

*change of address and phone number



DANIEL HARRIGAN, MAYOR

CITY OF AKRON 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.

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** 95 Gender: Male Female

Contact Information

Street Address: **REDACTED**

City: **REDACTED** State: Ohio Zip Code:

4	4	2	2	1
---	---	---	---	---

E-mail address: **REDACTED**

Cell Phone Number: **REDACTED** Home Phone Number: **REDACTED**

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:

<input type="checkbox"/> Less than HS graduate	<input checked="" type="checkbox"/> 2-year College Degree	<input type="checkbox"/> Doctorate (Academic)
<input type="checkbox"/> HS graduate or equivalent	<input type="checkbox"/> Bachelor's Level Degree	<input type="checkbox"/> Doctorate (Professional)
<input type="checkbox"/> Some College	<input type="checkbox"/> Some Graduate School	<input type="checkbox"/> Post-Doctorate
<input type="checkbox"/> Technical School	<input type="checkbox"/> Master's Level Degree	

In case of emergency please contact:

First Name: **REDACTED** Last Name: **REDACTED** Phone Number: **REDACTED**

Street Address: **REDACTED**

City: **REDACTED** State: **REDACTED** Zip Code: **REDACTED**

Relationship to Employee: Father

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: _____

Date: _____

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

Revised 2/2017

61 :8 AM 4-330 0002
AKRON POLICE DEPT.
CHIEF'S OFFICE
12/04/2020

CITY OF AKRON, OHIO

DEPARTMENT

CHIEF'S DIRECTIVE

CHIEF'S OFFICE

2020-CD-56

October 12, 2020

DIRECTIVE

Effective Monday, October 12, 2020, the following transfers* are made in the Akron Police Department:

REDACTED

✓
**Uniform
Sub-Division
Platoon #5
11:00AM-7:30PM**

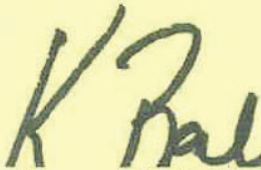
**Uniform
Sub-Division
Platoon #1
10:30PM-7:00AM**

**Officer Dylan Thompson
I.D. #1518**

**Uniform
Sub-Division
Platoon #5
11:00AM-7:30PM**

**Uniform
Sub-Division
Platoon #3
2:30PM-11:00PM**

***Based on 2-year rule.**



**Kenneth R. Ball II
Chief of Police**

OHIO ATTORNEY GENERAL



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
Akron Police Department

Awarded On
May 29, 2020


Dave Jost
Attorney General


Vernon P. Stanforth, Chairman
Ohio Peace Officer Training Commission




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


Lt. Gerald E. Fenney
School Commander

BAS19-090 200570

Center for Domestic Preparedness



FEMA

This is to certify that

REDACTED

successfully completed the

Field Force Operations

Akron, OH

(2.4 Continuing Education Units/24.00 Contact Hours)

Issued this 18th day of August, 2021



The Center for Domestic Preparedness is accredited by the International Association for Continuing Education and Training (IACET). The CDP complies with the ANSI/IACET Standard, which is recognized internationally as a standard of excellence in instructional practices. As a result of this accreditation, the CDP is accredited to issue the IACET CEU.

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

Tony Russell
Superintendent
Center for Domestic Preparedness
Federal Emergency Management Agency
U.S. Department of Homeland Security



AKRON POLICE DEPARTMENT

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

Stephen L. Mylett, *Chief of Police*

TO: OFFICER **REDACTED**
UNIFORM SUB-DIVISION

FROM: STEPHEN MYLETT
CHIEF OF POLICE

DATE: March 10, 2022

Effective March 10, 2022, you are hereby placed on restrictive duty with pay per procedure following a critical incident. You will be assigned to the Services Subdivision, Training Bureau, until the completion of the steps required following a critical incident.

A handwritten signature in cursive script that reads 'Stephen L. Mylett'.

