

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 ReviewInvolves:OfficerAuthoring 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 **Constant Constant Constant** (From the Akron Police Department (APD) and the City of Akron Law Department. SA Joseph Goudy reviewed the personnel file and noted the following:

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

Training:

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

Firearm Qualifications:

Officer qualified with his Glock 17 duty issued semi-automatic pistol, bearing serial number on April 13, 2021.

Most recently, Officer had "Rifle" training using an Aero Precision Rifle, bearing serial number on March 3, 2022, and "Low Light" training using his Glock 17 duty weapon on December 15, 2021.

Officer **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	s Personnel File
Attachment #02: Officer	s OPOTA Certificate
Attachment #03: Officer	s Firearms Qualifications
Attachment #04: Officer	s Evaluations
Attachment #05: Officer	s Employee Summary
Attachment #06: Officer	s 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.

Page **1** of **1**

Supervisor Approval: SAS David Posten #6

NEOGOV Insight - Application Detail

Page 1 of 5



NEOGOV Insight - Application Detail

condition to their individual situation Facilitate clients with finding housing Work with other programming staff in order to allow clients to have an immersive experience in cognitive behavioral therapy

Reason for Leaving N/A

Direct Care

8/2015 - 12/2017

Northeast Developmental Services, Inc. - Direct Care http://northdsi.com 7790 Market Ave. N. Canton. Ohio 44721 Hours worked per week: 55 Monthly Salary: \$3,000.00 Name of Supervisor: Jason Bussey -Supervisor May we contact this employer? Yes

Duties

Providing support services for the mentally handicapped Taking care of daily needs of the clients Interacting with clients case managers to keep them up to date on their progress

Reason for Leaving

Opportunity to work in corrections and use it as a stepping stone into a future law enforcement career.

Resident Supervisor 12/2016 - 8/2017

Stark Regional Community Corrections Center https://www.drc.ohio.gov/stark 4433 Lesh St. N.E. Louisville, Ohio 44641 Hours worked per week: 40 Monthly Salary: \$1,600.00 Name of Supervisor: Operations Manager May we contact this employer? Yes

Duties

Actively assisting clients to evolve their behavior habits Supervising residents during waking and sleeping hours Maintaining control of the facility Enforcing rules that have been set forth by the facility and DRC

Reason for Leaving

Was given an opportunity to move over to programing (case management).

Security Guard 2/2016 - 5/2016

Professional Security Consultants 4230 Belden Village St. N.W. Canton, Ohio 44718 Hours worked per week: 40 Monthly Salary: \$1,200.00 Name of Supervisor Supervisor May we contact this employer? Yes

Duties

Patrolling the premises, securing exits Ensuring the safety of all of the facilities' occupants Maintaining a security presence

Reason for Leaving

Was given a raise at Northeast developmental services incorporated. - I worked for PSC during midnight shift while also working at NDSI during the day so i was working roughly 16 hour days. This allowed me to cut back my hours.

Certificates and Licenses

Skills

Office Skills

Typing: 45 Data Entry: 8000

Additional Information

Honors & Awards

While working for SRCCC I received and accommodation for going above and beyond in my job duties.

References

Professional

Chief of security

Canton, Ohio 44720

Professional

Director of Special Programming

Akron, Ohio 44308

Professional

Patrolman, Canton PD

Canton, Ohio 44702

Personal

Fiscal Office Clerk

Canton, Ohio 44709

Personal

Physical Education Teacher

Canal Fulton, Ohio 44614

Professional

Operations Manager

Louisville, Ohio 44641

NEOGOV Insight - Application Detail

Page 4 of 5

Pr	ofes	sional			
		sor of Criminal & 1	ustice Studies		
Re	sun	ne			
Te	xt F	Resume			
At	tac	hments			
A	tta	chment	File Name	File Type	Created By
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Re	side	ency Form		Other	Katherine Archual
Ag	enc	y-Wide Question	าร		
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2.	Q:	How many mont	ns have you continu	ously lived at your pres	ent address?
	Α:	240			
3.	Q: A:	resided at each a	ddress. Canton Ohi		ar including the dates you
4.	Q:	The past 20 year Indicate an alter		and telephone number.	
	A:				
5.	-	Have you ever be No	een employed by the	e City of Akron?	
6.		Are you currently No	a permanent City o	of Akron employee in th	e classified service?
7.	Q:	If you were previ dates of employn		the City of Akron, pleas	e indicate positions held and
	A:	N/A			
8.	Q: A:	•	een terminated from	a public agency?	
9.	Q:	If you have been	terminated from a	public agency, please in	dicate the employer, date

