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

2022-1356
Officer-Involved Critical Incident - 1659 S. Main Street, Akron, Ohio 44301

Investigative Activity: Personnel File Review
Involves: Officer [redacted]
Authoring Agent: Special Agent Joseph Goudy #83

Narrative:

On Monday, August 15, 2022, Ohio Bureau of Criminal Investigation (BCI) Special Agent (SA) Cory Momchilov received the personnel file for Officer [redacted] ([redacted] from the Akron Police Department (APD) and the City of Akron Law Department. SA Joseph Goudy reviewed the personnel file and noted the following:

Officer [redacted] has been a full-time police officer with the APD since October 5, 2018.

Training:

Officer [redacted] attended and completed the Ohio Peace Officer Basic Training Program at the Kent State Police Academy on October 5, 2018.

Firearms Qualification:

Officer [redacted] qualified with his Glock 17 duty issued semi-automatic pistol, bearing serial number [redacted] on April 20, 2021.

Most recently, Officer [redacted] had "Rifle" training using an Aero Precision Rifle, bearing serial #[redacted] on March 2, 2022, and "Low Light" training using his Glock 17 duty weapon on December 15, 2021.

Officer [redacted] s personnel file, training records and firearm qualifications are attached to this report. Please refer to the attachments for further details.

Attachments:

Attachment #01: Officer [redacted] Personnel File
Attachment #02: Officer [redacted] OPOTA Certificate
Attachment #03: Officer [redacted] Firearms Qualifications
Attachment #04: Officer [redacted] Evaluation
Attachment #05: Officer [redacted] Employee Summary
Attachment #06: Officer [redacted] OPOTA Certificate and Work History

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.

[redacted] - Police Officer

Contact Information -- Person ID: [redacted]

Name:	[redacted]	Address:	[redacted] US
Home Phone:	[redacted]	Alternate Phone:	
Email:	[redacted]	Notification Preference:	Email
Former Last Name:		Month and Day of Birth:	[redacted]

Personal Information

Driver's License:	Yes, Ohio , [redacted] , Class D
Can you, after employment, submit proof of your legal right to work in the United States?	Yes
What is your highest level of education?	Some College

Preferences

Types of positions you will accept:	Regular
Types of work you will accept:	Full Time
Types of shifts you will accept:	Day , Evening , Night , Rotating , Weekends , On Call (as needed)

Objective

I have always been interested in law enforcement since high school. I joined the Army with the intentions of eventually going that route at one point in my life. Personally I would like to become a detective some day, but I have to start somewhere .

Education

Professional
Regis University
7/2013 - 2018
Denver, Colorado

Did you graduate: No
College Major/Minor: Computer Science
Degree Received: Professional

Professional
Cochise College
2/2012 - 7/2012
Sierra Vista, Arizona

Did you graduate: No
College Major/Minor: Military Intelligence, General
Degree Received: Professional

Work Experience

Technical Support Specialist
1/2017 - Present

Buckeye Mountain Inc.
Akron, Ohio

Hours worked per week: 40
Monthly Salary: $0.00
May we contact this employer? No

Duties

Assist customers in technical related issues.
Work on processing the programs our company designs to ensure there are no issues when it finally reaches our customers.

Intelligence Analyst
7/2015 - Present

Ohio National Guard

Hours worked per week: 0
Monthly Salary: $0.00
# of Employees Supervised: 10
Name of Supervisor: [redacted] - Section Leader
May we contact this employer? Yes

Stow, Ohio
[redacted]

Duties
As an Intelligence Analyst I analyzed and evaluated intelligence holdings to determine changes in enemy capabilities, vulnerabilities, and provided probable courses of action. As a leader I mentor and train junior analysts on their products and professional development.

Mac+ Technical Advisor
6/2015 - 12/2016

Apple Inc.
Akron, Ohio

Hours worked per week: 40
Monthly Salary: $0.00
Name of Supervisor: Michelle Landers - Team Leader
May we contact this employer? Yes

Duties
Support customers to ensure a great experience at all times when contacting Apple. Provided technical support for Mac Computers and all iOS devices produced by Apple Inc.

Reason for Leaving
I was offered my current job at Buckeye Mountain.

Intelligence Analyst
11/2011 - 7/2015

U.S. Army
Fort Bragg, North Carolina

Hours worked per week: 40
Monthly Salary: $0.00
# of Employees Supervised: 3
May we contact this employer? Yes

Duties
As an Intelligence Analyst I analyzed and evaluated intelligence holdings to determine changes in enemy capabilities, vulnerabilities, and provided probable courses of action. I was requested by my leadership to mentor and train junior analysts on their products and professional development. I managed and maintained equipment valued at over $2M ensuring zero loss and proper performance.

Reason for Leaving
Left active duty military.

Patient Care Technician
6/2009 - 10/2011

Fresenius Medical Care
Akron, Ohio

Hours worked per week: 40
Monthly Salary: $0.00
May we contact this employer? Yes

Duties
My responsibilities included ensuring patients with Renal failure were receiving the best care possible. I evaluated my patients prior to every treatment, during, and after. In the event of an emergency I applied direct actions such as CPR or AED to the patient. In addition to my Patient Care Technician duties I was also in charge of the supply for our center. I ensured orders were made to have the proper stock of equipment at all times and I counted the inventory monthly to ensure no loss of equipment.

Reason for Leaving
Joined the military

Certificates and Licenses

Skills

Office Skills

Typing: 75

Data Entry: 0

Additional Information

Military Service

Active duty Army - 2011 - 2015, stationed at Fort Bragg, NC.
Ohio National Guard - 2015 - Present, Stow, OH

References

Professional
[redacted]
Military Section Leader
[redacted]

Professional
[redacted]
Army Captain
[redacted]

Personal
[redacted]

Personal
[redacted]
Akron Police Officer
[redacted]

Resume

Text Resume

Attachments

Attachment	File Name	File Type	Created By
DD214 Copy 4 - [redacted].pdf	DD214 Copy 4 - [redacted].pdf	**Other**	Job Seeker
DD214	[redacted] DD214	**Other**	Katherine Archual
Residency Form	[redacted]	**Other**	Katherine Archual

Agency-Wide Questions

1. Q: Applicants are eligible for Residency Preference Points in accordance with Section 106a of the Akron City Charter. A candidate who obtains a passing grade on an examination, shall have twenty percent (20%) of such grade added to the examination score provided the candidate has been a resident citizen within the corporate limits of the City of Akron continuously for at least one year immediately prior to the date of examination and remains a resident citizen of the City of Akron throughout the remainder of the selection process. Do you live within the corporate limits of the City of Akron?

A: Yes

---

2. Q: How many months have you continuously lived at your present address?

A: 20

---

3. Q: List all addresses where you have resided in the previous year including the dates you resided at each address.

A: [redacted]
Akron, OH [redacted]

---

4. Q: Indicate an alternate contact person and telephone number.

A: [redacted]

---

https:/[redacted]

5. Q: Have you ever been employed by the City of Akron?

A: No

6. Q: Are you currently a permanent City of Akron employee in the classified service?

A: No

7. Q: If you were previously employed by the City of Akron, please indicate positions held and dates of employment.

A:

8. Q: Have you ever been terminated from a public agency?

A: No

9. Q: If you have been terminated from a public agency, please indicate the employer, date of termination and reason.

A:

Supplemental Questions

1. Q: Did you graduate from an accredited high school or do you have a GED certificate?

A: Yes

2. Q: Applicants must be between the ages of 21 and 35 at the time of the written examination. What is your full date of birth (MM/DD/YYYY)?

A: [redacted]

3. Q: Select the category that defines your date of birth.

A: Born between June 23, 1981 and June 24, 1996.

4. Q: Do you possess a valid driver's license?

A: Yes

5. Q: Is your driver's license currently suspended?

A: No

6. Q: For the purpose of verifying my eligibility for positions requiring a valid driver's license, I authorize the City of Akron to obtain a consumer report from OPENonline to investigate my driving history for traffic violations and suspensions. I understand that I have a right to request disclosure of this consumer report under the Fair Credit Reporting Act. To print out a summary of your rights under the Fair Credit Reporting Act go to: http://www.akronohio.gov/person.html. Copies of the summary are also available from the City of Akron Department of Human Resources at 330-375-2720.

A: I consent

7. Q: In order to be awarded additional education credit for course work completed at an accredited college or university, you must submit a copy of your official transcripts or degree. Will you be submitting or attaching your college transcripts or copy of your degree? If yes, you must scan and attach a copy of your official transcripts or degree, mail or hand deliver them to Suite 130, Citicenter Bldg., 146 S. High St, or email them to krininger@akronohio.gov.

A: Yes

8. Q: Are you currently certified or in the process of becoming certified by the Ohio Peace Officer Training Commission (OPOTC)?

A: No

9. Q: If you have received OPOTC certification, what are the dates of your most recent commission?

A:

8/6

HIRE/PERSONNEL ACTION FORM

[redacted]

Employee Information

Employee: [redacted]

Address 1: [redacted]

Address 2:

City: Akron **State:** Ohio **Zip:** [redacted]

Phone: [redacted]

Hire Information

Person ID: [redacted]

Job Class #:	510S	**Job Class:**	Police Officer
Hire Date:	08/06/18	**Pay Rate:**	$0.00
Department:	Public Safety Department		
Division:	Police Uniformed Division - 751		
Hire Req. #:	2017-00270	**Job Term:**	Permanent

Desired start date as listed above is not guaranteed. Employee must not work until final approval is received from Human Resources.:

NOTE: For Promotion, Transfer, or Demotion, the Hire Date above is the effective date:	This is a Hire
Enter the direct supervisor of this employee as of the start date::	Michael Yohe
Employee ID:	
Pay Grade and Step:	86-1
Appointment Actions:	Employment
Change Actions:	
Appointment Code:	Permanent Full-Time Probation New
Status Code:	Active
List Code:	Open
Position Number:	00001463

90 11-3-18
270 5-2-19

SSN (DEPARTMENT OF HR USE ONLY):

Marital Status (DEPARTMENT OF HR USE ONLY):

Comments: 10000-130100

Approvers

Division Manager	BALL II, KENNETH	07/09/18 05:57 PM
Mayor	Akron, Mayor	07/11/18 08:24 AM

Printed on August 02, 2018

Marital Status

- Single
- ● Married
- Separated
- Divorced
- Widowed

Highest Education Level completed

- Less Than HS Graduate
- HS Graduate or Equivalent
- ● Some College
- Technical School
- 2 Year College Degree
- Bachelor's Level Degree
- Some Graduate School
- Master's Level Degree
- Doctorate (Academic)
- Doctorate (Professional)
- Post Doctorate

In case of emergency please contact:

First Name

[redacted]

Last Name

[redacted]

Phone Number

[redacted]

Street Address

[redacted]

City

Akron

State

OH

Zip Code

[redacted]

Relationship to Employee:

[redacted]

I hereby certify that every statement I have made on this Setup & Change Personal Information form is true and complete. I understand that any false or incomplete answer may be grounds for dismissal.

Signature

[redacted]

Date

07/15/2018

Please submit completed original form to Department of Human Resources - Employee Records Office
Revised 2/2017

City of Akron Setup & Change Personal Information

Employee

[redacted]

As an Equal Employment Opportunity employer, the City of Akron follows all federal, state, and local laws, rules, and regulations that pertain to Equal Employment Opportunity. The information obtained will be kept confidential except as otherwise provided by law and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the state or federal government for civil rights enforcement. When used in a report to the state or federal government, the data will not identify any specific individual. Please complete entire form.

Employee ID Number

[redacted]

Social Security Number

[redacted]

First Name

[redacted]

Middle

[redacted]

Last Name

[redacted]

Date of Birth

[redacted]

Gender

- Male
  Female

*If you have had a name change please submit a copy of your social security card with this form.