Stephen L. Mylett
Chief of Police

SLM/sjn

cc: Eve Belfance, Law Director
Randy Briggs, Deputy Mayor of Labor Relations
Frank Williams, Assistant to the Mayor for Labor Relations
Charles Brown, Deputy Mayor of Public Safety
Clay Cozart, President, F.O.P. Akron Lodge #7
Wendy Leslie, Payroll

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





DANIEL HARRIGAN, MAYOR

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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 95 Gender: Male Female

Contact Information

Street Address: REDACTED

City: Akron State: Ohio Zip Code: 44311

E-mail address: REDACTED

Cell Phone Number: REDACTED Home Phone Number: REDACTED

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 2-year College Degree Doctorate (Academic)
 HS graduate or equivalent Bachelor's Level Degree Doctorate (Professional)
 Some College Some Graduate School Post-Doctorate
 Technical School Master's Level Degree

In case of emergency please contact:

First Name: REDACTED Last Name: REDACTED Phone Number: REDACTED

Street Address: REDACTED

City: REDACTED

Relationship to Employee: Father of Employee

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: [Handwritten Signature] Date: 05/21/2020

EMPLOYEE ID NO.
REDACTED

SETUP & CHANGE PERSONAL INFORMATION

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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
REDACTED			

Street Address	City and State	Zip Code
REDACTED		

Resident (Circle response below)	Phone Number (complete the information below)	Marital Status (Circle response below)	Birth Date	Gender (Circle response below)
<input checked="" type="radio"/> Yes <input type="radio"/> No	CELL: REDACTED HOME:	<input checked="" type="radio"/> 1. Single <input type="radio"/> 2. Married <input type="radio"/> 3. Separated <input type="radio"/> 4. Divorced <input type="radio"/> 5. Widowed	REDACTED 95	<input checked="" type="radio"/> MALE <input type="radio"/> FEMALE

Education (Circle response below)		
B-Less Than HS Graduate C-HS Graduate or Equivalent D-Some College E-Technical School	<input checked="" type="radio"/> F-2-Year College Degree <input type="radio"/> G-Bachelor's Level Degree <input type="radio"/> H-Some Graduate School <input type="radio"/> I-Master's Level Degree	<input type="radio"/> J-Doctorate (Academic) <input type="radio"/> K-Doctorate (Professional) <input type="radio"/> L-Post-Doctorate

Emergency Contact Information				
Title	Last Name	First Name	Middle Name	Street Address
<input checked="" type="radio"/> MR. <input type="radio"/> MRS. <input type="radio"/> MS.	REDACTED			

City and State	Phone Number	Relationship Code	
REDACTED	REDACTED	<input type="radio"/> 1 Spouse <input type="radio"/> 2 Child	<input checked="" type="radio"/> 3 Parent <input type="radio"/> 4 Guardian <input type="radio"/> 5 Other

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: 

RECEIVED
 DEPT. OF PUBLIC SAFETY
 DATE 09/14/2021
 8:24 AM SEP 14 2021



AKRON POLICE DEPARTMENT

This Citation is awarded to

Officer

REDACTED

in recognition of

Your role in the handling of the Breaking and Entering at the Walgreen's Pharmacy at 840 Britain Rd. on 12/24/21. You and the other officers involved showed diligence and tenacity in your handling of this incident that led to the arrest of two suspects and the recovery of the stolen property. This was a great example of teamwork, dedication, and performance that was well above what would be considered a satisfactory level.

Captain Melissa Schnee #914
Shift / Unit Commander

A handwritten signature in black ink, appearing to read "MS 914".