•

A: N/A

10. Q: How did you hear about the position? Check all that apply.

A: Recruiter

Supplemental Questions

- Q: Did you graduate from an accredited high school or do you have a GED certificate?
 A: Yes
- 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)
- **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

A:

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 commission?

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A: N/A

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HIRE/PERSONNEL ACTION FORM

1995				
		Employee Information		
Employee:				
Address 1:				
Address 2:				
City:	Canton	State: Oh	io	Zip:
Phone:				
		Hire Information		
Person ID:				
Job Class #:	5108	Job Class:	Police Off	icer
Hire Date:	12/09/19	Pay Rate:	\$0.00	
Department:	Public Safety Departm	ent		
Division:	Police Uniformed Divi	ision - 751		
Hire Req. #:	2019-00234	Job Term:	Permanent	
		t guaranteed. Employee om Human Resources.:	must not	
NOTE: For Pro he effective dat	motion, Transfer, or De	emotion, the Hire Date :	above is T	his is a Hire
Enter the direct	supervisor of this emp	loyee as of the start date	0	erald Forney
Employee ID:				
ay Grade and S	Step:		8	0-3
Appointment Ac	tions:		E	mployment
Change Actions:				
ppointment Co	de:			ermanent Full-Time robation New
tatus Code:			А	ctive
ist Code:			0	pen
osition Number	•			

HIRE/PERSONNEL ACTION FORM

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SSN (DEPARTMENT OF HR USE ONLY):

Marital Status (DEPARTMENT OF HR USE ONLY):

Comments: 10000-130100

	Approvers	
Division Manager	BALL II, KENNETH	10/29/19 02:23 PM
Mayor	Akron, Mayor	10/29/19 04:42 PM

Printed on December 05, 2019

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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,



Marital Status Highest Education Level completed Single Less Than HS Graduate Married HS Graduate or Equivalent Separated Some College Divorced **Technical School** Widowed 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 State Canton Ohio 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 10/25/2019

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

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.

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Applicant's Initials:

Page 1 of 2

I understand that this is not a guarantee of employment. I understand that if I am swom 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.

Sit. Net Milited 1315 Akron Police Department Witness (Print)

1315

Witness (Signature)

Applicant (Print)	
Address	
NECUNTON	()H

Date: 10/17/19

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

Page 2 of 2

AGREEMENT

I, ______, 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 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.



Witness (Signature/Date)



Employment Eligibility Verification

Department of Homeland Security

U.S. Citizenship and Immigration Services

USCIS Form 1-9 OMB No. 1615-0047 Expires 08/31/2019







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Employment Eligibility Verification Department of Homeland Security U.S. Citizenship and Immigration Services

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

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Letter

Page 1 of 1





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

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

July 02, 2019

CITY OF AKRON DEPT OF H.R. KRIS RININGER 166 SOUTH HIGH ST 102 MUNIPAL BUILDING AKRON, OH 44308



Joseph A. Morbitzer Superintendent Ohio Bureau of Criminal Investigation .





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

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

July 02, 2019



Joseph A. Morbitzer Superintendent Ohio Bureau of Criminal Investigation

Ohio Department of Public Safety - Government Access

Last Name:

Driver Abstract

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

Your License Status as of 11/20/2019: Valid

Endorsements: None

CDL Med Cert Not Certified

Restrictions: A: None

- CONVICTIONS -

Court Case:

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C1 IN-STATE CONVICTION Court: CANTON MUNICIPAL COURT Offense Date: 2017 Conviction Date: 2017 Points: 0 Offense: MISCELLANEOUS

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

Personnel Department: Training/EEO Division: Online Training and Review: Acknowled... Page 1 of 1

print this page close this window to return



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

I acknowledge that on <u>Monday, January 06, 2020</u>, I completed the City's SEXUAL HARASSMENT AWARENESS (SHA) TRAINING Computer Based Training.