Street Address

[redacted]

City

Akron

State

OH

Zip Code

[redacted]

E-mail Address

[redacted]

Cell Phone Number

[redacted]

Home Phone Number

Please check your preferred method of contact below:

  Phone
  Mail
- E-mail

Employment Eligibility Verification

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

USCIS
Form I-9
OMB No. 1615-0047
Expires 08/31/2019

[redacted]

STOP Employer Completes Next Page STOP

[redacted]

ACKNOWLEDGMENT OF CONDITIONAL JOB OFFER FOR THE POSITION OF POLICE OFFICER

Do not resign from your current job in anticipation of employment

I fully understand and acknowledge that I have received a CONDITIONAL JOB OFFER for the position of Police Officer and that the offer is conditioned on satisfactory completion of the below listed conditions. The standards for each must be met as established by the City of Akron:

1. All components of a background investigation, including polygraph;
2. A physical fitness test;
3. A complete medical examination;
4. A psychological evaluation;
5. A drug screening;
6. That a budgeted position for Police Officer is available;
7. That funding is dedicated to fill the vacant position at the time of my appointment;
8. Successfully completing the Ohio Peace Officer Training Program including passing the final examination certified by the Ohio Peace Officer Training Commission (OPOTC) and Office of the Attorney General, unless candidate is currently certified by OPOTC, prior to my appointment. If I am currently certified by OPOTC, I must maintain my certification.

OPOTA training and certification process must be successfully completed by or before December 1, 2018, unless otherwise agreed to.

I understand that I will be disqualified and the offer withdrawn if any of the conditions listed above are not satisfied, or if I am or become unable to perform the essential job functions for the position of Police Officer with or without reasonable accommodation. I understand that I must be able to meet the minimum qualifications for the position at the time of appointment, which includes, but is not limited to, a valid Ohio driver's license, no felony convictions, and no restrictions on my ability to carry and use a firearm.

I understand that I will not be an employee of the City of Akron until I am appointed to the position of Police Officer and that upon appointment, I will be a probationary employee. I have had explained to me and fully understand the provisions of the City of Akron Police Division's probationary period as outlined within Akron City Charter Section 106 (12) and Akron Civil Service Commission Rule 7. Copies of these sections are attached to this form.

Applicant's Initials: [redacted]

[redacted]

I further understand that my background investigation is a continuous process throughout my training, probationary period and employment. If any information not previously disclosed is revealed or discovered which would have caused my rejection or disqualification from employment by the City of Akron, in the City's sole discretion, my conditional job offer will immediately be rescinded or my employment will be terminated.

Before I am appointed, I agree to execute a separate agreement which demonstrates that I agree to reimburse the City of Akron for the cost of my training under certain circumstances detailed therein.

I HAVE READ AND UNDERSTAND THE TERMS OF THIS CONDITIONAL OFFER AND AGREE TO ABIDE BY THESE TERMS. I UNDERSTAND AND AFFIRM THAT MY APPOINTMENT WILL BE TO PROBATIONARY EMPLOYMENT AND I UNDERSTAND THAT I MUST SUCCESSFULLY COMPLETE A PROBATIONARY PERIOD AFTER MY APPOINTMENT TO THE POSITION OF POLICE OFFICER.

Daniel Radcon 1084
Akron Police Department Witness (Print)

[redacted]
Applicant (Print)

1084
Witness (Signature)

[redacted]
Applicant (Signature)

[redacted]
Address

Akron, OH [redacted]

27 Dec 2017
Date

City of Akron Human Resources Department
January 1999
Revised January 2007, January 2012, July 2013,
October 2015, May 2016, October 2016, May 2017,
June 2017, August 2017, December 2017

[redacted]

AGREEMENT

I, [redacted], am scheduled to be enrolled in an Ohio Peace Officer training academy starting _____ to receive training prior to my appointment as a Police Officer for the City of Akron.

In the event that I voluntarily resign from the Police Training Academy prior to graduation, I hereby agree to reimburse the City of Akron a pro rata share of the total cost of my training and equipment within twenty-four (24) months of quitting the academy. In the event I do not complete the Academy, do not pass the required OPOTA certification examination at the end of the Academy or am not appointed to the position of police officer with the City of Akron for any reason other than lack of funding, I hereby agree to reimburse the City of Akron the cost of my training and equipment within twenty-four (24) months of the end of my training at the Academy. In the event that I resign from the Akron Police Department within two (2) years from the date I graduate from the Police Training Academy, I hereby agree to reimburse the City of Akron the cost of my training and equipment within twenty-four (24) months of this resignation. This amount due is in consideration of the benefits of the police training received by me to become a City of Akron Police Officer as well as the costs incurred by the City of Akron in paying for such training.

I fully understand the consequences of signing this agreement and voluntarily agree to its terms. I fully understand this is a legal debt of mine and collectible through whatever legal means the City of Akron may employ.

[redacted]
Applicant (Print)

[redacted]
Signature

27 Dec 2017
Date

Daniel Radca 1084
Witness (Print)

1084 12-27-17
Witness (Signature/Date)

[redacted]

DANIEL HORRIGAN, MAYOR

Acknowledgement of Receipt of the City of Akron Job Description and Essential Functions

I acknowledge that the City of Akron has provided me with a copy of the job description and essential functions for the position of Police Officer. I have had the opportunity to review these items and acknowledge that I am able to perform the essential functions of this position with or without reasonable accommodation. I further understand that I must continue to meet the minimum qualifications for this classification during my employment in this position or be subject to demotion or termination as determined by the appointing authority.

[redacted]
Signature

27 Dec 2017
Date

[redacted]
Printed Name

Police
Department/Division

Created: March 2017
Revised: 10/17

MIKE DEWINE
* OHIO ATTORNEY GENERAL *

Civilian Identification
Office 877-224-0043
Fax 740-845-2633

P.O. Box 365
London, OH 43140
www.OhioAttorneyGeneral.gov

October 06, 2017

CITY OF AKRON PERSONNEL DEPT
KRIS RININGER
146 S. HIGH ST., SUITE 130-CIT
AKRON, OH 44308

[redacted]

This letter is valid for one year from the record check completion date. This letter may be photocopied by the prospective employer and retained by the applicant.

Thomas J. Stickrath, Superintendent
Ohio Bureau of Criminal Investigation

[redacted] 10/6/2017

MIKE DEWINE
* OHIO ATTORNEY GENERAL *

Civilian Identification
Office 877-224-0043
Fax 740-845-2633

P.O. Box 365
London, OH 43140
www.OhioAttorneyGeneral.gov

October 06, 2017

CITY OF AKRON PERSONNEL DEPT
KRIS RININGER
146 S. HIGH ST., SUITE 130-CIT
AKRON, OH 44308

[redacted]

Thomas J. Stickrath, Superintendent
Ohio Bureau of Criminal Investigation

[redacted] 10/6/2017

Ohio Department of Public Safety - Government Access

Last Name: [redacted]

Driver Abstract

This Ohio driver abstract spans the previous **three-year** period.

Your License Status as of 7/20/2018: **VALID**

Endorsements: NONE

Restrictions: NONE

[redacted]

EMPLOYEE ID NO.
[redacted]

RECEIVED
AKRON POLICE DEPT.
CHIEF'S OFFICE
2018 AUG 14 AM 8:05

SETUP & CHANGE PERSONAL INFORMATION

As an Equal Employment Opportunity employer, the City of Akron follows all federal, state, and local laws, rules, and regulations that pertain to Equal Employment Opportunity. The information obtained will be kept confidential except as otherwise provided by law and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the state or federal government for civil rights enforcement. When used in a report to the state or federal government, the data will not identify any specific individual.

Social Security Number	Last Name	First Name	Middle Name
[redacted]	[redacted]	[redacted]	[redacted]

New Social Security Number (if applicable)	New Last Name	New First Name	New Middle Name

Street Address	City and State	Zip Code
[redacted]	Akron, Ohio	[redacted]

Resident (Circle response below)	Phone Number (complete the information below)	Marital Status (Circle response below)	Birth Date	Gender (Circle response below)
(Yes) No	CELL: [redacted] HOME:	1. Single 4. Divorced (2. Married) 5. Widowed 3. Separated	[redacted]	(MALE) FEMALE

Education (Circle response below)

B-Less Than HS Graduate
C-HS Graduate or Equivalent
(D-Some College)
E-Technical School
F-2- Year College Degree
G-Bachelor's Level Degree
H-Some Graduate School
I-Master's Level Degree
J-Doctorate (Academic)
K-Doctorate (Professional)
L-Post-Doctorate

Emergency Contact Information

Title	Last Name	First Name	Middle Name	Street Address
MR. (MRS.) MS.	[redacted]	[redacted]	[redacted]	[redacted]

City and State	Phone Number	Relationship Code
Akron, OH	[redacted]	(1 Spouse) 3 Parent 5 Other 2 Child 4 Guardian

I hereby certify that every statement I have made on this Setup & Change Personal Information form is true and complete. I understand that any false or incomplete answer may be grounds for dismissal.

SIGNATURE: [redacted]

DATE 9 Aug 2018

FORM NO. TK001 (April/2008)

76-08-0012

Fraternal Order of Police, Akron Lodge #7
217 S. High Street, Suite 404
Akron, Ohio 44308

[redacted] **Form**

Election to Enroll in [redacted] Deductions

[redacted] I hereby "Voluntarily" agree to have [redacted] withheld from my weekly pay benefits by the City of Akron.

X [redacted]

[redacted]
Printed Name

[redacted]
Payroll ID Number

[redacted]

THE CITY OF AKRON
NATIONAL WEBCHECK WAIVER

I certify that I voluntarily and knowingly authorize the City of Akron to submit information to the Ohio Bureau of Criminal Identification and Investigation (BCI&I) to conduct a criminal records check for information relating to me.

I voluntarily and knowingly authorize BCI&I to disseminate criminal arrest, conviction and juvenile delinquency adjudication records to the City of Akron.

I voluntarily and knowingly release and discharge the Ohio Attorney General's Office, BCI&I and their employees, and all individuals connected therewith from all claims and liability related to this authorized criminal record review and dissemination.

[redacted]
Print Name

03, '27
Month & Day of Birth

[redacted]
Signature

05 OCT 2017
Today's Date

[redacted]
Present Address (Street, City, State, Zip)

Created: March, 2013

DANIEL HORRIGAN, MAYOR

CITY OF AKRON
SETUP & CHANGE PERSONAL INFORMATION

CITY OF AKRON
EMPLOYEE RECORDS
2020 MAR 16 PM 2:24

As an Equal Employment Opportunity employer, the City of Akron follows all federal, state, and local laws, rules, and regulations that pertain to Equal Employment Opportunity. The information obtained will be kept confidential except as otherwise provided by law and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the state or federal government for civil rights enforcement. When used in a report to the state or federal government, the data will not identify any specific individual.

Please complete entire form

Employee ID Number: [redacted] Social Security Number: [redacted]

First Name: [redacted] Middle Name: [redacted] Last Name: [redacted]

*If you have had a name change please submit a copy of your social security card with this form.

Date of Birth: [redacted] Gender: ☒ Male ☐ Female

Contact Information

Street Address: [redacted]

City: Akron State: OH Zip Code: [redacted]

E-mail address: [redacted]

Cell Phone Number: [redacted]

Home Phone Number:

Please check your preferred method of contact below:
☐ Phone ☐ Mail ☒ E-mail

Personal Information

Marital Status:
☐ Single ☐ Divorced ☒ Married ☐ Widowed ☐ Separated

Highest Education Level completed:
☐ Less than HS graduate ☐ HS graduate or equivalent ☒ Some College ☐ Technical School ☐ 2-year College Degree ☐ Bachelor's Level Degree ☐ Some Graduate School ☐ Master's Level Degree ☐ Doctorate (Academic) ☐ Doctorate (Professional) ☐ Post-Doctorate

In case of emergency please contact:

First Name: [redacted] Last Name: [redacted] Phone Number: [redacted]

Street Address: [redacted]

City: Akron State: OH Zip Code: [redacted]

Relationship to Employee: [redacted]

I hereby certify that every statement I have made on this Setup & Change Personal Information form is true and complete. I understand that any false or incomplete answer may be grounds for dismissal.

Signature: [redacted] Date: 3-15-2020

Please submit completed original form to Department of Human Resources - Employee Records Office

Revised 2/2017

print this page
close this window to return

Acknowledgement of
SEXUAL HARASSMENT AWARENESS (SHA) TRAINING
Computer Based Training

I acknowledge that on Thursday, August 16, 2018, I completed the City's SEXUAL HARASSMENT AWARENESS (SHA) TRAINING Computer Based Training.