January 14, 2022

Date

Akron Police Department Awards And Commendations Report

Incident Entered By: CAPTAIN Melissa Schnee - 10180

Incident Details

Date Received	Date of Occurrence	Time of Occurrence
1/14/2022	12/24/2021	02:23
Record ID #	SCAD	Tracking #
7455	21-163461	
Date/Time Entered		
1/14/2022 02:12		

Incident Summary

Breaking & Entering: 840 Brittain Rd. (Walgreen's). Car 3, Officers Cunningham 1343 and Massengill 1538, along with multiple other units, responded to this location reference someone breaking into the pharmacy at this location. On scene, officers observed a broken W/S door window. The key holder provided the passcode to the video surveillance cameras which showed footage of two males wearing black enter through the door on the W/S of the building. One of the males used a crowbar to pry open the door. The males ran through the pharmacy with handbags taking unknown types of pharmaceutical medications. The males then exited through the point of entry and fled the scene. DB notified; Sgt. Mara and CSU on scene. Officers continued to canvass the area and recovered mail addressed to a Kia Tarver at 1120 Marysville, a CD, and disposable gloves believed to belong to the suspects. At 0442 hrs. Officers went to 1120 Marysville and located a vehicle that had a crowbar visible in the backseat. As officers were attempting to make contact at the Marysville address, two males ran from this location. One male was quickly apprehended. Car 25, Officer Barnes 1421 with K9 Officer Bruno, began a track at 0509 hours. Officer Cunningham reported to officers that the male they were tracking was not from this area and was only here because he is dating a female resident at 1120 Marysville. Officer Cunningham also reported that most/all the items taken in the B & E had been recovered. Officers continued to search the large area between Eastwood/Hazel/RR tracks, which contains a quarry/sandpit until approximately 0630 hrs. At that point, several officers returned to 1120 Marysville to assist Car 3 with the juvenile male who had been arrested. Officers then hung back in the area out of sight of the address, and within a few minutes, the female resident at 1120 Marysville came outside and began shouting a male's name. The male the officers had been searching for came into sight and was quickly apprehended.

The officers involved showed diligence and tenacity in their handling of this incident. In their initial search of the area, they discovered evidence that led them to a possible suspect location where they observed additional evidence further tying that location to the crime. Officers then searched a large area with rough terrain in cold temperatures for over an hour ceasing only as the end of the shift approached. Still unwilling to give up, they made one more attempt by causing the resident to believe the coast was clear, and they were able to finally apprehend the suspect. This was a great example of teamwork, dedication, and performance that was well above what would be considered a satisfactory level.

I am recommending a Captain's Commendation for the following officers: **REDACTED**, RM Massengill 1538, DT Henry 1468, VM Mokodean 1555, ZO Oles 1525, **REDACTED** NE Film 1472, JC Bowers 1552, DJ Luke 1497, GR Parker 1523, TB Hunt 1423, DE Morgan 1549, and PM Barnes 1421 for their roles in this incident.

Incident Location

- 840 Brittain Road, Akron, OH 44310 - Location of Occurrence: Summit - Precinct: District 3

Involved Employees

OFFICER Paul Barnes - Payroll ID: 18826 - Badge Number: 1421

Assignment at time of incident: Title: Officer Patrol Bureau/Platoon 1/10:30PM-7AM/Officer

Video Footage: [No Response]

Role

•

OFFICER John Bowers - Payroll ID: 20516 - Badge Number: 1552

Assignment at time of incident: Title: Officer Patrol Bureau/Platoon 1/10:30PM-7AM/Officer

Video Footage: [No Response]

Role

•

OFFICER Kyle Cunningham - Payroll ID: 18053 - Badge Number: 1343

Assignment at time of incident: Title: Officer Patrol Bureau/Platoon 1/10:30PM-7AM/Officer

Video Footage: [No Response]

Role

•

OFFICER Nicholas Film - Payroll ID: 19613 - Badge Number: 1472

Assignment at time of incident: Title: Officer Patrol Bureau/Platoon 1/10:30PM-7AM/Officer

Video Footage: [No Response]

Role

•

OFFICER Daniel Henry - Payroll ID: 19616 - Badge Number: 1468

Assignment at time of incident: Title: Officer Patrol Bureau/Platoon 1/10:30PM-7AM/Officer

Video Footage: [No Response]

Role

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OFFICER Timothy Hunt - Payroll ID: 18821 - Badge Number: 1423

Assignment at time of incident: Title: Officer Patrol Bureau/Platoon 1/10:30PM-7AM/Officer