Please print your name

Police

Title

training

Department/Division

Mal 19

Date

12 E NH 22 NV 200

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Personnel Department: Training/EEO Division: Online Training and Review: Evaluation ... Page 1 of 1

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

 C_{1}

is Above average

-] Average
- [] Below average
- [] Unsure
- 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 guality of sound is
 - []Excellent
 - Good 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:

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Dues Form 8/18



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.

esse complete entire form			
Employee ID Number:	So	ocial Security Number:	
First Name:	Middle Name:	Last Name:	
tif you have had a name change p copy of your social security card v	Nease sybmit a With this form. Date of Birth:	Gender: Male	_
ntact Information			
Street Address:			
City:	State:	Zip Code:	
E-mail address:			
Cell Phone Number:		Please check your preferred method of contact be	ow:
Home Phone Number:	N/A	Phone Mail Phone	
rsenal information			
Marital Status:	Highest Education Level o	completed;	
le Divorced led Vidowed rated	 Less than HS graduate HS graduate or equiva Some College Technical School 	e 2-year College Degree Doctorate (Academ alent Arta Calenia Level Degree Doctorate (Profession) Some Graduate School Post-Doctorate Master's Level Degree	
case of emergency please ce	ntact:		
First Name:	Last Name;	Phone Number:	
Street Address:			
City:	State:	_ Zip Code:	
Relationship to Employee:			
reby certify that every stateme iderstand that any false or inco	ent I have made on this Setur Implete answer may be grou	p & Change Personal Information form is true and complete. Inds for dismissal.	
Signature:		Date: 3/29/22	
	artr	ment of Human Resources - Employee Records Office Ri	evise (



CITY OF AKRON SETUP & CHANGE PERSONAL INFORMATION

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Employee ID Number:	Social	Security Number		
First Name:	Middle Name:	Last	Name:	
"If you have had a name chang copy of your social security car	e please submit a d with this form. Date of Birth:	Gen	nder;	Male Female
an a				
Street Address:				
City:	State:	Zip Co	xde:	
E-mail address:				
Cell Phone Number:			ferred me	thod of contact below:
Home Phone Number:	N/A	M Phone	[]Mali	E-mail
CALL STREET STREET				1
Marital Status:	Highest Education Level comp	slated:		
Single Divorced Married Widowed Separated	 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 	ū	Doctorate (Academic) Doctorate (Professional Post-Doctorate
的消息和引起了的联系。	明時代的社会行期代的指令			的研究的研究的
Irst Name:	Last Name:	Phone	Number:	
treet Address;				
	State: Z	ip Code:		
ity:				

Revised 2/2017

in to Department of Humon Resources - Employee Records Office

Inter-Departmental Use

CITY OF AKRON, OHIO

DEPARTMENT

POLICE DIVISION

CHIEF'S DIRECTIVE 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:



Stephen J. myllett

Stephen L. Mylett Chief Of Police

form 190P





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

NOTICE OF PEACE OFFICER APPOINTMENT

Check Box If: D Correction to Record D Nama 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@oh/oattomeygeneral.gov), fax or mail.
- 2.
- 3.
- Type or print legibly and complete all blanks. Officer and Agency email addresses need to be entered to receive training determinations. Submit pages 1 and 2 when an officer is newly-appointed to your agency, or has previously left the agency and returns. Submit only page 1 when an officer continues to be appointed by your agency, but has a change from one status, as itsled in Box 15, to a different status, or is promoted to Chief. 4.
- 5. Enter any necessary information for a Correction to Record, submitting all effected pages, and attach a letter explaining the requested change.