[redacted]
Signature

[redacted]
Please print your name [redacted]

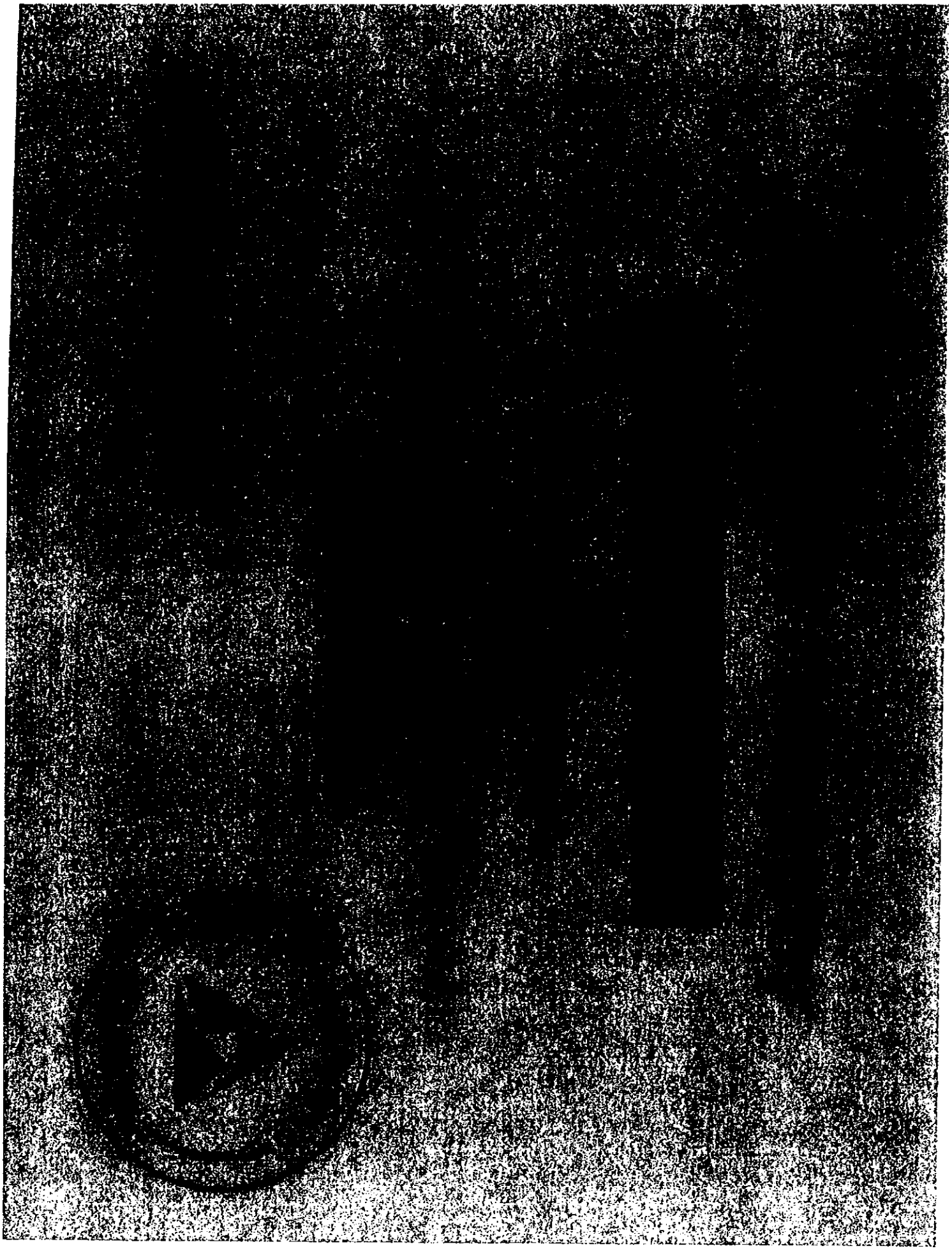
Rookie / Police officer
Title

Training
Department/Division

16 Aug 2018
Date

P01

[redacted]



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Acknowledgement of
SEXUAL HARASSMENT AWARENESS (SHA) TRAINING
Computer Based Training

I acknowledge that on Thursday, August 16, 2018, I completed the City's SEXUAL HARASSMENT AWARENESS (SHA) TRAINING Computer Based Training.

[redacted]
Signature

[redacted]
Please print your name

Rookie/Police office
Title

Training
Department/Division

16 Aug 2018
Date

[redacted]

8/16/2018

Form 190P

For Inter-Departmental Use

CITY OF AKRON, OHIO

DEPARTMENT

CHIEF'S OFFICE

CHIEF'S DIRECTIVE
2018-CD-69
September 28, 2018

DIRECTIVE

Upon receiving their Oath of Office on Friday, October 5, 2018 at 4:00 p.m. in the Atrium of the Oliver R. Ocasek Government Building, the following twelve (12) officers are transferred from the Services Sub-Division to the Uniform Sub-Division effective Monday, [redacted]:

NAME	I.D.	BADGE	ASSIGNMENT
[redacted]	[redacted]	[redacted]	Platoon #4
			Platoon #4
			Platoon #1
			Platoon #4
			Platoon #3
			Platoon #4
			Platoon #1
			Platoon #3
			Platoon #3
			Platoon #3
			Platoon #4
			Platoon #4

All Akron Police personnel are welcome to attend the Oath of Office ceremony.

K Ball

Kenneth Ball II
Chief of Police

Form 190P

For Inter-Departmental Use

CITY OF AKRON, OHIO

DEPARTMENT

CHIEF'S OFFICE

CHIEF'S DIRECTIVE
2018-CD-55
August 1, 2018

DIRECTIVE

Ten (10) recruits will begin the Akron Police Academy on Monday, [redacted]. The names of these individuals are:

[redacted]

The Oath of Office Ceremony for these individuals will be scheduled for a later date.

K Ball

Kenneth Ball II
Chief of Police

EMPLOYEE ID NO.
[redacted]

RECEIVED
AKRON POLICE DEPT.
CHIEF'S OFFICE

SETUP & CHANGE PERSONAL INFORMATION

2018 AUG 14 AM 8:05

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Social Security Number	Last Name	First Name	Middle Name
[redacted]	[redacted]	[redacted]	[redacted]

New Social Security Number (if applicable)	New Last Name	New First Name	New Middle Name

Street Address	City and State	Zip Code
[redacted]	Akron, Ohio	[redacted]

Resident (Circle response below)	Phone Number (complete the information below)	Marital Status (Circle response below)	Birth Date	Gender (Circle response below)
~~Yes~~	CELL: [redacted]	[redacted]	[redacted]	~~MALE~~
No	HOME:			FEMALE

Education (Circle response below)

B-Less Than HS Graduate	F-2- Year College Degree	J-Doctorate (Academic)
C-HS Graduate or Equivalent	G-Bachelor's Level Degree	K-Doctorate (Professional)
~~D-Some College~~	H-Some Graduate School	L-Post-Doctorate
E-Technical School	I-Master's Level Degree	

Emergency Contact Information

Title	Last Name	First Name	Middle Name	Street Address
[redacted]	[redacted]		[redacted]	[redacted]

City and State	Phone Number	Relationship Code
[redacted]	[redacted]	[redacted]

I hereby certify that every statement I have made on this Setup & Change Personal Information form is true and complete. I understand that any false or incomplete answer may be grounds for dismissal.

SIGNATURE: [redacted]

DATE 7 Aug 2018

FORM NO. TK001 (April/2008)

76-08-0012

EMPLOYEE ACKNOWLEDGMENT

This procedure may be amended or revised as the need arises. Users will be provided with copies of amendments and revisions.

This policy is not intended to, and does not grant, any contractual rights.

I have read the above policy on the use of computer resources and agree to abide by it. I understand that violation of any of the above policies may result in disciplinary actions.

I have read the City of Akron Safety Division Computer Network's computer resources procedure. I am fully aware of the policies and agree to abide by those policies.

[redacted] [redacted]

Er *I.D. No.*

8 Aug 2018

Date

AKRON POLICE DEPARTMENT
Harold K. Stubbs Justice Center
217 South High Street
Akron, Ohio 44308-1682

Kenneth R. Ball II, *Chief of Police*

[redacted]

[redacted]
Akron, Ohio [redacted]

Dear [redacted]

I would like to welcome you to the Akron Police Department. Your career as a Police Officer will begin on Monday, [redacted] *promptly at 8:00 a.m. in our Training Bureau. The Training Bureau is located at 800 Dan Street, Akron, Ohio 44310.*

The Oath of Office ceremony will be scheduled at a later date.

If you have any questions, please contact Sergeant Daniel Metzger in the Background Investigations Office at 330-375-2643 or via his cellular phone at 330-573-4202.

On behalf of the members of the Akron Police Department, congratulations. We hope your employment with the City of Akron will be a long and gratifying experience for you. You have chosen an honorable career.

Sincerely,

Kenneth R. Ball II
Chief of Police

KRB/mel

www.akroncops.org
Fax: (330) 375-2135 Phone: (330) 375-2244
Address all correspondence to the Chief of Police

I, [redacted], DO SOLEMNLY PLEDGE

UPON MY HONOR THAT I WILL UPHOLD AND SUPPORT THE CONSTITUTION OF THE UNITED STATES AND THE LAWS THEREOF, THE CONSTITUTION OF THE STATE OF OHIO AND THE LAWS THEREOF, THE CHARTER AND ORDINANCES OF THE CITY OF AKRON AND THE RULES AND REGULATIONS OF THE AKRON POLICE DEPARTMENT, AND THAT I WILL FAITHFULLY, HONESTLY AND IMPARTIALLY DISCHARGE AND PERFORM THE DUTIES OF A POLICE OFFICER TO THE BEST OF MY ABILITY.

I DO SO PLEDGE.

[redacted]

Signature

AFFIRMED BEFORE ME AND SUBSCRIBED IN MY PRESENCE THIS 5TH DAY OF OCTOBER, 2018.

DANIEL HORRIGAN, MAYOR

[redacted] appointment with the Akron Police Department began on 08/06/2018 but he was not sworn in as a police officer until 10/05/2018.

MIKE DEWINE
OHIO ATTORNEY GENERAL

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

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

NOTICE OF PEACE OFFICER APPOINTMENT

Check Box if: ☐ **Correction to Record** ☐ **Name Change**

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

OFFICER INFORMATION

1. Name (Last)	(First)	(Middle)	2. Social Security Number
[redacted]	[redacted]	[redacted]	[redacted]

3. Previous Name(s) or Alias (Last)	(First)	(Middle)
N/A		

4. Birth date (mm/dd/yyyy)	5. Officer's Individual Email Address	6. Phone Number
[redacted]	[redacted]	[redacted]

7. Home Mailing Address (#/Street/PO Box)	(City)	(State)	(Zip Code)	(County Name)
[redacted]	Akron	OH	[redacted]	Summit

8. Basic Training Academy (Only complete if this is the officer's first appointment or OSP)	(Academy Name)	(Academy Number)	(Dates of Training)
	Kent State University Police Academy	[redacted]	[redacted]

AGENCY INFORMATION

9. Agency Name	
Akron Police Department	

10. Reporting Authority's Email Address	11. Agency Phone Number
MLong@akronohio.gov (contact person)	330-375-2244

12. Agency Mailing Address (#/Street/PO Box)	(City)	(Zip Code)	(County Name)
217 South High Street	Akron	44308	Summit

APPOINTMENT INFORMATION (*Complete Date, Status and ORC*)

13. New Appointment Date	14. Status Change Date
[redacted]	/ /

15. Select New Status ✓ Full-Time ___ Part-Time ___ Auxiliary ___ Reserve ___ Special ___ 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

✓ City Full-Time/Part-Time (737.02)	___ City Auxiliary/Reserve/Special (737.051)	___ City Chief (737.02)
___ Village Full-Time/Part-Time/Special (737.16)	___ Village Auxiliary/Reserve (737.161)	___ Village Chief (737.15)
___ Township Police Officer (505.49)	___ Township Constable (509.01)	___ Other Chief - List ORC/Charter ___
___ Other - List ORC/Charter ___	___ Deputy Sheriff (311.04)	___ Sheriff (311.01)

ATTESTATION OF REPORTING AUTHORITY

I have carefully read this document and fully understand its contents and I sign it of my own free will and volition. I attest that the information provided on this document is true and correct and is based on my personal knowledge or inquiry. I further understand and acknowledge that submission of falsified records is a criminal violation.