Video Footage: [No Response]

Role

OFFICER David Luke - Payroll ID: 20048 - Badge Number: 1497

Assignment at time of incident: Title: Officer Patrol Bureau/Platoon 1/10:30PM-7AM/Officer

Video Footage: [No Response]

Role

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OFFICER Ronnell Massengill - Payroll ID: 20273 - Badge Number: 1538

Assignment at time of incident: Title: Recruit Patrol Bureau/Platoon 1/10:30PM-7AM/Recruit

Video Footage: [No Response]

Role

•

OFFICER REDACTED - Payroll ID: REDACTED - Badge Number: REDACTED

Assignment at time of incident: Title: Officer Patrol Bureau/Platoon 1/10:30PM-7AM/Officer

Video Footage: [No Response]

Role

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OFFICER Vladislav Mokodean - Payroll ID: 20526 - Badge Number: 1555

Assignment at time of incident: Title: Officer Patrol Bureau/Platoon 1/10:30PM-7AM/Officer

Video Footage: [No Response]

Role

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OFFICER Donald Morgan - Payroll ID: 20275 - Badge Number: 1549

Assignment at time of incident: Title: Recruit Patrol Bureau/Platoon 1/10:30PM-7AM/Recruit

Video Footage: [No Response]

Role

OFFICER Geoffrey Parker - Payroll ID: 20053 - Badge Number: 1523

Assignment at time of incident: Title: Officer Patrol Bureau/Platoon 1/10:30PM-7AM/Officer

Video Footage: [No Response]

Role

Tasks

No tasks to show

Running Sheet Entries

No running sheet entries to show

Attachments

No attachments

Assignment History

Sent Dt

From

To

Chain of Command History

Routing #1

Sent From: CAPTAIN Melissa Schnee
Sent To: DEPUTY CHIEF Jesse Leaser
CC: (none)
Sent Date/Time: 1/14/2022 2:51 AM

Instructions from CAPTAIN Melissa Schnee to DEPUTY CHIEF Jesse Leaser:

For your review. I am requesting a Captain's Commendation.

Comments/Response from DEPUTY CHIEF Jesse Leaser:

Comments:

Great work by all involved. This incident demonstrates fantastic team work that led to the apprehension of a breaking and entering suspect. I concur with Capt. Schnee that these officers deserve a captain level commendation or their outstanding effort. They are a credit to the department and to the city.

Routing #2

Sent From: DEPUTY CHIEF Jesse Leaser
Sent To: SERGEANT Angela Falcone
CC: CAPTAIN Melissa Schnee
Sent Date/Time: 1/19/2022 8:26 AM

Instructions from DEPUTY CHIEF Jesse Leeser to SERGEANT Angela Falcone:

Captain level commendation is to be awarded to the officers listed. Outstanding effort and a credit to the police department.

Comments/Response from SERGEANT Angela Falcone:

Comments:

[Forward to OPSA by SERGEANT Angela Falcone]

Author Signature Line

CAPTAIN Melissa Schnee - 10180

Chain of Command Signature Lines

DEPUTY CHIEF Jesse Leeser

SERGEANT Angela Falcone

EMPLOYEE PERFORMANCE EVALUATION REPORT

EMPLOYEE NAME REDACTED	DIVISION Police Uniformed	CLASS TITLE Police Officer
EVALUATION FROM 12/9/19 TO 03/07/20	MERIT INCREASE DATE	RETURN ORIGINAL TO PERSONNEL DEPARTMENT BY 04/07/20

PLEASE USE #2 PENCIL

EMPLOYEE ID

REDACTED

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨

TYPE OF EVALUATION			
STD	EMPLOY PROBATION	SEASON TEMP	PROM TRANSFER
INTERIM	45 DAY 90 DAY 180 DAY 270 DAY	45 DAY 90 DAY FINAL	45 DAY 90 DAY
① ②	① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨	① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨	① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨

