHONE		

**COMPLETE THIS SECTION ONLY IF YOU ARE A COMPANY, BUSINESS OR ORGANIZATION**

BUSINESS/ORGANIZATION NAME			PHONE	
BUSINESS ADDRESS				
CITY	STATE	ZIP	COUNTY	
BUSINESS/ORGANIZATION REPRESENTATIVE NAME			TITLE	

**DECLARATION**

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

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

- Are you a member of an organization on the U.S. Department of State Terrorist Exclusion List?  Yes  No
- Have you used any position of prominence you have with any country to persuade others to support an organization on the U.S. Department of State Terrorist Exclusion List?  Yes  No
- Have you knowingly solicited funds or other things of value for an organization on the U.S. Department of State Terrorist Exclusion List?  Yes  No
- Have you solicited any individual for membership in an organization on the U.S. Department of State Terrorist Exclusion List?  Yes  No
- Have you committed an act that you know, or reasonably should have known, affords "material support or resources" to an organization on the U.S. Department of State Terrorist Exclusion List?  Yes  No
- Have you hired or compensated a person you knew to be a member of an organization on the U.S. Department of State Terrorist Exclusion List, or a person you knew to be engaged in planning, assisting, or carrying out an act of terrorism?  Yes  No

If an applicant is prohibited from receiving a government contract or funding due to a positive indication on this form, the applicant may request the Ohio Department of Public Safety to review the prohibition. Please see the Ohio Homeland Security Web site for information on how to file a request for review.

**CERTIFICATION**

I hereby certify that the answers I have made to all of the questions on this declaration are true to the best of my knowledge. I understand that if this declaration is not completed in its entirety, it will not be processed and I will be automatically disqualified. I understand that I am responsible for the correctness of this declaration. I understand that failure to disclose the provision of material assistance to an organization identified on the U.S. Department of State Terrorist Exclusion List, or knowingly making false statements regarding material assistance to such an organization is a felony of the fifth degree. I understand that any answer of "yes" to any question, or the failure to answer "no" to any question on this declaration shall serve as a disclosure that material assistance to an organization identified on the U.S. Department of State Terrorist Exclusion List has been provided myself or my organization. If I am signing this on behalf of a company, business or organization, I hereby acknowledge that I have the authority to make this certification on behalf of the company, business or organization referenced on page 1 of this declaration.

APPLICANT SIGNATURE	DATE
---------------------	------

Read instructions carefully before completing this form. The instructions must be available during completion of this form.

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Verification** (To be completed and signed by employee at the time employment begins.)

Print Name: Last: [Redacted] First: [Redacted] Middle Initial: [Redacted] Maiden Name: [Redacted]  
Address (Street name and Number): [Redacted] Apt. #: [Redacted] Date of Birth (month/day/year): 07/24/1994  
City: [Redacted] State: OH Zip Code: 44509 Social Security #: [Redacted]

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- A citizen of the United States
- A noncitizen national of the United States (see instructions)
- A lawful permanent resident (Alien #) \_\_\_\_\_
- An alien authorized to work (Alien # or Admission #) \_\_\_\_\_ until (expiration date, if applicable - month/day/year) \_\_\_\_\_

Employee's Signature: [Redacted]

Date (month/day/year): 09/25/2019

Preparer and/or Translator's Signature (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature

Print Name

Address (Street Name and Number, City, State, Zip Code)

Date (month/day/year)

**Section 2. Employer Review and Verification** (To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____

**CERTIFICATION:** I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) \_\_\_\_\_ and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative: \_\_\_\_\_ Print Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code): \_\_\_\_\_ Date (month/day/year): \_\_\_\_\_

**Section 3. Updating and Reverification** (To be completed and signed by employer.)

A. New Name (if applicable) \_\_\_\_\_ B. Date of Rehire (month/day/year) (if applicable) \_\_\_\_\_  
C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.  
Document Title: \_\_\_\_\_ Document #: \_\_\_\_\_ Expiration Date (if any): \_\_\_\_\_  
I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.  
Signature of Employer or Authorized Representative: \_\_\_\_\_ Date (month/day/year): \_\_\_\_\_



# Employment Eligibility Verification

Department of Homeland Security  
U.S. Citizenship and Immigration Services

USCIS  
Form I-9

OMB No. 1615-0047  
Expires 03/31/2016

**▶ START HERE.** Read instructions carefully before completing this form. The instructions must be available during completion of this form.  
**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Attestation** (Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Names Used (if any)	
[REDACTED]		[REDACTED]		[REDACTED]		
Address (Street Number and Name)			Apt. Number	City or Town	State	Zip Code
[REDACTED]				Youngstown	OH	44509
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number	E-mail Address			Telephone Number	
07/24/1994	[REDACTED]	[REDACTED]			[REDACTED]	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- A citizen of the United States
- A noncitizen national of the United States (See instructions)
- A lawful permanent resident (Alien Registration Number/USCIS Number): \_\_\_\_\_
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) \_\_\_\_\_ Some aliens may write "N/A" in this field. (See instructions)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: \_\_\_\_\_