OFFICER INFORMATION	A	(Find) (M		9 Social Security Mamber
3. Previous Name(s) or Alias (Last)		(Finst)		(Midde)
Birth date immitti/yyyy)	orde indestrik Sond & Administ		·	6 Phone Mumber
Horne Halling Address (#Streel/PO Box)		((3))	(ži ra) (žip (
Basic Training Assocry (Academy (Only complete II file is the officer's first appointment or OSP) Akron F	/Name) olice Department	(Aosdem: Number)	De los of Tr	Stark (ing)
GENCY INFORMATION Akron F	Name Volice Department			
Reporting Authority's Email Address chilefsaide@akronohio.gov		11. Agency Phone Number 330-375-2244	·····	
Agency Maling Address (WStreetPO Bax) 217 S. High Streat		(diy) Akron	(Zip Code) 44308	(County Name) Summit
	ompiele Dete, Sistus <u>and</u> ORI) 13. New Accombinent Date	14. Slad	is Change Delo
Select New Status <u>Full-Time</u> the purpose of this form, hill-time means those in ect panention and banefits for 40 hours in a work week of Select New DRC	Part-Time we pay status (including those o in 80 hours in a 14-day period.	Auxiliary Rosen n vacetion, sick, bersevement, personal or	ve Speci administerative leave; on co	al Seasonal repensatory time or holidays) recei
City Full-Time/Part-Time (737.02)		llary/Reserve/Special (737.051)	City Chief (7.	37.02)
Village Full-Time/Part-Time/Special (7.	17.16) Village A	uxiliary/Reserve (737.181)	Village Chlef	(737.16)
Township Police Officer (505.49)	Townshi	p Constable (609.01)	Other Chief	List ORC/Charler
Other - List ORC/Charter	Deputy S	sheriff (311.04)	Sheriif (311.(01)
TTESTATION OF REPORTING AU	THORITY and	ive carefully read this document an I free will and volition. I attest that I correct and is based on my perso nowledge that submission of faisifi	he information provide nal knowledge or ingu	ed on this document is true try. I further understand and
Signature of Augurianty Automity	18. Printed Name and Ti		19,1	Dels
1 Jau		Ball, Chief of Police		
Sinceture of Witness	21. Printed Name (First,	Micklie, Lost)	22.	Data

SF400adm Page 1 of 2 Effective 02/05/2019 164

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

Charles A. Brown

Officer Name (Last)	(First)	(Middle)	Social Security Number
		· · · · · · · · · · · · · · · · · · ·	
23. OATH OF OFFICE		· · · · · · · · · · · · · · · · · · ·	
	m that I will support the Constitution and Laws and Ordinances of the po ability will discharge i		
		Daniel Horrigan	
ā		Name of Appointing Authority (Typed	• •
	7.107-	Mayor, City of Akroi	
Signature appointing Authorit	7 7	Title of Appointing Authority (Typed o	r Printed Legicly)

OHIO PEACE OFFICER APPOINTMENT HISTORY

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

24. Appointed By (Agency Na	une and County):			25. From(mm/dd/yyyy): / /		То(mп/dd/уууу): / /
28. Appointment Status (Che Full-Time	ck Appropriate Box) Pert-Time	Auxillery	Reserve	Special	Seasonal	
27. Appointed By (Agency Na	me and County):	<u>.</u>		28. From(mm/dd/yyyy):		To(mm/dd/yyyy):
29. Appointment Status (Che		Auxiliary	Reserve	Special	Seasonal	
30. Appointed By (Agency Na	me and County):			31. From(mm/dd/yyyy):	<u> </u>	To(mm/dd/yyyy):
32. Appointment Status (Cher		Auxiliary	Reserve	Special	Seasonal	
33. Appointed By (Agency Na	me and County):			34. From(mm/dd/yyyy): / /		To(mm/dd/yyyy): / /
35. Appointment Status (Cher		Auxiliary	Reserve	Special	Seasonal	
36. Appointed By (Agency Na	me and County):			37. From(mm/dd/yyyy):		To(mm/dd/yyyy): / /
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41. Appointment Status (Chec Full-Time	* Appropriate Box) Part-Time	Auxitary	Reserv	e Special	Season	~ B !
<u></u>				. •	181 8 1	

SF400edm Page 2 of 2 Effective 02/05/2019 This form may be emailed to: SF400@ohioattorneygeneral.gov

