



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 (Goudy) reviewed the personnel file and noted the following:

Officer [REDACTED] has been a full-time police officer with the APD since May 29, 2020.

Training:

Officer [REDACTED] attended and completed the Ohio Peace Officer Basic Training Program at the Akron Police Academy on May 29, 2020.

Firearms Qualification:

Officer [REDACTED] qualified with his Glock 17 duty issued semi-automatic pistol, bearing serial number [REDACTED] on May 11, 2021.

Most recently, Officer [REDACTED] had "Rifle" training using a Springfield Rifle, bearing serial # [REDACTED] on February 24, 2022, and "Open" training using his Glock 17 duty weapon on December 22, 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.

2019-0-5-510 - Police Officer

Contact Information -- Person ID:

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

Personal Information

Can you, after employment, submit proof of your legal right to work in the United States? Yes
 What is your highest level of education? Associate's Degree

Preferences

Types of positions you will accept: Regular
 Types of work you will accept: Full Time
 Types of shifts you will accept: Day

Objective

Education

College
 Thomas University
 [Unspecified Start] - 5/2019
 Thomasville, Georgia
 Did you graduate: No
 College Major/Minor: Criminal Justice
 Degree Received: Bachelor's

College
 Thomas University Thomasville
 6/2015 - 5/2018
 Thomasville, Georgia
 Did you graduate: Yes
 College Major/Minor: criminal justice
 Degree Received: Associate's

Work Experience

K-9 Officer
 6/2015 - Present
 Thomasville Police Department
 Thomasville, Georgia
 Hours worked per week: 40
 Monthly Salary: \$2,400.00
 # of Employees Supervised: 0
 May we contact this employer?

Duties

Duties, Accomplishments and Related Skills:

During nine weeks of training at the Georgia Police Academy in Tifton, recognized as the Top Marksman, and was given the Class Flag as I was honored as Best Overall by staff instructors

In 2016 and 2017, I was invited to an awards ceremony to receive regional recognition by MADD (Mothers Against Drunk Driving) and the state for getting drunk drivers off the street

Both K-9's are USPCA (United States Police Canine Association) certified

In 2017, I received a certification in Crisis Intervention through NAMI (National Alliance on Mental Illness).

In 2018, I was awarded the Drug Buster award with over thirty drug arrests for the year



In 2018, I was awarded several awards for competing in Region 26 USPCA (United States Police Officers Association) Regional Trials. My canine and I received the following awards: Region 26 2018 Top Dog and Overall 1st Place out of a 30 K-9's in that region. Region 26 2018 Rookie K-9 Handler of the Year. Region 26 2018 Overall 1st Place in Suspended Application out of 30 K-9's in that region

While employed with the Thomasville Police Department I have continuously volunteered my time to participate in off duty events for our community. I have completed twenty K-9 Demonstrations for schools, churches and business leaders. I have attended several community-organized events, which allows officers and the community to interact and build trust. I have also volunteered with local school age children during Christmas time to provide them with gifts to open on Christmas day. This particular event is called Shop with a Cop and is very special to the children and officers who participate

Reason for Leaving

Moving to Ohio to be closer to my family.

SSgt

9/2008 - 9/2014

United States Air Force
Moody AFB, Georgia

Hours worked per week: 40

Monthly Salary: \$2,400.00

of Employees Supervised: 10

Name of Supervisor: Cory Hebb - TSGT

May we contact this employer? Yes

Duties

Hours per week: 40

Security Forces

Duties, Accomplishments and Related Skills:

- * In 2008, I graduated 1st in my class of over 50 Airman for Security Forces technical training. I earned this achievement based on overall performance with weapons, shooting, and leadership
- * In 2011, I was awarded Airman of the Quarter for Moody Air Force Base over 100 other eligible participants. I earned this award due to testing in top 91% on my job knowledge test, completing basic Airborne School and CPEC (Close Precision Engagement Course) during that quarter
- * My supervisors put me in for Senior Airman Below the Zone, which is a promotion to E-4 six months early. In 2011, I was in competition with 20 other E-3's for the honor and was selected
- * After being promoted to E-4, I became a Fire Team Leader and I supervised four personnel on a seventeen-man squad