OR

2. Form I-94 Admission Number: \_\_\_\_\_

3-D Barcode  
Do Not Write in This Space

If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: \_\_\_\_\_

Country of Issuance: \_\_\_\_\_

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See instructions)

Signature of Employee:	[REDACTED]	Date (mm/dd/yyyy):	09/25/2019
------------------------	------------	--------------------	------------

**Preparer and/or Translator Certification** (To be completed and signed if Section 1 is prepared by a person other than the employee.)

I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator:			Date (mm/dd/yyyy):		
Last Name (Family Name)			First Name (Given Name)		
Address (Street Number and Name)		City or Town	State	Zip Code	
[REDACTED]		[REDACTED]	[REDACTED]	[REDACTED]	

STOP *Employer Completes Next Page* STOP



**Section 2. Employer or Authorized Representative Review and Verification**

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1:

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title:		Document Title:		Document Title:
Issuing Authority:		Issuing Authority:		Issuing Authority:
Document Number:		Document Number:		Document Number:
Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):
Document Title:		<div style="border: 1px solid black; padding: 10px; width: fit-content; margin: 0 auto;"> <p><b>3-D Barcode Do Not Write in This Space</b></p> </div>		
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				

**Certification**

I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): \_\_\_\_\_ (See instructions for exemptions.)

Signature of Employer or Authorized Representative		Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name (Family Name)		First Name (Given Name)	Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	Zip Code

**Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)**

A. New Name (if applicable) Last Name (Family Name) First Name (Given Name) Middle Initial B. Date of Rehire (if applicable) (mm/dd/yyyy):

C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.

Document Title:	Document Number:	Expiration Date (if any)(mm/dd/yyyy):
-----------------	------------------	---------------------------------------

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative:	Date (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:
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**LISTS OF ACCEPTABLE DOCUMENTS**  
**All documents must be UNEXPIRED**

Employees may present one selection from List A  
or a combination of one selection from List B and one selection from List C.

<p align="center"><b>LIST A</b>  <b>Documents that Establish Both Identity and Employment Authorization</b></p>	<p align="center"><b>LIST B</b>  <b>Documents that Establish Identity</b></p>	<p align="center"><b>LIST C</b>  <b>Documents that Establish Employment Authorization</b></p>
<p>1. U.S. Passport or U.S. Passport Card</p> <p>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</p> <p>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</p> <p>4. Employment Authorization Document that contains a photograph (Form I-766)</p> <p>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:</p> <p>a. Foreign passport; and</p> <p>b. Form I-94 or Form I-94A that has the following:</p> <p>(1) The same name as the passport; and</p> <p>(2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.</p> <p>6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI</p>	<p align="center"><b>OR</b></p> <p>1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</p> <p>2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</p> <p>3. School ID card with a photograph</p> <p>4. Voter's registration card</p> <p>5. U.S. Military card or draft record</p> <p>6. Military dependent's ID card</p> <p>7. U.S. Coast Guard Merchant Mariner Card</p> <p>8. Native American tribal document</p> <p>9. Driver's license issued by a Canadian government authority</p> <p align="center"><b>For persons under age 18 who are unable to present a document listed above:</b></p> <p>10. School record or report card</p> <p>11. Clinic, doctor, or hospital record</p> <p>12. Day-care or nursery school record</p>	<p align="center"><b>AND</b></p> <p>1. A Social Security Account Number card, unless the card includes one of the following restrictions:</p> <p>(1) NOT VALID FOR EMPLOYMENT</p> <p>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</p> <p>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</p> <p>2. Certification of Birth Abroad issued by the Department of State (Form FS-545)</p> <p>3. Certification of Report of Birth issued by the Department of State (Form DS-1350)</p> <p>4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal</p> <p>5. Native American tribal document</p> <p>6. U.S. Citizen ID Card (Form I-197)</p> <p>7. Identification Card for Use of Resident Citizen in the United States (Form I-179)</p> <p>8. Employment authorization document issued by the Department of Homeland Security</p>

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274).

Refer to Section 2 of the instructions, titled "Employer or Authorized Representative Review and Verification," for more information about acceptable receipts.

**Notice to Employee**

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

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

- You must file a new certificate within 10 days if the number of exemptions previously claimed by you **decreases** because:
- (a) Your spouse for whom you have been claiming exemption is divorced or legally separated, or claims her (or his) own exemption on a separate certificate.
  - (b) The support of a dependent for whom you claimed exemption is taken over by someone else.
  - (c) You find that a dependent for whom you claimed exemption must be dropped for federal purposes.