OHIO PEACE OFFICER TRAINING COMMISSION & The Office of the Attorney General

This is to certify that

has completed the Ohio Peace Officer Basic Training Program

> Conducted by Akron Police Department

> > Awarded On May 29, 2020

Attorney General

Vernon P.Stanforth, Chakperson Ohio Peace Officer Training Commission



Dwight AO Holcomb, Executive Director Ohio Peace Officer Training Commission

School Commander

BAS19-090 200588



Akron Police Department Weapons Training Report

Range Course Results Type: Any Officers filtered: 1

re	esults returned								
	Officer	Date/Time	Training Type	Weapon Type	Manufacturer	Model	Serial #	Result	Note
		03/03/2022 08:00	Rifle	Rifle	Aero Precision			Passed	
		12/15/2021 05:00	Low Light	Semi-Automatic Pistol	Glock	G4-17		Passed	
		06/30/2021 08:00	Rifle	Rifle	Aero Precision			Passed	
		04/13/2021 12:30	Duty Pistol Qualification	Semi-Automatic Pistol	Glock	G4-17		Passed	
		01/11/2021 05:00	Low Light	Semi-Automatic Pistol	Glock	G4-17		Passed	
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http://safetyforcesnet/range/Range/QualificationReports.aspx

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AMOUNT OF WORK ACCOMPLISHED			QUANTITY		ALUATOR 1	$ \bigcirc$	0	B	0	\bigcirc
			OF WORK		ALUATOR 2	19				9
ADHERENCE TO WORKING HOURS	AVAILABILITY	AS REFLECTED BY	ATTENDANC	F	ALUATOR 1					•
		·····		EV	ALUATOR 2		0	0	0	
COMPLIANCE WITH INSTRUCTIONS		UIPMENT, MATERIAL	WORK	EV	ALUATOR 1		0		0	
			HABITS	EV	ALUATOR 2	\circ	0	(29)	0	\bigcirc
			RELATIONSH		ALUATOR 1		0		0	0
CONDUCT & COOPERATION	<u> </u>	PPEARANCE & CARE	WITH OTHER		ALUATOR 2		0	632	0	0
PLANNING, ORGANIZING, ASSIGNING		PERFORMANCE		۶V	ALUATOR 1	Ö	0	0	0	0
TRAINING & INSTRUCTING	FAIRNESS. IM	PARTIALITY.	SUPERVISOF	-{Υ ΕV	ALUATOR 2	0	0	0	0	0
DISCIPLINARY CONTROL			SKILLS (LEAVE	BLANK IF NO	T APPLICABLE)					
4. COMMENT HERE ABOUT STRENGT	THS OR ITEMS W	WHICH NEED IMPROV	EMENT. ITEMS WHICH	H ARE JOB-	RELATED TO TH	IS EMP	LOYEE	BUT AR	E NOT	
LISTED ON THE FORM MAY BE ENTERED	HEREEVALUA	ATIONS OF 60, 70, OR	95.MUST BE SUBST	ANTIATED IN	<u>Writing.</u> Initi	AL OR S	SIGN YO	UR CO	IMENTS	S
Recruit is performing a	is expected of	of an employee a	t this point. Rec	cruit	has suce	cessful	lly pas	sed al	l requ	ired
testing to this point.										
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		"								
5. SIGNATURE THIS REPORT	IS BASED ON MY	OBSERVATION AND/OR	NOWLEDGE. IT REPRES	ENTS MY BES		THE EM	PLOYEE	S PERFO	MANCE	· .
OF EVALUATOR	La de	10-741	120/20	PED	(Doot o	10	948	, ,	54	10
EVALUATOR 1	SIGNATURE	EMPLOYEE ID #	DATE	EVALUATOR 2	SIGNATO					DATE
6. REVIEWER: I APPROVE THIS REPOR AND EQUITABILITY:			TO BE USED ONLY UP THIS IS TO CERTIFY TH ORIGINAL APPOINTM							
NA: A.I.	10.10	0 1/2/2								
UNIC. PA	1044	9 6/30/20	+	OTHER TOTAL					0.170	
SIGNATIVE OF REVIEWER		DATE TO THE E	SIGNATURE OF DEPA			U HEPRE	SENTAT		DATE	
REPORT DISCUSSED WITH EMPLOYEE BY.	,	SHOWS THAT	YOU HAVE RECEIVED A	COPY						
SIGNATURE	_1. /.		RT AND THAT THE EVALU					5	11.12	5

