



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



2022-0826

Officer-Involved Critical Incident - W. 46th Street, between Collins Blvd. and Valley View Blvd.

Investigative Activity: Personnel Records Review Report

Involves: Lieutenant [REDACTED]

Authoring Agent: Special Agent Joseph Goudy #83

Narrative:

On Monday, June 06, 2022, Ohio Bureau of Criminal Investigation (BCI) Special Agent (SA) Joseph Goudy (Goudy) received the personnel file for Lieutenant [REDACTED] from Ashtabula Police Department (APD) Administrative Assistant Jim Oatman. SA Goudy reviewed the personnel file and noted the following:

Lieutenant (Lt.) [REDACTED] ([REDACTED] has been a police officer with the APD since January 19, 2010. On January 23, 2017, [REDACTED] was promoted to Lieutenant with APD. Prior to working for APD, Lt. [REDACTED] worked for the Washington DC Metropolitan Police Department as an officer from June 25, 2005, to January 16, 2010. Prior to that, Lt. [REDACTED] was a dispatcher with the City of Conneaut, Ohio, from August of 2004 to June of 2005.

Lt. [REDACTED] received multiple commendations during the course of employment with the APD.

Training:

Lt. [REDACTED] attended and completed the Ohio Peace Officer Basic Training Program at Kent State University on April 19, 2010 (BAS #10-023). Prior to that, Lt. [REDACTED] attended and completed the Metropolitan Police Academy's Peace Officer Basic Training Program in Washington D.C., on April 14, 2006 (Recruit Class 2005-5).

Lt. [REDACTED] received multiple advanced training certificates from the Ohio Peace Officers Training Academy and the Washington D.C. Metropolitan Police Department.

Listed below are some of the advanced training certificates:

- Long Range Semi-Auto Course (LRSA) / June 25 – 27, 2021 / Costa Ludus (Thayne, WY)
- Critical Survival Skills for Patrol Officers / July 24 – 26, 2018 / OPOTA
- Use of Force, Liability and Standards / November 29, 2018 / eOPOTA
- Handgun Elements Theory 1 / September 18 – 20, 2020 / Costa Ludus (Garrettsville, OH)
- BCI Lethal Use of Force and OIS Investigations / February 9, 2022 / OPOTA
- Use of Deadly Force and Legal Guidelines / February 9, 2022 / OPOTA



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



2022-0826

Officer-Involved Critical Incident - W. 46th Street, between Collins Blvd. and Valley View Blvd.

- Crisis Intervention / February 9, 2022 / OPOTA
- Mental Health Response / March 23, 2022 / OPOTA
- 40-hour Specialized Basic Marksmanship course / Sept. 29 – Oct 2, 2014 / Montgomery County Sheriff's Office Regional Training Center (Vandalia, OH)
- 40-hour Sniper 1 training / July 13-17, 2015 / National Tactical Officers Association (Ashtabula, OH)
- Semi-Auto Pistol Operator / May 8 – 10, 2012 / OPOTA
- Glock Armorer's Course / June 5, 2012 / Glock Professional
- 16-hour Combative Carbine / June 27 – 28, 2012 / Alliance Police Dept. Firearms Training
- Basic SWAT Training / August 15 – 19, 2011 / OPOTA

Firearms Qualification:

On November 9, 2021, Lt. [REDACTED] qualified with his Colt M-16 5.56 caliber rifle (SN: [REDACTED]).

In addition, Lt. [REDACTED] also qualified with his Glock 17 – 9mm pistol (SN: BMMZ479); Glock 19 – 9mm pistol (SN: [REDACTED]); Glock 43x – 9mm pistol (SN: [REDACTED]); Remington 870 – 12-gauge shotgun (SN: [REDACTED]).

On October 23, 2020, Lt. [REDACTED] qualified with his Ruger, Model PR (SN: [REDACTED]).

On June 5, 2020, Lt. [REDACTED] qualified with his Savage, Model 10 (SN: [REDACTED]).

Lt. [REDACTED]'s personnel file, training records and firearm qualifications are attached to this report. Please refer to the attachment for further details.

Attachments:

- Attachment #01: Lt. [REDACTED]'s Personnel File
- Attachment #02: Lt. [REDACTED]'s Certification's and 2020 Rifle qualification
- Attachment #03: Lt. [REDACTED]'s 2021 Firearms Qualification
- Attachment #04: Lt. [REDACTED]'s OPOTA Work history and Certification

CITY OF ASHTABULA
OFFICE OF CITY MANAGER

MUNICIPAL BUILDING
4717 MAIN AVENUE
ASHTABULA, OHIO 44004



JAMES M. TIMONERE
CITY MANAGER

(440) 992-7103
Fax: (440) 992-4515

RECEIVED

April 13, 2022

APR 13 2022

Lt. [REDACTED]
[REDACTED]
Roaming Shores, OH 44084

FINANCE DEPARTMENT
CITY OF ASHTABULA

Lt. [REDACTED]:

You are hereby placed on administrative leave until further notice due to the Officer involved shooting which took place in the early morning hours of April 13, 2022.

Should you have any questions, please contact Chief Stell.

Sincerely,

A handwritten signature in black ink, appearing to be "J. Timonere", is written over the name "James M. Timonere".

James M. Timonere

cc: Finance Department
Chief Robert Stell
Cecilia Cooper, City Solicitor

LEADS



This is to certify that



has successfully completed the Ohio LEADS testing on

March 16, 2022

by completing the following exam:

FQO w/CCH

This certificate is good through

March 16, 2024

RECEIVED

MAY 17 2022

FINANCE DEPARTMENT
CITY OF ASHTABULA

CERTIFICATE OF ATTENDANCE

AWARDED TO



Drug Free Safety Program 1-Hour Employee Education

City of Ashtabula

09/29/2021

Kathleen Blasko-Stewart

Kathleen Blasko-Stewart, PCC, LICDC, DEAP

CERTIFICATE OF COMPLETION

AWARDED TO



Supervisor Training: Drug Free Safety Program -1 Hour

City of Ashtabula

09/29/2021

*KATHLEEN BLASKO-STEWART,
PCC, LIDCD, CEAP*

CERTIFICATE

PROUDLY PRESENTED TO



Investigating the Marijuana Impaired Driver

Apr 7, 2021

Date of Completion

TSRP Webinars

Organizer



RECEIVED

APR 14 2021

FINANCE DEPARTMENT
CITY OF ASHTABULA

CERTIFICATE OF PARTICIPATION

AWARDED TO



Drug Free Safety Program 1-Hour Employee Education

City of Ashtabula

05/29/2019

*Kathleen Blasko-Stewart,
CEAP, LPCC, LICDC*

Ohio

Bureau of Workers'
Compensation

Certificate of Completion

This is to certify that



has successfully completed the following:

Accident Analysis (Online)

on

1/11/2020

Credit Type

Credit Value

Policy Number: 30405102

BWC Program Credit (online hours) 0.5

RECEIVED

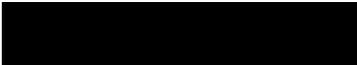
JAN 17 2020

FINANCE DEPARTMENT
CITY OF ASHTABULA



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

This is to certify that

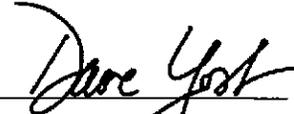


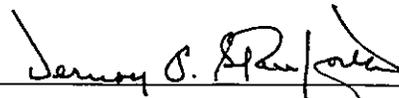
has successfully completed the advanced training course

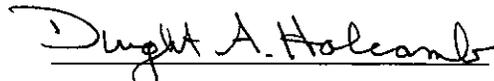
06-220-20-03: Instructional Skills (80 Hours)

at the Ohio Peace Officer Training Academy given

March 02 - 13, 2020


Dave Yost
Attorney General


Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission


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

RECEIVED

MAR 23 2020

**FINANCE DEPARTMENT
CITY OF ASHTABULA**

LEADS



This is to certify that



has successfully completed the Ohio LEADS testing on

February 12, 2020

by completing the following exam:

FQO

This certificate is good through

February 12, 2022

RECEIVED

FEB 13 2020

FINANCE DEPARTMENT
CITY OF ASHTABULA

CERTIFICATE OF COMPLETION

AWARDED TO



Supervisor Training: Drug Free Workplace -1 Hour

City of Ashtabula

July 26, 2018

*KATHLEEN BLASKO-STEWART,
PCC, LIDCD, CEAP*

CERTIFICATE OF ATTENDANCE

AWARDED TO



Drug Free Safety Program 1-Hour Employee Education

City of Ashtabula

July 26, 2018

Kathleen Blasko-Stewart

Kathleen Blasko Stewart, LICDC, CEAP, PCC

CERTIFICATE OF COMPLETION

AWARDED TO



Employee Training: Drug Free Workplace - 1 Hour

City of Ashtabula

March 22, 2017

*Lois L. Miller, LICDC, ICADC, SAP
Occupational Safety Solutions*

CERTIFICATE OF COMPLETION

AWARDED TO



Supervisor Training: Drug Free Workplace - 1 Hour

City of Ashtabula

March 1, 2017

Michael Powell
Global Drug Concepts

LEADS



Case No. 18-0000000

Training Case No. 18-0000000

This is to certify that



has successfully completed the Ohio LEADS testing on

February 13, 2018

by completing the following exam:

FQO

This certificate is good through

February 13, 2020

RECEIVED

FEB 14 2018

**FINANCE DEPARTMENT
CITY OF ASHTABULA**

INTERNATIONAL ASSOCIATION OF CHIEFS OF POLICE
1919-2019



The International Association of Chiefs of Police

This is to certify that



*has successfully completed all requirements
of the Drug Evaluation and Classification Program
and is hereby recognized as a*

Drug Recognition Expert

Presented on 12/1/2017

Vincent Talucci
Executive Director
International Association of Chiefs of Police

Jennifer Rolfe
DEC Program Manager
International Association of Chiefs of Police

RECEIVED

DEC 11 2017

**FINANCE DEPARTMENT
CITY OF ASHTABULA**

Certificate of Training


Ashtabula Police Department

has successfully completed the 16-hour

Drug Recognition Expert Pre-School

Ohio State Highway Patrol Academy
October, 2017



Ruell Kerney #9262
Course Manager

Ohio DEC Program Coordinator

A handwritten signature in black ink, appearing to be "A. L.", written over a horizontal line.

Ohio State Highway Patrol



RECEIVED

NOV 27 2017

FINANCE DEPARTMENT
CITY OF ASHTABULA

Certificate of Training

[REDACTED]
Ashtabula Police Department

has successfully completed the 56-hour

Drug Recognition Expert School

Ohio State Highway Patrol Academy
October, 2017



Russell Korny #9262
Course Manager

Ohio DEC Program Coordinator

A handwritten signature in black ink, likely belonging to the Ohio DEC Program Coordinator.

Ohio State Highway Patrol



RECEIVED

NOV 27 2017

**FINANCE DEPARTMENT
CITY OF ASHTABULA**



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

This is to certify that



has successfully completed the advanced training course

01-004-17-01: First Line Supervision

at the Ohio Peace Officer Training Academy given

April 24 - 27, 2017

Mike DeWine
Attorney General

Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission

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

DATE CERTIFICATE PRINTED: May 14, 2017

RECEIVED

MAY 18 2017

**FINANCE DEPARTMENT
CITY OF ASHTABULA**

- OHIO ATTORNEY GENERAL -
RECOGNITION OF COMPLETION AWARD

This certificate of completion is awarded to



Has successfully completed the 8 hour
“Meth Safety and Awareness Recertification Training”

February 24, 2015

Handwritten signature of Tom Stickrath in black ink.

TOM STICKRATH, BCI SUPERINTENDENT

Handwritten signature of the instructor in black ink.

INSTRUCTOR



[Faint handwritten marks]

RECEIVED
[Handwritten signature]
DEC 19 2016

FINANCE DEPARTMENT
CITY OF ASHTABULA

Certificate of Completion

This is to certify that



Has completed the

Drug Free Workplace Employee Training

Lois L Miller-Martone LICDC, ICADC, SAP

Lois L Miller LICDC, ICADC, SAP

02/19/16

Date

LEADS



This is to certify that



has successfully completed the Ohio LEADS testing on

February 13, 2016

by completing the following exam:

FQO

This certificate is good through

February 13, 2018

RECEIVED

23 16 2016

DEPARTMENT
OF SOCIAL SERVICES

National Tactical Officers Association



Is pleased to present this Certificate to



Ashtabula Police Department

In recognition of your successful completion of the 40-hour
Sniper I Training
Ashtabula, OH
July 13-17, 2015

Mark Lomax, Executive Director

RECEIVED

JUL 21 2015

REVENUE DEPARTMENT
CITY OF ARIZONA



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

This is to certify that



has successfully completed the advanced training course

**55-507-15-01: ARIDE (Advanced Roadside Impaired Driving
Enforcement)**

at the Ohio Peace Officer Training Academy given

March 9 - 10, 2015

Mike DeWine
Attorney General

Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission

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

SECRET

MAR 24 2015

NSA/CSS (S) (SI)
INFORMATION SECURITY



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

This is to certify that



has successfully completed the advanced training course

**55-507-15-01: ARIDE (Advanced Roadside Impaired Driving
Enforcement)**

at the Ohio Peace Officer Training Academy given

March 9 - 10, 2015

Mike DeWine
Attorney General

Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission

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

POSTER

MAR 23 2015

UNIVERSITY OF CALIFORNIA
LIBRARY & ARCHIVES
DIVERSITY

CERTIFICATE OF COMPLETION

AWARDED TO

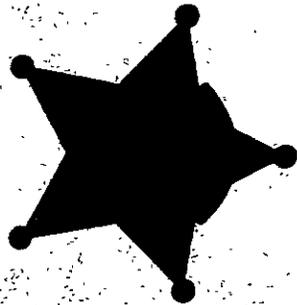


Employee Training: Drug Free Workplace - 1 Hour

City of Ashtabula

February 6, 2015

*Lois L. Miller, LICDC, ICADC, SAP
Occupational Safety Solutions*



MONTGOMERY COUNTY SHERIFF'S OFFICE

THIS CERTIFICATE IS AWARDED TO

PATROLMAN [REDACTED]

FOR SUCCESSFULLY COMPLETING A 40-HOUR
SPECIALIZED BASIC MARKSMANSHIP COURSE HELD AT
THE MONTGOMERY COUNTY SHERIFF'S OFFICE
REGIONAL TRAINING CENTER, VANDALIA, OHIO
FROM SEPTEMBER 29-OCTOBER 2, 2014.

A handwritten signature in black ink, appearing to read 'Phil Plummer', written over a horizontal line.

Sheriff Phil Plummer

A handwritten signature in black ink, appearing to read 'Mark Worley', written over a horizontal line.

Sgt. Mark Worley REQ#02399

RECEIVED

OCT 09 2014

**FINANCIAL DEPARTMENT
CITY OF ARHTABULA**

Emergency Management Institute



FEMA

This Certificate of Achievement is to acknowledge that



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

IS-00100.b

Introduction to Incident Command System

ICS-100

Issued this 6th Day of September, 2012



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

Tony Russell
Superintendent
Emergency Management Institute

0.3 IACET CEU

RECEIVED

MAY 2 2013



CITY AUDITOR
CITY OF ASHTABULA

ASHTABULA COUNTY
SHERIFF'S DEPARTMENT



ASHTABULA COUNTY IN SERVICE TRAINING SEMINAR

SPONSORED BY SHERIFF WILLIAM R. JOHNSON

Certificate of Completion

PRESENTED THIS 30th DAY OF January 2013

KNOW ALL MEN BY THESE PRESENTS THAT

[Redacted Name]

SUCCESSFULLY COMPLETED THE Tactical EMS Awareness COURSE

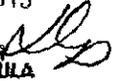
Det. [Signature] G.T. Cleveland
Training Officer

[Signature]
William R. Johnson, Sheriff

RECEIVED

MAR 9 2013

CITY AUDITOR
CITY OF ASHTABULA

A handwritten signature in black ink, appearing to be 'JL', is written over the printed text of the stamp.

Emergency Management Institute



FEMA

This Certificate of Achievement is to acknowledge that



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

IS-00100.b

Introduction to Incident Command System

ICS-100

Issued this 6th Day of September, 2012



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

Tony Russell
Superintendent
Emergency Management Institute

RECEIVED

OCT 09 2012

A handwritten signature in black ink, appearing to be 'J. B.', is written over the date stamp.

CITY AUDITOR
CITY OF ASHTABULA

LEADS



This is to certify that



has successfully completed the Ohio LEADS testing on

February 10, 2012

by completing the following exam:

FQO

This certificate is good through

February 10, 2014

RECEIVED

FEB 14 2012

KSJ

CITY AUDITOR
CITY OF ASHTABULA

STOP STICK[®]

This Certificate of Completion
is Awarded to


Ashtabula City Police Department, Ohio

*For Attendance and Participation in the Stop Stick, Ltd.
Standard Training Course for Use and Deployment
of the STOP STICK Tire-Deflation Devices.*

Lieutenant John H. Koski

As Attested to by the Above Course Leader

Conducted at: Ashtabula City Police Department, Ohio

On the 16th day of November, 2011

Course Length: 1 hour

RECEIVED

MAY 20 2011

KSJ

CITY AUDITOR
CITY OF ASHTABULA



OHIO PEACE OFFICER TRAINING COMMISSION

AND

THE OFFICE OF THE ATTORNEY GENERAL

This is to certify that



has successfully completed the advanced training course

05-369-11-01: SWAT Training - Basic

at the Ohio Peace Officer Training Academy given

August 15 - 19, 2011

Mike DeWine
Attorney General

Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission

Robert A. Fiatal, Executive Director
Ohio Peace Officer Training Commission

RECEIVED
AUG 22 2011
CITY AUDITOR
CITY OF ASHTABULA



STOP STICK[®]

This Certificate of Completion
is Awarded to

Patrolman [REDACTED]
Ashtabula City Police Department, Ohio

*For Attendance and Participation in the Stop Stick, Ltd.
Standard Training Course for Use and Deployment
of the STOP STICK Tire-Deflation Devices.*

*Conducted at: Ashtabula City Police Department, OH
On the 7th day of June, 2011
Course Length: 1 hour*

Lieutenant John H. Koski

As Attested to by the Above Course Instructor

RECEIVED

JUN 24 2011

CITY AU
CITY OF ASH-ABUL

A handwritten signature in black ink, appearing to be a stylized name, is written over the printed text of the stamp.



TASER
P R O T E C T L I F E

X26 Advanced TASER®

This Certifies that

PTL. [REDACTED]

*is trained in the proper and safe use of the X26 Advanced TASER®
and has passed the requirements of the ASHTABULA CITY POLICE DEPARTMENT
TASER X26 training program under the supervision of a Certified Instructor.*

In Witness Whereof, Certified Instructor

LT. JOSEPH CELLITTI

has certified the successful completion of the training requirements this day:

JUNE 8, 2011

Certified Instructor:

St J Cellitti

Certified Instructor ID:

010616051371412871346c

RECEIVED

JUN 10 2011

CITY AUDITOR
CITY OF ASHTABULA

A handwritten signature in black ink, appearing to be 'KSJ', is written over the printed text.

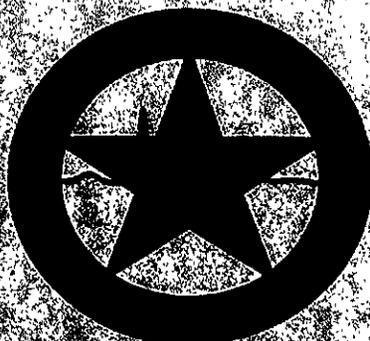
LifeLine Training, Inc.

This certificate is presented to:



For successfully completing the course,
ULTIMATE SURVIVAL INSTINCTS:
Essential Interaction Skills for Law Enforcement

Cleveland, OH
May 18-19, 2011



16 HOURS OF INSTRUCTION

A handwritten signature in black ink, appearing to read "James Glennon".

LT James Glennon

LifeLine Training – Villa Park, IL www.lifelinetraining.com



OHIO PEACE OFFICER TRAINING COMMISSION

AND

THE OFFICE OF THE ATTORNEY GENERAL

This is to certify that



has participated in the advanced training course
03-020-11-01: Interview & Interrogation
at the Ohio Peace Officer Training Academy given
March 8 - 10, 2011

Mike DeWine
Attorney General

Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission

Robert A. Fiatal, Executive Director
Ohio Peace Officer Training Commission

RECEIVED

MAR 16 2011

CITY AUDITOR
CITY OF ASHTABULA





OHIO PEACE OFFICER TRAINING COMMISSION

AND

THE OFFICE OF THE ATTORNEY GENERAL

This is to certify that



has successfully completed the advanced training course

04-071-11-02: Law Enforcement Officers Flying Armed

at the Ohio Peace Officer Training Academy given

March 15, 2011

Handwritten signature of Mike DeWine in black ink.

Mike DeWine
Attorney General

Handwritten signature of Vernon P. Stanforth in black ink.

Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission

Handwritten signature of Robert A. Fiatal in black ink.

Robert A. Fiatal, Executive Director
Ohio Peace Officer Training Commission

RECEIVED

MAR 16 2011



CITY AUDITOR
CITY OF ASHTABULA

CERTIFICATE OF ATTENDANCE

This is to certify that

PATROLMAN



Has attended

“Smart DMS Overview/ Responding Effectively to 9-1-1 Calls”

ASHTABULA COUNTY

911



Janet E. Boland, RPL
9-1-1 Coordinator/Planner Trainer

June 8, 2010

RECEIVED

AUG -6 2010

MICHAEL A. ZULLO, CPA
CITY AUDITOR
CITY OF ASHTABULA



OHIO PEACE OFFICER TRAINING COMMISSION

AND

THE OFFICE OF THE ATTORNEY GENERAL

This is to certify that



has completed the Ohio
Peace Officer Basic Training Program

Conducted by

Kent State University

Awarded on

April 19, 2010

Richard Cordray
Attorney General

Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission



Ron Ferrell, Executive Director
Ohio Peace Officer Training Commission

School #BAS10-023
Prior Equivalent # 100253

RECEIVED

APR 22 2010

**MICHAEL A. ZULLO, CPA
CITY AUDITOR
CITY OF ASHTABULA**

CERTIFICATE OF COMPLETION

DRUG FREE WORKPLACE EMPLOYEE TRAINING

PRESENTED TO: _____  _____

DATE: 1-26-2010

TRAINING PROVIDED BY:
OCCUPATIONAL SAFETY SOLUTIONS
MIKE SPICER- TRAINER

Fully Qualified Leads Operators
C E R T I F I C A T I O N

This document certifies that



has passed the

Fully Qualified Leads Operators

test and should be afforded the rights and
responsibilities pertaining thereto.

Awarded this
10th day of February, 2010

✓ RECEIVED

FEB 12 2010

MICHAEL A. ZULLO, CPA
CITY AUDITOR
CITY OF ASHTABULA



TASER
P R O T E C T L I F E

M26 Advanced TASER® & TASER X26

This Certifies that

PATROLMAN [REDACTED]

is trained in the proper and safe use of the M26 Advanced TASER® and TASER® X26 Electronic Control Device and has passed the requirements of the ASHTABULA CITY POLICE DEPARTMENT M26 Advanced TASER® and TASER X26 training program under the supervision of a Certified Instructor.

In Witness Whereof, Certified Instructor

SGT. JOSEPH CELLITTI

has certified the successful completion of the training requirements this day:

JANUARY 21, 2010

Certified Instructor:

Certified Instructor ID:

040914088461412871346C

MICHAEL A. ZULLO, CPA
CITY AUDITOR
CITY OF ASHTABULA

FEB 03 2010

RECEIVED

Metropolitan Police Department

Washington, D.C.

Recruit Class 2005-5

Issues this certificate thereby certifying that

Officer



Has successfully completed the course of instruction at the
Institute of Police Science, and has attained the required proficiency therein.

Given in Washington, D.C. this 14th day of April, 2006

WASHINGTON

[Handwritten signature]

[Handwritten signature]

Kent State University

This is to certify that
the Board of Trustees of Kent State University,
upon the recommendation of the Faculty, has conferred upon



the degree of
Bachelor of Arts

with all the honors, rights, and privileges of that degree.
Given at Kent, Ohio, this fourteenth day of May
two thousand and five.

R. Douglas Cowan
Chairperson, Board of Trustees

Robert Siskul Schuler
University Registrar



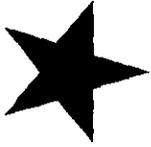
Carol Cartwright
President of the University

James T. Tandy
Interim Dean, College of Arts and Sciences

Metropolitan Police Department

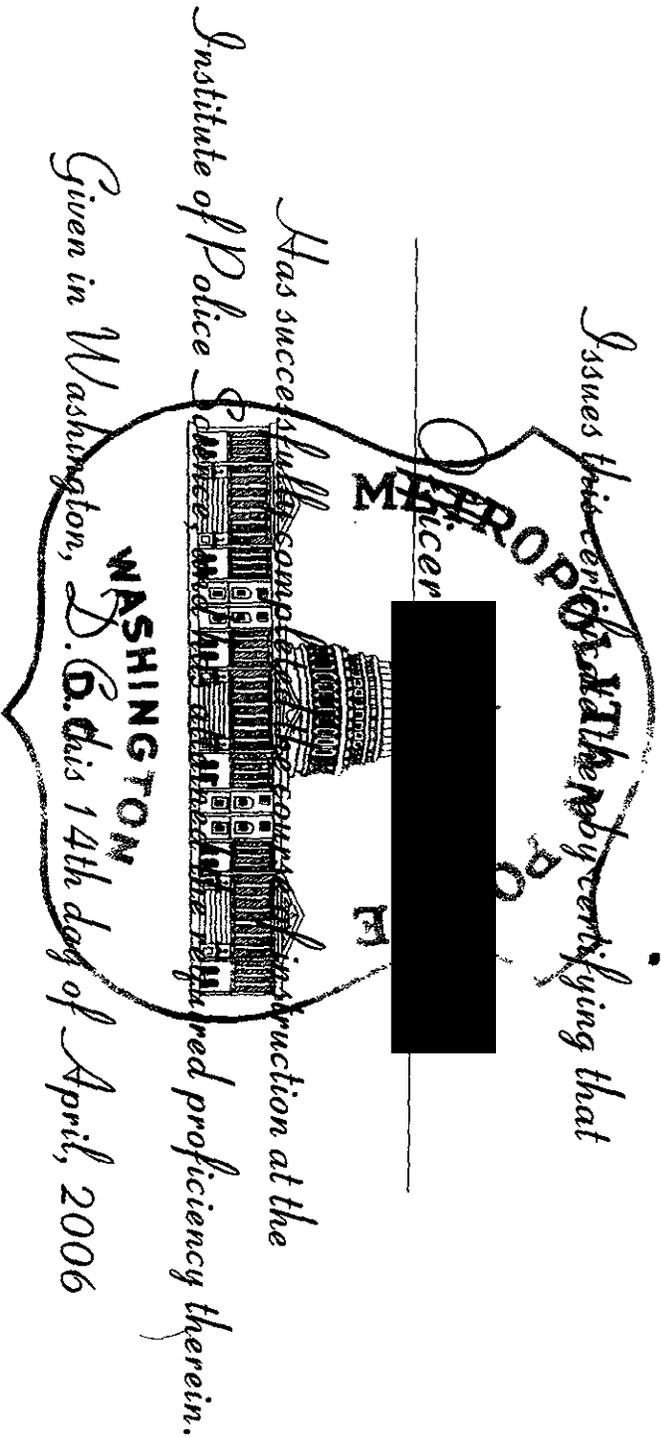
Washington, D.C.

Recruit Class 2005-5

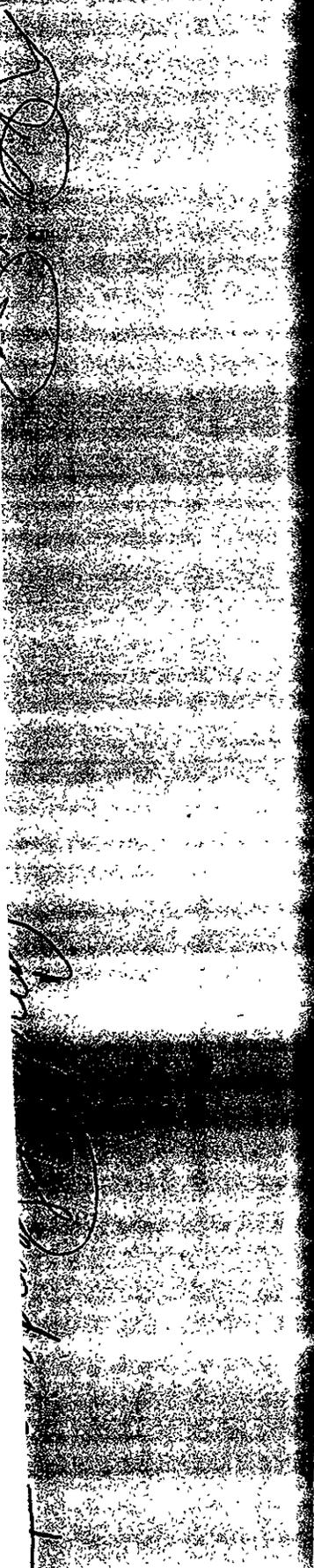


Issues this certificate to the body certifying that

Officer



Has successfully completed instruction at the
Institute of Police Science and Training and acquired proficiency therein.
Given in Washington, D.C. this 14th day of April, 2006



RECEIVED

FEB 02 2010

**MICHAEL A. ZULLO, CPA
CITY AUDITOR
CITY OF ASHTABULA**

**Police Entrance Certified List
September 17, 2008**

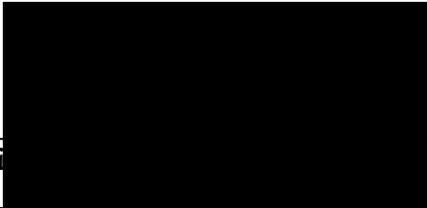
- 1. G. Taylor Cleveland**
- 2. Allan Biggins**
- 3. William Fisher, Jr.**
- 4. William Felt, Jr.**
- 5. Kevin Diehl**
- 6. Scott Vanderlind**
- 7. [REDACTED]**
- 8. Gregory Korabek**
- 9. Andrew Gillespie**
- 10. Wesley Burns**
- 11. Ronald West**
- 12. Richard Kanith**
- 13. Justin Hammond**
- 14. Christopher Bublawarek**
- 15. Timothy Muzzin II**
- 16. Joseph Masalanka**
- 17. John Jacobson**
- 18. Thomas Niebauer**
- 19. Brian Abbott**
- 20. Nicholas Brent**
- 21. Robert Schultz**
- 22. Josephine Zavoda**
- 23. William Kumher**
- 24. Michael Miller, Jr.**
- 25. Eugene Crum**
- 26. Brian Patterson**
- 27. Brian Slocum**
- 28. Elizabeth Frey**
- 29. Robert Doyle**
- 30. Robert Younger**
- 31. Brandon Nelling**
- 32. Ryan Petro**
- 33. Evan Arbuckle**
- 34. Brian McGill**

CITY OF ASHTABULA

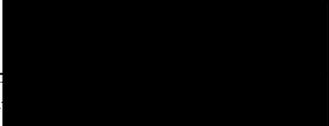
**2020 VIRTUAL SUPERVISOR DRUG-FREE SAFETY
PROGRAM TRAINING ACKNOWLEDGEMENT**

I acknowledge that I have participated in virtual 2020 DFSP Supervisor Training by watching a recorded training session from July 23, 2020, conducted by Kathleen Blasko-Stewart, PCC, LICDC, CEAP, and reviewing the handouts.

I understand that if I have any related questions as a result of this training, not addressed in this training, or if need further direction, I can contact Kathleen Blasko-Stewart through HR or the City Manager.

(Signature) 

8.3.20
(Date signed)

(City) 

CITY OF ASHTABULA

**2020 VIRTUAL EMPLOYEE DRUG-FREE SAFETY PROGRAM
EDUCATION ACKNOWLEDGEMENT**

I acknowledge that I have participated in virtual 2020 DFSP Employee Education by watching a recorded training session from July 23, 2020, conducted by Kathleen Blasko-Stewart, PCC, LICDC, CEAP.

I understand that if I have any related questions as a result of this education, or not addressed in this education session, I can contact Kathleen Blasko-Stewart through HR or my immediate supervisor.

(Signature)

(Print Name)

8.3.20
(Date signed)



Jefferson Emergency Rescue

Post Office Box 294 • Jefferson, Ohio 44047-0294
(440) 576-4367 • (440) 576-5675 Fax

RECEIVED

December 27, 2019

JAN - 3 2020

Chief Robert Stell,

FINANCE DEPARTMENT
CITY OF ASHTABULA

On December 26 & 27, 2019 your staff, Lt. Will Parkomaki, Doug Hollis, and [REDACTED] instructed an active aggressor / shooter class held at Jefferson Elementary school for our district. This class was opened up to the entire county, and the presentation was well attended. The knowledge and professionalism shown throughout the last two days by your staff exceeds excellent. We are very appreciative to be able to gain the education that was provided to us. I have received great reviews of this class by all of my staff that attended, as well as other entities that were able to attend. I can assure you these gentlemen are doing great things for our county with this type of training. Thank you, and keep up the great work.

Respectfully,

Jacob Rice

EMS Chief

Jefferson Emergency Rescue District

FOR LT.

PERSONNEL FILE

The Benson Family
1539 Columbus Ave.
Ashtabula, OH 44004
(440) 381-3696
(440) 228-2168

RECEIVED

NOV 27 2017

FILE COPY

FINANCE DEPARTMENT
CITY OF ASHTABULA

Dearest Officer [REDACTED] and Officer Tulino,

You both recently responded to a major dispute at our home, one sure to end in a separation of the entire family. The call was regarding plates being taken off of the wife's vehicle in a husband's desperation to keep her homebound. Our son ended up being cuffed and taken to ACMC after a threat of suicide.

Our son ended up being released from the hospital later that night, and went home with his Dad. Mom went out for all of two hours to a place that was not her home, when she finally turned the car on and drove home. The next day, Mom attended an appointment with her psychiatrist, with Dad at her side, and was pink-slipped to ACMC 5th floor. She stayed there for several days, recently being discharged and in a far better mental state than all of this year.

We wanted to thank you for your interventions, despite the craziness, turmoil, and sadness that ensued. Both of us adults realized what was wrong and what needed to be done to rectify the problems created.

I (Crystal) wanted to personally thank you for saving my family. Tulino, for speaking so blatantly honest about my choices. You spoke with heart... something I truly needed and thank you for. Then at the hospital, [REDACTED], you also spoke from the heart. Your words did not go without understanding or follow-through, so I appreciate your place on the force, the community, and our home. I will forever be thankful to you two.

We just want it known that what you did was bring our family back together and help Crystal to realize she needed help, that we both needed couples counseling, family counseling, and for Crystal to keep her ass at home. (Have to throw some humor in here.)

Our family sincerely appreciates your time with our family situation, as it could have been ignored. We needed you, and you were there in more ways than just duty calling upon you. You both went above and beyond and saved the unity of our family. We appreciate you both and assure you that you will not receive anymore calls asking for someone to settle our petty disputes that are destroying our children. Hopefully if we see either of you again, it is on much better terms.

Please know that you both are doing a great job, a needed job, and it is clear to us that you have your heart and soul in caring for our community and the people in it. Please keep it up.

Sincere Thanks,

The Benson Family – Jeremi, Crystal, Richard, Randy, & Rylee

Jeremi Benson

Crystal Benson

Richard Benson

Randy Benson

Rylee Benson

CITY OF ASHTABULA
OFFICE OF CITY MANAGER

MUNICIPAL BUILDING
4717 MAIN AVENUE
ASHTABULA, OHIO 44004



JAMES M. TIMONERE
CITY MANAGER

(440) 992-7103
Fax: (440) 992-4515

June 9, 2017

To: Dana Pinkert, Finance Director 
From: Jim Timonere
Re: Officers on Administrative Leave

RECEIVED

JUN -9 2017

FINANCE DEPARTMENT
CITY OF ASHTABULA

Mrs. Pinkert:

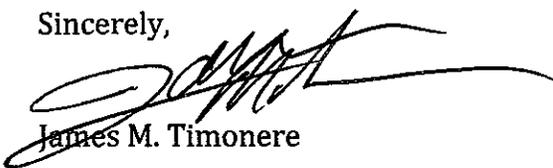
The Ashtabula City Police Department Policy and Procedures Manual General Order 0106 - Critical Incidents, IV. Procedures A. (7) states the following:

"Advise employee of current administrative leave status with pay for a minimum of three (3) days for those cases where the use of force results in death. The employee(s) may also be placed on Administrative Leave status in the event of a serious injury incident, as determined by the Chief of Police. Employees may submit a request to the Chief of Police to return to active duty prior to the end of this period."

As a result of an Officer involved shooting which took place on June 2, 2017 and considered to be a critical incident, the following Officers were placed on Administrative Leave June 2, 2017 in accordance with the Department's policy and procedure outlined above:

Ptln. Wesley Burns
Ptln. Spencer Gale
Lt. 

Sincerely,


James M. Timonere

TO: PAYROLL DEPARTMENT

PLEASE ENTER THE FOLLOWING CHANGE(S) TO YOUR RECORDS TAKING EFFECT ON:		DATE & TIME 01/23/2017
EMPLOYEE NAME [REDACTED]		
SOCIAL SECURITY NO. [REDACTED]	DEPARTMENT APD	RECEIVED CLOCK NO. 614

JAN 31 2017

THE CHANGE(S):

<input checked="" type="checkbox"/> All Applicable Boxes	FINANCE DEPARTMENT CITY OF ASHTABULA	
	FROM	TO
<input checked="" type="checkbox"/> DEPARTMENT	P4	Lieutenant
<input type="checkbox"/> JOB		
<input type="checkbox"/> SHIFT		
<input type="checkbox"/> RATE		
<input checked="" type="checkbox"/> OTHER <u>Promotion</u>	\$53,644.50	\$60,081.84
<input type="checkbox"/> OTHER _____		

THE REASON FOR THE CHANGE(S):

<input type="checkbox"/> HIRED	<input type="checkbox"/> PROBATIONARY PERIOD COMPLETED
<input type="checkbox"/> RE-HIRED	<input type="checkbox"/> LENGTH OF SERVICE INCREASE
<input checked="" type="checkbox"/> PROMOTION	<input type="checkbox"/> RE-EVALUATION OF EXISTING JOB
<input type="checkbox"/> DEMOTION	<input type="checkbox"/> RESIGNATION
<input type="checkbox"/> TRANSFER	<input type="checkbox"/> RETIREMENT
<input type="checkbox"/> MERIT INCREASE	<input type="checkbox"/> LAYOFF
<input type="checkbox"/> UNION SCALE	<input type="checkbox"/> DISCHARGE
<input type="checkbox"/> LEAVE OF ABSENCE FROM _____ (DATE) UNTIL _____ (DATE)	
<input type="checkbox"/> OTHER (Explain) _____	

AUTHORIZATION:

RECOMMENDED BY Robert D. Stell, Chief of Police	DATE 01/23/2017
AUTHORIZED BY 	DATE 1-27-17

OATH

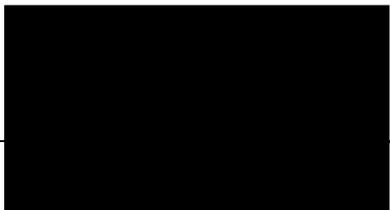
FINANCE DEPARTMENT
CITY OF ASHTABULA

JAN 24 2017

RECEIVED

The State of Ohio, Ashtabula County, ss.

I,  do solemnly swear that I will support the Constitution of the United States and the Constitution of the State of Ohio, and will faithfully, honestly and impartially discharge the duties of the office of Lieutenant of the City of Ashtabula, in the County of Ashtabula, and State of Ohio, during my continuance in office.



Sworn to and subscribed before me, this }

23rd day of January, 2017 }

 }

CITY OF ASHTABULA
OFFICE OF CITY MANAGER

MUNICIPAL BUILDING
4717 MAIN AVENUE
ASHTABULA, OHIO 44004



JAMES M. TIMONERE
CITY MANAGER

(440) 992-7103
Fax: (440) 992-4515

RECEIVED

JAN 18 2017

FINANCE DEPARTMENT
CITY OF ASHTABULA

January 18, 2017

[REDACTED]
Roaming Shores, OH 44048

Dear Mr. [REDACTED]:

This letter serves to notify you of your promotion to the rank of Lieutenant in the Ashtabula City Police Department effective January 23, 2017 @ 0700.

Your salary, also effective on said date will be \$60,081.84 annually and is commensurate with the duties of this position and consistent with the FOP Union Agreement.

Please contact Chief Robert Stell should you have any questions pertaining to this promotion.

Sincerely,


James Timonere
Ashtabula City Manager

cc: Finance Department
Civil Service
Department
EEO
File
FOP

CITY OF ASHTABULA
OFFICE OF CITY MANAGER

MUNICIPAL BUILDING
4717 MAIN AVENUE
ASHTABULA, OHIO 44004

JAMES M. TIMONERE
CITY MANAGER



(440) 992-7103
Fax: (440) 992-4515

DATE: January 18, 2017
TO: Dana Pinkert, Finance Director
FROM: James Timonere, City Manager
SUBJECT: Promotion – Police Department

A handwritten signature in black ink, appearing to be "J. Timonere", is written over the "FROM" line of the memorandum.

RECEIVED

JAN 18 2017

**FINANCE DEPARTMENT
CITY OF ASHTABULA**

This memorandum serves as notification for the promotion of [REDACTED] to Lieutenant in the Ashtabula City Police Department. His promotion is effective January 23, 2017 @ 0700 with a salary of \$60,081.84 annually. This promotion is commensurate with the position of Lieutenant and consistent with the FOP Union Agreement.

Please contact Chief Robert Stell should you have any questions pertaining to this upgrade.

cc: Civil Service
Department
EEO
File
FOP

RECEIVED

SEP - 7 2016

Memo

FINANCE DEPARTMENT
CITY OF ASHTABULA

FILE COPY

To: Chief Stell
From: Lt. Parkomaki
Date: 09/07/2016
Re: Ptlm. [REDACTED]

I met and verbally counseled Ptlm. [REDACTED]. The counseling was in reference to him failing to report to work, a four hour overtime shift as the village dispatcher. The shift was 1100 hours to 1500 hours on 08/30/2016.

Ptlm. [REDACTED] stated that he signed up for the overtime early in the month not realizing that he needed to take his young daughter to a doctor's appointment. He was remorseful and will take measures to ensure that the incident is not repeated. I advised him that the verbal counseling was going to be memorialized in writing.

SPEEDWAY
0003998
Willoughby
OH 44094-9269
(440)942-7020
TRAN# : 3261000
Pump 10
Unleaded, Self Serve
14.204 @ \$2.259/GAL
GAS TOTAL \$32.09

TAX \$0.00
TOTAL \$32.09

Wright Exp
Card Num :
XXXXXXXXXXXXXXXX1514
TERM: 0050003998001
TRANS TYPE: CAPTURE
APPR# : 203620
BATCH # : 91
SEQ# : 069091013
ENTRY METHOD: ICR

Odometer : 86538
Vehicle# : 01151

03/10/2015 17:19:01

Cardholder agrees to
pay to issuer total
charges per the
agreement between
cardholder & issuer.

VISIT US AT
WWW.SPEEDWAY.COM
CUSTOMER SERVICE
1-800-643-1948
M-F 8:30A-5:30P EST

12/26/2014

Ashtabula City Police Department
Attn: Chief Robert Stell
110 W 44th Street
Ashtabula OH 44004

RECEIVED
JAN 16 2015
POLICE DEPARTMENT
CITY OF ASHTABULA

Re: Report Number 1404647
Patrolman [REDACTED]

Mr. Stell

I would like to take a moment of your time to commend Patrolman [REDACTED] and the way he handled the incident that happened 12/21/2014 at 2560 Walnut Blvd. Patrolman [REDACTED] took the appropriate time to listen to Mrs. Gill and make her feel that she was safe but most important her concerns were heard. He listened to her!

This incident hits close to home as I grew up going in and out of the Gill's home. Your officers worked the neighborhood looking for clues and answers. Thank you to the other officers that were involved.

It could have been worse and we are thankful it was not. Please have a safe and happy new year.

Sincerely



Brent Bunnell
2520 Walnut Blvd
Ashtabula OH 44004

CITY OF ASHTABULA
OFFICE OF CITY MANAGER

MUNICIPAL BUILDING
4717 MAIN AVENUE
ASHTABULA, OHIO 44004

JAMES M. TIMONERE
CITY MANAGER



RECEIVED

(440) 992-7103

Fax: (440) 992-4515

JAN 13 2014

CITY AUDITOR
CITY OF ASHTABULA

DATE: January 13, 2014
TO: Dana Pinkert, City Auditor
FROM: James Timonere, City Manager
SUBJECT: Upgrade – Police Department

A handwritten signature in black ink, appearing to be 'J. Timonere'.

This memorandum serves as notification of the upgrade for [REDACTED] in the Ashtabula City Police Department. His upgrade to Patrolman 4 years will be effective January 19, 2014 with a salary of \$52,082.04 annually. This is commensurate with the position and consistent with the FOP #26 Union Agreement.

Please contact Chief Robert Stell should you have any questions pertaining to this upgrade.

bjs

cc: Civil Service
Department
EEO
File
FOP #26 Union

CITY OF ASHTABULA
OFFICE OF CITY MANAGER

MUNICIPAL BUILDING
4717 MAIN AVENUE
ASHTABULA, OHIO 44004



JAMES M. TIMONERE
CITY MANAGER

(440) 992-7103
Fax: (440) 992-4515

RECEIVED

JAN 13 2014

CITY AUDITOR
CITY OF ASHTABULA

January 13, 2014

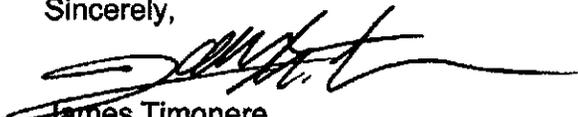
[REDACTED]
Roaming Shores, OH 44084

Dear Mr. [REDACTED]:

This letter serves to notify you that effective January 19, 2014, you will have completed your fourth year as Patrol Officer with the Ashtabula City Police Department. As such you will be upgraded to Patrolman 4 years with a salary of \$52,082.04 annually effective on said date. This is commensurate with the duties of this position and consistent with the FOP #26 Union Agreement.

Please contact Chief Robert Stell should you have any questions pertaining to this promotion.

Sincerely,


James Timonere
Ashtabula City Manager

bjs

cc: Auditor
Civil Service
Department
EEO
File
FOP #26 Union

PLEASE ENTER THE FOLLOWING CHANGE(S) TO YOUR RECORDS TAKING EFFECT ON:		DATE & TIME 01/19/2014
EMPLOYEE NAME [REDACTED]		
SOCIAL SECURITY NO. [REDACTED]	DEPARTMENT Ashtabula Police Dept.	CLOCK NO. 614

RECEIVED
JAN 10 2014
CITY AUDITOR
CITY OF ASHTABULA

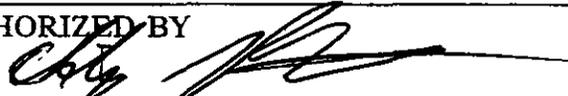
THE CHANGE(S):

<input checked="" type="checkbox"/> All Applicable Boxes	FROM	TO
<input type="checkbox"/> DEPARTMENT	P3	P4
<input type="checkbox"/> JOB		
<input type="checkbox"/> SHIFT		
<input checked="" type="checkbox"/> RATE	\$50,925.62	\$52,082.01
<input type="checkbox"/> OTHER _____		
<input type="checkbox"/> OTHER _____		

THE REASON FOR THE CHANGE(S):

<input type="checkbox"/> HIRED	<input type="checkbox"/> PROBATIONARY PERIOD COMPLETED
<input type="checkbox"/> RE-HIRED	<input checked="" type="checkbox"/> LENGTH OF SERVICE INCREASE
<input type="checkbox"/> PROMOTION	<input type="checkbox"/> RE-EVALUATION OF EXISTING JOB
<input type="checkbox"/> DEMOTION	<input type="checkbox"/> RESIGNATION
<input type="checkbox"/> TRANSFER	<input type="checkbox"/> RETIREMENT
<input type="checkbox"/> MERIT INCREASE	<input type="checkbox"/> LAYOFF
<input type="checkbox"/> UNION SCALE	<input type="checkbox"/> DISCHARGE
<input type="checkbox"/> LEAVE OF ABSENCE FROM _____ (DATE) UNTIL _____ (DATE)	
<input checked="" type="checkbox"/> OTHER (Explain) <u>Date of Hire 1/19/2010</u>	

AUTHORIZATION:

RECOMMENDED BY ROBERT D. STELL, CHIEF OF POLICE	DATE
AUTHORIZED BY 	DATE 1-10-14

CITY OF ASHTABULA
OFFICE OF CITY MANAGER

MUNICIPAL BUILDING
4717 MAIN AVENUE
ASHTABULA, OHIO 44004

JAMES M. TIMONERE
CITY MANAGER



(440) 992-7103
Fax: (440) 992-4515

RECEIVED
JAN 11 2013
CITY AUDITOR
CITY OF ASHTABULA

DATE: January 11, 2013
TO: Dana Pinkert, City Auditor *[Signature]*
FROM: James Timonere, City Manager *[Signature]*
SUBJECT: Upgrade - Patrolman – Police Department

This memorandum serves as notification to upgrade [REDACTED] in the Police Department.

Effective January 19, 2013, [REDACTED] will be upgraded to Patrolman (three years) with a salary of \$49,927.08 annually, effective on said date.

Please contact this office should you have any questions pertaining to this matter.

bjs

cc: Civil Service
Department
EEO
file
FOP

CITY OF ASHTABULA
OFFICE OF CITY MANAGER

MUNICIPAL BUILDING
4717 MAIN AVENUE
ASHTABULA, OHIO 44004

JAMES M. TIMONERE
CITY MANAGER



(440) 992-7103
Fax: (440) 992-4515

January 11, 2013

[REDACTED]
Roaming Shores, OH 44084

RECEIVED

JAN 11 2013

CITY AUDITOR
CITY OF ASHTABULA

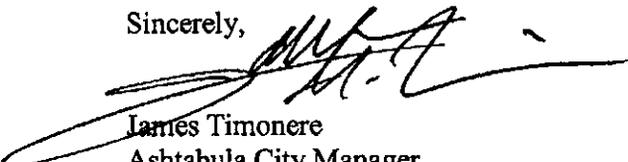
Dear Mr. [REDACTED]

This letter serves to notify you of your upgrade to the status of Patrolman (three years), in the Police Department.

Your salary will be \$49,927.08 annually, effective January 19, 2013 and is commensurate with the duties of this position and consistent with the FOP #26 Union Agreement.

Do not hesitate to contact me should you have any questions pertaining to this matter.

Sincerely,


James Timonere
Ashtabula City Manager

bjs

cc: Auditor
Civil Service
Department
EEO
File
FOP

10: PAYROLL DEPARTMENT

PLEASE ENTER THE FOLLOWING CHANGE(S) TO YOUR RECORDS TAKING EFFECT ON:		DATE & TIME 01/20/2013	RECEIVED JAN 10 2013 CITY AUDITOR CITY OF ASHTABULA
EMPLOYEE NAME [REDACTED]			
SOCIAL SECURITY NO. [REDACTED]	DEPARTMENT Ashtabula Police Department	CLOCK NO. 614	

THE CHANGE(S):

<input checked="" type="checkbox"/> All Applicable Boxes	FROM	TO
<input type="checkbox"/> DEPARTMENT	Pt1m. 2	Pt1m. 3
<input type="checkbox"/> JOB		
<input type="checkbox"/> SHIFT		
<input checked="" type="checkbox"/> RATE	\$47,390.49	\$49,927.08
<input type="checkbox"/> OTHER _____		
<input type="checkbox"/> OTHER _____		

THE REASON FOR THE CHANGE(S):

<input type="checkbox"/> HIRED	<input type="checkbox"/> PROBATIONARY PERIOD COMPLETED
<input type="checkbox"/> RE-HIRED	<input checked="" type="checkbox"/> LENGTH OF SERVICE INCREASE
<input type="checkbox"/> PROMOTION	<input type="checkbox"/> RE-EVALUATION OF EXISTING JOB
<input type="checkbox"/> DEMOTION	<input type="checkbox"/> RESIGNATION
<input type="checkbox"/> TRANSFER	<input type="checkbox"/> RETIREMENT
<input type="checkbox"/> MERIT INCREASE	<input type="checkbox"/> LAYOFF
<input type="checkbox"/> UNION SCALE	<input type="checkbox"/> DISCHARGE
<input type="checkbox"/> LEAVE OF ABSENCE FROM _____ (DATE) UNTIL _____ (DATE)	
<input checked="" type="checkbox"/> OTHER (Explain) <u>Date of Hire 1/10/2010</u>	

AUTHORIZATION:

RECOMMENDED BY Robert D. Stell, Chief of Police	DATE 1/10/2013
AUTHORIZED BY 	DATE 1/10/13

Acknowledgement of receipt of Auditor of State fraud reporting-system information

Pursuant to Ohio Revised Code 117.103 (B) (1), a public office shall provide information about the Ohio fraud-reporting system and the means of reporting fraud to each new employee upon employment with the public office. Each new employee has thirty days after beginning employment to confirm receipt of this information.

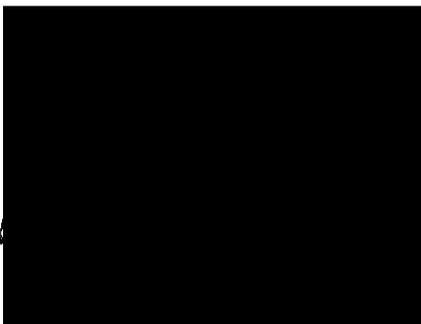
By signing below you are acknowledging the City of Ashtabula provided you information about the fraud-reporting system as described by Section 117.103(A) of the Revised Code, and that you read and understand the information provided. You are also acknowledging you have received and read the information regarding Section 124.341 of the Revised Code and the protections you are provided as a classified or unclassified employee if you use the before-mentioned fraud reporting system.

I,  have read the information provided by my employer regarding the fraud-reporting system operated by the Ohio Auditor of State's Office. I further state that the undersigned signature acknowledges receipt of this information.

RECEIVED
MAY 17 2012
CITY AUDITOR
CITY OF ASHTABULA

Pbl/m  _____

PRINT NAME, TITLE, AND DEPARTMENT

 _____

5.17.12

DATE

TO: PAYROLL DEPARTMENT

PLEASE ENTER THE FOLLOWING CHANGE(S) TO YOUR RECORDS TAKING EFFECT ON:		DATE & TIME 1/19/12	RECEIVED APR 26 2012 CITY AUDITOR CITY OF ASHTABULA
EMPLOYEE NAME [REDACTED]			
SOCIAL SECURITY NO. [REDACTED]	DEPARTMENT Ashtabula Police Dept	CLOCK NO. 614	

THE CHANGE(S):

<input checked="" type="checkbox"/> All Applicable Boxes	FROM	TO
<input type="checkbox"/> DEPARTMENT	Pt/m #1	Pt/m #2
<input type="checkbox"/> JOB		
<input type="checkbox"/> SHIFT		
<input checked="" type="checkbox"/> RATE	\$46,307.86	\$47,390.49
<input type="checkbox"/> OTHER _____		
<input type="checkbox"/> OTHER _____		

THE REASON FOR THE CHANGE(S):

<input type="checkbox"/> HIRED	<input type="checkbox"/> PROBATIONARY PERIOD COMPLETED
<input type="checkbox"/> RE-HIRED	<input checked="" type="checkbox"/> LENGTH OF SERVICE INCREASE
<input type="checkbox"/> PROMOTION	<input type="checkbox"/> RE-EVALUATION OF EXISTING JOB
<input type="checkbox"/> DEMOTION	<input type="checkbox"/> RESIGNATION
<input type="checkbox"/> TRANSFER	<input type="checkbox"/> RETIREMENT
<input type="checkbox"/> MERIT INCREASE	<input type="checkbox"/> LAYOFF
<input type="checkbox"/> UNION SCALE	<input type="checkbox"/> DISCHARGE
<input type="checkbox"/> LEAVE OF ABSENCE FROM _____ (DATE) UNTIL _____ (DATE)	
<input checked="" type="checkbox"/> OTHER (Explain) <u>Date of Hire 1/19/10</u>	

AUTHORIZATION:

RECOMMENDED BY Robert D. Stell, Chief	DATE
AUTHORIZED BY [Signature]	DATE 4-25-12

Memo

To: Ptm. [REDACTED]
From: Lt. Parkomaki
CC: Chief Stell
Date: January 4, 2012
Re: Missed court

RECEIVED

JAN 09 2012

CITY AUDITOR
CITY OF ASHTABULA

Ptm. [REDACTED] this letter serves as a written documentation for the verbal counseling regarding the court case missed on December 19th 2011. Reviewing your file revealed that you have not missed any other court cases. Failing to appear for court cases in the future will result in progressive discipline.

The proactive steps that you have taken to avoid such issues in the future speak to the quality of officer that you are.

LT. [Signature] LP

FirstMerit Mortgage Corp

Processing Dept.

Phone 1-800-562-6694

Ext. 7913

Fax: 330-478-3490

Date: July 26, 2011

To: Payroll Department - City of Ashtabula

Fax: 440-992-9306

From: Sara Cross

Verification of Employment

For: [REDACTED]

Presently Employed: Yes or No

Hire Date 01/19/2010

Position Patrolman, Step 1

Full Time or Part Time

Name of Verifier Karen S. Jury (print)

Signature of Verifier Acting Auditor Karen S. Jury

Title Acting Auditor

Date 7-26-11

Phone Number (440) 992-7107

Thank You,

Sara Cross / Stillman

Sara Cross
330-479-7913 direct line
330-478-3490 fax

FAX

Date: 7-27-11

Number of pages including cover sheet: 2

To:

Sara Cross
First Merit

Phone:

Fax phone: 330-478-3490

E MAIL:

From:

Carolyn Sheldon

Payroll & Human Resources
Specialist

Phone: (440)992-7141

Fax phone: (440)992-9306

E MAIL: carolyns@cityofashtabula.com

REMARKS:

Urgent

For your review

Reply ASAP

Please comment

NOC re:



TRANSMISSION VERIFICATION REPORT

TIME : 07/27/2011 08:16
NAME : CITY OF ASHTABULA
FAX : 4409929306
TEL : 4409927107
SER.# : BROL2J855650

DATE, TIME	07/27 08:15
FAX NO./NAME	13304783490
DURATION	00:00:28
PAGE(S)	02
RESULT	OK
MODE	STANDARD ECM

BORROWERS SIGNATURE AUTHORIZATION / CERTIFICATION FORM

I hereby authorize FirstMerit Bank, N.A. ("Lender") to verify my past and present employment, earnings records, bank accounts, stock holdings and any other asset balances that are needed to process my mortgage loan application. I further authorize Lender to order a consumer credit report and verify other credit information, including past and present mortgage and landlord references, and loan and lien information. I further authorize Lender to release information to realtors, builders, appraisers, and title companies in the course of processing my application. It is understood that a photocopy of this form will also serve as authorization. The undersigned certifies and agrees that the information provided to Lender in connection with his/her/their mortgage loan application, including but not limited to bank account statements, are true copies of the original documents.

Notice to Borrowers: This is notice to you as required by the Right to Financial Privacy Act of 1978 that HUD/FHA has a right of access to financial records held by financial institutions in connection with the consideration or administration of assistance to you. Financial records involving your transaction will be available to HUD/FHA without further notice of authorization but will not be disclosed or released by this institution to another Government Agency or Department without your consent except as required or permitted by law.

On the date of application, the applicant confirms that he/she has the authority to apply for this loan on the co-applicants behalf and that the applicant has the authority to provide the co-applicant's Information.

[Redacted Signature]

6.28.11

Date

Date

Date

Date

Date

Date

Loan #

[Redacted Loan Number]

FirstMerit Mortgage Corporation
4455 Hills and Dales Rd NW
Canton, OH 44708

Facsimile Transmittal

RECEIVED

JUL 26 2011

CITY AUDITOR
CITY OF ASHTABULA

Attn: Payroll Department

To: City of Ashtabula

Fax: 440-992-9306

From: Sara Cross

Date: July 26, 2011

Re: Verification of Employment

Pages: 3

For: [REDACTED]

Cc: Personal and Confidential

Please Reply X

Please complete the attached verification of employment form, and fax the form to my attention
At 330-478-3490 and mail the original form to my attention at the above address.

If you should have any questions please contact me at 330-479-7913

Thank you in advance for your time.

Sara Cross / Hollman
Sara Cross
Mortgage Loan Specialist

Please complete all sections the one sent previously was not signed or dated. Please fax back ASAP this is
for a mortgage loan application and until we receive verification of employment this delays the closing of
the mortgage loan.
Thank you so much.



CITY OF ASHTABULA
OFFICE OF THE POLICE CHIEF

110 WEST 44TH STREET, UNIT 1
ASHTABULA, OHIO 44004-6915



ROBERT D. STELL
CHIEF OF POLICE

(440) 992-7125
(440) 992-7172
FAX (440) 998-4523
CHIEF'S FAX (440) 998-5068
E-MAIL rstell@ashtabula.com

RECEIVED

MAY 26 2011

CITY AUDITOR
CITY OF ASHTABULA

To: Ptlm. [REDACTED]
From: Chief Stell
Date: May 23rd. 2011
Ref: Felony Escape Arrest, #1101668.

On May 11th. 2011 you were involved in two different foot pursuits with a suspect wanted on numerous charges including felony warrants. The second foot pursuit occurred after he escaped from an officer at APMC and fled into the gulf. You intercepted him after going down a steep embankment and safely took him into custody.

Please accept this Letter of Recognition for a job well done.

Respectfully,

Robert D. Stell
Chief of Police

CITY OF ASHTABULA
OFFICE OF CITY MANAGER

MUNICIPAL BUILDING
4717 MAIN AVENUE
ASHTABULA, OHIO 44004

ANTHONY J. CANTAGALLO
CITY MANAGER



RECEIVED

APR 18 2011

CITY AUDITOR
CITY OF ASHTABULA

(440) 992-7103
Fax: (440) 992-4515

DATE: April 15, 2011
TO: Karen Jury, Acting City Auditor
FROM: Anthony Cantagallo, City Manager
SUBJECT: Recall – Police Officer – Police Department

A handwritten signature in cursive script, likely belonging to Anthony Cantagallo.

Please be advised that I am recalling [REDACTED] to the position of Patrolman (Step-1) in the Police Department on April 18, 2011. Officer [REDACTED]'s salary will be \$46,307.86 plus benefits.

This recall is contingent upon the successful completion of a pre-employment drug screen.

bjs

cc: Civil Service
Department
EEO
File
FOP

CITY OF ASHTABULA
OFFICE OF CITY MANAGER

MUNICIPAL BUILDING
4717 MAIN AVENUE
ASHTABULA, OHIO 44004

ANTHONY J. CANTAGALLO
CITY MANAGER



(440) 992-7103
Fax: (440) 992-4515

April 15, 2011

[REDACTED]
Conneaut, OH 44030

RECEIVED
APR 18 2011
CITY AUDITOR
CITY OF ASHTABULA

Dear Mr. [REDACTED]:

I am pleased to announce that the City of Ashtabula wishes to recall you back to the position of Police Officer in the Ashtabula City Police Department, contingent upon the successful completion of a pre-employment drug screen.

Effective April 18, 2011, you will begin your assignment as Patrolman (Step-1) in the Police Department with an annual salary of \$46,307.86 plus benefits. Congratulations and good luck in this endeavor.

Do not hesitate to contact Chief Stell should you require any clarification on this matter.

Very Truly Yours

A handwritten signature in cursive script, appearing to read "Anthony J. Cantagallo".

Anthony J. Cantagallo

bjs

cc: Auditor
Civil Service
EEO
Department
File
FOP

CITY OF ASHTABULA
OFFICE OF CITY MANAGER

MUNICIPAL BUILDING
4717 MAIN AVENUE
ASHTABULA, OHIO 44004

ANTHONY J. CANTAGALLO
CITY MANAGER



(440) 992-7103
Fax: (440) 992-4515

CITY OF ASHTABULA INTEROFFICE MEMORANDUM

TO: ALL NEWLY HIRED EMPLOYEES
FROM: ANTHONY J. CANTAGALLO, CITY MANAGER
SUBJECT: CITY OF ASHTABULA POLICIES CONCERNING ON-THE-JOB INJURIES
DATE: 6/18/2009

Please read the attached memorandum concerning The City of Ashtabula policies for job-related injuries and illnesses. You are expected to know the current policies and procedures concerning job-related injuries and illnesses. You will be held accountable for abiding by them. After reading the policies, please sign below. This memo will remain in your personnel file.

.....

I, the undersigned have received a copy of the City of Ashtabula polices and procedures concerning job related injuries and illnesses. I am aware of my rights and responsibilities should I be injured on-the-job.

Si

4/19/11

Date

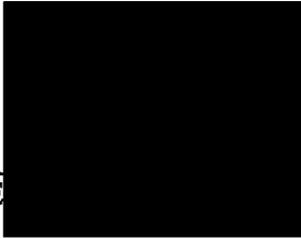
ACKNOWLEDGEMENT OF RECEIPT

CITY OF ASHTABULA DRUG-FREE WORKPLACE POLICY

Signing this form acknowledges that the employee has received a copy of the City of Ashtabula's Drug-Free Workplace Policy, has had an opportunity to have questions answered and understands all the provisions in the Policy. Although this reflects the City's current Policy regarding substance use, it may be necessary to make changes from time to time to best serve the needs of our organization. However, any changes deemed necessary will be made in writing, and the modified Policy will be shared with every employee.

By my signature below, I acknowledge that I have received a copy of the Drug-Free Workplace Policy adopted by the City of Ashtabula. I understand that it is my obligation to read, understand and comply with the procedures and provisions contained within this Policy.

4.19.11
Date Signed


E

Witness Signature


P

**CONSENT & RELEASE FORM FOR EMPLOYEES/APPLICANTS
(non-CDL drug and alcohol testing)**

I,  (applicant or employee name), as an employee or applicant of the City of Ashtabula, hereby acknowledge that the City of Ashtabula's Drug-Free Workplace Policy requires me to submit to urine drug testing and/or breath alcohol testing.

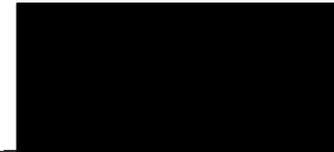
I further understand that the purpose of this analysis is to determine or rule out the presence of non-prescribed or prohibited dangerous controlled substances in my system.

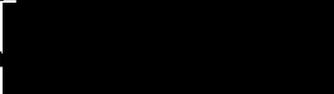
I hereby freely and voluntarily consent to this request for a urine sample and/or breath alcohol test, and agree to participate in the testing program.

I agree to cooperate in all aspects of the testing program.

I hereby authorize the release of my drug and or alcohol test results to the University Hospitals Corporate Health Medical Review Officer (MRO), and/or to the City of Ashtabula's examining physician, as provided by the City's Policy.

I further acknowledge that the City of Ashtabula has provided me with an opportunity to ask questions related to its drug and alcohol testing program and that all my questions have been answered.

Employee/Applicant Signature:  _____

Employee/Applicant Printed Name:  _____

Witness Signature: _____

Printed Name of Witness: _____

Date of Signatures: 4/9/11 _____

ACKNOWLEDGEMENT OF RECEIPT

**CITY OF ASHTABULA
VIOLENCE IN THE WORKPLACE POLICY**

Signing this form acknowledges that the employee has received a copy of the City of Ashtabula's Violence in the Workplace Policy, has had an opportunity to have questions answered and understands all the provisions in the policy. Although this reflects the City's current policy regarding violence in the workplace, it may be necessary to make changes from time to time to best serve the needs of our organization. However, any changes deemed necessary will be made in writing, and the modified policy will be shared with every employee.

By my signature below, I acknowledge that I have received a copy of the Violence in the Workplace Policy adopted by the City of Ashtabula. I understand that it is my obligation to read, understand and comply with the provisions contained within this policy.

4/9/11
Date Signed

[Redacted Signature] _____
[Redacted Signature] _____

CITY OF ASHTABULA

Transitional Work Program – Statement of Policy

As uncontrollable and prohibitive as worker's compensation rules may seem, employers still have the opportunity to minimize costs. A Transitional Work Program is among the options. The term "transitional work" does not imply that the returning employee is less than productive. A well-managed Transitional Work Program shows far-reaching benefits.

This statement of policy concerning our Transitional Work Program (TWP) explains the nature and reason for implementation of this program. This allows injured employees who are on restrictions due to a workplace injury to be able to return to work under a Transitional Work Program and be productive before they are able to return to their normally assigned duty at full capacity.

This statement of policy clearly indicates that the restricted work program benefits both the employee and the company by:

- Compensating employees with normal pay for hours worked instead of reduced earnings allowed by worker's compensation.
- Reducing lost workdays associated with work-related injuries and their subsequent effect on productivity.
- Controlling insurance costs related to work injuries.
- Preventing partially and temporarily disabled employees from losing their work habit.
- Expediting the medical rehabilitation of employees by returning employees to some level of productive work.

This policy emphasizes that the Transitional Work Program will not aggravate the medical condition of the injured employee and that every effort will be made to ensure that their safety and health will be protected while working within their restrictions.

Work related injuries and non-work related injuries would be considered for this program, with non-work related injuries being considered on a case-by-case basis. To qualify, the employee must be released by their physician of record to participate in a TWP at a minimum of four hours per day, five days per week with documented increases up to six hours per day by the 45th day of participation in the program, and eight hours per day by the 60th day of participation. The Fire department eligibility requirements will be a minimum of twenty hours per a seven-day work week with documented increases to thirty hours within 45 days, and forty hours by the 60th day of participation. Also, the employee must have potential to return to their original job, original job with permanent modifications, or another targeted job that may be identified and perform the essential job functions after recovery. An employee will be accommodated for up to 90 days. The 90 day period will begin with the date of release to work and will end upon removal of the restrictions or the end of the 90 days, which ever comes first. Continuation of transitional work beyond 90 days will be considered on a case-by-case basis. Carolyn Sheldon, the Return to Work Coordinator, and your supervisor will coordinate your transition back to work. Every effort will be made to provide meaningful work within the restrictions placed by his/her doctor. The employee will be assigned to regular work areas, depending on the scope of their restrictions. Employees in the TWP will be paid their same rate of pay while participating in the program.

By signing this form, I acknowledge that I have been informed of the Transitional Work Policy.



4/19/11
Date

CITY OF ASHTABULA
OFFICE OF CITY MANAGER

MUNICIPAL BUILDING
4717 MAIN AVENUE
ASHTABULA, OHIO 44004



ANTHONY J. CANTAGALLO
CITY MANAGER

(440) 992-7103
Fax: (440) 992-4515

January 21, 2011

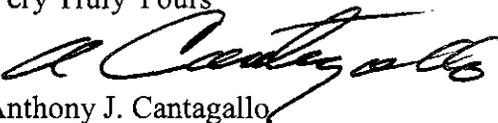
[REDACTED]
Conneaut, OH 44030

Dear Mr. [REDACTED]:

Please let this letter serve to notify you that your commission as patrol officer for the City of Ashtabula will remain in tact while you are on lay off status. This is in accordance with the FOP #26 Union Agreement, Article XXXIII, Lay offs and Restoration.

Do not hesitate to contact Chief Stell should you require any clarification on this matter.

Very Truly Yours


Anthony J. Cantagallo

bjs

cc: \ Auditor
Civil Service
EEO
Department
File
FOP

RECEIVED

JAN 24 2011


CITY AUDITOR
CITY OF ASHTABULA

CITY OF ASHTABULA
OFFICE OF CITY MANAGER

MUNICIPAL BUILDING
4717 MAIN AVENUE
ASHTABULA, OHIO 44004



ANTHONY J. CANTAGALLO
CITY MANAGER

(440) 992-7103
Fax: (440) 992-4515

RECEIVED
JAN 07 2011
MICHAEL A. ZULLO, CPA
CITY AUDITOR
CITY OF ASHTABULA

January 7, 2011

[REDACTED]
Conneaut, OH 44030

Dear Mr. [REDACTED]:

It is with regret that I make this notification. Due to the current financial situation of the City, I am implementing a city lay off. Effective January 17, 2011 at the end of your shift, you will be laid off until further notice.

You will be subject to recall upon improvement in the City's financial condition.

Sincerely,

A handwritten signature in cursive script that reads "A Cantagallo".