* In 2011-2012 I deployed to Balad, Iraq. I served on a tactical security element for OSI (Office of Special Investigations). I was selected and placed on a seventeen-member squad for this assignment. After completing a difficult 45-day training course we were assigned to Special Investigations in Balad. We were tasked with providing security for special investigators while conducting missions off base

* In 2012, I earned the title of Jumpmaster. I completed 42 static line jumps from aircraft. While serving as jumpmaster, there were no accidents or injuries

* In 2012, I completed a two-week basic instructor course at Shepard AFB in Wichita Falls, TX. After this course, I was assigned to the 820th Combat Operations Squadron as a training instructor responsible for training over 600 Airman. After completing my assignment as a training instructor I was transferred to the 822nd base Defense Squadron as an assistant commander on my squad

* In 2013, I deployed to Bagram, Afghanistan as part of the base defense. I completed several missions outside the base which consisted of locating rocket launch sites and helping the local communities. I was part of a seventeen-man squad and was second in command. I was the lead truck in a four-vehicle security element. I was responsible for navigation.

* While conducting an outside the wire mission on May 12, 2013 my vehicle was struck by a command wire IED. I suffered injuries and spent several days in the hospital on Bagram. For my actions while deployed, I earned the Air Force Commendation Medal, Combat Action Medal and Purple Heart

From injuries, I earned the title of squad leader and was in charge of a squad
I wrote performance reports for my subordinates
Donald Rice, Director



Reason for Leaving

Contract fulfilled

Certificates and Licenses

Skills

Office Skills

Typing:

Data Entry:

Additional Information

Honors & Awards

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Honors & Awards

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Honors & Awards

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Honors & Awards

In 2018, I was awarded several awards for competing in Region 26 USPCA (United States Police Canine Association) Regional Trials. My canine and I received the following awards: Region 26 2018 "Top Dog" and Overall 1st Place out of a 30 K-9's in that region. Region 26 2018 Rookie K-9 Handler award. Region 26 2018 Overall 1st place in Suspect Apprehension out of 30 K-9's in that region

References

Professional
[Redacted]

MSGT
[Redacted]

Professional
[Redacted]

Narcotics
[Redacted]

Resume

Text Resume

Attachments
[Redacted]



Attachment	File Name	File Type	Created By
file.pdf Room 103 Fax: (330) 375-2659 Phone: (330) 375-2700 Federal Resume.docx Administration and DD214	file.pdf Room 103 Fax: (330) 375-2239 Phone: (330) 375-2700 Federal Resume.docx DD214	Other Resume Other	Job Seeker Job Seeker Julia Toth
Unofficial Transcripts	Unofficial Transcripts	Transcripts	Julia Toth
Thomas Univ Official Transcripts	Official Transcripts	Transcripts	Julia Toth
Copy of Degree	Degree	Copy of Degree	Katherine Archual
Residency Form 2019		Other	Penny Scholl

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: No

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

A: 24

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

A: [Redacted] Clinton Ohio 44216 05/30/1990-09/01/2008
 [Redacted] Valdosta, Georgia 31602 01/01/2009-09/02/2014
 [Redacted] Thomasville, Georgia 31792 10/01/2014-04/01/2017
 [Redacted] Thomasville, Georgia 31757 04/01/2017-present

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

A: [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.

166 S. High St Room 103
Municipal Building
Akron, Ohio 44308-1421



Donald Rice, Director
Department of Human Resources

10. Q: How did you hear about the position? Check all that apply.
A: City of Akron Website

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 40 at the time of the written examination. What is your full date of birth? (MM/DD/YYYY)
A: [REDACTED]

3. Q: Will you be between the ages of 21 and 40 at the time of the examination?
A: Yes

4. Q: Select the category that defines your date of birth.
A: Born between May 10, 1978 and May 12, 1998.

5. Q: Do you possess a valid driver's license?
A: Yes

6. Q: Is your driver's license currently suspended?
A: No

7. 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

8. 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 Room 102, Municipal Bldg., 166 S. High St, or email them to krininger@akronohio.gov.
A: Yes

9. Q: Are you currently on probation, parole or supervised release?
A: No

10. Q: Are you prohibited by law from acquiring, having, carrying, or using firearms?
A: No

11. Q: Are you currently certified or in the process of becoming certified by the Ohio Peace Officer Training Commission (OPOTC)?
A: No