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		NCE EVALUAT		ORT			CSC 1-00
EMPLOYEE NAME	DIVISION Police Unifor	ned	CLASS TITLE Police Of	ficer			
EVALUATION 05/09/20 TO 10/29/20	MERIT INCREASE DATE		RETURN ORK PERSONNEL	DEPARTMEN	T BY 14	-24- 1/27/1	20 20
	·····		· · · · · · · · ·	LEASE USE			
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1. MARK PERFORMANCE, IN 2. LINE OUT	T ITEMS	3. EVALUATE PERFORM		60 = UNSA			
	E NOT JOB-	BLACKENING IN BOX WIT		70 = IMPRO 80 = SATIS			ED
RELATED, WITH: RELATED		PENCIL. DO NOT ERASE.		90 = VERY		r	
		A NEW FORM FROM THE		95 = OUTS		i	
		DEPARTMENT.		60 70	80	90	95
		QUALITY	EVALUATOR 1	00		0	0
THOROUGHNESS IV WAITTEN	EXPRESSION RESSION	1 -	EVALUATOR 2				
	· · · · ·		EVALUATOR 1	oc		0	0
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	ITY AS REFLECTED BY	INTENDANCE	EVALUATOR 1 EVALUATOR 2			0 0	0
		VORK	EVALUATOR 1			0	0
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CU, RULES, SAFETY	WITH PUBLIC	RELATIONSHIP	EVALUATOR 1) 📾	0	0
	APPEARANCE & CARE		EVALUATOR 2			0	0
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	IP		EVALUATOR 2 NOT APPLICABLE)				
4. COMMENT HERE ABOUT STRENGTHS OR ITEM	S WHICH NEED IMPROV	EMENT. ITEMS WHICH ARE JO	B-RELATED TO T	HIS EMPLOYE	E BUT AF	E NOT	
USTED ON THE FORM MAY BE ENTERED HERE. EVAN	UATIONS OF 60, 70, OR	95 MUST BE SUBSTANTIATED) in Writing. Ini	FIAL OR SIGN	YOUR CO	MMENTS	5.
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5. SIGNATURE THIS REPORT IS BASED ON OF EVALUATOR	NY OBSERVATION AND/OF	KNOWLEDGE. IT REPRESENTS MY					
	137 1 86 EMPLOYEE 10 #	DATE EVALUATION	DR 2 SIGNATURE	EMPLOYE	6/ /	7-60	DATE
6. REVIEWER: I APPROVE THIS REPORT IN TERMS O	PROCEDURE, CONTENT	TO BE USED ONLY UPON SUCCI THIS IS TO CERTIFY THAT THIS CONIGINAL APPOINTMENT	ESSFUL COMPLETIO	N OF PROBATIC	N PERIOD: IANENT ST	ATUS ON	
	uli la	I (FOHIGINAL APPOINTMENT C)	r numu HUN				
hn 4 11500	0/0/00 DATE	SIGNATURE OF DEPARTMENT	HEAD OB AUTHORIZ	ED REPRESENT	ATIVE	DATE	
7. REPORT DISCUSSION	TO THE E	MPLOYEE: YOUR SIGNATURE					
REPORT DISCUSSED WITH EMPLOYEE BY:		IT YOU HAVE RECEIVED A COPY ORT AND THAT THE EVALUATION					
SIGNATURE (STAR (199-		SSED WITH YOU: IT DOES NOT					