Anthony J. Cantagallo
Ashtabula City Manager

bjs

cc: Auditor
Civil Service
Department
EEO
File

TO: PAYROLL DEPARTMENT

PLEASE ENTER THE FOLLOWING CHANGE(S) TO YOUR RECORDS TAKING EFFECT ON:		DATE & TIME December 27, 2010
EMPLOYEE NAME [REDACTED]		
SOCIAL SECURITY NO. X X X - X X - [REDACTED]	DEPARTMENT Police	CLOCK NO. RECEIVED

JAN 10 2011

THE CHANGE(S):

<input checked="" type="checkbox"/> All Applicable Boxes	FROM	MICHAEL A. ZULLO, CPA CITY AUDITOR CITY OF ASHTABULA
<input type="checkbox"/> DEPARTMENT	Patrolman Entrance	Patrolman Step-1
<input type="checkbox"/> JOB		
<input type="checkbox"/> SHIFT		
<input checked="" type="checkbox"/> RATE	\$44,101.38	\$46,307.86
<input type="checkbox"/> OTHER _____		
<input type="checkbox"/> OTHER _____		

THE REASON FOR THE CHANGE(S):

<input type="checkbox"/> HIRED	<input checked="" type="checkbox"/> PROBATIONARY PERIOD COMPLETED
<input type="checkbox"/> RE-HIRED	<input checked="" type="checkbox"/> LENGTH OF SERVICE INCREASE
<input type="checkbox"/> PROMOTION	<input type="checkbox"/> RE-EVALUATION OF EXISTING JOB
<input type="checkbox"/> DEMOTION	<input type="checkbox"/> RESIGNATION
<input type="checkbox"/> TRANSFER	<input type="checkbox"/> RETIREMENT
<input type="checkbox"/> MERIT INCREASE	<input type="checkbox"/> LAYOFF
<input type="checkbox"/> UNION SCALE	<input type="checkbox"/> DISCHARGE
<input type="checkbox"/> LEAVE OF ABSENCE FROM _____ (DATE) UNTIL _____ (DATE)	
<input type="checkbox"/> OTHER (Explain) <u>Hire date 01-19-2010</u>	

AUTHORIZATION:

RECOMMENDED BY Chief Robert D. Stell	DATE 12-01-2010
AUTHORIZED BY 	DATE 11/24/10

CITY OF ASHTABULA
OFFICE OF CITY MANAGER

MUNICIPAL BUILDING
4717 MAIN AVENUE
ASHTABULA, OHIO 44004

ANTHONY J. CANTAGALLO
CITY MANAGER



RECEIVED (440) 992-7103
fax: (440) 992-4515

JAN 04 2011

MICHAEL A. ZULLO, CPA
CITY AUDITOR
CITY OF ASHTABULA

DATE: December 27, 2010
TO: Michael Zullo, City Auditor
FROM: Anthony J. Cantagallo, City Manager
SUBJECT: End of Probation - Patrolman – Police Department

A handwritten signature in black ink, likely belonging to Michael A. Zullo, the City Auditor.

This memorandum serves as notification for the end of probationary period for Patrolman in the Police Department.

Effective December 27, 2010, [REDACTED] has successfully completed his probationary period as Patrolman in the Police Department. As such he will be upgraded to Patrolman Step 1 with a salary of \$46,307.86 annually, effective on said date.

Please contact this office should you have any questions pertaining to this matter.

bjs

cc: Civil Service
Department
EEO
file
FOP

CITY OF ASHTABULA
OFFICE OF CITY MANAGER

MUNICIPAL BUILDING
4717 MAIN AVENUE
ASHTABULA, OHIO 44004



ANTHONY J. CANTAGALLO
CITY MANAGER

(440) 992-7103
Fax: (440) 992-4515

RECEIVED

JAN 04 2011

MICHAEL A. ZULLO, CPA
CITY AUDITOR
CITY OF ASHTABULA

December 27, 2010

[REDACTED]
Conneaut, OH 44030

Dear Mr. Gilliespie:

This letter serves to notify you of your upgrade to the status of Patrolman Step 1, in the Police Department for the successful completion of your probationary period.

Your salary will be \$46,307.86 annually effective December 27, 2011 and is commensurate with the duties of this position and consistent with the FOP #26 Union Agreement.

Do not hesitate to contact me should you have any questions pertaining to this matter.

Sincerely,

A handwritten signature in cursive script, appearing to read "A. Cantagallo".

Anthony J. Cantagallo
Ashtabula City Manager

bjs

cc: Auditor
Civil Service
Department
EEO
File
FOP



RICHARD CORDRAY
OHIO ATTORNEY GENERAL



January 26, 2010

Chief Robert D. Stell
Ashtabula Police Department
110 West 44th Street
Ashtabula, Ohio 44004

RECEIVED

OCT 12 2010

MICHAEL A. ZULLO, CPA
CITY AUDITOR
CITY OF ASHTABULA

Re: Request for Prior Equivalent Training Analysis: [REDACTED]

Dear Chief Stell:

Recently the policy concerning peace officer training determinations was revised. We have determined the above named officer meets the new requirements.

No later than July 26, 2010, the officer must attend and complete in one Ohio Peace Officer Training Commission (OPOTC) approved training course the Ohio Revised Code (ORC) portion of legal instruction (30 hours); successfully pass the handgun requalification standards with an OPOTC certified firearms instructor; and, successfully pass the state certification exam. The officer must submit the requalification documentation to the school commander to be presented to the OPOTC field agent at the closing audit.

After attending and completing ORC training and successfully completing the requalification standards, the final written examination will be scheduled through the school commander and the OPOTC field agent. A copy of the of lesson plans for all portions of the Ohio peace officer basic training curriculum is enclosed. The officer may use this to study for the state certification exam.

Please note the officer cannot perform the functions of a peace officer or carry a weapon in connection with those duties until s/he has been awarded a certificate of training signed by the executive director of the Ohio Peace Officer Training Commission.

If we may be of further assistance to your or your officer, please do not hesitate to call.

Sincerely,

Jill Gregory
Certification Officer
Professional Standards



RICHARD CORDRAY
OHIO ATTORNEY GENERAL

RECEIVED

NOV 12 2010

MICHAEL A. ZULLO, CPA
CITY AUDITOR
CITY OF ASHTABULA, OHIO



REQUEST FOR NATIONAL WEBCHECK®

All information must be typed or printed.

This completed form is to be returned to the school commander by the student.

INSTRUCTIONS TO NATIONAL WEBCHECK® FACILITY

- Transaction Type is "BFBI" (Both BCI&I and FBI).
- Reason Fingerprinted is "Law Enforcement Employment" or "Law Enforcement/Criminal Justice" for BCI&I and "Law" for FBI.
- This is a **Direct Copy** Transaction for the Ohio Peace Officer Training Commission (OPOTA).

TO BE COMPLETED BY STUDENT

I am scheduled to attend an Ohio Peace Officer Training Commission-approved Program to be held at:

_____ beginning on _____
(academy name) (date)

As part of the enrollment process, the Ohio Peace Officer Training Commission (OPOTC) requires that I have a criminal record background check conducted within 90 days of the above date by the Ohio Bureau of Criminal Identification and Investigation (BCI&I) and the Federal Bureau of Identification (FBI). Therefore, I am requesting a National WebCheck®, 10-digit, for law enforcement purposes.

Name: _____

Alias: _____

Date of Birth: 4.27.83 Social Security Number: _____

Driver License Number: _____ Issuing State: Virginia

Address (including P.O. Box, if applicable): _____

City: Conneaut State: Ohio Zip Code: 44030

Name of Fingerprinting Agency: Ashtabula County Sheriff's Dept.

Signature of Person Being Fingerprinted: _____ Date Fingerprinted: 1-19-10

This completed form is to be returned to the school commander by the student.

Jackie Berardo
Deputy
Auditor

ASHTABULA POLICE DEPARTMENT

RECEIVED

OCT 12 2010

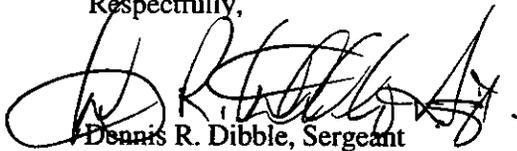
MICHAELA ZULLO, CPA
CITY AUDITOR
CITY OF ASHTABULA

TO: SERGEANT KOSKI
FROM: SERGEANT DIBBLE
SUBJECT: Ptlm. [REDACTED] RELEASE FOR DISPATCH
DATE: 2/19/2010
CC: FILE

Sergeant Koski,

Ptlm. [REDACTED] has completed his communications training for dispatch. Ptlm. [REDACTED] was very familiar with our computer program (TAC) which allowed him to progress quickly. Ptlm. [REDACTED] was previously a dispatcher for Conneaut PD prior to spending the last five years in Washington D. C. PD. Conneaut PD is similar to that of our department with the way dispatch is performed and the software involved allowing Ptlm. [REDACTED] to quickly refresh himself on the dispatch duties in our area. Just after a few days with Ptlm. Hosken on the desk, Ptlm. [REDACTED] showed that he was capable of working the desk by himself and has done so successfully over the past several weeks. Ptlm. [REDACTED] shows self confidence and professionalism while working the desk. Ptlm. [REDACTED] is finishing up with the academy at this time, he has a couple of make up classes to attend and he should be ready for the state test. After completion and passing of the state test, we can then train him for the road. The length of time for his road training will depend on his overall progress for which I do not foresee any problems.

Respectfully,


Dennis R. Dibble, Sergeant

To: Sgt Dibble

From: Ptl Hosken

Ref: PPO [REDACTED]

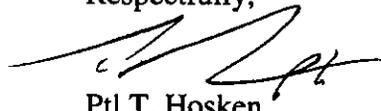
RECEIVED

OCT 12 2007

MICHAEL A. ZULLO, CPA
CITY AUDITOR
CITY OF ASHTABULA

PPO [REDACTED] has been able to do dispatch duties without assistance. There are some instances in which he may need assistance for things that are not frequent in nature. He retained a lot of his knowledge of dispatch duties from Conneaut which has helped him. I believe he is able to be in dispatch without assistance and I advised him if he needed some assistance with anything he could call me.

Respectfully,



Ptl T. Hosken

ASHTABULA POLICE DEPARTMENT

TO: SERGEANT KOSKI
FROM: SERGEANT DIBBLE
SUBJECT: PTLM. [REDACTED] RELEASE FOR DUTY
DATE: 6/2/2010
CC: FILE

RECEIVED

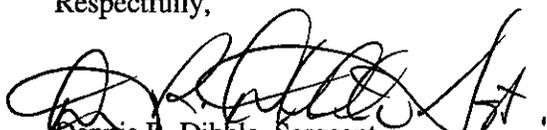
OCT 12 2010

MICHAEL A. ZULLO, CPA
CITY AUDITOR
CITY OF ASHTABULA

Sergeant Koski,

Ptlm. [REDACTED] has successfully completed our departments FTO program for an experienced officer effective June 2, 2010. I recommend that Ptlm. [REDACTED] be released from the program and placed on a platoon to perform his duties as a police officer, for the City of Ashtabula. Please forward this to Chief Stell for review and the release of Ptlm. [REDACTED] I will have all his paperwork and evaluations forthcoming.

Respectfully,


Dennis R. Dibble, Sergeant

OCT 12 2003

MICHAEL A. ZILLO, CPA
CITY AUDITOR
CITY OF ASHTABULA

	District #2		District #3		District #4	
1	Murray Ave.	55 (+)	Crane Ave.	69 (+)	Arlington Ave.	28 (+)
2	Cortland Ave.	1 (+)	MFG Place	14 (+)	Burlingham Ave.	27 (+)
3	Amelia Ave.	43 (+)	Dunsmore Ave.	85 (+)	Archdale	23 (+)
4	Jaycee Ave.	50 (+)	1800blk W. 48th	11 (+)	Mariska Ave.	74 (+)
5	Parkwood Village	8 (-)	Rodgers Place	67 (+)	Commercial Place	35 (+)
6	Progress Place	47 (+)	Humphrey Ave.	61 (+)	1100blk Harmon Rd	76 (+)
7	George Place	44 (+)	Forrestal Place	19 (+/-)	Maruba Ave.	31 (+)
8	Popular Ave.	6 (+)	Hiawatha Ave.	62 (+)	Wilbur Ave.	36 (+)
9	Dunbar Ave.	56 (+)	Spencer Ave.	60 (+)	Anthony Ave.	83 (+)
10	Rogers Road	49 (+)	National Place	16 (+)	Grant Ave.	25 (+)
11	Woodly Ct	5 (-)	Rockwell Place	40 (+)	Samar Lane	81 (+)
12	Amsden Ct	48 (+)	Audrey Place	68 (+)	1200blk Scott Ave.	75 (+/-)
13	Crystal Ave.	52 (+)	Bell Court	15 (+)	East Lakecliff	77 (+)
14	800blk W. 54th	3 (+)	Newberry Lane	59 (+)	Richard Ave	32 (+)
15	Hiram Ave.	2 (+)	Bob White Dr	66 (+)	Woodland Ave.	86 (+)
16	Crosby Court	58 (+)	Merreddy Dr	21 (+)	Deerfield Ave.	30(+)
17	Park Place	4 (+)	Stark Ave.	88 (+)	Parkgate Ave.	78 (+)
18	500blk W. 46th St.	89 (-)	McKinley Ave.	17 (+)	Gladding Ave.	64 (+)
19	Marion Drive	7 (+)	Altman Ct.	20 (+)	Eleanor Dr.	26 (+)
20	Dwight Ave.	41 (+)	Coleman Ct.	87 (+)	Hill Ave.	73 (+)
21	Birchwood Ave.	51 (+)	Alfred Dr.	18 (+)	Hawthorne Ave.	79 (+)
22	Ogden Ave.	10 (+)	Great Lakes Ave.	63 (+)	Duquesne Ave.	65 (+)
23	Holden Dr.	54 (+)	Christy Ct.	84 (-)	Spruce St.	71 (+)
24	Phillips Dr	9 (+)	Brianna Ct.	22 (+)	Stewart Ave.	33 (+/-)
25	Knollwood Ave.	90 (+)	Cardinal Dr.	80 (+)	Laurel Ct.	38 (+)
26	Fox Dr	53 (+)	Larson Lane	70 (+)	McKelvey Ave.	37 (+)
27	McCreery Ave.	45 (+)	Seymour Dr.	12 (+)	Giannell Ave.	72 (+)
28	Cornell Ave.	46 (+)	Perryville Place	57(+)	Treelane Dr.	29 (+)
29	Ross Road	42 (+)	Superior Ave.	39 (+)	Highland Ave.	82(+)
30	Runkle Ave.	24 (+)	200blk W. 35th St.	13 (+)	Saybula Dr.	34 (+)

This evaluation of Ptlm. [REDACTED] was broken up into 2 days with 80 streets done on the first day and 10 done on the second day. Ptlm. [REDACTED] was able to find 86 of the streets but 3 of them were with hesitation or readjusted. Ptlm. [REDACTED] did not always utilize the best route on his way to the selected street, but in most cases he did get me there in a timely Manner.

The number in the box represents the order the street was given to the P/O
 (+) Indicates that the P/O was able to locate the street without hesitation and in a timely manner.
 (+/-) Indicates that the P/O showed hesitation/difficulty or readjusted to locate the street.
 (-) Indicates that the P/O was unable to locate the street



CITY OF ASHTABULA
OFFICE OF THE POLICE CHIEF

110 WEST 44TH STREET, UNIT 1
ASHTABULA, OHIO 44004-6915



ROBERT D. STELL
CHIEF OF POLICE

(440) 992-7125
(440) 992-7172
FAX (440) 998-4523
CHIEF'S FAX (440) 998-5068
E-MAIL: astell@ashtabula.com

RECEIVED

AUG 31 2010

MICHAEL A. ZULLO, CPA
CITY AUDITOR
CITY OF ASHTABULA

To: Lt. Brown, Ptlm. Greenberg, Ptlm. [REDACTED]
From: Chief Stell
Ref: Letter of Recognition

On 08/15/2010 you responded to a report of a disturbance involving James "Poo" Dyer. (#1003733) Your professional handling of this call resulted in the arrest of Dyer and the recovery of a loaded firearm and approx. 11 grams of crack cocaine. This convicted felon is looking at Federal charges thanks to your attention to detail. This "heads up" police work is exactly what is needed in our city.

Please accept this letter of recognition for a job well done.

Respectfully,

Robert D. Stell
Chief of Police



CITY OF ASHTABULA
OFFICE OF THE POLICE CHIEF

110 WEST 44TH STREET, UNIT 1
ASHTABULA, OHIO 44004-6915



ROBERT D. STELL
CHIEF OF POLICE

RECEIVED

JUL 2 2010

MICHAEL A. ZULLO, CPA
CITY AUDITOR
CITY OF ASHTABULA

(440) 992-7125
(440) 992-7172
FAX (440) 998-4523
CHIEF'S FAX (440) 998-5068
E-MAIL rstell@ashtabula.com

To: Sgts. Koski, Altonen, Parkomaki, Blaney and Ptlm. Burns, ██████████ Ellison, Erwin,
A. Tulino, Felt, Wolford, Hollis
From: Chief Stell
Ref: Letter of Recognition (6/12/10 Shooting Incident)
7/15/10

Officers,

Please accept this letter of recognition for your outstanding professionalism in the handling of the officer involved shooting incident on 6/12/10. The shooting incident itself and the large hostile crowd surely presented an immense challenge to you. This incident was very volatile and could have been much worse if not for the exceptional performance of your duties.

Sincerely,

Chief Robert D. Stell

Cc: City Manager
Operations
File

CITY OF ASHTABULA
OFFICE OF CITY MANAGER

MUNICIPAL BUILDING
4717 MAIN AVENUE
ASHTABULA, OHIO 44004



ANTHONY J. CANTAGALLO
CITY MANAGER

(440) 992-7103
Fax: (440) 992-4515

June 30, 2010

[REDACTED]
Conneaut, OH 44030

Dear Mr. [REDACTED]:

Please accept this letter to rescind your lay off letter dated June 22, 2010. There will be further discussion on this matter with City Council

Contact Chief Stell should you have any questions pertaining to this matter.

Sincerely,

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

Anthony J. Cantagallo
Ashtabula City Manager

bjs

cc: Auditor
file

RECEIVED *MP*

JUL - 1 2010

MICHAEL A. ZULLO, CPA
CITY AUDITOR
CITY OF ASHTABULA

CITY OF ASHTABULA
OFFICE OF CITY MANAGER

MUNICIPAL BUILDING
4717 MAIN AVENUE
ASHTABULA, OHIO 44004



ANTHONY J. CANTAGALLO
CITY MANAGER

(440) 992-7103
Fax: (440) 992-4515

June 22, 2010



Conneaut, OH 44030

Dear Mr. [REDACTED]:

It is with regret that I make this notification. Due to the current fiscal status of the City you are being laid off until further notice, effective July 2, 2010 at the end of your shift.

Please contact Carolyn Sheldon to turn in your employee badge and receive information pertaining to your health insurance.

Sincerely,

Handwritten signature of Anthony J. Cantagallo in cursive.

Anthony J. Cantagallo
Ashtabula City Manager

bjs

cc: Auditor
Civil Service
Department
EEO
File

RECEIVED

JUN 24 2010

MICHAEL A. ZULLO, CPA
CITY AUDITOR
CITY OF ASHTABULA



RICHARD CORDRAY
OHIO ATTORNEY GENERAL



January 26, 2010

RECEIVED ✓

FEB 03 2010

MICHAEL A. ZULLO, CPA
CITY AUDITOR
CITY OF ASHTABULA

Chief Robert D. Stell
Ashtabula Police Department
110 West 44th Street
Ashtabula, Ohio 44004

Re: Request for Prior Equivalent Training Analysis: [REDACTED]

Dear Chief Stell:

Recently the policy concerning peace officer training determinations was revised. We have determined the above named officer meets the new requirements.

No later than July 26, 2010, the officer must attend and complete in one Ohio Peace Officer Training Commission (OPOTC) approved training course the Ohio Revised Code (ORC) portion of legal instruction (30 hours); successfully pass the handgun requalification standards with an OPOTC certified firearms instructor; and, successfully pass the state certification exam. The officer must submit the requalification documentation to the school commander to be presented to the OPOTC field agent at the closing audit.

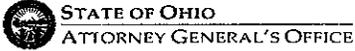
After attending and completing ORC training and successfully completing the requalification standards, the final written examination will be scheduled through the school commander and the OPOTC field agent. A copy of the of lesson plans for all portions of the Ohio peace officer basic training curriculum is enclosed. The officer may use this to study for the state certification exam.

Please note the officer cannot perform the functions of a peace officer or carry a weapon in connection with those duties until s/he has been awarded a certificate of training signed by the executive director of the Ohio Peace Officer Training Commission.

If we may be of further assistance to your or your officer, please do not hesitate to call.

Sincerely,

Jill Gregory
Certification Officer
Professional Standards



Ohio Peace Officer Training Commission
Peace Officer Basic Training Audit Sheet



Prepared for: [REDACTED] Ashtabula Police Department

2 Legal

1	General Provisions	2	✓
2	Ohio Revised Code		
	A. Homicide, Assault, Menacing	3	✓
	B. Kidnapping, Extortion	1	✓
	C. Sexual Assault	2	✓
	D. Prostitution, Obscenity	2	✓
	E. Arson & Related Offenses	2	✓
	F. Robbery, Burglary, Trespass & Related Offenses	2	✓
	G. Theft, Fraud & Related Offenses	3	✓
	H. Gambling & Related Offenses	2	✓
	I. Liquor Control	1	✓
	J. Drug Offenses	2	✓
	K. Offenses Against Public Peace	2	✓
	L. Selected Offenses Against the Family	1	✓
	M. Offenses Against Justice and Public Administration	3	✓
	N. Conspiracy, Attempt, Complicity	1	✓
	O. Weapons	1	✓
		<u>30</u>	
	Total Hours	<u>30</u>	

Analysis valid 1/26/10 to 7/26/10 unless changes are made in the basic curriculum

Firearms requalification documentation must be submitted to the school commander.



City of Ashtabula
4400 Main Avenue
Ashtabula, Ohio 44004

RECEIVED
JUN 30 2008

BY: 10:30 ME APPLICATION FOR EMPLOYMENT
(PLEASE PRINT CLEARLY)

RECEIVED
FEB 02 2010

MICHAEL A. ZULLO, CPA
TREASURER
CITY OF ASHTABULA

In order that your application may be properly evaluated, it is essential that all of the questions be answered carefully and to the best of your ability. Feel free to provide information which will enable you and the CITY to derive the greatest benefit from your application. In addition, please attach a resume if you have one.

NAME (Last) _____ (First) _____ (Middle) _____ Date 6.24.08

ADDRESS _____ CITY Woodbridge STATE Virginia ZIP CODE 22192

PREVIOUS ADDRESS _____ CITY Leesbridge STATE Virginia ZIP CODE 22192

SOCIAL SECURITY NUMBER _____ TELEPHONE NUMBER _____ ARE YOU A U.S. CITIZEN? YES NO

POSITION APPLIED FOR: 1. Police Officer RATE OF PAY EXPECTED: 1. \$21.20 /hour EXPERIENCE: 1. 3 yrs. _____ mos.

2. _____ 2. _____ /hour 2. _____ yrs. _____ mos.

DO YOU CURRENTLY HAVE A VALID CDL? YES _____ NO IF YES, WHAT CLASS? _____ EXPIRES _____

HAVE YOU EVER WORKED FOR THE CITY OF ASHTABULA? YES _____ NO

IF YES, WHEN? FROM _____ TO _____ WHERE? _____

ON WHAT DATE WOULD YOU BE AVAILABLE TO BEGIN WORK? Any date

IN CASE OF EMERGENCY, NOTIFY _____ name _____ address _____ phone _____

HOW MANY DAYS WORK HAVE YOU MISSED DURING THE LAST 5 YEARS? 0 EXPLAIN: _____

WHAT OR WHO INTERESTED YOU IN THE CITY OF ASHTABULA? Native to Ashtabula

HAVE YOU EVER BEEN CONVICTED OF A CRIME? (excluding misdemeanors and summary offenses) YES _____ NO

IF YES, EXPLAIN: _____

Note - A conviction does not automatically mean you cannot be appointed. What you were convicted of, and how long ago, are important. Give all of the facts so that a decision can be made.

SCHOOLS	NAME AND LOCATION	YEARS ATTENDED	DEGREE	MAJOR SUBJECT	MINOR SUBJECT	AVERAGE GRADES
GRADE SCHOOL	<u>Ridgewood Elementary</u> <u>2456 Liberty St., Ashtabula OH</u>					
JR. HIGH SCHOOL	<u>Braden Jr. High</u> <u>3436 Edgewood Dr., Ashtabula</u>					
HIGH SCHOOL	<u>Edgewood Sr.</u> <u>2428 Blake Rd., Ashtabula OH</u>	<u>4</u>		<u>Gen</u>	<u>Gen</u>	<u>B</u>
COLLEGE(S)	<u>Kent State University</u> <u>3700 Lake Rd. W Ashtabula OH</u>	<u>4</u>	<u>Bachelor's</u>	<u>Criminal Justice</u>	<u>N/A</u>	<u>A-B</u>
TRADE, TECHNICAL OR BUSINESS SCHOOL	<u>Metropolitan Police Academy</u> <u>4665 Blue Plains Sta. DC</u>	<u>9 mo.</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>
GRADUATE SCHOOL(S)						

ARE THERE ANY OTHER EXPERIENCES, SKILLS, OR QUALIFICATIONS WHICH YOU FEEL WOULD ESPECIALLY FIT YOU FOR WORK WITH THE CITY OF ASHTABULA? Field Cabinet Certified, Intoxilyzer 5000, Drug Recognition, Urban Rifle Cert.

The Civil Rights Act of 1964 and Executive Order 1246 prohibits discrimination in employment because of race, color, religion, sex or national origin. Public Law 90-202 prohibits discrimination because of age. The laws of some states prohibit some or all of the above mentioned types of discrimination.

HAVE YOU EVER BEEN IN THE US MILITARY? YES _____ NO N IF YES, HOW LONG _____

BRANCH OF SERVICE _____ RESERVES _____ ACTIVE DUTY _____ SERVICE SERIAL NO. _____

RANK AT DISCHARGE _____ SERVICE JOB TITLE (duties) _____

HOW MANY EMPLOYERS HAVE YOU HAD INCLUDING YOUR CURRENT EMPLOYMENT? 4

LIST THE LAST THREE IN ORDER WITH YOUR LAST OR PRESENT EMPLOYER FIRST:

1. FROM: 6/05 month/year	TO: Present month/year	JOB TITLE: Officer	SUPERVISOR'S NAME AND TITLE Sgt. Timothy Steffes	SALARY: STARTING <u>\$3,000</u> AT TERMINATION <u>53,000</u>
COMPANY NAME AND ADDRESS: Metropolitan Police Dept. Washington DC 300 Indiana Ave NW 202.648.0150			REASON FOR LEAVING: Pursue Lt. Career Back Home in Ohio.	
DESCRIPTION OF DUTIES: Patrol and enforce laws in Washington DC. Maintain order and arrest violators of the law.				
2. FROM: 8/04 month/year	TO: 6/05 month/year	JOB TITLE: Dispatcher	SUPERVISOR'S NAME AND TITLE Kirk Hutchens Dispatcher	SALARY: STARTING <u>10 per hour</u> AT TERMINATION <u>11</u>
COMPANY NAME AND ADDRESS: 294 Main St. Coshocton Oh. 440.593.7446			REASON FOR LEAVING: Obtained position as officer in Washington DC.	
DESCRIPTION OF DUTIES: Answer calls for service (Emergency and Non) Dispatched Fire, EMS and Police ran Names and license through LEADS and NLE				
3. FROM: 9/00 month/year	TO: 8/04 month/year	JOB TITLE: Misc. Clerk	SUPERVISOR'S NAME AND TITLE Mark Warner Manager	SALARY: STARTING <u>5.75</u> AT TERMINATION <u>7.67</u>
COMPANY NAME AND ADDRESS: K-Mart 3711 N. Ridge Rd. Ashtabula OH 442.7440			REASON FOR LEAVING: Obtained Position as Dispatcher in Coshocton Police.	
DESCRIPTION OF DUTIES: Collect Carts, Operate Cash Register, Unload trucks, Assist Customers				

MAY WE CONTACT THE EMPLOYERS LISTED ABOVE? YES NO _____ IF NO, WHICH ONES? _____

The facts set forth above in my application for employment are true and complete. I understand that if employed, false statements on this application shall be considered sufficient cause for dismissal. You are hereby authorized to make any investigation of my employment history.

REFERENCES (Not former employees or relatives)	ADDRESS	TELEPHONE NO.
1. Sean Conboy	2908 Seminole Rd. Woodbridge, VA	781.838.2882
2. Lawrence Black	1329 Corcoran St. NW Washington DC	703.593.2536
3. Greg Stalter	3011 Lake Rd. W Ashtabula, Oh	440.964.8654

SIG _____ DATE 6.24.08

ADDITIONAL COMMENTS _____

RELEASE AUTHORIZATION

This is to advise that I, the undersigned, hereby waive any privilege I may have and authorize the City of Ashtabula, Ohio to inspect, copy, and/or receive all files or records of any nature whatsoever pertaining to me. You are, as recipient of this Release Authorization, authorized and instructed to make any and all files or records of any nature whatsoever pertaining to me immediately available to the Ashtabula City Police Department, of the City of Ashtabula upon your receipt of a signed or photocopy of this Release Authorization.

Date: 6.24.08

[Redacted Signature]

Social Security Number

4.27.1983
Date of Birth

Woodbridge, Virginia
22192

Summary of qualifications

[June 25th, 2005- Present] Metro Police Department, WashingtonDC

Police Officer

- Regular patrol either on foot or inside of a scout car. Enforce DC Code and traffic regulations. Investigate and arrest violators of the law. Testify in numerous court cases ranging from minor misdemeanors (assaults, DUIs, drug possession) to major felonies (aggravated assaults, distribution of narcotics). Applied and successfully obtained warrants for arrest in the District of Columbia. Participated in numerous CDU (Civil Disturbance Unit) deployments during events and times of unrest.

Education

[August, 2001- May2005] Kent State University- Ashtabula Branch

Criminal Justice Studies

- Bachelor of Arts Degree in Criminal Justice
- President of the Criminal Justice Club

Professional experience

[June 2004- June 2005] City of Conneaut Police Department

Intern/Dispatcher

- Initially began experiences as an intern learning about my local police department and how it functioned on a day to day basis.
- After completing my internship I applied for the position of a police and fire dispatcher. I retained this position until I relocated to Washington, DC.

Objective

To pursue a career of Law Enforcement in my home town of Ashtabula, Ohio.

Hobbies

Tae kwon do (Black Belt), Scuba Diving, and marksmanship.

Kent State University

This is to certify that
the Board of Trustees of Kent State University,
upon the recommendation of the Faculty, has conferred upon



the degree of
Bachelor of Arts

with all the honors, rights, and privileges of that degree.
Given at Kent, Ohio, this fourteenth day of May
two thousand and five.

R. Douglas Cowan
Chairperson, Board of Trustees

Robert Sikula-Schuman
University Registrar



Carol Cartwright
President of the University

James T. Tind
Interim Dean, College of Arts and Sciences



RICHARD CORDRAY
OHIO ATTORNEY GENERAL

REQUEST FOR PRIOR EQUIVALENT TRAINING ANALYSIS

Upon appointment as a peace officer, complete all portions of this form. Mail request to: Ohio Peace Officer Training Commission, Attn: Certification & Standards, P.O. Box 309, London, Oh 43140. Include:

- 1) a detailed breakdown of topics and hours of basic and advanced training for which credit is requested.
- 2) completed Request for National WebCheck®.

NAME: _____			DOB: <u>04/27/1983</u>			SSN: _____					
HOME ADDRESS: _____											
HOME PHONE			CITY			STATE			ZIP		
(<u>440</u>)			<u>224-2613</u>			<u>Conneaut,</u>			<u>Ohio</u>		
									<u>44030</u>		
OHIO APPOINTING AGENCY: <u>City of Ashtabula</u>											
AGENCY ADDRESS <u>110 West 44th Street</u>											
AGENCY PHONE (<u>440</u>)			CITY			STATE			ZIP		
<u>992-7156</u>			<u>Ashtabula</u>			<u>Ohio</u>			<u>44004</u>		
PREVIOUS LAW ENFORCEMENT TRAINING FOR WHICH CREDIT IS REQUESTED. THIS MAY BE POLICE AGENCY, COLLEGE OR MILITARY TRAINING.											
AGENCY NAME: <u>Metropolitan Police Department</u>											
DATES OF TRAINING: FROM			CITY			STATE			ZIP		
TO			<u>Washington D.C.</u>			<u>Ohio</u>			<u>20008</u>		
<u>08/2005</u>											
									<u>04/2006</u>		


SIGNATURE OF REQUESTING OFFICIAL

1/21/2010
DATE

Chief Robert D. Stell
TYPED NAME OF REQUESTING OFFICIAL

RECEIVED

FEB 01 2010

MICHAEL A. ZULLO, CPA
CITY AUDITOR
CITY OF ASHTABULA

PEACE OFFICER APPOINTMENT HISTORY

OFFICER'S NAME

SSN:

1. Appointed by: City of Ashtabula Agency Name Ashtabula/Ohio County /State

From: 01/19/2010 To: Present Position title: Patrolman
Month/Date/Year Month/Date/Year (Deputy, Reserve Officer, Etc.)

Appointment status: Full-Time Part-Time Auxiliary Reserve Special

2. Appointed by: Metropolitan Police Department Agency Name Washington D.C. County /State

From: 06/2005 To: 01/16/2010 Position title: Officer
Month/Date/Year Month/Date/Year (Deputy, Reserve Officer, Etc.)

Appointment status: Full-Time Part-Time Auxiliary Reserve Special

3. Appointed by: _____ Agency Name _____ County /State

From: _____ To: _____ Position title: _____
Month/Date/Year Month/Date/Year (Deputy, Reserve Officer, Etc.)

Appointment status: Full-Time Part-Time Auxiliary Reserve Special

4. Appointed by: _____ Agency Name _____ County /State

From: _____ To: _____ Position title: _____
Month/Date/Year Month/Date/Year (Deputy, Reserve Officer, Etc.)

Appointment status: Full-Time Part-Time Auxiliary Reserve Special

5. THIS SECTION TO BE COMPLETED BY THE OFFICER AND AN AGENCY OFFICIAL IN THE PRESENCE OF A NOTARY PUBLIC/ATTORNEY/ CLERK OF COURTS.

This is to certify that we understand that the above information will be used to determine whether the officer requires any mandated/update training and that the information set forth in this form is true and accurate to the best of our knowledge. All requested information has been researched for accuracy and, where applicable or necessary, documentation has been attached for purposes of verification and/or explanation. It is understood that, should any of the provided information be discovered inaccurate, it will void the determination made from this request. Further, it is also understood that submission of false information submitted to a governmental organization in pursuit of certification is a violation of section 2921.13 of the Ohio Revised Code.

[Redacted Signature]

City of Ashtabula Police Department
Name of requesting agency
110 West 44th Street

Signature of requesting official
Chief Robert D. Stell

Mailing address of requesting agency
Ashtabula, Ohio 44004

Typed name of requesting official

Mailing address (continued)

Sworn to and subscribed before me this 21ST day of JANUARY, 2010

in the county of ASHTABULA and the state of Ohio.

James D. [Signature] - My commission expires 10/07/2011
Signature of Notary/Attorney/Clerk of Courts

Affix seal here

2011



RICHARD CORDRAY
OHIO ATTORNEY GENERAL

**OHIO PEACE OFFICER TRAINING COMMISSION
PEACE OFFICER COMMISSION AND OATH OF OFFICE**

I. TO BE COMPLETED BY APPOINTEE:

On this date, you are hereby appointed as a peace officer to serve as a Patrolman for
position/title
 the City of Ashtabula pursuant to 737.02
department name ORC Section

As such, you shall swear or affirm the following:

I, [Redacted], do solemnly swear or affirm that I will support the
appointee

Constitution and Laws of the United States of America, the Constitution and Laws of the State of Ohio,
 and the Laws and Ordinances of City of Ashtabula and to the best of my ability will
political subdivision
 discharge the duties of the office of Patrolman
position/title

[Redacted]
appointee

Jan. 19, 2010

Date of Appointment

II. TO BE COMPLETED BY APPOINTING AUTHORITY:

By signing below, I hereby swear or affirm that [Redacted] is
appointee
 appointed to the above position pursuant to the authority vested in me by 737.02, and
ORC Section
 that the individual has personally appeared before me and signed this oath in my presence.

[Signature]

Signature of Appointing Authority

Anthony J. Cantagallo, City Manager

Typed Name of Appointing Authority and Title

III. NOTARY:

Sworn to and subscribed before me this 25th day of JANUARY, 2010.

James H. Ozman, Jr., Notary Public
State of Ohio

My commission expires 2011

[Signature]
Signature of Notary/Clerk of Courts



RICHARD CORDRAY
OHIO ATTORNEY GENERAL

REQUEST FOR NATIONAL WEBCHECK®

All information must be typed or printed.

This completed form is to be returned to the school commander by the student.



INSTRUCTIONS TO NATIONAL WEBCHECK® FACILITY

- Transaction Type is "BFBI" (Both BCI&I and FBI).
- Reason Fingerprinted is "Law Enforcement Employment" or "Law Enforcement/Criminal Justice" for BCI&I and "Law" for FBI.
- This is a **Direct Copy** Transaction for the Ohio Peace Officer Training Commission (OPOTA).

TO BE COMPLETED BY STUDENT

I am scheduled to attend an Ohio Peace Officer Training Commission-approved Program to be held at:

_____ beginning on _____
(academy name) (date)

As part of the enrollment process, the Ohio Peace Officer Training Commission (OPOTC) requires that I have a criminal record background check conducted within 90 days of the above date by the Ohio Bureau of Criminal Identification and Investigation (BCI&I) and the Federal Bureau of Identification (FBI). Therefore, I am requesting a National WebCheck®, 10-digit, for law enforcement purposes.

Name: _____

Alias: _____

Date of Birth: 4.27.83 Social Security Number: _____

Driver License Number: _____ Issuing State: Virginia

Address (including P.O. Box, if applicable): _____

City: Conneaut State: Ohio Zip Code: 44030

Name of Fingerprinting Agency: Ashtabula County Sheriff's Dept.

Signature of Person Being Fingerprinted: _____
Date Fingerprinted: 1-19-10
Jackie Berardo
Deputy Sheriff

This completed form is to be returned to the school commander by the student.

parkomaki

From: "Bernard, George (MPD)" <george.bernard@dc.gov>
To: "Sgt. William M. Parkomaki" <wparkomaki@cityofashtabula.com>
Sent: Tuesday, January 19, 2010 2:36 PM
Subject: RE: [REDACTED]

Officer [REDACTED] was employed with the Metropolitan Police Department from 6/2005 to 1/16/2010, and resigned in good standing.

From: Sgt. William M. Parkomaki [mailto:wparkomaki@cityofashtabula.com]
Sent: Tuesday, January 19, 2010 2:11 PM
To: Bernard, George (MPD)
Subject: [REDACTED]

Sergeant Bernard as per our telephone conversation would you please provide me with an e-mail response in regard to [REDACTED]. [REDACTED] was a Police Officer with Metro PD. The information that I need for Ohio to grant him prior equivalency training are his dates of service as a police officer with Metro PD and that he left Metro PD "in good standing." Thank you in advance.

William M. Parkomaki, Sergeant

1/19/2010



RECEIVED
JUN 30 2008

City of Ashtabula
4400 Main Avenue
Ashtabula, Ohio 44004

BY: 10:30 ME APPLICATION FOR EMPLOYMENT
(PLEASE PRINT CLEARLY)

In order that your application may be properly evaluated, it is essential that all of the questions be answered carefully and to the best of your ability. Feel free to give additional information which will enable you and the CITY to derive the greatest benefit from your application. In addition, please attach a resume if you have one.

NAME (Last) _____ (First) _____ (middle) _____ Date 6.24.08

ADDRESS _____ CITY Woodbridge STATE Virginia ZIP CODE 22192

PREVIOUS ADDRESS _____ CITY Woodbridge STATE Virginia ZIP CODE 22192

SOCIAL SECURITY NUMBER _____ TELEPHONE NUMBER _____

ARE YOU A U.S. CITIZEN? YES NO

POSITION APPLIED FOR: 1. Police Officer RATE OF PAY EXPECTED: 1. \$21.20 /hour EXPERIENCE: 1. 3 yrs. _____ mos.

2. _____ 2. _____ /hour 2. _____ yrs. _____ mos.

DO YOU CURRENTLY HAVE A VALID CDL? YES _____ NO IF YES, WHAT CLASS? _____ EXPIRES _____

HAVE YOU EVER WORKED FOR THE CITY OF ASHTABULA? YES _____ NO

IF YES, WHEN? FROM _____ TO _____ WHERE? _____

ON WHAT DATE WOULD YOU BE AVAILABLE TO BEGIN WORK? Any date

IN CASE OF EMERGENCY, NOTIFY _____ name _____ address Concrete Ch. phone _____

HOW MANY DAYS WORK HAVE YOU MISSED DURING THE LAST 5 YEARS? 0 EXPLAIN: _____

WHAT OR WHO INTERESTED YOU IN THE CITY OF ASHTABULA? Native to Ashtabula

HAVE YOU EVER BEEN CONVICTED OF A CRIME? (excluding misdemeanors and summary offenses) YES _____ NO

IF YES, EXPLAIN _____

Note - A conviction does not automatically mean you cannot be appointed. What you were convicted of, and how long ago, are important. Give all of the facts so that a decision can be made.

SCHOOLS	NAME AND LOCATION	YEARS ATTENDED	DEGREE	MAJOR SUBJECT	MINOR SUBJECT	AVERAGE GRADES
GRADE SCHOOL	<u>Polgovich Elementary</u> <u>780 Liberty St. Ashtabula OH</u>					
JR HIGH SCHOOL	<u>Braden Jr. High</u> <u>3436 Edgewood Dr. Ashtabula</u>					
HIGH SCHOOL	<u>Edgewood Sr.</u> <u>2428 Blake Rd. Ashtabula OH</u>	<u>4</u>		<u>Gen</u>	<u>Gen</u>	<u>B</u>
COLLEGE(S)	<u>Kent State University</u> <u>5700 Lake Rd. W. Ashtabula OH</u>	<u>4</u>	<u>Bachelor's</u>	<u>Criminal Justice</u>	<u>N/A</u>	<u>A-B</u>
TRADE, TECHNICAL OR BUSINESS SCHOOL	<u>Metropolitan Police Academy</u> <u>4665 Blue Plains SW DC</u>	<u>9 mo.</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>
GRADUATE SCHOOL(S)						

ARE THERE ANY OTHER EXPERIENCES, SKILLS, OR QUALIFICATIONS WHICH YOU FEEL WOULD ESPECIALLY FIT YOU FOR WORK WITH THE CITY OF ASHTABULA? Field Sobriety Certified, Intoxilyzer 5000, Drug Recognition, Urban Rifle Cert.

The Civil Rights Act of 1964 and Executive Order 12466 prohibits discrimination in employment because of race, color, religion, sex or national origin. Public Law 90-202 prohibits discrimination because of age. The laws of some states prohibit some or all of the above mentioned types of discrimination.

HAVE YOU EVER BEEN IN THE US MILITARY? YES _____ NO IF YES, HOW LONG _____

BRANCH OF SERVICE _____ RESERVES _____ ACTIVE DUTY _____ SERVICE SERIAL NO. _____

RANK AT DISCHARGE _____ SERVICE JOB TITLE (duties) _____

HOW MANY EMPLOYERS HAVE YOU HAD INCLUDING YOUR CURRENT EMPLOYMENT? 4

LIST THE LAST THREE IN ORDER WITH YOUR LAST OR PRESENT EMPLOYER FIRST:

1. FROM: 6/05 month/year	TO: Present month/year	JOB TITLE: Officer	SUPERVISOR'S NAME AND TITLE: Sgt. Timothy Steffes	SALARY: STARTING <u>\$3,000</u> AT TERMINATION <u>53,000</u>
COMPANY NAME AND ADDRESS: Metropolitan Police Dept. Washington DC 300 Indiana Ave NW 202,648,0150			REASON FOR LEAVING: Pursue Lt. Corcoran back home in Ohio.	
DESCRIPTION OF DUTIES: Patrol and enforce laws in Washington DC Maintain order and arrest violators of the law.				
2. FROM: 8/04 month/year	TO: 6/05 month/year	JOB TITLE: Dispatcher	SUPERVISOR'S NAME AND TITLE: Kirk Hutchens Dispatcher	SALARY: STARTING <u>10 per hour</u> AT TERMINATION <u>11</u>
COMPANY NAME AND ADDRESS: 784 Main St. Cincinnati Oh. 440,593,7446			REASON FOR LEAVING: Obtained position as Officer in Washington DC.	
DESCRIPTION OF DUTIES: Answer calls for service (Emergency and Non) Dispatched Fire, EMS and Police ran Names and license through LEADS and NCIC				
3. FROM: 9/00 month/year	TO: 8/04 month/year	JOB TITLE: Misc. Clerk	SUPERVISOR'S NAME AND TITLE: Mark Worma Manager	SALARY: STARTING <u>5.75</u> AT TERMINATION <u>7.62</u>
COMPANY NAME AND ADDRESS: K-Mart 331 N. Ridge Rd. Ashtabula OH 442,7440			REASON FOR LEAVING: Obtained Position as Dispatcher in Cincinnati Police.	
DESCRIPTION OF DUTIES: Collected Cords, Operate Cash Register, Unload trucks, Assist Customers				

MAY WE CONTACT THE EMPLOYERS LISTED ABOVE? YES NO _____ IF NO, WHICH ONES? _____

The facts set forth above in my application for employment are true and complete. I understand that if employed, false statements on this application shall be considered sufficient cause for dismissal. You are hereby authorized to make any investigation of my employment history.

REFERENCES (Not former employees or relatives)	ADDRESS	TELEPHONE NO.
1. Sean Conboy S/N, M, T - off	2908 Seminole Rd. Woodbridge, VA	781.838.2882
2. Lawrence Black W/A off	1324 Concoran St. NW Washington DC	703.593.2536
3. Greg Holder	3011 Lake Rd. W Ashtabula, Oh	440.964.9651

SIG

DATE

6.24.08

ADDITIONAL COMMENTS:

RELEASE AUTHORIZATION

This is to advise that I, the undersigned, hereby waive any privilege I may have and authorize the City of Ashtabula, Ohio to inspect, copy, and/or receive all files or records of any nature whatsoever pertaining to me. You are, as recipient of this Release Authorization, authorized and instructed to make any and all files or records of any nature whatsoever pertaining to me immediately available to the Ashtabula City Police Department, of the City of Ashtabula upon your receipt of a signed or photocopy of this Release Authorization.

Date: 6.24.08

N

Social Security Number

4.27.1983
Date of Birth

Woodbridge, Virginia
22192

**Summary of
qualifications**

[June 25th, 2005- Present] Metro Police Department, WashingtonDC

Police Officer

- Regular patrol either on foot or inside of a scout car. Enforce DC Code and traffic regulations. Investigate and arrest violators of the law. Testify in numerous court cases ranging from minor misdemeanors (assaults, DUIs, drug possession) to major felonies (aggravated assaults, distribution of narcotics). Applied and successfully obtained warrants for arrest in the District of Columbia. Participated in numerous CDU (Civil Disturbance Unit) deployments during events and times of unrest.

Education

[August, 2001- May2005] Kent State University- Ashtabula Branch

Criminal Justice Studies

- Bachelor of Arts Degree in Criminal Justice
- President of the Criminal Justice Club

**Professional
experience**

[June 2004- June 2005] City of Conneaut Police Department

Intern/Dispatcher

- Initially began experiences as an intern learning about my local police department and how it functioned on a day to day basis.
- After completing my internship I applied for the position of a police and fire dispatcher. I retained this position until I relocated to Washington, DC.

Objective

To pursue a career of Law Enforcement in my home town of Ashtabula, Ohio.

Hobbies

Tae kwon do (Black Belt), Scuba Diving, and marksmanship



THOMAS P. LECHOWICK, M.A.

Licensed Psychologist

Ohio License #2589

West Main Professional Building
203 West Main Street, Suite 107
Geneva, Ohio 44041-1206

Telephone: (440) 466-7775

Fax: (440) 466-7775

November 18, 2009

Chief Robert Stell
Ashtabula City Police Department
110 West 44th Street
Ashtabula, Ohio 44004

Dear Chief Stell,

I am happy to inform you that Mr. [REDACTED] (d.o.b. 4/27/1963) successfully completed his psychological testing battery. As such, from a psychological point of view, I can recommend him without any reservations for the position of full-time police officer with the City of Ashtabula.

Thank you for allowing me to be of assistance to the Department.

Report Respectfully Submitted By:

Thos. P. Lechowick M.A.

Thomas P. Lechowick, M.A.
Licensed Psychologist
Ohio License #2589

Frank J. Hocevar, ACP
P.O. Box 412
Geneva, Ohio 44041

November 17, 2009

Robert D. Stell, Chief
Ashtabula Police Department
110 West 44th St. Unit 1
Ashtabula, Ohio 44004

RE: [REDACTED] Preemployment Polygraph Examination

Dear Chief Stell:

On November 17, 2009, [REDACTED] (DOB 4/27/1983) took a Preemployment Polygraph Examination at 27 West Main Street, Geneva, Ohio. Mr. [REDACTED] was examined as a candidate for the position of Police Officer with the City of Ashtabula, Ohio.

During the testing procedure, [REDACTED] answered questions pertaining to his physical condition, past employment history, traffic record, prior theft offenses, criminal history, use of narcotics and illegal drugs, drinking habits, credit history, medical history as well as his truthfulness on the Application for Employment with the City of Ashtabula, Ohio and in his interviews with Ashtabula City Officials. All of the above issues were carefully discussed, relevant questions were developed and interspersed with various irrelevant and comparison questions which were asked during the examination.

It is the opinion of the polygraphist, based upon the polygraph examination of [REDACTED] that he answered all of his pertinent test questions truthfully, therefore, passing his polygraph examination.

Respectfully submitted,



Frank J. Hocevar, ACP
Certified Polygraphist

Frank J. Hocevar, ACP
P.O. Box 412
Geneva, Ohio

November 17, 2009

Robert D. Stell, Chief
Ashtabula Police Department
110 West 44th Street Unit 1
Ashtabula, Ohio 44004

RE: [REDACTED] Preemployment Polygraph Examination

Dear Chief Stell::

INFORMATIONAL USE ONLY

On November 17, 2009, [REDACTED] (DOB 4/27/1983) took a Preemployment Polygraph Examination at 27 West Main Street, Geneva, Ohio. [REDACTED] was examined as a candidate for the position of Police Officer with the City of Ashtabula Police Department.

During the testing procedure, [REDACTED] stated the following:

- ◆ He is in excellent health and not under a doctors care at this time. He just took his physical for the Ashtabula Police Department and was found to be in excellent health. He has never taken any prescription medications. His Psychological Examination is scheduled for later this date.
- ◆ He is currently living in Woodbridge, Virginia and working for the Washington, D.C. Police Department where he has been employed since June, 2004. He received a Bachelors Degree in Criminal Justice from Kent State University and completed his police academy training at the Washington, D.C. Police Department. While attending Kent State, he did some training with the Conneaut Police Department as part of his school requirements. He is currently engaged and his fiancé is currently employed with the Drug Enforcement Agency in Washington, D.C.
- ◆ His credit is excellent and he has never been late or defaulted on any of his bills. He has never filed bankruptcy and has no court judgements against him.

- ◆ He has never been sued nor has he ever sued anyone.
- ◆ He has never been fired or asked to resign. His attendance at his present job is perfect and has never had any disciplinary problems. He feels that his current and former employers will give him an excellent reference.
- ◆ He drinks very little alcohol and has never had any alcohol related issues.
- ◆ He has never been arrested or convicted of a crime. While working for the Washington, D.C. Police Department he has never done anything illegal.
- ◆ He has never stolen anything.
- ◆ He has only received one traffic citation and that was in North Kingsville where he was issued a citation for speed. He does carry insurance on his vehicle.
- ◆ He smoked Marijuana once in 2002 and never tried it again. He has never tried any other type of illegal drugs nor has he ever sold any.
- ◆ He currently has Civil Service applications pending with Cleveland Police Department and the Ohio Highway Patrol.
- ◆ He feels that there is absolutely nothing in his background that would disqualify him from becoming a member of the Ashtabula Police Department.

Respectfully submitted,


Frank J. Hodevar, ACP
Certified Polygraphist

OATH OF

as Police Patroman

the City of Ashtabula, Filed this

19th day of January 2010.

Approved *[Signature]*
City Manager

=====

=====

CITY OF ASHTABULA
OFFICE OF CITY MANAGER

MUNICIPAL BUILDING
4717 MAIN AVENUE
ASHTABULA, OHIO 44004



ANTHONY J. CANTAGALLO
CITY MANAGER

(440) 992-7103

RECEIVED Fax: (440) 992-4515

JAN 14 2010

MICHAEL A. ZULLO, CPA
CITY AUDITOR
CITY OF ASHTABULA

December 16, 2009

[REDACTED]
Woodbridge, Virginia 22197

Dear Mr. [REDACTED]:

I am pleased to announce that you have been appointed to the position of Patrolman (entrance level) in the Ashtabula City Police Department. Effective January 19, 2010 at 0700, you will begin your assignment as Patrolman (entrance level) in the Police Department with a salary of \$44,101.38 annually, plus benefits.

Congratulations and good luck in this endeavor. Do not hesitate to contact me should you have any questions pertaining to this matter.

Sincerely,

Anthony J. Cantagallo
Ashtabula City Manager

bjs

cc: Auditor
Civil Service
Department
EEO
File
FOP

CITY OF ASHTABULA
OFFICE OF CITY MANAGER

MUNICIPAL BUILDING
4717 MAIN AVENUE
ASHTABULA, OHIO 44004



ANTHONY J. CANTAGALLO
CITY MANAGER

RECEIVED (440) 992-7103
Fax (440) 992-4515

JAN 14 2010

MICHAEL A. ZULLO, CPA
CITY AUDITOR
CITY OF ASHTABULA

DATE: December 16, 2009
TO: Michael Zullo, City Auditor
FROM: Anthony J. Cantagallo, City Manager 
SUBJECT: New Hire - Patrolman - Police Department

This memorandum serves as notification of a new hire for Patrolman (entrance level) in the Police Department.

Effective January 19, 2010, 0700, [REDACTED] will assume the position of Patrolman (entrance level) in the Police Department. with a salary of \$44,101.38 annually and he is entitled to all City benefits.

Please contact this office should you have any questions pertaining to this matter.

bjs

cc: Civil Service
Department
EEO
file
FOP

CITY OF ASHTABULA
OFFICE OF CITY MANAGER

MUNICIPAL BUILDING
4717 MAIN AVENUE
ASHTABULA, OHIO 44004

ANTHONY J. CANTAGALLO
CITY MANAGER



(440) 992-7103
Fax: (440) 992-4515

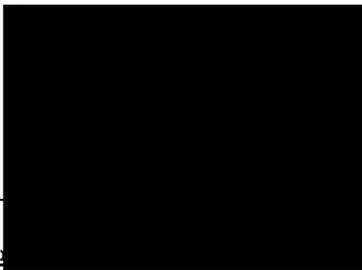
CITY OF ASHTABULA INTEROFFICE MEMORANDUM

TO: ALL NEWLY HIRED EMPLOYEES
FROM: ANTHONY J. CANTAGALLO, CITY MANAGER
SUBJECT: CITY OF ASHTABULA POLICIES CONCERNING ON-THE-JOB INJURIES
DATE: 6/18/2009

Please read the attached memorandum concerning The City of Ashtabula policies for job-related injuries and illnesses. You are expected to know the current policies and procedures concerning job-related injuries and illnesses. You will be held accountable for abiding by them. After reading the policies, please sign below. This memo will remain in your personnel file.



I, the undersigned have received a copy of the City of Ashtabula polices and procedures concerning job related injuries and illnesses. I am aware of my rights and responsibilities should I be injured on-the-job.

Sig 

Date 1/14/10

ACKNOWLEDGEMENT OF RECEIPT

CITY OF ASHTABULA DRUG-FREE WORKPLACE POLICY

Signing this form acknowledges that the employee has received a copy of the City of Ashtabula's Drug-Free Workplace Policy, has had an opportunity to have questions answered and understands all the provisions in the Policy. Although this reflects the City's current Policy regarding substance use, it may be necessary to make changes from time to time to best serve the needs of our organization. However, any changes deemed necessary will be made in writing, and the modified Policy will be shared with every employee.

By my signature below, I acknowledge that I have received a copy of the Drug-Free Workplace Policy adopted by the City of Ashtabula. I understand that it is my obligation to read, understand and comply with the procedures and provisions contained within this Policy.

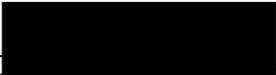
1/19/10
Date Signed


Employee

Witness Signature


Print Name of Employee

**CONSENT & RELEASE FORM FOR EMPLOYEES/APPLICANTS
(non-CDL drug and alcohol testing)**

I, , (applicant or employee name), as an employee or applicant of the City of Ashtabula, hereby acknowledge that the City of Ashtabula's Drug-Free Workplace Policy requires me to submit to urine drug testing and/or breath alcohol testing.

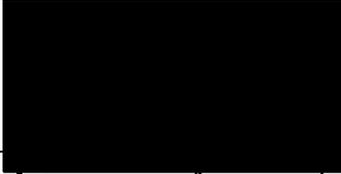
I further understand that the purpose of this analysis is to determine or rule out the presence of non-prescribed or prohibited dangerous controlled substances in my system.

I hereby freely and voluntarily consent to this request for a urine sample and/or breath alcohol test, and agree to participate in the testing program.

I agree to cooperate in all aspects of the testing program.

I hereby authorize the release of my drug and or alcohol test results to the University Hospitals Corporate Health Medical Review Officer (MRO), and/or to the City of Ashtabula's examining physician, as provided by the City's Policy.

I further acknowledge that the City of Ashtabula has provided me with an opportunity to ask questions related to its drug and alcohol testing program and that all my questions have been answered.

Employee/Applicant Signature:  _____

Employee/Applicant Printed Name:  _____

Witness Signature: _____

Printed Name of Witness: _____

Date of Signatures: 1/19/10 _____

CITY OF ASHTABULA

Transitional Work Program – Statement of Policy

As uncontrollable and prohibitive as worker's compensation rules may seem, employers still have the opportunity to minimize costs. A Transitional Work Program is among the options. The term "transitional work" does not imply that the returning employee is less than productive. A well-managed Transitional Work Program shows far-reaching benefits.

This statement of policy concerning our Transitional Work Program (TWP) explains the nature and reason for implementation of this program. This allows injured employees who are on restrictions due to a workplace injury to be able to return to work under a Transitional Work Program and be productive before they are able to return to their normally assigned duty at full capacity.

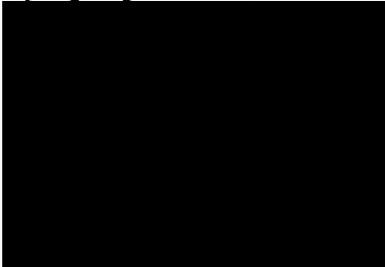
This statement of policy clearly indicates that the restricted work program benefits both the employee and the company by:

- Compensating employees with normal pay for hours worked instead of reduced earnings allowed by worker's compensation.
- Reducing lost workdays associated with work-related injuries and their subsequent effect on productivity.
- Controlling insurance costs related to work injuries.
- Preventing partially and temporarily disabled employees from losing their work habit.
- Expediting the medical rehabilitation of employees by returning employees to some level of productive work.

This policy emphasizes that the Transitional Work Program will not aggravate the medical condition of the injured employee and that every effort will be made to ensure that their safety and health will be protected while working within their restrictions.

Work related injuries and non-work related injuries would be considered for this program, with non-work related injuries being considered on a case-by-case basis. To qualify, the employee must be released by their physician of record to participate in a TWP at a minimum of four hours per day, five days per week with documented increases up to six hours per day by the 45th day of participation in the program, and eight hours per day by the 60th day of participation. The Fire department eligibility requirements will be a minimum of twenty hours per a seven-day work week with documented increases to thirty hours within 45 days, and forty hours by the 60th day of participation. Also, the employee must have potential to return to their original job, original job with permanent modifications, or another targeted job that may be identified and perform the essential job functions after recovery. An employee will be accommodated for up to 90 days. The 90 day period will begin with the date of release to work and will end upon removal of the restrictions or the end of the 90 days, whichever ever comes first. Continuation of transitional work beyond 90 days will be considered on a case-by-case basis. Carolyn Sheldon, the Return to Work Coordinator, and your supervisor will coordinate your transition back to work. Every effort will be made to provide meaningful work within the restrictions placed by his/her doctor. The employee will be assigned to regular work areas, depending on the scope of their restrictions. Employees in the TWP will be paid their same rate of pay while participating in the program.

By signing this form, I acknowledge that I have been informed of the Transitional Work Policy.



1/19/10
Date

ACKNOWLEDGEMENT OF RECEIPT

CITY OF ASHTABULA VIOLENCE IN THE WORKPLACE POLICY

Signing this form acknowledges that the employee has received a copy of the City of Ashtabula's Violence in the Workplace Policy, has had an opportunity to have questions answered and understands all the provisions in the policy. Although this reflects the City's current policy regarding violence in the workplace, it may be necessary to make changes from time to time to best serve the needs of our organization. However, any changes deemed necessary will be made in writing, and the modified policy will be shared with every employee.

By my signature below, I acknowledge that I have received a copy of the Violence in the Workplace Policy adopted by the City of Ashtabula. I understand that it is my obligation to read, understand and comply with the provisions contained within this policy.

1/19/10
Date Signed

E

Printed Name of Employee

ORC SCHEDULE KENT STATE UNIVERSITY 330-675-7666

2	02/02/10	TUE	2	6:00-08:00PM	2-1	GENERAL PROVISIONS OF THE ORC	BLYSTONE, DAVID A., 20611
4	02/03/10	WED	1	6:00-07:00PM	2-2B	KIDNAPPING, EXTORTION	CIOTTI, JAMES A., 21674
	02/03/10	WED	3	7:00-10:00PM	2-2A	HOMICIDE, ASSAULT, MENACING	CIOTTI, JAMES A., 21674
4	02/04/10	THU	2	6:00-08:00PM	2-2C	SEXUAL ASSAULT	BLYSTONE, DAVID, A., 20611
	02/04/10	THU	2	8:00-10:00PM	2-2D	PROSTITUTION, OBSCENITY	BLYSTONE, DAVID, A., 20611
2	02/05/10	FRI	2	6:00-08:00PM	2-2J	DRUG OFFENSES	VAN HORN, KENNETH E., 20919
2	02/08/10	MON	2	6:00-08:00PM	2-2E	ARSON & RELATED OFFENSES	CURRINGTON, MICHAEL D. 20443
4	02/09/10	TUE	3	6:00-09:00PM	2-2M	OFFENSES AGAINST JUSTICE & PUB. ADM.	BLYSTONE, DAVID, A., 20611
	02/09/10	TUE	1	9:00-10:00PM	2-2N	CONSPIRACY, ATTEMPT, COMPLICITY	BLYSTONE, DAVID, A., 20611
2	02/10/10	WED	2	6:00-08:00PM	2-2H	GAMBLING & RELATED OFFENSES	VAN HORN, KENNETH E., 20919
2	02/11/10	THU	2	6:00-08:00PM	2-2F	ROB. BURG. TRESPASS & REL. OFFENSES	VAN HORN, KENNETH E., 20919
4	02/15/10	MON	3	6:00-09:00PM	2-2G	THEFT, FRAUD & RELATED OFFENSES	VAN HORN, KENNETH E., 20919
	02/15/10	MON	1	9:00-10:00PM	2-2I	LIQUOR CONTROL	VAN HORN, KENNETH E., 20919
3	02/17/10	WED	2	7:00-09:00PM	2-2K	OFFENSES AGAINST THE PUBLIC PEACE	CURRINGTON, MICHAEL D. 20443
	02/17/10	WED	1	9:00-10:00PM	2-2L	SELECTED OFFENSES AGAINST THE FAM.	CURRINGTON, MICHAEL D. 20443
1	02/22/10	MON	1	6:00-07:00PM	2-2O	WEAPONS OFFENSES	CURRINGTON, MICHAEL D. 20443

RECEIVED
 JUL 01 2010
 MICHAEL A. ZULLO, CPA
 CITY AUDITOR
 CITY OF ASHTABULA

ASHTABULA POLICE DEPARTMENT

RECEIVED

TO: SERGEANT KOSKI
FROM: SERGEANT DIBBLE
SUBJECT: [REDACTED] SCHEDULE
DATE: 1/18/2010
CC:

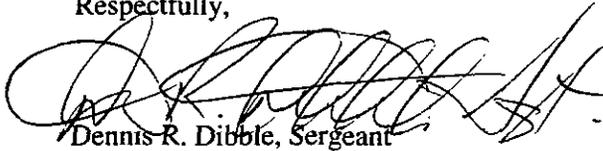
JUL 01 2010
MICHAEL A. ZULLO, CPA
CITY AUDITOR
CITY OF ASHTABULA

Sgt. Koski,

Attached is a tentative schedule for Ptlm. [REDACTED] for his Academy and dispatch training. After doing this schedule, it appears that Ptlm. [REDACTED] may not be ready until maybe approximately May 9th; this is the projected release date from training. I will be setting up the schedule for 9 weeks of road training. A lot of this will depend on how quickly he progresses.

Ptlm. Burns projected release date is April 11th. If you have any questions about the training, please contact me.

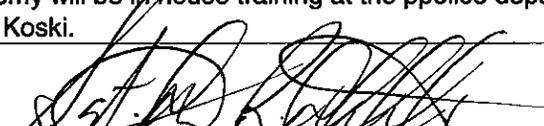
Respectfully,



Dennis R. Dibble, Sergeant

Ptln.							
Date	18-Jan	19-Jan	20-Jan	21-Jan	22-Jan	23-Jan	24-Jan
Week 1	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
	Day Off	Road 7A-3P Day Shift Administrative	Road 7A-3P Day Shift OC/ASP Sgt.Parkomaki	Road 7A-3P Day Shift Taser Sgt. Cellitti	Road 7A-3P Day Shift Weapons Sgt.Parkomaki	Day Off	Day Off
Date	25-Jan	26-Jan	27-Jan	28-Jan	29-Jan	30-Jan	31-Jan
Week 2	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
	Hosken Desk 7P-7A Night Shift	Hosken Desk 7P-7A Night Shift	Day Off	Day Off	Hosken Desk 7P-7A Night Shift	Hosken Desk 7P-7A Night Shift	Day Off
Date	1-Feb	2-Feb	3-Feb	4-Feb	5-Feb	6-Feb	7-Feb
Week 3	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
	Day Off	Milano Desk 1P-5P Academy 5p-9p	Academy 5p-11p Hosken Desk 11P-1A	Academy 5p-11p Hosken Desk 11P-1A	Milano Desk 1P-5P Academy 5p-9p	Day Off	Day Off
Date	8-Feb	9-Feb	10-Feb	11-Feb	12-Feb	13-Feb	14-Feb
Week 4	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
	Hosken Desk 7P-7A Night Shift	Academy 5p-11p Hosken Desk 11P-1A	Milano Desk 1P-5P Academy 5p-9p	Milano Desk 1P-5P Academy 5p-9p	Hosken Desk 7P-7A Night Shift	Day Off	Day Off
Date	15-Feb	16-Feb	17-Feb	18-Feb	19-Feb	20-Feb	21-Feb
Week 5	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
	Milano Desk 3P-5P Academy 5p-11p	Day Off	Academy 6p-11p Hosken Desk 11P-6A	Hosken Desk 7P-7A Night Shift	Day Off	Day Off	Day Off
Date	22-Feb	23-Feb	24-Feb	24-Feb	26-Feb	27-Feb	28-Feb
Week 6	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
	Academy 6p-11p Hosken Desk 11P-6A	Hosken Desk 7P-7A Night Shift	Day Off	Day Off	Hosken Desk 7P-7A Night Shift	Howell Desk 7P-7A Night Shift	Howell Desk 7P-3A Night Shift
Date	1-Mar	2-Mar	3-Mar	4-Mar	5-Mar	6-Mar	7-Mar
Week 7	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
	Day Off	Day Off	Hosken Desk 7P-7A Night Shift	Hosken Desk 7P-7A Night Shift	Day Off	Day Off	Day Off

This is a tentative schedule and it is subject to change. The schedule gives one hour driving time to and from the Academy. All other time not at the academy will be in house training at the ppolice department. If you have any questions, feel free to contact myself or Sgt. Koski.


Sgt. Dennis R. Dibble

parkomaki

From: "KIELEY, CATHERINE L" <ckieley@kent.edu>
To: "Sgt. William M. Parkomaki" <wparkomaki@cityofashtabula.com>
Sent: Monday, January 04, 2010 7:33 PM
Attach: ORC SCHEDULE FOR PRIOR EQUIVALENT.doc
Subject: RE: Reciprocity Procedure

Good Evening Sgt.

The officer in question needs to provide your department with:

1. Verification that he is currently an officer in another state or has been within the last 6 months.
2. Verification/documentation of the officer's good standing and dates of attendance and completion of basic law enforcement officer training in that state. A curriculum outline would be helpful (OPOTA probably has these for other states).

Upon receipt of above, your Chief (CEO) needs to:

1. Check criminal history to insure no disqualifying convictions.
2. Write the applicant a conditional letter of employment stating that the officer will be appointed as a peace officer with your agency within ten days of **successfully completing the Ohio Peace Officer final written exam.**
3. This information needs to be sent to OPOTC to request approval of an equivalency determination.

If OPOTC approves the equivalency, the officer must complete the 30 hours of ORC in an approved academy. He must also pass the handgun requalification standards. OPOTC will also provide the officer with the curriculum CD for the entire academy (FOR REVIEW) because that officer must take the full OPOTC examination for Ohio Certification and pass with a 70% or better.. The officer must complete all the above within 180 days if the equivalency is approved. We can schedule the test date for him.

Attached is a copy of the ORC schedule for our next class. I hope this helps.

Catherine K.

Coordinator
Public Safety Training & Police Academy
Kent State University Trumbull
4314 Mahoning Avenue, N.W.,
Warren, OH 44483-1998
Ph. 330-675-7666 Fax 330-675-7676
ckieley@kent.edu
www.trumbull.kent.edu

From: Sgt. William M. Parkomaki [mailto:wparkomaki@cityofashtabula.com]
Sent: Monday, January 04, 2010 3:57 PM
To: KIELEY, CATHERINE L
Subject: Fw: Reciprocity Procedure

----- Original Message -----

From: [Robert Fiatal](mailto:Robert.Fiatal@ohioattorneygeneral.gov)
To: wparkomaki@cityofashtabula.com
Sent: Tuesday, October 06, 2009 11:56 AM
Subject: Reciprocity Procedure

<<Equivalency.doc>> As discussed.

Robert A. Fiatal
Deputy Director
Ohio Peace Officer Training Academy
O (740) 845-2757
C (614) 402-6102
robert.fiatal@ohioattorneygeneral.gov

**ASHTABULA POLICE
DEPARTEMENT
FIREARMS
TRAINING UNIT**

Memo

To: SGT. DIBBLE, SGT. PARKOMAKI
From: DET. JAY JANEK
CC: OFFICER'S FILE
Date: February 8, 2010
Re: FIREARMS TRAINING

RECEIVED

JUL 01 2010

MICHAEL A. ZULLO, CPA
CITY AUDITOR
CITY OF ASHTABULA

THIS MEMO IS TO NOTIFY YOU THAT ON FEBRUARY 5, 2010 I RAN A QUALIFICATIONS COURSE USING THE OPOTA COURSES FOR HANDGUN AND PATROL RIFLE.

OFFICER [REDACTED] HAS PASSED THE QUALIFICATION TEST FOR THE FOLLOWING WEAPONS:

GLOCK 22 SERIAL # [REDACTED]

GLOCK 27 SERIAL# [REDACTED]

BUSHMASTER XM15E2S RIFLE SERIAL# [REDACTED]

RESPECTFULLY,



DET. JAY JANEK

ASHTABULA POLICE DEPARTMENT

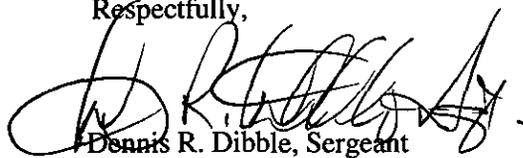
TO: SERGEANT KOSKI
FROM: SERGEANT DIBBLE
SUBJECT: PTLM. [REDACTED] RELEASE FOR DISPATCH
DATE: 2/19/2010
CC: FILE

RECEIVED
JUL 01 2010
MICHAELA ZULLO, CPA
CITY AUDITOR
CITY OF ASHTABULA

Sergeant Koski,

Ptln. [REDACTED] has completed his communications training for dispatch. Ptln. [REDACTED] was very familiar with our computer program (TAC) which allowed him to progress quickly. Ptln. [REDACTED] was previously a dispatcher for Conneaut PD prior to spending the last five years in Washington D. C. PD. Conneaut PD is similar to that of our department with the way dispatch is performed and the software involved allowing Ptln. [REDACTED] to quickly refresh himself on the dispatch duties in our area. Just after a few days with Ptln. Hosken on the desk, Ptln. [REDACTED] showed that he was capable of working the desk by himself and has done so successfully over the past several weeks. Ptln. [REDACTED] shows self confidence and professionalism while working the desk. Ptln. [REDACTED] is finishing up with the academy at this time, he has a couple of make up classes to attend and he should be ready for the state test. After completion and passing of the state test, we can then train him for the road. The length of time for his road training will depend on his overall progress for which I do not foresee any problems.

Respectfully,


Dennis R. Dibble, Sergeant

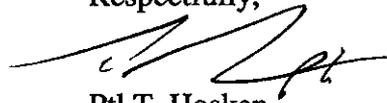
To: Sgt Dibble

From: Ptl Hosken

Ref: PPO [REDACTED]

PPO [REDACTED] has been able to do dispatch duties without assistance. There are some instances in which he may need assistance for things that are not frequent in nature. He retained a lot of his knowledge of dispatch duties from Conneaut which has helped him. I believe he is able to be in dispatch without assistance and I advised him if he needed some assistance with anything he could call me.