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

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

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

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

✂ please detach here



Department of Taxation

**Employee's Withholding Exemption Certificate**

Print full name \_\_\_\_\_ Social Security number \_\_\_\_\_  
 Home address and ZIP code \_\_\_\_\_ Youngstown, OH 44509  
 Public school district of residence \_\_\_\_\_ School district no. \_\_\_\_\_  
 (See *The Finder* at tax.ohio.gov.)

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

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 \_\_\_\_\_ 09/25/09

# Form W-4 (2015)

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

**Exemption from withholding.** If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2015 expires February 16, 2016. See Pub. 505, Tax Withholding and Estimated Tax.

**Note.** If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$1,050 and includes more than \$350 of unearned income (for example, interest and dividends).

**Exceptions.** An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income, tax credits, or itemized deductions, on his or her tax return.

The exceptions do not apply to supplemental wages greater than \$1,000,000.

**Basic instructions.** If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

**Head of household.** Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

**Tax credits.** You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

**Nonwage income.** If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

**Two earners or multiple jobs.** If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

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

**Check your withholding.** After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2015. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

**Future developments.** Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at [www.irs.gov/w4](http://www.irs.gov/w4).

## Personal Allowances Worksheet (Keep for your records.)

A Enter "1" for yourself if no one else can claim you as a dependent . . . . . A

B Enter "1" if:   
 • You are single and have only one job; or   
 • You are married, have only one job, and your spouse does not work; or   
 • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. . . . . B \_\_\_\_\_

C Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) . . . . . C \_\_\_\_\_

D Enter number of dependents (other than your spouse or yourself) you will claim on your tax return . . . . . D \_\_\_\_\_

E Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above) . . . . . E \_\_\_\_\_

F Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.) . . . . . F \_\_\_\_\_

G **Child Tax Credit** (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information.   
 • If your total income will be less than \$65,000 (\$100,000 if married), enter "2" for each eligible child; then less "1" if you have two to four eligible children or less "2" if you have five or more eligible children.   
 • If your total income will be between \$65,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child . . . . . G \_\_\_\_\_

H Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ► H

For accuracy, complete all worksheets that apply.   
 • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.   
 • If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld.   
 • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.

Separate here and give Form W-4 to your employer. Keep the top part for your records.

Form <b>W-4</b> Department of the Treasury Internal Revenue Service		<b>Employee's Withholding Allowance Certificate</b>		OMB No. 1545-0074
1 Your first name and middle initial <b>Ydungstown, OH</b>		Last name <b>44509</b>		2 Your social security number [REDACTED]
3 <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ► <input type="checkbox"/>		
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)	6 Additional amount, if any, you want withheld from each paycheck	7 I claim exemption from withholding for 2015, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here.	8	9
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.		7		
Employee's signature (This form is not valid unless signed by the employee.)		Date ► <b>09/25/2019</b>		10 Employer identification number (EIN)
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)		10 Employer identification number (EIN)



### Deductions and Adjustments Worksheet

**Note.** Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

<b>1</b>	Enter an estimate of your 2015 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% (7.5% if either you or your spouse was born before January 2, 1951) of your income, and miscellaneous deductions. For 2015, you may have to reduce your itemized deductions if your income is over \$309,900 and you are married filing jointly or are a qualifying widow(er); \$284,050 if you are head of household; \$258,250 if you are single and not head of household or a qualifying widow(er); or \$154,950 if you are married filing separately. See Pub. 505 for details	<b>1</b>	\$ _____
<b>2</b>	Enter: $\left\{ \begin{array}{l} \$12,600 \text{ if married filing jointly or qualifying widow(er)} \\ \$9,250 \text{ if head of household} \\ \$6,300 \text{ if single or married filing separately} \end{array} \right\}$	<b>2</b>	\$ _____
<b>3</b>	<b>Subtract</b> line 2 from line 1. If zero or less, enter "-0-"	<b>3</b>	\$ _____
<b>4</b>	Enter an estimate of your 2015 adjustments to income and any additional standard deduction (see Pub. 505)	<b>4</b>	\$ _____
<b>5</b>	<b>Add</b> lines 3 and 4 and enter the total. (Include any amount for credits from the <i>Converting Credits to Withholding Allowances for 2015 Form W-4</i> worksheet in Pub. 505.)	<b>5</b>	\$ _____
<b>6</b>	Enter an estimate of your 2015 nonwage income (such as dividends or interest)	<b>6</b>	\$ _____
<b>7</b>	<b>Subtract</b> line 6 from line 5. If zero or less, enter "-0-"	<b>7</b>	\$ _____
<b>8</b>	<b>Divide</b> the amount on line 7 by \$4,000 and enter the result here. Drop any fraction	<b>8</b>	_____
<b>9</b>	Enter the number from the <b>Personal Allowances Worksheet</b> , line H, page 1	<b>9</b>	_____
<b>10</b>	<b>Add</b> lines 8 and 9 and enter the total here. If you plan to use the <b>Two-Earners/Multiple Jobs Worksheet</b> , also enter this total on line 1 below. Otherwise, <b>stop here</b> and enter this total on Form W-4, line 5, page 1	<b>10</b>	_____

### Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)

**Note.** Use this worksheet *only* if the instructions under line H on page 1 direct you here.

<b>1</b>	Enter the number from line H, page 1 (or from line 10 above if you used the <b>Deductions and Adjustments Worksheet</b> )	<b>1</b>	_____
<b>2</b>	Find the number in <b>Table 1</b> below that applies to the <b>LOWEST</b> paying job and enter it here. <b>However</b> , if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than "3"	<b>2</b>	_____
<b>3</b>	If line 1 is <b>more than or equal to</b> line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. <b>Do not</b> use the rest of this worksheet	<b>3</b>	_____
<b>Note.</b> If line 1 is <b>less than</b> line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.			
<b>4</b>	Enter the number from line 2 of this worksheet	<b>4</b>	_____
<b>5</b>	Enter the number from line 1 of this worksheet	<b>5</b>	_____
<b>6</b>	<b>Subtract</b> line 5 from line 4	<b>6</b>	_____
<b>7</b>	Find the amount in <b>Table 2</b> below that applies to the <b>HIGHEST</b> paying job and enter it here	<b>7</b>	\$ _____
<b>8</b>	<b>Multiply</b> line 7 by line 6 and enter the result here. This is the additional annual withholding needed	<b>8</b>	\$ _____
<b>9</b>	Divide line 8 by the number of pay periods remaining in 2015. For example, divide by 25 if you are paid every two weeks and you complete this form on a date in January when there are 25 pay periods remaining in 2015. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck	<b>9</b>	\$ _____

**Table 1**

**Table 2**

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from <b>LOWEST</b> paying job are--	Enter on line 2 above	If wages from <b>LOWEST</b> paying job are--	Enter on line 2 above	If wages from <b>HIGHEST</b> paying job are--	Enter on line 7 above	If wages from <b>HIGHEST</b> paying job are--	Enter on line 7 above
\$0 - \$6,000	0	\$0 - \$8,000	0	\$0 - \$75,000	\$600	\$0 - \$38,000	\$600
6,001 - 13,000	1	8,001 - 17,000	1	75,001 - 135,000	1,000	38,001 - 83,000	1,000
13,001 - 24,000	2	17,001 - 26,000	2	135,001 - 205,000	1,120	83,001 - 180,000	1,120
24,001 - 26,000	3	26,001 - 34,000	3	205,001 - 360,000	1,320	180,001 - 395,000	1,320
26,001 - 34,000	4	34,001 - 44,000	4	360,001 - 405,000	1,400	395,001 and over	1,580
34,001 - 44,000	5	44,001 - 75,000	5	405,001 and over	1,580		
44,001 - 50,000	6	75,001 - 85,000	6				
50,001 - 65,000	7	85,001 - 110,000	7				
65,001 - 75,000	8	110,001 - 125,000	8				
75,001 - 80,000	9	125,001 - 140,000	9				
80,001 - 100,000	10	140,001 and over	10				
100,001 - 115,000	11						
115,001 - 130,000	12						
130,001 - 140,000	13						
140,001 - 150,000	14						
150,001 and over	15						

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

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

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

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

Vienna Township Board of Trustees  
Vienna Township, Ohio

REFUSAL OF INSURANCE COVERAGE/WAIVER OF LIABILITY  
(ORC 505.60)

I, the undersigned, [REDACTED], a part-time Police Constable employee of Vienna Township, Trumbull County, Ohio, for and in consideration of the scheduling of work hours in excess of fifteen hundred (1,500) hours per year, hereby waive my right to and refuse to accept individual and dependent major medical and health care insurance coverage by Vienna Township pursuant to Section 505.60 ORC.

In waiving my right to and refusing to accept individual and dependent health care coverage provided by Vienna Township, I do so voluntarily and knowingly, after having been advised as follows:

1. Section 505.60 provides that if a township elects to procure health care insurance, it must provide uniform coverage for township officers and full-time employees and their dependents;
2. Vienna Township provides individual and dependent health care insurance coverage to all full-time employees at no cost to the employees;
3. That if I was scheduled to work or expected to work more than fifteen hundred (1,500) hours a year for Vienna Township, Vienna Township would be required to and would provide individual and dependent health care insurance coverage to me at no cost, in the absence of this waiver/refusal;
4. That in the absence of this waiver/refusal, Vienna Township would not schedule me to work in excess of fifteen hundred (1,500) hours per year so long as my contract of hire designates me as a part-time employee;
5. That this waiver/refusal of insurance coverage is effective so long as my contract of hire designates me as a part-time employee.