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

Administration and
Training/EEO Division
Phone: (330) 375-2704
Fax: (330) 375-2659
Room 102

Employee Records Division
Phone: (330) 375-2710
Fax: (330) 375-2299
Room 703

Employee Benefits Division
Phone: (330) 375-2700
Fax: (330) 375-2239
Room 703

Employment Division
Phone: (330) 375-2720
Fax: (330) 375-2659
Room 102

DANIEL HERRIGAN, MAYOR



Municipal Building
166 S. High St Room 103
Akron, OH 44308-1421

Donald Rice, Director
Department of Human Resources



HIRE/PERSONNEL ACTION FORM

[Redacted]

Employee Information

Employee: [Redacted]
 Address 1: [Redacted]
 Address 2:
 City: Thomasville State: Georgia Zip: [Redacted]
 Phone: [Redacted]

Hire Information

Person ID: [Redacted]
 Job Class #: 510S Job Class: Police Officer
 Hire Date: 12/09/19 Pay Rate: \$0.00
 Department: Public Safety Department
 Division: Police Uniformed Division - 751
 Hire Req. #: 2018-00233 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:: Jerry Forney

Employee ID:

Pay Grade and Step: 80-3

Appointment Actions: Employment

Change Actions:

Appointment Code: Permanent Full-Time
Probation New

Status Code: Active

List Code: Open

Position Number: 00001575

SSN (DEPARTMENT OF HR USE ONLY):

Marital Status (DEPARTMENT OF HR USE ONLY):

Comments: 10000-130100

Approvers		
Division Manager	BALL II, KENNETH	09/30/19 03:49 PM
Mayor	Akron, Mayor	09/30/19 04:42 PM

Printed on December 05, 2019



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

Thomasville

State

GA

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

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

██████████

Last Name

██████████

Phone Number

██████████

Street Address

██████████

City

Thomasville

State

GA

Zip Code

██████████

Relationship to 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

████████████████████

Date

09/26/2019

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

Rininger, Kristine

From: Rininger, Kristine
Sent: Thursday, September 26, 2019 8:48 AM
To: [REDACTED]
Subject: Akron Police Processing for employment
Attachments: summa safety forces packet - complete.pdf

[REDACTED]
Congratulations on your conditional job offer of employment with the City of Akron.

Part of the hiring process for Police Officer is completion of a medical and psychological evaluation. Below is the contact information for you to schedule both of these appointments. You will need to come to the Department of Human Resources office prior to your appointments to sign the required releases for your psychological evaluation. You can contact me at 330-375-2720 to make arrangements once you know when you will be in Akron. You will also need to complete the attached forms and take the completed forms to your medical evaluation.

The medical examination will be conducted at Summa Center for Corporate Health, 1860 State Road, Suite C, Cuyahoga Falls, Ohio 44223. Please call Melinda Davis at 330-940-5728 or email her at davismd@summahealth.org to schedule your medical evaluation and cardiovascular stress test.

You will need to fast 8 – 10 hours prior to your medical exam. Items you will need to take with you to examination: Photo ID; immunization record including date of last tetanus shot; corrective lenses (if applicable). If you wear contact lenses, bring case and solution with you. The vision test will be conducted with and without corrective lenses.

The two-part psychological evaluation consisting of a written assessment and interview will be conducted at:

**Summit Psychological
37 N. Broadway Street, Suite 200
Akron, Ohio**

Please call Sarah Dhinojwala at 234-571-9110 ext 112 to schedule your appointment. You should allow three hours for the your appointment. Free parking is available in the paved, black-top parking lot on the north side of the building.

To complete other required paperwork, you will receive a "do not reply" email that will prompt you to set up a password to complete tasks, paperwork, etc. through our Neogov Onboarding system. Once you have set up your password, you should go into the system and complete all assigned forms, tasks, etc.

Feel free to contact me if you have any questions or need assistance.

Thank you.

Kristine Rininger
The City of Akron
Department of Human Resources
330-375-2720

***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. I must meet and maintain the requirements of a background investigation, including a criminal background check;
2. Physical fitness testing;
3. A complete medical examination;
4. A psychological evaluation;
5. 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 I am hired;
8. If conditions one through seven are met, I understand that I must also become certified through the Ohio Peace Officer Training Commission ("OPOTC"). If required by the City, I will attend and must successfully complete a Peace Officer Basic Training Academy, which academy may be selected by the City of Akron. OPOTA curriculum and training requirements are subject to change; however it usually includes passing physical fitness requirements, skill assessments and a written examination, and completing a required amount of hours of training. If I am currently certified by OPOTC, I must maintain my certification. I also understand that I must attend and successfully complete any additional training that may be required by the City of Akron.