Respectfully,



Ptl T. Hosken

ASHTABULA POLICE DEPARTMENT

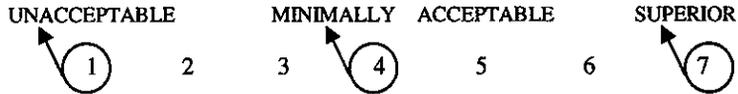
FIELD TRAINING AND EVALUATION PROGRAM

DAILY OBSERVATION REPORT

Probationary Officer Ptlm. [REDACTED]	Field Training Officer Ptlm. Timothy Hosken	Phase 1	Week 1	Date 1/29/2010
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Rating Instructions: Rate observed behavior relative to the scale below by using the numerical value definitions contained in the Field Training and Evaluation Program Standardized Guidelines. You must comment on the most and least acceptable performance of the day. Although specific comments are required for all ratings of "2" or less, "6" or above, and N.R.T., you are encourage to comment on any behavior. Use the category number to reference your narrative comments. Check the "N.O." line if the activity is not observed or the "N.R.T." line if the probationary officer fails to respond to training. Enter "significant" (15 minutes minimum) remedial training time on the R.T.T. line.

RATING SCALE BY PROGRAM STANDARDS



R.T.T.	Performance Tasks	N.O.	N.R.T.
_____	1. Driving Skills: Non-Stress Conditions	1 2 3 4 5 6 7	_____
_____	2. Driving Skills: Stress Conditions	1 2 3 4 5 6 7	_____
_____	3. Field Performance: Non-Stress Conditions	1 2 3 4 5 6 7	_____
_____	4. Field Performance: Stress Conditions	1 2 3 4 5 6 7	_____
_____	5. Officer Safety: General	1 2 3 4 5 6 7	_____
_____	6. Officer Safety: Suspicious Persons and Prisoners	1 2 3 4 5 6 7	_____
_____	7. Control of Conflict: Voice Commands	1 2 3 4 5 6 7	_____
_____	8. Control of Conflict: Physical Skills	1 2 3 4 5 6 7	_____
_____	9. Orientation Skills	1 2 3 4 5 6 7	_____
_____	10. Self-Initiated Field Activity	1 2 3 4 5 6 7	_____
_____	11. Investigative Procedures	1 2 3 4 5 6 7	_____
_____	12. Problem Solving/Decision Making Ability	1 2 3 4 5 6 7	_____

R.T.T.	Communications	N.O.	N.R.T.
_____	13. Oral	1 2 3 4 5 6 7	_____
_____	14. Written: Form Selection/Organization/Accuracy	1 2 3 4 5 6 7	_____
_____	15. Written: Grammar/Spelling/Neatness	1 2 3 4 5 6 7	_____
_____	16. Written: Time Utilized	1 2 3 4 5 6 7	_____
_____	17. Radio: Listens and Comprehends Transmissions	1 2 3 4 5 6 7	_____
_____	18. Radio: Articulation of Transmission	1 2 3 4 5 6 7	_____

R.T.T.	Knowledge	N.O.	N.R.T.
_____	19. Department Policies/Procedures/Regulations	1 2 3 4 5 6 7	_____
_____	20. Criminal Law/Ordinances	1 2 3 4 5 6 7	_____
_____	21. Traffic Law	1 2 3 4 5 6 7	_____
_____	22. Reflected in Verbal or Written Tests	1 2 3 4 5 6 7	_____

R.T.T.	Attitude/Relationships	N.O.	N.R.T.
_____	23. Acceptance of Feedback: Verbal/Behavior	1 2 3 4 5 6 7	_____
_____	24. Attitude Toward Police Work	1 2 3 4 5 6 7	_____
_____	25. With Citizens	1 2 3 4 5 6 7	_____
_____	26. Relationships with FTO/Supervisor	1 2 3 4 5 6 7	_____

R.T.T.	Appearance	N.O.	N.R.T.
_____	27. General Appearance	1 2 3 4 5 6 7	_____

R.T.T.	Dispatch	N.O.	N.R.T.
_____	28. Dispatch Duties	1 2 3 4 5 6 7	_____

R.T.T.	LEADS	N.O.	N.R.T.
_____	29. LEADS	1 2 3 4 5 6 7	_____

R.T.T.		Jail / Booking / Arrests							N.O.	N.R.T.	
_____	_____	30. Computer Booking	1	2	3	4	5	6	7	X	_____
_____	_____	31. Processing Inmates	1	2	3	4	5	6	7	X	_____
_____	_____	32. Jail Duties	1	2	3	4	5	6	7	X	_____
_____	_____	33. Releasing Inmates	1	2	3	4	5	6	7	X	_____
_____	_____	34. Logging Arrests	1	2	3	4	5	6	7	X	_____
_____	_____	35. Arrest Paperwork	1	2	3	4	5	6	7	X	_____

R.T.T.		Weapons							N.O.	N.R.T.	
_____	_____	36. Handgun Qualification	1	2	3	4	5	6	7	X	_____
_____	_____	37. Shotgun Qualification	1	2	3	4	5	6	7	X	_____
_____	_____	38. Non-Traditional Shooting Positions	1	2	3	4	5	6	7	X	_____
_____	_____	39. One Handed Shooting and Weapon Manipulation (Strong Hand)	1	2	3	4	5	6	7	X	_____
_____	_____	40. One Handed Shooting and Weapon Manipulation (Support Hand)	1	2	3	4	5	6	7	X	_____
_____	_____	41. Shooting on the Move (Forward / Backward)	1	2	3	4	5	6	7	X	_____
_____	_____	42. Shooting on the Move (Lateral)	1	2	3	4	5	6	7	X	_____
_____	_____	43. Shotgun Skills	1	2	3	4	5	6	7	X	_____
_____	_____	44. Shotgun Usage with One Hand	1	2	3	4	5	6	7	X	_____
_____	_____	45. Shotgun Firing on the Move	1	2	3	4	5	6	7	X	_____
_____	_____	46. Shotgun, Handgun Stress Course	1	2	3	4	5	6	7	X	_____
_____	_____	47. Transitional Use of Force	1	2	3	4	5	6	7	X	_____
_____	_____	48. M16 / M4 Familiarization	1	2	3	4	5	6	7	X	_____
_____	_____	49. Handgun Maintenance	1	2	3	4	5	6	7	X	_____

NARRATIVE COMMENTS

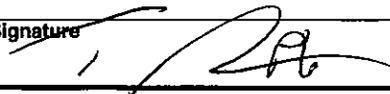
Most Acceptable Performance: PPO [REDACTED] DOES AN EXCELLENT JOB OF OBTAINING INFORMATION FROM CALLERS.

Least Acceptable Performance: PPO [REDACTED] FAILED TO OBTAIN A NAME/DESCRIPTION OF AN UNWANTED INDIVIDUAL.

Additional Comments: _____

Probation

FTO Signature



ASHTABULA POLICE DEPARTMENT

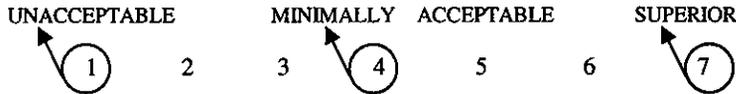
FIELD TRAINING AND EVALUATION PROGRAM

DAILY OBSERVATION REPORT

Probationary Officer Ptlm. [REDACTED]	Field Training Officer Ptlm. Timothy Hosken	Phase 1	Week 1	Date 1/30/2010
--	--	------------	-----------	-------------------

Rating Instructions: Rate observed behavior relative to the scale below by using the numerical value definitions contained in the Field Training and Evaluation Program Standardized Guidelines. You must comment on the most and least acceptable performance of the day. Although specific comments are required for all ratings of "2" or less, "6" or above, and N.R.T., you are encourage to comment on any behavior. Use the category number to reference your narrative comments. Check the "N.O." line if the activity is not observed or the "N.R.T." line if the probationary officer fails to respond to training. Enter "significant" (15 minutes minimum) remedial training time on the R.T.T. line.

RATING SCALE BY PROGRAM STANDARDS



	R.T.T.	Performance Tasks	N.O.	N.R.T.
_____	_____	1. Driving Skills: Non-Stress Conditions	1 2 3 4 5 6 7	_____
_____	_____	2. Driving Skills: Stress Conditions	1 2 3 4 5 6 7	_____
_____	_____	3. Field Performance: Non-Stress Conditions	1 2 3 4 5 6 7	_____
_____	_____	4. Field Performance: Stress Conditions	1 2 3 4 5 6 7	_____
_____	_____	5. Officer Safety: General	1 2 3 4 5 6 7	_____
_____	_____	6. Officer Safety: Suspicious Persons and Prisoners	1 2 3 4 5 6 7	_____
_____	_____	7. Control of Conflict: Voice Commands	1 2 3 4 5 6 7	_____
_____	_____	8. Control of Conflict: Physical Skills	1 2 3 4 5 6 7	_____
_____	_____	9. Orientation Skills	1 2 3 4 5 6 7	_____
_____	_____	10. Self-Initiated Field Activity	1 2 3 4 5 6 7	_____
_____	_____	11. Investigative Procedures	1 2 3 4 5 6 7	_____
_____	_____	12. Problem Solving/Decision Making Ability	1 2 3 4 5 6 7	_____
Communications				
_____	_____	13. Oral	1 2 3 ④ 5 6 7	_____
_____	_____	14. Written: Form Selection/Organization/Accuracy	1 2 3 4 5 6 7	_____
_____	_____	15. Written: Grammar/Spelling/Neatness	1 2 3 4 5 6 7	_____
_____	_____	16. Written: Time Utilized	1 2 3 4 5 6 7	_____
_____	_____	17. Radio: Listens and Comprehends Transmissions	1 2 3 ④ 5 6 7	_____
_____	_____	18. Radio: Articulation of Transmission	1 2 3 ④ 5 6 7	_____
Knowledge				
_____	_____	19. Department Policies/Procedures/Regulations	1 2 ③ 4 5 6 7	_____
_____	_____	20. Criminal Law/Ordinances	1 2 ③ 4 5 6 7	_____
_____	_____	21. Traffic Law	1 2 ③ 4 5 6 7	_____
_____	_____	22. Reflected in Verbal or Written Tests	1 2 ③ 4 5 6 7	_____
Attitude/Relationships				
_____	_____	23. Acceptance of Feedback: Verbal/Behavior	1 2 3 ④ 5 6 7	_____
_____	_____	24. Attitude Toward Police Work	1 2 3 ④ 5 6 7	_____
_____	_____	25. With Citizens	1 2 3 ④ 5 6 7	_____
_____	_____	26. Relationships with FTO/Supervisor	1 2 3 ④ 5 6 7	_____
Appearance				
_____	_____	27. General Appearance	1 2 3 ④ 5 6 7	_____
Dispatch				
_____	_____	28. Dispatch Duties	1 2 3 ④ 5 6 7	_____
LEADS				
_____	_____	29. LEADS	1 2 3 ④ 5 6 7	_____

R.T.T.		Jail / Booking / Arrests							N.O.	N.R.T.	
_____	_____	30. Computer Booking	1	2	3	4	5	6	7	X	_____
_____	_____	31. Processing Inmates	1	2	3	4	5	6	7	X	_____
_____	_____	32. Jail Duties	1	2	3	4	5	6	7	X	_____
_____	_____	33. Releasing Inmates	1	2	3	4	5	6	7	X	_____
_____	_____	34. Logging Arrests	1	2	3	4	5	6	7	X	_____
_____	_____	35. Arrest Paperwork	1	2	3	4	5	6	7	X	_____

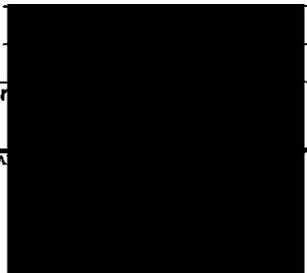
R.T.T.		Weapons							N.O.	N.R.T.	
_____	_____	36. Handgun Qualification	1	2	3	4	5	6	7	X	_____
_____	_____	37. Shotgun Qualification	1	2	3	4	5	6	7	X	_____
_____	_____	38. Non-Traditional Shooting Positions	1	2	3	4	5	6	7	X	_____
_____	_____	39. One Handed Shooting and Weapon Manipulation (Strong Hand)	1	2	3	4	5	6	7	X	_____
_____	_____	40. One Handed Shooting and Weapon Manipulation (Support Hand)	1	2	3	4	5	6	7	X	_____
_____	_____	41. Shooting on the Move (Forward / Backward)	1	2	3	4	5	6	7	X	_____
_____	_____	42. Shooting on the Move (Lateral)	1	2	3	4	5	6	7	X	_____
_____	_____	43. Shotgun Skills	1	2	3	4	5	6	7	X	_____
_____	_____	44. Shotgun Usage with One Hand	1	2	3	4	5	6	7	X	_____
_____	_____	45. Shotgun Firing on the Move	1	2	3	4	5	6	7	X	_____
_____	_____	46. Shotgun, Handgun Stress Course	1	2	3	4	5	6	7	X	_____
_____	_____	47. Transitional Use of Force	1	2	3	4	5	6	7	X	_____
_____	_____	48. M16 / M4 Familiarization	1	2	3	4	5	6	7	X	_____
_____	_____	49. Handgun Maintenance	1	2	3	4	5	6	7	X	_____

NARRATIVE COMMENTS

Most Acceptable Performance: PPO [REDACTED] WAS ABLE TO PERFORM DUTIES OF DISPATCH WITH MINIMAL PROBLEMS.

Least Acceptable Performance: PPO [REDACTED] NEEDS TO BE VERY MINDFUL OF HIS RADIO TRAFFIC. PPO [REDACTED] USED THE WORD/PHRASE "UM" NUMEROUS TIMES DURING RADIO TRANSMISSIONS WHICH EXTENDED THE TRANSMISSION.

Additional Comments: _____



FTO Signature 

**ASHTABULA POLICE DEPARTMENT
FIELD TRAINING AND EVALUATION PROGRAM
COMMANDER'S INTERVAL TRAINING REPORT**

Probationary Officer Ptlm. [REDACTED]	Commander Sgt. Dennis R. Dibble	Phase 1	Week 1	Date 2/2/2010
--	------------------------------------	------------	-----------	------------------

Instructions: In column one, average to one decimal point (example: 3.5) the probationary Officer's performance in each category for the week. In Column two, in the areas provided, give the minutes of remedial training for the week. On the back, comment on the Probationary Officer's strongest and weakest areas of performance for the week. Next, indicate the Probationary Officer's progress to date. Finally, indicate the remedial training planned. This report should be signed by both the Probationary Officer and the Commander.

Performance Tasks

R.T.T.

_____	_____	1. Driving Skills: Non-Stress Conditions
_____	_____	2. Driving Skills: Stress Conditions
_____	_____	3. Field Performance: Non-Stress Conditions
_____	_____	4. Field Performance: Stress Conditions
_____	_____	5. Officer Safety: General
_____	_____	6. Officer Safety: Suspicious Persons and Prisoners
_____	_____	7. Control of Conflict: Voice Commands
_____	_____	8. Control of Conflict: Physical Skills
_____	_____	9. Orientation Skills
_____	_____	10. Self-Initiated Field Activity
_____	_____	11. Investigative Procedures
_____	_____	12. Problem Solving/Decision Making Ability

Communications

4	_____	13. Oral
_____	_____	14. Written: Form Selection/Organization/Accuracy
_____	_____	15. Written: Grammar/Spelling/Neatness
_____	_____	16. Written: Time Utilized
4	_____	17. Radio: Listens and Comprehends Transmissions
4	_____	18. Radio: Articulation of Transmission

Knowledge

3	_____	19. Department Policies/Procedures/Regulations
3	_____	20. Criminal Law/Ordinances
3	_____	21. Traffic Law
3	_____	22. Reflected in Verbal or Written Tests

Attitude/Relationships

4	_____	23. Acceptance of Feedback: Verbal/Behavior
4	_____	24. Attitude Toward Police Work
4	_____	25. With Citizens
4	_____	26. Relationships with FTO/Supervisor

Appearance

4	_____	27. General Appearance
---	-------	------------------------

Dispatch

4	_____	28. Dispatch Duties
---	-------	---------------------

LEADS

4	_____	29. LEADS
---	-------	-----------

Jail / Booking / Arrests

R.T.T.

- _____ 30. Computer Booking
- _____ 31. Processing Inmates
- _____ 32. Jail Duties
- _____ 33. Releasing Inmates
- _____ 34. Logging Arrests
- _____ 35. Arrest Paperwork

Weapons

- _____ 36. Handgun Qualification
- _____ 37. Shotgun Qualification
- _____ 38. Non-Traditional Shooting Positions
- _____ 39. One Handed Shooting and Weapon Manipulatin
(Strong Hand)
- _____ 40. One Handed Shooting and Weapon Manipulatin
(Support Hand)
- _____ 41. Shooting on the Move (Forward / Backward)
- _____ 42. Shooting on the Move (Lateral)
- _____ 43. Shotgun Skills
- _____ 44. Shotgun Usage with One Hand
- _____ 45. Shotgun Firing on the Move
- _____ 46. Shotgun, Handgun Stress Course
- _____ 47. Transitional Use of Force
- _____ 48. M16 / M4 Familiarization
- _____ 49. Handgun Maintenance

Remedial Training Time

Total R.T.T.



Probationary Officer's Overall Progress to Date: Satisfactory Unsatisfactory 71 %

Probationary

Commander's Signature

NARRATIVE COMMENTS

Most acceptable area(s) of performance for the week: Pt. [redacted] has done an excellent job with the duties of communications center. He previously was a dispatcher with Conneaut PD that had the same type of dispatch software and functions. He was able to refresh himself on the communication functions and has shown competency for working the position solo. As a result his training for the rest of Phase 1 will be waived and he can be utilized as a dispatcher until he is released from Academy training.

Least acceptable area(s) of performance for the week: Pt. [redacted] has to be aware of his radio traffic and what he is going to say. He hesitates a lot and pauses on the radio with the word "UM". He has been advised of this but still continues to use the phrase.

The FTO should use the Performance Guidelines for the Weekly Training Report to rate the Probationary Officer's Overall Progress.
Has the Recruit been counseled on their deficiencies ? Yes No
Has these Deficiencies required remedial planning ? Yes No If yes, describe plan:

4314 Mahoning Avenue, N.W., Warren, OH 44483
330-675-7666 FAX 330-675-7676
ckieley@kent.edu

Police Academy

Fax

KENT STATE
TRUMBULL

To: [REDACTED] **From:** Cherie Young

Fax: 1-440-992-7179 **Pages:** 2

Phone: **Date:** 4/13/10

Re: Passed Exam Letter **CC:**

Urgent **For Review** **Please Comment** **In Reply** **Please Recycle**

****See attached letter****

KENT STATE**TRUMBULL**

April 13, 2010

RE: [REDACTED]

To Whom It May Concern:

This is to verify that the above referenced took and passed the Ohio Basic Peace Officer Examination on Friday, April 09, 2010. Mr. [REDACTED] is now eligible to be employed as a Peace Officer in the State of Ohio. His certificate should be issued by OPOIC within the next two weeks and a copy should then be available. In the meantime, if any further information or verification is needed, please do not hesitate to contact me.

Sincerely,

David W. Wert
David W. Wert, BTC 073, *(Cly)*
Commander.

OHIO BASIC POLICE ACADEMY

4314 Mahoning Avenue NW • Warren, OH 44483-1998
Phone (330) 675-7666 • Fax (330) 675-7676 • www.trumbull.kent.edu

**ASHTABULA POLICE DEPARTMENT
FIELD TRAINING AND EVALUATION PROGRAM
PHASE EXCHANGE CONFERENCE RECORD**

Date: 04/11/2010

Probationary Officer Ptln. [REDACTED]

From Phase: 1

To Phase : 2

Previous Phase F.T.O. : Ptln. Timothy Hosken

Next Phase F.T.O. : Ptln. James Hildebrand

Previous Phase Supervisor: Sgt. Dennis R. Dibble

Next Phase Supervisor : Sgt. Dennis R. Dibble

RECEIVED

JUL 01 2010

MICHAEL A. ZULLO, CPA
CITY AUDITOR
CITY OF ASHTABULA

Strengths Discussed:

Ptln. [REDACTED] only required a couple of days training on the desk and was able to work sufficiently by himself on the desk. Ptln. [REDACTED] did have prior experience with the same software when he worked dispatch for Conneaut P. D. prior to being employed by Washington P. D. Ptln. [REDACTED] has worked approximately 10 week on his own in dispatch without any problems.

Weaknesses Discussed:

None on the desk.

Continued Remedial Training Plan:

To: Sgt John Koski -
From: Ptlm. [REDACTED]
Date: April 7, 2010
Ref: APO Trial in DC

On Tuesday, April 6th 2010, I received a phone call from the US Attorney's Office in the District of Columbia and spoke with USAO Dillon. During our phone conversation Mr. Dillon stated to me that he was mailing a subpoena requiring for me to appear to testify in reference to a trial for Marco Williams.

To give a little background of the case, myself and Mr. Williams were involved in an altercation while I was on-duty as an officer with the Metropolitan Police Department. Since Mr. Williams has been captured he has been convicted of several Homicides in Maryland and DC as well as Assault With the Intent to Kill and Murder Attempt in both jurisdictions.

Mr. Dillon has told me that the projected trial date is May 24th through the 26th and that my presence would be required each day from the 23rd to the 26th. I am writing this letter to respectfully request a change in days off so that my presence would be secured for the trial.

Any schedule changes or suggestions would be greatly appreciated. If you need to speak with me in reference to this matter please feel free to call me at anytime to discuss this issue.

Thank You,



ASHTABULA POLICE DEPARTMENT

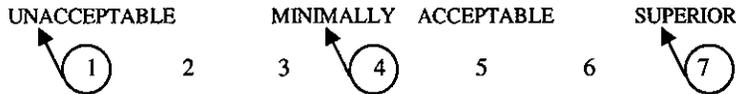
FIELD TRAINING AND EVALUATION PROGRAM

DAILY OBSERVATION REPORT

Probationary Officer Pt/m. [REDACTED]	Field Training Officer Pt/m. Wayne Howell	Phase 2	Week 1	Date 4/14/2010
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Rating Instructions: Rate observed behavior relative to the scale below by using the numerical value definitions contained in the Field Training and Evaluation Program Standardized Guidelines. You must comment on the most and least acceptable performance of the day. Although specific comments are required for all ratings of "2" or less, "6" or above, and N.R.T., you are encourage to comment on any behavior. Use the category number to reference your narrative comments. Check the "N.O." line if the activity is not observed or the "N.R.T." line if the probationary officer fails to respond to training. Enter "significant" (15 minutes minimum) remedial training time on the R.T.T. line.

RATING SCALE BY PROGRAM STANDARDS



Performance Tasks

R.T.T.	Performance Tasks	1	2	3	4	5	6	7	N.O.	N.R.T.
_____	1. Driving Skills: Non-Stress Conditions	1	2	3	4	5	6	7	X	_____
_____	2. Driving Skills: Stress Conditions	1	2	3	4	5	6	7	X	_____
_____	3. Field Performance: Non-Stress Conditions	1	2	3	4	5	6	7	_____	_____
_____	4. Field Performance: Stress Conditions	1	2	3	4	5	6	7	_____	_____
_____	5. Officer Safety: General	1	2	3	4	5	6	7	_____	_____
_____	6. Officer Safety: Suspicious Persons and Prisoners	1	2	3	4	5	6	7	_____	_____
_____	7. Control of Conflict: Voice Commands	1	2	3	4	5	6	7	_____	_____
_____	8. Control of Conflict: Physical Skills	1	2	3	4	5	6	7	_____	_____
_____	9. Orientation Skills	1	2	3	4	5	6	7	_____	_____
_____	10. Self-Initiated Field Activity	1	2	3	4	5	6	7	X	_____
_____	11. Investigative Procedures	1	2	3	4	5	6	7	X	_____
_____	12. Problem Solving/Decision Making Ability	1	2	3	4	5	6	7	_____	_____

Communications

_____	13. Oral	1	2	3	4	5	6	7	_____	_____
_____	14. Written: Form Selection/Organization/Accuracy	1	2	3	4	5	6	7	_____	_____
_____	15. Written: Grammar/Spelling/Neatness	1	2	3	4	5	6	7	_____	_____
_____	16. Written: Time Utilized	1	2	3	4	5	6	7	_____	_____
_____	17. Radio: Listens and Comprehends Transmissions	1	2	3	4	5	6	7	_____	_____
_____	18. Radio: Articulation of Transmission	1	2	3	4	5	6	7	_____	_____

Knowledge

_____	19. Department Policies/Procedures/Regulations	1	2	3	4	5	6	7	_____	_____
_____	20. Criminal Law/Ordinances	1	2	3	4	5	6	7	_____	_____
_____	21. Traffic Law	1	2	3	4	5	6	7	_____	_____
_____	22. Reflected In Verbal or Written Tests	1	2	3	4	5	6	7	_____	_____

Attitude/Relationships

_____	23. Acceptance of Feedback: Verbal/Behavior	1	2	3	4	5	6	7	_____	_____
_____	24. Attitude Toward Police Work	1	2	3	4	5	6	7	_____	_____
_____	25. With Citizens	1	2	3	4	5	6	7	_____	_____
_____	26. Relationships with FTO/Supervisor	1	2	3	4	5	6	7	_____	_____

Appearance

_____	27. General Appearance	1	2	3	4	5	6	7	_____	_____
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Dispatch

_____	28. Dispatch Duties	1	2	3	4	5	6	7	X	_____
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LEADS

_____	29. LEADS	1	2	3	4	5	6	7	_____	_____
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R.T.T.		Jail / Booking / Arrests							N.O.	N.R.T.	
_____	_____	30. Computer Booking	1	2	3	4	5	6	7	_____	_____
_____	_____	31. Processing Inmates	1	2	3	4	5	6	7	_____	_____
_____	_____	32. Jail Duties	1	2	3	4	5	6	7	_____	_____
_____	_____	33. Releasing Inmates	1	2	3	4	5	6	7	X	_____
_____	_____	34. Logging Arrests	1	2	3	4	5	6	7	_____	_____
_____	_____	35. Arrest Paperwork	1	2	3	4	5	6	7	_____	_____

R.T.T.		Weapons							N.O.	N.R.T.	
_____	_____	36. Handgun Qualification	1	2	3	4	5	6	7	X	_____
_____	_____	37. Shotgun Qualification	1	2	3	4	5	6	7	X	_____
_____	_____	38. Non-Traditional Shooting Positions	1	2	3	4	5	6	7	X	_____
_____	_____	39. One Handed Shooting and Weapon Manipulation (Strong Hand)	1	2	3	4	5	6	7	X	_____
_____	_____	40. One Handed Shooting and Weapon Manipulation (Support Hand)	1	2	3	4	5	6	7	X	_____
_____	_____	41. Shooting on the Move (Forward / Backward)	1	2	3	4	5	6	7	X	_____
_____	_____	42. Shooting on the Move (Lateral)	1	2	3	4	5	6	7	X	_____
_____	_____	43. Shotgun Skills	1	2	3	4	5	6	7	X	_____
_____	_____	44. Shotgun Usage with One Hand	1	2	3	4	5	6	7	X	_____
_____	_____	45. Shotgun Firing on the Move	1	2	3	4	5	6	7	X	_____
_____	_____	46. Shotgun, Handgun Stress Course	1	2	3	4	5	6	7	X	_____
_____	_____	47. Transitional Use of Force	1	2	3	4	5	6	7	X	_____
_____	_____	48. M16 / M4 Familiarization	1	2	3	4	5	6	7	X	_____
_____	_____	49. Handgun Maintenance	1	2	3	4	5	6	7	X	_____

NARRATIVE COMMENTS

Most Acceptable Performance: Ptl. [redacted] conducted a field sobriety test on an ovi traffic stop. He was very fluent and confident while conducting the test. On a couple occasions during the shift, he dealt with suspects and showed good officer safety conduct.

Least Acceptable Performance: Ptl. [redacted] is still raw with the city streets. This was his first night on the road. We were in district 2 and we did not go through many streets north of RT 20.

Additional Comments: Ptl. [redacted]'s prior police experience shows on how he handles situations with APD. Even know our policies and Ohio's laws are fairly new to him, he seems to have a good handle on what APD would expect of him.

Probationary Officer's Signature

FTO Signature

Pd Howell J.

ASHTABULA POLICE DEPARTMENT

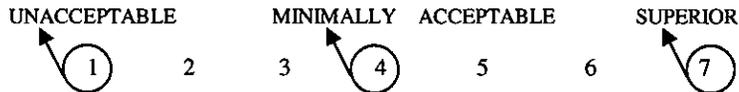
FIELD TRAINING AND EVALUATION PROGRAM

DAILY OBSERVATION REPORT

Probationary Officer Ptlm. XXXXXXXXXX	Field Training Officer Ptlm. James Hildebrand	Phase 2	Week 1	Date 4/15/2010
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Rating Instructions: Rate observed behavior relative to the scale below by using the numerical value definitions contained in the Field Training and Evaluation Program Standardized Guidelines. You must comment on the most and least acceptable performance of the day. Although specific comments are required for all ratings of "2" or less, "6" or above, and N.R.T., you are encourage to comment on any behavior. Use the category number to reference your narrative comments. Check the "N.O." line if the activity is not observed or the "N.R.T." line if the probationary officer fails to respond to training. Enter "significant" (15 minutes minimum) remedial training time on the R.T.T. line.

RATING SCALE BY PROGRAM STANDARDS



R.T.T.	Performance Tasks		N.O.	N.R.T.
_____	1. Driving Skills: Non-Stress Conditions	1 2 3 4 5 6 7	✓	_____
_____	2. Driving Skills: Stress Conditions	1 2 3 4 5 6 7	✓	_____
_____	3. Field Performance: Non-Stress Conditions	1 2 3 4 (6) 6 7	_____	_____
_____	4. Field Performance: Stress Conditions	1 2 3 4 5 6 7	✓	_____
_____	5. Officer Safety: General	1 2 3 4 (5) 6 7	_____	_____
_____	6. Officer Safety: Suspicious Persons and Prisoners	1 2 3 4 (6) 6 7	_____	_____
_____	7. Control of Conflict: Voice Commands	1 2 3 4 5 6 7	✓	_____
_____	8. Control of Conflict: Physical Skills	1 2 3 4 5 6 7	✓	_____
_____	9. Orientation Skills	1 2 3 4 5 6 7	✓	_____
_____	10. Self-Initiated Field Activity	1 2 3 4 5 6 7	✓	_____
_____	11. Investigative Procedures	1 2 3 4 5 6 7	✓	_____
_____	12. Problem Solving/Decision Making Ability	1 2 3 4 5 6 7	✓	_____
Communications				
_____	13. Oral	1 2 3 4 (5) 6 7	_____	_____
_____	14. Written: Form Selection/Organization/Accuracy	1 2 3 4 5 6 7	✓	_____
_____	15. Written: Grammar/Spelling/Neatness	1 2 3 4 5 6 7	✓	_____
_____	16. Written: Time Utilized	1 2 3 4 5 6 7	✓	_____
_____	17. Radio: Listens and Comprehends Transmissions	1 2 3 4 (5) 6 7	_____	_____
_____	18. Radio: Articulation of Transmission	1 2 3 4 (5) 6 7	_____	_____
Knowledge				
_____	19. Department Policies/Procedures/Regulations	1 2 3 4 (5) 6 7	_____	_____
_____	20. Criminal Law/Ordinances	1 2 3 4 (5) 6 7	_____	_____
_____	21. Traffic Law	1 2 3 4 (5) 6 7	_____	_____
_____	22. Reflected in Verbal or Written Tests	1 2 3 4 (5) 6 7	_____	_____
Attitude/Relationships				
_____	23. Acceptance of Feedback: Verbal/Behavior	1 2 3 4 5 (6) 7	_____	_____
_____	24. Attitude Toward Police Work	1 2 3 4 5 (6) 7	_____	_____
_____	25. With Citizens	1 2 3 4 5 (6) 7	_____	_____
_____	26. Relationships with FTO/Supervisor	1 2 3 4 5 (6) 7	_____	_____
Appearance				
_____	27. General Appearance	1 2 3 4 5 (6) 7	_____	_____
Dispatch				
_____	28. Dispatch Duties	1 2 3 4 5 6 7	✓	_____
LEADS				
_____	29. LEADS	1 2 3 4 5 6 7	✓	_____

R.T.T.		Jail / Booking / Arrests							N.O.	N.R.T.	
_____	_____	30. Computer Booking	1	2	3	4	5	6	7	✓	_____
_____	_____	31. Processing Inmates	1	2	3	4	5	6	7	✓	_____
_____	_____	32. Jail Duties	1	2	3	4	5	6	7	✓	_____
_____	_____	33. Releasing Inmates	1	2	3	4	5	6	7	✓	_____
_____	_____	34. Logging Arrests	1	2	3	4	5	6	7	✓	_____
_____	_____	35. Arrest Paperwork	1	2	3	4	5	6	7	✓	_____

R.T.T.		Weapons							N.O.	N.R.T.	
_____	_____	36. Handgun Qualification	1	2	3	4	5	6	7	✓	_____
_____	_____	37. Shotgun Qualification	1	2	3	4	5	6	7	✓	_____
_____	_____	38. Non-Traditional Shooting Positions	1	2	3	4	5	6	7	✓	_____
_____	_____	39. One Handed Shooting and Weapon Manipulation (Strong Hand)	1	2	3	4	5	6	7	✓	_____
_____	_____	40. One Handed Shooting and Weapon Manipulation (Support Hand)	1	2	3	4	5	6	7	✓	_____
_____	_____	41. Shooting on the Move (Forward / Backward)	1	2	3	4	5	6	7	✓	_____
_____	_____	42. Shooting on the Move (Lateral)	1	2	3	4	5	6	7	✓	_____
_____	_____	43. Shotgun Skills	1	2	3	4	5	6	7	✓	_____
_____	_____	44. Shotgun Usage with One Hand	1	2	3	4	5	6	7	✓	_____
_____	_____	45. Shotgun Firing on the Move	1	2	3	4	5	6	7	✓	_____
_____	_____	46. Shotgun, Handgun Stress Course	1	2	3	4	5	6	7	✓	_____
_____	_____	47. Transitional Use of Force	1	2	3	4	5	6	7	✓	_____
_____	_____	48. M16 / M4 Familiarization	1	2	3	4	5	6	7	✓	_____
_____	_____	49. Handgun Maintenance	1	2	3	4	5	6	7	✓	_____

NARRATIVE COMMENTS

Most Acceptable Performance: PTL [REDACTED] seems to have fairly good orientation of the city on our first day of training. PTL [REDACTED] completed acitairan and law farm with little trouble and seems like he has no problems handling himself.

Least Acceptable Performance: This was our first day of training and we covered the streets for most of the shift. PTL [REDACTED] need to learn our farms and the proper way to complete them.

Additional Comments:

Pro [REDACTED]

FTO Signature
PTL [Signature]

**ASHTABULA POLICE DEPARTMENT
FIELD TRAINING AND EVALUATION PROGRAM
COMMANDER'S INTERVAL TRAINING REPORT**

Probationary Officer Ptlm. [REDACTED]	Commander Sgt. Dennis R. Dibble	Phase 2	Week 1	Date 4/19/2010
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Instructions: In column one, average to one decimal point (example: 3.5) the probationary Officer's performance in each category for the week. In Column two, in the areas provided, give the minutes of remedial training for the week. On the back, comment on the Probationary Officer's strongest and weakest areas of performance for the week. Next, indicate the Probationary Officer's progress to date. Finally, indicate the remedial training planned. This report should be signed by both the Probationary Officer and the Commander.

R.T.T.		Performance Tasks
_____	_____	1. Driving Skills: Non-Stress Conditions
_____	_____	2. Driving Skills: Stress Conditions
5	_____	3. Field Performance: Non-Stress Conditions
5	_____	4. Field Performance: Stress Conditions
5.50	_____	5. Officer Safety: General
5.50	_____	6. Officer Safety: Suspicious Persons and Prisoners
6	_____	7. Control of Conflict: Voice Commands
6	_____	8. Control of Conflict: Physical Skills
4	.25	9. Orientation Skills
_____	_____	10. Self-Initiated Field Activity
_____	_____	11. Investigative Procedures
6	_____	12. Problem Solving/Decision Making Ability

R.T.T.		Communications
5.50	_____	13. Oral
6	_____	14. Written: Form Selection/Organization/Accuracy
6	_____	15. Written: Grammar/Spelling/Neatness
5	_____	16. Written: Time Utilized
5	_____	17. Radio: Listens and Comprehends Transmissions
5.50	_____	18. Radio: Articulation of Transmission

R.T.T.		Knowledge
5	_____	19. Department Policies/Procedures/Regulations
5.50	_____	20. Criminal Law/Ordinances
5.50	_____	21. Traffic Law
5	_____	22. Reflected in Verbal or Written Tests

R.T.T.		Attitude/Relationships
5.50	_____	23. Acceptance of Feedback: Verbal/Behavior
6.50	_____	24. Attitude Toward Police Work
6	_____	25. With Citizens
6	_____	26. Relationships with FTO/Supervisor

R.T.T.		Appearance
6.50	_____	27. General Appearance

R.T.T.		Dispatch
_____	_____	28. Dispatch Duties

R.T.T.		LEADS
6	_____	29. LEADS

Jail / Booking / Arrests

R.T.T.

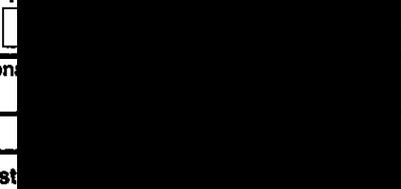
- | | | |
|----------|-------|------------------------|
| <u>5</u> | _____ | 30. Computer Booking |
| <u>5</u> | _____ | 31. Processing Inmates |
| <u>6</u> | _____ | 32. Jail Duties |
| _____ | _____ | 33. Releasing Inmates |
| <u>6</u> | _____ | 34. Logging Arrests |
| <u>5</u> | _____ | 35. Arrest Paperwork |

Weapons

- | | | |
|-------|-------|---|
| _____ | _____ | 36. Handgun Qualification |
| _____ | _____ | 37. Shotgun Qualification |
| _____ | _____ | 38. Non-Traditional Shooting Positions |
| _____ | _____ | 39. One Handed Shooting and Weapon Manipulation
(Strong Hand) |
| _____ | _____ | 40. One Handed Shooting and Weapon Manipulation
(Support Hand) |
| _____ | _____ | 41. Shooting on the Move (Forward / Backward) |
| _____ | _____ | 42. Shooting on the Move (Lateral) |
| _____ | _____ | 43. Shotgun Skills |
| _____ | _____ | 44. Shotgun Usage with One Hand |
| _____ | _____ | 45. Shotgun Firing on the Move |
| _____ | _____ | 46. Shotgun, Handgun Stress Course |
| _____ | _____ | 47. Transitional Use of Force |
| _____ | _____ | 48. M16 / M4 Familiarization |
| _____ | _____ | 49. Handgun Maintenance |

Remedial Training Time

T. A. D. T. T.



Overall Progress to Date: Satisfactory Unsatisfactory 100 %

Probation Officer

Commander's Signature

NARRATIVE COMMENTS

Most of the week: Ptlm. [redacted] comes from Washington DC police department and brings with him a vast knowledge of police work. He has started right off on street patrol and has a very good grasp of our geographical area and location of the city streets. Ptlm. [redacted] exhibits the ambition to perform on the street and show complete confidence and professionalism. He will need little training on the road other than learning our system.

Least acceptable area(s) of performance for the week: Ptlm. [redacted] has is still raw on the streets and has more training to go to cover the streets. He is however doing very well on his first week and shows the eagerness to perform well.

The FTO should use the Performance Guidelines for the Weekly Training Report to rate the Probationary Officer's Overall Progress.

Has the Recruit been counseled on their deficiencies ? Yes No

Has these Deficiencies required remedial planning ? Yes No If yes, describe plan:

ASHTABULA POLICE DEPARTMENT

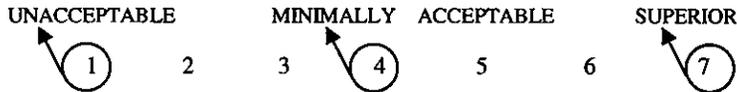
FIELD TRAINING AND EVALUATION PROGRAM

DAILY OBSERVATION REPORT

Probationary Officer Ptlm. [REDACTED]	Field Training Officer Ptlm. James Hildebrand	Phase 2	Week 2	Date 4/19/2010
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Rating Instructions: Rate observed behavior relative to the scale below by using the numerical value definitions contained in the Field Training and Evaluation Program Standardized Guidelines. You must comment on the most and least acceptable performance of the day. Although specific comments are required for all ratings of "2" or less, "6" or above, and N.R.T., you are encourage to comment on any behavior. Use the category number to reference your narrative comments. Check the "N.O." line if the activity is not observed or the "N.R.T." line if the probationary officer fails to respond to training. Enter "significant" (15 minutes minimum) remedial training time on the R.T.T. line.

RATING SCALE BY PROGRAM STANDARDS



Performance Tasks

R.T.T.	Performance Tasks	N.O.	N.R.T.
_____	1. Driving Skills: Non-Stress Conditions	1 2 3 4 5 6 7	_____
_____	2. Driving Skills: Stress Conditions	1 2 3 4 5 6 7	✓
_____	3. Field Performance: Non-Stress Conditions	1 2 3 4 5 6 7	_____
_____	4. Field Performance: Stress Conditions	1 2 3 4 5 6 7	_____
_____ 25	5. Officer Safety: General	1 2 3 4 5 6 7	_____
_____	6. Officer Safety: Suspicious Persons and Prisoners	1 2 3 4 5 6 7	_____
_____	7. Control of Conflict: Voice Commands	1 2 3 4 5 6 7	_____
_____	8. Control of Conflict: Physical Skills	1 2 3 4 5 6 7	_____
_____ 25	9. Orientation Skills	1 2 3 4 5 6 7	_____
_____	10. Self-Initiated Field Activity	1 2 3 4 5 6 7	_____
_____	11. Investigative Procedures	1 2 3 4 5 6 7	_____
_____	12. Problem Solving/Decision Making Ability	1 2 3 4 5 6 7	_____

Communications

_____	13. Oral	1 2 3 4 5 6 7	_____
_____	14. Written: Form Selection/Organization/Accuracy	1 2 3 4 5 6 7	_____
_____	15. Written: Grammar/Spelling/Neatness	1 2 3 4 5 6 7	_____
_____	16. Written: Time Utilized	1 2 3 4 5 6 7	_____
_____	17. Radio: Listens and Comprehends Transmissions	1 2 3 4 5 6 7	_____
_____	18. Radio: Articulation of Transmission	1 2 3 4 5 6 7	_____

Knowledge

_____	19. Department Policies/Procedures/Regulations	1 2 3 4 5 6 7	_____
_____	20. Criminal Law/Ordinances	1 2 3 4 5 6 7	_____
_____	21. Traffic Law	1 2 3 4 5 6 7	_____
_____	22. Reflected in Verbal or Written Tests	1 2 3 4 5 6 7	J

Attitude/Relationships

_____	23. Acceptance of Feedback: Verbal/Behavior	1 2 3 4 5 6 7	_____
_____	24. Attitude Toward Police Work	1 2 3 4 5 6 7	_____
_____	25. With Citizens	1 2 3 4 5 6 7	_____
_____	26. Relationships with FTO/Supervisor	1 2 3 4 5 6 7	_____

Appearance

_____	27. General Appearance	1 2 3 4 5 6 7	_____
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Dispatch

_____	28. Dispatch Duties	1 2 3 4 5 6 7	✓
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LEADS

_____	29. LEADS	1 2 3 4 5 6 7	_____
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R.T.T.		Jail / Booking / Arrests								N.O.	N.R.T.
_____	_____	30. Computer Booking	1	2	3	4	5	6	7	_____	_____
_____	_____	31. Processing Inmates	1	2	3	4	5	6	7	_____	_____
_____	_____	32. Jail Duties	1	2	3	4	5	6	7	✓	_____
_____	_____	33. Releasing Inmates	1	2	3	4	5	6	7	✓	_____
_____	_____	34. Logging Arrests	1	2	3	4	5	6	7	_____	_____
_____	_____	35. Arrest Paperwork	1	2	3	4	5	6	7	_____	_____

		Weapons									
_____	_____	36. Handgun Qualification	1	2	3	4	5	6	7	✓	_____
_____	_____	37. Shotgun Qualification	1	2	3	4	5	6	7	✓	_____
_____	_____	38. Non-Traditional Shooting Positions	1	2	3	4	5	6	7	✓	_____
_____	_____	39. One Handed Shooting and Weapon Manipulation (Strong Hand)	1	2	3	4	5	6	7	✓	_____
_____	_____	40. One Handed Shooting and Weapon Manipulation (Support Hand)	1	2	3	4	5	6	7	✓	_____
_____	_____	41. Shooting on the Move (Forward / Backward)	1	2	3	4	5	6	7	✓	_____
_____	_____	42. Shooting on the Move (Lateral)	1	2	3	4	5	6	7	✓	_____
_____	_____	43. Shotgun Skills	1	2	3	4	5	6	7	✓	_____
_____	_____	44. Shotgun Usage with One Hand	1	2	3	4	5	6	7	✓	_____
_____	_____	45. Shotgun Firing on the Move	1	2	3	4	5	6	7	✓	_____
_____	_____	46. Shotgun, Handgun Stress Course	1	2	3	4	5	6	7	✓	_____
_____	_____	47. Transitional Use of Force	1	2	3	4	5	6	7	✓	_____
_____	_____	48. M16 / M4 Familiarization	1	2	3	4	5	6	7	✓	_____
_____	_____	49. Handgun Maintenance	1	2	3	4	5	6	7	✓	_____

NARRATIVE COMMENTS

Most Acceptable Performance: PTL [REDACTED] is doing well with orientation and is familiar with a lot of the streets. PTL [REDACTED] also is doing well with booking, dealing with the public and his self initiated field activity.

Least Acceptable Performance: PTL [REDACTED] showed poor officer safety while having a felony subject, exit the vehicle. PTL [REDACTED] ordered the subject out of the vehicle and had him get on ground beside the vehicle, instead of bringing him back to a safe area. No other officer safety have been observed.

Additional Comments: I spoke with PTL [REDACTED] and explained how we conduct felony traffic stops at APD.

Probe

FTO Signature

[Handwritten Signature]

APD (C

R.T.T.		Jail / Booking / Arrests							N.O.	N.R.T.	
_____	_____	30. Computer Booking	1	2	3	4	5	6	7	✓	_____
_____	_____	31. Processing Inmates	1	2	3	4	5	6	7	✓	_____
_____	_____	32. Jail Duties	1	2	3	4	5	6	7	✓	_____
_____	_____	33. Releasing Inmates	1	2	3	4	5	6	7	✓	_____
_____	_____	34. Logging Arrests	1	2	3	4	5	6	7	✓	_____
_____	_____	35. Arrest Paperwork	1	2	3	4	5	6	7	✓	_____

R.T.T.		Weapons							N.O.	N.R.T.	
_____	_____	36. Handgun Qualification	1	2	3	4	5	6	7	✓	_____
_____	_____	37. Shotgun Qualification	1	2	3	4	5	6	7	✓	_____
_____	_____	38. Non-Traditional Shooting Positions	1	2	3	4	5	6	7	✓	_____
_____	_____	39. One Handed Shooting and Weapon Manipulation (Strong Hand)	1	2	3	4	5	6	7	✓	_____
_____	_____	40. One Handed Shooting and Weapon Manipulation (Support Hand)	1	2	3	4	5	6	7	✓	_____
_____	_____	41. Shooting on the Move (Forward / Backward)	1	2	3	4	5	6	7	✓	_____
_____	_____	42. Shooting on the Move (Lateral)	1	2	3	4	5	6	7	✓	_____
_____	_____	43. Shotgun Skills	1	2	3	4	5	6	7	✓	_____
_____	_____	44. Shotgun Usage with One Hand	1	2	3	4	5	6	7	✓	_____
_____	_____	45. Shotgun Firing on the Move	1	2	3	4	5	6	7	✓	_____
_____	_____	46. Shotgun, Handgun Stress Course	1	2	3	4	5	6	7	✓	_____
_____	_____	47. Transitional Use of Force	1	2	3	4	5	6	7	✓	_____
_____	_____	48. M16 / M4 Familiarization	1	2	3	4	5	6	7	✓	_____
_____	_____	49. Handgun Maintenance	1	2	3	4	5	6	7	✓	_____

NARRATIVE COMMENTS

Most Acceptable Performance: *Ptl. [redacted] is doing very well in most areas and shows strong determination to learn how everything is done properly. Ptl. [redacted] also shows great initiative in handling calls with minimal involvement from me.*

Least Acceptable Performance: *Ptl. [redacted]'s driving during stress conditions were poor this shift. Ptl. [redacted] just needs to slow down a little.*

Additional Comments: *Ptl. [redacted] is doing very well and I find myself struggling to find areas he is performing poorly in.*

Probation

FTO Signature

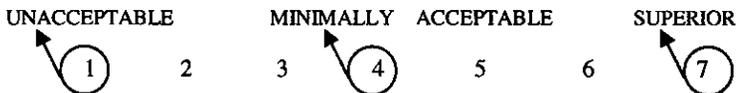
[Handwritten Signature]

**ASHTABULA POLICE DEPARTMENT
FIELD TRAINING AND EVALUATION PROGRAM
DAILY OBSERVATION REPORT**

Probationary Officer Ptlm. [REDACTED]	Field Training Officer Ptlm. James Hildebrand	Phase 2	Week 2	Date 4/23/2010
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Rating Instructions: Rate observed behavior relative to the scale below by using the numerical value definitions contained in the Field Training and Evaluation Program Standardized Guidelines. You must comment on the most and least acceptable performance of the day. Although specific comments are required for all ratings of "2" or less, "6" or above, and N.R.T., you are encourage to comment on any behavior. Use the category number to reference your narrative comments. Check the "N.O." line if the activity is not observed or the "N.R.T." line if the probationary officer fails to respond to training. Enter "significant" (15 minutes minimum) remedial training time on the R.T.T. line.

RATING SCALE BY PROGRAM STANDARDS



	R.T.T.	Performance Tasks	1	2	3	4	5	6	7	N.O.	N.R.T.
		1. Driving Skills: Non-Stress Conditions							⑥		
		2. Driving Skills: Stress Conditions							⑤		
		3. Field Performance: Non-Stress Conditions							⑥		
		4. Field Performance: Stress Conditions							⑥		
		5. Officer Safety: General							⑥		
		6. Officer Safety: Suspicious Persons and Prisoners							⑥		
		7. Control of Conflict: Voice Commands							⑥		
		8. Control of Conflict: Physical Skills							⑥		
		9. Orientation Skills							⑤		
		10. Self-Initiated Field Activity							⑥		
		11. Investigative Procedures							⑤		
		12. Problem Solving/Decision Making Ability							⑥		
Communications											
		13. Oral							⑥		
	125	14. Written: Form Selection/Organization/Accuracy							⑤		
		15. Written: Grammar/Spelling/Neatness							⑥		
		16. Written: Time Utilized							⑥		
		17. Radio: Listens and Comprehends Transmissions							⑥		
		18. Radio: Articulation of Transmission							⑥		
Knowledge											
		19. Department Policies/Procedures/Regulations							⑤		
		20. Criminal Law/Ordinances							⑤		
		21. Traffic Law							⑤		
		22. Reflected in Verbal or Written Tests							6	✓	
Attitude/Relationships											
		23. Acceptance of Feedback: Verbal/Behavior							⑥		
		24. Attitude Toward Police Work							⑥		
		25. With Citizens							⑥		
		26. Relationships with FTO/Supervisor							⑥		
Appearance											
		27. General Appearance							⑥		
Dispatch											
		28. Dispatch Duties							6	✓	
LEADS											
		29. LEADS							⑥		

R.T.T.		Jail / Booking / Arrests							N.O.	N.R.T.	
_____	_____	30. Computer Booking	1	2	3	4	5	6	7	✓	_____
_____	_____	31. Processing Inmates	1	2	3	4	5	6	7	✓	_____
_____	_____	32. Jail Duties	1	2	3	4	5	6	7	⑥	_____
_____	_____	33. Releasing Inmates	1	2	3	4	5	6	7	✓	_____
_____	_____	34. Logging Arrests	1	2	3	4	5	6	7	⑥	_____
_____	_____	35. Arrest Paperwork	1	2	3	4	5	6	7	⑤	_____

R.T.T.		Weapons							N.O.	N.R.T.	
_____	_____	36. Handgun Qualification	1	2	3	4	5	6	7	✓	_____
_____	_____	37. Shotgun Qualification	1	2	3	4	5	6	7	✓	_____
_____	_____	38. Non-Traditional Shooting Positions	1	2	3	4	5	6	7	✓	_____
_____	_____	39. One Handed Shooting and Weapon Manipulation (Strong Hand)	1	2	3	4	5	6	7	✓	_____
_____	_____	40. One Handed Shooting and Weapon Manipulation (Support Hand)	1	2	3	4	5	6	7	✓	_____
_____	_____	41. Shooting on the Move (Forward / Backward)	1	2	3	4	5	6	7	✓	_____
_____	_____	42. Shooting on the Move (Lateral)	1	2	3	4	5	6	7	✓	_____
_____	_____	43. Shotgun Skills	1	2	3	4	5	6	7	✓	_____
_____	_____	44. Shotgun Usage with One Hand	1	2	3	4	5	6	7	✓	_____
_____	_____	45. Shotgun Firing on the Move	1	2	3	4	5	6	7	✓	_____
_____	_____	46. Shotgun, Handgun Stress Course	1	2	3	4	5	6	7	✓	_____
_____	_____	47. Transitional Use of Force	1	2	3	4	5	6	7	✓	_____
_____	_____	48. M16 / M4 Familiarization	1	2	3	4	5	6	7	✓	_____
_____	_____	49. Handgun Maintenance	1	2	3	4	5	6	7	✓	_____

NARRATIVE COMMENTS

Most Acceptable Performance: PTL [redacted] is performing patrol duties very well and needs minimal involvement from me. PTL [redacted] handled a domestic violence call, involving an out of control juvenile. The juvenile resisted arrest during this call and PTL [redacted] without hesitation, restrained, calmed and secured the juvenile in cuffs.

Least Acceptable Performance: PTL [redacted] is unfamiliar with our DV forms and the juvenile booking process. We reviewed these forms, how to complete them and turned a juvenile over to YDC.

Additional Comments: PTL [redacted] is doing very well and has had no problems performing patrol duties

Probation

FTO Signature

PTL [redacted]

ASHTABULA POLICE DEPARTMENT

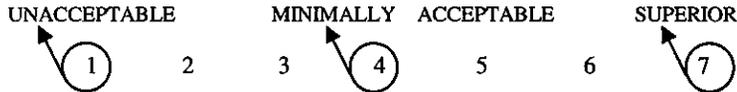
FIELD TRAINING AND EVALUATION PROGRAM

DAILY OBSERVATION REPORT

Probationary Officer Ptm. XXXXXXXXXX	Field Training Officer Ptm. James Hildebrand	Phase 2	Week 2	Date 4/24/2010
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Rating Instructions: Rate observed behavior relative to the scale below by using the numerical value definitions contained in the Field Training and Evaluation Program Standardized Guidelines. You must comment on the most and least acceptable performance of the day. Although specific comments are required for all ratings of "2" or less, "6" or above, and N.R.T., you are encourage to comment on any behavior. Use the category number to reference your narrative comments. Check the "N.O." line if the activity is not observed or the "N.R.T." line if the probationary officer fails to respond to training. Enter "significant" (15 minutes minimum) remedial training time on the R.T.T. line.

RATING SCALE BY PROGRAM STANDARDS



Performance Tasks

R.T.T.	Performance Tasks	N.O.	N.R.T.
_____	1. Driving Skills: Non-Stress Conditions	1 2 3 4 5 <u>6</u> 7	_____
_____	2. Driving Skills: Stress Conditions	1 2 3 4 <u>5</u> 6 7	_____
_____	3. Field Performance: Non-Stress Conditions	1 2 3 4 5 <u>6</u> 7	_____
_____	4. Field Performance: Stress Conditions	1 2 3 4 5 6 7	✓
_____	5. Officer Safety: General	1 2 3 4 5 <u>6</u> 7	_____
_____	6. Officer Safety: Suspicious Persons and Prisoners	1 2 3 4 5 <u>6</u> 7	_____
_____	7. Control of Conflict: Voice Commands	1 2 3 4 5 6 7	✓
_____	8. Control of Conflict: Physical Skills	1 2 3 4 5 6 7	✓
_____	9. Orientation Skills	1 2 3 4 <u>5</u> 6 7	_____
_____	10. Self-Initiated Field Activity	1 2 3 4 5 <u>6</u> 7	_____
_____	11. Investigative Procedures	1 2 3 4 5 <u>6</u> 7	_____
_____	12. Problem Solving/Decision Making Ability	1 2 3 4 5 <u>6</u> 7	_____

Communications

_____	13. Oral	1 2 3 4 5 <u>6</u> 7	_____
_____	14. Written: Form Selection/Organization/Accuracy	1 2 3 4 <u>5</u> 6 7	_____
_____	15. Written: Grammar/Spelling/Neatness	1 2 3 4 5 <u>6</u> 7	_____
_____	16. Written: Time Utilized	1 2 3 4 5 <u>6</u> 7	_____
_____	17. Radio: Listens and Comprehends Transmissions	1 2 3 4 5 <u>6</u> 7	_____
_____	18. Radio: Articulation of Transmission	1 2 3 4 5 <u>6</u> 7	_____

Knowledge

_____	19. Department Policies/Procedures/Regulations	1 2 3 4 <u>5</u> 6 7	_____
_____	20. Criminal Law/Ordinances	1 2 3 4 <u>5</u> 6 7	_____
_____	21. Traffic Law	1 2 3 4 <u>5</u> 6 7	_____
_____	22. Reflected in Verbal or Written Tests	1 2 3 4 5 6 7	✓

Attitude/Relationships

_____	23. Acceptance of Feedback: Verbal/Behavior	1 2 3 4 5 <u>6</u> 7	_____
_____	24. Attitude Toward Police Work	1 2 3 4 5 <u>6</u> 7	_____
_____	25. With Citizens	1 2 3 4 5 <u>6</u> 7	_____
_____	26. Relationships with FTO/Supervisor	1 2 3 4 5 <u>6</u> 7	_____

Appearance

_____	27. General Appearance	1 2 3 4 5 6 <u>7</u>	_____
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Dispatch

_____	28. Dispatch Duties	1 2 3 4 5 6 7	✓
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LEADS

_____	29. LEADS	1 2 3 4 5 <u>6</u> 7	_____
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R.T.T.		Jail / Booking / Arrests							N.O.	N.R.T.	
_____	_____	30. Computer Booking	1	2	3	4	5	6	7	✓	_____
_____	_____	31. Processing Inmates	1	2	3	4	5	6	7	✓	_____
_____	_____	32. Jail Duties	1	2	3	4	5	6	7	✓	_____
_____	_____	33. Releasing Inmates	1	2	3	4	5	6	7	✓	_____
_____	_____	34. Logging Arrests	1	2	3	4	5	6	7	✓	_____
_____	_____	35. Arrest Paperwork	1	2	3	4	5	6	7	✓	_____

R.T.T.		Weapons							N.O.	N.R.T.	
_____	_____	36. Handgun Qualification	1	2	3	4	5	6	7	✓	_____
_____	_____	37. Shotgun Qualification	1	2	3	4	5	6	7	✓	_____
_____	_____	38. Non-Traditional Shooting Positions	1	2	3	4	5	6	7	✓	_____
_____	_____	39. One Handed Shooting and Weapon Manipulation (Strong Hand)	1	2	3	4	5	6	7	✓	_____
_____	_____	40. One Handed Shooting and Weapon Manipulation (Support Hand)	1	2	3	4	5	6	7	✓	_____
_____	_____	41. Shooting on the Move (Forward / Backward)	1	2	3	4	5	6	7	✓	_____
_____	_____	42. Shooting on the Move (Lateral)	1	2	3	4	5	6	7	✓	_____
_____	_____	43. Shotgun Skills	1	2	3	4	5	6	7	✓	_____
_____	_____	44. Shotgun Usage with One Hand	1	2	3	4	5	6	7	✓	_____
_____	_____	45. Shotgun Firing on the Move	1	2	3	4	5	6	7	✓	_____
_____	_____	46. Shotgun, Handgun Stress Course	1	2	3	4	5	6	7	✓	_____
_____	_____	47. Transitional Use of Force	1	2	3	4	5	6	7	✓	_____
_____	_____	48. M16 / M4 Familiarization	1	2	3	4	5	6	7	✓	_____
_____	_____	49. Handgun Maintenance	1	2	3	4	5	6	7	✓	_____

NARRATIVE COMMENTS

Most Acceptable Performance: PTL [redacted] conducted a ~~QMI~~ traffic stop, in which a female was arrested for OVI. PTL [redacted] administered the field sobriety test very well and the report was completed without a need for any re-writes. JRK

Least Acceptable Performance: PTL [redacted] needs to continue ~~working~~ ^{JRK} learning what forms are used for our OVI's, Tows, accidents, ect. we reviewed all forms and what they are used for.

Additional Comments: Overall slow shift, not much to report on.

P [redacted]

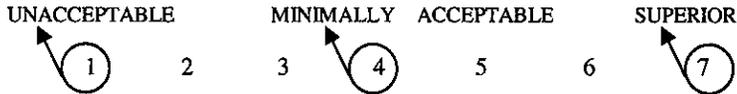
FTO Signature
 PTL [redacted] A. H. [redacted] 08

**ASHTABULA POLICE DEPARTMENT
FIELD TRAINING AND EVALUATION PROGRAM
DAILY OBSERVATION REPORT**

Probationary Officer PtIm [REDACTED]	Field Training Officer PtIm. James Hildebrand	Phase 2	Week 2	Date 4/25/2010
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Rating Instructions: Rate observed behavior relative to the scale below by using the numerical value definitions contained in the Field Training and Evaluation Program Standardized Guidelines. You must comment on the most and least acceptable performance of the day. Although specific comments are required for all ratings of "2" or less, "6" or above, and N.R.T., you are encourage to comment on any behavior. Use the category number to reference your narrative comments. Check the "N.O." line if the activity is not observed or the "N.R.T." line if the probationary officer fails to respond to training. Enter "significant" (15 minutes minimum) remedial training time on the R.T.T. line.

RATING SCALE BY PROGRAM STANDARDS



	R.T.T.	Performance Tasks	N.O.	N.R.T.
	_____	1. Driving Skills: Non-Stress Conditions	1 2 3 4 5 6 7	_____
	_____	2. Driving Skills: Stress Conditions	1 2 3 4 5 6 7	✓
	_____	3. Field Performance: Non-Stress Conditions	1 2 3 4 5 6 7	_____
	_____	4. Field Performance: Stress Conditions	1 2 3 4 5 6 7	✓
	_____	5. Officer Safety: General	1 2 3 4 5 6 7	_____
	_____	6. Officer Safety: Suspicious Persons and Prisoners	1 2 3 4 5 6 7	_____
	_____	7. Control of Conflict: Voice Commands	1 2 3 4 5 6 7	✓
	_____	8. Control of Conflict: Physical Skills	1 2 3 4 5 6 7	✓
	_____	9. Orientation Skills	1 2 3 4 5 6 7	_____
	_____	10. Self-Initiated Field Activity	1 2 3 4 5 6 7	_____
	_____	11. Investigative Procedures	1 2 3 4 5 6 7	✓
	_____	12. Problem Solving/Decision Making Ability	1 2 3 4 5 6 7	✓
Communications				
	_____	13. Oral	1 2 3 4 5 6 7	_____
	_____	14. Written: Form Selection/Organization/Accuracy	1 2 3 4 5 6 7	_____
	_____	15. Written: Grammar/Spelling/Neatness	1 2 3 4 5 6 7	_____
	_____	16. Written: Time Utilized	1 2 3 4 5 6 7	_____
	_____	17. Radio: Listens and Comprehends Transmissions	1 2 3 4 5 6 7	_____
	_____	18. Radio: Articulation of Transmission	1 2 3 4 5 6 7	_____
Knowledge				
	_____	19. Department Policies/Procedures/Regulations	1 2 3 4 5 6 7	_____
	_____	20. Criminal Law/Ordinances	1 2 3 4 5 6 7	_____
	_____	21. Traffic Law	1 2 3 4 5 6 7	_____
	_____	22. Reflected in Verbal or Written Tests	1 2 3 4 5 6 7	✓
Attitude/Relationships				
	_____	23. Acceptance of Feedback: Verbal/Behavior	1 2 3 4 5 6 7	_____
	_____	24. Attitude Toward Police Work	1 2 3 4 5 6 7	_____
	_____	25. With Citizens	1 2 3 4 5 6 7	_____
	_____	26. Relationships with FTO/Supervisor	1 2 3 4 5 6 7	_____
Appearance				
	_____	27. General Appearance	1 2 3 4 5 6 7	_____
Dispatch				
	_____	28. Dispatch Duties	1 2 3 4 5 6 7	✓
LEADS				
	_____	29. LEADS	1 2 3 4 5 6 7	_____

R.T.T.		Jail / Booking / Arrests							N.O.	N.R.T.	
_____	_____	30. Computer Booking	1	2	3	4	5	6	7	✓	_____
_____	_____	31. Processing Inmates	1	2	3	4	5	6	7	✓	_____
_____	_____	32. Jail Duties	1	2	3	4	5	6	7	✓	_____
_____	_____	33. Releasing Inmates	1	2	3	4	5	6	7	✓	_____
_____	_____	34. Logging Arrests	1	2	3	4	5	6	7		_____
_____	_____	35. Arrest Paperwork	1	2	3	4	5	6	7		_____

R.T.T.		Weapons							N.O.	N.R.T.	
_____	_____	36. Handgun Qualification	1	2	3	4	5	6	7	✓	_____
_____	_____	37. Shotgun Qualification	1	2	3	4	5	6	7	✓	_____
_____	_____	38. Non-Traditional Shooting Positions	1	2	3	4	5	6	7	✓	_____
_____	_____	39. One Handed Shooting and Weapon Manipulatin (Strong Hand)	1	2	3	4	5	6	7	✓	_____
_____	_____	40. One Handed Shooting and Weapon Manipulatin (Support Hand)	1	2	3	4	5	6	7	✓	_____
_____	_____	41. Shooting on the Move (Forward / Backward)	1	2	3	4	5	6	7	✓	_____
_____	_____	42. Shooting on the Move (Lateral)	1	2	3	4	5	6	7	✓	_____
_____	_____	43. Shotgun Skills	1	2	3	4	5	6	7	✓	_____
_____	_____	44. Shotgun Usage with One Hand	1	2	3	4	5	6	7	✓	_____
_____	_____	45. Shotgun Firing on the Move	1	2	3	4	5	6	7	✓	_____
_____	_____	46. Shotgun, Handgun Stress Course	1	2	3	4	5	6	7	✓	_____
_____	_____	47. Transitional Use of Force	1	2	3	4	5	6	7	✓	_____
_____	_____	48. M16 / M4 Familiarization	1	2	3	4	5	6	7	✓	_____
_____	_____	49. Handgun Maintenance	1	2	3	4	5	6	7	✓	_____

NARRATIVE COMMENTS

Most Acceptable Performance: *PTI. [redacted] is doing very well handling calls and interacting with the public. PTI. [redacted] is also doing well completing citations and arrest paperwork.*

Least Acceptable Performance: *PTI. [redacted] needs slow his Radio Transmissions down so Dispatch can recognize who is speaking.*

Additional Comments: *PTI. [redacted] is doing very well.*

Prob

FTO Signature

PTI. [redacted]

**ASHTABULA POLICE DEPARTMENT
FIELD TRAINING AND EVALUATION PROGRAM
COMMANDER'S INTERVAL TRAINING REPORT**

Probationary Officer Ptlm. [REDACTED]	Commander Sgt. Dennis R. Dibble	Phase 2	Week 2	Date 4/28/2010
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Instructions: In column one, average to one decimal point (example: 3.5) the probationary Officer's performance in each category for the week. In Column two, in the areas provided, give the minutes of remedial training for the week. On the back, comment on the Probationary Officer's strongest and weakest areas of performance for the week. Next, indicate the Probationary Officer's progress to date. Finally, indicate the remedial training planned. This report should be signed by both the Probationary Officer and the Commander.

Performance Tasks		
	R.T.T.	
5.94	_____	1. Driving Skills: Non-Stress Conditions
4.75	_____	2. Driving Skills: Stress Conditions
5.94	_____	3. Field Performance: Non-Stress Conditions
5.50	_____	4. Field Performance: Stress Conditions
5.94	.25	5. Officer Safety: General
5.94	_____	6. Officer Safety: Suspicious Persons and Prisoners
5.50	_____	7. Control of Conflict: Voice Commands
5.50	_____	8. Control of Conflict: Physical Skills
5.12	.25	9. Orientation Skills
5.70	_____	10. Self-Initiated Field Activity
5.75	_____	11. Investigative Procedures
6	_____	12. Problem Solving/Decision Making Ability

Communications		
	R.T.T.	
6	_____	13. Oral
5	.50	14. Written: Form Selection/Organization/Accuracy
5.94	_____	15. Written: Grammar/Spelling/Neatness
5.94	_____	16. Written: Time Utilized
6	_____	17. Radio: Listens and Comprehends Transmissions
6	_____	18. Radio: Articulation of Transmission

Knowledge		
	R.T.T.	
5.06	_____	19. Department Policies/Procedures/Regulations
5.12	_____	20. Criminal Law/Ordinances
5.12	_____	21. Traffic Law
_____	_____	22. Reflected in Verbal or Written Tests

Attitude/Relationships		
	R.T.T.	
6	_____	23. Acceptance of Feedback: Verbal/Behavior
6	_____	24. Attitude Toward Police Work
6	_____	25. With Citizens
6	_____	26. Relationships with FTO/Supervisor

Appearance		
	R.T.T.	
6.44	_____	27. General Appearance

Dispatch		
	R.T.T.	
_____	_____	28. Dispatch Duties

LEADS		
	R.T.T.	
5.79	_____	29. LEADS

Jail / Booking / Arrests

R.T.T.

- | | | |
|-------------|-------|------------------------|
| <u>5</u> | _____ | 30. Computer Booking |
| <u>5</u> | _____ | 31. Processing Inmates |
| <u>6</u> | _____ | 32. Jail Duties |
| _____ | _____ | 33. Releasing Inmates |
| <u>5.88</u> | _____ | 34. Logging Arrests |
| <u>5.50</u> | _____ | 35. Arrest Paperwork |

Weapons

- | | | |
|-------|-------|--|
| _____ | _____ | 36. Handgun Qualification |
| _____ | _____ | 37. Shotgun Qualification |
| _____ | _____ | 38. Non-Traditional Shooting Positions |
| _____ | _____ | 39. One Handed Shooting and Weapon Manipulatin
(Strong Hand) |
| _____ | _____ | 40. One Handed Shooting and Weapon Manipulatin
(Support Hand) |
| _____ | _____ | 41. Shooting on the Move (Forward / Backward) |
| _____ | _____ | 42. Shooting on the Move (Lateral) |
| _____ | _____ | 43. Shotgun Skills |
| _____ | _____ | 44. Shotgun Usage with One Hand |
| _____ | _____ | 45. Shotgun Firing on the Move |
| _____ | _____ | 46. Shotgun, Handgun Stress Course |
| _____ | _____ | 47. Transitional Use of Force |
| _____ | _____ | 48. M16 / M4 Familiarization |
| _____ | _____ | 49. Handgun Maintenance |

Remedial Training Time

Overall Progress to Date: Satisfactory Unsatisfactory 100 %

Probation

Commander's Signature

NARRATIVE COMMENTS

Most acceptable area(s) of performance for the week: Ptlm. [redacted] has handled several different situations this week and has performed professionally in these situations with minimal assistance from the FTO. Ptlm. [redacted] has also performed several traffic stops during the week with one resulting in an OVI arrest. Ptlm. [redacted] due to his road experience is well advanced for this training program. Ptlm. [redacted] has performed very well driving and has had minimal problems with the streets in the city.

Least acceptable area(s) of performance for the week: Ptlm. [redacted] still has to learn our processes with our different forms that we use everyday. He is in the process of learning which forms to use, how the forms are filled out and where they are to be submitted. Ptlm. [redacted] has a habit of talking fast and needs to slow down so that dispatch and other units can copy him. He did have an officer safety issue but this is probably from a bad habit that he learned in Washington D.C.

The FTO should use the Performance Guidelines for the Weekly Training Report to rate the Probationary Officer's Overall Progress.

Has the Recruit been counseled on their deficiencies ? Yes No

Has these Deficiencies required remedial planning ? Yes No If yes, describe plan:

**ASHTABULA POLICE DEPARTMENT
FIELD TRAINING AND EVALUATION PROGRAM
REPORT EXEMPLAR COVER FORM**

Probationary Officer Ptlm. [REDACTED]	Field Training Officer Ptlm. James Hildebrand	Phase 2	Week 2	Date 04-25-2010
--	--	------------	-----------	--------------------

Instructions: Field Training Officers will submit a minimum of one Report Exemplar per week with the exception of an extension phase which will require a minimum of two Report Exemplars per week. The report sample should reflect all changes/corrections in red ink. Rate the report sample as "Satisfactory" or "Unsatisfactory".

Type of Report <i>OVI</i>	This Report is: <input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
------------------------------	---

Rating Scale
(For Below) (U) Unsatisfactory (S) Satisfactory (E) Excellent (X) Appropriate Rating

	U	S	E
1. The information in this report is factual and organized			✓
2. Unnecessary and/or redundant information has eliminated.		✓	
3. This report is clear and understandable.			✓
4. This report is complete for this set of facts.			✓
5. The writing in this report is legible.			✓
6. The grammar and spelling in this report are proper.			✓
7. This report was completed in appropriate time (excluding re-writes)		✓	

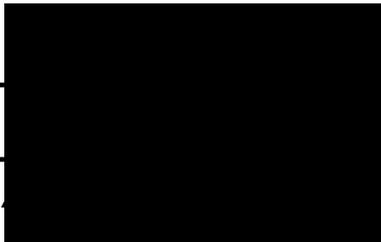
Comments:

Very well written report, no corrections needed.