Further, in consideration of the scheduling of work hours in excess of fifteen hundred (1,500) hours per year, I hereby release and discharge the Vienna Township Board of Trustees, their employees and agents from any and all liability and claims for individual and dependent health care insurance and/or payment of or reimbursement for any and all individual and dependent health care expenses incurred by me during my employment with the Vienna Township Board of Trustees under a contract of hire which designates me as a part-time employee regardless of the actual number of hours worked in any one calendar year.

In witness whereof, I have unto affixed my signature with the intent to be legally bound this 8<sup>th</sup> day of March, 2026

[Signature] 1753

Witness

[REDACTED]





**APPROVED**

**Vienna Police Department**

**Chief Bob Ludt**

848 Youngstown Kingsville Rd.

Vienna, Ohio 44473

(330) 856-4421

**INTER OFFICE MEMORANDUM**

---

**To: Chief Ludt**

**From: Ptl. [REDACTED]**

**Date: July 4, 2023**

**RE: SRO Reassignment**

---

Due to personal circumstances, I Ptl. [REDACTED] wish to be reassigned from Mathews High School and back to road patrol. The past two school years was a great learning opportunity, but I feel my experience is better suited for road patrol. Thank you for the opportunity.

A handwritten signature in black ink, appearing to read "Bob V. Ludt".

**BOB V. LUDT**  
Vienna Chief of Police

Thanks,

[REDACTED]

Ptl. [REDACTED]

Vienna Township Police



Vienna Township Board of Trustees  
Vienna Township, Ohio

**REFUSAL OF INSURANCE COVERAGE/WAIVER OF LIABILITY**  
**(ORC 505.60)**

I, the undersigned, [REDACTED] part-time Police Constable employee of Vienna Township, [REDACTED], and in consideration of the scheduling of work hours in excess of seventeen hundred (1,700) hours per year, hereby waive my right to and refuse to accept individual and dependent major medical and health care insurance coverage by Vienna Township pursuant to Section 505.60 ORC.

In waiving my right to and refusing to accept individual and dependent health care coverage provided by Vienna Township, I do so voluntarily and knowingly, after having been advised as follows:

1. Section 505.60 provides that if a township elects to procure health care insurance, it must provide uniform coverage for township officers and full-time employees and their dependents.
2. Vienna Township provides individual and dependent health care insurance coverage to all full-time employees at no cost to the employee.
3. That if I was scheduled to work or expected to work more than seventeen hundred (1,700) hours a year for Vienna Township, Vienna Township would be required to and would provide individual and dependent health care insurance coverage to me at no cost, in the absence of this waiver/refusal.
4. That in the absence of this waiver/refusal, Vienna Township would not schedule me to work in excess of seventeen hundred (1,700) hours per year so long as my contract of hire designates me as a part-time employee.
5. That this waiver/refusal of insurance coverage is effective so long as my contract of hire designates me as a part-time employee.

Further, in consideration of the scheduling of work hours in excess of seventeen hundred (1,700) hours per year, I hereby release and discharge the Vienna Township Board of Trustees, their employees and agents from any and all liability and claims for individual and dependent health care insurance and/or payment of or reimbursement for any and all individual and dependent health care expenses incurred by me during my employment with the Vienna Township Board of Trustees under a contract of hire which designates me as a part-time employee regardless of the actual number of hours worked in any one calendar year.

In witness whereof, I have unto affixed my signature with the intent to be legally bound this 25 day of January, 2021.

Witness \_\_\_\_\_

[REDACTED]



# Alcohol Testing Form (Non-DOT)

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

**Lifeloc Technologies**

Phoenix 6.0	v8.9.9
Serial No.	19000023
Units	BAC
Test Number	02950
Test Type (ez)	Auto Test
<b>Result:</b>	<b>.000</b>
Date:	10/04/2023
Time:	02:43
Air Blank	.000
Time:	02:43

I.D.  
4541

Subject AK

Print Confirmation Results Here  
Affix with Tamper Evident Tape

Print Additional Results Here  
Affix With Tamper Evident Tape

**Step 1: TO BE COMPLETED BY ALCOHOL TECHNICIAN**

A: Employee Name \_\_\_\_\_  
(PRINT) (FIRST, M.I., LAST)

B: SSN or Employee ID No. OH - [REDACTED] 7/24/94 \_\_\_\_\_

C: Employer Name Vienna Township  
 Street \_\_\_\_\_  
 City, State, Zip 848 Youngstown-Kingsville  
Vienna OH 44473

DER Name and Telephone No. Linda McCullough (330) 717-0702  
DER Name DER Phone Number

D: Reason for Test:  Random  Reasonable Susp  Post-Accident  Return to Duty  Follow-up  Pre-employment

**STEP 2: TO BE COMPLETED BY EMPLOYEE**

I certify that I am about to submit to alcohol testing and that the identifying information provided on the form is true and correct.