OPOTA training and certification process must be successfully completed by or before June 20th 2020.

I understand that this offer is conditional subject to all the requirements listed above being met. This offer may be 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 hiring, 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.



Applicant's Initials: [REDACTED]

I understand that this is not a guarantee of employment. I understand that if I am sworn in to the position of Police Officer, I will be subject to a probationary period as required by the City of Akron and subject to all rules, policies and procedures of the City of Akron related to the probationary period and otherwise.

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.

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 and a separate agreement regarding the property and equipment issued to me by the City of Akron.

I HAVE READ AND UNDERSTAND THE TERMS OF THIS CONDITIONAL OFFER AND AGREE TO ABIDE BY THESE TERMS. I UNDERSTAND AND AFFIRM THAT IF THE CONDITIONS OF THIS JOB OFFER ARE MET, MY APPOINTMENT WILL BE TO PROBATIONARY EMPLOYMENT AND I UNDERSTAND THAT I MUST SUCCESSFULLY COMPLETE A PROBATIONARY PERIOD UPON BEING SWORN AS A POLICE OFFICER.

Sgt. John Palmer
Akron Police Department Witness (Print)

[REDACTED]
Applicant (Print)

Sgt. John Palmer
Witness (Signature)

[REDACTED]

[REDACTED]
Address

Thomsville, Georgia

[REDACTED]

Date: 9-25-19

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, January 2018, September 2019

[REDACTED]

AGREEMENT

I, [REDACTED], am scheduled to be enrolled in an Ohio Peace Officer training academy starting Nov. / Dec. 2019 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]
Date

9-25-19
[REDACTED]
Witness

[REDACTED]
W

[REDACTED]



DAVE YOST
OHIO ATTORNEY GENERAL



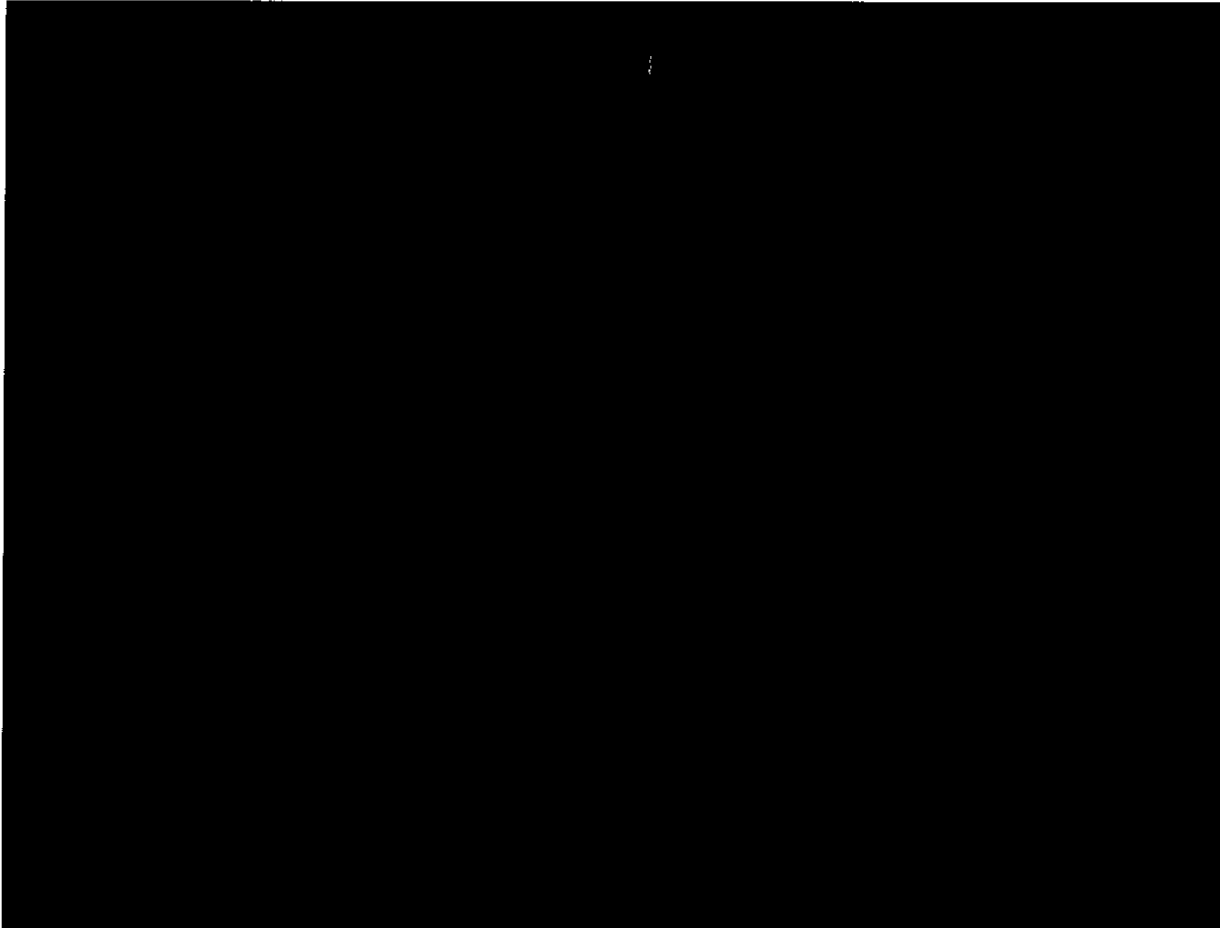
Civilian Identification
Office 877-224-0043
Fax 740-845-2633