Field Training Officer's Signature

[Signature]

Commander's Signature



ASHTABULA POLICE DEPARTMENT

Incident Number

110 W 44th St Unit #1 440-992-7174

Uniform Incident / Offense Report

10-01759

In Progress YES	Method Received RADIO	Time Received 0028	Time Dispatched 0028	Time Arrived 0028	Time Cleared 0110
---------------------------	---------------------------------	------------------------------	--------------------------------	-----------------------------	-----------------------------

Report Date / Time		Incident Occurred From		Incident Occured To	
Date	Time	Date	Time	Date	Time
04/25/2010	0256	//		04/25/2010	0028

Location of the Incident (Street #, Street, Apt. #, City, State, Zip) Zone
LAKE AVE W 19TH ST ASHTABULA OH 44004 - **005**

Persons: MARGARITA C HODGES - ARA Involved: 1	Property: 0 Amount: 0.00
---	---

Units: 00	Officers: PTLM	Officers: PTLM JAMES HILDEBRAND R
1st:		
2nd:		
3rd:		
4th:		
5th:		
Report: 0043	PTLM	Photos: 0 Arrests: 0

Codes:	Descriptions:	OFFENSES
5404	DRIVING UNDER THE INFLUENCE OF LIQUOR - DUI	
8980	TRAFFIC CONTROL DEVICES	

Weapons Used: NO WEAPON USED	Trade Marks: NOT KNOWN	Hate Bias NO
Entry: UNKNOWN	Location Type: Highway/roadway/street	

Refer to Arrest: 00-42947	Incident #:	Tow#:	Dispatcher: 0040	Officer in Charge: 0010	Entry Id: 0043
Case Status: Arrested	Cleared Date: 04/25/2010	Cleared By: 			

Narrative: 10-01759 Page: 1

A possible drunk driver was reported and arrested.

Reviewing Supervisor: Bureau Supervisor: Officer:

ASHTABULA POLICE DEPARTMENT

Incident Number

Persons Involved with Incident

Page #

1

10-01759

Incident #: 1001759 **Master Number:** 001 **Relation:** ARRESTED PERSON - ADULT **Arrest #:** 00-42947 **Date of Contact:** 04/25/2010

Last Name: HODGES **First Name:** MARGARITA **Mi:** C **Til:** **DOB:** 08/20/1977 **SSN:** [REDACTED] **Cell Phone:** **Pager:**

Street #: 1619 **Street Name:** W 19TH ST APT A **Apt:** **City:** ASHTABULA **St:** OH **Zip:** 44004 **Phone:** **Employee Phone:**

Hgt: 504 **Wgt:** 130 **Hair:** BRO **Eyes:** BRO **Race:** H **Sex:** F **Physical Marks:**

Offenses: 5404 DRIVING UNDER THE INFLUENCE OF LIQUOR - DUI
8980 TRAFFIC CONTROL DEVICES

Resident Class: **Suspected of using:** **Victim Type:**

Reviewing Supervisor:

Bureau Supervisor:

Officer:

ASHTABULA POLICE DEPARTMENT

9-13-11

Incident Number
Cr Sheldon
1

Persons Involved with Incident

Page #

Incident #: 1001759 **Master Number:** 001 **Relation:** ARRESTED PERSON - ADULT **Arrest #:** 00-42947 **Date of Contact:** 04/25/2010

Last Name: HODGES **First Name:** MARGARITA **Mi:** C **Til:** **DOB:** 08/20/1977 **SSN:** [REDACTED] **Cell Phone:** [REDACTED] **Pager:** [REDACTED]

Street #: 1619 **Street Name:** W 19TH ST APT A **Apt:** **City:** ASHTABULA **St:** OH **Zip:** 44004 **Phone:** [REDACTED] **Employee Phone:** [REDACTED]

Hgt: 504 **Wgt:** 130 **Hair:** BRO **Eyes:** BRO **Race:** H **Sex:** F **Physical Marks:**

Offenses: 5404 DRIVING UNDER THE INFLUENCE OF LIQUOR - DUI
8980 TRAFFIC CONTROL DEVICES

*Redacted SSN
ORC 149.43*

Resident Class: **Suspected of using:** **Victim Type:**

Reviewing Supervisor: _____ **Bureau Supervisor:** _____ **Officer:** _____

ASHTABULA POLICE DEPARTMENT

Incident Number

Vehicles Involved with the Incident

10-01759

No: Value: Plate: LIC St.: LIC Yr.: LIC Type: VIN #:
001 0.00 ETG1677 OH / / PC

Year: Make: Model: Style: Color: Ownership Verification: Tow No: Date of Theft:
1997 FORD TAURUS 4D RED / Registration / /

Recovery Condition: Recover Date: Recover Location: Owner Applied #: NCIC#
/ /

Damaged Missing:

Front: NO Rear: NO Doors : NO Deck : NO
Interior: NO Engine: NO Trans : NO Dash: NO
Vin Plate: NO LIC Plate: NO Ignition: NO Other:
Misc:

Reviewing Supervisor:

Bureau Supervisor:

Officer:

ASHTABULA POLICE DEPARTMENT

Incident Number

Investigative Report

Title / Subject: DUI Narrative

Page #: 1

10-01759

While on routine patrol in the city of Ashtabula I, Ptlm. [REDACTED] and Ptlm. Hildebrand, received a radio assignment for a possible drunk driver somewhere in the area of the Glenwood Apartments and the Duke and Dutchess. The dispatcher advised that a red in color Ford Taurus bearing Ohio registration of ETG1677 was travelling from the Glenwood Apartments and heading over to the Duke and Dutchess to purchase alcohol. The dispatcher also stated that the operator of the vehicle was supposed to be Margarita Hodges. While heading southbound in the 1700 Block of Lake Ave we were following behind the vehicle that was described. While behind the vehicle it came up to a red light at W 19th St and Lake Ave. The vehicle executed a right turn at the intersection without coming to a complete stop at the red light. A traffic stop was conducted on the vehicle and it came to a stop at the intersection of W 19th and Michigan Ave. The operator of the vehicle identified herself as Margarita Hodges. While conversing with her I could detect a moderate odor consistent with an alcoholic beverage coming from her breath. I then asked her if she had anything to drink and she replied "Like a glass of wine an hour ago." She was then asked to step out of the vehicle and perform several field sobriety tests. She stated that she would and her results are as follows;

HGN

Margarita was advised on how to properly stand for the Horizontal Gaze Nystagmus test. She was advised to not move her head at all. ALL SIX clues of impairment were counted due to her inability to follow directions. During the test I was able to observed FOUR clues. I observed Lack of Smooth Pursuit in both eyes, 2 clues. I also observed Nystagmus at Maximum Deviation in both eyes, 2 clues. Vertical Nystagmus was not observed. During the check for the onset of Nystagmus Prior to 45 Degrees, Ms. Hodges would constantly move her head to her right with the movement to the stimulus.

WALK AND TURN

Ms. Hodges was advised on how to properly perform the Walk and Turn Test. Eventually ALL EIGHT clues were counted since she was unable to follow directions. During her first attempt of the test the following FIVE clues of impairment were observed; Ms. Hodges failed to maintain the stance that she was instructed to hold during the Instructional Phase of the test, 1 clue. She also started the test prior to being given the command to do so, 1 clue. Margarita also failed to touch heel to toe on every step, 1 clue. Ms Hodges also stopped after performing her first set of nine steps and asked "What am I supposed to do now?", 1 clue. She also performed the turn incorrectly, turning to her right instead of her left, 1 clue. She was given another opportunity to perform the test and she continued to disobey the instruction to remain standing and to not begin the test until told to do so. The test was then discontinued due to her not following directions.

One Leg Stand

ALL FOUR clues of impairment were counted since Ms. Hodges refused to perform this test.

By: PTLM [REDACTED]

Badge# [REDACTED]

Date: 04/25/2010

Time: 0302

Reviewing Supervisor: _____

Date: _____

ASHTABULA POLICE DEPARTMENT

Incident Number

Investigative Report

Title / Subject: DUI Narrative

Page #: 2

10-01759

Margarita was then placed under arrest and transported to the station for a chemical sample. Upon our arrival she was read her rights as they were afforded to her under the Implied Consent. Ptlm. Hildebrand assisted with retrieving a breath sample. Margarita consented to the chemical test of her breath and it yielded a .196 BrAC. Ms Hodges was then charged with OVI and issued a citation and released to a sober friend at the station. Her vehicle was parked legally at her residence since it was several feet away from the entrance to her apartment. This was done per her request.

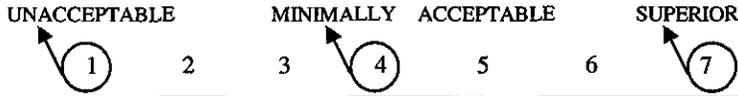
By: PTLM [REDACTED] Badge# [REDACTED] Date: 04/25/2010 Time: 0302
Reviewing Supervisor: _____ Date: _____

**ASHTABULA POLICE DEPARTMENT
FIELD TRAINING AND EVALUATION PROGRAM
DAILY OBSERVATION REPORT**

Probationary Officer Ptlm. [REDACTED]	Field Training Officer Ptlm. James Hildebrand	Phase 2	Week 3	Date 4/29/2010
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Rating Instructions: Rate observed behavior relative to the scale below by using the numerical value definitions contained in the Field Training and Evaluation Program Standardized Guidelines. You must comment on the most and least acceptable performance of the day. Although specific comments are required for all ratings of "2" or less, "6" or above, and N.R.T., you are encourage to comment on any behavior. Use the category number to reference your narrative comments. Check the "N.O." line if the activity is not observed or the "N.R.T." line if the probationary officer fails to respond to training. Enter "significant" (15 minutes minimum) remedial training time on the R.T.T. line.

RATING SCALE BY PROGRAM STANDARDS



	R.T.T.	Performance Tasks	N.O.	N.R.T.
_____	_____	1. Driving Skills: Non-Stress Conditions	1 2 3 4 5 6 7	_____
_____	_____	2. Driving Skills: Stress Conditions	1 2 3 4 5 6 7	_____
_____	_____	3. Field Performance: Non-Stress Conditions	1 2 3 4 5 6 7	_____
_____	_____	4. Field Performance: Stress Conditions	1 2 3 4 5 6 7	✓
_____	_____	5. Officer Safety: General	1 2 3 4 5 6 7	_____
_____	_____	6. Officer Safety: Suspicious Persons and Prisoners	1 2 3 4 5 6 7	_____
_____	_____	7. Control of Conflict: Voice Commands	1 2 3 4 5 6 7	✓
_____	_____	8. Control of Conflict: Physical Skills	1 2 3 4 5 6 7	✓
_____	_____	9. Orientation Skills	1 2 3 4 5 6 7	_____
_____	_____	10. Self-Initiated Field Activity	1 2 3 4 5 6 7	_____
_____	_____	11. Investigative Procedures	1 2 3 4 5 6 7	_____
_____	_____	12. Problem Solving/Decision Making Ability	1 2 3 4 5 6 7	_____
Communications				
_____	_____	13. Oral	1 2 3 4 5 6 7	_____
_____	_____	14. Written: Form Selection/Organization/Accuracy	1 2 3 4 5 6 7	_____
_____	_____	15. Written: Grammar/Spelling/Neatness	1 2 3 4 5 6 7	_____
_____	_____	16. Written: Time Utilized	1 2 3 4 5 6 7	_____
_____	_____	17. Radio: Listens and Comprehends Transmissions	1 2 3 4 5 6 7	_____
_____	_____	18. Radio: Articulation of Transmission	1 2 3 4 5 6 7	_____
Knowledge				
_____	_____	19. Department Policies/Procedures/Regulations	1 2 3 4 5 6 7	_____
_____	_____	20. Criminal Law/Ordinances	1 2 3 4 5 6 7	_____
_____	_____	21. Traffic Law	1 2 3 4 5 6 7	_____
_____	_____	22. Reflected in Verbal or Written Tests	1 2 3 4 5 6 7	_____
Attitude/Relationships				
_____	_____	23. Acceptance of Feedback: Verbal/Behavior	1 2 3 4 5 6 7	_____
_____	_____	24. Attitude Toward Police Work	1 2 3 4 5 6 7	_____
_____	_____	25. With Citizens	1 2 3 4 5 6 7	_____
_____	_____	26. Relationships with FTO/Supervisor	1 2 3 4 5 6 7	_____
Appearance				
_____	_____	27. General Appearance	1 2 3 4 5 6 7	_____
Dispatch				
_____	_____	28. Dispatch Duties	1 2 3 4 5 6 7	✓
LEADS				
_____	_____	29. LEADS	1 2 3 4 5 6 7	_____

R.T.T.		Jail / Booking / Arrests							N.O.	N.R.T.	
_____	_____	30. Computer Booking	1	2	3	4	5	6	7	✓	_____
_____	_____	31. Processing Inmates	1	2	3	4	5	6	7	✓	_____
_____	_____	32. Jail Duties	1	2	3	4	5	6	7	✓	_____
_____	_____	33. Releasing Inmates	1	2	3	4	5	6	7	✓	_____
_____	_____	34. Logging Arrests	1	2	3	4	5	6	7	⑥	_____
_____	_____	35. Arrest Paperwork	1	2	3	4	5	6	7	⑥	_____

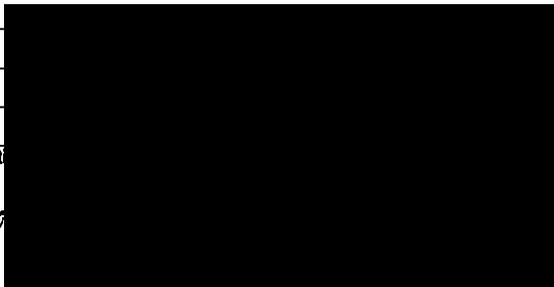
R.T.T.		Weapons							N.O.	N.R.T.	
_____	_____	36. Handgun Qualification	1	2	3	4	5	6	7	✓	_____
_____	_____	37. Shotgun Qualification	1	2	3	4	5	6	7	✓	_____
_____	_____	38. Non-Traditional Shooting Positions	1	2	3	4	5	6	7	✓	_____
_____	_____	39. One Handed Shooting and Weapon Manipulation (Strong Hand)	1	2	3	4	5	6	7	✓	_____
_____	_____	40. One Handed Shooting and Weapon Manipulation (Support Hand)	1	2	3	4	5	6	7	✓	_____
_____	_____	41. Shooting on the Move (Forward / Backward)	1	2	3	4	5	6	7	✓	_____
_____	_____	42. Shooting on the Move (Lateral)	1	2	3	4	5	6	7	✓	_____
_____	_____	43. Shotgun Skills	1	2	3	4	5	6	7	✓	_____
_____	_____	44. Shotgun Usage with One Hand	1	2	3	4	5	6	7	✓	_____
_____	_____	45. Shotgun Firing on the Move	1	2	3	4	5	6	7	✓	_____
_____	_____	46. Shotgun, Handgun Stress Course	1	2	3	4	5	6	7	✓	_____
_____	_____	47. Transitional Use of Force	1	2	3	4	5	6	7	✓	_____
_____	_____	48. M16 / M4 Familiarization	1	2	3	4	5	6	7	✓	_____
_____	_____	49. Handgun Maintenance	1	2	3	4	5	6	7	✓	_____

NARRATIVE COMMENTS

Most Acceptable Performance: PTL. [REDACTED] is doing great with his orientation and has no problems finding calls. PTL. [REDACTED] has done very well issuing citations, completing reports and patrolling districts.

Least Acceptable Performance: PTL. [REDACTED] needs to remember to complete the narrative section on his reports. no other problems observed at this time

Additional Comments: PTL. [REDACTED] has done very well and his knowledge and skills well exceed the expectations of phase one.



Probation

FTO Signature

[Handwritten Signature]

ASHTABULA POLICE DEPARTMENT

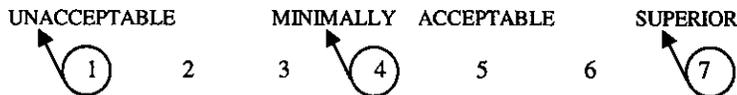
FIELD TRAINING AND EVALUATION PROGRAM

DAILY OBSERVATION REPORT

Probationary Officer Ptlm. XXXXXXXXXX	Field Training Officer Ptlm. Wayne Howell	Phase 2	Week 3	Date 4/28/2010
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Rating Instructions: Rate observed behavior relative to the scale below by using the numerical value definitions contained in the Field Training and Evaluation Program Standardized Guidelines. You must comment on the most and least acceptable performance of the day. Although specific comments are required for all ratings of "2" or less, "6" or above, and N.R.T., you are encourage to comment on any behavior. Use the category number to reference your narrative comments. Check the "N.O." line if the activity is not observed or the "N.R.T." line if the probationary officer fails to respond to training. Enter "significant" (15 minutes minimum) remedial training time on the R.T.T. line.

RATING SCALE BY PROGRAM STANDARDS



	R.T.T.	Performance Tasks	N.O.	N.R.T.
		1. Driving Skills: Non-Stress Conditions	1 2 3 4 5 (6) 7	
		2. Driving Skills: Stress Conditions	1 2 3 4 5 (6) 7	
		3. Field Performance: Non-Stress Conditions	1 2 3 4 5 (6) 7	
		4. Field Performance: Stress Conditions	1 2 3 4 5 (6) 7	
		5. Officer Safety: General	1 2 3 4 5 (6) 7	
		6. Officer Safety: Suspicious Persons and Prisoners	1 2 3 4 5 (6) 7	
		7. Control of Conflict: Voice Commands	1 2 3 4 5 (6) 7	
		8. Control of Conflict: Physical Skills	1 2 3 4 (5) 6 7	
	.25	9. Orientation Skills	1 2 3 4 (5) 6 7	
		10. Self-Initiated Field Activity	1 2 3 4 (5) 6 7	
		11. Investigative Procedures	1 2 3 4 5 (6) 7	
		12. Problem Solving/Decision Making Ability	1 2 3 4 5 (6) 7	
Communications				
		13. Oral	1 2 3 4 5 (6) 7	
		14. Written: Form Selection/Organization/Accuracy	1 2 3 4 5 (6) 7	
		15. Written: Grammar/Spelling/Neatness	1 2 3 4 5 (6) 7	
		16. Written: Time Utilized	1 2 3 4 (5) 6 7	
		17. Radio: Listens and Comprehends Transmissions	1 2 3 4 (5) 6 7	
		18. Radio: Articulation of Transmission	1 2 3 4 5 (6) 7	
Knowledge				
	.25	19. Department Policies/Procedures/Regulations	1 2 3 4 (5) 6 7	
		20. Criminal Law/Ordinances	1 2 3 4 5 (6) 7	
		21. Traffic Law	1 2 3 4 5 (6) 7	
		22. Reflected in Verbal or Written Tests	1 2 3 4 5 (6) 7	
Attitude/Relationships				
		23. Acceptance of Feedback: Verbal/Behavior	1 2 3 4 5 (6) 7	
		24. Attitude Toward Police Work	1 2 3 4 5 (6) 7	
		25. With Citizens	1 2 3 4 5 (6) 7	
		26. Relationships with FTO/Supervisor	1 2 3 4 5 (6) 7	
Appearance				
		27. General Appearance	1 2 3 4 5 (6) 7	
Dispatch				
		28. Dispatch Duties	1 2 3 4 5 6 7	X
LEADS				
		29. LEADS	1 2 3 4 5 (6) 7	

R.T.T.		Jail / Booking / Arrests							N.O.	N.R.T.	
_____	_____	30. Computer Booking	1	2	3	4	5	6	7	X	_____
_____	_____	31. Processing Inmates	1	2	3	4	5	6	7	X	_____
_____	_____	32. Jail Duties	1	2	3	4	5	6	7	X	_____
_____	_____	33. Releasing Inmates	1	2	3	4	5	6	7	X	_____
_____	_____	34. Logging Arrests	1	2	3	4	5	6	7	X	_____
_____	_____	35. Arrest Paperwork	1	2	3	4	5	6	7	X	_____

R.T.T.		Weapons							N.O.	N.R.T.	
_____	_____	36. Handgun Qualification	1	2	3	4	5	6	7	X	_____
_____	_____	37. Shotgun Qualification	1	2	3	4	5	6	7	X	_____
_____	_____	38. Non-Traditional Shooting Positions	1	2	3	4	5	6	7	X	_____
_____	_____	39. One Handed Shooting and Weapon Manipulation (Strong Hand)	1	2	3	4	5	6	7	X	_____
_____	_____	40. One Handed Shooting and Weapon Manipulation (Support Hand)	1	2	3	4	5	6	7	X	_____
_____	_____	41. Shooting on the Move (Forward / Backward)	1	2	3	4	5	6	7	X	_____
_____	_____	42. Shooting on the Move (Lateral)	1	2	3	4	5	6	7	X	_____
_____	_____	43. Shotgun Skills	1	2	3	4	5	6	7	X	_____
_____	_____	44. Shotgun Usage with One Hand	1	2	3	4	5	6	7	X	_____
_____	_____	45. Shotgun Firing on the Move	1	2	3	4	5	6	7	X	_____
_____	_____	46. Shotgun, Handgun Stress Course	1	2	3	4	5	6	7	X	_____
_____	_____	47. Transitional Use of Force	1	2	3	4	5	6	7	X	_____
_____	_____	48. M16 / M4 Familiarization	1	2	3	4	5	6	7	X	_____
_____	_____	49. Handgun Maintenance	1	2	3	4	5	6	7	X	_____

NARRATIVE COMMENTS

Most Acceptable Performance: Ptl. [redacted] stopped a vehicle for obstructing the roadway. The driver was suspected to be under the influence of drugs. Ptl. [redacted] performed the sobriety tests and concluded that the male was to be arrested for OVI. At the station, he administered a urine collection with very little assistance.

Least Acceptable Performance: In Washington DC, police were to arrest the primary aggressor in a domestic violence in every incident. He had yet learned that we offered the domestic violence form to the victim. I, however, still told him officer's were still able to arrest the primary aggressor.

Additional Comments: Ptl. [redacted] is learning the streets at a rapid pace. He was able to find a good majority of the streets I told him to find.

Probationary Officer's Signature

Ptl. Howell

**ASHTABULA POLICE DEPARTMENT
FIELD TRAINING AND EVALUATION PROGRAM
COMMANDER'S INTERVAL TRAINING REPORT**

Probationary Officer Ptlm. [REDACTED]	Commander Sgt. Dennis R. Dibble	Phase 2	Week 3	Date 5/3/2010
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Instructions: In column one, average to one decimal point (example: 3.5) the probationary Officer's performance in each category for the week. In Column two, in the areas provided, give the minutes of remedial training for the week. On the back, comment on the Probationary Officer's strongest and weakest areas of performance for the week. Next, indicate the Probationary Officer's progress to date. Finally, indicate the remedial training planned. This report should be signed by both the Probationary Officer and the Commander.

Performance Tasks

R.T.T.

<u>6</u>	_____	1. Driving Skills: Non-Stress Conditions
<u>6</u>	_____	2. Driving Skills: Stress Conditions
<u>6</u>	_____	3. Field Performance: Non-Stress Conditions
<u>6</u>	_____	4. Field Performance: Stress Conditions
<u>6</u>	_____	5. Officer Safety: General
<u>6</u>	_____	6. Officer Safety: Suspicious Persons and Prisoners
<u>6</u>	_____	7. Control of Conflict: Voice Commands
<u>5</u>	_____	8. Control of Conflict: Physical Skills
<u>5.50</u>	<u>.25</u>	9. Orientation Skills
<u>5.50</u>	_____	10. Self-Initiated Field Activity
<u>6</u>	_____	11. Investigative Procedures
<u>6</u>	_____	12. Problem Solving/Decision Making Ability

Communications

<u>6</u>	_____	13. Oral
<u>6</u>	_____	14. Written: Form Selection/Organization/Accuracy
<u>6</u>	_____	15. Written: Grammar/Spelling/Neatness
<u>5.50</u>	_____	16. Written: Time Utilized
<u>5.50</u>	_____	17. Radio: Listens and Comprehends Transmissions
<u>6</u>	_____	18. Radio: Articulation of Transmission

Knowledge

<u>5.50</u>	<u>.25</u>	19. Department Policies/Procedures/Regulations
<u>6</u>	_____	20. Criminal Law/Ordinances
<u>6</u>	_____	21. Traffic Law
<u>6</u>	_____	22. Reflected in Verbal or Written Tests

Attitude/Relationships

<u>6</u>	_____	23. Acceptance of Feedback: Verbal/Behavior
<u>6</u>	_____	24. Attitude Toward Police Work
<u>6</u>	_____	25. With Citizens
<u>6</u>	_____	26. Relationships with FTO/Supervisor

Appearance

<u>6</u>	_____	27. General Appearance
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Dispatch

_____	_____	28. Dispatch Duties
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LEADS

<u>6</u>	<u>6</u>	29. LEADS
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Jail / Booking / Arrests

R.T.T.

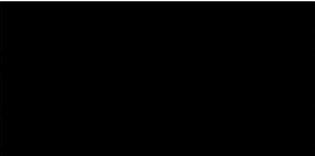
- | | | |
|-------|-------|------------------------|
| _____ | _____ | 30. Computer Booking |
| _____ | _____ | 31. Processing Inmates |
| _____ | _____ | 32. Jail Duties |
| _____ | _____ | 33. Releasing Inmates |
| 6 | _____ | 34. Logging Arrests |
| 6 | _____ | 35. Arrest Paperwork |

Weapons

- | | | |
|-------|-------|---|
| _____ | _____ | 36. Handgun Qualification |
| _____ | _____ | 37. Shotgun Qualification |
| _____ | _____ | 38. Non-Traditional Shooting Positions |
| _____ | _____ | 39. One Handed Shooting and Weapon Manipulation
(Strong Hand) |
| _____ | _____ | 40. One Handed Shooting and Weapon Manipulation
(Support Hand) |
| _____ | _____ | 41. Shooting on the Move (Forward / Backward) |
| _____ | _____ | 42. Shooting on the Move (Lateral) |
| _____ | _____ | 43. Shotgun Skills |
| _____ | _____ | 44. Shotgun Usage with One Hand |
| _____ | _____ | 45. Shotgun Firing on the Move |
| _____ | _____ | 46. Shotgun, Handgun Stress Course |
| _____ | _____ | 47. Transitional Use of Force |
| _____ | _____ | 48. M16 / M4 Familiarization |
| _____ | _____ | 49. Handgun Maintenance |

Remedial Training Time

Total R.T.T.



Probationary Officer's Overall Progress to Date: Satisfactory Unsatisfactory 100 %

Pr

Commander's Signature

NARRATIVE COMMENTS

Most acceptable area(s) of performance for the week: Ptlm. [REDACTED] has been doing extremely well in his performance. He handled a drug OVI this week and did the proper procedure with little assistance for collecting a urine sample for the OVI test. Ptlm. [REDACTED] continues to do very well with the city streets. He has also done very well handling his traffic stops and call with little assistance. If Ptlm. Gillepie continues to do this well, he may be released for duty earlier than expected.

Least acceptable area(s) of performance for the week: Ptlm. [REDACTED] has had a difficult time while handling a domestic violence situation. In DC, the officer arrested the primary aggressor as where we offer the DV form and leave it to the victim even though the required law wants you to arrest the primary aggressor. He was advised that the primary aggressor could still be arrested.

The FTO should use the Performance Guidelines for the Weekly Training Report to rate the Probationary Officer's Overall Progress.

Has the Recruit been counseled on their deficiencies ? Yes No

Has these Deficiencies required remedial planning ? Yes No If yes, describe plan:

**ASHTABULA POLICE DEPARTMENT
FIELD TRAINING AND EVALUATION PROGRAM
REPORT EXEMPLAR COVER FORM**

Probationary Officer Ptlm. [REDACTED]	Field Training Officer Ptlm. James Hildebrand	Phase 2	Week 3	Date 4-29-2010
--	--	------------	-----------	-------------------

Instructions: Field Training Officers will submit a minimum of one Report Exemplar per week with the exception of an extension phase which will require a minimum of two Report Exemplars per week. The report sample should reflect all changes/corrections in red ink. Rate the report sample as "Satisfactory" or "Unsatisfactory".

Type of Report <i>Domestic Violence</i>	This Report is: <input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
--	---

Rating Scale (For Below) (U) Unsatisfactory (S) Satisfactory (E) Excellent (X) Appropriate Rating

	U	S	E
1. The information in this report is factual and organized	_____	✓	_____
2. Unnecessary and/or redundant information has eliminated.	_____	_____	✓
3. This report is clear and understandable.	_____	_____	✓
4. This report is complete for this set of facts.	_____	✓	_____
5. The writing in this report is legible.	_____	_____	✓
6. The grammar and spelling in this report are proper.	_____	_____	✓
7. This report was completed in appropriate time (excluding re-writes)	_____	✓	_____

Comments:

PTI [REDACTED]'s Report writing is very good and I see no problems

Field Training Officer's Signature

[Signature]

Commander's Signature

ASHTABULA POLICE DEPARTMENT

Incident Number

110 W 44th St Unit #1 440-992-7174

Uniform Incident / Offense Report

10-01838

In Progress YES	Method Received E911	Time Received 2042	Time Dispatched 2042	Time Arrived 2043	Time Cleared 2130
Report Date / Time		Incident Occurred From		Incident Occured To	
Date 04/29/2010	Time 2140	Date //	Time	Date 04/29/2010	Time 2042
Location of the Incident (Street #, Street, Apt. #, City, State, Zip)					Zone
918 LAKE AVE ASHTABULA OH 44004 - MCDONALDS					004
Persons: HEATHER K WOODARD - ARA Involved: APRIL M BUCCI - VIC 6 PATRICIA BUCCI - OIV KELLY NOBLE - OIV ASHLEY SNYDER - OIV			Property: 0 Amount: 0.00		
Units:	Officers:	Officers:			
1st: █	PTLM █	PTLM JAMES HILDEBRAND R			
2nd: 0P15	PTLM CHRISTOPHER DEFINA				
3rd: 0P28	PTLM CHRISTOPHER DEFINA				
4th: 00P6	PTLM TIMOTHY HOSKEN S				
5th:					
Report: █	PTLM █	Photos: 6	Arrests: 1		
Codes:	Descriptions:	OFFENSES			
3898	DOMESTIC VIOLENCE				
1313	SIMPLE ASSAULT				
Weapons Used:	Trade Marks:	Hate Bias			
HANDS/FEET/TEETH	NOT KNOWN	NO			
Entry: UNKNOWN	Location Type:		Restaurant		
Refer to Arrest:	Incident #:	Tow#:	Dispatcher: 0034	Officer in Charge: 0010	Entry Id: █
Case Status: Arrested	Cleared Date: 04/29/2010	Cleared By: █			

Narrative: 10-01838 Page: 1

A report of a fight was received.

Reviewing Supervisor: _____

Bureau Supervisor: _____

Officer: _____

ASHTABULA POLICE DEPARTMENT

Incident Number

Persons Involved with Incident

Page #

1

10-01838

Incident #: 1001838 **Master Number:** 002 **Relation:** ARRESTED PERSON - ADULT **Arrest #:** **Date of Contact:** 04/29/2010

Last Name: WOODARD **First Name:** HEATHER **Mi:** K **Til:** **DOB:** 12/30/1990 **SSN:** [REDACTED] **Cell Phone:** **Pager:**

Street #: 5317 **Street Name:** MAIN AVE **Apt:** **City:** ASHTABULA **St:** OH **Zip:** 44004 **Phone:** **Employee Phone:**

Hgt: 502 **Wgt:** 115 **Hair:** BRO **Eyes:** BRO **Race:** W **Sex:** F **Physical Marks:**

Offenses: 1313 SIMPLE ASSAULT

Resident Class: **Suspected of using:** / **Victim Type:**

Incident #: 1001838 **Master Number:** 003 **Relation:** VICTIM **Arrest #:** **Date of Contact:** 04/29/2010

Last Name: BUCCI **First Name:** APRIL **Mi:** M **Til:** **DOB:** 11/19/1982 **SSN:** [REDACTED] **Cell Phone:** 440-789-6368 **Pager:**

Street #: 5851 **Street Name:** WASHINGTON AVE **Apt:** **City:** ASHTABULA **St:** OH **Zip:** 44004 **Phone:** 440-361-5653 **Employee Phone:**

Hgt: 507 **Wgt:** 155 **Hair:** BRO **Eyes:** BRO **Race:** W **Sex:** F **Physical Marks:**

Offenses:

Resident Class: **Suspected of using:** / **Victim Type:** Individual

Incident #: 1001838 **Master Number:** 004 **Relation:** OTHER INVOLVED **Arrest #:** **Date of Contact:** 04/29/2010

Last Name: BUCCI **First Name:** PATRICIA **Mi:** **Til:** **DOB:** 03/31/2001 **SSN:** **Cell Phone:** **Pager:**

Street #: 1404 **Street Name:** W 6TH **Apt:** **City:** ASHTABULA **St:** OH **Zip:** 44004 **Phone:** 440-361-5653 **Employee Phone:**

Hgt: 4 **Wgt:** 80 **Hair:** BLN **Eyes:** BRO **Race:** W **Sex:** F **Physical Marks:**

Offenses:

Resident Class: **Suspected of using:** / **Victim Type:**

Reviewing Supervisor:_____
Bureau Supervisor:_____
Officer:

ASHTABULA POLICE DEPARTMENT

9-13-11
C. Sheldon

Incident Number

Persons Involved with Incident

Page #

1

10-01838

Incident #: 1001838 **Master Number:** 002 **Relation:** ARRESTED PERSON - ADULT **Arrest #:** **Date of Contact:** 04/29/2010

Last Name: WOODARD **First Name:** HEATHER **Mi:** K **Til:** **DOB:** 12/30/1990 **SSN:** [REDACTED] **Cell Phone:** **Pager:**

Street #: 5317 **Street Name:** MAIN AVE **Apt:** **City:** ASHTABULA **St:** OH **Zip:** 44004 **Phone:** **Employee Phone:**

Hgt: 502 **Wgt:** 115 **Hair:** BRO **Eyes:** BRO **Race:** W **Sex:** F **Physical Marks:**

Offenses: 1313 SIMPLE ASSAULT

Resident Class: **Suspected of using:** / **Victim Type:**

*Redacted
SSN
ORC 149.43*

Incident #: 1001838 **Master Number:** 003 **Relation:** VICTIM **Arrest #:** **Date of Contact:** 04/29/2010

Last Name: BUCCI **First Name:** APRIL **Mi:** M **Til:** **DOB:** 11/19/1982 **SSN:** [REDACTED] **Cell Phone:** 440-789-6368 **Pager:**

Street #: 5851 **Street Name:** WASHINGTON AVE **Apt:** **City:** ASHTABULA **St:** OH **Zip:** 44004 **Phone:** 440-361-5653 **Employee Phone:**

Hgt: 507 **Wgt:** 155 **Hair:** BRO **Eyes:** BRO **Race:** W **Sex:** F **Physical Marks:**

Offenses:

Resident Class: **Suspected of using:** / **Victim Type:** Individual

Incident #: 1001838 **Master Number:** 004 **Relation:** OTHER INVOLVED **Arrest #:** **Date of Contact:** 04/29/2010

Last Name: BUCCI **First Name:** PATRICIA **Mi:** **Til:** **DOB:** 03/31/2001 **SSN:** **Cell Phone:** **Pager:**

Street #: 1404 **Street Name:** W 6TH **Apt:** **City:** ASHTABULA **St:** OH **Zip:** 44004 **Phone:** 440-361-5653 **Employee Phone:**

Hgt: 4 **Wgt:** 80 **Hair:** BLN **Eyes:** BRO **Race:** W **Sex:** F **Physical Marks:**

Offenses:

Resident Class: **Suspected of using:** / **Victim Type:**

Reviewing Supervisor:

Bureau Supervisor:

Officer:

ASHTABULA POLICE DEPARTMENT

Incident Number

Persons Involved with Incident

Page #

2

11-01878

Incident #: 1001838 **Master Number:** 005 **Relation:** OTHER INVOLVED **Arrest #:** **Date of Contact:** 04/29/2010

Last Name: NOBLE **First Name:** KELLY **Mi:** **Til:** **DOB:** 07/06/1997 **SSN:** **Cell Phone:** **Pager:**

Street #: 1126 **Street Name:** W 3RD **Apt:** **City:** ASHTABULA **St:** OH **Zip:** 44004 **Phone:** 440-344-5286 **Employee Phone:**

Hgt: 4 **Wgt:** 96 **Hair:** BLN **Eyes:** BLU **Race:** W **Sex:** F **Physical Marks:**

Offenses:

Resident Class: **Suspected of using:** **Victim Type:**

Incident #: 1001838 **Master Number:** 006 **Relation:** OTHER INVOLVED **Arrest #:** **Date of Contact:** 04/29/2010

Last Name: SNYDER **First Name:** ASHLEY **Mi:** **Til:** **DOB:** 11/23/1994 **SSN:** **Cell Phone:** **Pager:**

Street #: 1404 **Street Name:** W 6TH ST **Apt:** **City:** ASHTABULA **St:** OH **Zip:** 44004 **Phone:** 440-344-3839 **Employee Phone:**

Hgt: 409 **Wgt:** 89 **Hair:** BRO **Eyes:** BRO **Race:** W **Sex:** F **Physical Marks:**

Offenses:

Resident Class: **Suspected of using:** **Victim Type:**

Incident #: 1001838 **Master Number:** 007 **Relation:** ARRESTED PERSON - ADULT **Arrest #:** **Date of Contact:** 04/29/2010

Last Name: BUCCI **First Name:** JAMES **Mi:** P **Til:** **DOB:** 05/03/1969 **SSN:** **Cell Phone:** **Pager:**

Street #: 5851 **Street Name:** WASHINGTON AVE **Apt:** **City:** ASHTABULA **St:** OH **Zip:** 44004 **Phone:** **Employee Phone:**

Hgt: 509 **Wgt:** 190 **Hair:** BRO **Eyes:** BRO **Race:** W **Sex:** M **Physical Marks:**

Offenses: 3898 DOMESTIC VIOLENCE

Resident Class: **Suspected of using:** **Victim Type:**

Reviewing Supervisor:

Bureau Supervisor:

Officer:

ASHTABULA POLICE DEPARTMENT

9-13-11

Incident Number
C. Sheldon

Persons Involved with Incident

Page #

2

79-01638

Incident #: 1001838 **Master Number:** 005 **Relation:** OTHER INVOLVED **Arrest #:** **Date of Contact:** 04/29/2010
Last Name: NOBLE **First Name:** KELLY **Mi:** **Til:** **DOB:** 07/06/1997 **SSN:** **Cell Phone:** **Pager:**
Street #: 1126 **Street Name:** W 3RD **Apt:** **City:** ASHTABULA **St:** OH **Zip:** 44004 **Phone:** 440-344-5286 **Employee Phone:**
Hgt: 4 **Wgt:** 96 **Hair:** BLN **Eyes:** BLU **Race:** W **Sex:** F **Physical Marks:**

Offenses:

Resident Class: **Suspected of using:** **Victim Type:**

Incident #: 1001838 **Master Number:** 006 **Relation:** OTHER INVOLVED **Arrest #:** **Date of Contact:** 04/29/2010
Last Name: SNYDER **First Name:** ASHLEY **Mi:** **Til:** **DOB:** 11/23/1994 **SSN:** **Cell Phone:** **Pager:**
Street #: 1404 **Street Name:** W 6TH ST **Apt:** **City:** ASHTABULA **St:** OH **Zip:** 44004 **Phone:** 440-344-3839 **Employee Phone:**
Hgt: 409 **Wgt:** 89 **Hair:** BRO **Eyes:** BRO **Race:** W **Sex:** F **Physical Marks:**

Offenses:

Resident Class: **Suspected of using:** **Victim Type:**

Incident #: 1001838 **Master Number:** 007 **Relation:** ARRESTED PERSON - ADULT **Arrest #:** **Date of Contact:** 04/29/2010
Last Name: BUCCI **First Name:** JAMES **Mi:** P **Til:** **DOB:** 05/03/1969 **SSN:** **Cell Phone:** **Pager:**
Street #: 5851 **Street Name:** WASHINGTON AVE **Apt:** **City:** ASHTABULA **St:** OH **Zip:** 44004 **Phone:** **Employee Phone:**
Hgt: 509 **Wgt:** 190 **Hair:** BRO **Eyes:** BRO **Race:** W **Sex:** M **Physical Marks:**

Offenses: 3898 DOMESTIC VIOLENCE

Redacted SSN
ORC 149.43

Resident Class: **Suspected of using:** **Victim Type:**

Reviewing Supervisor:

Bureau Supervisor:

Officer:

ASHTABULA POLICE DEPARTMENT

Incident Number

Vehicles Involved with the Incident

10-01838

No: Value: Plate: LIC St.: LIC Yr.: LIC Type: VIN #:
001 0.00 EDC2433 OH / / PC 1G4NV54U1MM207718

Year: Make: Model: Style: Color: Ownership Verification: Tow No: Date of Theft:
1991 BUIC 4-DOOR 4D WHT / Registration / /

Recovery Condition: Recover Date: Recover Location: Owner Applied #: NCIC#
/ /

Damaged Missing:

Front: NO Rear: NO Doors : NO Deck : NO
Interior: NO Engine: NO Trans : NO Dash: NO
Vin Plate: NO LIC Plate: NO Ignition: NO Other:
Misc:

Reviewing Supervisor:

Bureau Supervisor:

Officer:

ASHTABULA POLICE DEPARTMENT

Incident Number

Investigative Report

Title / Subject: Arrest Narrative

Page #: 1

10-01838

While on routine patrol in city of Ashtabula I, Ptlm [REDACTED] and Ptlm Hildebrand, we received a radio assignment for an assault in progress located in the drive-through at the McDonald's located in the 900 Block of Lake Ave. Upon our arrival I met up with April Bucci who stated that she was just involved in a physical altercation with her ex-husband James Bucci. April said that she was walking through the parking lot when Heather Woodard jumped out of James's car and ran up to her. April stated that they both exchanged words briefly and then Heather struck April upside her face. April then fought back with Heather and then James stepped in started to grab April's hair and then punched her in the right side of her face. During all of this someone yelled out to both James and Heather that the police are coming. Both then ran back inside of his 1991 Buick 4-door bearing Ohio registration of EDC2433 and fled southbound on Lake Ave from McDonald's. April was provided with a DV form which she signed and acknowledged that she wished to pursue charges against James. Both subjects were stopped by Ptlm Erwin several minutes later and Mr. Bucci was then placed under arrest. April appeared to suffer from several light contusions to both sides of her face. The alleged assault also occurred in front of several young children that were accompanying with April. A couple of the juveniles were able to complete a written statement about the events that took place.

By: PTLM [REDACTED]

Badge# [REDACTED]

Date: 04/29/2010

Time: 2133

Reviewing Supervisor: _____

Date: _____

ASHTABULA POLICE DEPARTMENT

110 W 44th St Unit #1 440-992-7174

Arrested Person

Last Name:	First Name:	Mi:	Social:	Incident#	Ano								
BUCCI	JAMES	P	[REDACTED]	1001838	61440								
Number:	Name:	Apt:	City:	St:	Zip:	Phone:							
3311	STATION AVE	I	ASHTABULA	OH	44004	440-319-8797							
Physicals													
Date of Birth:	Age:	Place of Birth:	Sex:	Race:	Hgt:	Wgt:	Hair:	Eyes:	Skin:	Married:	Place of Birth:		
05/03/1969	40	OH	M	W	509	190	BRO	BRO			OH		
Driver's License #:	State:	FBI #:	BCI #:	ITN:	AKA:	Scars:							
[REDACTED]	OH												
Where Arrested													
Date:	Time:	Street:	Unit:	City:	St:	Zone:							
04/29/2010	2100	W 40TH ST STATION AVE		ASHTABULA	OH	99							
Vehicle Involved:													
Make:	Year:	Model:	Style:	Color:	Vin:	Proof Ins:	Plate #:	St:	Year:	Type:	Impound		
				/					//		N		
Charge 1													
Charge 1:	2919.25	Type:	Misdemeanor 1	Ticket #	Case #:	UCR Code							
Offense:	3898	/	DOMESTIC VIOLENCE										
Court Date:	//	Fine:	0.00	Cost:	0.00	State:	0.00						
Disposition:													
Charge 2													
Charge 2:		Type:		Ticket #:	Case #:								
Offense:	/												
		Fine:	0.00	Cost:	0.00	State:	0.00						
Disposition:													
Charge 3													
Charge 3:		Type:		Ticket #	Case #:								
Offense:	/												
		Fine:	0.00	Cost:	0.00	State:	0.00						
Disposition:													
Charge 4													
Charge 4:		Type:		Ticket #:	Case #:								
Offense:	/												
		Fine:	0.00	Cost:	0.00	State:	0.00						
Disposition:													
Officers Involved:	0037	0040	0030	[REDACTED]	0034	By:	0037						
Jail Information													
Cell:	135	Photo:	YES	Court Date:	//	Release Date:	//	Time:					
Transfer to:		Notify Date:	//	Time:		Rid:		Wavier:	N	Bond:	N	Other:	N
NIBRs Information													
Type of Arrest:	Weapons used:												
Crime In Progress	/												
Resident Information:	Minor Information:				Release:								
Resident													
Associates													
Last:	First / Mi:	Misc:	Last:	First / Mi:	Misc:								
Notify:													
Emergency	Name:	Address:	Phone:										
	HEATHER WOODARD	3311 STATION AVE	440-319-8797										
Employer:													

ASHTABULA POLICE DEPARTMENT

9-13-11
[Redacted]
C. Sheldon

110 W 44th St Unit #1 440-992-7174

Arrested Person

Last Name:	First Name:	Mi:	Social:	Incident#	Ano		
BUCCI	JAMES	P	[Redacted]	1001838	61440		
Number:	Name:	Apt:	City:	St:	Zip:	Phone:	Redacted SSN ORC 149.43
3311	STATION AVE	1	ASHTABULA	OH	44004	440-319-8797	

Physicals											
Date of Birth:	Age:	Place of Birth:	Sex:	Race:	Hgt:	Wgt:	Hair:	Eyes:	Skin:	Married:	Place of Birth:
05/03/1969	40	OH	M	W	509	190	BRO	BRO			OH
Driver's License #:	State:	FBI #:	BCI #:	ITN:	AKA:	Scars:					
[Redacted]	OH										

Where Arrested								
Date:	Time:	Street:	Unit:	City:	St:	Zone:		
04/29/2010	2100	W 40TH ST STATION AVE		ASHTABULA	OH	99		

Vehicle Involved:											
Make:	Year:	Model:	Style:	Color:	Vin:	Proof Ins:	Plate #:	St:	Year:	Type:	Impound
				/					//		N

Charge 1											
Charge 1:	2919.25	Type:	Misdemeanor I	Ticket #	Case #:	UCR Code					
Offense:	3898	/	DOMESTIC VIOLENCE								
Court Date:	//	Fine:	0.00	Cost:	0.00	State:	0.00				
Disposition:											

Charge 2											
Charge 2:		Type:		Ticket #:	Case #:						
Offense:	/										
		Fine:	0.00	Cost:	0.00	State:	0.00				
Disposition:											

Charge 3											
Charge 3:		Type:		Ticket #	Case #:						
Offense:	/										
		Fine:	0.00	Cost:	0.00	State:	0.00				
Disposition:											

Charge 4											
Charge 4:		Type:		Ticket #:	Case #:						
Offense:	/										
		Fine:	0.00	Cost:	0.00	State:	0.00				
Disposition:											

Officers Involved:	0037	0040	0030	[Redacted]	0034	By:	0037				
--------------------	------	------	------	------------	------	-----	------	--	--	--	--

Jail Information													
Cell:	135	Photo:	YES	Court Date:	//	Release Date:	//	Time:					
Transfer to:		Notify Date:	//	Time:		Rid:		Wavier:	N	Bond:	N	Other:	N

NIBRs Information											
Type of Arrest:	Weapons used:										
Crime In Progress	/										
Resident Information:	Minor Information:				Release:						
Resident											

Associates											
Last:	First / Mi:	Misc:	Last:	First / Mi:	Misc:						

Notify:											
Emergency	Name:	Address:	Phone:								
Employer:	HEATHER WOODARD	3311 STATION AVE	440-319-8797								

**ASHTABULA POLICE DEPARTMENT
FIELD TRAINING AND EVALUATION PROGRAM
SELF-EVALUATION FORM**

Probationary Officer: Ptln. [REDACTED]

Phase # 2

Date: 5/4/2010

The purpose of the Self-Evaluation Form is to provide the probationary officer with the opportunity to express both his/her strong points and weak points. It also acts as a training aide for the Field Training Officer when suggestions are offered on how the deficient areas could possibly be corrected. Therefore, the comments that you offer will serve as an important tool toward self-improvement.

Describe Weakness

Filling out the appropriate paperwork, and completing said paperwork completely with the right codes.

Describe Strong Points

Officer safety and field interviews/interrogations.

Training Suggestions

None at this time

**ASHTABULA POLICE DEPARTMENT
FIELD TRAINING AND EVALUATION PROGRAM
EVALUATION OF FIELD TRAINING OFFICER**

Field Training Officer: Ptln. James Hildebrand

Date: 5/4/2010 Phase # 2 End Of Week # 3

In an effort to ensure that Field Training Officers maintain a high level of skill, performance, and interest, this critique form is presented to the probationary officer for completion. It is to the Field Training Officers' benefit that he knows the impression he/she is making on those he is instructing. It is the belief of the Ashtabula Police Department that a Field Training Officer who is truly interested in doing his/her best would welcome this type of objective report. With this in mind, the probationary officer is requested to evaluate his/her instructor in the areas listed below. Field Training Officers will receive these critique sheets upon the completion of each training cycle and from all probationary officers that he/she has trained. For this reason, some anonymity will be maintained. The probationary officer is asked to sign this critique, but the Field Training Officers' copy will not bear the signature.

Instructions: After filling in the Field Training Officers' name above, answer the questions that follow by circling the appropriate response. It is hoped that the probationary officer will make use of the "comments" sections wherever he/she sees fit to do so.

ABOUT YOUR F.T.O.

- | | | | | | | |
|----|--|------|------|---------|-------------|-----------|
| 1. | Ability as a Police Officer | Poor | Fair | Average | Good | Excellent |
| 2. | Knowledge of the training Material covered | Poor | Fair | Average | Good | Excellent |
| 3. | Ability to relate to you | Poor | Fair | Average | Good | Excellent |
| 4. | Ability to relate to others | Poor | Fair | Average | Good | Excellent |
| 5. | Interest in imparting training material and information to you | Poor | Fair | Average | Good | Excellent |
| 6. | Application of honesty, fairness, and objectivity in rating you | Poor | Fair | Average | Good | Excellent |
| 7. | Example he/she sets for you and others | Poor | Fair | Average | Good | Excellent |
| 8. | Overall attitude for the work he/she is doing | Poor | Fair | Average | Good | Excellent |

Please list the area where you feel our Field Training Officer puts forth his/her best effort.
(Use an additional page if necessary.)

His knowledge and experience in deploying the K-9 for narcotic related activity, and providing me further insight into the application of K9's in law enforcement. He has also bettered my understanding of the application of laws/policies and procedures in ARO

Please list the area where you feel your Field Training Officer performs the poorest.
(Use an additional page if necessary.)

Comment, if you desire, on the performance, abilities, etc. Of the supervisory personnel in the training program. (Sergeants, Captains, etc.)

Sgt. Dibba has greatly assisted my learning of the ways and methods of the Ashtabula City Police and making transition from DC to here.

How would you rate the OVERALL program and the materials, information, etc., received therefrom?

Poor

Fair

Average

Good

Excellent

Use the following space for any additional comments you may care to make.
(Use an additional page if necessary.)

Date:

5.10.10

ASHTABULA POLICE DEPARTMENT

TO: SERGEANT BLANEY
FROM: SERGEANT DIBBLE
SUBJECT: PTLM. [REDACTED] TRAINING
DATE: 5/4/2010
CC:

Sgt. Blaney,

Beginning May 6, 2010, you will begin training of Ptlm. [REDACTED] for 2 weeks of Phase 3 until May 16, 2010. One day will be trained by Ptlm. Bainton since you will be on K9 Training. This is a very important phase for him to go through and I trust highly in you that your expertise and experience will help Ptlm. [REDACTED] in his success in this phase. Ptlm. [REDACTED] possesses a lot of prior experience coming from Washington D.C. P.D. where he was a road officer for 5 years. So far Ptlm. [REDACTED] has excellent report writing skills. Ptlm. [REDACTED] should be able to drive from the beginning. He has become very familiar with the city and does not seem to have issues on locations in the city. The emphasis for Ptlm. [REDACTED] should be on our forms and how to complete them and where they go after completion. These would include arrest paperwork, Juvenile arrests, and toxicology testing forms and so on. I appreciate your assistance in making Ptlm. [REDACTED]'s training a success. Attached are the DOR's for this training and I need them turned in promptly when completed. Make sure Ptlm. Bainton does his promptly and correctly (to what you would expect for content or as you would do). If you have any questions, do not hesitate to contact me.

Sincerely,


Dennis R. Dibble, Sergeant

ASHTABULA POLICE DEPARTMENT

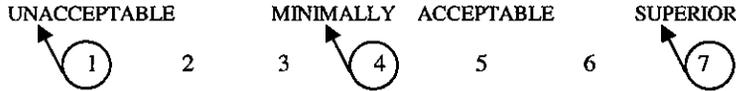
FIELD TRAINING AND EVALUATION PROGRAM

DAILY OBSERVATION REPORT

Probationary Officer Ptlm [REDACTED]	Field Training Officer Sgt. Rodney Blaney	Phase 3	Week 1	Date 5/6/2010
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Rating Instructions: Rate observed behavior relative to the scale below by using the numerical value definitions contained in the Field Training and Evaluation Program Standardized Guidelines. You must comment on the most and least acceptable performance of the day. Although specific comments are required for all ratings of "2" or less, "6" or above, and N.R.T., you are encourage to comment on any behavior. Use the category number to reference your narrative comments. Check the "N.O." line if the activity is not observed or the "N.R.T." line if the probationary officer fails to respond to training. Enter "significant" (15 minutes minimum) remedial training time on the R.T.T. line.

RATING SCALE BY PROGRAM STANDARDS



R.T.T.	Performance Tasks	N.O.	N.R.T.
_____	1. Driving Skills: Non-Stress Conditions	1 2 3 4 <u>5</u> 6 7	_____
_____	2. Driving Skills: Stress Conditions	1 2 3 4 <u>5</u> 6 7	X
_____	3. Field Performance: Non-Stress Conditions	1 2 3 4 <u>5</u> 6 7	_____
_____	4. Field Performance: Stress Conditions	1 2 3 4 <u>5</u> 6 7	_____
_____	5. Officer Safety: General	1 2 3 4 5 <u>6</u> 7	_____
_____	6. Officer Safety: Suspicious Persons and Prisoners	1 2 3 4 5 <u>6</u> 7	_____
_____	7. Control of Conflict: Voice Commands	1 2 3 4 5 <u>6</u> 7	_____
_____	8. Control of Conflict: Physical Skills	1 2 3 4 5 6 7	X
_____	9. Orientation Skills	1 2 3 4 <u>5</u> 6 7	_____
_____	10. Self-Initiated Field Activity	1 2 3 4 <u>5</u> 6 7	_____
_____	11. Investigative Procedures	1 2 3 4 <u>5</u> 6 7	_____
_____	12. Problem Solving/Decision Making Ability	1 2 3 4 <u>5</u> 6 7	_____
Communications			
_____	13. Oral	1 2 3 4 5 <u>6</u> 7	_____
_____	14. Written: Form Selection/Organization/Accuracy	1 2 3 4 <u>5</u> 6 7	_____
_____	15. Written: Grammar/Spelling/Neatness	1 2 3 4 5 <u>6</u> 7	_____
_____	16. Written: Time Utilized	1 2 3 4 <u>5</u> 6 7	_____
_____	17. Radio: Listens and Comprehends Transmissions	1 2 3 4 <u>5</u> 6 7	_____
_____	18. Radio: Articulation of Transmission	1 2 3 4 <u>5</u> 6 7	_____
Knowledge			
_____	19. Department Policies/Procedures/Regulations	1 2 3 4 <u>5</u> 6 7	_____
_____	20. Criminal Law/Ordinances	1 2 3 4 <u>5</u> 6 7	_____
_____	21. Traffic Law	1 2 3 4 <u>5</u> 6 7	_____
_____	22. Reflected in Verbal or Written Tests	1 2 3 4 <u>5</u> 6 7	_____
Attitude/Relationships			
_____	23. Acceptance of Feedback: Verbal/Behavior	1 2 3 4 <u>5</u> 6 7	_____
_____	24. Attitude Toward Police Work	1 2 3 4 <u>5</u> 6 7	_____
_____	25. With Citizens	1 2 3 4 5 <u>6</u> 7	_____
_____	26. Relationships with FTO/Supervisor	1 2 3 4 <u>5</u> 6 7	_____
Appearance			
_____	27. General Appearance	1 2 3 4 5 <u>6</u> 7	_____
Dispatch			
_____	28. Dispatch Duties	1 2 3 4 5 6 7	X
LEADS			
_____	29. LEADS	1 2 3 4 <u>5</u> 6 7	_____

R.T.T.		Jail / Booking / Arrests							N.O.	N.R.T.	
_____	_____	30. Computer Booking	1	2	3	4	5	6	7	X	_____
_____	_____	31. Processing Inmates	1	2	3	4	5	6	7	X	_____
_____	_____	32. Jail Duties	1	2	3	4	5	6	7	X	_____
_____	_____	33. Releasing Inmates	1	2	3	4	5	6	7	X	_____
_____	_____	34. Logging Arrests	1	2	3	4	5	6	7	X	_____
_____	_____	35. Arrest Paperwork	1	2	3	4	5	6	7	X	_____

R.T.T.		Weapons							N.O.	N.R.T.	
_____	_____	36. Handgun Qualification	1	2	3	4	5	6	7	X	_____
_____	_____	37. Shotgun Qualification	1	2	3	4	5	6	7	X	_____
_____	_____	38. Non-Traditional Shooting Positions	1	2	3	4	5	6	7	X	_____
_____	_____	39. One Handed Shooting and Weapon Manipulation (Strong Hand)	1	2	3	4	5	6	7	X	_____
_____	_____	40. One Handed Shooting and Weapon Manipulation (Support Hand)	1	2	3	4	5	6	7	X	_____
_____	_____	41. Shooting on the Move (Forward / Backward)	1	2	3	4	5	6	7	X	_____
_____	_____	42. Shooting on the Move (Lateral)	1	2	3	4	5	6	7	X	_____
_____	_____	43. Shotgun Skills	1	2	3	4	5	6	7	X	_____
_____	_____	44. Shotgun Usage with One Hand	1	2	3	4	5	6	7	X	_____
_____	_____	45. Shotgun Firing on the Move	1	2	3	4	5	6	7	X	_____
_____	_____	46. Shotgun, Handgun Stress Course	1	2	3	4	5	6	7	X	_____
_____	_____	47. Transitional Use of Force	1	2	3	4	5	6	7	X	_____
_____	_____	48. M16 / M4 Familiarization	1	2	3	4	5	6	7	X	_____
_____	_____	49. Handgun Maintenance	1	2	3	4	5	6	7	X	_____

NARRATIVE COMMENTS

Most Acceptable Performance: P1M [REDACTED] CONDUCTED AN OVI/PHYSICAL CONTROL ARREST IN A VERY PROFESSIONAL AND THOROUGH MANNER. ALTHOUGH HE WAS ORIGINALLY DISPATCHED AS A BACK-UP OFFER, HE DEMONSTRATED INITIATIVE IN CONTINUING THE INVESTIGATION TO LOCATE ILLEGAL NARCOTICS AND CONTRABAND. P1M [REDACTED] DISPLAYED SOUND SAFETY TACTICS IN INTERVIEWING SUBJECTS IN BOTH A DOMESTIC VIOLENCE INVESTIGATION AND AN ESCAPED MENTAL PATIENT. HIS COMMUNICATION SKILLS ARE STRONG AND MAINTAINS PROPER ON SCENE POLICE PRESENCE

Least Acceptable Performance: P1M [REDACTED] IS STILL IN THE PROCESS OF FAMILIARIZING HIMSELF WITH SOME DEPARTMENT PAPERWORK AND PROCEDURES. DURING PATROL, I FOUND THAT HE HAS A SOUND GRASP ON THE CITY STREETS. HOWEVER, HE SHOWED SOME DIFFICULTY IN LOCATING THE EAST & WEST BLOCKS. ALSO DURING PATROL, WE REVIEWED THE DEPARTMENT CODES & SIGNALS. THERE ARE A FEW THAT WILL NEED TO BE COMMITTED TO MEMORY YET.

Additional Comments: THIS WAS THE FIRST DAY OF TRAINING DURING THIS PHASE & OFFICERS WERE ASSIGNED TO DISTRICT 3. WE SPENT A GOOD PORTION OF THE MORNING GATHERING PATROL FORMS. I REVIEWED PROCEDURES AND EQUIPMENT WITH THIS OFFICER IN THE EVIDENCE ROOM AND SUPPLIED HIM WITH NARCOTICS TEST KITS. OVERALL, A VERY GOOD FIRST DAY.

FTO Signature

[Handwritten Signature] 57

ASHTABULA POLICE DEPARTMENT

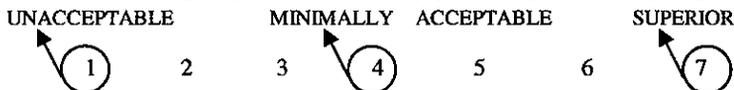
FIELD TRAINING AND EVALUATION PROGRAM

DAILY OBSERVATION REPORT

Probationary Officer Ptm. XXXXXXXXXX	Field Training Officer Sgt. William Parkomaki	Phase 3	Week 1	Date 5/5/2010
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Rating Instructions: Rate observed behavior relative to the scale below by using the numerical value definitions contained in the Field Training and Evaluation Program Standardized Guidelines. You must comment on the most and least acceptable performance of the day. Although specific comments are required for all ratings of "2" or less, "6" or above, and N.R.T., you are encourage to comment on any behavior. Use the category number to reference your narrative comments. Check the "N.O." line if the activity is not observed or the "N.R.T." line if the probationary officer fails to respond to training. Enter "significant" (15 minutes minimum) remedial training time on the R.T.T. line.

RATING SCALE BY PROGRAM STANDARDS



	R.T.T.	Performance Tasks	N.O.	N.R.T.
_____	_____	1. Driving Skills: Non-Stress Conditions	1 2 3 4 5 6 7	_____
_____	_____	2. Driving Skills: Stress Conditions	1 2 3 4 5 6 7	_____
_____	_____	3. Field Performance: Non-Stress Conditions	1 2 3 4 5 6 7	_____
_____	_____	4. Field Performance: Stress Conditions	1 2 3 4 5 6 7	_____
_____	_____	5. Officer Safety: General	1 2 3 4 5 6 7	_____
_____	_____	6. Officer Safety: Suspicious Persons and Prisoners	1 2 3 4 5 6 7	_____
_____	_____	7. Control of Conflict: Voice Commands	1 2 3 4 5 6 7	_____
_____	_____	8. Control of Conflict: Physical Skills	1 2 3 4 5 6 7	_____
_____	_____	9. Orientation Skills	1 2 3 4 5 6 7	_____
_____	_____	10. Self-Initiated Field Activity	1 2 3 4 5 6 7	_____
_____	_____	11. Investigative Procedures	1 2 3 4 5 6 7	_____
_____	_____	12. Problem Solving/Decision Making Ability	1 2 3 4 5 6 7	_____
Communications				
_____	_____	13. Oral	1 2 3 4 5 6 7	_____
_____	_____	14. Written: Form Selection/Organization/Accuracy	1 2 3 4 5 6 7	_____
_____	_____	15. Written: Grammar/Spelling/Neatness	1 2 3 4 5 6 7	_____
_____	_____	16. Written: Time Utilized	1 2 3 4 5 6 7	_____
_____	_____	17. Radio: Listens and Comprehends Transmissions	1 2 3 4 5 6 7	_____
_____	_____	18. Radio: Articulation of Transmission	1 2 3 4 5 6 7	_____
Knowledge				
_____	_____	19. Department Policies/Procedures/Regulations	1 2 3 4 5 6 7	_____
_____	_____	20. Criminal Law/Ordinances	1 2 3 4 5 6 7	_____
_____	_____	21. Traffic Law	1 2 3 4 5 6 7	_____
_____	_____	22. Reflected in Verbal or Written Tests	1 2 3 4 5 6 7	_____
Attitude/Relationships				
_____	_____	23. Acceptance of Feedback: Verbal/Behavior	1 2 3 4 5 6 7	_____
_____	_____	24. Attitude Toward Police Work	1 2 3 4 5 6 7	_____
_____	_____	25. With Citizens	1 2 3 4 5 6 7	_____
_____	_____	26. Relationships with FTO/Supervisor	1 2 3 4 5 6 7	_____
Appearance				
_____	_____	27. General Appearance	1 2 3 4 5 6 7	_____
Dispatch				
_____	_____	28. Dispatch Duties	1 2 3 4 5 6 7	_____
LEADS				
_____	_____	29. LEADS	1 2 3 4 5 6 7	_____

R.T.T.		Jail / Booking / Arrests								N.O.	N.R.T.
_____	_____	30. Computer Booking	1	2	3	4	5	6	7	_____	_____
_____	_____	31. Processing Inmates	1	2	3	4	5	6	7	_____	_____
_____	_____	32. Jail Duties	1	2	3	4	5	6	7	_____	_____
_____	_____	33. Releasing Inmates	1	2	3	4	5	6	7	_____	_____
_____	_____	34. Logging Arrests	1	2	3	4	5	6	7	_____	_____
_____	_____	35. Arrest Paperwork	1	2	3	4	5	6	7	_____	_____

R.T.T.		Weapons								N.O.	N.R.T.
_____	_____	36. Handgun Qualification	1	2	3	4	5	6	7	12	_____
_____	_____	37. Shotgun Qualification	1	2	3	4	5	6	7	↓	_____
_____	_____	38. Non-Traditional Shooting Positions	1	2	3	4	5	6	7		_____
_____	_____	39. One Handed Shooting and Weapon Manipulation (Strong Hand)	1	2	3	4	5	6	7		_____
_____	_____	40. One Handed Shooting and Weapon Manipulation (Support Hand)	1	2	3	4	5	6	7		_____
_____	_____	41. Shooting on the Move (Forward / Backward)	1	2	3	4	5	6	7		_____
_____	_____	42. Shooting on the Move (Lateral)	1	2	3	4	5	6	7		_____
_____	_____	43. Shotgun Skills	1	2	3	4	5	6	7		_____
_____	_____	44. Shotgun Usage with One Hand	1	2	3	4	5	6	7		_____
_____	_____	45. Shotgun Firing on the Move	1	2	3	4	5	6	7		_____
_____	_____	46. Shotgun, Handgun Stress Course	1	2	3	4	5	6	7		_____
_____	_____	47. Transitional Use of Force	1	2	3	4	5	6	7		_____
_____	_____	48. M16 / M4 Familiarization	1	2	3	4	5	6	7		_____
_____	_____	49. Handgun Maintenance	1	2	3	4	5	6	7		_____

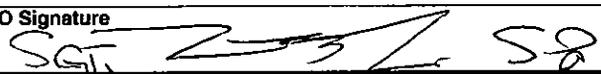
NARRATIVE COMMENTS

Most Acceptable Performance: Prm [REDACTED] DEMONSTRATED SUPERIOR WEAPON HANDLING SKILL AND ABOVE AVERAGE MARKS MANSHIP.

Least Acceptable Performance: NOTHING NOTABLE

Additional Comments: Prm [REDACTED] OPERATED THE PUMP SHOTGUN VERY PROFESSIONALLY IN A MANNER THAT WOULD NOT INDICATE THAT HE DID NOT RECEIVE SHOTGUN TRAINING IN HIS PREVIOUS JOB.

Probationary Officer's Signature

FTO Signature


**ASHTABULA POLICE DEPARTMENT
FIELD TRAINING AND EVALUATION PROGRAM
COMMANDER'S INTERVAL TRAINING REPORT**

Probationary Officer Ptlm. [REDACTED]	Commander Sgt. Dennis R. Dibble	Phase 3	Week 1	Date 5/8/2010
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Instructions: In column one, average to one decimal point (example: 3.5) the probationary Officer's performance in each category for the week. In Column two, in the areas provided, give the minutes of remedial training for the week. On the back, comment on the Probationary Officer's strongest and weakest areas of performance for the week. Next, indicate the Probationary Officer's progress to date. Finally, indicate the remedial training planned. This report should be signed by both the Probationary Officer and the Commander.

		Performance Tasks
	R.T.T.	
5	_____	1. Driving Skills: Non-Stress Conditions
5	_____	2. Driving Skills: Stress Conditions
5	_____	3. Field Performance: Non-Stress Conditions
5	_____	4. Field Performance: Stress Conditions
6	_____	5. Officer Safety: General
6	_____	6. Officer Safety: Suspicious Persons and Prisoners
6	_____	7. Control of Conflict: Voice Commands
	_____	8. Control of Conflict: Physical Skills
5	_____	9. Orientation Skills
5	_____	10. Self-Initiated Field Activity
5	_____	11. Investigative Procedures
5	_____	12. Problem Solving/Decision Making Ability

		Communications
6	_____	13. Oral
5	_____	14. Written: Form Selection/Organization/Accuracy
6	_____	15. Written: Grammar/Spelling/Neatness
5	_____	16. Written: Time Utilized
5	_____	17. Radio: Listens and Comprehends Transmissions
5	_____	18. Radio: Articulation of Transmission

		Knowledge
5	_____	19. Department Policies/Procedures/Regulations
5	_____	20. Criminal Law/Ordinances
5	_____	21. Traffic Law
5	_____	22. Reflected in Verbal or Written Tests

		Attitude/Relationships
5	_____	23. Acceptance of Feedback: Verbal/Behavior
5	_____	24. Attitude Toward Police Work
6	_____	25. With Citizens
5	_____	26. Relationships with FTO/Supervisor

		Appearance
6	_____	27. General Appearance

		Dispatch
	_____	28. Dispatch Duties

		LEADS
5	_____	29. LEADS

Jail / Booking / Arrests

R.T.T.

- _____ 30. Computer Booking
- _____ 31. Processing Inmates
- _____ 32. Jail Duties
- _____ 33. Releasing Inmates
- 6 _____ 34. Logging Arrests
- 5 _____ 35. Arrest Paperwork

Weapons

- 6 _____ 36. Handgun Qualification
- 6 _____ 37. Shotgun Qualification
- 6 _____ 38. Non-Traditional Shooting Positions
- 6 _____ 39. One Handed Shooting and Weapon Manipulatin
(Strong Hand)
- 6 _____ 40. One Handed Shooting and Weapon Manipulatin
(Support Hand)
- 6 _____ 41. Shooting on the Move (Forward / Backward)
- 6 _____ 42. Shooting on the Move (Lateral)
- 5 _____ 43. Shotgun Skills
- 5 _____ 44. Shotgun Usage with One Hand
- 5 _____ 45. Shotgun Firing on the Move
- 6 _____ 46. Shotgun, Handgun Stress Course
- 6 _____ 47. Transitional Use of Force
- 6 _____ 48. M16 / M4 Familiarization
- _____ 49. Handgun Maintenance

Remedial Training Time

Total R.T.T.

Officer's Overall Progress to Date? Satisfactory Unsatisfactory

100 %

Probationary



Commander's Signature

[Handwritten Signature]

NARRATIVE COMMENTS

Most acceptable area(s) of performance for the week: Ptlm. [redacted] completed his weapons training for the training program. He showed superior weapon handling and above average marksmanship. Ptlm. [redacted] during a OVI traffic stop was very professional and thorough. He demonstrated initiative in the investigation to locate illegal narcotics and contraband. He displayed good safety tactics in interviewing subjects of incidents which he investigated.

Least acceptable area(s) of performance for the week: Ptlm. [redacted] has shown that he is familiar with the streets in the city. He does have some difficulty with locating east and west blocks. Ptlm. [redacted] is still learning the codes and signals used by the department.

The FTO should use the Performance Guidelines for the Weekly Training Report to rate the Probationary Officer's Overall Progress. Has the Recruit been counseled on their deficiencies ? Yes No Has these Deficiencies required remedial planning ? Yes No If yes, describe plan:

ASHTABULA POLICE DEPARTMENT

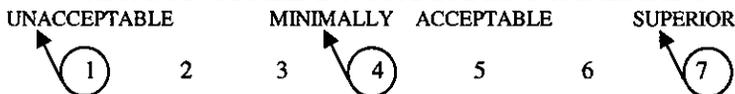
FIELD TRAINING AND EVALUATION PROGRAM

DAILY OBSERVATION REPORT

Probationary Officer Ptlm. XXXXXXXXXX	Field Training Officer Sgt. Rodney Blaney	Phase 3	Week 2	Date 5/10/2010
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Rating Instructions: Rate observed behavior relative to the scale below by using the numerical value definitions contained in the Field Training and Evaluation Program Standardized Guidelines. You must comment on the most and least acceptable performance of the day. Although specific comments are required for all ratings of "2" or less, "6" or above, and N.R.T., you are encourage to comment on any behavior. Use the category number to reference your narrative comments. Check the "N.O." line if the activity is not observed or the "N.R.T." line if the probationary officer fails to respond to training. Enter "significant" (15 minutes minimum) remedial training time on the R.T.T. line.