[Signature] \_\_\_\_\_  
 Signature of Employee

10/4/23  
 Date Month Day Year

**STEP 3: TO BE COMPLETED BY ALCOHOL TECHNICIAN**

(If the technician conducting the screening test is not the same technician who will be conducting the confirmation test, each technician must complete their own form.) I certify that I have conducted alcohol testing on the above named individual and that I am qualified to operate the testing device(s) identified, and that the results are as recorded.

TECHNICIAN:  BAT  STT      DEVICE:  SALIVA  BREATH\*    15-Minute Wait:  Yes  No

SCREENING TEST: (For BREATH DEVICE\* write in the space below only if the testing device is not designed to print.)

Test #	Testing Device Name	Device Serial # OR Lot # & Exp Date	Activation Time	Reading Time	Result

CONFIRMATION TEST: Results MUST be affixed to each copy of this form or printed directly onto the form.

REMARKS:

On-Demand  
 Alcohol Technician's Company

Scott M Schwand  
(PRINT) Alcohol Technician's Name (First, M.I., Last)

5766 Patriot Blvd  
 Company Street Address

Austintown OH  
44515  
 Company City, State, Zip

(330) 270 3660  
 Phone Number

[Signature]  
 Signature of Alcohol Technician

10/4/23  
 Date Month Day Year

**STEP 4: TO BE COMPLETED BY EMPLOYEE IF TEST RESULTS ARE POSITIVE.**

I certify that I have submitted to the alcohol test, the results of which are accurately recorded on this form. I understand that I must not drive, perform safety-sensitive duties, or operate heavy equipment because the results are positive.

\_\_\_\_\_  
 Signature of Employee

\_\_\_\_\_  
 Date Month Day Year

Officer [REDACTED]

[REDACTED]

Canfield, Ohio 44406

[REDACTED]

[REDACTED]@viennapd.com

July 20, 2021

Mr. Bob Ludt

Chief of Police

Vienna Township Police Department

848 Youngstown-Kingsville Rd.

Vienna, Ohio 44473

Dear Chief Ludt:

Please accept this letter of interest for the position of Full Time employment with the Vienna Township Police Department to which it was suggested on Tuesday July 20, 2021.

I have taken a personal interest in becoming a Full Time Officer with the department due to the many short comings with my current full time position. I believe in the unit cohesion that I have formed here as part time Officer far outweighs the personable relationships at my current position. I feel my skills and my expertise are not being utilized to the full potential in a hospital environment. There are some things that I have still to learn in this career field, and can be achieved with greater success if I were to be hired Full Time. The more hands on with the road I can get equals the better Officer I can and will become.

It would be my pleasure to be invited to the Department as a Full Time Officer. I can be reached via cell phone at any time at [REDACTED]

Respectfully,

[REDACTED]

Officer [REDACTED]



**Vienna Township Police Department**

856 Youngstown-Kingsville Rd.

P.O. Box 473

Vienna, OH 44473

Phone: (330) 856-4421 Dispatch: (330) 675-2730 Fax: (330) 856-4498

*Chief Bob Ludi*

Date 10-18-21

**Acceptance of new Body armor agreement**

I officer [REDACTED] Agree and understand by accepting this new Body Armor made by Armor express and external carrier. I agree to maintain employment with Vienna Township Police for the next 12 months and maintain my currant working schedule and agree to a minimum of at least one shift per week per month. If I decide to quit and or resign my commission with Vienna Police or get terminated. I will reimburse the township for the 25% \$ 209.53 cost that the township paid for the vest.

If I decide not to pay the 25% cost to the Township, I may turn the vest and carrier back into the Police Department

Signed [REDACTED] Date 10-18-21

Supervisor \_\_\_\_\_

CAUTION: NOT TO BE USED FOR IDENTIFICATION PURPOSES

THIS IS AN IMPORTANT RECORD. SAFEGUARD IT.

ANY ALTERATIONS IN SHADED AREAS RENDER FORM VOID

**CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY**

This Report Contains Information Subject to the Privacy Act of 1974, As Amended.