17. Signature of Reporting Authority	18. Printed Name and Title	19. Date
Kenneth R. Ball II	Kenneth R. Ball II, Chief of Police	[redacted]
20. Signature of Witness	**21. Printed Name (First, Middle, Last)**	**22. Date**
Marlene E. Long	Marlene E. Long, Administrative Assistant IV	[redacted]

This form may be emailed to: SF400@ohioattorneygeneral.gov

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

23. OATH OF OFFICE

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

[redacted]

Signature of Appointee

Signature of Appointing Authority

Daniel Horrigan

Name of Appointing Authority (Typed or Printed Legibly)

Mayor, City of Akron

Title of Appointing Authority (Typed or Printed Legibly)

OHIO PEACE OFFICER APPOINTMENT HISTORY

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

24. Appointed By (Agency Name and County):	25. From(mm/dd/yyyy):	To(mm/dd/yyyy):
Akron Police Department Summit	[redacted]	/ /

26. Appointment Status (Check Appropriate Box)
✓ Full-Time ____ Part-Time ____ Auxiliary ____ Reserve ____ Special ____ Seasonal

27. Appointed By (Agency Name and County):	28. From(mm/dd/yyyy): / /	To(mm/dd/yyyy): / /

29. Appointment Status (Check Appropriate Box)
____ Full-Time ____ Part-Time ____ Auxiliary ____ Reserve ____ Special ____ Seasonal

30. Appointed By (Agency Name and County):	31. From(mm/dd/yyyy): / /	To(mm/dd/yyyy): / /

32. Appointment Status (Check Appropriate Box)
____ Full-Time ____ Part-Time ____ Auxiliary ____ Reserve ____ Special ____ Seasonal

33. Appointed By (Agency Name and County):	34. From(mm/dd/yyyy): / /	To(mm/dd/yyyy): / /

35. Appointment Status (Check Appropriate Box)
____ Full-Time ____ Part-Time ____ Auxiliary ____ Reserve ____ Special ____ Seasonal

36. Appointed By (Agency Name and County):	37. From(mm/dd/yyyy): / /	To(mm/dd/yyyy): / /

38. Appointment Status (Check Appropriate Box)
____ Full-Time ____ Part-Time ____ Auxiliary ____ Reserve ____ Special ____ Seasonal

39. Appointed By (Agency Name and County):	40. From(mm/dd/yyyy): / /	To(mm/dd/yyyy): / /

41. Appointment Status (Check Appropriate Box)
____ Full-Time ____ Part-Time ____ Auxiliary ____ Reserve ____ Special ____ Seasonal

This form may be emailed to: SF400@ohioattorneygeneral.gov

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

This is to certify that

[redacted]

has completed the Ohio
Peace Officer Basic Training Program
Conducted by
Kent State University
Awarded on
October 05, 2018

Mike DeWine
Attorney General

Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission

Mary E. Davis, Executive Director
Ohio Peace Officer Training Commission

School Commander

BAS18-020 172460

2022-09-06 Officer [redacted] File Review - Bureau of Criminal Investigation Main Office 02/22/2023

Emergency Management Institute

FEMA

This Certificate of Achievement is to acknowledge that

[redacted]

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 27th Day of March, [redacted]

0.3 IACET CEU

Tony Russell
Superintendent
Emergency Management Institute

2022-09-06 Officer [redacted] File Review - Bureau of Criminal Investigation Main Office 02/22/2023

Emergency Management Institute

FEMA

This Certificate of Achievement is to acknowledge that

[redacted]

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 27th Day of March, [redacted]

0.3 IACET CEU

Tony Russell
Superintendent
Emergency Management Institute

KENT STATE

Certificate of Completion

[redacted]

Has completed the required 40-hour training
and demonstrated proficiency in

NHTSA
NATIONAL HIGHWAY TRAFFIC SAFETY ADMINISTRATION

Standardized Field Sobriety Testing (SFST)

held at the
Kent State University Basic Police Academy - Kent
POBTA BAS[redacted]

Wayne R Parker

Commander – Wayne R. Parker *BTC#*[redacted]

Page 4743
2022-09-06 Officer [redacted] File Review - Bureau of Criminal Investigation Main Office 02/22/2023

KENT STATE

Certificate of Completion

This Certificate is to certify that

[redacted]

Completed Successfully 40 hours of
Certified Training in

NHTSA
NATIONAL HIGHWAY TRAFFIC SAFETY ADMINISTRATION

Electronic Speed Measuring Devices: Radar and Lidar

held at the
Kent State University Basic Police Academy - Kent
POBTA BAS [redacted]

Commander – Wayne R. Parker *BTC#* [redacted]

Page 4744
2022-09-06 Officer [redacted] File Review - Bureau of Criminal Investigation Main Office 02/22/2023

Akron Police Department
Weapons Training Report

Range Course Results
Type: Any
Officers filtered: 1

14 results returned

ID	Officer	Date/Time	Training Type	Weapon Type	Manufacturer	Model	Serial #	Result	Notes
1473	[redacted]	03/02/2022 13:00	Rifle	Rifle	Aero Precision		[redacted]	Passed	
1473		12/15/2021 19:30	Low Light	Semi-Automatic Pistol	Glock	G4-17		Passed	
1473		08/09/2021 13:00	Rifle	Rifle	Aero Precision			Passed	Failed first then passed
1473		04/20/2021 12:30	Duty Pistol Qualification	Semi-Automatic Pistol	Glock	G4-17		Passed	
1473		08/24/2020 08:00	Duty Pistol Qualification	Semi-Automatic Pistol	Glock	G4-17		Passed	
1473		08/24/2020 08:00	Rifle	Rifle	Aero Precision			Passed	
1473		01/21/2020 21:30	Low Light	Semi-Automatic Pistol	Glock	G4-17		Passed	
1473		09/27/2019 13:00	Rifle	Rifle	Aero Precision			Passed	
1473		08/16/2019 13:00	Rifle	Rifle	Colt	M-16		Passed	
1473		07/16/2019 13:00	Shotgun	Shotgun	Mossberg	590-A1		Passed	
1473		05/29/2019 13:00	Duty Pistol Qualification	Semi-Automatic Pistol	Glock	G4-17		Passed	
1473		09/20/2018 08:00	Shotgun	Shotgun	Mossberg	590-A1		Passed	
1473		09/18/2018 08:00	Rifle	Rifle	Colt	M-16		Passed	
1473		09/06/2018 08:00	Duty Pistol Qualification	Semi-Automatic Pistol	Glock	G4-17		Passed	

CITY OF AKRON

EMPLOYEE PERFORMANCE EVALUATION REPORT

CSC 1-0

EMPLOYEE NAME	DIVISION	CLASS TITLE
[redacted]	Police Uniformed	Police Officer
EVALUATION FROM 8/6/18 TO 11/03/18	MERIT INCREASE DATE	RETURN ORIGINAL TO PERSONNEL DEPARTMENT BY 12/04/18

EMPLOYEE ID: [redacted]

TYPE OF EVALUATION: STD; EMPLOY PROBATION (INTERIM, 6-MONTH, 45 DAY, 90 DAY, 180 DAY, 270 DAY); SEASON TEMP (45 DAY, 90 DAY, FINAL); PROM TRANSFER (45 DAY, 90 DAY)

PLEASE USE #2 PENCIL

EVALUATOR 1 ID: 11928

EVALUATOR 2 ID: [redacted]

ITEMS MO: 08

FACTORS YR: 18

1. MARK PERFORMANCE, IN ITEMS WHICH ARE JOB-RELATED, WITH:
- [+] = STRONG
- [✓] = STANDARD
- [-] = WEAK

2. LINE OUT ITEMS WHICH ARE NOT JOB-RELATED

3. EVALUATE PERFORMANCE BY BLACKENING IN BOX WITH A #2 PENCIL. DO NOT ERASE. IF A CORRECTION IS NECESSARY OBTAIN A NEW FORM FROM THE PERSONNEL DEPARTMENT.

60 = UNSATISFACTORY
70 = IMPROVEMENT NEEDED
80 = SATISFACTORY
90 = VERY GOOD
95 = OUTSTANDING

		60	70	80	90	95
QUALITY OF WORK	EVALUATOR 1			●		
	EVALUATOR 2			●		
QUANTITY OF WORK	EVALUATOR 1			●		
	EVALUATOR 2			●		
ATTENDANCE	EVALUATOR 1					●
	EVALUATOR 2					●
WORK HABITS	EVALUATOR 1			●		
	EVALUATOR 2			●		
RELATIONSHIP WITH OTHERS	EVALUATOR 1			●		
	EVALUATOR 2			●		
SUPERVISORY SKILLS (LEAVE BLANK IF NOT APPLICABLE)	EVALUATOR 1					
	EVALUATOR 2					

- [✓] ACCURACY
- [✓] THOROUGHNESS
- [✓] NEATNESS OF WORK PRODUCT
- [✓] JUDGEMENT
- [✓] WRITTEN EXPRESSION
- [✓] ORAL EXPRESSION
- [✓] AMOUNT OF WORK ACCOMPLISHED
- [✓] COMPLETION OF WORK ON SCHEDULE
- [✓] ADHERENCE TO WORKING HOURS
- [✓] DEPENDABILITY AS REFLECTED BY FREQUENCY OF ABSENCE
- [+] AVAILABILITY AS REFLECTED BY AMOUNT OF TIME ABSENT
- [✓] DILIGENCE, EFFORT
- [✓] COMPLIANCE WITH INSTRUCTIONS OR OBJECTIVES
- [✓] OBSERVANCE OF WORK RULES, SAFETY
- [✓] INITIATIVE
- [✓] CARE OF EQUIPMENT, MATERIAL
- [✓] ORGANIZATION OF WORK
- [✓] CONDUCT & COOPERATION WITH SUPERVISION
- [✓] CONDUCT & COOPERATION WITH CO-WORKERS
- [✓] CONDUCT WITH PUBLIC
- [✓] PERSONAL APPEARANCE & CARE
- [ ] PLANNING, ORGANIZING, ASSIGNING
- [ ] TRAINING & INSTRUCTING
- [ ] DISCIPLINARY CONTROL
- [ ] EVALUATING PERFORMANCE
- [ ] FAIRNESS, IMPARTIALITY, LEADERSHIP

4. COMMENT HERE ABOUT STRENGTHS OR ITEMS WHICH NEED IMPROVEMENT. ITEMS WHICH ARE JOB-RELATED TO THIS EMPLOYEE BUT ARE NOT LISTED ON THE FORM MAY BE ENTERED HERE. EVALUATIONS OF 60, 70, OR 95 MUST BE SUBSTANTIATED IN WRITING. INITIAL OR SIGN YOUR COMMENTS.

Progressing as expected. No unexcused absences.

5. SIGNATURE OF EVALUATOR THIS REPORT IS BASED ON MY OBSERVATION AND/OR KNOWLEDGE. IT REPRESENTS MY BEST JUDGEMENT OF THE EMPLOYEE'S PERFORMANCE.

EVALUATOR 1 SIGNATURE	EMPLOYEE ID #	DATE	EVALUATOR 2 SIGNATURE	EMPLOYEE ID #	DATE
[signature]	11928	11/8/18	Capt. [redacted]	11507	11-10-18

6. REVIEWER: I APPROVE THIS REPORT IN TERMS OF PROCEDURE, CONTENT AND EQUITABILITY:

SIGNATURE OF REVIEWER	EMPLOYEE ID #	DATE
[signature]	11500	11/14/18

TO BE USED ONLY UPON SUCCESSFUL COMPLETION OF PROBATION PERIOD. THIS IS TO CERTIFY THAT THIS EMPLOYEE SHOULD ACHIEVE PERMANENT STATUS ON [ ] ORIGINAL APPOINTMENT [ ] PROMOTION

SIGNATURE OF DEPARTMENT HEAD OR AUTHORIZED REPRESENTATIVE — DATE

7. REPORT DISCUSSION

REPORT DISCUSSED WITH EMPLOYEE BY: SIGNATURE AND DATE [signature] 11/14/18

TO THE EMPLOYEE: YOUR SIGNATURE SHOWS THAT YOU HAVE RECEIVED A COPY OF THE REPORT AND THAT THE EVALUATION WAS DISCUSSED WITH YOU. IT DOES NOT MEAN YOU AGREE.