CITY OF AKRON
APPLICATIONS/TESTING

2019 MAY 20 PM 3: 02
May 14, 2019

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

CITY OF AKRON HR
ATTN: KRIS RININGER
166 S HIGH STREET, ROOM 102
AKRON OH 44308



Superintendent
Ohio Bureau of Criminal Investigation

Pursuant to Ohio Revised Code section 109.57(E)(2), BCI is authorized to provide only information relating to criminal convictions and guilty pleas. BCI is also only permitted to provide information regarding juvenile adjudications if the adjudication meets specific criteria listed in Ohio Revised Code section 109.57(E)(2) & (3).

CUW579



DAVE YOST
OHIO ATTORNEY GENERAL

CITY OF AKRON
APPLICATIONS/TESTING
2019 MAY 20 PM 3: 02



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

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

May 14, 2019

CITY OF AKRON HR
ATTN: KRIS RININGER
166 S HIGH STREET, ROOM 102
AKRON OH 44308



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Ohio Bureau of Criminal Investigation

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CUW579

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 12/2/2019: **Valid**

Endorsements: None

CDL Med Cert Not Certified

Restrictions: A: None





DANIEL HARRIGAN, MAYOR

CITY OF AKRON SETUP & CHANGE PERSONAL INFORMATION

CITY OF AKRON
EMPLOYEE BENEFITS
2019 DEC 13 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: Clinton

State: Ohio

Zip Code: [REDACTED]

E-mail address: [REDACTED]

Cell Phone Number: [REDACTED]

Please check your preferred method of contact below:

Phone

Mail

E-mail

Home Phone Number: Same

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: Clinton

State: Ohio

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 information provided in answer may be grounds for dismissal.

Signature: [REDACTED]

Date: 12-11-19

print this page
close this window to return



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

I acknowledge that on Friday, December 20, 2019, I completed the City's SEXUAL HARASSMENT AWARENESS (SHA) TRAINING Computer Based Training.



Please print your name

Title

Police Department

Department/Division

12-31-19

Date

2020 JAN 22 PM 3: 29



[print this page](#)
[close this window to return](#)

TRAINING EVALUATION
SEXUAL HARASSMENT AWARENESS (SHA) TRAINING

Your assessment of this program can help us improve future computer-based training courses. Please express your candid opinions by rating each item with the answer that best describes your reaction. Upon completion, return evaluation to Myra Snipes, Training/EEO Division, Suite 100 - CitiCenter.