EVALUATOR ID

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨

ITEMS MO: ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ ⑪ ⑫	FACTORS YR: ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨																																																																	
1. MARK PERFORMANCE, IN ITEMS WHICH ARE JOB-RELATED, WITH: <input checked="" type="checkbox"/> = STRONG <input checked="" type="checkbox"/> = STANDARD <input type="checkbox"/> = WEAK	2. LINE OUT ITEMS WHICH ARE NOT JOB-RELATED																																																																	
<input checked="" type="checkbox"/> ACCURACY <input checked="" type="checkbox"/> THOROUGHNESS <input checked="" type="checkbox"/> NEATNESS OF WORK PRODUCT <input checked="" type="checkbox"/> AMOUNT OF WORK ACCOMPLISHED <input checked="" type="checkbox"/> COMPLETION OF WORK ON SCHEDULE <input checked="" type="checkbox"/> ADHERENCE TO WORKING HOURS <input checked="" type="checkbox"/> DEPENDABILITY AS REFLECTED BY FREQUENCY OF ABSENCE <input checked="" type="checkbox"/> DILIGENCE, EFFORT <input checked="" type="checkbox"/> COMPLIANCE WITH INSTRUCTIONS OR OBJECTIVES <input checked="" type="checkbox"/> OBSERVANCE OF WORK RULES, SAFETY <input checked="" type="checkbox"/> CONDUCT & COOPERATION WITH SUPERVISION <input checked="" type="checkbox"/> CONDUCT & COOPERATION WITH CO-WORKERS <input type="checkbox"/> PLANNING, ORGANIZING, ASSIGNING <input type="checkbox"/> TRAINING & INSTRUCTING <input type="checkbox"/> DISCIPLINARY CONTROL	<input checked="" type="checkbox"/> JUDGEMENT <input checked="" type="checkbox"/> WRITTEN EXPRESSION <input checked="" type="checkbox"/> ORAL EXPRESSION <input checked="" type="checkbox"/> INITIATIVE <input checked="" type="checkbox"/> CARE OF EQUIPMENT, MATERIAL <input checked="" type="checkbox"/> ORGANIZATION OF WORK <input checked="" type="checkbox"/> CONDUCT WITH PUBLIC <input checked="" type="checkbox"/> PERSONAL APPEARANCE & CARE <input type="checkbox"/> EVALUATING PERFORMANCE <input type="checkbox"/> 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																																																																	
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Police Recruit is performing as expected of an employee at this point in their training.

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: **REDACTED** EMPLOYEE ID #: **REDACTED** DATE: 3/4/20

EVALUATOR 2 SIGNATURE: **REDACTED** EMPLOYEE ID #: **REDACTED** DATE: 3/11/20

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

SIGNATURE OF REVIEWER: **REDACTED** EMPLOYEE ID #: **REDACTED** DATE: 3/12/2020

SIGNATURE OF DEPARTMENT HEAD OR AUTHORIZED REPRESENTATIVE: **REDACTED** DATE: **REDACTED**

7. REPORT DISCUSSION 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.

REPORT DISCUSSED WITH EMPLOYEE BY: **REDACTED** DATE: 3/13/20

SIGNATURE: **REDACTED** DATE: **REDACTED**

EMPLOYEE NAME REDACTED	DIVISION POLICE UNIFORM	CLASS TITLE POLICE OFFICER
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EVALUATION FROM 5/29/20 TO 5/29/21	MERIT INCREASE DATE	RETURN ORIGINAL TO PERSONNEL DEPARTMENT BY
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EMPLOYEE ID REDACTED	TYPE OF EVALUATION				EVALUATOR 1 <i>1/21/2021</i>	PLEASE USE #2 PENCIL								
	STD	EMPLOY PROBATION	SEASON TEMP	PROM TRANSFER		60	70	80	90	95				
INTERIM 6-MONTH	45 DAY 90 DAY 180 DAY 270 DAY	45 DAY 90 DAY FINAL	45 DAY 90 DAY											