[redacted] DATE

CITY OF AKRON

EMPLOYEE PERFORMANCE EVALUATION REPORT

CSC

EMPLOYEE NAME	DIVISION	CLASS TITLE
[redacted]	Police Uniformed	Police Officer
EVALUATION FROM 10/1/19 TO 9/30/20	MERIT INCREASE DATE 6/6/21	RETURN ORIGINAL TO PERSONNEL DEPARTMENT BY 10/31/2

EMPLOYEE ID [redacted]

TYPE OF EVALUATION

STD	EMPLOY PROBATION				SEASON TEMP			PROM TRANSFER	
INTERIM	6-MONTH	45 DAY	90 DAY	180 DAY	270 DAY	45 DAY	90 DAY	FINAL	45 DAY	90 DAY
○	●	○	○	○	○	○	○	○	○	○

EVALUATOR 1 ID 17308 [redacted]

PLEASE USE #2 PENCIL

ITEMS MO: 1 2 3 4 5 6 7 8 9 10 11 12

FACTORS YR: 0 1 2 3 4 5 6 7 8 9

1. **MARK** PERFORMANCE, IN ITEMS WHICH ARE JOB-RELATED, WITH:
   - ⊕ = STRONG
   - ☑ = STANDARD
   - ⊖ = WEAK

2. **LINE OUT** ITEMS WHICH ARE NOT JOB-RELATED

3. **EVALUATE** PERFORMANCE BY BLACKENING IN BOX WITH A #2 PENCIL. DO NOT ERASE. IF A CORRECTION IS NECESSARY OBTAIN A NEW FORM FROM THE PERSONNEL DEPARTMENT.

60 = UNSATISFACTORY
70 = IMPROVEMENT NEEDED
80 = SATISFACTORY
90 = VERY GOOD
95 = OUTSTANDING

		60	70	80	90	95
QUALITY OF WORK	EVALUATOR 1	○	○	○	●	○
	EVALUATOR 2	○	○	○	●	○
QUANTITY OF WORK	EVALUATOR 1	○	○	○	●	○
	EVALUATOR 2	○	○	○	●	○
ATTENDANCE	EVALUATOR 1	○	○	○	●	○
	EVALUATOR 2	○	○	○	●	○
WORK HABITS	EVALUATOR 1	○	○	○	●	○
	EVALUATOR 2	○	○	○	●	○
RELATIONSHIP WITH OTHERS	EVALUATOR 1	○	○	○	●	○
	EVALUATOR 2	○	○	○	●	○
SUPERVISORY SKILLS (LEAVE BLANK IF NOT APPLICABLE)	EVALUATOR 1	○	○	○	○	○
	EVALUATOR 2	○	○	○	○	○

- ⊕ ACCURACY
- ⊕ THOROUGHNESS
- ⊕ NEATNESS OF WORK PRODUCT
- ⊕ JUDGEMENT
- ⊕ WRITTEN EXPRESSION
- ⊕ ORAL EXPRESSION
- ⊕ AMOUNT OF WORK ACCOMPLISHED
- ⊕ COMPLETION OF WORK ON SCHEDULE
- ☑ ADHERENCE TO WORKING HOURS
- ☑ DEPENDABILITY AS REFLECTED BY FREQUENCY OF ABSENCE
- ☑ AVAILABILITY AS REFLECTED BY AMOUNT OF TIME ABSENT
- ⊕ DILIGENCE, EFFORT
- ⊕ COMPLIANCE WITH INSTRUCTIONS OR OBJECTIVES
- ⊕ OBSERVANCE OF WORK RULES, SAFETY
- ⊕ INITIATIVE
- ⊕ CARE OF EQUIPMENT, MATERIAL
- ⊕ ORGANIZATION OF WORK
- ⊕ CONDUCT & COOPERATION WITH SUPERVISION
- ⊕ CONDUCT & COOPERATION WITH CO-WORKERS
- ⊕ CONDUCT WITH PUBLIC
- ⊕ PERSONAL APPEARANCE & CARE
- ☐ PLANNING, ORGANIZING, ASSIGNING
- ☐ TRAINING & INSTRUCTING
- ☐ DISCIPLINARY CONTROL
- ☐ EVALUATING PERFORMANCE
- ☐ FAIRNESS, IMPARTIALITY, LEADERSHIP

4. **COMMENT** HERE ABOUT STRENGTHS OR ITEMS WHICH NEED IMPROVEMENT. ITEMS WHICH ARE JOB-RELATED TO THIS EMPLOYEE BUT ARE NOT LISTED ON THE FORM MAY BE ENTERED HERE. EVALUATIONS OF 60, 70, OR 95 MUST BE SUBSTANTIATED IN WRITING. INITIAL OR SIGN YOUR COMMENTS.

Officer [redacted] is one of the brightest young officers on our shift. Although [redacted] primarily worked as a fill officer an often times worked one man cars, this did not slow his productivity. [redacted] is a proactive officer. [redacted] completed 12 incident reports, which was the most among the officers under my supervision. Additionally, [redacted] made a number of goo arrests like when he stopped an individual matching the description of a robbery suspect and was able to retrieve a loade pistol. [redacted] was also entrusted by supervision to be serve as an alternate field training officer because of hi poise, competence, and good decision making skills. [redacted] had four call offs during this evaluation period. MW

5. **SIGNATURE OF EVALUATOR** THIS REPORT IS BASED ON MY OBSERVATION AND/OR KNOWLEDGE. IT REPRESENTS MY BEST JUDGEMENT OF THE EMPLOYEE'S PERFORMANCE

EVALUATOR 1 SIGNATURE	EMPLOYEE ID #	DATE	EVALUATOR 2 SIGNATURE	EMPLOYEE ID #	DATE
[signature]	17300	10/25/20			

6. **REVIEWER:** I APPROVE THIS REPORT IN TERMS OF PROCEDURE, CONTENT AND EQUITABILITY:

SIGNATURE OF REVIEWER	EMPLOYEE ID #	DATE
[signature]	11802	10/27/20

TO BE USED ONLY UPON SUCCESSFUL COMPLETION OF PROBATION PERIOD: THIS IS TO CERTIFY THAT THIS EMPLOYEE SHOULD ACHIEVE PERMANENT STATUS ON ☐ ORIGINAL APPOINTMENT ☐ PROMOTION

SIGNATURE OF DEPARTMENT HEAD OR AUTHORIZED REPRESENTATIVE	DATE

7. **REPORT DISCUSSION**

REPORT DISCUSSED WITH EMPLOYEE BY.
SIGNATURE [signature] 17300
AND DATE 10/30/20

TO THE EMPLOYEE: YOUR SIGNATURE [redacted] SHOWS THAT YOU HAVE RECEIVED A COPY OF THE REPORT AND THAT THE EVALUATION WAS DISCUSSED WITH YOU; IT DOES NOT MEAN YOU AGREE.

EMPLOYEE'S SIGNATURE AND DATE 30 Oct 2020

REVISED DATE - MAY 2005

DIVISION COPY

CITY OF AKRON

EMPLOYEE PERFORMANCE EVALUATION REPORT

CSC

EMPLOYEE NAME	DIVISION	CLASS TITLE
[redacted]	Police Uniformed	Police Officer
EVALUATION FROM 4/1/19 TO 9/30/19	MERIT INCREASE DATE 8/6/20	RETURN ORIGINAL TO PERSONNEL DEPARTMENT BY 10/31/19

EMPLOYEE ID: [redacted]

TYPE OF EVALUATION

STD	EMPLOY PROBATION	SEASON TEMP	PROM TRANSFER
INTERIM 6-MONTH	45 DAY	45 DAY	45 DAY
	90 DAY	90 DAY	90 DAY
	180 DAY	FINAL	
	270 DAY		
●	○	○	○

PLEASE USE #2 PENCIL

EVALUATOR 1 ID: 1 7 3 0 [redacted]

ITEMS MO: ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ● ⑪ ⑫

FACTORS YR: ⑩ ● ② ③ ④ ⑤ ⑥ ⑦ ⑧ ●

1. **MARK** PERFORMANCE, IN ITEMS WHICH ARE JOB-RELATED, WITH:
   - ⊕ = STRONG
   - ☑ = STANDARD
   - ⊖ = WEAK

2. **LINE OUT** ITEMS WHICH ARE NOT JOB-RELATED

3. **EVALUATE** PERFORMANCE BY BLACKENING IN BOX WITH A #2 PENCIL. DO NOT ERASE. IF A CORRECTION IS NECESSARY OBTAIN A NEW FORM FROM THE PERSONNEL DEPARTMENT.

60 = UNSATISFACTORY
70 = IMPROVEMENT NEEDED
80 = SATISFACTORY
90 = VERY GOOD
95 = OUTSTANDING

		60	70	80	90	95
⊕ ACCURACY; ⊕ THOROUGHNESS; ⊕ NEATNESS OF WORK PRODUCT; ⊕ JUDGEMENT; ⊕ WRITTEN EXPRESSION; ⊕ ORAL EXPRESSION	QUALITY OF WORK — EVALUATOR 1	○	○	○	●	○
	QUALITY OF WORK — EVALUATOR 2	○	○	○	●	○
⊕ AMOUNT OF WORK ACCOMPLISHED; ⊕ COMPLETION OF WORK ON SCHEDULE	QUANTITY OF WORK — EVALUATOR 1	○	○	○	○	●
	QUANTITY OF WORK — EVALUATOR 2	○	○	○	○	●
☑ ADHERENCE TO WORKING HOURS; ☑ DEPENDABILITY AS REFLECTED BY FREQUENCY OF ABSENCE; ☑ AVAILABILITY AS REFLECTED BY AMOUNT OF TIME ABSENT	ATTENDANCE — EVALUATOR 1	○	○	●	○	○
	ATTENDANCE — EVALUATOR 2	○	○	●	○	○
⊕ DILIGENCE, EFFORT; ⊕ COMPLIANCE WITH INSTRUCTIONS OR OBJECTIVES; ⊕ OBSERVANCE OF WORK RULES, SAFETY; ⊕ INITIATIVE; ⊕ CARE OF EQUIPMENT, MATERIAL; ⊕ ORGANIZATION OF WORK	WORK HABITS — EVALUATOR 1	○	○	○	●	○
	WORK HABITS — EVALUATOR 2	○	○	○	●	○
⊕ CONDUCT & COOPERATION WITH SUPERVISION; ⊕ CONDUCT & COOPERATION WITH CO-WORKERS; ⊕ CONDUCT WITH PUBLIC; ⊕ PERSONAL APPEARANCE & CARE	RELATIONSHIP WITH OTHERS — EVALUATOR 1	○	○	○	●	○
	RELATIONSHIP WITH OTHERS — EVALUATOR 2	○	○	○	●	○
☐ PLANNING, ORGANIZING, ASSIGNING; ☐ TRAINING & INSTRUCTING; ☐ DISCIPLINARY CONTROL; ☐ EVALUATING PERFORMANCE; ☐ FAIRNESS, IMPARTIALITY, LEADERSHIP	SUPERVISORY SKILLS (LEAVE BLANK IF NOT APPLICABLE) — EVALUATOR 1	○	○	○	○	○
	SUPERVISORY SKILLS (LEAVE BLANK IF NOT APPLICABLE) — EVALUATOR 2	○	○	○	○	○

4. **COMMENT** HERE ABOUT STRENGTHS OR ITEMS WHICH NEED IMPROVEMENT. ITEMS WHICH ARE JOB-RELATED TO THIS EMPLOYEE BUT ARE NOT LISTED ON THIS FORM MAY BE ENTERED HERE. EVALUATIONS OF 60, 70, OR 95 MUST BE SUBSTANTIATED IN WRITING. INITIAL OR SIGN YOUR COMMENTS.