1. The computer based Training course I am evaluating is
SEXUAL HARASSMENT AWARENESS (SHA) TRAINING
2. Before taking this computer-based training (CBT) course, your knowledge and understanding of the subject is
 Above average
 Average
 Below average
 Unsure
3. Approximately, how long did it take you to complete the CBT course?
 Less than 30 minutes
 30 - 55 minutes
 1 - 2 hours
 3 - 4 hours
4. The quality of sound is
 Excellent
 Good
 Average
 Below average
5. After taking this computer-based training, your knowledge and understanding of the subject is
 Above average
 Average
 Below average
 Unsure
6. The computer-based training course is
 Very user-friendly
 Moderately user-friendly
 Not very user-friendly
 No opinion

Additional Comments:





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] Gender: Male Female

Contact Information

Street Address: [REDACTED]

City: Union Town State: Ohio Zip Code: [REDACTED]

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 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: Union Town 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: 5/21/2020

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

Revised 2/2017



CITY OF AKRON SETUP & CHANGE PERSONAL INFORMATION

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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] Gender: Male Female

Street Address: [REDACTED]

City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED]

E-mail address: [REDACTED]

Cell Phone Number: [REDACTED] Home Phone Number: [REDACTED]

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

Marital Status: Single Divorced Married Widowed Separated

Highest Education Level completed:

<input type="checkbox"/> Less than HS graduate	<input 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 checked="" type="checkbox"/> Some Graduate School	<input type="checkbox"/> Post-Doctorate
<input type="checkbox"/> Technical School	<input type="checkbox"/> Master's Level Degree	

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

Street Address: [REDACTED]

City: [REDACTED] State: [REDACTED] 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: 5/21/2020

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

Revised 2/2017

CITY OF AKRON, OHIO

DEPARTMENT

CHIEF'S DIRECTIVE

POLICE DIVISION

2022-CD-67

June 27, 2022

DIRECTIVE

Effective Monday, June 27, 2022, the following officers are placed on Administrative Leave with pay per procedure following a critical incident:

Officer [REDACTED]
Officer [REDACTED]
Officer [REDACTED]
Officer [REDACTED]
Officer [REDACTED]
Officer [REDACTED]
Officer [REDACTED]
Officer [REDACTED]

Stephen L. Mylett

**Stephen L. Mylett
Chief Of Police**



DAVE YOST

OHIO ATTORNEY GENERAL

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

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

Printed Name: _____ Date: 4/29/2020
Title: Patrol
Signature _____ OAI/ORI #: _____



DAVE YOST
OHIO ATTORNEY GENERAL

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: _____

Date: 4/29/2020

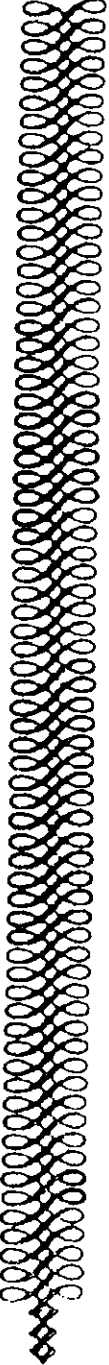
Signature: _____

OAI/ORI #: _____

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



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]
Signature

AFFIRMED BEFORE ME AND SUBSCRIBED IN MY PRESENCE
THIS [REDACTED]

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

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) (City) (Zip Code) (County Name)		217 S. High Street Akron 44308 Summit	

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

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 <i>K. Ball</i>	18. Printed Name and Title Kenneth R. Ball, Chief of Police	19. Date	
20. Signature of Witness <i>C.A. Brown</i>	21. Printed Name (First, Middle, Last) Charles A. Brown	22. Date	

SF400adm
Page 1 of 2
Effective 02/05/2019

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

Officer Name (Last)

(First)

(Middle)

Social Security Number

23. OATH OF OFFICE

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


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 PEACE OFFICER TRAINING COMMISSION & THE OFFICE OF THE ATTORNEY GENERAL


This is to certify that



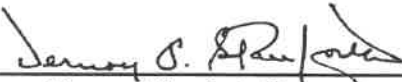
has completed the Ohio
Peace Officer Basic Training Program