1. NAME (Last, First, Middle) [REDACTED] 2. DEPARTMENT, COMPONENT AND BRANCH ARMY/ARNGUS 3. SOCIAL SECURITY NUMBER [REDACTED]

4a. GRADE, RATE OR RANK PV2 4b. PAY GRADE E02 5. DATE OF BIRTH (YYYYMMDD) 19940724 6. RESERVE OBLIGATION TERMINATION DATE (YYYYMMDD) 20211010

7a. PLACE OF ENTRY INTO ACTIVE DUTY CLEVELAND, OHIO 7b. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known) [REDACTED]

8a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND 701ST MP BN CO A TR TC 8b. STATION WHERE SEPARATED FORT LEONARD WOOD TC, MO 65473-5000

9. COMMAND TO WHICH TRANSFERRED ARNG OF OH 10. SGLI COVERAGE AMOUNT: \$ 400,000.00

11. PRIMARY SPECIALTY (List number, title and years and months in specialty. List additional specialty numbers and titles involving periods of one or more years.)  
31B10 MILITARY POLICE - 00 YRS 00 MOS//  
NOTHING FOLLOWS

12. RECORD OF SERVICE	YEAR(S)	MONTH(S)	DAY(S)
a. DATE ENTERED AD THIS PERIOD	2014	01	06
b. SEPARATION DATE THIS PERIOD	2014	05	29
c. NET ACTIVE SERVICE THIS PERIOD	0000	04	24
d. TOTAL PRIOR ACTIVE SERVICE	0000	00	00
e. TOTAL PRIOR INACTIVE SERVICE	0000	02	25
f. FOREIGN SERVICE	0000	00	00
g. SEA SERVICE	0000	00	00
h. INITIAL ENTRY TRAINING	0000	04	24
i. EFFECTIVE DATE OF PAY GRADE	2013	12	18

13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service)  
NATIONAL DEFENSE SERVICE MEDAL//ARMY SERVICE RIBBON//NOTHING FOLLOWS

14. MILITARY EDUCATION (Course title, number of weeks, and month and year completed)  
MILITARY POLICE, 21 WEEKS, 2014//NOTHING FOLLOWS

15a. COMMISSIONED THROUGH SERVICE ACADEMY  
b. COMMISSIONED THROUGH ROTC SCHOLARSHIP (10 USC Sec. 2107b)  
c. ENLISTED UNDER LOAN REPAYMENT PROGRAM (10 USC Chap. 109) (If Yes, years of commitment: NA)

16. DAYS ACCRUED LEAVE PAID 0 17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION

18. REMARKS  
MEMBER HAS COMPLETED FIRST FULL TERM OF SERVICE//NOTHING FOLLOWS

The information contained herein is subject to computer matching within the Department of Defense or with any other affected Federal or non-Federal agency for verification purposes and to determine eligibility for, and/or continued compliance with, the requirements of a Federal benefit program.

19a. MAILING ADDRESS AFTER SEPARATION (Include ZIP Code) YOUNGSTOWN OHIO 44509-0000 19b. NEAREST RELATIVE (Name and address - include ZIP Code) PATRICK THOMAS [REDACTED] YOUNGSTOWN OHIO 44509

20. MEMBER REQUESTS COPY 6 BE SENT TO (Specify state/locality) OH OFFICE OF VETERANS AFFAIRS X YES NO  
a. MEMBER REQUESTS COPY 3 BE SENT TO THE CENTRAL OFFICE OF THE DEPARTMENT OF VETERANS AFFAIRS (WASHINGTON, DC) X YES NO

21a. MEMBER SIGNATURE [REDACTED] 21b. DATE (YYYYMMDD) 20140527 22a. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title, signature) ESIGNED BY: DIETRICH.KOREN.G.1368988487 22b. DATE (YYYYMMDD) 20140521  
KOREN DIETRICH, GS07, HUMAN RESOURCE LEAD

23. TYPE OF SEPARATION RELEASE FROM ACTIVE DUTY TRAINING 24. CHARACTER OF SERVICE (Include upgrades) HONORABLE  
25. SEPARATION AUTHORITY AR 635-200, CHAP 4 26. SEPARATION CODE MBK 27. REENTRY CODE NA  
28. NARRATIVE REASON FOR SEPARATION COMPLETION OF REQUIRED ACTIVE SERVICE  
29. DATES OF TIME LOST DURING THIS PERIOD (YYYYMMDD) NONE 30. MEMBER REQUESTS COPY 4 (Initials) AWK



**VIENNA TOWNSHIP POLICE DEPARTMENT**  
 856 YOUNGSTOWN - KINGSVILLE RD.  
 P.O. BOX 473  
 VIENNA, OH 44473  
 PHONE: (330) 856-4421 FAX: (330) 856-4498

**FAX COVER SHEET**

TO: Ohio Peace Officer Training Com.  
 FAX: 740-845-2675  
 FROM: Lt Brian Darbey  
 DATE: 11-15-2021  
 PAGES: 3 Including cover page