Officer [redacted] is one of our up and coming young officers. [redacted] always approaches work with a positive attitude and i eager to learn and expand his knowledge base an officer. [redacted] conducted 277 self-initiated stops which was 1st among th officers under my supervision and 4th overall on our shift. [redacted] also completed 74 incident reports during this time perioc [redacted] was credited with apprehending an armed suspect who fled from a vehicle during a car chase. [redacted] recovered loaded pistol with a 30 round magazine ([redacted]). [redacted] also made multiple drug arrests (including [redacted]). Officer [redacted] had three call offs during this evaluation period SOL

5. **SIGNATURE OF EVALUATOR** THIS REPORT IS BASED ON MY OBSERVATION AND/OR KNOWLEDGE. IT REPRESENTS MY BEST JUDGEMENT OF THE EMPLOYEE'S PERFORMANCE.

EVALUATOR 1 SIGNATURE	EMPLOYEE ID #	DATE	EVALUATOR 2 SIGNATURE	EMPLOYEE ID #	DATE
[signature]	17300	10/26/19	[signature]	16486	10/28/19

6. **REVIEWER:** I APPROVE THIS REPORT IN TERMS OF PROCEDURE, CONTENT AND EQUITABILITY:

SIGNATURE OF REVIEWER	EMPLOYEE ID #	DATE
[signature]	11803	10/31/19

TO BE USED ONLY UPON SUCCESSFUL COMPLETION OF PROBATION PERIOD. THIS IS TO CERTIFY THAT THIS EMPLOYEE SHOULD ACHIEVE PERMANENT STATUS ON ☐ ORIGINAL APPOINTMENT ☐ PROMOTION

SIGNATURE OF DEPARTMENT HEAD OR AUTHORIZED REPRESENTATIVE	DATE
[signature]	6 Nov 2019

7. **REPORT DISCUSSION**

REPORT DISCUSSED WITH EMPLOYEE BY. SIGNATURE AND DATE [signature] 12883 11/6/19

TO THE EMPLOYEE: YOUR SIGNATURE SHOWS THAT YOU HAVE RECEIVED A COPY OF THE REPORT AND THAT THE EVALUATION WAS DISCUSSED WITH YOU; IT DOES NOT MEAN YOU AGREE.

[redacted] 6 Nov 2019 TURE AND DATE

REVISED DATE - MAY 2005

DIVISION COPY

CITY OF AKRON

EMPLOYEE PERFORMANCE EVALUATION REPORT

CSC

EMPLOYEE NAME	DIVISION	CLASS TITLE
[redacted]	Police Uniformed	Police Officer
EVALUATION FROM 8/6/18 TO 08/02/19	MERIT INCREASE DATE	RETURN ORIGINAL TO PERSONNEL DEPARTMENT BY 08/02/19

PLEASE USE #2 PENCIL

EMPLOYEE ID: [redacted]

TYPE OF EVALUATION

STD	EMPLOY PROBATION	SEASON TEMP	PROM TRANSFER
INTERIM	45 DAY	45 DAY	45 DAY
6-MONTH	90 DAY	90 DAY	90 DAY
	180 DAY	FINAL	
	270 DAY 270		

EVALUATOR 1 ID: 17300 [redacted]

ITEMS MO: 5

FACTORS YR: 19

1. **MARK** PERFORMANCE, IN ITEMS WHICH ARE JOB-RELATED, WITH:
   - [+] = STRONG
   - [✓] = STANDARD
   - [-] = WEAK

2. **LINE OUT** ITEMS WHICH ARE NOT JOB-RELATED

3. **EVALUATE** PERFORMANCE BY BLACKENING IN BOX WITH A #2 PENCIL. DO NOT ERASE. IF A CORRECTION IS NECESSARY OBTAIN A NEW FORM FROM THE PERSONNEL DEPARTMENT.

60 = UNSATISFACTORY
70 = IMPROVEMENT NEEDED
80 = SATISFACTORY
90 = VERY GOOD
95 = OUTSTANDING

		60	70	80	90	95
QUALITY OF WORK	EVALUATOR 1			●		
	EVALUATOR 2			●		
QUANTITY OF WORK	EVALUATOR 1			●		
	EVALUATOR 2			●		
ATTENDANCE	EVALUATOR 1				●	
	EVALUATOR 2				●	
WORK HABITS	EVALUATOR 1			●		
	EVALUATOR 2			●		
RELATIONSHIP WITH OTHERS	EVALUATOR 1			●		
	EVALUATOR 2			●		
SUPERVISORY SKILLS (LEAVE BLANK IF NOT APPLICABLE)	EVALUATOR 1					
	EVALUATOR 2					

- [✓] ACCURACY
- [✓] THOROUGHNESS
- [✓] NEATNESS OF WORK PRODUCT
- [✓] AMOUNT OF WORK ACCOMPLISHED
- [✓] COMPLETION OF WORK ON SCHEDULE
- [✓] ADHERENCE TO WORKING HOURS
- [✓] DEPENDABILITY AS REFLECTED BY FREQUENCY OF ABSENCE
- [✓] AVAILABILITY AS REFLECTED BY AMOUNT OF TIME ABSENT
- [✓] DILIGENCE, EFFORT
- [✓] COMPLIANCE WITH INSTRUCTIONS OR OBJECTIVES
- [✓] OBSERVANCE OF WORK RULES, SAFETY
- [✓] CONDUCT & COOPERATION WITH SUPERVISION
- [✓] CONDUCT & COOPERATION WITH CO-WORKERS
- [✓] JUDGEMENT
- [✓] WRITTEN EXPRESSION
- [✓] ORAL EXPRESSION
- [✓] INITIATIVE
- [✓] CARE OF EQUIPMENT, MATERIAL
- [✓] ORGANIZATION OF WORK
- [✓] CONDUCT WITH PUBLIC
- [✓] PERSONAL APPEARANCE & CARE
- [ ] PLANNING, ORGANIZING, ASSIGNING
- [ ] TRAINING & INSTRUCTING
- [ ] DISCIPLINARY CONTROL
- [ ] EVALUATING PERFORMANCE
- [ ] FAIRNESS, IMPARTIALITY, LEADERSHIP

4. **COMMENT** HERE ABOUT STRENGTHS OR ITEMS WHICH NEED IMPROVEMENT. ITEMS WHICH ARE JOB-RELATED TO THIS EMPLOYEE BUT ARE NOT LISTED ON THE FORM MAY BE ENTERED HERE. EVALUATIONS OF 60, 70, OR 95 MUST BE SUBSTANTIATED IN WRITING. INITIAL OR SIGN YOUR COMMENTS.

Officer [redacted] has successfully completed his probationary period. Officer [redacted] had two call offs

5. **SIGNATURE OF EVALUATOR** THIS REPORT IS BASED ON MY OBSERVATION AND/OR KNOWLEDGE. IT REPRESENTS MY BEST JUDGEMENT OF THE EMPLOYEE'S PERFORMANCE

EVALUATOR 1 SIGNATURE	EMPLOYEE ID #	DATE	EVALUATOR 2 SIGNATURE	EMPLOYEE ID #	DATE
[signature]	#1203 17300	5/2/19	[signature]	[illegible]	5/14/19

6. **REVIEWER:** I APPROVE THIS REPORT IN TERMS OF PROCEDURE, CONTENT AND EQUITABILITY.

SIGNATURE OF REVIEWER	EMPLOYEE ID #	DATE
[signature]	11800	5/13/19

TO BE USED ONLY UPON SUCCESSFUL COMPLETION OF PROBATION PERIOD: THIS IS TO CERTIFY THAT THIS EMPLOYEE SHOULD ACHIEVE PERMANENT STATUS ON
☐ ORIGINAL APPOINTMENT ☐ PROMOTION

SIGNATURE OF DEPARTMENT HEAD OR AUTHORIZED REPRESENTATIVE — DATE

7. **REPORT DISCUSSION**

REPORT DISCUSSED WITH EMPLOYEE BY:
SIGNATURE AND DATE [signature] #1203/17300 5/15/19

TO THE EMPLOYEE: YOUR SIGNATURE SHOWS THAT YOU HAVE RECEIVED A COPY OF THE REPORT AND THAT THE EVALUATION WAS DISCUSSED WITH YOU; IT DOES NOT MEAN YOU AGREE.

[redacted] 10 May 2019
EMPLOYEE'S SIGNATURE AND DATE

REVISED DATE - MAY 2005

DIVISION COPY

CITY OF AKRON

EMPLOYEE PERFORMANCE EVALUATION REPORT

CSC

EMPLOYEE NAME	DIVISION	CLASS TITLE
[redacted]	Police Uniformed	Police Officer
EVALUATION FROM 8/6/18 TO 11/03/18	MERIT INCREASE DATE	RETURN ORIGINAL TO PERSONNEL DEPARTMENT BY 12/04/18

PLEASE USE #2 PENCIL

EMPLOYEE ID: [redacted]

TYPE OF EVALUATION

STD	EMPLOY PROBATION	SEASON TEMP	PROM TRANSFER
INTERIM	45 DAY	45 DAY	45 DAY
6-MONTH	90 DAY	90 DAY	90 DAY
	180 DAY 90	FINAL	
	270 DAY		

EVALUATOR 1 ID: 1192 [redacted]

ITEMS MO: 12

FACTORS YR: 18

1. **MARK** PERFORMANCE, IN ITEMS WHICH ARE JOB-RELATED, WITH:
   - [+] = STRONG
   - [✓] = STANDARD
   - [-] = WEAK

2. **LINE OUT** ITEMS WHICH ARE NOT JOB-RELATED

3. **EVALUATE** PERFORMANCE BY BLACKENING IN BOX WITH A #2 PENCIL. DO NOT ERASE. IF A CORRECTION IS NECESSARY OBTAIN A NEW FORM FROM THE PERSONNEL DEPARTMENT.

60 = UNSATISFACTORY
70 = IMPROVEMENT NEEDED
80 = SATISFACTORY
90 = VERY GOOD
95 = OUTSTANDING

		60	70	80	90	95
QUALITY OF WORK	EVALUATOR 1			●		
	EVALUATOR 2			●		
QUANTITY OF WORK	EVALUATOR 1			●		
	EVALUATOR 2			●		
ATTENDANCE	EVALUATOR 1					●
	EVALUATOR 2					●
WORK HABITS	EVALUATOR 1			●		
	EVALUATOR 2			●		
RELATIONSHIP WITH OTHERS	EVALUATOR 1			●		
	EVALUATOR 2			●		
SUPERVISORY SKILLS (LEAVE BLANK IF NOT APPLICABLE)	EVALUATOR 1					
	EVALUATOR 2					

- [✓] ACCURACY
- [✓] THOROUGHNESS
- [✓] NEATNESS OF WORK PRODUCT
- [✓] AMOUNT OF WORK ACCOMPLISHED
- [✓] COMPLETION OF WORK ON SCHEDULE
- [✓] ADHERENCE TO WORKING HOURS
- [✓] DEPENDABILITY AS REFLECTED BY FREQUENCY OF ABSENCE
- [✓] JUDGEMENT
- [✓] WRITTEN EXPRESSION
- [✓] ORAL EXPRESSION
- [✓] AVAILABILITY AS REFLECTED BY AMOUNT OF TIME ABSENT
- [✓] DILIGENCE, EFFORT
- [✓] COMPLIANCE WITH INSTRUCTIONS OR OBJECTIVES
- [✓] OBSERVANCE OF WORK RULES, SAFETY
- [✓] CONDUCT & COOPERATION WITH SUPERVISION
- [✓] CONDUCT & COOPERATION WITH CO-WORKERS
- [✓] INITIATIVE
- [✓] CARE OF EQUIPMENT, MATERIAL
- [✓] ORGANIZATION OF WORK
- [✓] CONDUCT WITH PUBLIC
- [✓] PERSONAL APPEARANCE & CARE
- [ ] PLANNING, ORGANIZING, ASSIGNING
- [ ] TRAINING & INSTRUCTING
- [ ] DISCIPLINARY CONTROL
- [ ] EVALUATING PERFORMANCE
- [ ] FAIRNESS, IMPARTIALITY, LEADERSHIP

4. **COMMENT** HERE ABOUT STRENGTHS OR ITEMS WHICH NEED IMPROVEMENT. ITEMS WHICH ARE JOB-RELATED TO THIS EMPLOYEE BUT ARE NOT LISTED ON THE FORM MAY BE ENTERED HERE. EVALUATIONS OF 60, 70, OR 95 MUST BE SUBSTANTIATED IN WRITING. INITIAL OR SIGN YOUR COMMENTS.