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

1. MARK PERFORMANCE, IN ITEMS WHICH ARE JOB-RELATED, WITH: <input checked="" type="checkbox"/> = STRONG <input checked="" type="checkbox"/> = STANDARD <input type="checkbox"/> = 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															
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OFC. **REDACTED** IS PROGRESSING SATISFACTORILY. OFC. **REDACTED** HAD ONE CALL OFFS DURING THIS PERIOD. MP 1410

5. SIGNATURE OF EVALUATOR

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

Michelle W... 18689 6-13-21 *CAPTAIN...* 914 10180 6-18-21

EVALUATOR 1 SIGNATURE EMPLOYEE ID # DATE EVALUATOR 2 SIGNATURE EMPLOYEE ID # DATE

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

[Signature] 11808 6/22/21

SIGNATURE OF REVIEWER EMPLOYEE ID # DATE

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] 6/22/21

SIGNATURE OF DEPARTMENT HEAD OR AUTHORIZED REPRESENTATIVE DATE

7. REPORT DISCUSSION

REPORT DISCUSSED WITH EMPLOYEE BY SIGNATURE *[Signature]* 1410 7-1-21

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 07/01/2021

SIGNATURE AND DATE



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: 04/29/2020

Signature: REDACTED OAI/ORI #: REDACTED

Agency Name: Akron 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



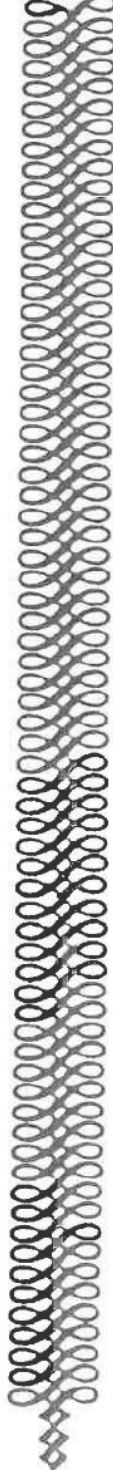
Bureau Of Criminal Investigations Ohio Law Enforcement Gateway Agency/User Agreement

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: 04/29/2020

Title: Police Officer

Signature: REDACTED OAI/ORI #: REDACTED



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 29th DAY OF MAY, 2020.**

A handwritten signature in black ink, appearing to read "Dan Horrigan", written over a horizontal line.

DANIEL HORRIGAN, MAYOR



DAVE YOST
OHIO ATTORNEY GENERAL



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

NOTICE OF PEACE OFFICER APPOINTMENT

Check Box if: Correction to Record Name Change

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

OFFICER INFORMATION		1. Name (Last) REDA	(First) REDACT	(Middle) REDACT	2. Social Security Number REDACTED
3. Previous Name(s) or Alias (Last)		(First)		(Middle)	
4. Birth date (mm/dd/yyyy) REDACTED	5. Officer's Individual Email Address REDACTED			6. Phone Number REDACTED	
7. Home Mailing Address (#/Street/PO Box) REDACTED		(City) REDACTED	(State)	(Zip Code)	(County Name)
8. Basic Training Academy (Only complete if this is the officer's first appointment or OSP)	(Academy Name) Akron Police Department	(Academy Number) REDACTED	(Dates of Training) 12/11/2019 - 5/1/2020		

AGENCY INFORMATION		9. Agency Name Akron Police Department			
10. Reporting Authority's Email Address chiefsaide@akronohio.gov		11. Agency Phone Number 330-375-2244			
12. Agency Mailing Address (#/Street/PO Box) 217 S. High Street		(City) Akron	(Zip Code) 44308	(County Name) Summit	