Conducted by
Akron Police Department

Awarded On
May 29, 2020




Dave Yost
Attorney General



Vernon P. Stanforth, Chairman
Ohio Peace Officer Training Commission





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

School Commander

BAS19-090 200556

OHIO ATTORNEY GENERAL
- RECOGNITION OF COMPLETION AWARD -

This certificate of completion is awarded to

For successfully completing the Webcast course

OHLEG Security Training

Issued on [REDACTED]
Expires in 2 years

Joseph A. Morbitzer

Joseph A. Morbitzer, BCI SUPERINTENDENT

* No CPT Hours





Akron Police Department Weapons Training Report

Range Course Results
Type: Any
Officers filtered: 1

6 results returned

ID	Officer	Date/Time	Training Type	Weapon Type	Manufacturer	Model	Serial #	Result	Notes
		02/24/2022 10:00	Rifle	Rifle	Springfield			Passed	
		12/22/2021 23:30	Open	Semi-Automatic Pistol	Glock	G5-17		Passed	
		08/16/2021 10:00	Rifle	Rifle	Springfield			Passed	
		05/11/2021 12:30	Duty Pistol Qualification	Semi-Automatic Pistol	Glock	G5-17		Passed	
		01/05/2021 23:30	Low Light	Semi-Automatic Pistol	Glock	G5-17		Passed	
		05/07/2020 08:00	Rifle	Rifle	Springfield			Passed	

EMPLOYEE PERFORMANCE EVALUATION REPORT

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

PLEASE USE #2 PENCIL

EMPLOYEE ID	TYPE OF EVALUATION				EVALUATOR ID
	STD	EMPLOY PROBATION	SEASON TEMP	PROM TRANSFER	
	INTERIM	6-MONTH	45 DAY 90 DAY 180 DAY 270 DAY	45 DAY 90 DAY FINAL	
[REDACTED]					1 0 7 9

ITEMS	MO: 0 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: <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.																																								
<input checked="" type="checkbox"/> ACCURACY <input 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 type="checkbox"/> WRITTEN EXPRESSION <input checked="" type="checkbox"/> ORAL EXPRESSION <input type="checkbox"/> AVAILABILITY AS REFLECTED BY AMOUNT OF TIME ABSENT <input type="checkbox"/> INITIATIVE <input type="checkbox"/> CARE OF EQUIPMENT, MATERIAL <input type="checkbox"/> ORGANIZATION OF WORK <input checked="" type="checkbox"/> CONDUCT WITH PUBLIC <input checked="" type="checkbox"/> PERSONAL APPEARANCE & CARE	60 = UNSATISFACTORY 70 = IMPROVEMENT NEEDED 80 = SATISFACTORY 90 = VERY GOOD 95 = OUTSTANDING																																								
		QUALITY OF WORK QUANTITY OF WORK ATTENDANCE WORK HABITS RELATIONSHIP WITH OTHERS SUPERVISORY SKILLS (LEAVE BLANK IF NOT APPLICABLE)	EVALUATOR 1 EVALUATOR 2 EVALUATOR 1 EVALUATOR 2 EVALUATOR 1 EVALUATOR 2 EVALUATOR 1 EVALUATOR 2																																								
			<table border="1" style="width: 100%; text-align: center;"> <tr> <th>60</th> <th>70</th> <th>80</th> <th>90</th> <th>95</th> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	60	70	80	90	95	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																							

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.

RECRUIT [REDACTED] IS PERFORMING AS EXPECTED ^{OF} ~~AN~~ EMPLOYEE AT THIS POINT IN HIS 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: [Signature] EMPLOYEE ID #: 10791 DATE: 3/2/20
 EVALUATOR 2 SIGNATURE: [Signature] EMPLOYEE ID #: 10948 DATE: 3/11/20

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

SIGNATURE OF REVIEWER: [Signature] EMPLOYEE ID #: 10449 DATE: 3/12/2020

SIGNATURE OF DEPARTMENT HEAD OR AUTHORIZED REPRESENTATIVE: [REDACTED] DATE: [REDACTED]

7. REPORT DISCUSSION

REPORT DISCUSSED WITH EMPLOYEE BY:

SIGNATURE: [Signature] AND DATE: 3/13/20

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.