Progressing as expected. No unexcused absences.

5. **SIGNATURE OF EVALUATOR** THIS REPORT IS BASED ON MY OBSERVATION AND/OR KNOWLEDGE. IT REPRESENTS MY BEST JUDGEMENT OF THE EMPLOYEE'S PERFORMANCE

EVALUATOR 1 SIGNATURE	EMPLOYEE ID #	DATE	EVALUATOR 2 SIGNATURE	EMPLOYEE ID #	DATE
[signature]	11928	11/8/18	Capt. [signature]	11507	11-10-18

6. **REVIEWER:** I APPROVE THIS REPORT IN TERMS OF PROCEDURE, CONTENT AND EQUITABILITY:

SIGNATURE OF REVIEWER	EMPLOYEE ID #	DATE
[signature]	11600	11/14/18

TO BE USED ONLY UPON SUCCESSFUL COMPLETION OF PROBATION PERIOD: THIS IS TO CERTIFY THAT THIS EMPLOYEE SHOULD ACHIEVE PERMANENT STATUS ON ☐ ORIGINAL APPOINTMENT ☐ PROMOTION

SIGNATURE OF DEPARTMENT HEAD OR AUTHORIZED REPRESENTATIVE — DATE

7. **REPORT DISCUSSION**

REPORT DISCUSSED WITH EMPLOYEE BY: SIGNATURE AND DATE [signature] 11/14/18

TO THE EMPLOYEE: YOUR SIGNATURE SHOWS THAT YOU HAVE RECEIVED A COPY OF THE REPORT AND THAT THE EVALUATION WAS DISCUSSED WITH YOU; IT DOES NOT MEAN YOU AGREE

[redacted] DATE

REVISED DATE - MAY 2005

DIVISION COPY

CITY OF AUSTIN
EMPLOYEE RECORDS
2022 NOV 27 PM 2:45

CITY OF AKRON

EMPLOYEE PERFORMANCE EVALUATION REPORT

CSC 1-0

EMPLOYEE NAME	DIVISION	CLASS TITLE
[redacted]	Police Uniformed	Police Officer
EVALUATION FROM 8/6/18 TO 05/02/19	MERIT INCREASE DATE	RETURN ORIGINAL TO PERSONNEL DEPARTMENT BY 06/02/19

EMPLOYEE ID [redacted]

TYPE OF EVALUATION			
STD	EMPLOY PROBATION	SEASON TEMP	PROM TRANSFER
INTERIM	45 DAY	45 DAY	45 DAY
6-MONTH	90 DAY	90 DAY	90 DAY
	180 DAY 270	FINAL	
	270 DAY		

PLEASE USE #2 PENCIL

EVALUATOR 1 ID [redacted]

ITEMS MO: 1 2 3 4 [6] 5 7 8 9 10 11 12

FACTORS YR: 0 [9] 2 3 4 5 6 7 8 [9]

1. MARK PERFORMANCE, IN ITEMS WHICH ARE JOB-RELATED, WITH:
- ⊕ = STRONG
- ☑ = STANDARD
- ⊖ = WEAK

2. LINE OUT ITEMS WHICH ARE NOT JOB-RELATED

- ☑ ACCURACY
- ☑ THOROUGHNESS
- ☑ NEATNESS OF WORK PRODUCT
- ☑ JUDGEMENT
- ☑ WRITTEN EXPRESSION
- ☑ ORAL EXPRESSION
- ☑ AMOUNT OF WORK ACCOMPLISHED
- ☑ COMPLETION OF WORK ON SCHEDULE
- ☑ ADHERENCE TO WORKING HOURS
- ☑ DEPENDABILITY AS REFLECTED BY FREQUENCY OF ABSENCE
- ☑ AVAILABILITY AS REFLECTED BY AMOUNT OF TIME ABSENT
- ☑ DILIGENCE, EFFORT
- ☑ COMPLIANCE WITH INSTRUCTIONS OR OBJECTIVES
- ☑ OBSERVANCE OF WORK RULES, SAFETY
- ☑ INITIATIVE
- ☑ CARE OF EQUIPMENT, MATERIAL
- ☑ ORGANIZATION OF WORK
- ☑ CONDUCT & COOPERATION WITH SUPERVISION
- ☑ CONDUCT & COOPERATION WITH CO-WORKERS
- ☑ CONDUCT WITH PUBLIC
- ☑ PERSONAL APPEARANCE & CARE
- ☐ PLANNING, ORGANIZING, ASSIGNING
- ☐ TRAINING & INSTRUCTING
- ☐ DISCIPLINARY CONTROL
- ☐ EVALUATING PERFORMANCE
- ☐ FAIRNESS, IMPARTIALITY, LEADERSHIP

3. EVALUATE PERFORMANCE BY BLACKENING IN BOX WITH A #2 PENCIL. DO NOT ERASE. IF A CORRECTION IS NECESSARY OBTAIN A NEW FORM FROM THE PERSONNEL DEPARTMENT.

60 = UNSATISFACTORY
70 = IMPROVEMENT NEEDED
80 = SATISFACTORY
90 = VERY GOOD
95 = OUTSTANDING

		60	70	80	90	95
QUALITY OF WORK	EVALUATOR 1	○	○	●	○	○
	EVALUATOR 2	○	○	●	○	○
QUANTITY OF WORK	EVALUATOR 1	○	○	●	○	○
	EVALUATOR 2	○	○	●	○	○
ATTENDANCE	EVALUATOR 1	○	○	○	●	○
	EVALUATOR 2	○	○	○	●	○
WORK HABITS	EVALUATOR 1	○	○	●	○	○
	EVALUATOR 2	○	○	●	○	○
RELATIONSHIP WITH OTHERS	EVALUATOR 1	○	○	●	○	○
	EVALUATOR 2	○	○	●	○	○
SUPERVISORY SKILLS (LEAVE BLANK IF NOT APPLICABLE)	EVALUATOR 1	○	○	○	○	○
	EVALUATOR 2	○	○	○	○	○

4. COMMENT HERE ABOUT STRENGTHS OR ITEMS WHICH NEED IMPROVEMENT. ITEMS WHICH ARE JOB-RELATED TO THIS EMPLOYEE BUT ARE NOT LISTED ON THE FORM MAY BE ENTERED HERE. EVALUATIONS OF 60, 70, OR 95 MUST BE SUBSTANTIATED IN WRITING. INITIAL OR SIGN YOUR COMMENTS.

Officer [redacted] has successfully completed his probationary period. Officer [redacted] had two call offs

5. SIGNATURE OF EVALUATOR THIS REPORT IS BASED ON MY OBSERVATION AND/OR KNOWLEDGE. IT REPRESENTS MY BEST JUDGEMENT OF THE EMPLOYEE'S PERFORMANCE

EVALUATOR 1 SIGNATURE	EMPLOYEE ID #	DATE	EVALUATOR 2 SIGNATURE	EMPLOYEE ID #	DATE
[redacted] #1283	17300	5/2/19	[redacted]	001439	

6. REVIEWER: I APPROVE THIS REPORT IN TERMS OF PROCEDURE, CONTENT AND EQUITABILITY:

SIGNATURE OF REVIEWER	EMPLOYEE ID #	DATE
[redacted]	11802	5/13/19

TO BE USED ONLY UPON SUCCESSFUL COMPLETION OF PROBATION PERIOD:
THIS IS TO CERTIFY THAT THIS EMPLOYEE SHOULD ACHIEVE PERMANENT STATUS ON
☐ ORIGINAL APPOINTMENT ☐ PROMOTION

SIGNATURE OF DEPARTMENT HEAD OR AUTHORIZED REPRESENTATIVE DATE

7. REPORT DISCUSSION

REPORT DISCUSSED WITH EMPLOYEE BY:
SIGNATURE AND DATE [redacted] #283/17300 5/15/19

TO THE EMPLOYEE: YOUR SIGNATURE SHOWS THAT YOU HAVE RECEIVED A COPY OF THE REPORT AND THAT THE EVALUATION WAS DISCUSSED WITH YOU; IT DOES NOT MEAN YOU AGREE.

[redacted] 10 May 2019
EMPLOYEE'S SIGNATURE AND DATE

CITY OF AKRON

EMPLOYEE PERFORMANCE EVALUATION REPORT

CSC 1-C

EMPLOYEE NAME	DIVISION	CLASS TITLE
[redacted]	Police Uniformed	Police Officer
EVALUATION FROM 4/1/19 TO 9/30/19	MERIT INCREASE DATE 8/6/20	RETURN ORIGINAL TO PERSONNEL DEPARTMENT BY 10/31/19

EMPLOYEE ID [redacted]

TYPE OF EVALUATION: STD | EMPLOY PROBATION (INTERIM, 6-MONTH, 45 DAY, 90 DAY, 180 DAY, 270 DAY) | SEASON TEMP (45 DAY, 90 DAY, FINAL) | PROM TRANSFER (45 DAY, 90 DAY)

PLEASE USE #2 PENCIL

EVALUATOR 1 ID [redacted]

ITEMS MO: 1 2 3 4 5 6 7 8 9 10 11 12

FACTORS YR: 0 19 1 2 3 4 5 6 7 8 20

1. MARK PERFORMANCE, IN ITEMS WHICH ARE JOB-RELATED, WITH:
- [+] = STRONG
- [✓] = STANDARD
- [-] = WEAK

2. LINE OUT ITEMS WHICH ARE NOT JOB-RELATED

- [+] ACCURACY
- [+] THOROUGHNESS
- [+] NEATNESS OF WORK PRODUCT
- [+] JUDGEMENT
- [+] WRITTEN EXPRESSION
- [+] ORAL EXPRESSION
- [+] AMOUNT OF WORK ACCOMPLISHED
- [+] COMPLETION OF WORK ON SCHEDULE
- [✓] ADHERENCE TO WORKING HOURS
- [✓] DEPENDABILITY AS REFLECTED BY FREQUENCY OF ABSENCE
- [✓] AVAILABILITY AS REFLECTED BY AMOUNT OF TIME ABSENT
- [+] DILIGENCE, EFFORT
- [+] COMPLIANCE WITH INSTRUCTIONS OR OBJECTIVES
- [+] OBSERVANCE OF WORK RULES, SAFETY
- [+] INITIATIVE
- [+] CARE OF EQUIPMENT, MATERIAL
- [+] ORGANIZATION OF WORK
- [+] CONDUCT & COOPERATION WITH SUPERVISION
- [+] CONDUCT & COOPERATION WITH CO-WORKERS
- [+] CONDUCT WITH PUBLIC
- [+] PERSONAL APPEARANCE & CARE
- [ ] PLANNING, ORGANIZING, ASSIGNING
- [ ] TRAINING & INSTRUCTING
- [ ] DISCIPLINARY CONTROL
- [ ] EVALUATING PERFORMANCE
- [ ] FAIRNESS, IMPARTIALITY, LEADERSHIP

3. EVALUATE PERFORMANCE BY BLACKENING IN BOX WITH A #2 PENCIL. DO NOT ERASE. IF A CORRECTION IS NECESSARY OBTAIN A NEW FORM FROM THE PERSONNEL DEPARTMENT.

60 = UNSATISFACTORY
70 = IMPROVEMENT NEEDED
80 = SATISFACTORY
90 = VERY GOOD
95 = OUTSTANDING

		60	70	80	90	95
QUALITY OF WORK	EVALUATOR 1	○	○	○	●	○
	EVALUATOR 2	○	○	○	●	○
QUANTITY OF WORK	EVALUATOR 1	○	○	○	○	●
	EVALUATOR 2	○	○	○	○	●
ATTENDANCE	EVALUATOR 1	○	○	●	○	○
	EVALUATOR 2	○	○	●	○	○
WORK HABITS	EVALUATOR 1	○	○	○	●	○
	EVALUATOR 2	○	○	○	●	○
RELATIONSHIP WITH OTHERS	EVALUATOR 1	○	○	○	●	○
	EVALUATOR 2	○	○	○	●	○
SUPERVISORY SKILLS (LEAVE BLANK IF NOT APPLICABLE)	EVALUATOR 1	○	○	○	○	○
	EVALUATOR 2	○	○	○	○	○

4. COMMENT HERE ABOUT STRENGTHS OR ITEMS WHICH NEED IMPROVEMENT. ITEMS WHICH ARE JOB-RELATED TO THIS EMPLOYEE BUT ARE NOT LISTED ON THE FORM MAY BE ENTERED HERE. EVALUATIONS OF 60, 70, OR 95 MUST BE SUBSTANTIATED IN WRITING. INITIAL OR SIGN YOUR COMMENTS.