APPOINTMENT INFORMATION (Complete Date, Status and ORC)		13. New Appointment Date 05 / 29 / 2020	14. Status Change Date / /
15. Select New Status <input checked="" type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Auxiliary <input type="checkbox"/> Reserve <input type="checkbox"/> Special <input type="checkbox"/> Seasonal			
For the purpose of this form, full-time means those in active pay status (including those on vacation, sick, bereavement, personal or administrative leave, on compensatory time or holidays) receiving compensation and benefits for 40 hours in a work week or 80 hours in a 14-day period.			
16. Select New ORC			
<input checked="" type="checkbox"/> City Full-Time/Part-Time (737.02)	<input type="checkbox"/> City Auxiliary/Reserve/Special (737.051)	<input type="checkbox"/> City Chief (737.02)	
<input type="checkbox"/> Village Full-Time/Part-Time/Special (737.16)	<input type="checkbox"/> Village Auxiliary/Reserve (737.161)	<input type="checkbox"/> Village Chief (737.15)	
<input type="checkbox"/> Township Police Officer (505.49)	<input type="checkbox"/> Township Constable (509.01)	<input type="checkbox"/> Other Chief - List ORC/Charter _____	
<input type="checkbox"/> Other - List ORC/Charter _____	<input type="checkbox"/> Deputy Sheriff (311.04)	<input type="checkbox"/> Sheriff (311.01)	

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 Kenneth R. Ball, Chief of Police		19. Date 05 / 21 / 2020
20. Signature of Witness 	21. Printed Name (First, Middle, Last) Charles A. Brown		22. Date 05 / 21 / 2020

Officer Name (Last) (First) (Middle) Social Security Number
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): / /
--	------------------------------	------------------------

26. Appointment Status (Check Appropriate Box) <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Auxiliary <input type="checkbox"/> Reserve <input type="checkbox"/> Special <input type="checkbox"/> Seasonal
--

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

29. Appointment Status (Check Appropriate Box) <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Auxiliary <input type="checkbox"/> Reserve <input type="checkbox"/> Special <input type="checkbox"/> Seasonal
--

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

32. Appointment Status (Check Appropriate Box) <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Auxiliary <input type="checkbox"/> Reserve <input type="checkbox"/> Special <input type="checkbox"/> Seasonal
--

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

35. Appointment Status (Check Appropriate Box) <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Auxiliary <input type="checkbox"/> Reserve <input type="checkbox"/> Special <input type="checkbox"/> Seasonal
--

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

38. Appointment Status (Check Appropriate Box) <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Auxiliary <input type="checkbox"/> Reserve <input type="checkbox"/> Special <input type="checkbox"/> Seasonal
--

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

41. Appointment Status (Check Appropriate Box) <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Auxiliary <input type="checkbox"/> Reserve <input type="checkbox"/> Special <input type="checkbox"/> Seasonal
--

OHIO ATTORNEY GENERAL RECOGNITION OF COMPLETION AWARD

This certificate of completion is awarded to

REDACTED

For successfully completing the Webcast course

OHLEG Security Training

Issued on
May 06, 2020
Expires in 2 years



Joseph A. Morbitzer, BCI SUPERINTENDENT

* No CPT Hours
01cd65675/cad1e69384139a547/csr/240669b6





AKRON POLICE DEPARTMENT

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

Stephen L Mylett, *Chief of Police*

TO: OFFICER **REDACTED**
UNIFORM SUB-DIVISION

FROM: STEPHEN MYLETT
CHIEF OF POLICE

DATE: March 10, 2022

Effective March 10, 2022, you are hereby placed on restrictive duty with pay per procedure following a critical incident. You will be assigned to the Services Subdivision, Training Bureau, until the completion of the steps required following a critical incident.

A handwritten signature in black ink that reads 'Stephen L. Mylett'.

Stephen L. Mylett
Chief of Police

SLM/sjn

cc: Eve Belfance, Law Director
Randy Briggs, Deputy Mayor of Labor Relations
Frank Williams, Assistant to the Mayor for Labor Relations
Charles Brown, Deputy Mayor of Public Safety
Clay Cozart, President, F.O.P. Akron Lodge #7
Wendy Leslie, Payroll

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



CERTIFICATE OF ATTENDANCE

This is to certify that

REDACTED

Has attended

The Gun Game (1 Day Presentation)

June 23 2021



Tommy Brooks
Presenter



Dennis Benigno
Founder, Instructor