		ANCE EVALUA	TION REP	ORT			CSC 1-
EMPLOYEE NAME	DIVISION		CLASS TITLE		-		
	POLICE UNI			OFFICER_		···- ··	
EVALUATION FROM 5/29/20 TO 5/29/2	MERIT INCREASE DATE		PERSONNEL	DEPARTME			
				EASE US			
		E OF EVALUATION		നമായ			
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		3. EVALUATE PERFOR		60 = UNSA1			
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	EMENT	QUALITY	EVALUATOR 1	00		0	0
	TEN EXPRESSION	OF WORK	EVALUATOR 2				
	EXPRESSION				-+		
AMOUNT OF WORK ACCOMPLISHED		QUANTITY	EVALUATOR 1 EVALUATOR 2				00
			EVALUATOR 1		15		0
DEPENDABILITY AS REFLECTED BY	ABILITY AS REFLECTED BY INT OF TIME ABSENT	ATTENDANCE	EVALUATOR 2	00		•	
DILIGENCE, EFFORT		WORK	EVALUATOR 1				0
	OF EQUIPMENT, MATERIAL	HABITS	EVALUATOR 2				
DO RULES, SAFETY	VIZATION OF WORK	· · · · · · · · · · · · · · · · · · ·					
	ONAL APPEARANCE & CARE	RELATIONSHIP WITH OTHERS	EVALUATOR 1 EVALUATOR 2			00	
	JATING PERFORMANCE		EVALUATOR 1			$\overline{\mathbf{O}}$	0
	ESS, IMPARTIALITY, RSHIP	SUPERVISORY	EVALUATOR 2	00	0		0
			IF NOT APPLICABLE)	<u>l</u>			
4. COMMENT HERE ABOUT STRENGTHS OR IT							
	VALUATIONS OF 50, 70, OF	R 95 MUST BE SUBSTANTIATE	D IN WHITING, INFI	AL OH SIGN Y	OUR CO	MMENTS	5 .
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OF EVALUATOR	DN MY OBSERVATION AND/OR	KNOWLEDGE IT REPRESENTS MY	BEST JUDGEMENT OF	THE EMPLOYE		AMANCE.	hd
EVALUATOR I SIGNATUR	E EMPLOYEE 10 #		<u>ATAAA</u>	EMPLOYEE	<u>1100</u>	<u>50 0</u>	al
6. REVIEWER: I APPROVE THIS REPORT IN TERM		TO BE LISED ONLY LIBON SUCC	ESSFUL COMPLETION	RECRATION	PERIOD		/// -
AND EQUITABILITY:	/ 1	THIS IS TO CERTIFY THAT THIS	PROMOTION	CHIEVE PERMA	NENT STA	TUS ON	,
1 INFAT	1/2n/21				/	1/ml	1
SIGNATURE OF REVIEWER EMPLOYEE ID #	<u>6/08/0</u> /	SIGNATURE OF DEPARTMENT	HEAD OR AUTHORIZE	REPRESENTA	D TIVE	00/0 DATE	<u>v</u>
7. REPORT DISCUSSION	TO THE E	MPLOYEE. YOUR SIGNATURE					
		T YOU HAVE RECEIVED A COPY ORT AND THAT THE EVALUATION				F.	d.
SIGNATURE						_ / ^	~171

EMPLOYEE RECORDS

AKRON POLICE DEPARTMENT

EMPLOYEE SUMMARY REPORT

Printed on: Monday, June 27, 2022

Name:				ID:	Badge#:	Payr	oll ID:
SSN:	DO	B:	Status: A	CTIVE	Ser	vice Date:	12/09/2019
Appointed:	12/09/2019	OPOTC:		Sworn In:	05/29/2020	Separatio	on:
PROMOTIO	NS						
<u>NOTES</u>							
EMERGENC	Y CONTACT		PHONE:				
PERSONAL	EMAIL:	T @GMAIL	COM				
ASSIGNME	NTS						
08-10-2020	UNIFORM,	PLATOON 1 10	:30PM-7AM				
06-01-2020	•	PLATOON 5 11					
12-09-2019	SERVICES,	, RECRUIT SCH	OOL/POLICE	ACADEMY			
<u>TRAINING</u>							
05-05-2020	OHLEG SE	CURITY TRAINI	NG				
<u>COMPLAIN</u>	<u>rs</u>						
DISCIPLINE	S						
FILE REVIE	<u>WS</u>						
SHOTS FIRI	ED						
<u>AWARDS</u>							
SPECIAL UI	<u>NITS</u>						

В	asic Training					
School Number	(Facility Name (School Facility) (Facility)	From Date (Scho	To Date (School) E	xam Date	Certifica	te Numt 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