DATE: 3-13-20

CITY OF AKRON
EMPLOYEE RECORDS
EMPLOYEE RECORDS
MAR 18 AM 9:38
MAR 18 AM 9:38

EMPLOYEE PERFORMANCE EVALUATION REPORT

EMPLOYEE NAME [REDACTED]	DIVISION Police Uniformed	CLASS TITLE Police Officer
EVALUATION FROM 12/9/19 TO 04/30/20	MERIT INCREASE DATE	RETURN ORIGINAL TO PERSONNEL DEPARTMENT BY 05/31/20

PLEASE USE #2 PENCIL

EMPLOYEE ID [REDACTED]	TYPE OF EVALUATION				EVALUATOR 1 [REDACTED]
	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	
	6-MONTH				

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)																																											
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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.

Recruit [REDACTED] is performing as expected of an employee at this point. Recruit [REDACTED] has successfully passed all required testing to this point.

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: [Signature] EMPLOYEE ID #: 10781 DATE: 5/20/20
 EVALUATOR 2 SIGNATURE: [Signature] EMPLOYEE ID #: 10948 DATE: 5/21/20

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

SIGNATURE OF REVIEWER: [Signature] EMPLOYEE ID #: 10449 DATE: 6/30/2020

SIGNATURE OF DEPARTMENT HEAD OR AUTHORIZED REPRESENTATIVE: [REDACTED] DATE: 5/21/20

7. REPORT DISCUSSION

REPORT DISCUSSED WITH EMPLOYEE BY: [Signature] DATE: 5/21/20

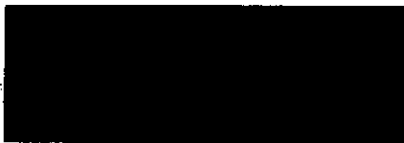
TO THE EMPLOYEE: YOUR SIGNATURE SHOWS THAT YOU HAVE RECEIVED A COPY OF THE REPORT AND THAT THE EVALUATION WAS DISCUSSED WITH YOU; IT DOES NOT MEAN YOU AGREE.

CITY OF AKRON
EMPLOYEE RECORDS

0000 JUN 22 PM 2: 37

CITY OF AKRON
EMPLOYEE RECORDS

0000 JUN 30 PM 2: 50



EMPLOYEE PERFORMANCE EVALUATION REPORT

EMPLOYEE NAME [REDACTED]	DIVISION POLICE UNIFORM	CLASS TITLE POLICE OFFICER
EVALUATION FROM 5/29/20 TO 5/29/21	MERIT INCREASE DATE	RETURN ORIGINAL TO PERSONNEL DEPARTMENT BY

PLEASE USE #2 PENCIL

EVALUATOR 1 ID	TYPE OF EVALUATION				EVALUATOR 2 ID
	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	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

ITEMS MO: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	FACTORS YR: <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8																																												
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Progressing as expected. TAS 1247/16168 [REDACTED] Inv (3) call ups during this grading period. TAS

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

[Signature] 1247/16168 6/4/21 [Signature] 11802 6-8-21
 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] 11802 7/1/21 [Signature] (Active) 7/1/21
 SIGNATURE OF REVIEWER EMPLOYEE ID # DATE SIGNATURE OF DEPARTMENT HEAD OR AUTHORIZED REPRESENTATIVE DATE

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: [Signature] 1300
 SIGNATURE AND DATE

[Signature] 7/10/21
 SIGNATURE AND DATE

APR 22 2022 11:06

APR 22 2022 11:06



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: 12/09/2019

Appointed: 12/09/2019 OPOTC: Sworn In: 05/29/2020 Separation:

PROMOTIONS

NOTES

JESSICA # [REDACTED]

ASSIGNMENTS

06-01-2020 UNIFORM, PLATOON 4 7PM-3:30AM
12-09-2019 SERVICES, RECRUIT SCHOOL/POLICE ACADEMY

TRAINING

05-05-2020 OHLEG SECURITY TRAINING

COMPLAINTS

DISCIPLINES

FILE REVIEWS

SHOTS FIRED

AWARDS

SPECIAL UNITS

Basic Training

School Number (Facility Name (School Facility) (Facility)	From Date (Scho To Date (School)	Exam Date	Certificate Num:	Certificate Date
BAS19-090 Akron Police Department	12/11/2019	4/30/2020	5/18/2020	5/29/2020

██████████ Employment History

Officer Name (Officer) (Officer)	Agency Name (Agency) (Agency)	Start Date	Employment Dat	End Date	Employment Dat	Emp. Status (Emp)
██████████	Akron Police Department	5/29/2020	Appointment			Full-time