RATING SCALE BY PROGRAM STANDARDS



Performance Tasks

R.T.T.	Performance Tasks	N.O.	N.R.T.
_____	1. Driving Skills: Non-Stress Conditions	1 2 3 4 5 6 7	_____
_____	2. Driving Skills: Stress Conditions	1 2 3 4 5 6 7	X
_____	3. Field Performance: Non-Stress Conditions	1 2 3 4 5 6 7	_____
_____	4. Field Performance: Stress Conditions	1 2 3 4 5 6 7	X
_____	5. Officer Safety: General	1 2 3 4 5 6 7	_____
_____	6. Officer Safety: Suspicious Persons and Prisoners	1 2 3 4 5 6 7	X
_____	7. Control of Conflict: Voice Commands	1 2 3 4 5 6 7	X
_____	8. Control of Conflict: Physical Skills	1 2 3 4 5 6 7	X
_____	9. Orientation Skills	1 2 3 4 5 6 7	_____
_____	10. Self-Initiated Field Activity	1 2 3 4 5 6 7	_____
_____	11. Investigative Procedures	1 2 3 4 5 6 7	_____
_____	12. Problem Solving/Decision Making Ability	1 2 3 4 5 6 7	_____

Communications

_____	13. Oral	1 2 3 4 5 6 7	_____
_____	14. Written: Form Selection/Organization/Accuracy	1 2 3 4 5 6 7	_____
_____	15. Written: Grammar/Spelling/Neatness	1 2 3 4 5 6 7	_____
_____	16. Written: Time Utilized	1 2 3 4 5 6 7	_____
_____	17. Radio: Listens and Comprehends Transmissions	1 2 3 4 5 6 7	_____
_____	18. Radio: Articulation of Transmission	1 2 3 4 5 6 7	_____

Knowledge

_____	19. Department Policies/Procedures/Regulations	1 2 3 4 5 6 7	_____
_____	20. Criminal Law/Ordinances	1 2 3 4 5 6 7	_____
_____	21. Traffic Law	1 2 3 4 5 6 7	_____
_____	22. Reflected in Verbal or Written Tests	1 2 3 4 5 6 7	_____

Attitude/Relationships

_____	23. Acceptance of Feedback: Verbal/Behavior	1 2 3 4 5 6 7	_____
_____	24. Attitude Toward Police Work	1 2 3 4 5 6 7	_____
_____	25. With Citizens	1 2 3 4 5 6 7	_____
_____	26. Relationships with FTO/Supervisor	1 2 3 4 5 6 7	_____

Appearance

_____	27. General Appearance	1 2 3 4 5 6 7	_____
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Dispatch

_____	28. Dispatch Duties	1 2 3 4 5 6 7	X
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LEADS

_____	29. LEADS	1 2 3 4 5 6 7	_____
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R.T.T.		Jail / Booking / Arrests	N.O.	N.R.T.
_____	_____	30. Computer Booking	1 2 3 4 5 6 7 <input checked="" type="checkbox"/>	_____
_____	_____	31. Processing Inmates	1 2 3 4 5 6 7 <input checked="" type="checkbox"/>	_____
_____	_____	32. Jail Duties	1 2 3 4 5 6 7 <input checked="" type="checkbox"/>	_____
_____	_____	33. Releasing Inmates	1 2 3 4 5 6 7 <input checked="" type="checkbox"/>	_____
_____	_____	34. Logging Arrests	1 2 3 4 5 6 7 <input checked="" type="checkbox"/>	_____
_____	_____	35. Arrest Paperwork	1 2 3 4 5 6 7 <input checked="" type="checkbox"/>	_____

R.T.T.		Weapons	N.O.	N.R.T.
_____	_____	36. Handgun Qualification	1 2 3 4 5 6 7 <input checked="" type="checkbox"/>	_____
_____	_____	37. Shotgun Qualification	1 2 3 4 5 6 7 <input checked="" type="checkbox"/>	_____
_____	_____	38. Non-Traditional Shooting Positions	1 2 3 4 5 6 7 <input checked="" type="checkbox"/>	_____
_____	_____	39. One Handed Shooting and Weapon Manipulation (Strong Hand)	1 2 3 4 5 6 7 <input checked="" type="checkbox"/>	_____
_____	_____	40. One Handed Shooting and Weapon Manipulation (Support Hand)	1 2 3 4 5 6 7 <input checked="" type="checkbox"/>	_____
_____	_____	41. Shooting on the Move (Forward / Backward)	1 2 3 4 5 6 7 <input checked="" type="checkbox"/>	_____
_____	_____	42. Shooting on the Move (Lateral)	1 2 3 4 5 6 7 <input checked="" type="checkbox"/>	_____
_____	_____	43. Shotgun Skills	1 2 3 4 5 6 7 <input checked="" type="checkbox"/>	_____
_____	_____	44. Shotgun Usage with One Hand	1 2 3 4 5 6 7 <input checked="" type="checkbox"/>	_____
_____	_____	45. Shotgun Firing on the Move	1 2 3 4 5 6 7 <input checked="" type="checkbox"/>	_____
_____	_____	46. Shotgun, Handgun Stress Course	1 2 3 4 5 6 7 <input checked="" type="checkbox"/>	_____
_____	_____	47. Transitional Use of Force	1 2 3 4 5 6 7 <input checked="" type="checkbox"/>	_____
_____	_____	48. M16 / M4 Familiarization	1 2 3 4 5 6 7 <input checked="" type="checkbox"/>	_____
_____	_____	49. Handgun Maintenance	1 2 3 4 5 6 7 <input checked="" type="checkbox"/>	_____

NARRATIVE COMMENTS

Most Acceptable Performance: Ptm [REDACTED] DISPLAYED COMPETENCE & CONFIDENCE IN CONDUCTING AN INVESTIGATION OF AN AGG MENACE COMPLAINT. THE VICTIM WAS IN AN IRRATIONAL STATE AND THIS OFFICER EFFECTIVELY COMMUNICATED HIS POINTS AND GAINED NECESSARY INFORMATION FOR THE VICTIM TO PURSUE CHARGES. Ptm [REDACTED] CONTINUES TO DISPLAY A FIRM GRASP OF THE CITY STREETS & GEOGRAPHY WITH ONLY MINOR ASSISTANCE NEEDED FOR OBSCURE JURISDICTIONAL BOUNDARIES.

Least Acceptable Performance: Ptm [REDACTED] WILL NEED A BIT MORE EXPOSURE TO CONDUCTING CRASH INVESTIGATIONS AND COMPLETING THE SUBSEQUENT REPORTS. OFFICER DID WALK THROUGH THE UNIFORM OH-1 AND DISCUSS VARIOUS CRASH SCENARIOS IN COMPLETING THE FORM'S. Ptm [REDACTED] KNOWLEDGE OF DEPT. CODES & SIGNALS IS IMPROVING BUT SOME IMPORTANT ONES WILL NEED REVIEW.

Additional Comments: OFFICERS WERE ASSIGNED TO DIST. 4 ON A THREE CAR BEAT. WE DISCUSSED DEPT. POLICY ON HANDLING CIVIL COMPLAINTS OFFICERS ALSO DISCUSSED LOCAL GUIDELINES FOR ARRESTS/CITATIONS WITHIN ? AROUND THE BORDERS OF THE CITY.

Pro [REDACTED]

FTO Signature: Sgt [REDACTED] S7

ASHTABULA POLICE DEPARTMENT FIELD TRAINING AND EVALUATION PROGRAM DAILY OBSERVATION REPORT

Probationary Officer Ptlm. XXXXXXXXXX	Field Training Officer Ptlm. John Bainton	Phase 3	Week 2	Date 5/11/2010
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Rating Instructions: Rate observed behavior relative to the scale below by using the numerical value definitions contained in the Field Training and Evaluation Program Standardized Guidelines. You must comment on the most and least acceptable performance of the day. Although specific comments are required for all ratings of "2" or less, "6" or above, and N.R.T., you are encouraged to comment on any behavior. Use the category number to reference your narrative comments. Check the "N.O." line if the activity is not observed or the "N.R.T." line if the probationary officer fails to respond to training. Enter "significant" (15 minutes minimum) remedial training time on the R.T.T. line.

RATING SCALE BY PROGRAM STANDARDS



	R.T.T.	Performance Tasks	1	2	3	4	5	6	7	N.O.	N.R.T.
		1. Driving Skills: Non-Stress Conditions				5					
		2. Driving Skills: Stress Conditions				5					
		3. Field Performance: Non-Stress Conditions				5					
		4. Field Performance: Stress Conditions				5					
		5. Officer Safety: General				5					
		6. Officer Safety: Suspicious Persons and Prisoners				5					
		7. Control of Conflict: Voice Commands								X	
		8. Control of Conflict: Physical Skills								X	
		9. Orientation Skills				5					
		10. Self-Initiated Field Activity								X	
		11. Investigative Procedures				5					
		12. Problem Solving/Decision Making Ability								X	
Communications											
		13. Oral				5					
		14. Written: Form Selection/Organization/Accuracy				5					
		15. Written: Grammar/Spelling/Neatness				5					
		16. Written: Time Utilized				5					
		17. Radio: Listens and Comprehends Transmissions				5					
		18. Radio: Articulation of Transmission				5					
Knowledge											
		19. Department Policies/Procedures/Regulations								X	
		20. Criminal Law/Ordinances								X	
		21. Traffic Law								X	
		22. Reflected in Verbal or Written Tests								X	
Attitude/Relationships											
		23. Acceptance of Feedback: Verbal/Behavior				5					
		24. Attitude Toward Police Work				5					
		25. With Citizens				5					
		26. Relationships with FTO/Supervisor				5					
Appearance											
		27. General Appearance				5					
Dispatch											
		28. Dispatch Duties								X	
LEADS											
		29. LEADS								X	

R.T.T.	Jail / Booking / Arrests	N.O.	N.R.T.
_____	30. Computer Booking	1 2 3 4 ⑤ 6 7	_____
_____	31. Processing Inmates	1 2 3 4 ⑤ 6 7	_____
_____	32. Jail Duties	1 2 3 4 ⑤ 6 7	_____
_____	33. Releasing Inmates	1 2 3 4 5 6 7	X
_____	34. Logging Arrests	1 2 3 4 ⑤ 6 7	_____
_____	35. Arrest Paperwork	1 2 3 4 ⑤ 6 7	_____

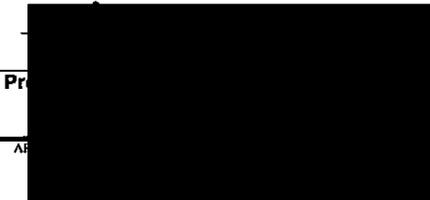
Weapons			
_____	36. Handgun Qualification	1 2 3 4 5 6 7	X
_____	37. Shotgun Qualification	1 2 3 4 5 6 7	X
_____	38. Non-Traditional Shooting Positions	1 2 3 4 5 6 7	X
_____	39. One Handed Shooting and Weapon Manipulation (Strong Hand)	1 2 3 4 5 6 7	X
_____	40. One Handed Shooting and Weapon Manipulation (Support Hand)	1 2 3 4 5 6 7	X
_____	41. Shooting on the Move (Forward / Backward)	1 2 3 4 5 6 7	X
_____	42. Shooting on the Move (Lateral)	1 2 3 4 5 6 7	X
_____	43. Shotgun Skills	1 2 3 4 5 6 7	X
_____	44. Shotgun Usage with One Hand	1 2 3 4 5 6 7	X
_____	45. Shotgun Firing on the Move	1 2 3 4 5 6 7	X
_____	46. Shotgun, Handgun Stress Course	1 2 3 4 5 6 7	X
_____	47. Transitional Use of Force	1 2 3 4 5 6 7	X
_____	48. M16 / M4 Familiarization	1 2 3 4 5 6 7	X
_____	49. Handgun Maintenance	1 2 3 4 5 6 7	X

NARRATIVE COMMENTS

Most Acceptable Performance: Ptm [redacted] was observant at a suicide/DOA. He looked for and found suspicious items, i.e. mini-blinds pulled back exact damaged, a broken plate on floor, no signs of forced entry etc. He interviewed the case workers to establish timelines related to; victim last seen and possible time of death.

Least Acceptable Performance: We discussed being a little more cautious at intersections while in emergency response. We also discussed some minor concerns with the documentation of evidence.

Additional Comments: Ptm [redacted] is a capable officer that needed very little guidance, he interacts well with co-workers as well as other agency personnel.



FTO Signature

ASHTABULA POLICE DEPARTMENT

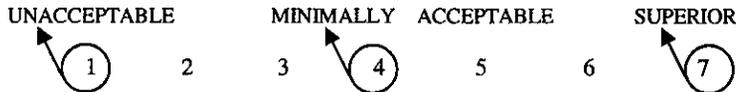
FIELD TRAINING AND EVALUATION PROGRAM

DAILY OBSERVATION REPORT

Probationary Officer Ptlm. [REDACTED]	Field Training Officer Sgt. Rodney Blaney	Phase 3	Week 2	Date 5/14/2010
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Rating Instructions: Rate observed behavior relative to the scale below by using the numerical value definitions contained in the Field Training and Evaluation Program Standardized Guidelines. You must comment on the most and least acceptable performance of the day. Although specific comments are required for all ratings of "2" or less, "6" or above, and N.R.T., you are encourage to comment on any behavior. Use the category number to reference your narrative comments. Check the "N.O." line if the activity is not observed or the "N.R.T." line if the probationary officer fails to respond to training. Enter "significant" (15 minutes minimum) remedial training time on the R.T.T. line.

RATING SCALE BY PROGRAM STANDARDS



	R.T.T.	Performance Tasks	N.O.	N.R.T.
		Performance Tasks		
_____	_____	1. Driving Skills: Non-Stress Conditions	1 2 3 4 <u>5</u> 6 7	_____
_____	_____	2. Driving Skills: Stress Conditions	1 2 3 4 <u>5</u> 6 7	_____
_____	_____	3. Field Performance: Non-Stress Conditions	1 2 3 4 5 <u>6</u> 7	_____
_____	_____	4. Field Performance: Stress Conditions	1 2 3 4 <u>5</u> 6 7	_____
_____	_____	5. Officer Safety: General	1 2 3 4 5 <u>6</u> 7	_____
_____	_____	6. Officer Safety: Suspicious Persons and Prisoners	1 2 3 4 5 <u>6</u> 7	_____
_____	_____	7. Control of Conflict: Voice Commands	1 2 3 4 5 <u>6</u> 7	_____
_____	_____	8. Control of Conflict: Physical Skills	1 2 3 4 5 6 7	X
_____	_____	9. Orientation Skills	1 2 3 4 <u>5</u> 6 7	_____
_____	_____	10. Self-Initiated Field Activity	1 2 3 4 5 <u>6</u> 7	_____
_____	_____	11. Investigative Procedures	1 2 3 4 <u>5</u> 6 7	_____
_____	_____	12. Problem Solving/Decision Making Ability	1 2 3 4 <u>5</u> 6 7	_____
		Communications		
_____	_____	13. Oral	1 2 3 4 5 <u>6</u> 7	_____
_____	_____	14. Written: Form Selection/Organization/Accuracy	1 2 3 4 <u>5</u> 6 7	_____
_____	_____	15. Written: Grammar/Spelling/Neatness	1 2 3 4 5 <u>6</u> 7	_____
_____	_____	16. Written: Time Utilized	1 2 3 4 <u>5</u> 6 7	_____
_____	_____	17. Radio: Listens and Comprehends Transmissions	1 2 3 4 <u>5</u> 6 7	_____
_____	_____	18. Radio: Articulation of Transmission	1 2 3 4 <u>5</u> 6 7	_____
		Knowledge		
_____	_____	19. Department Policies/Procedures/Regulations	1 2 3 4 <u>5</u> 6 7	_____
_____	_____	20. Criminal Law/Ordinances	1 2 3 4 <u>5</u> 6 7	_____
_____	_____	21. Traffic Law	1 2 3 4 <u>5</u> 6 7	_____
_____	_____	22. Reflected in Verbal or Written Tests	1 2 3 4 <u>5</u> 6 7	_____
		Attitude/Relationships		
_____	_____	23. Acceptance of Feedback: Verbal/Behavior	1 2 3 4 <u>5</u> 6 7	_____
_____	_____	24. Attitude Toward Police Work	1 2 3 4 5 <u>6</u> 7	_____
_____	_____	25. With Citizens	1 2 3 4 5 <u>6</u> 7	_____
_____	_____	26. Relationships with FTO/Supervisor	1 2 3 4 <u>5</u> 6 7	_____
		Appearance		
_____	_____	27. General Appearance	1 2 3 4 5 <u>6</u> 7	_____
		Dispatch		
_____	_____	28. Dispatch Duties	1 2 3 4 5 6 7	X
		LEADS		
_____	_____	29. LEADS	1 2 3 4 5 6 7	X

R.T.T.		Jail / Booking / Arrests							NO	N.R.T.	
_____	_____	30. Computer Booking	1	2	3	4	5	6	7	X	_____
_____	_____	31. Processing Inmates	1	2	3	4	5	6	7	X	_____
_____	_____	32. Jail Duties	1	2	3	4	5	6	7	X	_____
_____	_____	33. Releasing Inmates	1	2	3	4	5	6	7	X	_____
_____	_____	34. Logging Arrests	1	2	3	4	5	6	7		_____
_____	_____	35. Arrest Paperwork	1	2	3	4	5	6	7		_____

R.T.T.		Weapons								N.R.T.	
_____	_____	36. Handgun Qualification	1	2	3	4	5	6	7	X	_____
_____	_____	37. Shotgun Qualification	1	2	3	4	5	6	7	X	_____
_____	_____	38. Non-Traditional Shooting Positions	1	2	3	4	5	6	7	X	_____
_____	_____	39. One Handed Shooting and Weapon Manipulation (Strong Hand)	1	2	3	4	5	6	7	X	_____
_____	_____	40. One Handed Shooting and Weapon Manipulation (Support Hand)	1	2	3	4	5	6	7	X	_____
_____	_____	41. Shooting on the Move (Forward / Backward)	1	2	3	4	5	6	7	X	_____
_____	_____	42. Shooting on the Move (Lateral)	1	2	3	4	5	6	7	X	_____
_____	_____	43. Shotgun Skills	1	2	3	4	5	6	7	X	_____
_____	_____	44. Shotgun Usage with One Hand	1	2	3	4	5	6	7	X	_____
_____	_____	45. Shotgun Firing on the Move	1	2	3	4	5	6	7	X	_____
_____	_____	46. Shotgun, Handgun Stress Course	1	2	3	4	5	6	7	X	_____
_____	_____	47. Transitional Use of Force	1	2	3	4	5	6	7	X	_____
_____	_____	48. M16 / M4 Familiarization	1	2	3	4	5	6	7	X	_____
_____	_____	49. Handgun Maintenance	1	2	3	4	5	6	7	X	_____

NARRATIVE COMMENTS

Most Acceptable Performance: Ptlm [REDACTED] DISPLAYED STRONGER INITIATIVE TODAY TOWARD A PROACTIVE APPROACH TO POLICING. THIS WAS DEMONSTRATED IN MULTIPLE TRAFFIC STOPS AND IN THE APPREHENSION OF A JUVENILE DRUG OFFENDER WHILE ON PATROL (1002068). Ptlm [REDACTED] DISPLAYED POSITIVE ENTHUSIASM IN HIS EFFORT TO TRACK DOWN & INVESTIGATE A SUSPECT DEEMED AS A REPEAT OFFENDER FOR INDECENT EXPOSURE (1002070). OFFICERS "RAN HOT" ON SEVERAL OCCASIONS TODAY & Ptlm [REDACTED] DISPLAYED SAFE PRACTICES.

Least Acceptable Performance: Ptlm [REDACTED] WILL NEED MORE EXPOSURE TO DOCUMENTING JUVENILE ARRESTS AS FAR AS PROCEDURES AND FORM SELECTION. INCLUSIVE IN THIS IS ALSO WHAT INFORMATION MUST BE OBTAINED FROM JUVENILES & THEIR GUARDIANS. Ptlm [REDACTED] HAD ONLY MINOR DIFFICULTY LOCATING SOME STREETS OR DIRECT ROUTES TO LOCATIONS WERE PLACED UNDER CONTINUOUS STRESS CONDITIONS.

Additional Comments: OFFICERS DISCUSSED LOCAL ORDINANCES THAT EXIST BEYOND STATE CODES. DURING THIS PATROL, OFFICERS WERE ASSIGNED TO DIST. 3 ON A THREE CAR BEAT. CODES & SIGNALS WERE VEBRALLY REVIEWED AND IMPROVEMENT WAS DISPLAYED.

Prob

FTO Signature

Sgt [Signature] SF

ASHTABULA POLICE DEPARTMENT

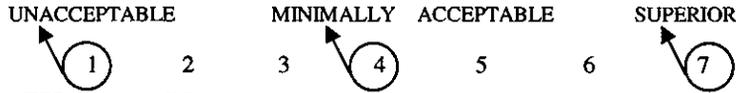
FIELD TRAINING AND EVALUATION PROGRAM

DAILY OBSERVATION REPORT

Probationary Officer Ptlm. XXXXXXXXXX	Field Training Officer Sgt. Rodney Blaney	Phase 3	Week 2	Date 5/15/2010
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Rating Instructions: Rate observed behavior relative to the scale below by using the numerical value definitions contained in the Field Training and Evaluation Program Standardized Guidelines. You must comment on the most and least acceptable performance of the day. Although specific comments are required for all ratings of "2" or less, "6" or above, and N.R.T., you are encourage to comment on any behavior. Use the category number to reference your narrative comments. Check the "N.O." line if the activity is not observed or the "N.R.T." line if the probationary officer fails to respond to training. Enter "significant" (15 minutes minimum) remedial training time on the R.T.T. line.

RATING SCALE BY PROGRAM STANDARDS



R.T.T.	Performance Tasks	N.O.	N.R.T.
_____	1. Driving Skills: Non-Stress Conditions	1 2 3 4 5 6 7	_____
_____	2. Driving Skills: Stress Conditions	1 2 3 4 5 6 7	_____
_____	3. Field Performance: Non-Stress Conditions	1 2 3 4 5 6 7	_____
_____	4. Field Performance: Stress Conditions	1 2 3 4 5 6 7	_____
_____	5. Officer Safety: General	1 2 3 4 5 6 7	_____
_____	6. Officer Safety: Suspicious Persons and Prisoners	1 2 3 4 5 6 7	_____
_____	7. Control of Conflict: Voice Commands	1 2 3 4 5 6 7	_____
_____	8. Control of Conflict: Physical Skills	1 2 3 4 5 6 7	_____
_____	9. Orientation Skills	1 2 3 4 5 6 7	_____
_____	10. Self-Initiated Field Activity	1 2 3 4 5 6 7	_____
_____	11. Investigative Procedures	1 2 3 4 5 6 7	_____
_____	12. Problem Solving/Decision Making Ability	1 2 3 4 5 6 7	_____
Communications			
_____	13. Oral	1 2 3 4 5 6 7	_____
_____	14. Written: Form Selection/Organization/Accuracy	1 2 3 4 5 6 7	_____
_____	15. Written: Grammar/Spelling/Neatness	1 2 3 4 5 6 7	_____
_____	16. Written: Time Utilized	1 2 3 4 5 6 7	_____
_____	17. Radio: Listens and Comprehends Transmissions	1 2 3 4 5 6 7	_____
_____	18. Radio: Articulation of Transmission	1 2 3 4 5 6 7	_____
Knowledge			
_____	19. Department Policies/Procedures/Regulations	1 2 3 4 5 6 7	_____
_____	20. Criminal Law/Ordinances	1 2 3 4 5 6 7	_____
_____	21. Traffic Law	1 2 3 4 5 6 7	_____
_____	22. Reflected in Verbal or Written Tests	1 2 3 4 5 6 7	_____
Attitude/Relationships			
_____	23. Acceptance of Feedback: Verbal/Behavior	1 2 3 4 5 6 7	_____
_____	24. Attitude Toward Police Work	1 2 3 4 5 6 7	_____
_____	25. With Citizens	1 2 3 4 5 6 7	_____
_____	26. Relationships with FTO/Supervisor	1 2 3 4 5 6 7	_____
Appearance			
_____	27. General Appearance	1 2 3 4 5 6 7	_____
Dispatch			
_____	28. Dispatch Duties	1 2 3 4 5 6 7	_____
LEADS			
_____	29. LEADS	1 2 3 4 5 6 7	_____

R.T.T.		Jail / Booking / Arrests							N.O.	N.R.T.	
_____	_____	30. Computer Booking	1	2	3	4	5	6	7	X	_____
_____	_____	31. Processing Inmates	1	2	3	4	5	6	7	X	_____
_____	_____	32. Jail Duties	1	2	3	4	5	6	7	X	_____
_____	_____	33. Releasing Inmates	1	2	3	4	5	6	7	X	_____
_____	_____	34. Logging Arrests	1	2	3	4	5	6	7		_____
_____	_____	35. Arrest Paperwork	1	2	3	4	5	6	7		_____

R.T.T.		Weapons							N.O.	N.R.T.	
_____	_____	36. Handgun Qualification	1	2	3	4	5	6	7	X	_____
_____	_____	37. Shotgun Qualification	1	2	3	4	5	6	7	X	_____
_____	_____	38. Non-Traditional Shooting Positions	1	2	3	4	5	6	7	X	_____
_____	_____	39. One Handed Shooting and Weapon Manipulation (Strong Hand)	1	2	3	4	5	6	7	X	_____
_____	_____	40. One Handed Shooting and Weapon Manipulation (Support Hand)	1	2	3	4	5	6	7	X	_____
_____	_____	41. Shooting on the Move (Forward / Backward)	1	2	3	4	5	6	7	X	_____
_____	_____	42. Shooting on the Move (Lateral)	1	2	3	4	5	6	7	X	_____
_____	_____	43. Shotgun Skills	1	2	3	4	5	6	7	X	_____
_____	_____	44. Shotgun Usage with One Hand	1	2	3	4	5	6	7	X	_____
_____	_____	45. Shotgun Firing on the Move	1	2	3	4	5	6	7	X	_____
_____	_____	46. Shotgun, Handgun Stress Course	1	2	3	4	5	6	7	X	_____
_____	_____	47. Transitional Use of Force	1	2	3	4	5	6	7	X	_____
_____	_____	48. M16 / M4 Familiarization	1	2	3	4	5	6	7	X	_____
_____	_____	49. Handgun Maintenance	1	2	3	4	5	6	7	X	_____

NARRATIVE COMMENTS

Most Acceptable Performance: Ptlm [REDACTED] CONDUCTED A DOMESTIC VIOLENCE INVESTIGATION (1002087) IN A THOROUGH AND COMPLETE MANNER. DURING THIS COMPLAINT, ALL PAPERWORK, PROCEDURES, AND INSTRUCTIONS TO COMPLAINANT/VICTIM(S) WERE PROCESS CONFIDENTLY AND CORRECTLY - AT THIS TIME, I WOULD FEEL COMFORTABLE WITH THIS OFFICER CARRYING OUT SUCH INVESTIGATIONS INDEPENDANTLY IN LINE WITH OUR UNIFORM PATROL. THIS OFFICER ALSO SHOWED PROFICIENCY IN CONDUCTING A THOROUGH VEHICLE SEARCH DURING A DRUG INTERDICTION STOP.

Least Acceptable Performance: Ptlm [REDACTED] ARE GENERALLY THOROUGH AND WELL WRITTEN. HOWEVER, HE TENDS TO OMIT SOME PUNCTUATION, SUCH AS PERIODS FOR STREET OR OTHER ABBREVIATIONS. HE TYPES FAIRLY FAST AND NEEDS TO REMEMBER TO UTILIZE SPELL CHECK ~~TO~~ TO CORRECT TYPOS THAT MAY RESULT. HIS CONTENT GENERALLY, AGAIN, VERY THOROUGH. I ONLY HAD TO POINT OUT A FEW ITEMS THAT SHOULD BE DETAILED IN A REPORT: I.E. DESCRIBING WJURY OBSERVATIONS, NAMING PARTIES LISTED IN REPORT, ETC.

Additional Comments: OFFICERS WERE ASSIGNED TO DISTRICT ONE FOR FIRST 8 AND DISTRICT 3 FOR LAST 4. DURING THIS PLATOON, A DRUG INTERDICTION STOP WAS CONDUCTED. WE DISCUSSED INTERVIEWING TECHNIQUES, INDICATORS TO LOOK FOR, AND K9 USAGE.

Probation [REDACTED]

FTO Signature
Sgt [Signature] 57

ASHTABULA POLICE DEPARTMENT

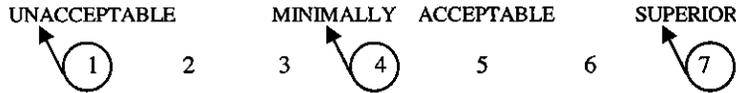
FIELD TRAINING AND EVALUATION PROGRAM

DAILY OBSERVATION REPORT

Probationary Officer Ptlm. XXXXXXXXXX	Field Training Officer Sgt. Rodney Blaney	Phase 3	Week 2	Date 5/16/2010
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Rating Instructions: Rate observed behavior relative to the scale below by using the numerical value definitions contained in the Field Training and Evaluation Program Standardized Guidelines. You must comment on the most and least acceptable performance of the day. Although specific comments are required for all ratings of "2" or less, "6" or above, and N.R.T., you are encourage to comment on any behavior. Use the category number to reference your narrative comments. Check the "N.O." line if the activity is not observed or the "N.R.T." line if the probationary officer fails to respond to training. Enter "significant" (15 minutes minimum) remedial training time on the R.T.T. line.

RATING SCALE BY PROGRAM STANDARDS



R.T.T.	Performance Tasks	1	2	3	4	5	6	7	N.O.	N.R.T.
_____	1. Driving Skills: Non-Stress Conditions	1	2	3	4	5	6	7	_____	_____
_____	2. Driving Skills: Stress Conditions	1	2	3	4	5	6	7	X	_____
_____	3. Field Performance: Non-Stress Conditions	1	2	3	4	5	6	7	_____	_____
_____	4. Field Performance: Stress Conditions	1	2	3	4	5	6	7	X	_____
_____	5. Officer Safety: General	1	2	3	4	5	6	7	_____	_____
_____	6. Officer Safety: Suspicious Persons and Prisoners	1	2	3	4	5	6	7	X	_____
_____	7. Control of Conflict: Voice Commands	1	2	3	4	5	6	7	X	_____
_____	8. Control of Conflict: Physical Skills	1	2	3	4	5	6	7	X	_____
_____	9. Orientation Skills	1	2	3	4	5	6	7	_____	_____
_____	10. Self-Initiated Field Activity	1	2	3	4	5	6	7	X	_____
_____	11. Investigative Procedures	1	2	3	4	5	6	7	_____	_____
_____	12. Problem Solving/Decision Making Ability	1	2	3	4	5	6	7	_____	_____
Communications										
_____	13. Oral	1	2	3	4	5	6	7	_____	_____
_____	14. Written: Form Selection/Organization/Accuracy	1	2	3	4	5	6	7	_____	_____
_____	15. Written: Grammar/Spelling/Neatness	1	2	3	4	5	6	7	_____	_____
_____	16. Written: Time Utilized	1	2	3	4	5	6	7	_____	_____
_____	17. Radio: Listens and Comprehends Transmissions	1	2	3	4	5	6	7	_____	_____
_____	18. Radio: Articulation of Transmission	1	2	3	4	5	6	7	_____	_____
Knowledge										
_____	19. Department Policies/Procedures/Regulations	1	2	3	4	5	6	7	_____	_____
_____	20. Criminal Law/Ordinances	1	2	3	4	5	6	7	_____	_____
_____	21. Traffic Law	1	2	3	4	5	6	7	_____	_____
_____	22. Reflected in Verbal or Written Tests	1	2	3	4	5	6	7	X	_____
Attitude/Relationships										
_____	23. Acceptance of Feedback: Verbal/Behavior	1	2	3	4	5	6	7	_____	_____
_____	24. Attitude Toward Police Work	1	2	3	4	5	6	7	_____	_____
_____	25. With Citizens	1	2	3	4	5	6	7	_____	_____
_____	26. Relationships with FTO/Supervisor	1	2	3	4	5	6	7	_____	_____
Appearance										
_____	27. General Appearance	1	2	3	4	5	6	7	_____	_____
Dispatch										
_____	28. Dispatch Duties	1	2	3	4	5	6	7	X	_____
LEADS										
_____	29. LEADS	1	2	3	4	5	6	7	_____	_____

R.T.T.		Jail / Booking / Arrests							N.O.	N.R.T.	
_____	_____	30. Computer Booking	1	2	3	4	5	6	7	X	_____
_____	_____	31. Processing Inmates	1	2	3	4	5	6	7	X	_____
_____	_____	32. Jail Duties	1	2	3	4	5	6	7	X	_____
_____	_____	33. Releasing Inmates	1	2	3	4	5	6	7	X	_____
_____	_____	34. Logging Arrests	1	2	3	4	5	6	7	X	_____
_____	_____	35. Arrest Paperwork	1	2	3	4	5	6	7	X	_____

R.T.T.		Weapons							N.O.	N.R.T.	
_____	_____	36. Handgun Qualification	1	2	3	4	5	6	7	X	_____
_____	_____	37. Shotgun Qualification	1	2	3	4	5	6	7	X	_____
_____	_____	38. Non-Traditional Shooting Positions	1	2	3	4	5	6	7	X	_____
_____	_____	39. One Handed Shooting and Weapon Manipulation (Strong Hand)	1	2	3	4	5	6	7	X	_____
_____	_____	40. One Handed Shooting and Weapon Manipulation (Support Hand)	1	2	3	4	5	6	7	X	_____
_____	_____	41. Shooting on the Move (Forward / Backward)	1	2	3	4	5	6	7	X	_____
_____	_____	42. Shooting on the Move (Lateral)	1	2	3	4	5	6	7	X	_____
_____	_____	43. Shotgun Skills	1	2	3	4	5	6	7	X	_____
_____	_____	44. Shotgun Usage with One Hand	1	2	3	4	5	6	7	X	_____
_____	_____	45. Shotgun Firing on the Move	1	2	3	4	5	6	7	X	_____
_____	_____	46. Shotgun, Handgun Stress Course	1	2	3	4	5	6	7	X	_____
_____	_____	47. Transitional Use of Force	1	2	3	4	5	6	7	X	_____
_____	_____	48. M16 / M4 Familiarization	1	2	3	4	5	6	7	X	_____
_____	_____	49. Handgun Maintenance	1	2	3	4	5	6	7	X	_____

NARRATIVE COMMENTS

Most Acceptable Performance: IN RESPONSE TO A REPORT OF A DRUNK DRIVER PLM [REDACTED] WAS ABLE TO QUICKLY IDENTIFY THE SUSPECT VEHICLE GET SAFELY TURNED AROUND IN A DANGEROUS INTERSECTION (LAKE AVE. AND W 19TH ST), AND INTERCEPT THE DRIVER FROM A BAR. THIS OFFICER INVESTIGATED THE COMPLAINT EFFECTIVELY AND EFFICIENTLY BEFORE MAKING THE DETERMINATION ON HIS OWN THAT THE COMPLAINT WAS UNFOUNDED. HE WAS ABLE TO READ BETWEEN THE LINES WHERE A SPOUSE WAS TRYING TO CAUSE TROUBLE FOR ANOTHER.

Least Acceptable Performance: THERE WERE REALLY NO TANGIBLE DEFICIENCIES TO REPORT FROM THIS OFFICERS PERFORMANCE IN THE COURSE OF THIS SHIFT. SOME MINOR PROOF-READING ISSUES WERE TOUCHED ON AND REINFORCED BUT NOTHING ELSE OF ANY SUBSTANCE. FOR THE FUTURE, PLM [REDACTED] WILL POSSIBLY NEED TO DEVOTE SOME ATTENTION TO CRASH INVESTIGATIONS AND PROPERLY COMPLETING THE CH-1. THERE MAY BE A NEED FOR MORE EXPOSURE TO DEPT. PROCEDURE FOR JUVENILE INVESTIGATIONS AS WELL.

Additional Comments: OFFICERS WERE ASSIGNED TO DISTRICT 3 ON A 4 CAR BEAT UNTIL 1500 HOURS. AT THIS TIME, THE TRAINEE TOOK HIS 4 HOUR SCHEDULE ADJUSTMENT. THE SHIFT WAS SHORT AND NO CALLS FOR SERVICE WERE RECEIVED. PLM [REDACTED] APPEARS TO BE A CAPABLE OFFICER AND IF HE CONTINUES TO PROGRESS FROM THIS POINT, HE IS SURE TO BE A FINE AND RELIABLE ADDITION TO THIS POLICE DEPARTMENT.

Probationary

FTO Signature

Sgt. [Signature] S7

**ASHTABULA POLICE DEPARTMENT
FIELD TRAINING AND EVALUATION PROGRAM
COMMANDER'S INTERVAL TRAINING REPORT**

Probationary Officer Ptlm. [REDACTED]	Commander Sgt. Dennis R. Dibble	Phase 3	Week 2	Date 5/18/2010
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Instructions: In column one, average to one decimal point (example: 3.5) the probationary Officer's performance in each category for the week. In Column two, in the areas provided, give the minutes of remedial training for the week. On the back, comment on the Probationary Officer's strongest and weakest areas of performance for the week. Next, indicate the Probationary Officer's progress to date. Finally, indicate the remedial training planned. This report should be signed by both the Probationary Officer and the Commander.

Performance Tasks

R.T.T.

<u>5.50</u>	_____	1. Driving Skills: Non-Stress Conditions
<u>5.50</u>	_____	2. Driving Skills: Stress Conditions
<u>5.88</u>	_____	3. Field Performance: Non-Stress Conditions
<u>5.50</u>	_____	4. Field Performance: Stress Conditions
<u>5.94</u>	_____	5. Officer Safety: General
<u>5.88</u>	_____	6. Officer Safety: Suspicious Persons and Prisoners
<u>6</u>	_____	7. Control of Conflict: Voice Commands
<u>6</u>	_____	8. Control of Conflict: Physical Skills
<u>5.56</u>	_____	9. Orientation Skills
<u>5.75</u>	_____	10. Self-Initiated Field Activity
<u>5.63</u>	_____	11. Investigative Procedures
<u>5.88</u>	_____	12. Problem Solving/Decision Making Ability

Communications

<u>5.94</u>	_____	13. Oral
<u>5</u>	_____	14. Written: Form Selection/Organization/Accuracy
<u>5.44</u>	_____	15. Written: Grammar/Spelling/Neatness
<u>5</u>	_____	16. Written: Time Utilized
<u>5.75</u>	_____	17. Radio: Listens and Comprehends Transmissions
<u>5.75</u>	_____	18. Radio: Articulation of Transmission

Knowledge

<u>5</u>	_____	19. Department Policies/Procedures/Regulations
<u>5.75</u>	_____	20. Criminal Law/Ordinances
<u>5.75</u>	_____	21. Traffic Law
<u>5</u>	_____	22. Reflected in Verbal or Written Tests

Attitude/Relationships

<u>5.75</u>	_____	23. Acceptance of Feedback: Verbal/Behavior
<u>5.88</u>	_____	24. Attitude Toward Police Work
<u>5.94</u>	_____	25. With Citizens
<u>5.75</u>	_____	26. Relationships with FTO/Supervisor

Appearance

<u>6.69</u>	_____	27. General Appearance
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Dispatch

_____	_____	28. Dispatch Duties
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LEADS

<u>5</u>	_____	29. LEADS
----------	-------	-----------

Jail / Booking / Arrests

R.T.T.	
5	30. Computer Booking
5	31. Processing Inmates
5	32. Jail Duties
	33. Releasing Inmates
5.50	34. Logging Arrests
5.50	35. Arrest Paperwork

Weapons

_____	36. Handgun Qualification
_____	37. Shotgun Qualification
_____	38. Non-Traditional Shooting Positions
_____	39. One Handed Shooting and Weapon Manipulatin (Strong Hand)
_____	40. One Handed Shooting and Weapon Manipulatin (Support Hand)
_____	41. Shooting on the Move (Forward / Backward)
_____	42. Shooting on the Move (Lateral)
_____	43. Shotgun Skills
_____	44. Shotgun Usage with One Hand
_____	45. Shotgun Firing on the Move
_____	46. Shotgun, Handgun Stress Course
_____	47. Transitional Use of Force
_____	48. M16 / M4 Familiarization
_____	49. Handgun Maintenance

Remedial Training Time

Total R.T.T. _____

Probationary Officer's Overall Progress to Date: Satisfactory Unsatisfactory 100 %

Probationary

Commander's Signature _____

NARRATIVE COMMENTS

Most acceptable area(s) of performance for the week: Ptlm. [redacted] has shown a positive and enthusiastic approach to his duties. He has a strong report writing skills and is confident and timely in the completion of all of his paperwork. Ptlm. [redacted] with his prior experience, has shown that he is ready to be cut loose on his own. He will continue for two more weeks and then I will assess him for three days prior to him being released for duty on his own.

Least acceptable area(s) of performance for the week: Ptlm. [redacted] has only had a few minor issues. He does need more exposure to doing the OH-1 traffic crash report and juvenile arrests. He needs to also be cautious when approaching intersections while running hot.

The FTO should use the Performance Guidelines for the Weekly Training Report to rate the Probationary Officer's Overall Progress.
 Has the Recruit been counseled on their deficiencies ? Yes No
 Has these Deficiencies required remedial planning ? Yes No If yes, describe plan:

**ASHTABULA POLICE DEPARTMENT
FIELD TRAINING AND EVALUATION PROGRAM
REPORT EXEMPLAR COVER FORM**

Probationary Officer Ptlm. [REDACTED]	Field Training Officer Sgt. Rodney Blaney	Phase 3	Week 2	Date 5/15/2010
--	--	------------	-----------	-------------------

Instructions: Field Training Officers will submit a minimum of one Report Exemplar per week with the exception of an extension phase which will require a minimum of two Report Exemplars per week. The report sample should reflect all changes/corrections in red ink. Rate the report sample as "Satisfactory" or "Unsatisfactory".

Type of Report Uniform Incident / Offense Report	This Report is: <input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
--	---

Rating Scale
(For Below) (U) Unsatisfactory (S) Satisfactory (E) Excellent (X) Appropriate Rating

	U	S	E
1. The information in this report is factual and organized	_____	_____	X
2. Unnecessary and/or redundant information has eliminated.	_____	_____	X
3. This report is clear and understandable.	_____	_____	X
4. This report is complete for this set of facts.	_____	_____	X
5. The writing in this report is legible.	_____	_____	X
6. The grammar and spelling in this report are proper.	_____	X	_____
7. This report was completed in appropriate time (excluding re-writes)	_____	X	_____

Comments:

Ptlm. [REDACTED] has displayed a proficiency in report writing and is adapting well to the use of our department software. The necessary fields are completed properly and in their entirety. In general, I have only had to point out minor flaws and they usually are not repeated. This report exemplifies that this officer does pay attention to important details and does clearly explain them in his writing. I have only discovered a few redundancies, such as the use of the word "then" in his writing style. He also tends to leave out some punctuation where it may be appropriate; such as using commas or when detailing street abbreviations or certain prefixes or titles (i.e. Ptlm., Sgt., etc.). Again, he answers the "Who, What, When, Where, Why, and How" necessary in police report writing and generally gives the amount of time that the report calls for to it. Overall, very good report writing that should represent this police department well.

Pro
APD

Field Training Officer's Signature

Sgt. R. Blaney S7

Commander's Signature

ASHTABULA POLICE DEPARTMENT

110 W 44th St Unit #1 440-992-7174

Uniform Incident / Offense Report



Incident Number

10-02082

In Progress	Method Received	Time Received	Time Dispatched	Time Arrived	Time Cleared
YES	RADIO	1415	1415	1415	1544

Report Date / Time	Incident Occurred From	Incident Occured To
Date Time	Date Time	Date Time
Saturday 05/15/2010 1720		Saturday 05/15/2010 1415

Location of the Incident (Street #, Street, Apt. #, City, State, Zip) Zone
W 58TH ST KNOLLWOOD AVE ASHTABULA CITY OH 44004 - **017**

Persons: JAMES E REEDER - ARA Involved: 1	Property: DRUGS/NARCOTICS 8 DRUGS/NARCOTICS PARAPHRENALIA Amount: PARAPHRENALIA 0.00 PARAPHRENALIA
---	--

Units:	Officers:	Photos:	Arrests:
1st: [REDACTED]	PTLM [REDACTED] / SGT. RODNEY BLANEY FTO	15	1
2nd: 0P30	DET JOHN A BAINTON		
3rd:			
4th:			
5th:			
Report: 0043	PTLM DANIEL D GILLESPIE		

Codes:	Descriptions:	OFFENSES
3532	COCAINE-POSSESS	
3550C	DRUG PARAPHERNALIA POSSESS	
3562	MARIJUANA-POSSESS	
8929	CANINE ASSIGNMENT	
5410	STOP SIGN OPERATION	

Weapons Used:	Trade Marks:	Hate Bias
None	Not Known	NO

Entry: UNKNOWN Location Type:
Highway/roadway/street

Refer to Arrest: 00-43526 Incident #: Tow#: 2010132 Dispatcher: 0031 Officer in Charge: 0015 Entry Id: 0043

Case Status: Arrest - Adult Cleared Date: 05/15/2010 Cleared By: [REDACTED]

Narrative: 10-02082 Page: 1

A traffic stop was conducted and concluded with one arrest for Crack Cocaine, Marijuana and Paraphrenalia Possession. A K9 sniff was conducted.

Sgt R Blaney SF
 Reviewing Supervisor

Bureau Supervisor:

Officer

ASHTABULA POLICE DEPARTMENT



Incident Number

10-02082

Page # 1

Persons Involved with Incident

Incident #: 1002082	Master Number: 001	Relation: Arrested Person - Adult	Arrest #: 61464	Date of Contact: 05/15/2010			
Last Name: REEDER	First Name: JAMES	Mi: E	Til:	DOB: 05/30/1970	SSN: [REDACTED]	Cell Phone:	Pager:
Street #: 5255	Street Name: STATE RD	Apt: 60	City: ASHTABULA	St: OH	Zip: 44004	Phone: 440-998-6781	Employee Phone:
Hgt: 511	Wgt: 220	Hair: BLN	Eyes: BLU	Race: W	Sex: M	Physical Marks:	
Offenses:	3532	COCAINE-POSSESS					
	3550C	DRUG PARAPHERNALIA POSSESS					
	3562	MARIJUANA-POSSESS					
Resident Class: Resident	Suspected of using: Drugs / Narcotics /					Victim Type:	

Reviewing Supervisor:

Bureau Supervisor:

Officer:

ASHTABULA POLICE DEPARTMENT



Incident Number

10-02082

Page # 1

Vehicles Involved with the Incident

No:	Value:	Plate:	LIC St.:	LIC Yr.:	LIC Type:	VIN #:	
001	0.00	EYV8798	OH	05/30/2010	PC	1GKDT13S332299461	
Year:	Make:	Model:	Style:	Color:	Ownership Verification:	Tow No:	Date of Theft:
2003	GMC	ENVOY	SW	BLK /	Registration		//
Recovery Condition:	Recover Date:	Recover Location:		NCIC#	Owner Applied #:		
	//						

Damaged Missing:

Front:	NO	Rear:	NO	Doors :	NO	Deck :	NO
Interior:	NO	Engine:	NO	Trans :	NO	Dash:	NO
Vin Plate:	NO	LIC Plate:	NO	Ignition:	NO	Other:	
Misc:							

Reviewing Supervisor:

Bureau Supervisor:

Officer:

ASHTABULA POLICE DEPARTMENT



Incident Number

10-02082

Page # 1

Property Involved with Incident

Item #: 001	Item: DRUGS/NARCOTICS	NCIC#	Property Tag #
Make: CRACK	Model: COCAINE	Serial #:	Quantity: Unit Measure: 2.00 GM
Value: 60.00	Owner Applied Number:	Type: Seized	UCR Property Code: Consumables Goods

Notes:

Item #: 002	Item: DRUGS/NARCOTICS	NCIC#	Property Tag #
Make: MARIJUANA	Model:	Serial #:	Quantity: Unit Measure: 12.00 GM
Value: 60.00	Owner Applied Number:	Type: Seized	UCR Property Code: Consumables Goods

Notes:

Item #: 003	Item: PARAPHRONALIA	NCIC#	Property Tag #
Make: GLOVES	Model: WOOL	Serial #:	Quantity: Unit Measure: 1.00
Value: 0.00	Owner Applied Number:	Type: Seized	UCR Property Code: Miscellaneous

Notes:

Reviewing Supervisor:

Bureau Supervisor:

Officer:

ASHTABULA POLICE DEPARTMENT



Incident Number

10-02082

Page # 2

Property Involved with Incident

Item #: 004	Item: PARAPHRENALIA	NCIC#	Property Tag #
Make: CHORE	Model: BOY	Serial #:	Quantity: Unit Messure: 1.00
Value: 0.00	Owner Applied Number:	Type: Seized	UCR Property Code: Miscellaneous

Notes:

Item #: 005	Item: PARAPHRENALIA	NCIC#	Property Tag #
Make: TIN	Model: FOIL	Serial #:	Quantity: Unit Messure: 1.00
Value: 0.00	Owner Applied Number:	Type: Seized	UCR Property Code: Miscellaneous

Notes:

Item #: 006	Item: PARAPHRENALIA	NCIC#	Property Tag #
Make: CRACK	Model: PIPE	Serial #:	Quantity: Unit Messure: 1.00
Value: 0.00	Owner Applied Number:	Type: Seized	UCR Property Code: Miscellaneous

Notes:

Reviewing Supervisor:

Bureau Supervisor:

Officer:

ASHTABULA POLICE DEPARTMENT



Incident Number

10-02082

Page # 3

Property Involved with Incident

Item #:	Item:	NCIC#	Property Tag #
007	MONEY		
Make:	Model:	Serial #:	Quantity: Unit Measure:
US CURRENCY	FIVES		40.00
Value:	Owner Applied Number:	Type:	UCR Property Code:
40.00		Seized	Currency, Notes, Ect.

Notes:

Item #:	Item:	NCIC#	Property Tag #
008	DRUGS/NARCOTICS		
Make:	Model:	Serial #:	Quantity: Unit Measure:
CRACK	COCAINE		2.00 GM
Value:	Owner Applied Number:	Type:	UCR Property Code:
0.00		Seized	Consumables Goods

Notes:

Reviewing Supervisor:

Bureau Supervisor:

Officer:

ASHTABULA POLICE DEPARTMENT



Incident Number

10-02082

Investigative Report

Title / Subject: Cocaine Arrest

While on routine patrol in the city of Ashtabula I, Ptlm [REDACTED] and Sgt Blaney, were travelling eastbound on W. 49th St. approaching Main Ave. We were following right behind a black in color GMC Envoy, bearing Ohio tags of EYV8798. As the vehicle was also travelling eastbound, I observed it make a right turn to go southbound on Main Ave. The intersection of W. 49th and Main Ave. has a posted stop sign for vehicles that are going from W. 49th onto Main Ave. The vehicle approached, entered and cleared the intersection with all of its wheels in a continuous motion, not coming to a complete stop. As we continued to follow right behind the vehicle, my RADAR unit was reading that the vehicle was travelling at 32 MPH. Main Ave. is a posted 25 MPH zone. A traffic stop was conducted on the vehicle and it came to a stop at the intersection of W. 58th and Knollwood. I introduced myself to the operator of the vehicle and advised him for the reason for the stop. I informed him of the stop sign violation and the speeding violation. The operator replied, "Now, I made sure that I stopped for that sign and I think I was going 29 MPH." I then advised the operator, who then identified himself by way of Ohio driver's license as James E Reeder, that the speed limit was 25 and that he did not come to a complete stop. While I was conversing with the operator, I could detect a faint odor of what I recognized as being Marijuana coming from the inside along with some type of air-freshener.

Sgt. Blaney came out and asked the operator of the vehicle if there was anything inside that should be of concern. He stated that there was not. Sgt. Blaney then began to perform a K9 sniff around the perimeter of the vehicle. Several times I observed the K9 begin to bark and scratch onto the passenger side of the vehicle. Sgt. Blaney then advised me to watch over Mr. Reeder as he began to search the vehicle. So I had Mr. Reeder sit down onto the curb while my counterpart began his search. Not more than 10 seconds later, Sgt. Blaney advised me to go ahead and place Mr. Reeder into handcuffs and advise him that he was under arrest. After I placed James into handcuffs, Sgt. Blaney then started to advise him of his Miranda Rights. As Sgt. Blaney was advising James his rights, he was nodding his head and verbally affirming that he heard and understood his rights. Sgt. Blaney then raised and notified the dispatcher that the rights were given.

Sgt. Blaney then asked Mr. Reeder again if there was anything inside that we should be concerned about. James stated, "No." Sgt. Blaney then told James that he found a small white rock-like substance that he believed to be crack cocaine on the driver's seat. James then said that he had picked up and dropped off a female just prior to us stopping his vehicle. James then continued on, saying that she was giving him a "blow job" in his front seat inside of a motel parking lot located at Center St. and Elm St. and that's how the crack cocaine could have been placed under his seat. Ptlm. Bainton then arrived on the scene to assist with transporting our prisoner from the scene and to continue the search of the vehicle. James was then placed into the back seat of Ptlm. Bainton's cruiser.

Further search of the vehicle revealed the following: a plastic baggy containing a greenish, weed-like substance that emitted an odor that I recognized as being marijuana. The baggy of marijuana was inside of the umbrella pocket of the driver's door. Also inside of the umbrella pocket was a glass tube that was fashioned in a way that I recognized as being a crack pipe. All throughout the interior of the vehicle was loose marijuana; on the driver/passenger seat, ashtray, coin trays, and on the floor-boards. All of these articles were discovered by Sgt. Blaney. Ptlm Bainton assisted with the search and located a smaller baggy that contained a loose, white rock substance underneath the front driver's seat in between the seat and the center console. Both the baggy and the single white rock substance was subsequently field tested and yielded a positive color reaction for cocaine by Sgt. Blaney.

By: PTLM [REDACTED] Badge# [REDACTED] Date: 05/16/2010 Time: 0800 Page #: 1
Reviewing Supervisor: _____ Date: _____

ASHTABULA POLICE DEPARTMENT



Incident Number

Investigative Report

Title / Subject: Cocaine Arrest

10-02082

As I continued my search of the vehicle, I observed in the rear cargo area of the car, several large amounts of Brillo Pads, gloves, and tin foil. All of those instruments I have seen utilized in the ingestion of crack cocaine. The Brillo padding used as a filter, the gloves to protect the hands from burning, and the foil used sometimes as packaging.

While the search was being conducted, I could hear James yelling and shouting out Ptlm. Bainton's rear window. I approached the window to find out if he was experiencing a medical emergency and asked him if he was ok. James then asked me, "With time being the essence, can we hurry this up because I just bought the stuff from a dude and if you guys want, I'll go ahead get ahold of the guy and buy some more for you guys if you want to go and get him?" I told him after we concluded our investigation we would go about the proper procedure to possibly use him as a confidential informant. He told us, "Ok, I'll wait."

We concluded our search of the vehicle and Ptlm. Bainton then started to drive off with the prisoner. As he was about to pass by, he asked Ptlm. Bainton to stop and asked me, "Dude you guys never read me my rights." Myself and Sgt. Blaney then advised him that after he was placed into handcuffs he was advised of his rights and that he acknowledged his rights. James then said, "Oh." He was then transported to the station without further incident. The vehicle was then towed from the scene by Skufka's Towing and Mr. Reeder was issued a citation for the speed and stop sign violations.

ASHTABULA POLICE DEPARTMENT



Incident Number

10-02082

Investigative Report

Title / Subject: Traffic Stop / K9 Deployment

While on patrol, eastbound on Center St. at the Downtown Motel, I observed a black, 2003 GMC Envoy, license plate EYV8798, begin to exit the parking lot toward the driveway access to Center St. At the same time, my unit was passing by being driven by Ptlm. [REDACTED]; myself, riding in the front passenger seat. As we passed, the vehicle braked abruptly when the driver saw our unit. This establishment is known for a high amount of illegal narcotics activity and I was concerned from the driver's reaction to police presence that criminal activity may be in progress. I checked the registration and learned that the registered owner, James Reeder, had two drug offense suspensions on his driving record: one for drug trafficking and the most recent for drug abuse. I alerted Ptlm. [REDACTED] to this activity and we began monitoring the vehicle's activity further.

Initially, I observed that the Envoy did not signal 100 feet prior to turning right onto Park Ave. from Center St. Officers continued to monitor the vehicle's travel and I observed that it did not come to a complete stop at the posted stop sign on W. 49th St. at Main Ave. It turned right onto Main Ave. and it was paced at approximately thirty-two miles per hour in a posted twenty-five mile per hour zone. Officers determined that we would initiate a traffic stop as soon as we approached a safe location (due to the high volume of traffic at this time of day). Ptlm. [REDACTED] activated our unit's overhead emergency lights and initiated the stop on W. 58th St. at the intersection of Knollwood Dr.

On his initial approach, Ptlm. [REDACTED] spoke with the driver, Mr. Reeder, and explained his justification for the stop while I stood cover at the passenger side of the vehicle. As they spoke, I made the initial observation that there was an overcompensation of air fresheners in the vehicle. Air fresheners were hanging from the rear view mirror and a bottle of FeBreze Neutralizer was on the floor near the right rear passenger seat. This is a commonly used to mask narcotics odors from police officers and also in a futile attempt to mask them from narcotics detection dogs.

When Ptlm. [REDACTED] finished his initial contact with Mr. Reeder, we returned to our unit to discuss the indicators that were present. I pointed out the over compensation of air fresheners in the vehicle and asked what he learned during his contact with the driver. He indicated to me that the driver was displaying an unusual amount of nervousness and he detected the odor of what he knew from past law enforcement experience to be marijuana coming from the passenger compartment of the vehicle. Given this combined information, I determined that I would deploy my K9 unit, "Harley" for a narcotics sniff of the vehicle. I asked Ptlm. [REDACTED] to give Mr. Reeder a few safety instructions and I began the deployment.

After deploying the K9 from my unit, I began by walking him once around the vehicle on-lead. On the second pass, I gave the "sniff command" at the right front bumper and the K9 began detailing the SUV from left-to-right, carefully passing his nose over the seams. The first alert I observed was a quick head snap to the driver's side door. However, moving quickly, the K9 did not stop with an indication and continued on. When it reached the rear hatch of the vehicle, the K9 alerted again with a head snap and a change in breathing at the lower portion of the hatch near the bumper. With one positive indication, I urged the K9 on and he continued to detail the vehicle well. When it reached the front right passenger door, it alerted again with a head snap to the portion of the seam near the door handle. This was followed immediately by a passive/aggressive indication of sitting, staring, barking, and placing a paw on the immediate area of the door. With these positive indication for a narcotics odor, I secured the K9 in the rear cage of my unit and notified Ptlm.

[REDACTED] of my findings.

When my K9 was secured, Ptlm. [REDACTED] instructed Mr. Reeder out of the vehicle to the front of our unit

By: SGT RODNEY E. BLANEY

Badge# 0033

Date: 05/15/2010

Time: 1702

Page #: 1

Reviewing Supervisor: _____

Date: _____

ASHTABULA POLICE DEPARTMENT



Incident Number

10-02082

Investigative Report

Title / Subject: Traffic Stop / K9 Deployment

and I discussed the situation with him. I explained to him that I received positive indications for a narcotics odor from his vehicle and asked if he knew why this would be the case. He assured me that there were no drugs in his car and that he has not transported any drugs in it. I asked where he was coming from and he told me that he just dropped off "a friend." When asked to elaborate on this, he explained that he received a phone call from his friend, "Chrissy," asking him to pick her up from the area of West Ave. and US 20, near Arby's. He reportedly left from his home in the Crestlawn trailer park on State Rd. and picked her up there. After picking her up, he said that he drove her to the Downtown Motel where he dropped her off and left immediately afterward to drive home. Mr. Reeder said that he knows "Chrissy" from going to school with her and has been talking with her over the phone approximately three times a week for the last five to six months. However, he did not know last name and attributes this to the fact that he is "forty years old" and can not remember. Mr. Reeder continued to explain that "Chrissy" is "into some bad thing" and this may attribute to why my K9 showed interest in his vehicle. As we spoke, Mr. Reeder appeared more and more nervous and it was obvious that he was grasping for answers to my basic questions. Next, I plainly asked if he had been arrested before and he told me that he had. When asked why, he stated that he "failed to appeared for court." More specifically, I asked if he had been arrested for drugs before and he told me that he was just recently released from prison for possession of cocaine.

Given my observations during my conversation with Mr. Reeder, the observations before the stop, and the positive K9 narcotics indication, I instructed Ptlm. [REDACTED] to stand by with him while I initiated the subsequent search of his vehicle. As soon as I approached the open driver's side of the vehicle, I looked down on the seat and observed in plain view, a large white rock-like substance that I immediately identified as purported crack cocaine. To my left, I looked down and observed an open clear plastic sandwich baggy in the driver's door storage compartment or "umbrella pocket." With these two initial discoveries, I stopped immediately and returned to the front of my unit. I instructed Ptlm. [REDACTED] to place Mr. Reeder under arrest and the officer secured him into handcuffs. I read him his Miranda warnings in the presence of Ptlm. [REDACTED] and asked him if he understood his rights. Mr. Reeder indicated that he did by a reply of, "Yes." I notified dispatch that Mr. Reeder was under arrest, that he was read Miranda, and I gave instructions to indicate it as so in the radio log. I also asked for a transport vehicle to be dispatched to the scene.

After giving Mr. Reeder his Miranda warnings, I confronted him with my discovery of both crack cocaine and marijuana. He told me that he knew about the marijuana and confirmed that it was his own. However, he stated that he did not know anything about the crack cocaine. He attempted to explain that it must have been left there by his passenger, "Chrissy" when he dropped her off. Given where I found it (on his driver's seat), I was surprised by his answer and asked him if she was seated on his lap. Mr. Reeder paused for a moment before telling officers, "Well, she was giving me a blow job and must have dropped it then."

A few minutes later, Ptlm. Bainton arrived on scene for assistance. Mr. Reeder was secured in the rear of his unit and all three officers initiated a thorough search of the vehicle. I began at the driver's seat area of the Envoy and took photos of the crack cocaine before collecting it as evidence. A Sirchie NARK field test kit was used at this time and the purported "crack" tested positive for the presence of cocaine. Next, I collected the marijuana as evidence. At this time, I discovered a large amount of marijuana residue all over the forward passenger compartment of the vehicle. It was all over the floor boards, the center console, seats, and in the center storage compartment. I found a large compressed chunk of marijuana on the driver's side floor mat.

By: SGT RODNEY E. BLANEY

Badge# 0033

Date: 05/15/2010

Time: 1702

Page #: 2

Reviewing Supervisor: _____

Date: _____

ASHTABULA POLICE DEPARTMENT



Incident Number

10-02082

Investigative Report

Title / Subject: Traffic Stop / K9 Deployment

This was placed into evidence with the marijuana in the sandwich baggy and all told, there were approximately ten to twelve grams collected. When I collected the baggy from the driver's door "umbrella pocket," I discovered a charred, glass tube-style crack pipe that contained "Chore Boy" wire in one end. This was later collected into evidence. Mr. Reeder left his wallet on the center console and inside, I discovered a large amount of marijuana residue in the bottom of the folded bill compartment amongst approximately forty dollars in five dollar bills. A photo was taken of the residue and the currency was placed into evidence. Under the driver's seat, I recovered a small, clear plastic baggy that was tied off in one end. It has been shoved down in between the center console molding and the lower seat adjustment rails. Inside the baggy, I discovered another two to three grams of purported crack cocaine. All told, a combined recovered street value of about sixty dollars. Next, Ptlm. Bainton notified me that he discovered a large amount of copper wire "Chore Boy," both whole and shredded in the rear cargo area of the vehicle. Amongst this was aluminum foil and paraphernalia commonly used in drug abuse. These items were photographed and later placed into evidence.

While collecting evidence, Mr. Reeder began yelling for an officer from the rear of Ptlm. Bainton's unit. Ptlm. [REDACTED] walked over to see what was the matter. When he returned, he advised me that Mr. Reeder just told him he purchased the "crack" we found from someone at the Downtown Motel and he wanted to "make a deal with us." Mr. Reeder reportedly wished to work as a confidential informant and "make a buy" for us. He insisted that time was of the essence. Please refer to Ptlm. [REDACTED]'s investigative statement.

When officers were finished collecting evidence, Skufca's Towing was dispatched to the scene to secure the vehicle. Ptlm. [REDACTED] completed the tow and remaining inventory of the vehicle. Ptlm. Bainton transported Mr. Reeder from the scene to the city jail. However, before clearing, he stopped his unit next to me and notified me that Mr. Reeder was just claiming that he was never given his Miranda warning. This claim was dismissed as a desperate lie and Ptlm. Bainton returned to the city jail with Mr. Reeder to book him in with the assistance of Sgt. Parkomaki.

In addition to his minor misdemeanor traffic violations, Mr. Reeder was charged with a felony four possession of crack cocaine, minor misdemeanor possession of less than 100 grams of marijuana, and misdemeanor possession of drug paraphernalia. A Computerized Criminal History was run on Mr. Reeder and he was found to have a lengthy criminal history for illegal narcotics. A copy was forwarded to the solicitor's office for review.

By: SGT RODNEY E. BLANEY

Badge# 0033

Date: 05/15/2010

Time: 1702

Page #: 3

Reviewing Supervisor: _____

Date: _____

ASHTABULA POLICE DEPARTMENT

110 W 44th St Unit #1 440-992-7174

Arrested Person

Last Name:	First Name:	Mi:	Social:	Incident#	Ano	
REEDER	JAMES	E	██████████	1002082	61464	
Number:	Name:	Apt:	City:	St:	Zip:	Phone:
5255	STATE RD	60	ASHTABULA	OH	44004	440-998-6781

Physicals

Date of Birth:	Age:	Place of Birth:	Sex:	Race:	Hgt:	Wgt:	Hair:	Eyes:	Skin:	Married:	Place of Birth:
05/30/1970	39	OH	M	W	511	220	BLN	BLU		S	OH
Driver's License #:	State:	FBI #:	BCI #:	ITN:	AKA:	Scars:					
██████████	OH										

Where Arrested

Date:	Time:	Street:	Unit:	City:	St:	Zone:
05/15/2010	1511	200 BLOCK W 58TH ST		ASHTABULA CITY	OH	013

Vehicle Involved:

Make:	Year:	Model:	Style:	Color:	Vin:	Proof Ins:	Plate #:	St:	Year:	Type:	Impound
GMC	2003	ENVOY	4H	BLK /	1GKDT13S332299461		EYV8798	OH	05/30/2010	PC	N

Charge 1

Charge 1:	2925.11	Type:	Felony 4	Ticket #		Case #:		UCR Code			
Offense:	3504	/ HALLUCINOGEN-POSSESS									
Court Date:	//	Fine:	0.00	Cost:	0.00	State:	0.00				
Disposition:											

Charge 2

Charge 2:	2925.14C	Type:	Misdemeanor 4	Ticket #:		Case #:					
Offense:	3550C	/ DRUG PARAPHERNALIA POSSESS									
		Fine:	0.00	Cost:	0.00	State:	0.00				
Disposition:											

Charge 3

Charge 3:	2925.11	Type:	Minor	Ticket #		Case #:					
Offense:	3562	/ MARIJUANA-POSSESS									
		Fine:	0.00	Cost:	0.00	State:	0.00				
Disposition:											

Charge 4

Charge 4:		Type:		Ticket #:		Case #:					
Offense:	/										
		Fine:	0.00	Cost:	0.00	State:	0.00				
Disposition:											

Officers Involved: ██████████ 0033 0025 **By:** 0015

Jail Information

Cell:	153	Photo:		Court Date:	//	Release Date:	//	Time:					
Transfer to:		Notify Date:	//	Time:		Rid:		Wavier:	N	Bond:	N	Other:	Y

NIBRs Information

Type of Arrest:	Crime In Progress											
Weapons used:	/											
Resident Information:	Resident			Minor Information:					Release:			

Associates

Last:	First / Mi:	Misc:	Last:	First / Mi:	Misc:
--------------	--------------------	--------------	--------------	--------------------	--------------

Notify:

Emergency Employer:	Name:	ALPHIA KEALOHA	Address:	5255 STATE RD	Phone:	440-998-6718
----------------------------	--------------	----------------	-----------------	---------------	---------------	--------------

9-13-11

ASHTABULA POLICE DEPARTMENT

C. Sheldon

110 W 44th St Unit #1 440-992-7174

Arrested Person

Last Name:	First Name:	Mi:	Social:	Incident#	Ano		
REEDER	JAMES	E	[REDACTED]	1002082	61464		
Number:	Name:	Apt:	City:	St:	Zip:	Phone:	<i>Redacted JNW</i>
5255	STATE RD	60	ASHTABULA	OH	44004	440-998-6781	<i>ORC 149.43</i>

Physicals

Date of Birth:	Age:	Place of Birth:	Sex:	Race:	Hgt:	Wgt:	Hair:	Eyes:	Skin:	Married:	Place of Birth:
05/30/1970	39	OH	M	W	511	220	BLN	BLU		S	OH
Driver's License #:	State:	FBI #:	BCI #:	ITN:	AKA:	Scars:					
[REDACTED]	OH										

Where Arrested

Date:	Time:	Street:	Unit:	City:	St:	Zone:
05/15/2010	1511	200 BLOCK W 58TH ST		ASHTABULA CITY	OH	013

Vehicle Involved:

Make:	Year:	Model:	Style:	Color:	Vin:	Proof Ins:	Plate #:	St:	Year:	Type:	Impound
GMC	2003	ENVOY	4H	BLK /	IGKDT13S332299461		EYV8798	OH	05/30/2010	PC	N

Charge 1

Charge 1:	2925.11	Type:	Felony 4	Ticket #		Case #:		UCR Code	
Offense:	3504	/ HALLUCINOGEN-POSSESS							
Court Date:	//	Fine:	0.00	Cost:	0.00	State:	0.00		
Disposition:									

Charge 2

Charge 2:	2925.14C	Type:	Misdemeanor 4	Ticket #:		Case #:			
Offense:	3550C	/ DRUG PARAPHERNALIA POSSESS							
		Fine:	0.00	Cost:	0.00	State:	0.00		
Disposition:									

Charge 3

Charge 3:	2925.11	Type:	Minor	Ticket #		Case #:			
Offense:	3562	/ MARIJUANA-POSSESS							
		Fine:	0.00	Cost:	0.00	State:	0.00		
Disposition:									

Charge 4

Charge 4:		Type:		Ticket #:		Case #:			
Offense:	/								
		Fine:	0.00	Cost:	0.00	State:	0.00		
Disposition:									

Officers Involved: [REDACTED] 0033 0025 **By:** 0015

Jail Information

Cell:	153	Photo:		Court Date:	//	Release Date:	//	Time:	
Transfer to:		Notify Date:	//	Time:		Rid:		Wavier:	N
						Bond:	N	Other:	Y

NIBRs Information

Type of Arrest:	Crime In Progress	Weapons used:	/
Resident Information:	Resident	Minor Information:	
		Release:	

Associates

Last:	First / Mi:	Misc:	Last:	First / Mi:	Misc:

Notify:

Name:	ALPHIA KEALOHA	Address:	5255 STATE RD	Phone:	440-998-6718
Emergency Employer:					

**ASHTABULA POLICE DEPARTMENT
FIELD TRAINING AND EVALUATION PROGRAM
EVALUATION OF FIELD TRAINING OFFICER**

Field Training Officer: Sgt. Rodney Blaney

Date: 5/17/2010 Phase # 3 End Of Week # 2

In an effort to ensure that Field Training Officers maintain a high level of skill, performance, and interest, this critique form is presented to the probationary officer for completion. It is to the Field Training Officers' benefit that he knows the impression he/she is making on those he is instructing. It is the belief of the Ashtabula Police Department that a Field Training Officer who is truly interested in doing his/her best would welcome this type of objective report. With this in mind, the probationary officer is requested to evaluate his/her instructor in the areas listed below. Field Training Officers will receive these critique sheets upon the completion of each training cycle and from all probationary officers that he/she has trained. For this reason, some anonymity will be maintained. The probationary officer is asked to sign this critique, but the Field Training Officers' copy will not bear the signature.

Instructions: After filling in the Field Training Officers' name above, answer the questions that follow by circling the appropriate response. It is hoped that the probationary officer will make use of the "comments" sections wherever he/she sees fit to do so.

ABOUT YOUR F.T.O.

- | | | | | | | |
|----|--|------|------|---------|-------------|------------------|
| 1. | Ability as a Police Officer | Poor | Fair | Average | Good | Excellent |
| 2. | Knowledge of the training Material covered | Poor | Fair | Average | Good | Excellent |
| 3. | Ability to relate to you | Poor | Fair | Average | Good | Excellent |
| 4. | Ability to relate to others | Poor | Fair | Average | Good | Excellent |
| 5. | Interest in imparting training material and information to you | Poor | Fair | Average | Good | Excellent |
| 6. | Application of honesty, fairness, and objectivity in rating you | Poor | Fair | Average | Good | Excellent |
| 7. | Example he/she sets for you and others | Poor | Fair | Average | Good | Excellent |
| 8. | Overall attitude for the work he/she is doing | Poor | Fair | Average | Good | Excellent |

Please list the area where you feel our Field Training Officer puts forth his/her best effort.

(Use an additional page if necessary.)

K-9/Narcotic interdiction and traffic enforcement

Please list the area where you feel your Field Training Officer performs the poorest.