[redacted] is one of our up and coming young officers. [redacted] always approaches work with a positive attitude and i eager to learn and expand his knowledge base an officer. [redacted] conducted 277 self-initiated stops which was 1st among th officers under my supervision and 4th overall on our shift. [redacted] also completed 74 incident reports during this time perioc [redacted] was credited with apprehending an armed suspect who fled from a vehicle during a car chase. [redacted] recovered loaded pistol with a 30 round magazine [redacted] [redacted] also made multiple drug arrests (including [redacted] Officer [redacted] had three call offs during this evaluation period SCL

5. SIGNATURE OF EVALUATOR THIS REPORT IS BASED ON MY OBSERVATION AND/OR KNOWLEDGE. IT REPRESENTS MY BEST JUDGEMENT OF THE EMPLOYEE'S PERFORMANCE.

EVALUATOR 1 SIGNATURE	EMPLOYEE ID #	DATE	EVALUATOR 2 SIGNATURE	EMPLOYEE ID #	DATE
[signature]	17300	10/20/19	[signature]	16486	10/21/19

6. REVIEWER: I APPROVE THIS REPORT IN TERMS OF PROCEDURE, CONTENT AND EQUITABILITY:

SIGNATURE OF REVIEWER	EMPLOYEE ID #	DATE
[signature]	11803	10/31/19

TO BE USED ONLY UPON SUCCESSFUL COMPLETION OF PROBATION PERIOD: THIS IS [redacted] ORIG[redacted] CHIEVE PERMANENT STATUS ON

SIGNA[redacted]	D REPRESENTATIVE	DATE
[signature]		6N/ov2019

7. REPORT DISCUSSION

REPORT DISCUSSED WITH EMPLOYEE BY:
SIGNATURE AND DATE [signature] 11803 11/6/19

TO THE EMPLOYEE: YOUR SIGNATURE SHOWS THAT YOU HAVE RECEIVED A COPY OF THE REPORT AND THAT THE EVALUATION WAS DISCUSSED WITH YOU; IT DOES NOT MEAN YOU AGREE.

[redacted] E AND DATE 6N/ov2019

PERSONNEL COPY

CITY OF AKRON
EMPLOYEE BENEFITS

2019 NOV -8 PM 4:12

2022-09-06 Officer [redacted] File Review - Bureau of Criminal Investigation Main Office 02/22/2023

CITY OF AKRON

EMPLOYEE PERFORMANCE EVALUATION REPORT

CSC 1-(

EMPLOYEE NAME [redacted]	DIVISION	CLASS TITLE
EVALUATION FROM TO	MERIT INCREASE DATE	RETURN ORIGINAL TO PERSONNEL DEPARTMENT BY

EMPLOYEE ID [redacted]

TYPE OF EVALUATION

STD	EMPLOY PROBATION	SEASON TEMP	PROM TRANSFER
INTERIM	45 DAY	45 DAY	45 DAY
6-MONTH	90 DAY	90 DAY	90 DAY
	180 DAY	FINAL	
	270 DAY		

PLEASE USE #2 PENCIL

EVALUATOR 1 ID 1703 [redacted]

ITEMS MO: 1 2 3 4 5 6 7 8 9 10 11 12

FACTORS YR: 0 1 2 3 4 5 6 7 8 9

1. **MARK** PERFORMANCE, IN ITEMS WHICH ARE JOB-RELATED, WITH:
   - [+] = STRONG
   - [✓] = STANDARD
   - [-] = WEAK

2. **LINE OUT** ITEMS WHICH ARE NOT JOB-RELATED

3. **EVALUATE** PERFORMANCE BY BLACKENING IN BOX WITH A #2 PENCIL. DO NOT ERASE. IF A CORRECTION IS NECESSARY OBTAIN A NEW FORM FROM THE PERSONNEL DEPARTMENT.

60 = UNSATISFACTORY
70 = IMPROVEMENT NEEDED
80 = SATISFACTORY
90 = VERY GOOD
95 = OUTSTANDING

		60	70	80	90	95
QUALITY OF WORK	EVALUATOR 1	○	○	○	●	○
	EVALUATOR 2	○	○	○	●	○
QUANTITY OF WORK	EVALUATOR 1	○	○	○	●	○
	EVALUATOR 2	○	○	○	●	○
ATTENDANCE	EVALUATOR 1	○	○	○	●	○
	EVALUATOR 2	○	○	○	●	○
WORK HABITS	EVALUATOR 1	○	○	○	●	○
	EVALUATOR 2	○	○	○	●	○
RELATIONSHIP WITH OTHERS	EVALUATOR 1	○	○	○	●	○
	EVALUATOR 2	○	○	○	●	○
SUPERVISORY SKILLS (LEAVE BLANK IF NOT APPLICABLE)	EVALUATOR 1	○	○	○	○	○
	EVALUATOR 2	○	○	○	○	○

- [+] ACCURACY
- [+] THOROUGHNESS
- [+] NEATNESS OF WORK PRODUCT
- [+] JUDGEMENT
- [+] WRITTEN EXPRESSION
- [+] ORAL EXPRESSION
- [+] AMOUNT OF WORK ACCOMPLISHED
- [+] COMPLETION OF WORK ON SCHEDULE
- [✓] ADHERENCE TO WORKING HOURS
- [✓] DEPENDABILITY AS REFLECTED BY FREQUENCY OF ABSENCE
- [✓] AVAILABILITY AS REFLECTED BY AMOUNT OF TIME ABSENT
- [+] DILIGENCE, EFFORT
- [+] COMPLIANCE WITH INSTRUCTIONS OR OBJECTIVES
- [+] OBSERVANCE OF WORK RULES, SAFETY
- [+] INITIATIVE
- [+] CARE OF EQUIPMENT, MATERIAL
- [+] ORGANIZATION OF WORK
- [+] CONDUCT & COOPERATION WITH SUPERVISION
- [+] CONDUCT & COOPERATION WITH CO-WORKERS
- [+] CONDUCT WITH PUBLIC
- [+] PERSONAL APPEARANCE & CARE
- [ ] PLANNING, ORGANIZING, ASSIGNING
- [ ] TRAINING & INSTRUCTING
- [ ] DISCIPLINARY CONTROL
- [ ] EVALUATING PERFORMANCE
- [ ] FAIRNESS, IMPARTIALITY, LEADERSHIP

4. **COMMENT** HERE ABOUT STRENGTHS OR ITEMS WHICH NEED IMPROVEMENT. ITEMS WHICH ARE JOB-RELATED TO THIS EMPLOYEE BUT ARE NOT LISTED ON THE FORM MAY BE ENTERED HERE. EVALUATIONS OF 60, 70, OR 95 MUST BE SUBSTANTIATED IN WRITING. INITIAL OR SIGN YOUR COMMENTS.

Officer [redacted] is one of the brightest young officers on our shift. Although [redacted] primarily worked as a fill officer an
often times worked one man cars, this did not slow his productivity. [redacted] is a proactive officer. [redacted] completed 12
incident reports, which was the most among the officers under my supervision. Additionally, [redacted] made a number of goo
arrests like when he stopped an individual matching the description of a robbery suspect and was able to retrieve a loade
pistol. [redacted] [redacted] was also entrusted by supervision to be serve as an alternate field training officer because of hi
poise, competence, and good decision making skills. [redacted] had four call offs during this evaluation period.

5. **SIGNATURE OF EVALUATOR** THIS REPORT IS BASED ON MY OBSERVATION AND/OR KNOWLEDGE. IT REPRESENTS MY BEST JUDGEMENT OF THE EMPLOYEE'S PERFORMANCE.

EVALUATOR 1 SIGNATURE	EMPLOYEE ID #	DATE	EVALUATOR 2 SIGNATURE	EMPLOYEE ID #	DATE
[signature]	17300	10/25/20			

6. **REVIEWER:** I APPROVE THIS REPORT IN TERMS OF PROCEDURE, CONTENT AND EQUITABILITY.

SIGNATURE OF REVIEWER	EMPLOYEE ID #	DATE
[signature]	11802	10/27/20

TO BE USED ONLY UPON SUCCESSFUL COMPLETION OF PROBATION PERIOD: THIS IS TO CERTIFY THAT THIS EMPLOYEE SHOULD ACHIEVE PERMANENT STATUS ON ☐ ORIGINAL APPOINTMENT ☐ PROMOTION

SIGNATURE OF DEPARTMENT HEAD OR AUTHORIZED REPRESENTATIVE — DATE

7. **REPORT DISCUSSION**

REPORT DISCUSSED WITH EMPLOYEE BY:
SIGNATURE
AND DATE [signature] 17300 10/30/20

TO THE EMPLOYEE: YOUR SIGNATURE SHOWS THAT YOU HAVE RECEIVED A COPY OF THE REPORT AND THAT THE EVALUATION WAS DISCUSSED WITH YOU; IT DOES NOT MEAN YOU AGREE.

[redacted] 30 Oct 20 DATE

EMPLOYEE RECORDS
2020 NOV -3 PM 2:34

AKRON POLICE DEPARTMENT

EMPLOYEE SUMMARY REPORT

Printed on: Monday, June 27, 2022

Name: [redacted] **ID:** [redacted] **Badge#:** [redacted] **Payroll ID:** [redacted]

SSN: [redacted] **DOB:** [redacted] **Status:** ACTIVE **Service Date:** 08/06/2018

Appointed: 08/06/2018 **OPOTC:** 10/05/2018 **Sworn In:** 10/05/2018 **Separation:**

PROMOTIONS

NOTES

[redacted] CELL #: [redacted]

ASSIGNMENTS

10-08-2018	UNIFORM, PLATOON 4 7PM-3:30AM
10-05-2018	SWORN IN
08-06-2018	SERVICES, RECRUIT SCHOOL/POLICE ACADEMY

TRAINING

01-14-2019	ELECTRONIC CONTROL DEVICE USER
10-04-2018	RTF/SUBJECT CONTROL
10-03-2018	LEGAL UPDATES
10-03-2018	BODY WORN CAMERAS BWC
10-03-2018	IMPROVING PERFORMANCE THROUGH ANALYSIS
10-03-2018	COMMUNITY ENGAGEMENT/OFFICER WELLNESS
09-12-2018	ELECTRONIC CONTROL DEVICE USER
08-30-2018	MOBILE FIELD FORCE
08-06-2018	RECRUIT SCHOOL/POLICE ACADEMY - FAST TRACK ACADEMY SESSION
03-27-2018	IS-00700.A - NATIONAL INCIDENT MANAGEMENT SYSTEM (NIMS) - AN INTRODUCTION
03-27-2018	IS-00100.B - INTRODUCTION TO INCIDENT COMMAND SYSTEM - ICS-100
02-12-2018	PEACE OFFICER BASIC TRAINING PROGRAM
02-12-2018	STANDARDIZED FIELD SOBRIETY TESTING (SFST)
02-12-2018	ELECTRONIC SPEED MEASURING DEVICES: RADAR AND LIDAR

COMPLAINTS

DISCIPLINES

FILE REVIEWS

SHOTS FIRED

AWARDS

AKRON POLICE DEPARTMENT

EMPLOYEE SUMMARY REPORT

Printed on: Monday, June 27, 2022

SPECIAL UNITS

[redacted] Basic Training

School Number (	Facility Name (School Facility) (Facility)	From Date (Scho	To Date (School)	Exam Date	Certificate Numb	Certificate Date
BAS18-020	Kent State University	2/12/2018	6/22/2018	7/17/2018	[redacted]	10/5/2018

[redacted] Employment History

Officer Name (Officer) (Officer)	Agency Name (Agency) (Agency)	Start Date	Employment Dat End Date	Employment Dat Emp. Status (Emp
[redacted]	Akron Police Department	10/5/2018	Appointment	Full-time