RE:

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

**THIS FAX CONTAINS SENSITIVE INFORMATION. IF YOU HAVE RECEIVED THIS FAX BY ACCIDENT PLEASE NOTIFY US IMMEDIATELY.**

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

Date/Time: Nov. 16, 2021 10:51AM  
 File No. Mode : 1424 Memory TX  
 Destination : 17408452675  
 Pg (s) : P. 3  
 Result : OK  
 Page Not Sent  
 \* \* \* \* \*  
 Communication Result Report ( Nov. 16, 2021 10:52AM ) \* \* \*  
 2 } VIENNA POLICE DEPARTMENT  
 P. 1





**VIENNA TOWNSHIP POLICE DEPARTMENT**  
 856 YOUNGSTOWN - KINGSVILLE RD.  
 P.O. BOX 473  
 VIENNA, OH 44473  
 PHONE: (330) 856-4421 FAX: (330) 856-4498

**FAX COVER SHEET**

**TO:** Ohio Peace Officer training com.  
**FAX:** 740-845-2675  
**FROM:** Lt Brian Darbey  
**DATE:** 11-11-2021  
**PAGES:** 5 Including cover page  
**RE:**  
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 (6) Destination does not support IP-Fax

File No. Mode	Destination	Pg (s)	Result	Page Not Sent
1324 Memory TX	17408452675	P. 5	OK	

Date/Time: Nov. 11, 2021 8:13AM

1 } VIENNA POLICE DEPARTMENT  
 2 }

\* \* \* Communication Result Report ( Nov. 11, 2021 8:15AM ) \* \* \*



**VIENNA TOWNSHIP POLICE DEPARTMENT**  
 856 YOUNGSTOWN - KINGSVILLE RD.  
 P.O. BOX 473  
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**PAGES:** 5 Including cover page

**RE:**

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 (6) Destination does not support IP-Fax

File No. Mode	Destination	Pg (s)	Result	Page Not Sent
1324 Memory TX	17408452675	P. 5	OK	

Date/Time: Nov. 11, 2021 8:13AM

\* \* \* Communication Result Report ( Nov. 11, 2021 8:15AM ) \* \* \*  
 2} VIENNA POLICE DEPARTMENT



**Vienna Township Police Department**

*856 Youngstown-Kingsville Rd.*

*P.O. Box 473*

*Vienna, OH 44473*

*Phone: (330) 856-4421 Dispatch: (330) 675-2730 Fax: (330) 856-4498*

**Chief Bob Ludt**

---

To: Girard Court

From: Lt Brian Darbey

Date: 9-27-19

Ref: New Officer

The Vienna Police Department Hired [REDACTED] on 9-3-19. Officers [REDACTED] information is below.

[REDACTED]  
Dob 7-24-1994

Phone # [REDACTED]

Badge # [REDACTED]

If you need any additional information feel free to give me a call.

**Thank You**

**Lt Brian Darbey**



**VIENNA TOWNSHIP POLICE DEPARTMENT**  
 856 YOUNGSTOWN - KINGSVILLE RD.  
 P.O. BOX 473  
 VIENNA, OH 44473  
 PHONE: (330) 856-4421 FAX: (330) 856-4498

**FAX COVER SHEET**

**TO:** Girard Court  
**FAX:** 330-545-7045  
**FROM:** Lt Brian Darbey  
**DATE:** 9-27-19  
**PAGES:** 2 Including cover page

**RE:**

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Reason for error  
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 (2) No answer  
 (3) Exceeded max. E-mail size  
 (4) Exceeded max. E-mail size  
 (5) Exceeded max. E-mail size  
 (6) Exceeded max. E-mail size

File No. Mode	Destination	Pg (s)	Result	Page Sent
2260 Memory TX	Girard Court	P. 2	OK	

Date/Time: Sep. 27, 2019 7:37AM

}} VIENNA POLICE DEPARTMENT

\* \* \* Communication Result Report ( Sep. 27, 2019 7:37AM ) \* \* \*



***VIENNA TOWNSHIP POLICE DEPARTMENT***

856 YOUNGSTOWN – KINGSVILLE RD.

P.O. BOX 473

VIENNA, OH 44473

**PHONE:** (330) 856-4421 **FAX:** (330) 856-4498

***FAX COVER SHEET***

**TO:** Girard Court

**FAX:** 330-545-7045

**FROM:** Lt Brian Darbey

**DATE:** 9-27-19

**PAGES:** 2 Including cover page

***RE:***

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***THIS FAX CONTAINS SENSITIVE INFORMATION. IF YOU HAVE RECEIVED THIS FAX BY ACCIDENT PLEASE NOTIFY US IMMEDIATELY.***