(Use an additional page if necessary.)

Comment, if you desire, on the performance, abilities, etc. Of the supervisory personnel in the training program. (Sergeants, Captains, etc.)

How would you rate the OVERALL program and the materials, information, etc., received therefrom?

Poor

Fair

Average

Good

Excellent

Use the following space for any additional comments you may care to make.

(Use an additional page if necessary.)

Date:

5.27.10

**ASHTABULA POLICE DEPARTMENT
FIELD TRAINING AND EVALUATION PROGRAM
SELF-EVALUATION FORM**

Probationary Officer: Ptlm. [REDACTED]

Phase # 3

Date: 5/17/2010

The purpose of the Self-Evaluation Form is to provide the probationary officer with the opportunity to express both his/her strong points and weak points. It also acts as a training aide for the Field Training Officer when suggestions are offered on how the deficient areas could possibly be corrected. Therefore, the comments that you offer will serve as an important tool toward self-improvement.

Describe Weakness

My only weakness that I can comment on is my use of the Traffic Crash system. I have only been assigned to one traffic collision. As I get into more of them I will become more proficient.

Describe Strong Points

I feel my strong points are OVI and Traffic Enforcement

Training Suggestions

Allow FTOs to take over assignments in other areas to help the trainee learn how to handle different scenarios.

**ASHTABULA POLICE DEPARTMENT
FIELD TRAINING AND EVALUATION PROGRAM
PHASE EXCHANGE CONFERENCE RECORD**

Date: 05/20/2010 Probationary Officer Ptlm. ██████████

From Phase: 3 To Phase : 4

Previous Phase F.T.O. : Sgt. Rodney Blaney

Next Phase F.T.O. : Ptlm. Wayne Howell

Previous Phase Supervisor: Sgt. Dennis R. Dibble

Next Phase Supervisor : Sgt. Dennis R. Dibble

RECEIVED

JUL 01 2010

MICHAEL A. ZULLO, CPA
CITY AUDITOR
CITY OF ASHTABULA

Strengths Discussed:

Ptlm. ██████████ is very well advance while entering into Phase 4 of the training program. He has shown the experience that he brings from Washington D.C. P.D. He has the geographical area of the city down pretty well and has not shown any difficulty getting around. He has been driving the beats and seems to be comfortable in his setting. A few more weeks and Ptlm. ██████████ should be cut loose with no problems.

Weaknesses Discussed:

Ptlm. ██████████ still needs some work with the way that we do our paperwork. Other than the paperwork, everything else has been going smoothly.

Continued Remedial Training Plan:

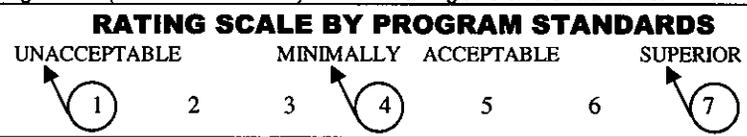
ASHTABULA POLICE DEPARTMENT

FIELD TRAINING AND EVALUATION PROGRAM

DAILY OBSERVATION REPORT

Probationary Officer Ptm. XXXXXXXXXX	Field Training Officer Ptm. Wayne Howell	Phase 4	Week 1	Date 5/21/2010
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Rating Instructions: Rate observed behavior relative to the scale below by using the numerical value definitions contained in the Field Training and Evaluation Program Standardized Guidelines. You must comment on the most and least acceptable performance of the day. Although specific comments are required for all ratings of "2" or less, "6" or above, and N.R.T., you are encourage to comment on any behavior. Use the category number to reference your narrative comments. Check the "N.O." line if the activity is not observed or the "N.R.T." line if the probationary officer fails to respond to training. Enter "significant" (15 minutes minimum) remedial training time on the R.T.T. line.



R.T.T.	Performance Tasks	N.O.	N.R.T.
_____	1. Driving Skills: Non-Stress Conditions	1 2 3 4 5 6 7	_____
_____	2. Driving Skills: Stress Conditions	1 2 3 4 5 6 7	_____
_____	3. Field Performance: Non-Stress Conditions	1 2 3 4 5 6 7	_____
_____	4. Field Performance: Stress Conditions	1 2 3 4 5 6 7	_____
_____	5. Officer Safety: General	1 2 3 4 5 6 7	_____
_____	6. Officer Safety: Suspicious Persons and Prisoners	1 2 3 4 5 6 7	_____
_____	7. Control of Conflict: Voice Commands	1 2 3 4 5 6 7	_____
_____	8. Control of Conflict: Physical Skills	1 2 3 4 5 6 7	_____
_____	9. Orientation Skills	1 2 3 4 5 6 7	_____
_____	10. Self-Initiated Field Activity	1 2 3 4 5 6 7	_____
_____	11. Investigative Procedures	1 2 3 4 5 6 7	_____
_____	12. Problem Solving/Decision Making Ability	1 2 3 4 5 6 7	_____

R.T.T.	Communications	N.O.	N.R.T.
_____	13. Oral	1 2 3 4 5 6 7	_____
_____	14. Written: Form Selection/Organization/Accuracy	1 2 3 4 5 6 7	_____
_____	15. Written: Grammar/Spelling/Neatness	1 2 3 4 5 6 7	_____
_____	16. Written: Time Utilized	1 2 3 4 5 6 7	_____
_____	17. Radio: Listens and Comprehends Transmissions	1 2 3 4 5 6 7	_____
_____	18. Radio: Articulation of Transmission	1 2 3 4 5 6 7	_____

R.T.T.	Knowledge	N.O.	N.R.T.
_____	19. Department Policies/Procedures/Regulations	1 2 3 4 5 6 7	_____
_____	20. Criminal Law/Ordinances	1 2 3 4 5 6 7	_____
_____	21. Traffic Law	1 2 3 4 5 6 7	_____
_____	22. Reflected in Verbal or Written Tests	1 2 3 4 5 6 7	_____

R.T.T.	Attitude/Relationships	N.O.	N.R.T.
_____	23. Acceptance of Feedback: Verbal/Behavior	1 2 3 4 5 6 7	_____
_____	24. Attitude Toward Police Work	1 2 3 4 5 6 7	_____
_____	25. With Citizens	1 2 3 4 5 6 7	_____
_____	26. Relationships with FTO/Supervisor	1 2 3 4 5 6 7	_____

R.T.T.	Appearance	N.O.	N.R.T.
_____	27. General Appearance	1 2 3 4 5 6 7	_____

R.T.T.	Dispatch	N.O.	N.R.T.
_____	28. Dispatch Duties	1 2 3 4 5 6 7 X	_____

R.T.T.	LEADS	N.O.	N.R.T.
_____	29. LEADS	1 2 3 4 5 6 7	_____

R.T.T.		Jail / Booking / Arrests							N.O.	N.R.T.	
_____	_____	30. Computer Booking	1	2	3	4	5	6	7	_____	_____
_____	_____	31. Processing Inmates	1	2	3	4	5	6	7	_____	_____
_____	_____	32. Jail Duties	1	2	3	4	5	6	7	X	_____
_____	_____	33. Releasing Inmates	1	2	3	4	5	6	7	X	_____
_____	_____	34. Logging Arrests	1	2	3	4	5	6	7	_____	_____
_____	_____	35. Arrest Paperwork	1	2	3	4	5	6	7	_____	_____

R.T.T.		Weapons							N.O.	N.R.T.	
_____	_____	36. Handgun Qualification	1	2	3	4	5	6	7	X	_____
_____	_____	37. Shotgun Qualification	1	2	3	4	5	6	7	X	_____
_____	_____	38. Non-Traditional Shooting Positions	1	2	3	4	5	6	7	X	_____
_____	_____	39. One Handed Shooting and Weapon Manipulatin (Strong Hand)	1	2	3	4	5	6	7	X	_____
_____	_____	40. One Handed Shooting and Weapon Manipulatin (Support Hand)	1	2	3	4	5	6	7	X	_____
_____	_____	41. Shooting on the Move (Forward / Backward)	1	2	3	4	5	6	7	X	_____
_____	_____	42. Shooting on the Move (Lateral)	1	2	3	4	5	6	7	X	_____
_____	_____	43. Shotgun Skills	1	2	3	4	5	6	7	X	_____
_____	_____	44. Shotgun Usage with One Hand	1	2	3	4	5	6	7	X	_____
_____	_____	45. Shotgun Firing on the Move	1	2	3	4	5	6	7	X	_____
_____	_____	46. Shotgun, Handgun Stress Course	1	2	3	4	5	6	7	X	_____
_____	_____	47. Transitional Use of Force	1	2	3	4	5	6	7	X	_____
_____	_____	48. M16 / M4 Familiarization	1	2	3	4	5	6	7	X	_____
_____	_____	49. Handgun Maintenance	1	2	3	4	5	6	7	X	_____

NARRATIVE COMMENTS

Most Acceptable Performance: Ptl. [REDACTED] has a good knowledge of the city streets when quizzed about them. He handled multiple domestic violence reports, handling each properly.

Least Acceptable Performance: Although Ptl. [REDACTED] knows where each quizzed street was, he at times took longer routes to some calls.

Additional Comments: Ptl. [REDACTED] is close, if not already, to be cut loose. His dealing with citizens and department paperwork are ready to be field tested.



FTO Signature
Ptl Howell J.

ASHTABULA POLICE DEPARTMENT

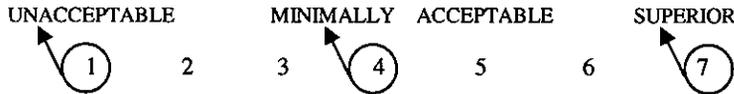
FIELD TRAINING AND EVALUATION PROGRAM

DAILY OBSERVATION REPORT

Probationary Officer Ptlm. [REDACTED]	Field Training Officer Ptlm. Wayne Howell	Phase 4	Week 1	Date 5/22/2010
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Rating Instructions: Rate observed behavior relative to the scale below by using the numerical value definitions contained in the Field Training and Evaluation Program Standardized Guidelines. You must comment on the most and least acceptable performance of the day. Although specific comments are required for all ratings of "2" or less, "6" or above, and N.R.T., you are encouraged to comment on any behavior. Use the category number to reference your narrative comments. Check the "N.O." line if the activity is not observed or the "N.R.T." line if the probationary officer fails to respond to training. Enter "significant" (15 minutes minimum) remedial training time on the R.T.T. line.

RATING SCALE BY PROGRAM STANDARDS



R.T.T.	Performance Tasks	N.O.	N.R.T.
_____	1. Driving Skills: Non-Stress Conditions	1 2 3 4 5 (6) 7	_____
_____	2. Driving Skills: Stress Conditions	1 2 3 4 5 (6) 7	_____
_____	3. Field Performance: Non-Stress Conditions	1 2 3 4 5 (6) 7	_____
_____	4. Field Performance: Stress Conditions	1 2 3 4 5 (6) 7	_____
_____	5. Officer Safety: General	1 2 3 4 5 (6) 7	_____
_____	6. Officer Safety: Suspicious Persons and Prisoners	1 2 3 4 5 (6) 7	_____
_____	7. Control of Conflict: Voice Commands	1 2 3 4 5 (6) 7	_____
_____	8. Control of Conflict: Physical Skills	1 2 3 4 5 (6) 7	_____
_____	9. Orientation Skills	1 2 3 4 5 (6) 7	_____
_____	10. Self-Initiated Field Activity	1 2 3 4 5 6 (7)	_____
_____	11. Investigative Procedures	1 2 3 4 5 (6) 7	_____
_____	12. Problem Solving/Decision Making Ability	1 2 3 4 5 (6) 7	_____

R.T.T.	Communications	N.O.	N.R.T.
_____	13. Oral	1 2 3 4 5 (6) 7	_____
_____	14. Written: Form Selection/Organization/Accuracy	1 2 3 4 5 6 (7)	_____
_____	15. Written: Grammar/Spelling/Neatness	1 2 3 4 5 6 (7)	_____
_____	16. Written: Time Utilized	1 2 3 4 5 6 (7)	_____
_____	17. Radio: Listens and Comprehends Transmissions	1 2 3 4 5 (6) 7	_____
_____	18. Radio: Articulation of Transmission	1 2 3 4 5 (6) 7	_____

R.T.T.	Knowledge	N.O.	N.R.T.
_____	19. Department Policies/Procedures/Regulations	1 2 3 4 5 (6) 7	_____
_____	20. Criminal Law/Ordinances	1 2 3 4 5 6 (7)	_____
_____	21. Traffic Law	1 2 3 4 5 (6) 7	_____
_____	22. Reflected in Verbal or Written Tests	1 2 3 4 5 (6) 7	_____

R.T.T.	Attitude/Relationships	N.O.	N.R.T.
_____	23. Acceptance of Feedback: Verbal/Behavior	1 2 3 4 5 (6) 7	_____
_____	24. Attitude Toward Police Work	1 2 3 4 5 6 (7)	_____
_____	25. With Citizens	1 2 3 4 5 (6) 7	_____
_____	26. Relationships with FTO/Supervisor	1 2 3 4 5 (6) 7	_____

R.T.T.	Appearance	N.O.	N.R.T.
_____	27. General Appearance	1 2 3 4 5 6 (7)	_____

R.T.T.	Dispatch	N.O.	N.R.T.
_____	28. Dispatch Duties	1 2 3 4 5 6 7 X	_____

R.T.T.	LEADS	N.O.	N.R.T.
_____	29. LEADS	1 2 3 4 5 (6) 7	_____

R.T.T.		Jail / Booking / Arrests							N.O.	N.R.T.	
_____	_____	30. Computer Booking	1	2	3	4	5	6	7	_____	_____
_____	_____	31. Processing Inmates	1	2	3	4	5	6	7	_____	_____
_____	_____	32. Jail Duties	1	2	3	4	5	6	7	X	_____
_____	_____	33. Releasing Inmates	1	2	3	4	5	6	7	X	_____
_____	_____	34. Logging Arrests	1	2	3	4	5	6	7	_____	_____
_____	_____	35. Arrest Paperwork	1	2	3	4	5	6	7	_____	_____

R.T.T.		Weapons							N.O.	N.R.T.	
_____	_____	36. Handgun Qualification	1	2	3	4	5	6	7	X	_____
_____	_____	37. Shotgun Qualification	1	2	3	4	5	6	7	X	_____
_____	_____	38. Non-Traditional Shooting Positions	1	2	3	4	5	6	7	X	_____
_____	_____	39. One Handed Shooting and Weapon Manipulatin (Strong Hand)	1	2	3	4	5	6	7	X	_____
_____	_____	40. One Handed Shooting and Weapon Manipulatin (Support Hand)	1	2	3	4	5	6	7	X	_____
_____	_____	41. Shooting on the Move (Forward / Backward)	1	2	3	4	5	6	7	X	_____
_____	_____	42. Shooting on the Move (Lateral)	1	2	3	4	5	6	7	X	_____
_____	_____	43. Shotgun Skills	1	2	3	4	5	6	7	X	_____
_____	_____	44. Shotgun Usage with One Hand	1	2	3	4	5	6	7	X	_____
_____	_____	45. Shotgun Firing on the Move	1	2	3	4	5	6	7	X	_____
_____	_____	46. Shotgun, Handgun Stress Course	1	2	3	4	5	6	7	X	_____
_____	_____	47. Transitional Use of Force	1	2	3	4	5	6	7	X	_____
_____	_____	48. M16 / M4 Familiarization	1	2	3	4	5	6	7	X	_____
_____	_____	49. Handgun Maintenance	1	2	3	4	5	6	7	X	_____

NARRATIVE COMMENTS

Most Acceptable Performance: Ptl. [REDACTED] had to deal with a drunk Spanish speaking Mexican-American involved in a domestic violence. He possessed enough Spanish to tell the male what to do and make a proper arrest.

Least Acceptable Performance: There were no unacceptable performances today.

Additional Comments: His booking process is very good and he is very good about getting proper information from inmates.



FTO Signature
[Handwritten Signature]

ASHTABULA POLICE DEPARTMENT

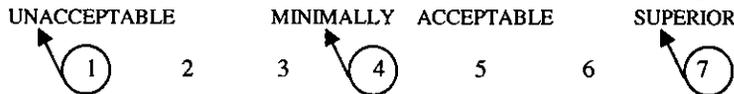
FIELD TRAINING AND EVALUATION PROGRAM

DAILY OBSERVATION REPORT

Probationary Officer Ptlm. XXXXXXXXXX	Field Training Officer Ptlm. Wayne Howell	Phase 4	Week 1	Date 5/23/2010
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Rating Instructions: Rate observed behavior relative to the scale below by using the numerical value definitions contained in the Field Training and Evaluation Program Standardized Guidelines. You must comment on the most and least acceptable performance of the day. Although specific comments are required for all ratings of "2" or less, "6" or above, and N.R.T., you are encouraged to comment on any behavior. Use the category number to reference your narrative comments. Check the "N.O." line if the activity is not observed or the "N.R.T." line if the probationary officer fails to respond to training. Enter "significant" (15 minutes minimum) remedial training time on the R.T.T. line.

RATING SCALE BY PROGRAM STANDARDS



	R.T.T.	Performance Tasks	N.O.	N.R.T.
_____	_____	1. Driving Skills: Non-Stress Conditions	1 2 3 4 5 ⑥ 7	_____
_____	_____	2. Driving Skills: Stress Conditions	1 2 3 4 5 ⑥ 7	_____
_____	_____	3. Field Performance: Non-Stress Conditions	1 2 3 4 5 ⑥ 7	_____
_____	_____	4. Field Performance: Stress Conditions	1 2 3 4 5 ⑥ 7	_____
_____	_____	5. Officer Safety: General	1 2 3 4 5 ⑥ 7	_____
_____	_____	6. Officer Safety: Suspicious Persons and Prisoners	1 2 3 4 5 ⑥ 7	_____
_____	_____	7. Control of Conflict: Voice Commands	1 2 3 4 5 ⑥ 7	_____
_____	_____	8. Control of Conflict: Physical Skills	1 2 3 4 5 ⑥ 7	_____
_____	_____	9. Orientation Skills	1 2 3 4 5 ⑥ 7	_____
_____	_____	10. Self-Initiated Field Activity	1 2 3 4 5 6 ⑦	_____
_____	_____	11. Investigative Procedures	1 2 3 4 5 ⑥ 7	_____
_____	_____	12. Problem Solving/Decision Making Ability	1 2 3 4 5 ⑥ 7	_____
Communications				
_____	_____	13. Oral	1 2 3 4 5 ⑥ 7	_____
_____	_____	14. Written: Form Selection/Organization/Accuracy	1 2 3 4 5 6 ⑦	_____
_____	_____	15. Written: Grammar/Spelling/Neatness	1 2 3 4 5 6 ⑦	_____
_____	_____	16. Written: Time Utilized	1 2 3 4 5 6 ⑦	_____
_____	_____	17. Radio: Listens and Comprehends Transmissions	1 2 3 4 5 ⑥ 7	_____
_____	_____	18. Radio: Articulation of Transmission	1 2 3 4 5 ⑥ 7	_____
Knowledge				
_____	_____	19. Department Policies/Procedures/Regulations	1 2 3 4 5 ⑥ 7	_____
_____	_____	20. Criminal Law/Ordinances	1 2 3 4 5 6 ⑦	_____
_____	_____	21. Traffic Law	1 2 3 4 5 ⑥ 7	_____
_____	_____	22. Reflected in Verbal or Written Tests	1 2 3 4 5 ⑥ 7	_____
Attitude/Relationships				
_____	_____	23. Acceptance of Feedback: Verbal/Behavior	1 2 3 4 5 ⑥ 7	_____
_____	_____	24. Attitude Toward Police Work	1 2 3 4 5 6 ⑦	_____
_____	_____	25. With Citizens	1 2 3 4 5 ⑥ 7	_____
_____	_____	26. Relationships with FTO/Supervisor	1 2 3 4 5 ⑥ 7	_____
Appearance				
_____	_____	27. General Appearance	1 2 3 4 5 6 ⑦	_____
Dispatch				
_____	_____	28. Dispatch Duties	1 2 3 4 5 6 7	X
LEADS				
_____	_____	29. LEADS	1 2 3 4 5 ⑥ 7	_____

R.T.T.	Jail / Booking / Arrests	N.O.	N.R.T.
_____	30. Computer Booking	1 2 3 4 5 6 7	_____
_____	31. Processing Inmates	1 2 3 4 5 6 7	_____
_____	32. Jail Duties	1 2 3 4 5 6 7	X
_____	33. Releasing Inmates	1 2 3 4 5 6 7	X
_____	34. Logging Arrests	1 2 3 4 5 6 7	_____
_____	35. Arrest Paperwork	1 2 3 4 5 6 7	_____

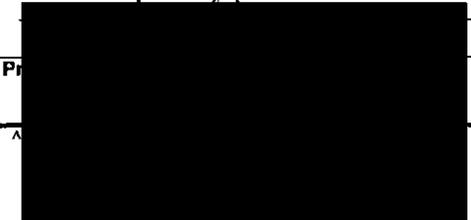
Weapons			
_____	36. Handgun Qualification	1 2 3 4 5 6 7	X
_____	37. Shotgun Qualification	1 2 3 4 5 6 7	X
_____	38. Non-Traditional Shooting Positions	1 2 3 4 5 6 7	X
_____	39. One Handed Shooting and Weapon Manipulation (Strong Hand)	1 2 3 4 5 6 7	X
_____	40. One Handed Shooting and Weapon Manipulation (Support Hand)	1 2 3 4 5 6 7	X
_____	41. Shooting on the Move (Forward / Backward)	1 2 3 4 5 6 7	X
_____	42. Shooting on the Move (Lateral)	1 2 3 4 5 6 7	X
_____	43. Shotgun Skills	1 2 3 4 5 6 7	X
_____	44. Shotgun Usage with One Hand	1 2 3 4 5 6 7	X
_____	45. Shotgun Firing on the Move	1 2 3 4 5 6 7	X
_____	46. Shotgun, Handgun Stress Course	1 2 3 4 5 6 7	X
_____	47. Transitional Use of Force	1 2 3 4 5 6 7	X
_____	48. M16 / M4 Familiarization	1 2 3 4 5 6 7	X
_____	49. Handgun Maintenance	1 2 3 4 5 6 7	X

NARRATIVE COMMENTS

Most Acceptable Performance: Ptl. [redacted] and I responded to a residence at the request of Cleveland PD for a female that left a rehab center. We found her and Ptl. [redacted] detained her. At the request of Cleveland PD, she was released and Ptl. [redacted] spoke with her rationally and seemed to get through to her that she should go with the program and continue the rehab.

Least Acceptable Performance: There were no unacceptable performances today.

Additional Comments: Ptl. [redacted] is good about making himself available if a primary officer needs assistance. One a burglary in progress and a drug related traffic stop, he was there to properly assist in detaining the suspects.



FTO Signature
Ptl Howell J.

**ASHTABULA POLICE DEPARTMENT
FIELD TRAINING AND EVALUATION PROGRAM
COMMANDER'S INTERVAL TRAINING REPORT**

Probationary Officer Ptlm. [REDACTED]	Commander Sgt. Dennis R. Dibble	Phase 4	Week 1	Date 5/26/2010
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Instructions: In column one, average to one decimal point (example: 3.5) the probationary Officer's performance in each category for the week. In Column two, in the areas provided, give the minutes of remedial training for the week. On the back, comment on the Probationary Officer's strongest and weakest areas of performance for the week. Next, indicate the Probationary Officer's progress to date. Finally, indicate the remedial training planned. This report should be signed by both the Probationary Officer and the Commander.

		Performance Tasks
R.T.T.		
6	_____	1. Driving Skills: Non-Stress Conditions
6	_____	2. Driving Skills: Stress Conditions
6	_____	3. Field Performance: Non-Stress Conditions
6	_____	4. Field Performance: Stress Conditions
6	_____	5. Officer Safety: General
6	_____	6. Officer Safety: Suspicious Persons and Prisoners
6	_____	7. Control of Conflict: Voice Commands
6	_____	8. Control of Conflict: Physical Skills
6	_____	9. Orientation Skills
7	_____	10. Self-Initiated Field Activity
6	_____	11. Investigative Procedures
6	_____	12. Problem Solving/Decision Making Ability
		Communications
6	_____	13. Oral
7	_____	14. Written: Form Selection/Organization/Accuracy
7	_____	15. Written: Grammar/Spelling/Neatness
7	_____	16. Written: Time Utilized
6	_____	17. Radio: Listens and Comprehends Transmissions
6	_____	18. Radio: Articulation of Transmission
		Knowledge
6	_____	19. Department Policies/Procedures/Regulations
7	_____	20. Criminal Law/Ordinances
6	_____	21. Traffic Law
6	_____	22. Reflected in Verbal or Written Tests
		Attitude/Relationships
6	_____	23. Acceptance of Feedback: Verbal/Behavior
7	_____	24. Attitude Toward Police Work
6	_____	25. With Citizens
6	_____	26. Relationships with FTO/Supervisor
		Appearance
7	_____	27. General Appearance
		Dispatch
	_____	28. Dispatch Duties
		LEADS
6	_____	29. LEADS

Jail / Booking / Arrests

R.T.T.

- | | | |
|-------|-------|------------------------|
| 5 | _____ | 30. Computer Booking |
| 5.25 | _____ | 31. Processing Inmates |
| _____ | _____ | 32. Jail Duties |
| _____ | _____ | 33. Releasing Inmates |
| 6 | _____ | 34. Logging Arrests |
| 5 | _____ | 35. Arrest Paperwork |

Weapons

- | | | |
|-------|-------|--|
| _____ | _____ | 36. Handgun Qualification |
| _____ | _____ | 37. Shotgun Qualification |
| _____ | _____ | 38. Non-Traditional Shooting Positions |
| _____ | _____ | 39. One Handed Shooting and Weapon Manipulatin
(Strong Hand) |
| _____ | _____ | 40. One Handed Shooting and Weapon Manipulatin
(Support Hand) |
| _____ | _____ | 41. Shooting on the Move (Forward / Backward) |
| _____ | _____ | 42. Shooting on the Move (Lateral) |
| _____ | _____ | 43. Shotgun Skills |
| _____ | _____ | 44. Shotgun Usage with One Hand |
| _____ | _____ | 45. Shotgun Firing on the Move |
| _____ | _____ | 46. Shotgun, Handgun Stress Course |
| _____ | _____ | 47. Transitional Use of Force |
| _____ | _____ | 48. M16 / M4 Familiarization |
| _____ | _____ | 49. Handgun Maintenance |

Remedial Training Time

Total R.T.T.

Probationary Officer's Overall Progress to Date Satisfactory Unsatisfactory 100 %

Probationary



Commander's Signature

[Handwritten Signature]

NARRATIVE COMMENTS

Most acceptable area(s) of performance for the week: Ptlm. [redacted] has a good knowledge of the city streets. He has not shown any problems managing to get to his calls in a timely manner. Ptlm. [redacted] has handled several domestic violence situations this week and has handled them properly. Ptlm. [redacted] had to deal with a spanish speaking individual and Ptlm. [redacted] knew enough spanish to tell the male what to do has he was being arrested.

Least acceptable area(s) of performance for the week: Ptlm. [redacted] needs to learn shorter routes at times on his way to his calls. There were no other reported deficiencies reported this week.

The FTO should use the Performance Guidelines for the Weekly Training Report to rate the Probationary Officer's Overall Progress.
 Has the Recruit been counseled on their deficiencies ? Yes No
 Has these Deficiencies required remedial planning ? Yes No If yes, describe plan:

ASHTABULA POLICE DEPARTMENT

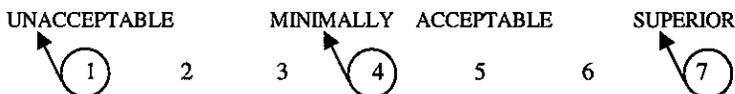
FIELD TRAINING AND EVALUATION PROGRAM

DAILY OBSERVATION REPORT

Probationary Officer Ptlm. XXXXXXXXXX	Field Training Officer Ptlm. Wayne Howell	Phase 4	Week 2	Date 5/26/2010
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Rating Instructions: Rate observed behavior relative to the scale below by using the numerical value definitions contained in the Field Training and Evaluation Program Standardized Guidelines. You must comment on the most and least acceptable performance of the day. Although specific comments are required for all ratings of "2" or less, "6" or above, and N.R.T., you are encourage to comment on any behavior. Use the category number to reference your narrative comments. Check the "N.O." line if the activity is not observed or the "N.R.T." line if the probationary officer fails to respond to training. Enter "significant" (15 minutes minimum) remedial training time on the R.T.T. line.

RATING SCALE BY PROGRAM STANDARDS



R.T.T.	Performance Tasks	N.O.	N.R.T.
_____	1. Driving Skills: Non-Stress Conditions	1 2 3 4 5 <u>6</u> 7	_____
_____	2. Driving Skills: Stress Conditions	1 2 3 4 5 <u>6</u> 7	_____
_____	3. Field Performance: Non-Stress Conditions	1 2 3 4 5 6 <u>7</u>	_____
_____	4. Field Performance: Stress Conditions	1 2 3 4 5 <u>6</u> 7	_____
_____	5. Officer Safety: General	1 2 3 4 5 <u>6</u> 7	_____
_____	6. Officer Safety: Suspicious Persons and Prisoners	1 2 3 4 5 <u>6</u> 7	_____
_____	7. Control of Conflict: Voice Commands	1 2 3 4 5 6 <u>7</u>	_____
_____	8. Control of Conflict: Physical Skills	1 2 3 4 5 <u>6</u> 7	_____
_____	9. Orientation Skills	1 2 3 4 5 <u>6</u> 7	_____
_____	10. Self-Initiated Field Activity	1 2 3 4 5 <u>6</u> 7	_____
_____	11. Investigative Procedures	1 2 3 4 5 <u>6</u> 7	_____
_____	12. Problem Solving/Decision Making Ability	1 2 3 4 5 6 <u>7</u>	_____

R.T.T.	Communications	N.O.	N.R.T.
_____	13. Oral	1 2 3 4 5 <u>6</u> 7	_____
_____	14. Written: Form Selection/Organization/Accuracy	1 2 3 4 5 6 <u>7</u>	_____
_____	15. Written: Grammar/Spelling/Neatness	1 2 3 4 5 6 <u>7</u>	_____
_____	16. Written: Time Utilized	1 2 3 4 5 <u>6</u> 7	_____
_____	17. Radio: Listens and Comprehends Transmissions	1 2 3 4 5 <u>6</u> 7	_____
_____	18. Radio: Articulation of Transmission	1 2 3 4 5 6 <u>7</u>	_____

R.T.T.	Knowledge	N.O.	N.R.T.
_____	19. Department Policies/Procedures/Regulations	1 2 3 4 5 <u>6</u> 7	_____
_____	20. Criminal Law/Ordinances	1 2 3 4 5 6 <u>7</u>	_____
_____	21. Traffic Law	1 2 3 4 5 <u>6</u> 7	_____
_____	22. Reflected in Verbal or Written Tests	1 2 3 4 5 <u>6</u> 7	_____

R.T.T.	Attitude/Relationships	N.O.	N.R.T.
_____	23. Acceptance of Feedback: Verbal/Behavior	1 2 3 4 5 <u>6</u> 7	_____
_____	24. Attitude Toward Police Work	1 2 3 4 5 6 <u>7</u>	_____
_____	25. With Citizens	1 2 3 4 5 <u>6</u> 7	_____
_____	26. Relationships with FTO/Supervisor	1 2 3 4 5 6 <u>7</u>	_____

R.T.T.	Appearance	N.O.	N.R.T.
_____	27. General Appearance	1 2 3 4 5 6 <u>7</u>	_____

R.T.T.	Dispatch	N.O.	N.R.T.
_____	28. Dispatch Duties	1 2 3 4 5 6 7 X	_____

R.T.T.	LEADS	N.O.	N.R.T.
_____	29. LEADS	1 2 3 4 5 <u>6</u> 7	_____

R.T.T.	Jail / Booking / Arrests	N.O.	N.R.T.
_____	30. Computer Booking	1 2 3 4 5 6 7	_____
_____	31. Processing Inmates	1 2 3 4 5 6 7	_____
_____	32. Jail Duties	1 2 3 4 5 6 7	_____
_____	33. Releasing Inmates	1 2 3 4 5 6 7	X
_____	34. Logging Arrests	1 2 3 4 5 6 7	_____
_____	35. Arrest Paperwork	1 2 3 4 5 6 7	_____

Weapons			
_____	36. Handgun Qualification	1 2 3 4 5 6 7	X
_____	37. Shotgun Qualification	1 2 3 4 5 6 7	X
_____	38. Non-Traditional Shooting Positions	1 2 3 4 5 6 7	X
_____	39. One Handed Shooting and Weapon Manipulation (Strong Hand)	1 2 3 4 5 6 7	X
_____	40. One Handed Shooting and Weapon Manipulation (Support Hand)	1 2 3 4 5 6 7	X
_____	41. Shooting on the Move (Forward / Backward)	1 2 3 4 5 6 7	X
_____	42. Shooting on the Move (Lateral)	1 2 3 4 5 6 7	X
_____	43. Shotgun Skills	1 2 3 4 5 6 7	X
_____	44. Shotgun Usage with One Hand	1 2 3 4 5 6 7	X
_____	45. Shotgun Firing on the Move	1 2 3 4 5 6 7	X
_____	46. Shotgun, Handgun Stress Course	1 2 3 4 5 6 7	X
_____	47. Transitional Use of Force	1 2 3 4 5 6 7	X
_____	48. M16 / M4 Familiarization	1 2 3 4 5 6 7	X
_____	49. Handgun Maintenance	1 2 3 4 5 6 7	X

NARRATIVE COMMENTS

Most Acceptable Performance: Ptl. [redacted] made an arrest of a male on warrants and a female for domestic violence. He seems to have a good feel for Ohio's domestic violence law and our department's policy.

Least Acceptable Performance: While on patrol for a vehicle with a possible armed male, we located the vehicle. Even though he did an excellent job in conducting a felony stop, he did not radio per location to dispatch or the fact we were out with the vehicle.

Additional Comments: Ptl. [redacted] does a good job handling the population and uses good safety skills.

Probationary Officer's Signature

FTO Signature

Ptl. Howell

ASHTABULA POLICE DEPARTMENT

FIELD TRAINING AND EVALUATION PROGRAM

DAILY OBSERVATION REPORT

Probationary Officer Ptlm. [REDACTED]	Field Training Officer Ptlm. Wayne Howell	Phase 4	Week 2	Date 5/27/2010
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Rating Instructions: Rate observed behavior relative to the scale below by using the numerical value definitions contained in the Field Training and Evaluation Program Standardized Guidelines. You must comment on the most and least acceptable performance of the day. Although specific comments are required for all ratings of "2" or less, "6" or above, and N.R.T., you are encourage to comment on any behavior. Use the category number to reference your narrative comments. Check the "N.O." line if the activity is not observed or the "N.R.T." line if the probationary officer fails to respond to training. Enter "significant" (15 minutes minimum) remedial training time on the R.T.T. line.



	R.T.T.	Performance Tasks	N.O.	N.R.T.
		1. Driving Skills: Non-Stress Conditions	1 2 3 4 5 <u>6</u> 7	
		2. Driving Skills: Stress Conditions	1 2 3 4 5 <u>6</u> 7	
		3. Field Performance: Non-Stress Conditions	1 2 3 4 5 6 <u>7</u>	
		4. Field Performance: Stress Conditions	1 2 3 4 5 <u>6</u> 7	
		5. Officer Safety: General	1 2 3 4 5 <u>6</u> 7	
		6. Officer Safety: Suspicious Persons and Prisoners	1 2 3 4 5 <u>6</u> 7	
		7. Control of Conflict: Voice Commands	1 2 3 4 5 6 <u>7</u>	
		8. Control of Conflict: Physical Skills	1 2 3 4 5 <u>6</u> 7	
		9. Orientation Skills	1 2 3 4 5 <u>6</u> 7	
		10. Self-Initiated Field Activity	1 2 3 4 5 <u>6</u> 7	
		11. Investigative Procedures	1 2 3 4 5 <u>6</u> 7	
		12. Problem Solving/Decision Making Ability	1 2 3 4 5 6 <u>7</u>	
Communications				
		13. Oral	1 2 3 4 5 <u>6</u> 7	
		14. Written: Form Selection/Organization/Accuracy	1 2 3 4 5 6 <u>7</u>	
		15. Written: Grammar/Spelling/Neatness	1 2 3 4 5 6 <u>7</u>	
		16. Written: Time Utilized	1 2 3 4 5 <u>6</u> 7	
		17. Radio: Listens and Comprehends Transmissions	1 2 3 4 5 <u>6</u> 7	
		18. Radio: Articulation of Transmission	1 2 3 4 5 6 <u>7</u>	
Knowledge				
		19. Department Policies/Procedures/Regulations	1 2 3 4 5 <u>6</u> 7	
		20. Criminal Law/Ordinances	1 2 3 4 5 6 <u>7</u>	
		21. Traffic Law	1 2 3 4 5 <u>6</u> 7	
		22. Reflected in Verbal or Written Tests	1 2 3 4 5 <u>6</u> 7	
Attitude/Relationships				
		23. Acceptance of Feedback: Verbal/Behavior	1 2 3 4 5 <u>6</u> 7	
		24. Attitude Toward Police Work	1 2 3 4 5 6 <u>7</u>	
		25. With Citizens	1 2 3 4 5 <u>6</u> 7	
		26. Relationships with FTO/Supervisor	1 2 3 4 5 6 <u>7</u>	
Appearance				
		27. General Appearance	1 2 3 4 5 6 <u>7</u>	
Dispatch				
		28. Dispatch Duties	1 2 3 4 5 6 7 <u>X</u>	
LEADS				
		29. LEADS	1 2 3 4 5 <u>6</u> 7	

R.T.T.		Jail / Booking / Arrests								N.O.	N.R.T.
_____	_____	30. Computer Booking	1	2	3	4	5	6	7	_____	_____
_____	_____	31. Processing Inmates	1	2	3	4	5	6	7	_____	_____
_____	_____	32. Jail Duties	1	2	3	4	5	6	7	_____	_____
_____	_____	33. Releasing Inmates	1	2	3	4	5	6	7	X	_____
_____	_____	34. Logging Arrests	1	2	3	4	5	6	7	_____	_____
_____	_____	35. Arrest Paperwork	1	2	3	4	5	6	7	_____	_____

		Weapons								N.O.	N.R.T.
_____	_____	36. Handgun Qualification	1	2	3	4	5	6	7	X	_____
_____	_____	37. Shotgun Qualification	1	2	3	4	5	6	7	X	_____
_____	_____	38. Non-Traditional Shooting Positions	1	2	3	4	5	6	7	X	_____
_____	_____	39. One Handed Shooting and Weapon Manipulation (Strong Hand)	1	2	3	4	5	6	7	X	_____
_____	_____	40. One Handed Shooting and Weapon Manipulation (Support Hand)	1	2	3	4	5	6	7	X	_____
_____	_____	41. Shooting on the Move (Forward / Backward)	1	2	3	4	5	6	7	X	_____
_____	_____	42. Shooting on the Move (Lateral)	1	2	3	4	5	6	7	X	_____
_____	_____	43. Shotgun Skills	1	2	3	4	5	6	7	X	_____
_____	_____	44. Shotgun Usage with One Hand	1	2	3	4	5	6	7	X	_____
_____	_____	45. Shotgun Firing on the Move	1	2	3	4	5	6	7	X	_____
_____	_____	46. Shotgun, Handgun Stress Course	1	2	3	4	5	6	7	X	_____
_____	_____	47. Transitional Use of Force	1	2	3	4	5	6	7	X	_____
_____	_____	48. M16 / M4 Familiarization	1	2	3	4	5	6	7	X	_____
_____	_____	49. Handgun Maintenance	1	2	3	4	5	6	7	X	_____

NARRATIVE COMMENTS

Most Acceptable Performance: Ptl. [redacted] has shown that he uses proper caution when dealing with possible violent people.

Least Acceptable Performance: At times, Ptl. [redacted] does not use the most direct route to a call.

Additional Comments: Ptl. [redacted] shows that he enjoys his job and his willingness to help other officers is encouraging.

Probationary Officer's Signature

FTO Signature
P. Howell

**ASHTABULA POLICE DEPARTMENT
FIELD TRAINING AND EVALUATION PROGRAM
COMMANDER'S INTERVAL TRAINING REPORT**

Probationary Officer Ptm. [REDACTED]	Commander Sgt. Dennis R. Dibble	Phase 4	Week 2	Date 5/31/2010
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Instructions: In column one, average to one decimal point (example: 3.5) the probationary Officer's performance in each category for the week. In Column two, in the areas provided, give the minutes of remedial training for the week. On the back, comment on the Probationary Officer's strongest and weakest areas of performance for the week. Next, indicate the Probationary Officer's progress to date. Finally, indicate the remedial training planned. This report should be signed by both the Probationary Officer and the Commander.

R.T.T.		Performance Tasks
6	_____	1. Driving Skills: Non-Stress Conditions
6	_____	2. Driving Skills: Stress Conditions
7	_____	3. Field Performance: Non-Stress Conditions
6	_____	4. Field Performance: Stress Conditions
6	_____	5. Officer Safety: General
6	_____	6. Officer Safety: Suspicious Persons and Prisoners
7	_____	7. Control of Conflict: Voice Commands
6	_____	8. Control of Conflict: Physical Skills
6	_____	9. Orientation Skills
6	_____	10. Self-Initiated Field Activity
6	_____	11. Investigative Procedures
7	_____	12. Problem Solving/Decision Making Ability

R.T.T.		Communications
6	_____	13. Oral
7	_____	14. Written: Form Selection/Organization/Accuracy
7	_____	15. Written: Grammar/Spelling/Neatness
6	_____	16. Written: Time Utilized
6	_____	17. Radio: Listens and Comprehends Transmissions
7	_____	18. Radio: Articulation of Transmission

R.T.T.		Knowledge
6	_____	19. Department Policies/Procedures/Regulations
7	_____	20. Criminal Law/Ordinances
6	_____	21. Traffic Law
6	_____	22. Reflected in Verbal or Written Tests

R.T.T.		Attitude/Relationships
6	_____	23. Acceptance of Feedback: Verbal/Behavior
7	_____	24. Attitude Toward Police Work
6	_____	25. With Citizens
7	_____	26. Relationships with FTO/Supervisor

R.T.T.		Appearance
7	_____	27. General Appearance

R.T.T.		Dispatch
_____	_____	28. Dispatch Duties

R.T.T.		LEADS
6	_____	29. LEADS

Jail / Booking / Arrests

R.T.T.

- | | | |
|----------|-------|------------------------|
| <u>6</u> | _____ | 30. Computer Booking |
| <u>6</u> | _____ | 31. Processing Inmates |
| <u>7</u> | _____ | 32. Jail Duties |
| _____ | _____ | 33. Releasing Inmates |
| <u>6</u> | _____ | 34. Logging Arrests |
| <u>6</u> | _____ | 35. Arrest Paperwork |

Weapons

- | | | |
|-------|-------|--|
| _____ | _____ | 36. Handgun Qualification |
| _____ | _____ | 37. Shotgun Qualification |
| _____ | _____ | 38. Non-Traditional Shooting Positions |
| _____ | _____ | 39. One Handed Shooting and Weapon Manipulatin
(Strong Hand) |
| _____ | _____ | 40. One Handed Shooting and Weapon Manipulatin
(Support Hand) |
| _____ | _____ | 41. Shooting on the Move (Forward / Backward) |
| _____ | _____ | 42. Shooting on the Move (Lateral) |
| _____ | _____ | 43. Shotgun Skills |
| _____ | _____ | 44. Shotgun Usage with One Hand |
| _____ | _____ | 45. Shotgun Firing on the Move |
| _____ | _____ | 46. Shotgun, Handgun Stress Course |
| _____ | _____ | 47. Transitional Use of Force |
| _____ | _____ | 48. M16 / M4 Familiarization |
| _____ | _____ | 49. Handgun Maintenance |

Remedial Training Time



Probationary Officer's Overall Progress to Date: Satisfactory Unsatisfactory 100 %

Pro

Commander's Signature

NARRATIVE COMMENTS

Most acceptable area(s) of performance for the week: PtIm. [REDACTED] has shown good officer safety while dealing with potentially violent people. PtIm. [REDACTED] has shown that he is ready to be cut loose on his own and on his next two days working he will be tested on the city streets and a review of his performances.

Least acceptable area(s) of performance for the week: PtIm. [REDACTED] needs to learn shorter routes at times on his way to his calls. PtIm. Gillepie made a major mistake while doing a felony traffic stop and failed to radio his location to the dispatcher or that they were out with the vehicle.

The FTO should use the Performance Guidelines for the Weekly Training Report to rate the Probationary Officer's Overall Progress.

Has the Recruit been counseled on their deficiencies ? Yes No

Has these Deficiencies required remedial planning ? Yes No If yes, describe plan:

**ASHTABULA POLICE DEPARTMENT
FIELD TRAINING AND EVALUATION PROGRAM
EVALUATION OF FIELD TRAINING OFFICER**

Field Training Officer: Ptln. Wayne Howell

Date: 5/17/2010 Phase # 4 End Of Week # 2

In an effort to ensure that Field Training Officers maintain a high level of skill, performance, and interest, this critique form is presented to the probationary officer for completion. It is to the Field Training Officers' benefit that he knows the impression he/she is making on those he is instructing. It is the belief of the Ashtabula Police Department that a Field Training Officer who is truly interested in doing his/her best would welcome this type of objective report. With this in mind, the probationary officer is requested to evaluate his/her instructor in the areas listed below. Field Training Officers will receive these critique sheets upon the completion of each training cycle and from all probationary officers that he/she has trained. For this reason, some anonymity will be maintained. The probationary officer is asked to sign this critique, but the Field Training Officers' copy will not bear the signature.

Instructions: After filling in the Field Training Officers' name above, answer the questions that follow by circling the appropriate response. It is hoped that the probationary officer will make use of the "comments" sections wherever he/she sees fit to do so.

ABOUT YOUR F.T.O.

- | | | | | | | |
|----|--|------|------|---------|-------------|------------------|
| 1. | Ability as a Police Officer | Poor | Fair | Average | Good | <u>Excellent</u> |
| 2. | Knowledge of the training Material covered | Poor | Fair | Average | <u>Good</u> | Excellent |
| 3. | Ability to relate to you | Poor | Fair | Average | Good | <u>Excellent</u> |
| 4. | Ability to relate to others | Poor | Fair | Average | <u>Good</u> | Excellent |
| 5. | Interest in imparting training material and information to you | Poor | Fair | Average | <u>Good</u> | Excellent |
| 6. | Application of honesty, fairness, and objectivity in rating you | Poor | Fair | Average | Good | <u>Excellent</u> |
| 7. | Example he/she sets for you and others | Poor | Fair | Average | <u>Good</u> | Excellent |
| 8. | Overall attitude for the work he/she is doing | Poor | Fair | Average | <u>Good</u> | Excellent |

Please list the area where you feel our Field Training Officer puts forth his/her best effort.
(Use an additional page if necessary.)

Assisting in informing me of the traffic regulations

Please list the area where you feel your Field Training Officer performs the poorest.
(Use an additional page if necessary.)

None that I can point out.

Comment, if you desire, on the performance, abilities, etc. Of the supervisory personnel in the training program. (Sergeants, Captains, etc.)

How would you rate the OVERALL program and the materials, information, etc., received therefrom?

Poor

Fair

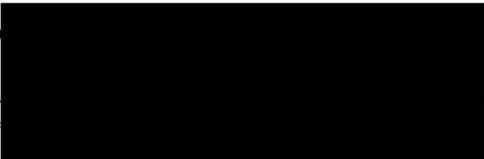
Average

Good

Excellent

Use the following space for any additional comments you may care to make.
(Use an additional page if necessary.)

Ye



Date:

5-28-10

**ASHTABULA POLICE DEPARTMENT
FIELD TRAINING AND EVALUATION PROGRAM
SELF-EVALUATION FORM**

Probationary Officer: Ptlm. [REDACTED]

Phase # 4 Date: 5/28/2010

The purpose of the Self-Evaluation Form is to provide the probationary officer with the opportunity to express both his/her strong points and weak points. It also acts as a training aide for the Field Training Officer when suggestions are offered on how the deficient areas could possibly be corrected. Therefore, the comments that you offer will serve as an important tool toward self-improvement.

Describe Weakness

Traffic Crashes I have only done 1

Describe Strong Points

Traffic regulations and OVI enforcement.

Training Suggestions

	District #2		District #3		District #4	
55+	1 Murray Ave.	69+	Crane Ave.	28+	Arlington Ave.	
1+	2 Cortland Ave.	14+	MFG Place	28+	Burlingham Ave.	
43+	3 Amelia Ave.	85+	Dunsmore Ave.	23+	Archdale Ave.	
50+	4 Jaycee Ave.	11+	1800blk W. 48th	74+	Mariska Ave.	
8-	5 Parkwood Village	67+	Rodgers Place	35+	Commercial Place	
47+	6 Progress Place	61+	Humphrey Ave.	76+	1100blk Harmon Rd	
44+	7 George Place	19+	Forrestal Place	31+	Maruba Ave.	
6+	8 Popular Ave.	62+	Hiawatha Ave.	36+	Wilbur Ave.	
56+	9 Dunbar Ave.	60+	Spencer Ave.	83+	Anthony Ave.	
49+	10 Rogers Road	18+	National Place	25+	Grant Ave.	
5-	11 Woody Ct	40+	Rockwell Place	81+	Samar Lane	
48+	12 Amsden Ct	68+	Audrey Place	75+	1200blk Scott Ave.	
52+	13 Crystal Ave.	15+	Bell Court	77+	East Lakecliff	
3+	14 800blk W. 54th	59+	Newberry Lane	32+	Richard Ave	
2+	15 Hiram Ave.	66+	Bob White Dr	86+	Woodland Ave.	
58+	16 Crosby Court	21+	Meredy Dr	30+	Deerfield Ave.	
4+	17 Park Place	84+	Stark Ave.	78+	Parkgate Ave.	
89-	18 500blk W. 46th St.	17+	McKinley Ave.	64+	Gladding Ave.	
7+	19 Marion Drive	5	Altman Ct. 20+	26+	Eleanor Dr.	
41+	20 Dwight Ave.	87+	Coleman Ct.	73+	Hill Ave.	
52+	21 Birchwood Ave.	18+	Alfred Dr.	79+	Hawthorne Ave.	
10+	22 Ogden Ave.	63+	Great Lakes Ave.	65+	Duquesne Ave.	
54+	23 Holden Dr.	84-	Christy Ct.	71+	Spruce St.	
9+	24 Phillips Dr	22+	Brianna Ct.	33+	Stewart Ave.	
90+	25 Knollwood Ave.	80+	Cardinal Dr.	38+	Lauel Ct.	
53+	26 Fox Dr	70+	Larson Lane	37+	McKelvey Ave.	
45+	27 McCreery Ave.	12+	Seymour Dr.	72+	Giannell Ave.	
46+	28 Cornell Ave.	57+	Perryville Place	29+	Treelane Dr.	
42+	29 Ross Road	39+	Superior Ave.	82+	Highland Ave.	
24+	30 Runkle Ave.	13+	200blk W. 35th St.	34+	Saybula Dr.	

Day 1 MONDAY 05-31-2010

- 1) CORTLAND AVE - SS - COLLINS, SPENCER ST BRIDGE
TOPPER, E 48, DWIGHT, E 51ST, CORTLAND
- 2) HERAM AVE - START W 33RD, STATION, 49TH, PARIS
W 48TH, MAEN AVE, BUNKER HILL RD, HERAM
- 3) 800 BLK W 54TH - START HERAM; BUNKER HILL, WEST AVE
W 58TH, MADISON, 800 BLK W 54TH
- 4) PARK PL - ^{800 BLK} W 54TH, JEFFERSON, W 52ND, CHESTNUT
W 49TH, PARK AVE, W 48TH, MAEN, PARK PL.
- 5) WOODLEY CT. - COLLINS, W 45TH, MAEN AVE, FAILED TO
LOCATE
- 6) POPULAR AVE - START MAEN AVE, W 58TH, POPULAR
- 7) MAREON DR - START WEST AVE, BUNKER HILL, MAEN AVE,
W 50TH - MAREON
- 8) PARKWOOD VILLAGE - ^{WAS NEVER SHOWN} DID NOT KNOW
- 9) PHILLIPS DR - START E 51ST, DWIGHT, E 48TH -
CALL TO WEST END APTS - START FERN AVE -
W 47TH, WEST AVE, RT 20, CENTER, PARK, 48TH
MAEN, PHILLIPS
- 10) OGDEN AVE - START BUNKER HILL, WEST AVE,
HAMLEN DR, OGDEN
- 11) 1800 BLK W 48TH - START OGDEN - W 58TH, SAMUEL, 20
KAREN, W 48TH
- 12) SEYMOUR DR - ^{START} WOODMAN & 20 - WEST AVE, SEYMOUR
- 13) 200 BLK W 35TH - ^{START} SEYMOUR T RT 20, LAKE AVE, W 35TH 200^{BLK}
- 14) MFG PL - ^{START} W 35 & LAKE, LAKE, W 30TH, GRASWOLD
W 29TH, MFG

- 15) BELL CT - GRESWOLD, WEST, W38TH, ANN AVE
W41ST, BELL CT
- 16) NATIONAL PL - START W41ST & WEST, WEST AVE, RT 20
STATION AVE - W34TH, SUPERIOR, NATIONAL
- 17) MCKINLEY AVE - START W32ND, STATION, RT 20
McKinley - START
- 18) ALFRED DR - 20 W/13; BONAFET, W38TH, WEST AVE
W37TH, ANN AVE, ALFRED
- 19) FORRESTAL PL - START ALFRED, W34TH, ANN AVE,
W32ND, STATION AVE, W33RD READJUSTED
STATION, 35TH - FORRESTAL - HESCHMANN
- 20) ALTMAN CT - START STATION AVE, W32ND, LAKE
W30TH, GRESWOLD, GLOVER, ALTMAN
- 21) MURPHY DR - START BONNEWOOD, W19TH (WADE)
MURPHY
- 22) BREANNA CT - ALREADY KNEW OF BREANNA CT. SENCE
~~ALREADY~~ HES REAL ESTATE AGENT LIVES THERE.
- 23) ARCHDALE AVE - START WADE AVE, TRYON RD, W19TH
UNION AVE, WALNUT, DEGENSK ARCHDALE
CARPENTER
- 24) RUNKLE - CALL TO RUNKLE START ARCHDALE.
W9TH, LAKE, PARK, 44TH, MAEN, W58TH
RUNKLE AVE
- 25) GRANT AVE - START GLENWOOD - W19TH, LAKE,
W14TH, GRANT

- 26) ELEANOR - START W 14TH, ONEO, W 15TH, UNION
W 13TH, NORWOOD, ELEANOR
- 27) BURLINGHAM, START NORWOOD, UNION, BURLINGHAM
- 28) ARLINGTON - START BURLINGHAM, UNION, W 9TH,
ARLINGTON
- 29) TRELVANE - START ARLINGTON - W 9TH, DUGAN^{3RD}
W 9TH, WESTSHORE, TRELVANE
- 30) DEERFIELD - START TRELVANE, WESTSHORE, 13TH
GLADDEN, 16TH, PLEASANTVIEW, DEERFIELD
- 31) MARUBA - START DEERFIELD, PLEASANTVIEW,
W 19TH, LAKE AVE, TRAFFIC STOP - WEST AVE,
NEW START - WEST AVE, LAKE AVE, BRIDGE, 16TH,
MARUBA
- 32) RECHARD AVE ✓ START MINNESOTA, 16TH, HELL
HARMON, RECHARD
- 33) STEWART - START BROAD ST, LAKE AVE, W 11TH
MICHIGAN, W 13TH, STEWART
- 34) SAYBULA - START W 13TH & LAKE AVE, LAKE, W 14TH,
WESTSHORE, SAYBULA
- 35) COMMERCIAL PL - START W 19TH, LAKE AVE, 24TH
COMMERCIAL PL
- 36) WILBUR - START HARBOR AVE, R 15TH, CAMPBELL
E 6TH MINNESOTA R 2ND, WILBUR
- 37) McKELVEY - START MINNESOTA R 2ND, R 11, R 21ST
CAMPBELL AVE, R 20TH, McKELVEY

- 38) LAUREL CT - START MCKELVEY, E224, HARBOR,
E2300 W/B, LAUREL CT
- 39) SUPERIOR AVE - START E2150, HARBOR, 24TH,
LAKA, W32ND, SUPERIOR
- 40) KORNWELL PL - STARTS SUPERIOR, W34TH, LAKA,
ROCKWELL
- 41) DUNELM AVE - FROM 55, COLLINS, 46TH, TOPPER
E48TH, DUNELM
- 42) ~~ROSS RD~~ ROSS RD - FROM TOPPER, E46, COLLINS
MORN, ROSS
- 43) AMELIA AVE - STARTS ROSS RD, MORN AVE,
BUNKER HILL RD, AMELIA
- 44) GEORGE PL - STARTS AMELIA ST / W64TH / DUNELM RD
BUNKER HILL, WEST, GEORGE
- 45) MC CREEKY - START WEST & GEORGE, W58, MC CREEKY
- 46) CORNELL AVE - STARTS MC CREEKY, W57, ADAMS,
W52ND, JEFFERSON, 47TH, CORNELL
- 47) PROGRESS PL - START CORNELL; 20, CENTER, MORN,
PROGRESS
- 48) AMSDEN - START PROGRESS, PARK, W48, COLLINS,
HAD TO 517 WITH P28, 55 - NEW START COLLINS,
48TH, TOPPER, E48, AMSDEN
- 49) ROGERS RD - START E47, R STATE, E45, ROGERS
- 50) JAYCEE AVE - START E42ND, STARR RD, E51ST, JAYCEE

- 51) BERCHWOOD - START ^{W/B} E57th, TOPPER, E49,
DWEIGHT AVE, E48, TOPPER, VALLEY VIEW,
E42, BERCHWOOD
- 52) CRYSTAL AVE - START BERCHWOOD, E44th,
VALLEY VIEW, TOPPER, E48, DWEIGHT,
E49, CRYSTAL
- 53) FOX DR - START CRYSTAL, E51st, DWEIGHT, E48
TOPPER, 46th, COLONS, MAZON
- 54) HOLDEN PR - START FOX, W58th, KNOWLEDGE, FIELDS
TO HOLDEN
- 55) MURRAY AVE - START ^{W/B} W58th, WEST AVE, BUNKER HILL
TO MURRAY
- 56) DUNBAR AVE - START MURRAY, BUNKER HILL,
WOODMAN, RT20, DUNBAR
- 57) PERRYVILLE - START DUNBAR, RT20, FORT, PERRYVILLE
- 58) CROSBY CT - START PERRYVILLE, STARK, W320,
~~CENTRAL~~ CENTRAL, PROSPECT CER, CROSSBY
- 59) NEW BARRY LN - START PROSPECT CER, RT20, ^{CER.} PROSPECT,
NEW BARRY
- 60) SPENCER AVE - START PROSPECT CER, RT20, STANTON
W40th, SPENCER
- 61) HUMPHREY AVE - START SPENCER, W38th, LAKE,
W30th - HUMPHREY
- 62) HEWATH - START HUMPHREY, - W28, LAKE, W34th,
HEWATH

- 63) GREAT LAKES AVE - START W34TH, LAKE, GREAT LAKES
- 64) GLADDING AVE - START DUKE & DUCHESS, LAKE,
W13TH, GLADDING
- 65) DUQUENNE AVE - STARTS GLADDING, W13TH, UNION,
WOLNUT TO DUQUENNE
- 66) BOB WHITE DR - START W9TH & ARCHAIC, W9TH, OHIO,
W19TH, MICHIGAN, BOB WHITE
- 67) RODGERS PL - START MICHIGAN & BOB WHITE, MICHIGAN,
W29TH, GREENWOLD, W30, LAKE, RODGERS
- 68) ANDREY PI - START RODGERS & LAKE, LAKE AVE, W32ND,
STATION AVE, ANDREY
- 69) CRANE AVE - START STATION AVE, W32ND, LAKE AVE
W30TH, CRANE
- 70) LARSON LN - START CRANE & 29TH, 29TH, HUMPHREY,
W130TH, GREENWOLD, W29TH, LARSON
- 71) SPRUCES AVE - START LARSON, W29, OHIO, W18TH,
SPRUCES
- 72) GEANNELL AVE - ^{START} W19 & LAKE, LAKE, 24TH, HARBOR,
R23 RD, LAUREL CT, R21, GEANNELL
- 73) HELL AVE - START R21ST, HARBOR, R15, COLUMBUS,
HARMON, HELL
- 74) MARISKA - START HELL, R6TH, MINNESOTA, R3, MARISKA
- 75) 1200 BLK SCOTT AVE - START R3 RD, MARISKA, ~~R21~~ HARMON,
R12TH, COLUMBUS, R12TH, SCOTT

76) 1100 BLK Harmon Rd - From Scott Ave, R13TH, Columbus
Harmon -

77) E. LAKECLIFF - START Harmon, Hill, E6TH
MINNESOTA, E. 2ND, E. LAKECLIFF

78) PARKWAY - START E2ND, MINNESOTA, E5, PARKWAY

79) Hawthorne - START PARKWAY, E6TH, Columbus,
E15TH, Harbor Ave, E21ST, Hawthorne.

80) CARDINAL DR - START E21ST, Laurel, E23RD,
Harbor, 24TH ST, Lake, W19TH, Michigan,
WELLOW ARM DR, CARDINAL

Day 2 JUNE 1, 2010 2300-0700

- 81) SOMER - START BRIDGE ST, LAKE AVE, W 19TH
ASHBROOK, SOMER
- 82) HIGHLAND - START LAKE & BRIDGE, WALKER,
DUGWANESE, HIGHLAND.
- 83) ANTHONY - START UNION & W 5TH, UNION,
W 19TH, NORMAN, DANIEL, ANTHONY
- 84) CHRISTY CT - FROM NATWAP, WEST, SEYMOUR,
REALIZED SCREW UP, READJUSTED, RT 20,
CROWL, PROSPECT CIRCLE, ANN, W 41ST
COLEMAN - VICINITY BUT DID NOT LOCATE
- 85) DUNSMORE - START W 33TH, W 50 AVE, W 47TH
DUNSMORE
- 86) WOODLAND - START HARBOR AVE, E 23RD,
COLUMBUS, HARTON, WOODLAND
- 87) COLEMAN AVE - START LAKE & 15TH, WEST AVE,
W 41ST, COLEMAN.
- 88) STARK AVE - START COLEMAN, RT 20, STARK
- 89) 500 BK W 46TH - START W 34TH & SUPERIOR, W 34,
LAKE, PARK, W 48TH - NOT TO TELL NEW
- 90) KNOLLWOOD - START FOSTER AVE & W 46TH, FOSTER
CK OUT SUS. VEHICLE PROWEX MACHINERY
NEW START W 48TH, MAIN, SUS. VEHICLE
E & J LOSS, NEW START R & J, MAIN, W 58TH
KNOLLWOOD

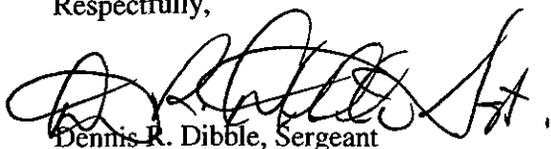
ASHTABULA POLICE DEPARTMENT

TO: SERGEANT KOSKI
FROM: SERGEANT DIBBLE
SUBJECT: PTLM. [REDACTED] RELEASE FOR DUTY
DATE: 6/2/2010
CC: FILE

Sergeant Koski,

Ptlm. [REDACTED] has successfully completed our departments FTO program for an experienced officer effective June 2, 2010. I recommend that Ptlm. [REDACTED] be released from the program and placed on a platoon to perform his duties as a police officer, for the City of Ashtabula. Please forward this to Chief Stell for review and the release of Ptlm. [REDACTED]. I will have all his paperwork and evaluations forthcoming.

Respectfully,



Dennis R. Dibble, Sergeant

CITY OF ASHTABULA
OTC PAYOUT

NAME: _____



DEPARTMENT: _____

ARD

RECEIVED

JAN 21 2014

CITY AUDITOR
CITY OF ASHTABULA

LB

CN

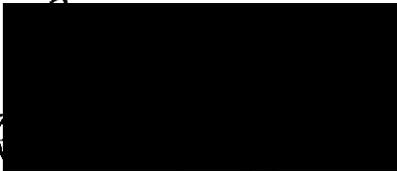
<u>40</u>	HOURS	X	\$ <u>25,279.7</u>	=	\$ <u>1011.19</u>
	HOURS	X	\$ <u>24,723.9</u>	=	\$ <u>988.96</u>
_____	HOURS	X	\$ _____	=	\$ _____
_____	HOURS	X	\$ _____	=	\$ _____
_____	HOURS	X	\$ _____	=	\$ _____
_____	HOURS	X	\$ _____	=	\$ _____
	TOTAL				\$ <u>1011.19</u>
					\$ <u>988.96</u>

POLICE DEPARTMENT
REQUEST FOR PAYMENT
OVERTIME CREDIT

DATE: 1.13.14

EMPLOYEE: PHM. 

I HERBY REQUEST PAYMENT OF 40 HOURS ACCM. OTC
(overtime credit) FROM MY ACCOUNT.





CHIEF OF POLICE



CITY OF ASHTABULA

110 W. 44TH ST
ASHTABULA, OH 44004

COMPENSATORY TIME RECORD

EMPLOYEE' S NAME: [REDACTED]

DEPARTMENT: POLICE

DATE EARNED	HOW EARNED TIME	TIME WORKED	HOURS EARNED	DATE USED	HOURS USED	BALANCE OF HOURS
	BAL AS OF 9/28/11					254.88
10/12/11	COURT	3.00	4.50			259.38
10/18/11	COURT	3.00	4.50			263.88
10/24/11	COURT	3.00	4.50			268.38
10/25/11	COURT	3.00	4.50			272.88
10/27/11	COURT	3.00	4.50			277.38
10/29/11	BRIDGE TO BRIDGE RUN	4.00	6.00			283.38
11/02/11	COURT	3.00	4.50			287.88
11/08/11	COURT	3.00	4.50			292.38
11/10/11	COURT	3.00	4.50			296.88
11/18/11	PAYROLL 90 HOURS X \$22.7134 = \$2,044.21			11/18/11	90.00	206.88
11/15/11	COURT	3.00	4.50			211.38
11/22/11	COURT	3.00	4.50			215.88
11/23/11	SWAT TRAINING	8.00	12.00			227.88
11/29/11	COURT	3.00	4.50			232.38
12/02/11	COURT	3.00	4.50			236.88
				12/05/11	8.00	228.88
12/06/11	COURT	3.00	4.50			233.38
12/07/11	SWAT TRAINING	4.00	6.00			239.38
12/09/11	COURT	3.00	4.50			243.88
12/20/11	COURT	3.00	4.50			248.38
03/03/12	PAYROLL 42 HOURS X \$22.6240 = \$950.21			03/03/12	42.00	206.38
03/13/12	PAYROLL 40 HOURS x \$22.6240 = \$904.96			03/13/12	40.00	166.38
05/31/12	PAYROLL 42 HOURS X \$23.4674 = \$985.63			05/31/12	42.00	124.38
01/15/14	PAYROLL 40 HOURS X \$24.7239 = \$888.96			01/15/14	40.00	84.38

CITY OF ASHTABULA
OTC PAYOUT

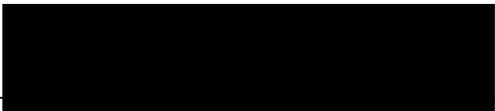
RECEIVED

2012

CITY AUDITOR
CITY OF ASHTABULA



NAME: _____



DEPARTMENT: _____

APD

<u>42</u>	HOURS	X \$	<u>23.7078</u>	= \$	<u>995.73</u>
_____	HOURS	X \$	_____	= \$	_____
_____	HOURS	X \$	_____	= \$	_____
_____	HOURS	X \$	_____	= \$	_____
_____	HOURS	X \$	_____	= \$	_____
			TOTAL	\$	<u>995.73</u>

CN

POLICE DEPARTMENT
REQUEST FOR PAYMENT
OVERTIME CREDIT

DATE: 5.31.12

EMPLOYEE: 

I HERBY REQUEST PAYMENT OF 42 HOURS ACCM. OTC
(overtime credit) FROM MY ACCOUNT.





CHIEF OF POLICE

CITY OF ASHTABULA
OTC PAYOUT

NAME: _____



RECEIVED

DEPARTMENT: APD

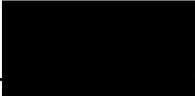
MAR 20 2012

KSD
CITY AUDITOR
CITY OF ASHTABULA

<u>40</u>	HOURS	X	\$ <u>22.6240</u>	=	\$ <u>904.96</u>
_____	HOURS	X	\$ _____	=	\$ _____
_____	HOURS	X	\$ _____	=	\$ _____
_____	HOURS	X	\$ _____	=	\$ _____
_____	HOURS	X	\$ _____	=	\$ _____
	TOTAL		\$ <u>904.96</u>		

POLICE DEPARTMENT
REQUEST FOR PAYMENT
OVERTIME CREDIT

DATE: 3.13.12

EMPLOYEE: *P/M* 

I HERBY REQUEST PAYMENT OF 40 HOURS ACCM. OTC
(overtime credit) FROM MY ACCOUNT.

SIGNATURE: 


CHIEF OF POLICE

CITY OF ASHTABULA
OTC PAYOUT

RECEIVED

MAR 06 2012

CITY AUDITOR
CITY OF ASHTABULA

NAME: _____

DEPARTMENT: APD

<u>42</u>	HOURS	X \$ <u>22.6240</u>	= \$ <u>950.21</u>
_____	HOURS	X \$ _____	= \$ _____
_____	HOURS	X \$ _____	= \$ _____
_____	HOURS	X \$ _____	= \$ _____
_____	HOURS	X \$ _____	= \$ _____
	TOTAL	\$ <u>950.21</u>	

(CN)

✓

**POLICE DEPARTMENT
REQUEST FOR PAYMENT
OVERTIME CREDIT**

DATE: 3.3.12

EMPLOYEE: Ptlm, [REDACTED]

I HERBY REQUEST PAYMENT OF 42 HOURS ACCM. OTC
(overtime credit) FROM MY ACCOUNT.

SIG

EE

[Signature]
CHIEF OF POLICE

CITY OF ASHTABULA
OTC PAYOUT

NAME: _____



DEPARTMENT: _____

APD

RECEIVED

APR 15 2011

CITY AUDITOR
CITY OF ASHTABULA

Handwritten initials

<u>90</u>	HOURS	X \$	<u>22.6240</u>	= \$	<u>2036.16</u>
_____	HOURS	X \$	_____	= \$	_____
_____	HOURS	X \$	_____	= \$	_____
_____	HOURS	X \$	_____	= \$	_____
_____	HOURS	X \$	_____	= \$	_____

(CN)

TOTAL \$ 2036.16

POLICE DEPARTMENT
REQUEST FOR PAYMENT
OVERTIME CREDIT

RECEIVED
NOV 14 2011

BY: *JL*

DATE: 11.10.11

EMPLOYEE: *PH* 

I HERBY REQUEST PAYMENT OF 90 HOURS ACCM. OTC
(overtime credit) FROM MY ACCOUNT.


S _____ EE

[Signature]

CHIEF OF POLICE



AUTHORIZATION FOR DUES DEDUCTION
FRATERNAL ORDER OF POLICE, OHIO LABOR COUNCIL, INC.

222 E. Town St., Columbus, Ohio 43215

1-800-FOP-OLCI

I, the undersigned, hereby authorize my Employer to check off and deduct from my payroll an amount equal to dues, remitting directly to the F. O. P. Ohio Labor Council, Inc.

RECEIVED

(PLEASE PRINT)

JAN 19 2010

Place of Employment

CITY OF ASHTABULA

Name of Employee:

MICHAEL A ZULLO CPA
CITY AUDITOR
CITY OF ASHTABULA

Home Address

City CONROH, Ohio

Zip Code 44030

Phone

Classification

PATROLMAN / BLUE

Department

ASHTABULA POLICE DEPT

Signature

Date

1.19.10

Mail white copy to FOP-OLC at above address
Present card to your Auditor



Fraternal Order of Police

RECEIVED

ASHTABULA LODGE NO. 26
CENTRAL POLICE STATION
P.O. Box 91
ASHTABULA, OHIO 44005-0091

JAN 19 2010

MICHAEL A. ZULLO, CLF
CITY AUDITOR
CITY OF ASHTABULA

Date 1/19/10

Auditor's Office:

This is to inform you that I grant the Fraternal Order of Police Lodge # 26 to have Union Dues removed from My paycheck as Required by Lodge #26. Lodge 26 will set the dues.

Res

Sign name

Print name

[Redacted signature and name]

2010 FOP Dues: 17.15 / Month

2010 OLC Dues: 33.22 / Month

TOTAL 50.37 / Month

Election NOT to Participate

For City of Ashtabula
Section 125 Premium Only Plan
Plan Year January 1, 2012 through December 31, 2012

RECEIVED

2012

CITY AUDITOR
CITY OF ASHTABULA

Employee Name: _____

Employee Number: _____

I understand all the benefit options available under the Premium Only Plan.

I elect NOT to participate in the Premium Only Plan and instead to receive my full compensation in cash. You will receive the full amount of your salary or other compensation without reduction for benefits available, or any reduction on applicable employment tax costs.

I understand that:

- I cannot change or revoke any of my elections or this compensation redirection agreement at any time during the Plan Year (with the exception of the HSA) unless I have a "change in status" and the election change is consistent with the "change in status", (including marriage, divorce, death of a spouse or child, birth or adoption of a child, termination or commencement of employment of a spouse, change in my or my spouse's employment status from full-time to part-time or from part-time to full-time, my spouse or I taking an unpaid leave of absence, a substantial change in my family's health coverage due to a change in my spouse's employer-sponsored health coverage, or such other events as the Plan Administrator determines will permit a change or revocation of an election).
- Prior to each Plan Year I will be offered the opportunity to change my benefit election for the following Plan Year. If I do not complete and return a new election form at that time, I will be treated as having elected to continue my election to receive full cash compensation in effect for

By _____

Date

5.31.12

Accepted and agreed to by the Employer's Authorized Representative.

By _____

Date

6-22-12

Administrator's signature



**CONSUMERS LIFE
INSURANCE COMPANY***
A MEDICAL MUTUAL OF OHIO COMPANY

17800 Royalton Road
Strongsville, Ohio 44136-5149

Employee Enrollment Form

Please Type or Print All Information

New Enrollment Change

Effective Date
4-18-11

Group Number
877950

Last Name	First Name	M.I.	Date of Birth	Social Security Number
[REDACTED]	[REDACTED]	D	4 27 183	[REDACTED]
Street Address	City	State	Zip Code	
[REDACTED]	Concord	OH	44037	
Phone ()	E-mail			
Employer	Occupation/Job Title	Class	Gender <input checked="" type="checkbox"/> male <input type="checkbox"/> female	
City of Ashtabula	Patrolman	Step 1		
Original Date of Hire	Date of Rehire (If Applicable)	Earnings <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Annual		
1-18-10	4-18-11	\$ 46307.86		

COVERAGE SELECTION: Your group insurance program may not include all the benefits listed below. Ask your employer for the details about the benefits available to you, your cost, if any, and whether you will be required to submit evidence of insurability.

BASIC COVERAGE(S)	(A)dd (D)elate	Total Amount of Coverage Applied for
Basic Life <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	A	35 000.00
Basic AD&D <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	A	35 000.00
Supplemental Life <input type="checkbox"/> YES <input type="checkbox"/> NO		
Supplemental AD&D <input type="checkbox"/> YES <input type="checkbox"/> NO		
Short-Term Disability <input type="checkbox"/> YES <input type="checkbox"/> NO		
Long-Term Disability <input type="checkbox"/> YES <input type="checkbox"/> NO		
Dependent Life <input type="checkbox"/> YES <input type="checkbox"/> NO		
Voluntary Life and AD&D Can be chosen in increments of \$10,000 to a maximum of \$50,000 <input type="checkbox"/> YES <input type="checkbox"/> NO		
Voluntary Short-Term Disability <input type="checkbox"/> YES <input type="checkbox"/> NO Can be chosen in increments of \$50; minimum of \$100 to a maximum of \$750, not to exceed 66 2/3% of employee's Basic Weekly Wage		

VOLUNTARY SHORT-TERM DISABILITY PRE-EXISTING CONDITION NOTICE

Consumers Life will not cover a disability which begins in the first 12 months after your effective date of coverage that is caused by, contributed to by, or results from a Pre-existing Condition.

A Pre-existing Condition is a sickness or injury for which you, within the 12 months prior to your effective date of coverage:

1. received medical treatment, consultation, care or services, including diagnostic measures, or
2. had taken prescribed drugs or medicines, or
3. presented symptoms to the degree an ordinarily prudent person would have sought treatment.

ELIGIBILITY QUESTIONS:

If electing Voluntary Life and AD&D, please answer questions 1-5 below:

- 1.) Have you ever been diagnosed with, treated for or prescribed medication for heart disease, coronary artery disease, stroke, diabetes, kidney disease, liver disease, or any form of cancer other than basal cell carcinoma? Yes No
- 2.) Have you ever been diagnosed with AIDS, ARC or HIV (tested positive to antibodies for the HIV virus)? Yes No
- 3.) Have you ever been diagnosed with Lou Gehrig's Disease (ALS), Downs Syndrome, Multiple Sclerosis, Spina Bifida, Parkinson's disease, Muscular Dystrophy or Cerebral Palsy? Yes No
- 4.) In the past two years, have you been denied life insurance by this or any other insurance company? Yes No
- 5.) Does your weight, based upon your height, fall outside of an acceptable range in the following chart? Yes No

Height	Acceptable Weight Range	Height	Acceptable Weight Range
4' 5" but less 4' 6"	72 lbs to 154 lbs	5' 9" but less 5' 10"	125 lbs to 249 lbs
4' 6" but less 4' 7"	75 lbs to 156 lbs	5' 10" but less 5' 11"	129 lbs to 257 lbs
4' 7" but less 4' 8"	79 lbs to 159 lbs	5' 11" but less 6' 0"	132 lbs to 265 lbs
4' 8" but less 4' 9"	82 lbs to 161 lbs	6' 0" but less 6' 1"	136 lbs to 272 lbs
4' 9" but less 5' 0"	85 lbs to 167 lbs	6' 1" but less 6' 2"	140 lbs to 280 lbs
4' 10" but less 4' 11"	88 lbs to 173 lbs	6' 2" but less 6' 3"	144 lbs to 288 lbs
4' 11" but less 5' 0"	91 lbs to 180 lbs	6' 3" but less 6' 4"	148 lbs to 296 lbs
5' 0" but less 5' 1"	95 lbs to 186 lbs	6' 4" but less 6' 5"	152 lbs to 305 lbs
5' 1" but less 5' 2"	98 lbs to 193 lbs	6' 5" but less 6' 6"	156 lbs to 313 lbs
5' 2" but less 5' 3"	101 lbs to 199 lbs	6' 6" but less 6' 7"	160 lbs to 321 lbs
5' 3" but less 5' 4"	104 lbs to 206 lbs	6' 7" but less 6' 8"	164 lbs to 330 lbs
5' 4" but less 5' 5"	108 lbs to 213 lbs	6' 8" but less 6' 9"	168 lbs to 339 lbs
5' 5" but less 5' 6"	111 lbs to 220 lbs	6' 9" but less 6' 10"	172 lbs to 347 lbs
5' 6" but less 5' 7"	114 lbs to 227 lbs	6' 10" but less 6' 11"	177 lbs to 356 lbs
5' 7" but less 5' 8"	118 lbs to 235 lbs	6' 11" but less 7' 0"	181 lbs to 365 lbs
5' 8" but less 5' 9"	121 lbs to 242 lbs	7' 0" but less 7' 1"	184 lbs to 369 lbs

If you have answered "NO" to all of the questions above, you are eligible for voluntary life and AD&D coverage, subject to the terms and conditions of the policy.

If you have answered "YES" to any of the questions above, you are not eligible for voluntary life and AD&D coverage.

BENEFICIARY DESIGNATION (For Employee Only: Must be completed if you have applied for life and/or AD&D insurance). If two or more primary beneficiaries are named, and you do not list benefit percentages, proceeds will be paid in equal shares to the named primary beneficiaries who survive you. If no primary beneficiary survives you, proceeds will be paid to the contingent beneficiary(ies). If you list benefit percentages, the total must equal 100%. (Employee is the beneficiary of proceeds from spouse or child coverage.)

LAST NAME	FIRST NAME	DATE OF BIRTH	RELATIONSHIP	BENEFIT %
[REDACTED]	[REDACTED]	5/4/78	Wife	100 %
Primary		/ /		%
Contingent		/ /		%
Contingent		/ /		%

TERMS AND CONDITIONS

I hereby apply to Consumer's Life Insurance Company (CLIC) for the coverage indicated on this Application.

I authorize: (1) payroll deduction(s) and remittance of any required contribution for coverage to CLIC, and/or any affiliates or divisions of CLIC; (2) release of information, without limitation, from any medical/medically related facility, prior health insurance carrier, the Medical Information Bureau, Inc. (MIB), government agency or person to CLIC and/or any affiliates or division of CLIC: (a) to evaluate this application; (b) to adjudicate claims submitted on behalf of me or my dependents; and/or; (c) for credentialing purposes. I authorize CLIC to provide a photocopy of this release to any physician or medical institution to obtain records for the purposes stated above. This authorization will be valid for a period of two and one-half years for the purpose of collecting information regarding this Application.

By signing below, I represent and warrant as follows: (a) I have thoroughly read and understand this Application and the questions asked herein; (b) I have answered each and every question set forth in this Application; (c) all of my answers to each of the questions are accurate, complete and true; and (d) I did not sign a blank or partially completed Application.

I understand and agree that I am solely and exclusively responsible for the truth, accuracy and completeness of all of the answers contained in this Application. I understand and agree that no agent or broker who may be assisting in the completion of this Application has any authority: (a) to waive any answer or any portion of any answer to any question on this Application or any information CLIC requests; (b) to advise me that I am not obligated to disclose any condition of which I am aware concerning my health or the health of any dependent included on the Application; (c) to make any representation concerning benefits that is inconsistent with, or different from, any written information provided by CLIC; (d) to bind CLIC in any way by making any statement, promise or representation that is not set out in writing in this Application or regarding eligibility, benefits or issuance of a policy; (e) to answer any questions in, or insert any information on, this Application on my behalf; or (f) to approve coverage. All contract terms must be in writing and signed or accepted in writing by an authorized representative of CLIC to be binding on CLIC.

I agree that: (a) any untrue or incomplete information, statement or answers on this Application (whether intentional or not), can result in denial of a claim or rescission of coverage and may subject me to legal action by CLIC; (b) to be eligible for life and/or disability income coverage, I must be actively at work as defined in the group policy. If I am not actively at work on the date my life and/or disability income coverage would become effective, my coverage will not begin until the day I return to work; (c) if coverage is issued, it will be based on full reliance on the information contained in this Application.

My dependents and I understand and agree that any information obtained will not be released by the Company to any person or organization except to reinsuring companies, the MIB, or other persons or organizations performing health care operations or business or legal services in connection with any Application, claim, or as may be otherwise lawfully required, or as we may further authorize. If a Consumer Reporting Agency is used, I (we) may request to be interviewed in connection with the preparation of the report. Once personal and health (including medical, dental, and pharmacy) information is disclosed pursuant to this authorization, it may be re-disclosed by the recipient, and the information may not be protected by federal and state privacy requirements. A copy of this authorization request is available to me or my legal representative upon written request. A photographic copy of this authorization shall be as valid as the original. This authorization shall be valid for a period of two and one-half years. I have the right to revoke this authorization at any time. To revoke this authorization, I must do so in writing and send my written revocation to CLIC's Privacy Office. The revocation will not apply to information that has already been released in response to this authorization. The revocation may adversely affect my Application, a claim or a pending insurance action. The revocation will become effective after it is received by CLIC's Privacy Office.

I understand and acknowledge that this authorization extends to all medical records, including records which may contain information regarding treatment for physical and mental illness, alcohol/drug abuse and/or HIV - AIDS test results or diagnosis. I expressly consent to the release of such information.

I am signing this Application on my own behalf and on behalf of all listed dependents. An unaltered copy of this authorization is as valid as the original. I have read all of the statements contained in this Application, and declare by signing this Application that I am an active, eligible, compensated, full-time employee and that the information I have provided is true and complete to the best of my knowledge. I understand that I should not cancel any current insurance coverage until I receive an approval letter and insurance certificate from CLIC. /

Employee Signature: _____

Date: 9/19/11

WARNING: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud. (Ohio Revised Code Section 3999.21)

Employee Enrollment Application



Your Anthem enrollment application is inside.

It is essential that you read it carefully and complete all the necessary sections.

If you are a new enrollee:

- a) applying for health, vision and/or dental benefits, please complete sections 2, 4, 5, 6, 7, 8, and 9. Your signature is required in Section 9.
- b) waiving any or all benefits, please complete sections 2, 5 and 10. Your signature is required in Section 10.

If you are adding a dependent(s),
complete section 3 in addition to the above.

It is important that you read and understand the Significant Terms, Conditions and Authorizations in Section 9.

*Thanks for choosing Anthem
Blue Cross and Blue Shield.*

Note: You may be required to supply additional information.

www.anthem.com

Anthem provides administrative claims payment services only, and does not assume any financial risk or obligation with respect to claims.

Administered by Anthem Blue Cross and Blue Shield.
In Indiana: Anthem Blue Cross and Blue Shield is the trade name of Anthem Insurance Companies, Inc.
In Kentucky: Anthem Blue Cross and Blue Shield is the trade name of Anthem Health Plans of Kentucky, Inc.
In Missouri: Anthem Blue Cross and Blue Shield is the trade name of RightCHOICE® Managed Care, Inc. (RMC), Healthy Alliance Life Insurance Company (HALIC) and HMO Missouri, Inc. use to do business in most of Missouri. RMC and certain affiliate administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc.
In Ohio: Anthem Blue Cross and Blue Shield is the trade name of Community Insurance Company.
In Wisconsin: Anthem Blue Cross and Blue Shield of Wisconsin ("BCSSWI") administers the PPO and indemnity policies. CompCare Health Services Insurance Corporation ("CompCare") administers the HMO and POS policies.
Independent licensees of the Blue Cross and Blue Shield Association.
©Registered marks Blue Cross and Blue Shield Association.

Kentucky: Any person who knowingly and with intent to defraud any insurance company, health maintenance organization, self-insured plan, or other person, files an application for insurance or other form of health care coverage containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

I give this authorization for and on behalf of any eligible dependents and myself if covered by the Plan. I am acting as their agent and representative.

Your health benefit plan will be administered by one of the following companies based upon the state in which your employer is located:

In Indiana: Anthem Blue Cross and Blue Shield is the trade name of Anthem Insurance Companies, Inc.

In Kentucky: Anthem Blue Cross and Blue Shield is the trade name of Anthem Health Plans of Kentucky, Inc.

In Missouri: Anthem Blue Cross and Blue Shield is the trade name RightCHOICE® Managed Care, Inc. (RIT), Healthy Alliance Life Insurance Company (HALIC) and HMO Missouri, Inc. use to do business in most of Missouri. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc.

In Ohio: Anthem Blue Cross and Blue Shield is the trade name of Community Insurance Company.

In Wisconsin: Blue Cross Blue Shield of Wisconsin ("BCBSWI") administers the PPO and indemnity policies; CompCare Health Services Insurance Corporation ("CompCare") administers the HMO and POS policies.

Thank you for choosing Anthem Blue Cross and Blue Shield.

9. Read the TERMS section above carefully before signing. Please review your application for errors or omissions.	
By signing this, I am indicating that I have read and understand the language in the TERMS section of this application and agree to all of its terms.	
Applicant Signature	Date / /

Please complete the waiver on the next page if you and / or any eligible dependent are not enrolling.

10. Waiver of coverage for employee and / or any eligible dependent not enrolling	
Check all that apply. Waiving: <input checked="" type="checkbox"/> Health <input type="checkbox"/> Dental <input type="checkbox"/> Vision <input type="checkbox"/> All	
Name of person waiving [Redacted]	Already protected by coverage of: <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> None
Employer name [Redacted]	Carrier: <input type="checkbox"/> Anthem (give certificate/policy #) <input type="checkbox"/> Other carrier (give name, ID #)
Check all that apply. Waiving: <input type="checkbox"/> Health <input type="checkbox"/> Dental <input type="checkbox"/> Vision <input type="checkbox"/> All	
Name of person waiving	Already protected by coverage of: <input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> None
Employer name	Carrier: <input type="checkbox"/> Anthem (give certificate/policy #) <input type="checkbox"/> Other carrier (give name, ID #)
Check all that apply. Waiving: <input type="checkbox"/> Health <input type="checkbox"/> Dental <input type="checkbox"/> Vision <input type="checkbox"/> All	
Name of person waiving	Already protected by coverage of: <input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> None
Employer name	Carrier: <input type="checkbox"/> Anthem (give certificate/policy #) <input type="checkbox"/> Other carrier (give name, ID #)
Check all that apply. Waiving: <input type="checkbox"/> Health <input type="checkbox"/> Dental <input type="checkbox"/> Vision <input type="checkbox"/> All	
Name of person waiving	Already protected by coverage of: <input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> None
Employer name	Carrier: <input type="checkbox"/> Anthem (give certificate/policy #) <input type="checkbox"/> Other carrier (give name, ID #)
Check all that apply. Waiving: <input type="checkbox"/> Health <input type="checkbox"/> Dental <input type="checkbox"/> Vision <input type="checkbox"/> All	
Name of person waiving	Already protected by coverage of: <input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> None
Employer name	Carrier: <input type="checkbox"/> Anthem (give certificate/policy #) <input type="checkbox"/> Other carrier (give name, ID #)
I certify that I have been given an opportunity to apply for the employer's health benefits plan, and after careful consideration, have decided not to take advantage of this offer. In the event I wish to apply for such benefits hereafter, I may do so, subject to established procedures. If I am declining enrollment for myself or my dependents (including my spouse) because of other health insurance coverage, I may in the future be able to enroll myself or my dependents in this plan, provided that enrollment is requested within 31 days after other coverage ends. My dependent(s) or I may be subject to pre-existing condition restrictions or waiting periods specified in the group benefit booklet, if a dependent or I are late enrollees. In addition, if I have a dependent as a result of marriage, birth, adoption or placement for adoption, I may be able to enroll myself or my dependents provided that I request enrollment within 31 days after the marriage, birth, adoption or placement of adoption.	
Applicant Signature [Redacted]	Date 9/19/11

Qualifying Event

USER:
CSheldon

City Of Ashtabula
CR

Adding Employee [REDACTED]

Employee [REDACTED] successfully added. (9659558)

Processing Qualifying Event For: [REDACTED]

Successfully processed qualifying event for [REDACTED] ([REDACTED]). Please notify the appropriate carrier(s) of this loss of coverage.

Click [here](#) to view your changes.

Contact Anthem Blue Cross and Blue Shield about this participant.

Social Security Number of employee having Qualifying Event

SEARCH

RESET

Anthem Blue Cross and Blue Shield is the trade name of: In Colorado and Nevada: Rocky Mountain Hospital and Medical Serv Inc. In Connecticut: Anthem Health Plans, Inc. In Indiana: Anthem Insurance Companies, Inc. In Kentucky: Anthem Health P of Kentucky, Inc. In Maine: Anthem Health Plans of Maine, Inc. In Missouri (excluding 30 counties in the Kansas City area) RightCHOICE Managed Care, Inc. (RIT), Healthy Alliance Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and ce affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT an certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In New Hampshir Anthem Health Plans of New Hampshire, Inc. In Ohio: Community Insurance Company. In Virginia (excluding the City of Fair the Town of Vienna and the area east of State Route 123.): Anthem Health Plans of Virginia, Inc. In Wisconsin: Blue Cross B Shield of Wisconsin ("BCBSWi"), which underwrites or administers the PPO and indemnity policies; Compcare Health Servic Insurance Corporation ("Compcare"), which underwrites or administers the HMO policies; and Compcare and BCBSWi collectiv which underwrite or administer the POS policies. Independent licensees of the Blue Cross and Blue Shield Association. ANTHEM registered trademark of Anthem Insurance Companies, Inc. The Blue Cross and Blue Shield names and symbols are register marks of the Blue Cross and Blue Shield Association.

of Kentucky, Inc. In Maine: Anthem Health Plans of Maine, Inc. In Missouri (excluding 30 counties in the Kansas City area) RightCHOICE Managed Care, Inc. (RIT), Healthy Alliance Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In New Hampshire: Anthem Health Plans of New Hampshire, Inc. In Ohio: Community Insurance Company. In Virginia (excluding the City of Fairfax, the Town of Vienna and the area east of State Route 123.): Anthem Health Plans of Virginia, Inc. In Wisconsin: Blue Cross and Blue Shield of Wisconsin ("BCBSWi"), which underwrites or administers the PPO and indemnity policies; CompCare Health Services, Inc. ("CompCare"), which underwrites or administers the HMO policies; and CompCare and BCBSWi collectively, which underwrite or administer the POS policies. Independent licensees of the Blue Cross and Blue Shield Association. ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross and Blue Shield names and symbols are registered marks of the Blue Cross and Blue Shield Association.

Welcome Carolyn Sheldon Provider Finder Help Logout

Membership / Employee/Dependent Details

Subscriber Name: ██████████ Group Number: **00123517** Group Name: **City of Ashtabula**
 Member ID: ██████████ Subgroup Number: **0000** Subgroup Name: **City of Ashtabula**
 HCID: **455M65838**

The subscriber or member(s) associated with this Member ID currently has a recently submitted transaction in process.

Subscriber Information

Address ██████████
 Conneaut, OH 44030
 Home Phone Number ██████████
 Gender **Male**
 BirthDate **04/27/1983**

Medical Coverage

Health 5 **Covered Members: Subscriber Only**

Member Name	Status	Gender	Relationship	Birth Date	Effective Date	Cancel Date
██████████	Active	Male	Subscriber	04/27/1983	06/01/2010	01/31/2011

[Prior Enrollment Information](#) | [Other Coverage Information](#)

Dental Coverage

Dental 1 **Covered Members: Subscriber Only**

Member Name	Status	Gender	Relationship	Birth Date	Effective Date	Cancel Date
██████████	Active	Male	Subscriber	04/27/1983	02/01/2010	01/31/2011

[Other Coverage Information](#)

Vision Coverage

Vision 1 **Covered Members: Subscriber Only**

Member Name	Status	Gender	Relationship	Birth Date	Effective Date	Cancel Date
██████████	Active	Male	Subscriber	04/27/1983	02/01/2010	01/31/2011

[Other Coverage Information](#)

[Provider Finder](#) [Help](#) [Contact Us](#) [Logout](#)

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Anthem Blue Cross and Blue Shield is the trade name for the following: In Connecticut: Anthem Health Plans, Inc. In Colorado: Rocky Mountain Hospital and Medical Service, Inc. In Indiana: Anthem Insurance Companies, Inc. In Kentucky: Anthem Health Plans of Kentucky.

In Maine: Anthem Health Plans of Maine, Inc. In Missouri: RightCHOICE Managed Care, Inc. (RIT), Healthy Alliance Life Insurance Company (HALIC) and HMO Missouri, Inc. In Nevada: Rocky Mountain Hospital and Medical Service, Inc. In New Hampshire: Anthem Health Plans of New Hampshire, Inc. In Ohio: Community Insurance Company. In Virginia: Anthem Health Plans of Virginia, Inc. In Wisconsin: Blue Cross Blue Shield of Wisconsin (BCBSWi) and CompCare Health Services Insurance Corporation (CompCare). Independent licensees of the Blue Cross and Blue Shield Association. Serving residents and businesses in Indiana, Kentucky, Missouri, Ohio, Wisconsin, Colorado, Nevada, Connecticut, Maine, New Hampshire and Virginia (excluding the city of Fairfax, the town of Vienna and the area east of State Route 123). Use of the Anthem Web sites constitutes your agreement with our [Terms of Use](#)



CONSUMERS LIFE INSURANCE COMPANY®

A MEDICAL MUTUAL OF OHIO® Company | *health plans for life*

24650 Center Ridge Road, Suite 110 • Westlake, Ohio 44145

Beneficiary Designation Form

Telephone: 866-925-2542

Fax: 440-617-1236

Email Address: Claims@ConsumersLife.com

Initial

Change

Group Number

877950

Insured's Name [REDACTED]	Social Security No. [REDACTED]	Date of Birth 4 127 183	Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
Group Name City of Ashtabula		Marital Status (check one) <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Single <input type="checkbox"/> Divorced	
COVERAGE TYPE – The Beneficiary designation will apply to all death benefits for the above named Insured, unless they designate otherwise by checking a specific coverage:			
<input checked="" type="checkbox"/> Basic Term Life <input checked="" type="checkbox"/> Basic AD&D <input type="checkbox"/> Supp Life <input type="checkbox"/> Supp AD&D <input type="checkbox"/> Voluntary Life <input type="checkbox"/> Voluntary AD&D <input type="checkbox"/> All			

Definitions:

Primary Beneficiary: The primary beneficiary is the person(s) you name to receive death benefits. You may name more than one beneficiary. *If you specify benefit percentages, the total must equal 100%.* If you do not specify benefit percentages, proceeds will be paid in equal shares to the primary beneficiaries who survive you.

Contingent Beneficiary: The contingent beneficiary is the person(s) you name to receive death benefits if no primary beneficiary survives you. *If you specify benefit percentages, the total must equal 100%.*

PRIMARY BENEFICIARY(IES):

In accordance with the provisions of the Policy and/or Certificate, I hereby request the benefits payable for loss of life to be issued as follows:

First Name	Last Name	Date of Birth	Social Security No.	Relationship	Benefit %
[REDACTED]	[REDACTED]	5 14 179	[REDACTED]	Wife	100
		/ /			
		/ /			
		/ /			

CONTINGENT BENEFICIARY(IES):

First Name	Last Name	Date of Birth	Social Security No.	Relationship	Benefit %
		/ /			
		/ /			
		/ /			
		/ /			

I hereby request the benefits payable for loss of life to be issued as follows: [REDACTED] and I reserve the right to make further changes at any time, subject to Policy provisions.

X [REDACTED] of Insured

12.3.10

Date Signed

Important Note for Married Employees: If you reside in AZ, CA, ID, LA, NV, NM, TX, WA or WI, and you name someone other than your spouse as primary beneficiary, your spouse's consent will be necessary to allow your spouse to waive his or her rights to any community property interest in the benefits. We have provided a space below for your spouse's signature. Payment of this benefit may be delayed or disputed unless your spouse signs below.

Spousal Consent for Community Property States Only: I hereby consent to the Primary Beneficiary designated by my spouse and understand that this consent supersedes any prior spousal consent under this plan.

Signature of Spouse

Date Signed

Employee Enrollment Application



Your Anthem enrollment application is inside.

It is essential that you read it carefully and complete all the necessary sections.

If you are a new enrollee:

- a) applying for health, vision and/or dental benefits, please complete sections 2, 4, 5, 6, 7, 8, and 9. Your signature is required in Section 9.
- b) waiving any or all benefits, please complete sections 2, 5 and 10. Your signature is required in Section 10.

If you are adding a dependent(s),
complete section 3 in addition to the above.

It is important that you read and understand the Significant Terms, Conditions and Authorizations in Section 9.

*Thanks for choosing Anthem
Blue Cross and Blue Shield.*

Note: You may be required to supply additional information.

www.anthem.com

Anthem provides administrative claims payment services only, and does not assume any financial risk or obligation with respect to claims.

Administered by Anthem Blue Cross and Blue Shield.
In Indiana: Anthem Blue Cross and Blue Shield is the trade name of Anthem Insurance Companies, Inc.
In Kentucky: Anthem Blue Cross and Blue Shield is the trade name of Anthem Health Plans of Kentucky, Inc.
In Missouri: Anthem Blue Cross and Blue Shield is the trade name of RightCHOICE® Managed Care, Inc. (RIT), Healthy Alliance Life Insurance Company (HALIC) and HMO Missouri, Inc. use to do business in most of Missouri. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc.
In Ohio: Anthem Blue Cross and Blue Shield is the trade name of Community Insurance Company.
In Wisconsin: Blue Cross Blue Shield of Wisconsin ("BCBSWI") administers the PPO and indemnity policies.
Compass Health Services Insurance Corporation ("Compass") administers the HMO and POS policies.
Independent licensees of the Blue Cross and Blue Shield Association.
®Registered marks: Blue Cross and Blue Shield Association.

Kentucky: Any person who knowingly and with intent to defraud any insurance company, health maintenance organization, self-insured plan, or other person, files an application for insurance or other form of health care coverage containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

I give this authorization for and on behalf of any eligible dependents and myself if covered by the Plan. I am acting as their agent and representative.

Your health benefit plan will be administered by one of the following companies based upon the state in which your employer is located:

In Indiana: Anthem Blue Cross and Blue Shield is the trade name of Anthem Insurance Companies, Inc.

In Kentucky: Anthem Blue Cross and Blue Shield is the trade name of Anthem Health Plans of Kentucky, Inc.

In Missouri: Anthem Blue Cross and Blue Shield is the trade name RightCHOICE® Managed Care, Inc. (RIT), Healthy Alliance Life Insurance Company (HALIC) and HMO Missouri, Inc. use to do business in most of Missouri. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc.

In Ohio: Anthem Blue Cross and Blue Shield is the trade name of Community Insurance Company.

In Wisconsin: Blue Cross Blue Shield of Wisconsin ("BCBSWI") administers the PPO and indemnity policies; CompCare Health Services Insurance Corporation ("CompCare") administers the HMO and POS policies.

Thank you for choosing Anthem Blue Cross and Blue Shield.

9. Read the TERMS section above carefully before signing. Please review your application for errors or omissions.	
By signing this, I am indicating that I have read and understand the language in the TERMS section of this application and agree to all of its terms.	
Applicant Signature	Date / /

Please complete the waiver on the next page if you and / or any eligible dependent are not enrolling.

10. Waiver of coverage for employee and / or any eligible dependent not enrolling	
Check all that apply. Waiving: <input checked="" type="checkbox"/> Health <input checked="" type="checkbox"/> Dental <input checked="" type="checkbox"/> Vision <input type="checkbox"/> All	
Name of person waiving [Redacted]	Already protected by coverage of: <input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> None
Employer name <i>Drug Enforcement Administration</i>	Carrier: <input type="checkbox"/> Anthem (give certificate/policy #) <input type="checkbox"/> Other carrier (give name, ID #)
Check all that apply. Waiving: <input type="checkbox"/> Health <input type="checkbox"/> Dental <input type="checkbox"/> Vision <input type="checkbox"/> All	
Name of person waiving	Already protected by coverage of: <input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> None
Employer name	Carrier: <input type="checkbox"/> Anthem (give certificate/policy #) <input type="checkbox"/> Other carrier (give name, ID #)
Check all that apply. Waiving: <input type="checkbox"/> Health <input type="checkbox"/> Dental <input type="checkbox"/> Vision <input type="checkbox"/> All	
Name of person waiving	Already protected by coverage of: <input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> None
Employer name	Carrier: <input type="checkbox"/> Anthem (give certificate/policy #) <input type="checkbox"/> Other carrier (give name, ID #)
Check all that apply. Waiving: <input type="checkbox"/> Health <input type="checkbox"/> Dental <input type="checkbox"/> Vision <input type="checkbox"/> All	
Name of person waiving	Already protected by coverage of: <input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> None
Employer name	Carrier: <input type="checkbox"/> Anthem (give certificate/policy #) <input type="checkbox"/> Other carrier (give name, ID #)
I certify that I have been given an opportunity to apply for the employer's health benefits plan, and after careful consideration, have decided not to take advantage of this offer. In the event I wish to apply for such benefits hereafter, I may do so, subject to established procedures. If I am declining enrollment for myself or my dependents (including my spouse) because of other health insurance coverage, I may in the future be able to enroll myself or my dependents in this plan, provided that enrollment is requested within 31 days after other coverage ends. My dependent(s) or I may be subject to pre-existing condition restrictions or waiting periods specified in the group benefit booklet, if a dependent or I are late enrollees. In addition, if I have a dependent as a result of marriage, birth, adoption or placement for adoption, I may be able to enroll myself and my dependents provided that I request enrollment within 31 days after the marriage, birth, adoption or placement of	
Applicant Signature [Redacted]	Date 12/3/10

Michael A. Zullo, CPA Ashtabula City Auditor

FAX

Date: 1-26-10

Number of pages including cover sheet: 1

To:

Sarah Thies
Membership Svcs

Phone:

Fax phone:

E MAIL: Sarah.Thies@mmoh.com

From:

Carolyn Sheldon

Payroll & Human Resources Specialist

Phone: (440)992-7141

Fax phone: (440)992-9306

E MAIL: carolyns@cityofashtabula.com

REMARKS:

- Urgent
- For your review
- Reply ASAP
- Please comment

GROUP 877950

To verify social security number for [REDACTED]



**CONSUMERS LIFE
INSURANCE COMPANY***
A MEDICAL MUTUAL OF OHIO COMPANY

17800 Royalton Road
Strongsville, Ohio 44136-5149

Employee Enrollment Form

Please Type or Print All Information

New Enrollment Change

Effective Date
01-19-2010

Group Number
877950

Last Name	First Name	M.I.	Date of Birth	Social Security Number
[REDACTED]	[REDACTED]	D	4 127 183	[REDACTED]
Street Address		City	State	Zip Code
[REDACTED]		Conneaut	Ohio	44030
Phone ()		E-mail		
[REDACTED]		[REDACTED]		
Employer	Occupation/Job Title	Class	Gender <input checked="" type="checkbox"/> male <input type="checkbox"/> female	
Ashdabula City	Police Officer			
Original Date of Hire	Date of Rehire (If Applicable)	Earnings	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Annual	
1/19/10		\$ 44,101.38		

COVERAGE SELECTION: Your group insurance program may not include all the benefits listed below. Ask your employer for the details about the benefits available to you, your cost, if any, and whether you will be required to submit evidence of insurability.

BASIC COVERAGE(S)	(A)dd (D)elate	Total Amount of Coverage Applied for
Basic Life <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	A	35 000.00
Basic AD&D <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	A	35 000.00
Supplemental Life <input type="checkbox"/> YES <input type="checkbox"/> NO		
Supplemental AD&D <input type="checkbox"/> YES <input type="checkbox"/> NO		
Short-Term Disability <input type="checkbox"/> YES <input type="checkbox"/> NO		
Long-Term Disability <input type="checkbox"/> YES <input type="checkbox"/> NO		
Dependent Life <input type="checkbox"/> YES <input type="checkbox"/> NO		
Voluntary Life and AD&D Can be chosen in increments of \$10,000 to a maximum of \$50,000	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Voluntary Short-Term Disability Can be chosen in increments of \$50; minimum of \$100 to a maximum of \$750, not to exceed 66 2/3% of employee's Basic Weekly Wage	<input type="checkbox"/> YES <input type="checkbox"/> NO	

VOLUNTARY SHORT-TERM DISABILITY PRE-EXISTING CONDITION NOTICE

Consumers Life will not cover a disability which begins in the first 12 months after your effective date of coverage that is caused by, contributed to by, or results from a Pre-existing Condition.

A Pre-existing Condition is a sickness or injury for which you, within the 12 months prior to your effective date of coverage:

1. received medical treatment, consultation, care or services, including diagnostic measures, or
2. had taken prescribed drugs or medicines, or
3. presented symptoms to the degree an ordinarily prudent person would have sought treatment.

ELIGIBILITY QUESTIONS:

If electing Voluntary Life and AD&D, please answer questions 1-5 below:

- 1.) Have you ever been diagnosed with, treated for or prescribed medication for heart disease, coronary artery disease, stroke, diabetes, kidney disease, liver disease, or any form of cancer other than basal cell carcinoma? Yes No
- 2.) Have you ever been diagnosed with AIDS, ARC or HIV (tested positive to antibodies for the HIV virus)? Yes No
- 3.) Have you ever been diagnosed with Lou Gehrig's Disease (ALS), Downs Syndrome, Multiple Sclerosis, Spina Bifida, Parkinson's disease, Muscular Dystrophy or Cerebral Palsy? Yes No
- 4.) In the past two years, have you been denied life insurance by this or any other insurance company? Yes No
- 5.) Does your weight, based upon your height, fall outside of an acceptable range in the following chart? Yes No

Height	Acceptable Weight Range	Height	Acceptable Weight Range
4' 5" but less 4' 6"	72 lbs to 154 lbs	5' 9" but less 5' 10"	125 lbs to 249 lbs
4' 6" but less 4' 7"	75 lbs to 156 lbs	5' 10" but less 5' 11"	129 lbs to 257 lbs
4' 7" but less 4' 8"	79 lbs to 159 lbs	5' 11" but less 6' 0"	132 lbs to 265 lbs
4' 8" but less 4' 9"	82 lbs to 161 lbs	6' 0" but less 6' 1"	136 lbs to 272 lbs
4' 9" but less 5' 0"	85 lbs to 167 lbs	6' 1" but less 6' 2"	140 lbs to 280 lbs
4' 10" but less 4' 11"	88 lbs to 173 lbs	6' 2" but less 6' 3"	144 lbs to 288 lbs
4' 11" but less 5' 0"	91 lbs to 180 lbs	6' 3" but less 6' 4"	148 lbs to 296 lbs
5' 0" but less 5' 1"	95 lbs to 186 lbs	6' 4" but less 6' 5"	152 lbs to 305 lbs
5' 1" but less 5' 2"	98 lbs to 193 lbs	6' 5" but less 6' 6"	156 lbs to 313 lbs
5' 2" but less 5' 3"	101 lbs to 199 lbs	6' 6" but less 6' 7"	160 lbs to 321 lbs
5' 3" but less 5' 4"	104 lbs to 206 lbs	6' 7" but less 6' 8"	164 lbs to 330 lbs
5' 4" but less 5' 5"	108 lbs to 213 lbs	6' 8" but less 6' 9"	168 lbs to 339 lbs
5' 5" but less 5' 6"	111 lbs to 220 lbs	6' 9" but less 6' 10"	172 lbs to 347 lbs
5' 6" but less 5' 7"	114 lbs to 227 lbs	6' 10" but less 6' 11"	177 lbs to 356 lbs
5' 7" but less 5' 8"	118 lbs to 235 lbs	6' 11" but less 7' 0"	181 lbs to 365 lbs
5' 8" but less 5' 9"	121 lbs to 242 lbs	7' 0" but less 7' 1"	184 lbs to 369 lbs

If you have answered "NO" to all of the questions above, you are eligible for voluntary life and AD&D coverage, subject to the terms and conditions of the policy.

If you have answered "YES" to any of the questions above, you are not eligible for voluntary life and AD&D coverage.

BENEFICIARY DESIGNATION (For Employee Only: Must be completed if you have applied for life and/or AD&D insurance). If two or more primary beneficiaries are named, and you do not list benefit percentages, proceeds will be paid in equal shares to the named primary beneficiaries who survive you. If no primary beneficiary survives you, proceeds will be paid to the contingent beneficiary(ies). If you list benefit percentages, the total must equal 100%. (Employee is the beneficiary of proceeds from spouse or child coverage.)

LAST NAME	FIRST NAME	DATE OF BIRTH	RELATIONSHIP	BENEFIT %
		2 / 19 / 59	Mother	100 %
Primary		/ /		%
Contingent		/ /		%
Contingent		/ /		%

TERMS AND CONDITIONS

I hereby apply to Consumer's Life Insurance Company (CLIC) for the coverage indicated on this Application.

I authorize: (1) payroll deduction(s) and remittance of any required contribution for coverage to CLIC, and/or any affiliates or divisions of CLIC; (2) release of information, without limitation, from any medical/medically related facility, prior health insurance carrier, the Medical Information Bureau, Inc. (MIB), government agency or person to CLIC and/or any affiliates or division of CLIC: (a) to evaluate this application; (b) to adjudicate claims submitted on behalf of me or my dependents; and/or; (c) for credentialing purposes. I authorize CLIC to provide a photocopy of this release to any physician or medical institution to obtain records for the purposes stated above. This authorization will be valid for a period of two and one-half years for the purpose of collecting information regarding this Application.

By signing below, I represent and warrant as follows: (a) I have thoroughly read and understand this Application and the questions asked herein; (b) I have answered each and every question set forth in this Application; (c) all of my answers to each of the questions are accurate, complete and true; and (d) I did not sign a blank or partially completed Application.

I understand and agree that I am solely and exclusively responsible for the truth, accuracy and completeness of all of the answers contained in this Application. I understand and agree that no agent or broker who may be assisting in the completion of this Application has any authority: (a) to waive any answer or any portion of any answer to any question on this Application or any information CLIC requests; (b) to advise me that I am not obligated to disclose any condition of which I am aware concerning my health or the health of any dependent included on the Application; (c) to make any representation concerning benefits that is inconsistent with, or different from, any written information provided by CLIC; (d) to bind CLIC in any way by making any statement, promise or representation that is not set out in writing in this Application or regarding eligibility, benefits or issuance of a policy; (e) to answer any questions in, or insert any information on, this Application on my behalf; or (f) to approve coverage. All contract terms must be in writing and signed or accepted in writing by an authorized representative of CLIC to be binding on CLIC.

I agree that: (a) any untrue or incomplete information, statement or answers on this Application (whether intentional or not), can result in denial of a claim or rescission of coverage and may subject me to legal action by CLIC; (b) to be eligible for life and/or disability income coverage, I must be actively at work as defined in the group policy. If I am not actively at work on the date my life and/or disability income coverage would become effective, my coverage will not begin until the day I return to work; (c) if coverage is issued, it will be based on full reliance on the information contained in this Application.

My dependents and I understand and agree that any information obtained will not be released by the Company to any person or organization except to reinsuring companies, the MIB, or other persons or organizations performing health care operations or business or legal services in connection with any Application, claim, or as may be otherwise lawfully required, or as we may further authorize. If a Consumer Reporting Agency is used, I (we) may request to be interviewed in connection with the preparation of the report. Once personal and health (including medical, dental, and pharmacy) information is disclosed pursuant to this authorization, it may be re-disclosed by the recipient, and the information may not be protected by federal and state privacy requirements. A copy of this authorization request is available to me or my legal representative upon written request. A photographic copy of this authorization shall be as valid as the original. This authorization shall be valid for a period of two and one-half years. I have the right to revoke this authorization at any time. To revoke this authorization, I must do so in writing and send my written revocation to CLIC's Privacy Office. The revocation will not apply to information that has already been released in response to this authorization. The revocation may adversely affect my Application, a claim or a pending insurance action. The revocation will become effective after it is received by CLIC's Privacy Office.

I understand and acknowledge that this authorization extends to all medical records, including records which may contain information regarding treatment for physical and mental illness, alcohol/drug abuse and/or HIV - AIDS test results or diagnosis. I expressly consent to the release of such information.

I am signing this Application on my own behalf and on behalf of all listed dependents. An unaltered copy of this authorization is as valid as the original. I have read all of the statements contained in this Application, and declare by signing this Application that I am an active, eligible, compensated, full-time employee and that the information I have provided is true and complete to the best of my knowledge. I understand that I should not cancel any current insurance coverage until I receive an approval letter and insurance certificate from CLIC.

Employee Signature: _____

Date: 1/19/10

WARNING: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud. (Ohio Revised Code Section 3999.21)

Michael A. Zullo, CPA Ashtabula City Auditor

FAX

Date: 1-20-10
Number of pages including cover sheet: 4

To:

Membership
Consumers Life Ins

Phone:

Fax phone:

E MAIL: memapps@mmoh.com

From:

Carolyn Sheldon

Payroll & Human Resources
Specialist

Phone: (440)992-7141

Fax phone: (440)992-9306

E MAIL: carolyns@cityofashtabula.com

REMARKS: Urgent For your review Reply ASAP Please comment

Please ADD NEW HIRE
EFFECTIVE 1-19-10.



Employee Enrollment Application



***Your Anthem enrollment application is inside.
It is essential that you read it carefully and
complete all the necessary sections.***

If you are a new enrollee:

- a) applying for health, vision and/or dental benefits, please complete sections 2, 4, 5, 6, 7, 8, and 9. Your signature is required in Section 9.
- b) waiving any or all benefits, please complete sections 2, 5 and 10. Your signature is required in Section 10.

**If you are adding a dependent(s),
complete section 3 in addition to the above.**

**It is important that you read and understand
the Significant Terms, Conditions and
Authorizations in Section 9.**

***Thanks for choosing Anthem
Blue Cross and Blue Shield.***

www.anthem.com

***Note: You may be required to supply
additional information.***

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Independent licensees of the Blue Cross and Blue Shield Association.
©Registered mark Blue Cross and Blue Shield Association

Kentucky: Any person who knowingly and with intent to defraud any insurance company, health maintenance organization, self-insured plan, or other person, files an application for insurance or other form of health care coverage containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

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Thank you for choosing Anthem Blue Cross and Blue Shield.

9. Read the TERMS section above carefully before signing. Please review your application for errors or omissions.

By signing this, I am indicating that I have read and understand the language in the TERMS section of this application and agree to all of its terms.

Applicant Signature	Date
[Redacted]	1/19/10

Please complete the waiver on the next page if you and / or any eligible dependent are not enrolling.

10. Waiver of coverage for employee and / or any eligible dependent not enrolling

Check all that apply. Waiving: Health Dental Vision All

Name of person waiving	Already protected by coverage of:
	<input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> None

Employer name	Carrier: <input type="checkbox"/> Anthem (give certificate/policy #) <input type="checkbox"/> Other carrier (give name, ID #)
---------------	---

Check all that apply. Waiving: Health Dental Vision All

Name of person waiving	Already protected by coverage of:
	<input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> None

Employer name	Carrier: <input type="checkbox"/> Anthem (give certificate/policy #) <input type="checkbox"/> Other carrier (give name, ID #)
---------------	---

Check all that apply. Waiving: Health Dental Vision All

Name of person waiving	Already protected by coverage of:
	<input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> None

Employer name	Carrier: <input type="checkbox"/> Anthem (give certificate/policy #) <input type="checkbox"/> Other carrier (give name, ID #)
---------------	---

Check all that apply. Waiving: Health Dental Vision All

Name of person waiving	Already protected by coverage of:
	<input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> None

Employer name	Carrier: <input type="checkbox"/> Anthem (give certificate/policy #) <input type="checkbox"/> Other carrier (give name, ID #)
---------------	---

Check all that apply. Waiving: Health Dental Vision All

Name of person waiving	Already protected by coverage of:
	<input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> None

Employer name	Carrier: <input type="checkbox"/> Anthem (give certificate/policy #) <input type="checkbox"/> Other carrier (give name, ID #)
---------------	---

I certify that I have been given an opportunity to apply for the employer's health benefits plan, and after careful consideration, have decided not to take advantage of this offer. In the event I wish to apply for such benefits hereafter, I may do so, subject to established procedures. If I am declining enrollment for myself or my dependents (including my spouse) because of other health insurance coverage, I may in the future be able to enroll myself or my dependents in this plan, provided that enrollment is requested within 31 days after other coverage ends. My dependent(s) or I may be subject to pre-existing condition restrictions or waiting periods specified in the group benefit booklet, if a dependent or I are late enrollees. In addition, if I have a dependent as a result of marriage, birth, adoption or placement for adoption, I may be able to enroll myself and my dependents provided that I request enrollment within 31 days after the marriage, birth, adoption or placement of adoption.

Applicant Signature	Date
	/ /

Welcome Carolyn Sheldon Provider Finder Help Logout

Membership / Employee/Dependent Details

Subscriber Name: [Redacted] Group Number: 00123517 Group Name: City of Ashtabula
 Member ID: [Redacted] Subgroup Number: 0000 Subgroup Name: City of Ashtabula
 HCID: 283803205

The subscriber or member(s) associated with this Member ID currently has a recently submitted transaction in process.

Subscriber Information

Address: [Redacted] **Conneaut, OH 44030**
 Home Phone Number: [Redacted]
 Gender: **Male**
 BirthDate: **04/27/1983**

Medical Coverage

Health 5 **Covered Members: Subscriber Only**

Member Name	Status	Gender	Relationship	Birth Date	Effective Date	Cancel Date
[Redacted]	Future Active	Male	Subscriber	04/27/1983	02/01/2010	

Dental Coverage

Dental 1 **Covered Members: Subscriber Only**

Member Name	Status	Gender	Relationship	Birth Date	Effective Date	Cancel Date
[Redacted]	Future Active	Male	Subscriber	04/27/1983	02/01/2010	

Vision Coverage

Vision 1 **Covered Members: Subscriber Only**

Member Name	Status	Gender	Relationship	Birth Date	Effective Date	Cancel Date
[Redacted]	Future Active	Male	Subscriber	04/27/1983	02/01/2010	

Provider Finder Help Contact Us Logout

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In Maine: Anthem Health Plans of Maine, Inc. In Missouri: RightCHOICE Managed Care, Inc. (RIT), Healthy Alliance Life Insurance Company (HALIC) and HMO Missouri, Inc. In Nevada: Rocky Mountain Hospital and Medical Service, Inc. In New Hampshire: Anthem Health Plans of New Hampshire, Inc. In Ohio: Community Insurance Company. In Virginia: Anthem Health Plans of Virginia, Inc. In Wisconsin: Blue Cross Blue Shield of Wisconsin (BCBSWI) and CompCare Health Services Insurance Corporation (CompCare). Independent licensees of the Blue Cross and Blue Shield Association. Serving residents and businesses in Indiana, Kentucky, Missouri, Ohio, Wisconsin, Colorado, Nevada, Connecticut, Maine, New Hampshire and Virginia (excluding the city of Fairfax, the town of Vienna and the area east of State Route 123). Use of the Anthem Web sites constitutes your agreement with our [Terms of Use](#)

0406186511

epass DRUG TESTING CUSTODY AND CONTROL FORM

1-800-955-2550



Alere

1111 Newlon St., Gretna, LA 70053
450 Southlake Blvd., Richmond, VA 23236
Phone: 800.433.3823 | Fax: 504.361.8298



Specimen ID E9400234

STEP 1: TO BE COMPLETED by Employer/Client Representative

Date Sent: (Mo./Day/Yr.)

Time Sent: : : AM PM

A. Employer/Client Name, Address, Phone, & Fax:

CITY OF ASHTABULA
4707 MAIN AVE
ASHTABULA OH 44007
419-952-7100 419-952-0000

APD

PHONE: 419-952-7100
FOR ACCOUNT-

B. MRO Name, Address, Phone, & Fax:

DR. TRINETTA A. MASTERNICK, D.
3760 PATRIOT BLVD
ALEXANDRIA OH 44515
330-270-2520 330-953-3690

C. Name/ID:

[Redacted Name/ID]

Sub Acct: (optional)

PRINT ALL IN CAPS for Donor Name (Last Name, First Name MI), leave space between names/ID/Auxiliary Data.

D. Donor SSN or Other ID No.:

[Redacted SSN/ID]

E. Daytime Phone No.:

[Redacted Phone]

F. Evening Phone No.:

[Redacted Phone]

G. Reason for Test: Pre-Employment Post Accident Reasonable Suspicion Promotion Periodic Random Other

H. Panel: Select a test panel from the list below. If you do not indicate a panel, the dominant panel on file for the client facility listed above will be used.

1: 4279 FOR EXOP. INITIAL/BAF
2:
3:
4:
5:
Other: (write in panel number)

Important Information
At the office, always MUST present photo ID (driver's license, passport, military ID).
Failure to comply with testing requirements may result in disciplinary action.
Please review your company policy for additional requirements or restrictions.

STEP 2: TO BE COMPLETED by Donor

Donor Certification and Consent: I certify that I provided my specimen to the collector; that I have not adulterated it in any manner; that the container used was sealed with tamper-evident tape in my presence; and that the information provided on this form corresponding with the label affixed to the specimen container is correct. I hereby authorize the collector and testing service or laboratory (specifically including, but not limited to eScreen, Inc. and Alere Diagnostics) to release the results of the test to the Employer/Client or their Designee.

X [Redacted Signature]

Date (Mo/Dy/Yr) 7-13-22

STEP 3: TO BE COMPLETED by Collector and Donor - Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s).

STEP 4: TO BE COMPLETED by Collector - Within 4 minutes, read temperature of specimen.

Within range? Yes 90°-100°F / 32°-38°C No Below 90°F / 32°C Above 100°F / 38°C

Refusal to Test (forward CCF to lab)

Specimen Type:

Negative Send to Lab

Remarks:

Collection Site Name & Address:

Collector Phone No.:

TO BE COMPLETED BY COLLECTOR () -

Collection Site ID 60181

09/13/22
Date Collected (Mo./Day/Yr.)

Time Collected: 02:13 AM PM

Collector Certification: I certify that the specimen identified on this form was given to me by the donor named at the top of this form and that it was collected, sealed, and prepared for transport to the laboratory.

X [Redacted Signature]

Signature of Collector

Collector Name:

SUNAMI VANGAS

STEP 5: TO BE COMPLETED by Lab

RECEIVED AT LAB:

X Signature of Accessioner PRINT Accessioner Name (First MI Last)

Date (Mo/Dy/Yr) Primary Specimen Seal Intact? Specimen(s) Released to: TEMPORARY STORAGE

Remarks:

LAB NUMBER

Alcohol Testing Form (Non-DOT)
(The instructions for completing this form are on the back of Copy 3)

Lifeloc Technologies

Step 1: TO BE COMPLETED BY ALCOHOL TECHNICIAN

A: Employee Name [Redacted]
(Print) (First, M.I., Last)

B: SSN or Employee ID No. [Redacted]

C: Employer Name _____
Street _____
City, State, Zip 190 West 44th Street
Ashland, OH 44004

DER Name and Telephone No. Parko Maki 440, 992 7183
DER Name DER Phone Number

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

Phoenix 6.0	v8.9.9
Serial No.	18500017
Units	BAC
Test Number	00696
Test Type (ez)	Auto Test
Result:	.000
Date:	04/12/2022
Time:	23:23
Air Blank	.000
Time:	23:23

STEP 2: TO BE COMPLETED BY EMPLOYEE

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

[Redacted Signature] 4/13/22
Signature of Employee Date Month Day Year

Subject _____

Print Confirmation Results Here or Affix with Tamper Evident Tape

STEP 3: TO BE COMPLETED BY ALCOHOL TECHNICIAN

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

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

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

696 Life Loc 18500017 23:23 23:23 [X]
Test # Testing Device Name Device Serial # OR Lot # & Exp Date Activation Time Reading Time Result

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

REMARKS: _____

Print Additional Results Here or Affix With Tamper Evident Tape

ACMC 2420 Lane Ave
Alcohol Technician's Company Company Street Address

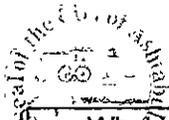
Scott Vargas Ashland, OH 44004 440, 997, 2262
(PRINT) Alcohol Technician's Name (First, M.I., Last) Company City, State, Zip Phone Number

[Redacted Signature] 4/13/22
Signature of Alcohol Technician Date Month Day Year

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

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

[Redacted Signature] 4/13/22
Signature of Employee Date Month Day Year



DFSP DEPARTMENT HEAD POST - ACCIDENT REPORT

• What is an accident?
 • Any unplanned event that occurs during working hours while conducting our business which results in any of the following: a fatality, injury, illness, or property or vehicular damage in excess of \$1000.00.

Date 8-19-21 Department Police

Name or Reporting Department Head Chief Robert A. Stell

Date of Incident 8-12-21 Time of Incident 0213 AM PM

Date and time the incident was reported to you 8-12-21 0230 AM PM

Employee involved (or who contributed to the accident) Lt. [REDACTED]

Place of Incident 110 W. 44th St. Ashtabula, OH 44004

Description of property or vehicle involved in the incident _____

Describe the incident Employee (Police Officer) injured thumb (left) while dealing with a combative person who was under arrest. The employee is unsure if he was bitten by the individual or if he cut his thumb on his handcuffs.

1. Was a fatality involved? Yes No
2. Was our driver issued a citation? Yes No
3. Was there property or vehicular damage (estimated \$1000.00 or more)? Yes No
4. Was there a violation of a work or safety rule? Yes No
5. Do you have reasonable suspicion of drug or alcohol use for involved employee? Yes No

If reasonable suspicion exists, complete the Reasonable Suspicion Checklist and Observed Behavior Reasonable Cause Record.

If you answered yes to any of the above questions, send the employee involved in the incident for drug and alcohol testing. With your approval, the employee may remain in the workplace in a non-safety sensitive capacity pending test results, unless the cause for testing is reasonable suspicion.

6. Was anyone injured which required off-site medical treatment? Yes No

You may waive the testing for the injury requiring off-site medical treatment only if the injury is minor and considered commonplace to the job function, and you answered "no" to questions 1-5 above. (Please note a minor injury does not include transitional work or injury pay.)

DFSP DEPARTMENT HEAD POST- ACCIDENT REPORT

Subsequent Action Taken (check all that apply):

- Employee was sent for drug and alcohol testing
- Employee remained at work in a non-safety sensitive capacity pending test results
- Employee was sent home after drug and alcohol testing
- Employee returned to work full duty
- Employee was unable to return to work following the accident due to injury
- Drug and alcohol testing waived by the Department Head (explain)

The injury was relatively minor and was caused
by a combative person during an arrest

Completed By 
(Signature)

Date 8-19-21

Title Chief of Police

Route this form to the City Manager.

Comments _____

Signed 
(City Manager)

Date Reviewed 8/26/2021

Send this completed form to the Assistant Finance Director.

Date Received by Assistant Finance Director 8-23-2021 Initials CS



DFSP DEPARTMENT HEAD POST - ACCIDENT REPORT

- What is an accident?
- Any unplanned event that occurs during working hours while conducting our business which results in any of the following: a fatality, injury, illness, or property or vehicular damage in excess of \$1000.00.

Date 1-31-20 Department Police

Name or Reporting Department Head Chief Robert A. Stell

Date of Incident 1-31-20 Time of Incident 2:20 AM PM

Date and time the incident was reported to you 3:31 1-31-20 AM PM

Employee involved (or who contributed to the accident) Lt. [REDACTED]

Place of Incident 5758 Main Ave. Ashtabula Ohio 44004

Description of property or vehicle involved in the incident —

Describe the incident Employee (Police officer) injured left shoulder while trying to control a combative male who had been arrested.

1. Was a fatality involved? Yes No
2. Was our driver issued a citation? Yes No
3. Was there property or vehicular damage (estimated \$1000.00 or more)? Yes No
4. Was there a violation of a work or safety rule? Yes No
5. Do you have reasonable suspicion of drug or alcohol use for involved employee? Yes No

If reasonable suspicion exists, complete the Reasonable Suspicion Checklist and Observed Behavior Reasonable Cause Record.

If you answered yes to any of the above questions, send the employee involved in the incident for drug and alcohol testing. With your approval, the employee may remain in the workplace in a non-safety sensitive capacity pending test results, unless the cause for testing is reasonable suspicion.

6. Was anyone injured which required off-site medical treatment? Yes No

You may waive the testing for the injury requiring off-site medical treatment only if the injury is minor and considered commonplace to the job function, and you answered "no" to questions 1-5 above. (Please note a minor injury does not include transitional work or injury pay.)

DFSP DEPARTMENT HEAD POST- ACCIDENT REPORT

Subsequent Action Taken (check all that apply):

- Employee was sent for drug and alcohol testing
- Employee remained at work in a non-safety sensitive capacity pending test results
- Employee was sent home after drug and alcohol testing
- Employee returned to work full duty
- Employee was unable to return to work following the accident due to injury
- Drug and alcohol testing waived by the Department Head (explain)

Completed By 
(Signature)

Date 1-31-20

Title Chief of Police

Route this form to the City Manager.

Comments _____

Signed 
(City Manager)

Date Reviewed 2-3-2020

Send this completed form to the Assistant Finance Director.

Date Received by Assistant Finance Director 1-31-2020 Initials 



CLINICAL REFERENCE LABORATORY
8433 QUIVIRA • LENEXA, KANSAS 66215



ON DEMAND DRUG TESTING

SPECIMEN ID NO.

2058277011

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

89176444-02

A. Employer Name, Address, I.D. No. PH: 440-994-2620 B. MRO Name, Address, Phone and Fax No. MR0424

ACCT: 09E. NON1. 1812 DR TRINETTA MASTERNICK
 ACMC-OCCUPATIONAL HEALTH 102 WESTCHESTER DR
 2420 LAKE AVE AUSTINTOWN, OH 44515
 ASHTABULA, OH 44004 PH: 330-270-3660
 FX: 440-997-6644 FX: 330-953-3691

C. Donor I.D. No. [Redacted] Donor Name (F, MI, L) [Redacted]

D. Reason for Test: Pre-employment Random Reasonable Suspicion/Cause Post Accident
 Return to Duty Follow-up Other (specify) _____

E. Drug Tests to be Performed: () 30C7 (FED(LA)+SVT) () 30JK (10AP FED(LA +SVT))
 30LB (9SAP+6AM/MDMA/OXY/SVT) () 3178 (9SAP+6AM/COT/MDMA/OX /B)

F. Collection Site Name and Address: OZA. 0000
 Name: OZA0000/CENTER FOR CORP. HEALTH Collector Phone No PH: 44C 997-6920
 Address: 2420 LAKE AVE Collector Fax No. FX: 44C 997-6511
 City, St, Zip: ASHTABULA, OH 44004

STEP 2: COMPLETED BY COLLECTOR

Read specimen temperature within 4 minutes. Is temperature between 90° and 100° F? Yes No, enter remark

Specimen Collection (CHECK ALL THAT APPLY)
 Urine Split Saliva Observed (Enter Remark)
 Urine Single Blood

REMARKS:

STEP 3: Collector affixes container seal(s) to container(s). Collector dates seal(s). Donor initials seal(s). Donor

I certify that I provided my specimen to the collector; that I have not adulterated it in any manner; each specimen bottle used was sealed with a tamper-evident seal in my presence; and that the information provided on this form and on the label affixed to each specimen bottle is correct.

Date of Collection: 1/31/2020
 Mo Day Year
 Daytime Phone No. [Redacted]
 Date of Birth: 4/27/1983
 Mo Day Year
 Evening Phone No. [Redacted]
 SPECIMEN ID NO. 2058277011

STEP 5: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY

I certify that the specimen given to me by the donor identified in the certification section in step 4 of this form was collected, labeled, sealed and released to the Delivery Service noted.

Time and Date of Collection: [Signature] : X AM PM
 Signature of Collector: Scott L. VARGAS
 (PRINT) Collector's Name (First, MI, Last) Mo. Day Year: 1/31/2020

SPECIMEN CONTAINER(S) RELEASED TO:
 Fed Ex
 UPS
 Courier Other _____

RECEIVED AT LAB
 Primary Specimen Container Seal Intact
 Yes No, enter remarks below

SPECIMEN CONTAINER(S) RELEASED TO:

Signature of Accessioner: _____
 (PRINT) Accessioner's Name (First, MI, Last) Mo. Day Year: 1/20

STEP 6: COMPLETED BY MEDICAL REVIEW OFFICER - PRIMARY SPECIMEN

My determination/verification is:
 Negative Positive Test Cancelled Refusal To Test because:
 Dilute Adulterated Substituted

REMARKS: _____

X _____ Signature of Medical Review Officer (PRINT) Medical Review Officer's Name (First, MI, Last) 1/20 Date (Mo./Day/Yr)

STEP 7: COMPLETED BY MEDICAL REVIEW OFFICER - SPLIT SPECIMEN

My determination/verification for the split specimen (if tested) is:
 RECONFIRMED FAILED TO RECONFIRM - REASON _____

X _____ Signature of Medical Review Officer (PRINT) Medical Review Officer's Name (First, MI, Last) 1/20 Date (Mo./Day/Yr)

PRESS HARD - YOU ARE MAKING MULTIPLE COPIES

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CMCN # 000001

Alcohol Testing Form (Non-DOT)
(The instructions for completing this form are on the back of Copy 3)

Lifeloc Technologies

Step 1: TO BE COMPLETED BY ALCOHOL TECHNICIAN

A: Employee Name [REDACTED]
(Print) (First, M.I., Last)

B: SSN or Employee ID No. [REDACTED]

C: Employer Name Ashtabula Police Department
Street _____
City, State, Zip Ashtabula, OH, 44004

DER Name and Telephone No. Chick Skell (440) 855-8262
DER Name DER Phone Number

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

Phoenix 6.0	v8.9.9
Serial No.	18500017
Units	BAC
Test Number	00251
Test Type (ez)	Auto Test
Result:	.000
Date:	01/31/2020
Time:	05:02
Air Blank	.000
Time:	05:02

STEP 2: TO BE COMPLETED BY EMPLOYEE

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

[REDACTED] 1/31/2020
Signature Date Month Day Year

Subject _____

Print Confirmation Results Here or Affix with Tamper Evident Tape

STEP 3: TO BE COMPLETED BY ALCOHOL TECHNICIAN

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

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

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

Test #	Testing Device Name	Device Serial # OR Lot # & Exp Date	Activation Time	Reading Time	Result
251	Lifeloc	18500017	05:02	05:02	<input checked="" type="checkbox"/>

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

REMARKS:

Acme 2420 Lake Ave
Alcohol Technician's Company Company Street Address

Scott L. VARGAS Ashtabula OH 44004, 440 997-8262
(PRINT) Alcohol Technician's Name (First, M.I., Last) Company City, State, Zip Phone Number

[Signature] 1/31/2020
Signature of Alcohol Technician Date Month Day Year

Print Additional Results Here or Affix With Tamper Evident Tape

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

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

Signature of Employee Date Month Day Year

RECEIVED

DFSP DEPARTMENT HEAD POST - ACCIDENT REPORT



• What is an accident?
 • Any unplanned event that occurs during working hours while conducting our business which results in any of the following: a fatality, injury, illness, or property or vehicular damage in excess of \$1000.00.

DEC 27 2018

FINANCE DEPARTMENT
CITY OF ASHTABULA

Date 12-4-18 Department Police

Name or Reporting Department Head Chief Robert A. Stell

Date of Incident 11-14-18 Time of Incident 11-14-18 1415 AM (PM)

Date and time the incident was reported to you 11-14-18 1530 AM (PM)

Employee involved (or who contributed to the accident) Lt. [REDACTED]

Place of Incident 2420 Lake Ave. Ashtabula, OH 44004

Description of property or vehicle involved in the incident N/A

Describe the incident Employee was exposed to blood while dealing with a member of the public in the execution of his duties as a police officer. Blood was transferred onto the employees skin (right-hand) and clothing.

- 1. Was a fatality involved? Yes No
- 2. Was our driver issued a citation? Yes No
- 3. Was there property or vehicular damage (estimated \$1000.00 or more)? Yes No
- 4. Was there a violation of a work or safety rule? Yes No
- 5. Do you have reasonable suspicion of drug or alcohol use for involved employee? Yes No

If reasonable suspicion exists, complete the Reasonable Suspicion Checklist and Observed Behavior Reasonable Cause Record.

If you answered yes to any of the above questions, send the employee involved in the incident for drug and alcohol testing. With your approval, the employee may remain in the workplace in a non-safety sensitive capacity pending test results, unless the cause for testing is reasonable suspicion.

- 6. Was anyone injured which required off-site medical treatment? Yes No

You may waive the testing for the injury requiring off-site medical treatment only if the injury is minor and considered commonplace to the job function, and you answered "no" to questions 1-5 above. (Please note a minor injury does not include transitional work or injury pay.)

DFSP DEPARTMENT HEAD POST- ACCIDENT REPORT

Subsequent Action Taken (check all that apply):

- Employee was sent for drug and alcohol testing
- Employee remained at work in a non-safety sensitive capacity pending test results
- Employee was sent home after drug and alcohol testing
- Employee returned to work full duty
- Employee was unable to return to work following the accident due to injury
- Drug and alcohol testing waived by the Department Head (explain)

Answered no to questions 1 through 6

Completed By 
(Signature)

Date 12-4-12

Title Chief of Police

Route this form to the City Manager.

Comments _____

Signed 
(City Manager)

Date Reviewed 12-27-18

Send this completed form to the Assistant Finance Director.

Date Received by Assistant Finance Director 12-27-18 Initials CS

Alcohol Testing Form (Non-DOT)

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

Step 1: TO BE COMPLETED BY ALCOHOL TECHNICIAN

RECEIVED

DEC 10 2018

A: Employee Name [Redacted]
(Print) (First, M.I., Last)

B: SSN or Employee ID No. [Redacted]

C: Employer Name City of Ashtabula FINANCE DEPARTMENT
Street 4717 Main Ave CITY OF ASHTABULA
City, State, Zip Ashtabula OH 44004

DER Name and Telephone No. Brenda Sanders 440,992 7183
DER Name DER Phone Number

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

Lifeloc Technologies

Phoenix 6.0 v8.6.81
Serial No. 15270055
Units BAC
Test Number 01070
Test Type (ez) Auto Test
Result: .000
Date: 11/30/2018
Time: 13:27
Air Blank .000
Time: 13:27

ID 3205
Subject [Signature]

STEP 2: TO BE COMPLETED BY EMPLOYEE

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

Signature [Redacted] Date 11 / 30 / 18
Month Day Year

Print Confirmation Results Here or Affix with Tamper Evident Tape

STEP 3: TO BE COMPLETED BY ALCOHOL TECHNICIAN

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

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

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

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

REMARKS:

**State Road Occupational
Medical Facility
600 State Road
Ashtabula, Ohio 44004
440-997-5933**

Alcohol Technician's Company [Redacted] Company Street Address [Redacted]

(PRINT) Alcohol Technician's Name (First, M.I., Last) Angelo Reid Company City, State, Zip [Redacted] Phone Number [Redacted]

Signature of Alcohol Technician [Signature] Date 11 / 30 / 18
Month Day Year

Print Additional Results Here or Affix With Tamper Evident Tape

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

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

Signature of Employee [Redacted] Date 11 / 30 / 18
Month Day Year

RECEIVED

CITY OF HOUSTON
FINANCE DEPARTMENT

Alcohol Testing Form (Non-DOT)

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

Step 1: TO BE COMPLETED BY ALCOHOL TECHNICIAN

A: Employee Name _____
(Print Name)

B: SSN or Employee ID No. _____

C: Employer Name City of Ashtabula
Street 4709 Main Ave
City, State, Zip Ashtabula, OH 44004

DER Name and Telephone No. Brenda Sanders 440-972-7183
DER Name DER Phone Number

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

Lifeloc Technologies

Phoenix 6.0 v8.6.81
Serial No. 15270055
Units BAC

Test Number 00692
Test Type (ez) Auto Test
Result: .000
Date: 06/04/2018
Time: 11:36

Air Blank .000
Time: 11:35

STEP 2: TO BE COMPLETED BY EMPLOYEE

I certify that _____ the identifying information provided on the form is true and correct.

Signature _____ Date 6/4/18 Month Day Year

ID 3205
Subject [Signature]

Print Confirmation Results Here or Affix with Tamper Evident Tape

STEP 3: TO BE COMPLETED BY ALCOHOL TECHNICIAN

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

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

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

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

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

REMARKS:

State Road Occupation _____
Medical Facility _____
600 State Road _____
Ashtabula, Ohio 44004 _____

Alcohol Technician's Company _____ Company Street Address 440-997-5988

Angelo Reid _____
(PRINT) Alcohol Technician's Name (First, M.I., Last) Company City, State, Zip Phone Number

Signature of Alcohol Technician _____ Date 6/4/18 Month Day Year

RECEIVED

JUN 11 2018

FINANCE DEPARTMENT
CITY OF ASHTABULA

Print Additional Results Here or Affix With Tamper Evident Tape

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

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

Signature of Employee _____ Date _____ Month Day Year

RECEIVED

DFSP DEPARTMENT HEAD POST - ACCIDENT REPORT

NOV - 2 2017

- What is an accident?
- Any unplanned event that occurs during working hours while conducting official business which results in any of the following: a fatality, injury, illness, or property or vehicular damage in excess of \$1000.00.

Date 10-31-17 Department Police

Name or Reporting Department Head Chief Robert J. Stell

Date of Incident 10-28-17 Time of Incident 2305 hrs AM PM

Date and time the incident was reported to you 10-28-17 11:14 2314 hrs. AM PM

Employee involved (or who contributed to the accident) Lt. [REDACTED]

Place of Incident S.R. 11 near S.R. 84

Description of property or vehicle involved in the incident City Police Cruiser

Describe the incident Police cruiser struck a deer in the roadway on Rt. 11 just north of Rt. 84. Officer was en-route home after his shift.

O.S.P. Report # 04-1151-04

1. Was a fatality involved? Yes No
2. Was our driver issued a citation? Yes No
3. Was there property or vehicular damage (estimated \$1000.00 or more)? Yes No
4. Was there a violation of a work or safety rule? Yes No
5. Do you have reasonable suspicion of drug or alcohol use for involved employee? Yes No

If reasonable suspicion exists, complete the Reasonable Suspicion Checklist and Observed Behavior Reasonable Cause Record.

If you answered yes to any of the above questions, send the employee involved in the incident for drug and alcohol testing. With your approval, the employee may remain in the workplace in a non-safety sensitive capacity pending test results, unless the cause for testing is reasonable suspicion.

6. Was anyone injured which required off-site medical treatment? Yes No

You may waive the testing for the injury requiring off-site medical treatment only if the injury is minor and considered commonplace to the job function, and you answered "no" to questions 1-5 above. (Please note a minor injury does not include transitional work or injury pay.)

We will forward the
O.S.P. crash report
as soon as we receive
it.

Chief 

DFSP DEPARTMENT HEAD POST- ACCIDENT REPORT

Subsequent Action Taken (check all that apply):

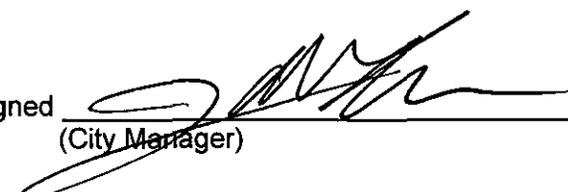
- Employee was sent for drug and alcohol testing
- Employee remained at work in a non-safety sensitive capacity pending test results
- Employee was sent home after drug and alcohol testing
- Employee returned to work full duty
- Employee was unable to return to work following the accident due to injury
- Drug and alcohol testing waived by the Department Head (explain)

Completed By 
(Signature)
Title Chief of Police

Date 10-31-17

Route this form to the City Manager.

Comments _____

Signed 
(City Manager)

Date Reviewed 11-2-17

Send this completed form to the Assistant Finance Director.

Date Received by Assistant Finance Director 11-2-17 Initials CD



TRAFFIC CRASH REPORT

LOCAL REPORT NUMBER 04-1151-04	CRASH SEVERITY 3 1. FATAL 2. INJURY 3. PDO	HIT/SWIP 1. SOLVED 2. UNSOLVED
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PHOTOS TAKEN <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P <input type="checkbox"/> OH-3 <input type="checkbox"/> OTHER	POD UNDER STATE REPORTABLE DOLLAR AMOUNT	PRIVATE PROPERTY	REPORTING AGENCY NCIC # OHP04	REPORTING AGENCY NAME Ohio State Highway Patrol	NUMBER OF UNITS 1	UNIT NUMBER 98	UNIT ERROR 98 - ANIMAL 99 - UNKNOWN
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COUNTY Ashtabula	CITY VILLAGE TOWNSHIP <input type="checkbox"/> CITY <input type="checkbox"/> VILLAGE <input checked="" type="checkbox"/> TOWNSHIP Plymouth	CRASH DATE 10/28/2017	TIME OF CRASH 2304	DAY OF WEEK SAT
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DEGREES-MINUTES-SECONDS LATITUDE 41:52:21.39	LONGITUDE 80:46:21.73	DECIMAL DEGREES LATITUDE OR	LONGITUDE
---	---------------------------------	--	-----------

ROADWAY DIVISION <input checked="" type="checkbox"/> DIVIDED <input type="checkbox"/> UNDIVIDED	DIVIDED LANE DIRECTION OF TRAVEL <input checked="" type="checkbox"/> N - NORTHBOUND <input type="checkbox"/> S - SOUTHBOUND <input type="checkbox"/> E - EASTBOUND <input type="checkbox"/> W - WESTBOUND	NUMBER OF THRU LANES 2	ROAD TYPES OR MILEPOST AL - ALLEY CR - CIRCLE HE - HEIGHTS MP - MILEPOST PL - PLACE ST - STREET WA - WAY AV - AVENUE CT - COURT HW - HIGHWAY PK - PARKWAY RD - ROAD TE - TERRACE BL - BOULEVARD DR - DRIVE LA - LANE PI - PIKE SQ - SQUARE TL - TRAIL
---	---	----------------------------------	--

LOCATION ROUTE NUMBER SR 11	LOC PREFIX <input type="checkbox"/> N.S. <input type="checkbox"/> E.W.	LOCATION ROAD NAME	LOCATION ROAD TYPE	ROUTE TYPES IR - INTERSTATE ROUTE (INC. TURNPIKE) US - US ROUTE CR - NUMBERED COUNTY ROUTE SR - STATE ROUTE TR - NUMBERED TOWNSHIP ROUTE
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DISTANCE FROM REFERENCE POINT 0.10	REF. FROM REF. POINT <input checked="" type="checkbox"/> MILES <input type="checkbox"/> FEET <input type="checkbox"/> YARDS	REF. PREFIX <input type="checkbox"/> N.S. <input checked="" type="checkbox"/> E.W.	REFERENCE ROUTE NUMBER 96	REF. PREFIX <input type="checkbox"/> N.S. <input checked="" type="checkbox"/> E.W.	REFERENCE NAME (ROAD MILEPOST HOUSE #)	REFERENCE ROAD TYPE MP
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REFERENCE POINT USED <input checked="" type="checkbox"/> 1 - INTERSECTION <input type="checkbox"/> 2 - MILE POST <input type="checkbox"/> 3 - HOUSE NUMBER	CRASH LOCATION <input checked="" type="checkbox"/> 01 - NOT AN INTERSECTION <input type="checkbox"/> 02 - FOUR-WAY INTERSECTION <input type="checkbox"/> 03 - T-INTERSECTION <input type="checkbox"/> 04 - Y-INTERSECTION <input type="checkbox"/> 05 - TRAFFIC CIRCLE/ROUNDABOUT	<input type="checkbox"/> 06 - FIVE-POINT OR MORE <input type="checkbox"/> 07 - ON RAMP <input type="checkbox"/> 08 - OFF RAMP <input type="checkbox"/> 09 - CROSSOVER <input type="checkbox"/> 10 - DRIVEWAY ALLEY ACCESS	<input type="checkbox"/> 11 - RAILWAY GRADE CROSSING <input type="checkbox"/> 12 - SHARED-USE PATHS OR TRAILS <input type="checkbox"/> 99 - UNKNOWN	<input type="checkbox"/> INTERSECTION RELATED	LOCATION OF FIRST HARMFUL EVENT <input checked="" type="checkbox"/> 1 - ON ROADWAY <input type="checkbox"/> 2 - ON SHOULDER <input type="checkbox"/> 3 - IN MIDDLE <input type="checkbox"/> 4 - ON ROADSIDE <input type="checkbox"/> 5 - ON GORE <input type="checkbox"/> 6 - OUTSIDE TRAFFICWAY <input type="checkbox"/> 9 - UNKNOWN
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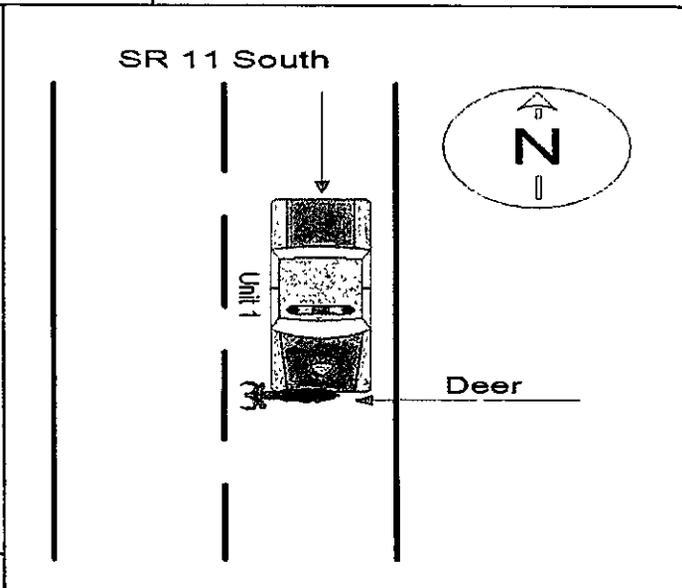
ROAD CONTOUR <input checked="" type="checkbox"/> 1 - STRAIGHT LEVEL <input type="checkbox"/> 2 - STRAIGHT GRADE <input type="checkbox"/> 3 - CURVE LEVEL <input type="checkbox"/> 4 - CURVE GRADE <input type="checkbox"/> 9 - UNKNOWN	ROAD CONDITIONS PRIMARY <input checked="" type="checkbox"/> 02 SECONDARY <input type="checkbox"/>	01 - DRY 02 - WET 03 - SNOW 04 - ICE	05 - SAND/MUD/DIRT/OIL/GRAVEL 06 - WATER (STANDING/MOVING) 07 - SLUSH 08 - DEBRIS	09 - RUT HOLES/BUMPS/UNEVEN PAVEMENT 10 - OTHER 99 - UNKNOWN
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NUMBER OF CRASH COLLISION IMPACT <input checked="" type="checkbox"/> 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT <input type="checkbox"/> 2 - REAR-END <input type="checkbox"/> 3 - HEAD-ON <input type="checkbox"/> 4 - REAR-TO-REAR	<input type="checkbox"/> 5 - BACKING <input type="checkbox"/> 6 - ANGLE <input type="checkbox"/> 7 - SIDESWipe - SAME DIRECTION <input type="checkbox"/> 8 - SIDESWipe OPPOSITE DIRECTION <input type="checkbox"/> 9 - UNKNOWN	WEATHER <input checked="" type="checkbox"/> 1 - CLEAR <input type="checkbox"/> 2 - CLOUDY <input type="checkbox"/> 3 - FOG/SMOG/SMOKE <input type="checkbox"/> 4 - RAIN <input type="checkbox"/> 5 - SLEET/HAIL <input type="checkbox"/> 6 - SNOW <input type="checkbox"/> 7 - SEVERE CROSSWINDS <input type="checkbox"/> 8 - BLOWING SAND/SOIL/DIRT/SNOW <input type="checkbox"/> 9 - OTHER/UNKNOWN
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ROAD SURFACE <input checked="" type="checkbox"/> 1 - CONCRETE <input type="checkbox"/> 2 - BLACKTOP <input type="checkbox"/> 3 - BRICK/BLOCK <input type="checkbox"/> 4 - SLAG GRAVEL <input type="checkbox"/> 5 - STONE <input type="checkbox"/> 6 - DIRT <input type="checkbox"/> 7 - OTHER	LIGHT CONDITIONS PRIMARY <input checked="" type="checkbox"/> 5 SECONDARY <input type="checkbox"/>	1 - DAYLIGHT 2 - DAWN 3 - DUSK 4 - DARK - LIGHTED ROADWAY	5 - DARK - ROADWAY NOT LIGHTED 6 - DARK - UNKNOWN ROADWAY LIGHTING 7 - GLARE 8 - OTHER	<input type="checkbox"/> 9 - UNKNOWN <input type="checkbox"/> SCHOOL ZONE RELATED <input type="checkbox"/> SCHOOL BUS DIRECTLY INVOLVED <input type="checkbox"/> SCHOOL BUS INDIRECTLY INVOLVED
--	---	--	---	--

<input type="checkbox"/> WORK ZONE RELATED <input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT (ON/IN VEHICLE) <input type="checkbox"/> LAW ENFORCEMENT PRESENT (W/VEHICLE)	TYPE OF WORK ZONE <input type="checkbox"/> 1 - LANE CLOSURE <input type="checkbox"/> 2 - LANE SHIFT/CROSSOVER <input type="checkbox"/> 3 - WORK ON SHOULDER OR MEDIUM <input type="checkbox"/> 4 - INTERMITTENT OR MOVING WORK <input type="checkbox"/> 5 - OTHER	LOCATION OF CRASH IN WORK ZONE <input type="checkbox"/> 1 - BEFORE THE FIRST WORK ZONE WARNING SIGN <input type="checkbox"/> 2 - ADVANCE WARNING AREA <input type="checkbox"/> 3 - TRANSITION AREA <input type="checkbox"/> 4 - ACTIVITY AREA <input type="checkbox"/> 5 - TERMINATION AREA
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NARRATIVE
Unit #1 was traveling south on SR 11. A deer ran across the road and was struck.



REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST	<input type="checkbox"/> SUPPLEMENT (CONNECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPB)	DATE CRASH REPORTED 10/28/2017	TIME CRASH REPORTED 2304	DISPATCH TIME 2304	ARRIVAL TIME 2317	TIME CLEARED 2335	OTHER INVESTIGATION TIME 30	TOTAL MINUTES 61
OFFICER'S NAME Nye, Andrew	OFFICER'S BADGE NUMBER 1281	CHECKED BY 1475						



UNIT

LOCAL REPORT NUMBER

04-1151-04

UNIT NUMBER 1	OWNER NAME LAST FIRST MIDDLE () SAME AS DRIVER Ashtabula Police Department,	OWNER PHONE NUMBER 440-992-7172	DAMAGE SCALE 3	DAMAGE AREA FRONT
OWNER ADDRESS CITY STATE ZIP () SAME AS DRIVER 110 W 44th St, Ashtabula, OH, 44004			1 - NONE 2 - MINOR 3 - FUNCTIONAL 4 - DISABLING 9 - UNKNOWN	
LP STATE OH	LICENSE PLATE NUMBER [REDACTED]	VEHICLE IDENTIFICATION NUMBER 2B3KA43T69H637245	# OCCUPANTS 1	
VEHICLE YEAR 2009	VEHICLE MAKE Dodge	VEHICLE MODEL Charger	VEHICLE COLOR WHI	
PROOF OF INSURANCE SHOWN	INSURANCE COMPANY Argonaut Insurance	POLICY NUMBER PE4635110	TOWEN B.	
CARRIER NAME	ADDRESS CITY STATE ZIP			CARRIER PHONE
US DOT	VEHICLE WEIGHT GVWR/GCWR 1 - LESS THAN OR EQUAL TO 10K LBS 2 - 10 001 TO 26,000 LBS 3 - MORE THAN 26 000 LBS	CARGO BODY TYPE 01 - NO CARGO BODY TYPE NOT APPLICABLE 02 - BUS VAN (9-15 SEATS INC DRIVER) 03 - BUS (16+ SEATS INC DRIVER) 04 - VEHICLE TOWING ANOTHER VEHICLE 05 - LOGSKID 06 - INTERNAL CONTAINER CHASSIS 07 - CARGO VAN ENCLOSED BODY 08 - GRAIN CRPS GRAVEL 09 - POLE 10 - CARGO TANK 11 - FLAT BED 12 - DUMP 13 - CONCRETE MIXER 14 - AUTO TRANSPORTER 15 - GARBAGE/REFUSE 99 - OTHER/UNKNOWN	TRAFFICWAY DESCRIPTION 3 1 - TWO-WAY NOT DIVIDED 2 - TWO-WAY NOT DIVIDED, CONTIGUOUS LEFT TURN LANE 3 - TWO-WAY DIVIDED, UNPROTECTED/PANED OR GRASS 4+ FT, MEDIAN 4 - TWO-WAY DIVIDED, POSITIVE MEDIAN BARRIER 5 - ONE-WAY TRAFFICWAY <input type="checkbox"/> HIT / SWIP UNIT	
HM PLACARD ID NO	HAZARDOUS MATERIAL RELEASED			
NON-MOTORIST LOCATION PRIOR TO IMPACT 01 - INTERSECTION - MARKED CROSSWALK 02 - INTERSECTION - NO CROSSWALK 03 - INTERSECTION OTHER 04 - MIDBLOCK - MARKED CROSSWALK 05 - TRAVEL LANE - OTHER LOCATION 06 - BIWAY LANE 07 - SHOULDER ROADSIDE 08 - SIDEWALK 09 - MEDIAN CROSSWALK ISLAND 10 - DRIVEWAY ACCESS 11 - SHARED USE PATH OR TRAIL 12 - NON-TRAFFICWAY AREA 99 - OTHER/UNKNOWN	TYPE OF USE 3 1 - PERSONAL 2 - COMMERCIAL 3 - GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE	UNIT TYPE 04 PASSENGER VEHICLES (LESS THAN 9 PASSENGERS) 01 - SUBCOMPACT 02 - COMPACT 03 - MID SIZE 04 - FULL SIZE 05 - MINIVAN 06 - SPORT UTILITY VEHICLE 07 - PICKUP 08 - VAN 09 - MOTORCYCLE 10 - MOTORIZED BICYCLE 11 - SNOWMOBILE/ATV 12 - OTHER PASSENGER VEHICLE 99 - UNKNOWN OR HIT/SWIP	MED HEAVY TRUCKS OR COMBO UNITS > 10 LINE BUS/VAN (9 OR MORE INCLUDING DRIVER) 13 - SINGLE UNIT TRUCK OR VAN 2 AXLE 6 TIRES 14 - SINGLE UNIT TRUCK 3+ AXLES 15 - SINGLE UNIT TRUCK TRAILER 16 - TRUCK TRACTOR (BOOTAL) 17 - TRACTOR SEMI-TRAILER 18 - TRACTOR DOUBLE 19 - TRACTOR TRIPLES 20 - OTHER MED. HEAVY VEHICLE 21 - BUS/VAN (10-15 SEATS INC DRIVER) 22 - BUS (16+ SEATS INC DRIVER) NON-MOTORIST 23 - ANIMAL WITH RIDER 24 - ANIMAL WITH BOOBY WAGON, SADDLE 25 - BICYCLE/PEDALYUST 26 - PEDESTRIAN/WALKER 27 - OTHER NON-MOTORIST	<input type="checkbox"/> HAS HM PLACARD
SPECIAL FUNCTION 13	01 - NONE 02 - TAXI 03 - RENTAL TRUCK (OVER 10K LBS) 04 - BUS - SCHOOL (PUBLIC OR PRIVATE) 05 - BUS - TRAMPER 06 - BUS - CHARTER 07 - BUS - SHUTTLE 08 - BUS - OTHER 09 - AMBULANCE 10 - FIRE 11 - HIGHWAY MAINTENANCE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY 15 - OTHER GOVERNMENT 16 - CONSTRUCTION EQUIP	17 - FARM VEHICLE 18 - FARM EQUIPMENT 19 - MOTORHOME 20 - GOLF CART 21 - TRAIN 22 - OTHER (EXPLAIN IN REMARKS)	MOST DAMAGED AREA 03 01 - NONE 02 - CENTER FRONT 03 - RIGHT FRONT 04 - RIGHT SIDE 05 - RIGHT REAR 06 - REAR CENTER 07 - LEFT REAR 08 - LEFT SIDE 09 - LEFT FRONT 10 - TOP AND WINDOWS 11 - UNDERCARRIAGE 12 - LOAD TRAILER 13 - TOTAL (ALL AREAS) 14 - OTHER	ACTION 3 1 - NON CONTACT 2 - NON COLLISION 3 - STRUCK 4 - STRUCK 5 - STRUCK/STRUCK 9 - UNKNOWN
PRE-CRASH ACTION 01	MOTORIST 01 - STRAIGHT AHEAD 02 - BACKING 03 - CHANGING LANES 04 - OVERTAKING/PASSING 05 - MAKING RIGHT TURN 06 - MAKING LEFT TURN 07 - MAKING U-TURN 08 - ENTERING TRAFFIC LANE 09 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 12 - DRIVERLESS 13 - NEGOTIATING A CURVE 14 - OTHER MOTORIST ACTION	NON-MOTORIST 15 - ENTERING OR CROSSING SPECIFIED LOCATION 16 - WALKING/RUNNING/JOGGING/PLAYING/CYCLING 17 - WORKING 18 - PUSHING VEHICLE 19 - APPROACHING OR LEAVING VEHICLE 20 - STANDING 21 - OTHER NON-MOTORIST ACTION		
CONTRIBUTING CIRCUMSTANCE PRIMARY 01	MOTORIST 01 - NONE 02 - FAILURE TO YIELD 03 - RAN RED LIGHT 04 - RAN STOP SIGN 05 - EXCEEDED SPEED LIMIT 06 - UNLAWFUL SPEED 07 - IMPROPER TURN 08 - LEFT OF CENTER 09 - FOLLOWED TOO CLOSELY/ACDA 10 - INFRINGED LANE CHANGE PASSING OFF ROAD 11 - IMPROPER BRAKING 12 - IMPROPER START FROM PARKED POSITION 13 - STOPPED OR PARKED ILLEGALLY 14 - OPERATING VEHICLE IN UNLAWFUL MANNER 15 - SWERVING TO AVOID (DUE TO EXTERNAL CONDITIONS) 16 - WRONG SIDE/WRONG WAY 17 - FAILURE TO CONTROL 18 - VISION OBSTRUCTION 19 - OPERATING DEFECTIVE EQUIPMENT 20 - LOAD SHIFTING/FALLING/SPILLING 21 - OTHER IMPROPER ACTION	NON-MOTORIST 22 - NONE 23 - IMPROPER CROSSING 24 - DRIFTING 25 - LYING UNDER ILLEGALLY IN ROADWAY 26 - FAILURE TO YIELD RIGHT OF WAY 27 - NOT VISIBLE (DARK CLOTHING) 28 - INATTENTIVE 29 - FAILURE TO OBEY TRAFFIC SIGNS /SIGNALS/OFFSET 30 - WRONG SIDE OF THE ROAD 31 - OTHER NON-MOTORIST ACTION	VEHICLE DEFECTS 01 - TURN SIGNALS 02 - HEAD LAMPS 03 - TAIL LAMPS 04 - BRAKES 05 - STEERING 06 - TIRE BLOWOUT 07 - WORK ON SUCH TREE 08 - TRAILER EQUIPMENT DEFECTIVE 09 - MOTOR TROUBLE 10 - DISGUISED FROM PRIOR ACCIDENT - 11 - OTHER DEFECTS	
SEQUENCE OF EVENTS 1 18 2 3 4 5 6 FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT 1 99 - UNKNOWN	NON-COLLISION EVENTS 01 - OVERTURN/ROLLOVER 02 - FIRE EXPLOSION 03 - IMMERSION 04 - JACKKNIFE 05 - CARGO EQUIPMENT LOSS OR SHIFT 06 - EQUIPMENT FAILURE (EXCEPT TIRE BLOWOUTS ETC) 07 - SEPARATION OF UNITS 08 - RAN OFF ROAD RIGHT 09 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN 11 - CROSS CENTER LINE OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION	COLLISION WITH FIXED OBJECT 25 - IMPACT ATTENUATOR CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE 31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN CONCRETE BARRIER 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER 37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT FIXTURE SUPPORT 40 - UTILITY POLE 41 - OTHER POST POLE OR SUPPORT 42 - CULVERT 43 - CURB 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT 50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL BUILDING TUNNEL 52 - OTHER FIXED OBJECT		
UNIT SPEED 70	POSTED SPEED 65	TRAFFIC CONTROL 12 01 - NO CONTROLS 02 - STOP SIGN 03 - YIELD SIGN 04 - TRAFFIC SIGNAL 05 - TRAFFIC FLASHERS 06 - SCHOOL ZONE 07 - RAILROAD CROSSINGS 08 - RAILROAD FLASHERS 09 - RAILROAD GATES 10 - CONSTRUCTION BARRICADE 11 - PERSON (FLAGGER) OFFICER 12 - PAVEMENT MARKINGS 13 - CROSSWAY LINES 14 - W/ALM/DON'T WALK 15 - OTHER 16 - NOT REPORTED	UNIT DIRECTION FROM 1 TO 2 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHWEST 8 - SOUTHWEST 9 - UNKNOWN	



MOTORIST / Non-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER

04-1151-04

UNIT NUMBER 1	NAME LAST, FIRST, MIDDLE [REDACTED]	DATE OF BIRTH 04/27/1983	AGE 34	GENDER <input checked="" type="checkbox"/> M F - FEMALE <input type="checkbox"/> M - MALE
ADDRESS CITY, STATE, ZIP 110 W 44th St, Ashtabula, OH, 44004			CONTACT PHONE - INCLUDE AREA CODE 440-992-7172	

INJURIES <input checked="" type="checkbox"/>	INJURED TAKEN BY <input checked="" type="checkbox"/>	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 04	DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/>	SEATING POSITION 01	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1		
OL STATE OH	OPERATOR LICENSE NUMBER RS969170	OL CLASS 4	No VALC DL <input type="checkbox"/>	M/C END <input type="checkbox"/>	CONDITION 1	ALCOHOL/DRUG SUSPECTED 1	ALCOHOL TEST STATUS 1	ALCOHOL TEST TYPE 1	ALCOHOL TEST VALUE	DRUG TEST STATUS 1	DRUG TEST TYPE
OFFENSE CHARGED (<input type="checkbox"/> LOCAL CODE)		OFFENSE DESCRIPTION			CITATION NUMBER		HANDS-FREE DEVICE USED <input type="checkbox"/>		DRIVER DISTRACTED BY 1		

UNIT NUMBER	NAME LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER <input type="checkbox"/> F - FEMALE <input type="checkbox"/> M - MALE							
ADDRESS CITY, STATE, ZIP			CONTACT PHONE - INCLUDE AREA CODE								
INJURIES <input type="checkbox"/>	INJURED TAKEN BY <input type="checkbox"/>	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED	DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/>	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
OL STATE	OPERATOR LICENSE NUMBER	OL CLASS	No VALC DL <input type="checkbox"/>	M/C END <input type="checkbox"/>	CONDITION	ALCOHOL/DRUG SUSPECTED	ALCOHOL TEST STATUS	ALCOHOL TEST TYPE	ALCOHOL TEST VALUE	DRUG TEST STATUS	DRUG TEST TYPE
OFFENSE CHARGED (<input type="checkbox"/> LOCAL CODE)		OFFENSE DESCRIPTION			CITATION NUMBER		HANDS-FREE DEVICE USED <input type="checkbox"/>		DRIVER DISTRACTED BY		

INJURIES	INJURED TAKEN BY	SAFETY EQUIPMENT USED	99 - UNKNOWN SAFETY EQUIPMENT
1 - NO INJURY / NONE REPORTED 2 - POSSIBLE 3 - NON-INCAPACITATING 4 - INCAPACITATING 5 - FATAL	1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 4 - OTHER 9 - UNKNOWN	MOTORIST 01 - NONE USED - VEHICLE OCCUPANT 02 - SHOULDER BELT ONLY USED 03 - LAP BELT ONLY USED 04 - SHOULDER AND LAP BELT ONLY USED	Non-Motorist 05 - CHILD RESTRAINT SYSTEM (FORWARD FACING) 06 - CHILD RESTRAINT SYSTEM (REAR FACING) 07 - BOOSTER SEAT 08 - HELMET USED 09 - NONE USED 10 - HELMET USED 11 - PROTECTIVE PADS USED 12 - REFLECTIVE COATING 13 - LIGHTING 14 - OTHER

SEATING POSITION	07 - THIRD, LEFT SIDE (MOTORCYCLE PASSENGER)	12 - PASSENGER IN UNENCLOSED CARGO AREA	AIR BAG Usage
01 - FRONT, LEFT SIDE (MOTORCYCLE DRIVER) 02 - FRONT, MIDDLE 03 - FRONT, RIGHT SIDE 04 - SECOND, LEFT SIDE (MOTORCYCLE PASSENGER) 05 - SECOND, MIDDLE 06 - SECOND, RIGHT SIDE	08 - THIRD, MIDDLE 09 - THIRD, RIGHT SIDE 10 - SLEEPER SEAT (OR CAB) (TRUCK) 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (PRE-TRUCKING AND SEATBELT USE PROGRAMS ONLY)	13 - TRAINING UNIT 14 - NON-MOTOR VEHICLE EXTERIOR (NON-TRUCKING UNIT) 15 - NON-MOTORIST 16 - OTHER 99 - UNKNOWN	1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH (FRONT/SIDE) 5 - NOT APPLICABLE 8 - DEPLOYMENT UNKNOWN

EJECTION	TRAPPED	OPERATOR LICENSE CLASS	CONDITION	ALCOHOL/DRUG SUSPECTED
1 - NOT EJECTED 2 - TOTALLY EJECTED 3 - PARTIALLY EJECTED 4 - NOT APPLICABLE	1 - NOT TRAPPED 2 - EJECTED BY MECHANICAL MEANS 3 - EJECTED BY NON-MECHANICAL MEANS	1 - CLASS A 2 - CLASS B 3 - CLASS C 4 - REGULAR CLASS (OSHA/ETA) 5 - MCM (MOTORCYCLE)	1 - APPARENTLY NORMAL 2 - PHYSICAL IMPAIRMENT 3 - EMOTIONAL (DEPRESSED, ANGRY, DISTURBED) 4 - ILLNESS	5 - FELL ASLEEP, FARTED, FATIGUE 6 - UNDER THE INFLUENCE OF MEDICATION, DRUGS, ALCOHOL 7 - OTHER

ALCOHOL TEST STATUS	ALCOHOL TEST TYPE	DRUG TEST STATUS	DRUG TEST TYPE	DRIVER DISTRACTED BY
1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSUAL 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN	1 - NONE 2 - BLOOD 3 - URINE 4 - BREATH 5 - OTHER	1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSUAL 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN	1 - NONE 2 - BLOOD 3 - URINE 4 - OTHER	1 - NO DISTRACTION REPORTED 2 - PHONE 3 - TEXTING/EMAILING 4 - ELECTRONIC COMMUNICATION DEVICE 5 - OTHER ELECTRONIC DEVICE (NAVIGATION DEVICE, IPOD, ETC.)

UNIT NUMBER	NAME LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER <input type="checkbox"/> F - FEMALE <input type="checkbox"/> M - MALE
ADDRESS CITY, STATE, ZIP			CONTACT PHONE - INCLUDE AREA CODE	

INJURIES <input type="checkbox"/>	INJURED TAKEN BY <input type="checkbox"/>	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED	DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/>	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
OL STATE	OPERATOR LICENSE NUMBER	OL CLASS	No VALC DL <input type="checkbox"/>	M/C END <input type="checkbox"/>	CONDITION	ALCOHOL/DRUG SUSPECTED	ALCOHOL TEST STATUS	ALCOHOL TEST TYPE	ALCOHOL TEST VALUE	DRUG TEST STATUS	DRUG TEST TYPE
OFFENSE CHARGED (<input type="checkbox"/> LOCAL CODE)		OFFENSE DESCRIPTION			CITATION NUMBER		HANDS-FREE DEVICE USED <input type="checkbox"/>		DRIVER DISTRACTED BY		

UNIT NUMBER	NAME LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER <input type="checkbox"/> F - FEMALE <input type="checkbox"/> M - MALE
ADDRESS CITY, STATE, ZIP			CONTACT PHONE - INCLUDE AREA CODE	

INJURIES <input type="checkbox"/>	INJURED TAKEN BY <input type="checkbox"/>	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED	DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/>	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
OL STATE	OPERATOR LICENSE NUMBER	OL CLASS	No VALC DL <input type="checkbox"/>	M/C END <input type="checkbox"/>	CONDITION	ALCOHOL/DRUG SUSPECTED	ALCOHOL TEST STATUS	ALCOHOL TEST TYPE	ALCOHOL TEST VALUE	DRUG TEST STATUS	DRUG TEST TYPE
OFFENSE CHARGED (<input type="checkbox"/> LOCAL CODE)		OFFENSE DESCRIPTION			CITATION NUMBER		HANDS-FREE DEVICE USED <input type="checkbox"/>		DRIVER DISTRACTED BY		

OHIO TRAFFIC ACCIDENT - OH2 NARRATIVE

LOCAL REPORT NUMBER 04-1151-04	REPORTING AGENCY Ohio State Highway Patrol	DATE OF CRASH 10/28/2017
IN COUNTY OF Ashtabula County	ACCIDENT LOCATION 11	

Unity #1: 2009 Dodge Charger

RP: Ashtabula Police Department Vehicle [REDACTED]

*Damage: Front bumper, right headlight assembly, grille, and right fender.

*Notes:

* Roadway evidence was not present at the scene.

* The deer was not on scene upon my arrival.

* The driver of unit #1 was driving the department owned vehicle home from his shift when he struck the deer in the roadway.

* The vehicle was not towed from the scene, and was able to be safely driven after the crash.

OFFICERS SIGNATURE	BADGE NO. 1281
--------------------	--------------------------

Alcohol Testing Form (Non-DOT)

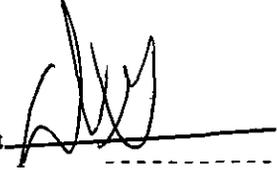
(The instructions for completing this form are on the back of Copy 3)

Step 1: TO BE COMPLETED BY ALCOHOL TECHNICIAN

A: Employee Name _____
 B: SSN or Employee ID No. _____
 C: Employer Name City of Ashtabula
 Street 4717 Main Ave
 City, State, Zip Ashtabula OH 44004
 DER Name and Telephone No. Brenda 440 992-7183
 DER Name _____ DER Phone Number _____
 D: Reason for Test: Random Reasonable Susp Post-Accident Return to Duty Follow-up Pre-employment

Lifeloc Technologies

Phoenix 6.0 v8.6.81
 Serial No. 15390048
 Units **BAC**
 Test Number 00059
 Test Type (ez) Auto Test
 Result: .000
 Date: 10/29/2017
 Time: 12:06
 Air Blank .000
 Time: 12:06

I.D. 3205
 Subject: 

STEP 2: TO BE COMPLETED BY EMPLOYEE

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

Signature of _____ Date 10 / 29 / 17
 Date Month Day Year

Print Confirmation Results Here or Affix with Tamper Evident Tape

RECEIVED

NOV - 2 2017

FINANCE DEPARTMENT
CITY OF ASHTABULA

STEP 3: TO BE COMPLETED BY ALCOHOL TECHNICIAN

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

TECHNICIAN: BAT STT DEVICE: SALIVA BREATH* 15-Minute Wait: Yes No
 SCREENING TEST: (For BREATH DEVICE* write in the space below only if the testing device is not designed to print)

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

REMARKS:

Print Additional Results Here or Affix With Tamper Evident Tape

**State Road Occupational
 Medical Facility
 600 State Road**

Alcohol Technician's Company Ashtabula, Ohio 44004
 Company Street Address _____
 Company City, State, Zip _____ Phone Number _____
 Signature of Alcohol Technician Jennifer Lee Date 10 / 29 / 17
 (PRINT) Alcohol Technician's Name (First, M.I., Last) _____ Date Month Day Year

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

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

Signature of Employee _____ Date _____ / _____ / _____
 Date Month Day Year

CU L CH 2011 BODY
AIRWAY DE SUBLINEAL

100 - 5

RECEIVED

Alcohol Testing Form (Non-DOT)
 (The instructions for completing this form are on the back of Copy 3)

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

A: Employee Name _____
 (Print) (First, M.I., Last)

B: SSN or Employee ID No. _____ **JUN - 8 2017**

C: Employer Name _____ **FINANCE DEPARTMENT**
 Street _____ **CITY OF ASHTABULA**
 City, State, Zip _____
4717 main Ave.
Ashtabula, OH. 44004

DER Name and Telephone No. _____
Brenda Sanders (440) 992-7183
 DER Name DER Phone Number

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

Lifeloc Technologies

Test Result Printout

Phoenix 6.0	v2.06
Serial Number	10001360
Units	BAC
Test Number	04905
Test Type	Auto Test
Result	.000
Date	06/02/2017
Time	07:53
Air Blank	.000
Time	07:53

Subject [Signature]
 3705

STEP 2: TO BE COMPLETED BY EMPLOYEE

I certify that the identifying information provided on the form is true and correct.

 Signature

6/2/17
 Date Month Day Year

Print Confirmation Results Here or Affix with Tamper Evident Tape

STEP 3: TO BE COMPLETED BY ALCOHOL TECHNICIAN

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

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

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

Test #	Testing Device Name	Device Serial # OR Lot # & Exp Date	Activation Time	Reading Time	Result
CONFIRMATION TEST: Results <u>MUST</u> be affixed to each copy of this form or printed directly onto the form					
REMARKS:					
State Road Occupational Medical Facility 600 State Road Ashtabula, Ohio 44004					
Alcohol Technician's Company			Company Street Address		
<u>Jennifer Weber</u>			<u>(440) 997-5988</u>		
(PRINT) Alcohol Technician's Name (First, M.I., Last)			Company City, State, Zip		Phone Number
<u>[Signature]</u>			<u>6/2/17</u>		
Signature of Alcohol Technician			Date Month Day Year		

Print Additional Results Here or Affix With Tamper Evident Tape

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

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

 Signature of Employee

 Date Month Day Year

DFSP DEPARTMENT HEAD POST - ACCIDENT REPORT

RECEIVED

- What is an accident?
- Any unplanned event that occurs during working hours while conducting our business which results in any of the following: a fatality, injury, illness, or property or vehicular damage in excess of \$1000.00.

Date 6-2-17 Department Police

Name or Reporting Department Head Chief Robert D. Steff FINANCE DEPARTMENT CITY OF ASHTABULA

Date of Incident 6-2-17 Time of Incident 5:14 (AM) PM

Date and time the incident was reported to you 6-2-17 5:25 (AM) PM

Employee involved (or who contributed to the accident) Lt. [REDACTED]

Place of Incident 420 W. 38th St. Ashtabula, OH 44004

Description of property or vehicle involved in the incident —

Describe the incident while responding to a report of a possible armed intruder officer discharged his firearm shooting an armed suspect.

1. Was a fatality involved? Yes No * Unknown at this time
2. Was our driver issued a citation? Yes No
3. Was there property or vehicular damage (estimated \$1000.00 or more)? Yes No
4. Was there a violation of a work or safety rule? Yes No
5. Do you have reasonable suspicion of drug or alcohol use for involved employee? Yes No

If reasonable suspicion exists, complete the Reasonable Suspicion Checklist and Observed Behavior Reasonable Cause Record.

If you answered yes to any of the above questions, send the employee involved in the incident for drug and alcohol testing. With your approval, the employee may remain in the workplace in a non-safety sensitive capacity pending test results, unless the cause for testing is reasonable suspicion.

6. Was anyone injured which required off-site medical treatment? Yes No

You may waive the testing for the injury requiring off-site medical treatment only if the injury is minor and considered commonplace to the job function, and you answered "no" to questions 1-5 above. (Please note a minor injury does not include transitional work or injury pay.)

DFSP DEPARTMENT HEAD POST- ACCIDENT REPORT

Subsequent Action Taken (check all that apply):

- Employee was sent for drug and alcohol testing
- Employee remained at work in a non-safety sensitive capacity pending test results
- Employee was sent home after drug and alcohol testing
- Employee returned to work full duty
- Employee was unable to return to work following the accident due to injury
- Drug and alcohol testing waived by the Department Head (explain)

Completed By 
(Signature)

Date 6-2-17

Title Chief of Police.

Route this form to the City Manager.

Comments _____

Signed 
(City Manager)

Date Reviewed 6/2/17

Send this completed form to the Assistant Finance Director.

Date Received by Assistant Finance Director 6-2-17 Initials CS

DFWP DEPARTMENT HEAD POST - ACCIDENT REPORT

RECEIVED

AUG 06 2013

- What is an accident?
- Any unplanned event that occurs during working hours while conducting our business which results in any of the following: a fatality, injury, illness, or property or vehicular damage in excess of \$1000.00.

CITY AUDITOR
CITY OF ASHTABULA

Date 8-6-13 Department Police
 Name or Reporting Department Head Chief Robert A. Stell
 Date of Incident 8-2-13 Time of Incident 2230 hrs AM PM
 Date and time the incident was reported to you 8-2-13 AM PM
 Employee involved (or who contributed to the accident) [REDACTED]
 Place of Incident 1026 E. 17th St. Ashtabula, OH 44004
 Description of property or vehicle involved in the incident Officer/Employee Face & Neck
 Describe the incident Officer/Employee received injuries to his face and neck from an altercation with a combative individual being placed under arrest.

1. Was a fatality involved? Yes No
2. Was our driver issued a citation? Yes No
3. Was there property or vehicular damage (estimated \$1000.00 or more)? Yes No
4. Was there a violation of a work or safety rule? Yes No
5. Do you have reasonable suspicion of drug or alcohol use for involved employee? Yes No

If reasonable suspicion exists, complete the Reasonable Suspicion Checklist and Observed Behavior Reasonable Cause Record.

If you answered yes to any of the above questions, send the employee involved in the incident for drug and alcohol testing. With your approval, the employee may remain in the workplace in a non-safety sensitive capacity pending test results.

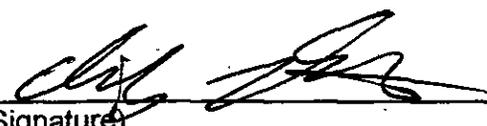
6. Was anyone injured which required off-site medical treatment? Yes No

You may waive the testing for the injury requiring off-site medical treatment only if the injury is minor and considered commonplace to the job function, and you answered "no" to questions 1-5 above. (Please note a minor injury does not include transitional work or injury pay.)

DFWP DEPARTMENT HEAD POST- ACCIDENT REPORT

Subsequent Action Taken (check all that apply):

- Employee was sent for drug and alcohol testing
- Employee remained at work in a non-safety sensitive capacity pending test results
- Employee was sent home after drug and alcohol testing
- Employee returned to work full duty
- Employee was unable to return to work following the accident due to injury
- Drug and alcohol testing waived by the Department Head (explain)

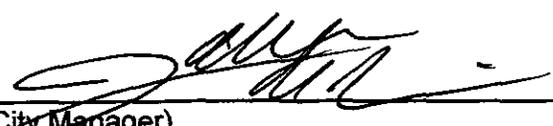
Completed By 
(Signature)

Date 8-6-13

Title Chief of Police

Route this form to the City Manager.

Comments _____

Signed 
(City Manager)

Date Reviewed 8/6/2013

Send this completed form to the Payroll & Human Resources Specialist.

Date Received by the Payroll & HR Specialist 8-6-13 Initials CS

Alcohol Testing Form (Non-DOT)

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

Step 1: TO BE COMPLETED BY ALCOHOL TECHNICIAN

A: Employee Name _____
(Print) (First, M, Last)

B: SSN or Employee ID No. _____

C: Employer Name _____
Street _____
City, State, Zip _____

DER Name and Telephone No. _____
DER Name _____ DER Phone Number _____

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

Lifeloc Technologies

Test Result Printout

Phoenix G.O	v1.11a
Serial Number	738
Units	BAC
Test Number	01373
Test Type	Auto Test
Result	.000
Date	08/02/2013
Time	23:19
Air Blank	.000
Time	23:19

Subject DM
3205

STEP 2: TO BE COMPLETED BY EMPLOYEE

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

Signature _____ Date 8/3/13
Month Day Year

Print Confirmation Results Here or Affix with Tamper Evident Tape

STEP 3: TO BE COMPLETED BY ALCOHOL TECHNICIAN

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

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

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

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

REMARKS:

**State Road Occupational
Medical Facility
600 State Road
Ashtabula, Ohio 44004**

Alcohol Technician's Company _____ Company Street Address _____

Jennifer Weber _____ (40)997-5988
(PRINT) Alcohol Technician's Name (First, M.I., Last) Company City, State, Zip Phone Number

J. Weber _____ 8/3/13
Signature of Alcohol Technician Date Month Day Year

RECEIVED
AUG 08 2013
CITY AUDITOR
CITY OF ASHTABULA

Print Additional Results Here or Affix With Tamper Evident Tape

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

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

Signature of Employee _____ Date _____
Month Day Year

INSTRUCTIONS FOR COMPLETING THE U.S. DEPARTMENT OF TRANSPORTATION ALCOHOL TESTING FORM

NOTE: Use a ballpoint pen, press hard, and check all copies for legibility.

STEP 1 The Breath Alcohol Technician (BAT) or Screening Test Technician (STT) completes the information required in this step. Be sure to print the employee's name and check the box identifying the reason for the test.

NOTE: If the employee refuses to provide SSN or I.D. number, be sure to indicate this in the remarks section in STEP 3. Proceed with STEP 2.

STEP 2 Instruct the employee to read, sign, and date the employee certification statement in STEP 2.

NOTE: If the employee refuses to sign the certification statement, do not proceed with the alcohol test. Contact the designated employer representative.

STEP 3 The BAT or STT completes the information required in this step and checks the type of device (saliva or breath) being used. After conducting the alcohol screening test, do the following (as appropriate):

Enter the information for the screening test (test number, testing device name, testing device serial number or lot number and expiration date, time of test with any device-dependent activation times, and the results), on the front of the ATF. For a breath testing device capable of printing, the information may be part of the printed record.

NOTE: Be sure to enter the result of the test exactly as it is indicated on the breath testing device, e.g., 0.00, 0.02, 0.04, etc.

Affix the printed information to the front of the form in the space provided, or to the back of the form, in a tamper-evident manner (e.g., tape) such that it does not obscure the original printed information, or the device may print the results directly on the ATF. If the results of the screening test are less than 0.02, print, sign your name, and enter today's date in the space provided. The test process is complete.

If the results of the screening test are 0.02 or greater, a confirmation test must be administered in accordance with DOT regulations. An EVIDENTIAL BREATH TESTING device that is capable of printing confirmation test information must be used in conducting this test.

Ensure that a waiting period of at least 15 minutes occurs before the confirmation test begins. Check the box indicating that the waiting period lasted at least 15 minutes.

After conducting the alcohol confirmation test, affix the printed information to the front of the form in the space provided, or to the back of the form, in a tamper-evident manner (e.g., tape) such that it does not obscure the original information, or the device may print the results directly on the ATF. Print, sign your name, and enter the date in the space provided. Go to STEP 4.

STEP 4 If the employee has a breath alcohol confirmation test result of 0.02 or higher, instruct the employee to read, sign, and date the employee certification statement in STEP 4.

NOTE: If the employee refuses to sign the certification statement in STEP 4, be sure to indicate this in the remarks line in STEP 3.

Immediately notify the DER if the employee has a breath alcohol confirmation test result of 0.02 or higher.

Forward **Copy 1** to the employer. Give **Copy 2** to the employee. Retain **Copy 3** for BAT/STT records.

Alcohol Testing Form (Non-DOT)
(The instructions for completing this form are on the back of Copy 3)

Step 1: TO BE COMPLETED BY ALCOHOL TECHNICIAN

A: Employee Name _____
(Print) (First, M.I., Last)

B: SSN or Employee ID No. _____

C: Employer Name City of ashtabula
Street 4717 Main Ave
City, State, Zip Ashtabula, OH 44004

DER Name and Telephone No. Brenda Sanders (440) 992-7183
DER Name _____ DER Phone Number _____

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

RECEIVED
SEP 26 2012
CITY AUDITOR
CITY OF ASHTABULA

Lifeloc Technologies

Test Result Printout	
Phoenix 6.0	v1.11a
Serial Number	10001360
Units	BAC
Test Number	01934
Test Type	Auto Test
Result	.000
Date	09/21/2012
Time	07:29
Air Blank	.000
Time	07:29

STEP 2: TO BE COMPLETED BY EMPLOYEE

I certify _____ signing and that the identifying information provided on the form is true and correct.

Signature _____ Date 9 / 21 / 12
Date Month Day Year

Subject JD
3205
Print Confirmation Results Here or Affix with Tamper Evident Tape

STEP 3: TO BE COMPLETED BY ALCOHOL TECHNICIAN

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

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

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

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

REMARKS: _____
State Road Occupational Medical Facility
600 State Road
Ashtabula, Ohio 44004

Alcohol Technician's Company _____ Company Street Address _____

Jacob J. Panich _____
(PRINT) Alcohol Technician's Name (First, M.I., Last) Company City, State, Zip _____ Phone Number _____

Jacob J. Panich _____
Signature of Alcohol Technician Date 09 / 21 / 2012
Date Month Day Year

Print Additional Results Here or Affix With Tamper Evident Tape

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

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

Signature of Employee _____ Date _____ / _____ / _____
Date Month Day Year

INSTRUCTIONS FOR COMPLETING THE U.S. DEPARTMENT OF TRANSPORTATION ALCOHOL TESTING FORM

NOTE: Use a ballpoint pen, press hard, and check all copies for legibility.

STEP 1 The Breath Alcohol Technician (BAT) or Screening Test Technician (STT) completes the information required in this step. Be sure to print the employee's name and check the box identifying the reason for the test.

NOTE: If the employee refuses to provide SSN or I.D. number, be sure to indicate this in the remarks section in STEP 3. Proceed with STEP 2.

STEP 2 Instruct the employee to read, sign, and date the employee certification statement in STEP 2.

NOTE: If the employee refuses to sign the certification statement, do not proceed with the alcohol test. Contact the designated employer representative.

STEP 3 The BAT or STT completes the information required in this step and checks the type of device (saliva or breath) being used. After conducting the alcohol screening test, do the following (as appropriate):

Enter the information for the screening test (test number, testing device name, testing device serial number or lot number and expiration date, time of test with any device-dependent activation times, and the results), on the front of the ATF. For a breath testing device capable of printing, the information may be part of the printed record.

NOTE: Be sure to enter the result of the test exactly as it is indicated on the breath testing device, e.g., 0.00, 0.02, 0.04, etc.

Affix the printed information to the front of the form in the space provided, or to the back of the form, in a tamper-evident manner (e.g., tape) such that it does not obscure the original printed information, or the device may print the results directly on the ATF. If the results of the screening test are less than 0.02, print, sign your name, and enter today's date in the space provided. The test process is complete.

If the results of the screening test are 0.02 or greater, a confirmation test must be administered in accordance with DOT regulations. An EVIDENTIAL BREATH TESTING device that is capable of printing confirmation test information must be used in conducting this test.

Ensure that a waiting period of at least 15 minutes occurs before the confirmation test begins. Check the box indicating that the waiting period lasted at least 15 minutes.

After conducting the alcohol confirmation test, affix the printed information to the front of the form in the space provided, or to the back of the form, in a tamper-evident manner (e.g., tape) such that it does not obscure the original information, or the device may print the results directly on the ATF. Print, sign your name, and enter the date in the space provided. Go to STEP 4.

STEP 4 If the employee has a breath alcohol confirmation test result of 0.02 or higher, instruct the employee to read, sign, and date the employee certification statement in STEP 4.

NOTE: If the employee refuses to sign the certification statement in STEP 4, be sure to indicate this in the remarks line in STEP 3.

Immediately notify the DER if the employee has a breath alcohol confirmation test result of 0.02 or higher.

Forward Copy 1 to the employer. Give Copy 2 to the employee. Retain Copy 3 for BAT/STT records.

DFWP DEPARTMENT HEAD POST - ACCIDENT REPORT

- What is an accident?
- Any unplanned event that occurs during working hours while conducting our business which results in any of the following: a fatality, injury, illness, or property or vehicular damage in excess of \$1000.00

RECEIVED

Date 9-1-12 Department Police
Name or Reporting Department Head Chief Robert A. Stell
Date of Incident 8-31-12 Time of Incident 1935 AM PM
Date and time the incident was reported to you 9-1-12 0922 AM PM
Employee involved (or who contributed to the accident) [REDACTED]
Place of Incident Nappi Field, W. 11th St, Ashtabula, OH 44004
Description of property or vehicle involved in the incident N/A
Describe the incident Employee, Police Officer, injured / twisted right knee attempting to make an arrest on a combative individual

2012
CITY AUDITOR
CITY OF ASHTABULA

1. Was a fatality involved? Yes No
2. Was our driver issued a citation? Yes No
3. Was there property or vehicular damage (estimated \$1000.00 or more)? Yes No
4. Was there a violation of a work or safety rule? Yes No
5. Do you have reasonable suspicion of drug or alcohol use for involved employee? Yes No

If reasonable suspicion exists, complete the Reasonable Suspicion Checklist and Observed Behavior Reasonable Cause Record.

If you answered yes to any of the above questions, send the employee involved in the incident for drug and alcohol testing. With your approval, the employee may remain in the workplace in a non-safety sensitive capacity pending test results.

6. Was anyone injured which required off-site medical treatment? Yes No

You may waive the testing for the injury requiring off-site medical treatment only if the injury is minor and considered commonplace to the job function, and you answered "no" to questions 1-5 above. (Please note a minor injury does not include transitional work or injury pay.)

DFWP DEPARTMENT HEAD POST- ACCIDENT REPORT

Subsequent Action Taken (check all that apply):

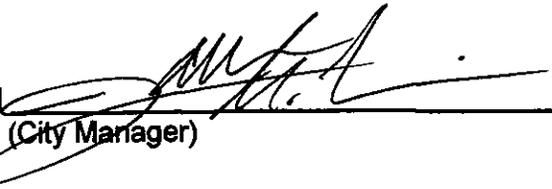
- Employee was sent for drug and alcohol testing
- Employee remained at work in a non-safety sensitive capacity pending test results
- Employee was sent home after drug and alcohol testing
- Employee returned to work full duty
- Employee was unable to return to work following the accident due to injury
- Drug and alcohol testing waived by the Department Head (explain)

Completed By 
(Signature)
Title Chief of Police

Date 9-4-12

Route this form to the City Manager.

Comments _____

Signed 
(City Manager)

Date Reviewed 9/4/2012

Send this completed form to the Payroll & Human Resources Specialist.

Date Received by the Payroll & HR Specialist 9-4-12 Initials CB

DFWP DEPARTMENT HEAD POST - ACCIDENT REPORT

RECEIVED
JUN 03 2011

CITY AUDITOR
OF ASHTABULA

- What is an accident?
- Any unplanned event that occurs during working hours while conducting our business which results in any of the following: a fatality, injury, illness, or property or vehicular damage in excess of \$1000.00.

Date 5/31/11 Department Police

Name or Reporting Department Head Chief Robert D. Stell

Date of Incident 5/28/11 Time of Incident 1942 AM PM

Date and time the incident was reported to you _____ AM PM

Employee involved (or who contributed to the accident) [REDACTED]

Place of Incident 5006 Keia Ave. Asht., OH 44004

Description of property or vehicle involved in the incident N/A

Describe the incident officers bitten by loose dog

1. Was a fatality involved? Yes No
2. Was our driver issued a citation? Yes No
3. Was there property or vehicular damage (estimated \$1000.00 or more)? Yes No
4. Was there a violation of a work or safety rule? Yes No
5. Do you have reasonable suspicion of drug or alcohol use for involved employee? Yes No

If reasonable suspicion exists, complete the Reasonable Suspicion Checklist and Observed Behavior Reasonable Cause Record.

If you answered yes to any of the above questions, send the employee involved in the incident for drug and alcohol testing. With your approval, the employee may remain in the workplace in a non-safety sensitive capacity pending test results.

6. Was anyone injured which required off-site medical treatment? Yes No

You may waive the testing for the injury requiring off-site medical treatment only if the injury is minor and considered commonplace to the job function, and you answered "no" to questions 1-5 above. (Please note a minor injury does not include transitional work or injury pay.)

DFWP DEPARTMENT HEAD POST- ACCIDENT REPORT

Subsequent Action Taken (check all that apply):

- Employee was sent for drug and alcohol testing
- Employee remained at work in a non-safety sensitive capacity pending test results
- Employee was sent home after drug and alcohol testing
- Employee returned to work full duty
- Employee was unable to return to work following the accident due to injury
- Drug and alcohol testing waived by the Department Head (explain)

Answered "No" to questions 1-5

Completed By *[Signature]*
(Signature)
Title *Chief of Police*

Date *5/31/11*

Route this form to the City Manager.

Comments *[Signature]*

Signed _____
(City Manager)

Date Reviewed _____

Send this completed form to the Payroll & Human Resources Specialist.

Date Received by the Payroll & HR Specialist *6-3-11* Initials *Ch*

NON-REGULATED 5 PART DRUG TESTING CUSTODY AND CONTROL FORM

SPECIMEN ID NO.

Z18779865



402 W County Rd D
St. Paul, MN 55112
(651) 636-7466
(800) 832-3244

1 To be completed by COLLECTOR
or EMPLOYER REPRESENTATIVE Account # 5000000

RECEIVED
APR 26 2011
LAB ACCESSION NO. 30066

A. Employer Name, Address, I.D. No.
3074 ASTABULA MEDICAL ARTS CTR
31 LAKE AVE. S.W.
ASTABULA, OH 44004
EMPLOYER NAME: City of Ashtabula

B. MRO Name, Address, Phone and Fax No.
CITY AUDITOR
CITY OF ASHTABULA
OH 44004-915-0000 FX 418-201-4011

Account # [grid] Donor I.D. [redacted]

Donor Name (Last, First) [redacted] Donor Daytime Phone [redacted]

D. Reason for Test
 Pre-employment
 Random
 Reasonable Suspicion/Cause
 Return To Duty
 Follow-up
 Post Accident
 Other (Specify) []

E. Collection Site Name [redacted] Collector Phone No. [grid] Collector Fax No. [grid]

F. Test(s) Ordered
 []
 []
 []
 []

STEP 2: COMPLETED BY COLLECTOR
 Read specimen temperature within 4 minutes. Is temperature between 90° and 100° F? Yes No, Enter Remark
 Specimen Collection: Split Single None Provided (Enter Remark) Observed (Enter Remark)

REMARKS None

STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5 on Copy 2 (MRO Copy)
STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY

I certify that the specimen given to me by the donor identified in the certification section on Copy 2 of this form was collected, labeled, sealed and released to the Delivery Service noted in accordance with applicable requirements.

Signature of Collector: [Signature]
 (PRINT) Collector's Name (First, MI, Last) S. M. GAVENER

Time of Collection: 0830 AM
 Date (Mo/Day/Yr.): 04/18/2011

SPECIMEN BOTTLE(S) RELEASED TO:
 Name of Delivery Service Transferring Specimen to Lab: UPS Local Courier Other

STEP 5: COMPLETED BY DONOR
 I certify that the specimen given to me by the donor identified in the certification section on Copy 2 of this form was collected, labeled, sealed and released to the Delivery Service noted in accordance with applicable requirements. I certify that the specimen given to the collector; that I have not adulterated it in any manner; each specimen bottle used was sealed with a tamper-evident seal in accordance with the information provided on this form and the label affixed to each specimen bottle is correct.

Daytime Phone No. [redacted] Evening Phone No. [redacted] Date of Birth: 4/27/83

STEP 6: COMPLETED BY MEDICAL REVIEW OFFICER - PRIMARY SPECIMEN
 In accordance with applicable requirements, my determination/verification is:
 NEGATIVE POSITIVE TEST CANCELLED DILUTE
 REFUSAL TO TEST BECAUSE: ADULTERATED SUBSTITUTED

REMARKS: [Signature]
 Signature of Medical Review Officer (PRINT) Medical Review Officer's Name (First, MI, Last) Date (Mo./Day/Yr.) 4/20/11

STEP 7: COMPLETED BY MEDICAL REVIEW OFFICER - SPLIT SPECIMEN
 In accordance with applicable requirements, my determination/verification
 RECONFIRMED FAILED TO RECONFIRM - REASON
 []

Signature of Medical Review Officer (PRINT) Medical Review Officer's Name (First, MI, Last) Date (Mo./Day/Yr.)

NON-REGULATED 5 PART DRUG TESTING CUSTODY AND CONTROL FORM

SPECIMEN ID NO.

214593826



402 W County Rd D
St. Paul, MN 55112
(651) 636-7466
(800) 832-3244



OH 553

RECEIVED

1 To be completed by COLLECTOR or EMPLOYER REPRESENTATIVE Account # 600910

A. Employer Name, Address, I.D. No.
CORP HLTH AT GENEVA MED CTR
870 WEST MAIN STREET
GENEVA, OH 44041
EMPLOYER NAME Ashtabula

B. MRO Name, Address, Phone and Fax No.
STEPHEN DUBOSIEWICZ, MD
870 WEST MAIN STREET
GENEVA, OH 44041
PH 440-415-0780 FX 214-201-4012

LAB ACCESSION NO.
NOV 17 2009
MICHAEL A. ZULLO, CPA
CITY AUDITOR
CITY OF ASHTABULA

Account # 600910 Donor SSN or Employee I.D. [REDACTED]

C. Donor Name (Last, First)
[REDACTED] Donor Daytime Phone [REDACTED]

D. Reason for Test
 Pre-employment
 Random
 Reasonable Suspicion/Cause
 Return To Duty
 Follow-up
 Post Accident
 Other (Specify) [REDACTED]

E. Collection Site Name
Collector Phone No. [REDACTED] Collector Fax No. [REDACTED]

F. Test(s) Ordered
 88544 5 PANEL
 88534 7 PANEL
 88537 10 PANEL
 88913 10 PANEL + EMP

STEP 2: COMPLETED BY COLLECTOR
Read specimen temperature within 4 minutes. Is temperature between 90° and 100° F? Yes No, Enter Remark

Specimen Collection:
 Split Single None Provided (Enter Remark) Observed (Enter Remark)

30066

REMARKS

STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5 on Copy 2 (MRO Copy)
STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY

I certify that the specimen given to me by the donor identified in the certification section on Copy 2 of this form was collected, labeled, sealed and released to the Delivery Service noted in accordance with applicable requirements

Signature of Collector: Richard Row
(PRINT) Collector's Name (First, MI, Last)

Time of Collection: 1105 AM PM
Date (Mo./Day/Yr.): 11/16/2009

SPECIMEN BOTTLE(S) RELEASED TO:
 Name of Delivery Service Transferring Specimen to Lab: UPS Local Courier
 Other

STEP 5: COMPLETED BY DONOR

I certify that I am the donor of the specimen and that I have not adulterated it in any manner; each specimen bottle used was sealed with a tamper-evident seal in my presence and the seal is intact on this form and the specimen bottle is correct.

Signature of Donor: [REDACTED] (First, MI, Last)
Date (Mo./Day/Yr.): 11/16/09

Daytime Phone No. [REDACTED] Evening Phone No. [REDACTED] Date of Birth: 4/27/83
Mo. Day Yr

STEP 6: COMPLETED BY MEDICAL REVIEW OFFICER - PRIMARY SPECIMEN
 In accordance with applicable requirements, my determination/verification is:
 NEGATIVE POSITIVE TEST CANCELLED DILUTE
 REFUSAL TO TEST BECAUSE: ADULTERATED SUBSTITUTED

REMARKS
 Signature of Medical Review Officer: Pol S. E. Dobosiewicz
 (PRINT) Medical Review Officer's Name (First, MI, Last) Date (Mo./Day/Yr.): 11/17/09

STEP 7: COMPLETED BY MEDICAL REVIEW OFFICER - SPLIT SPECIMEN
 In accordance with applicable requirements, my determination/verification is:
 RECONFIRMED FAILED TO RECONFIRM - REASON
 Signature of Medical Review Officer: [REDACTED]
 (PRINT) Medical Review Officer's Name (First, MI, Last) Date (Mo./Day/Yr.): 1/1

1905

NOV 1 2 5005

1905

Vertical text on the right edge, possibly bleed-through or a margin note, including the number 7.

CITY OF ASHTABULA

CITY EMPLOYEE BENEFICIARY RECORD

Ordinance No. 5583, passed 12-28-64

Soc. Sec. [Redacted]

Name in full [Redacted]

Male
Female

Single
Married
Widowed
Divorced

Address [Redacted] *Roaming Shores, Ohio 44084*

FAMILY DATA

NAMES

ADDRESS

Husband or wife

[Redacted]

[Redacted]

Roaming Shores, Ohio, 44084

Children

[Redacted]

Name of Beneficiary

[Redacted]

I desire the above named beneficiary to receive any unused sick leave accumulated by me at the time of my death.

SIGNED

[Redacted Signature]

DATE *5-16-13*

CITY OF ASHTABULA

CITY EMPLOYEE BENEFICIARY RECORD

Ordinance No. 5583, passed 12-28-64

Soc. Sec. 283.80.3205

Name in full [Redacted]

Male
Female

Single
Married
Widowed
Divorced

Address [Redacted] Conneaut, Ohio

FAMILY DATA

NAMES

ADDRESS

Husband or wife [Redacted]

Children _____

Name of Beneficiary [Redacted]

I designate [Redacted] beneficiary to receive any unused sick leave accumulated by me at the time of my death

SIGNED [Redacted] 4/19/11

DATE 12.3.10

CITY OF ASHTABULA

CITY EMPLOYEE BENEFICIARY RECORD

Ordinance No. 5583, passed 12-28-64

Soc. Sec. 283.80.3205

Name in full [REDACTED]

Male
Female

Single
Married
Widowed
Divorced

Address [REDACTED] Conneaut Ohio 44020

FAMILY DATA

NAMES

ADDRESS

Husband or wife _____
Children _____

Name of Beneficiary [REDACTED]

I desire that [REDACTED] named beneficiary to receive any unused sick leave accumulated by me at the time of my death.

SIGNED [REDACTED]

DATE 6/9/10

Form I-9, Employment Eligibility Verification

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

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

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

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

Print Name: Last [Redacted]	First [Redacted]	Middle Initial [Redacted]	Maiden Name
Address (Street Name and Number) [Redacted]		Apt. #	Date of Birth (month/day/year) 04-27-83
City Conneaut	State Ohio	Zip Code 44030	Social Security # [Redacted]

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

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

A citizen of the United States

A noncitizen national of the United States (see instructions)

A lawful permanent resident (Alien #) _____

An alien authorized to work (Alien # or Admission #) _____ until (expiration date, if applicable - month/day/year) _____

Employee's Signature: [Redacted] Date (month/day/year): 1/9/10

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

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	
Date (month/day/year)	

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

List A	OR	List B	AND	List C
Document title: _____		Driver License		Birth Certificate
Issuing authority: _____		State of Virginia		State of Ohio
Document #: _____		[Redacted]		134
Expiration Date (if any): _____		4-27-2013		
Document #: _____				
Expiration Date (if any): _____				

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

Signature of Employer or Authorized Representative [Signature]	Print Name Michael A Zullo	Title Auditor, CPA
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code) City of Ashtabula 4717 Main Ave Ashtabula OH		Date (month/day/year) 1-20-10

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

A. New Name (if applicable)	B. Date of Rehire (month/day/year) (if applicable) 4-18-11
-----------------------------	---

C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.

Document Title: Ohio Drivers License Document #: [Redacted] Expiration Date (if any): 4-27-13

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

Signature of Employer or Authorized Representative [Signature]	Date (month/day/year) 1/19/2011
---	------------------------------------

Paperwork Reduction Act

An agency may not conduct or sponsor an information collection and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The public reporting burden for this collection of information is estimated at 12 minutes per response, including the time for reviewing instructions and completing and submitting the form. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Citizenship and Immigration Services, Regulatory Management Division, 111 Massachusetts Avenue, N.W., 3rd Floor, Suite 3008, Washington, DC 20529-2210. OMB No. 1615-0047. **Do not mail your completed Form I-9 to this address.**



EMPLOYEE PERSONAL INFORMATION CHANGE

PLEASE RETURN THIS COMPLETED FORM TO THE AUDITOR'S OFFICE

NAME: _____

S.S.#: XXX-XX- _____

(LAST 4 SOCIAL SECURITY NO.)

DEPT: ADD

DATE OF EVENT: 9.21.12

SIGNATURE OF EMPLOYEE: _____

RECEIVED

PLEASE NOTE: OTHER DOCUMENTATION MAY BE REQUIRED UPON REQUEST.

OCT 03 2012

NEW ADDRESS:

CITY AUDITOR
CITY OF ASHTABULA *AS*

NEW PHONE NUMBER: Cell _____

NEW UNPUBLISHED PHONE NUMBER:

MARRIAGE:

SURNAME CHANGE:

(LAST NAME CHANGE, EX. MARRIAGE)

BIRTHS OF CHILDREN:

DEATHS OF CHILDREN:

DEPENDENCY OF CHILDREN:

DEATH OF SPOUSE:

DIVORCE:



RECEIVED
SEP 23 2021

BY: AO.....

ORDER OF ISOLATION FOR COMMUNICABLE DISEASE PATIENT

To _____ Address: _____

The Ashtabula County Health Department (ACHD) Health Commissioner ("the Commissioner") has reason to believe you are infected with the communicable disease COVID-19. If you are in fact infected with this disease you pose a substantial threat to the health of the public. To prevent transmission of this contagious disease, the Commissioner orders that you be placed in isolation in accordance with section 3707.08 of the Ohio Revised Code. The location where you are to be isolated is the home/place of residence. The Commissioner considers this the least restrictive clinically appropriate place of isolation given the nature of the disease you are suspected of having.

During this period, you may be required to undergo a medical exam and submit bodily specimens for analysis. In addition, you should accept any treatment recommended by your health care provider. Failure to accept treatment may significantly increase the duration of your isolation and may require the Commissioner to undertake further steps to ensure the health of the public.

This order will be in effect until you are deemed non-communicable by the Commissioner and therefore no longer pose a substantial threat to the health of the public. It is anticipated that you will need to be isolated until you are symptom free for at least 24 hours AND at least 10 days have passed since your first symptoms appeared. You may contact Christine Kettunen, ACHD Director of Nursing, at that time to determine whether any additional testing will be required to verify that you are non-communicable.

If you leave the place of isolation designated above, without the prior consent of the Commissioner, action will be taken as authorized under sections 3707.48, 3707.53, and 3707.99 of the Ohio Revised Code. Additionally, leaving the place of isolation designated above without the prior consent of the Commissioner, could subject you and your employees to criminal sanctions.

Any questions regarding this order may be directed to ACHD at 440.576.6010. This order is effective immediately upon service to the above named individual.

Raymond Saporito
Health Commissioner or Designee

9-15-2021
Date

Due to the nature of community spread of the COVID-19 virus, this order was mailed on 9-15-2021 to the person named above at the address listed above and is effective immediately upon receipt by the above named individual.

RECEIVED

SEP 24 2021

12 W. Jefferson St. Jefferson, OH 44047
Phone: 440.576.3023 Fax: 440.576.0001
www.ashtabulacountyhealth.com
Raymond J. Saporito, R.S., M.P.H., Health Commissioner

FINANCE DEPARTMENT
CITY OF ASHTABULA



Jay Becker, M.P.H.
Health Commissioner

Ashtabula County Health Department
12 West Jefferson Street
Jefferson, Ohio 44047

RECEIVED
SEP 23 2021

BY: ...*AD*.....

Telephone: 440.576.6010
Fax: 440.576.0001

DISCONTINUATION OF ISOLATION

To: [Redacted] Address [Redacted]

You previously received an order of isolation following diagnosis of the communicable disease COVID-19. This letter serves as follow-up notice that you have been cleared to discontinue home isolation based upon guidance from the Centers for Disease Control and Prevention (CDC).

Any questions regarding this order may be directed to the Ashtabula County Health Department, Nursing Division, (440) 576-6010.

[Signature]

Health Commissioner or Designee

9-15-2021

Date

RECEIVED

SEP 24 2021

FINANCE DEPARTMENT
CITY OF ASHTABULA

RECEIVED

JAN 19 2018

FINANCE DEPARTMENT
CITY OF ASHTABULA

IT 4
Rev. 5/07

Notice to Employee

- 1. For state purposes, an individual may claim only natural dependency exemptions. This includes the taxpayer, spouse and each dependent. Dependents are the same as defined in the Internal Revenue Code and as claimed in the taxpayer's federal income tax return for the taxable year for which the taxpayer would have been permitted to claim had the taxpayer filed such a return.
- 2. You may file a new certificate at any time if the number of your exemptions **increases**.

You must file a new certificate within 10 days if the number of exemptions previously claimed by you **decreases** because:

- (a) Your spouse for whom you have been claiming exemption is divorced or legally separated, or claims her (or his) own exemption on a separate certificate.
- (b) The support of a dependent for whom you claimed exemption is taken over by someone else.
- (c) You find that a dependent for whom you claimed exemption must be dropped for federal purposes.

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

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

- 3. If you expect to owe more Ohio income tax than will be withheld, you may claim a smaller number of exemptions; or under an agreement with your employer, you may have an additional amount withheld each pay period.
- 4. A married couple with both spouses working and filing a joint return will, in many cases, be required to file an individual estimated income tax form IT 1040ES even though Ohio income tax is being withheld from their wages. This result may occur because the tax on their combined income will be greater than the sum of the taxes withheld from the husband's wages and the wife's wages. This requirement to file an individual estimated income tax form IT 1040ES may also apply to an individual who has two jobs, both of which are subject to withholding. In lieu of filing the individual estimated income tax form IT 1040ES, the individual may provide for additional withholding with his employer by using line 5.

✂ please detach here



Department of Taxation

Employee's Withholding Exemption Certificate

IT 4
Rev. 5/07

Print full name _____ Social Security number _____

Home address and ZIP code _____ *Roaming Shoes, Ohio 44034*

Public school district of residence _____ School district no. _____
(See *The Finder* at tax.ohio.gov.)

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

Under the penalties of perjury, I certify that the number of exemptions claimed on this certificate does not exceed the number to which I am entitled.

Signature _____ Date *1.19.18*

Form W-4 (2017)

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

Exemption from withholding. If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2017 expires February 15, 2018. See Pub. 505, Tax Withholding and Estimated Tax.

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

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

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

The exceptions don't apply to supplemental wages greater than \$1,000,000.

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

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

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

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

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

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

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

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2017. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

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

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A	_____
B	Enter "1" if: <ul style="list-style-type: none"> • You're single and have only one job; or • You're married, have only one job, and your spouse doesn't work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. 	B	_____
C	Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C	_____
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D	_____
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E	_____
F	Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit. (Note: Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	F	_____
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> • If your total income will be less than \$70,000 (\$100,000 if married), enter "2" for each eligible child, then less "1" if you have two to four eligible children or less "2" if you have five or more eligible children. • If your total income will be between \$70,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child. 	G	_____
H	Add lines A through G and enter total here. (Note: This may be different from the number of exemptions you claim on your tax return.)	H	_____

For accuracy, complete all worksheets that apply.

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

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

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074 2017
1 Your first name and middle initial [Redacted]		Last name [Redacted]		2 Your social security number [Redacted]
Home address (number and street or rural route) [Redacted]		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input checked="" type="checkbox"/> Married, but withheld at higher Single rate Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box		
City or town, state, and ZIP code Roaming Shore, Ohio 44084		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. <input type="checkbox"/>		
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5	0	
6 Additional amount, if any, you want withheld from each paycheck		6	\$	
7 I claim exemption from withholding for 2017, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here.		7		
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.				
Employee's signature (This form is not valid unless you sign it.) [Redacted]		Date 1/9/18		
8 Employer's name and address (Employer's name and address to which to send any correspondence to the IRS.)		9 Office code (optional)		10 Employer identification number (EIN)

Deductions and Adjustments Worksheet

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

- 1 Enter an estimate of your 2017 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% of your income and miscellaneous deductions. For 2017, you may have to reduce your itemized deductions if your income is over \$313,800 and you're married filing jointly or you're a qualifying widow(er); \$287,650 if you're head of household; \$261,500 if you're single, not head of household and not a qualifying widow(er); or \$156,900 if you're married filing separately. See Pub. 505 for details. 1 \$ _____
- 2 Enter: $\left\{ \begin{array}{l} \$12,700 \text{ if married filing jointly or qualifying widow(er)} \\ \$9,350 \text{ if head of household} \\ \$6,350 \text{ if single or married filing separately} \end{array} \right\}$ 2 \$ _____
- 3 **Subtract** line 2 from line 1. If zero or less, enter "-0-" 3 \$ _____
- 4 Enter an estimate of your 2017 adjustments to income and any additional standard deduction (see Pub. 505) 4 \$ _____
- 5 **Add** lines 3 and 4 and enter the total. (Include any amount for credits from the *Converting Credits to Withholding Allowances for 2017 Form W-4* worksheet in Pub. 505.) 5 \$ _____
- 6 Enter an estimate of your 2017 nonwage income (such as dividends or interest) 6 \$ _____
- 7 **Subtract** line 6 from line 5. If zero or less, enter "-0-" 7 \$ _____
- 8 **Divide** the amount on line 7 by \$4,050 and enter the result here. Drop any fraction 8 _____
- 9 Enter the number from the **Personal Allowances Worksheet**, line H, page 1 9 _____
- 10 **Add** lines 8 and 9 and enter the total here. If you plan to use the **Two-Earners/Multiple Jobs Worksheet**, also enter this total on line 1 below. Otherwise, **stop here** and enter this total on Form W-4, line 5, page 1 10 _____

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

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

- 1 Enter the number from line H, page 1 (or from line 10 above if you used the **Deductions and Adjustments Worksheet**) 1 _____
- 2 Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. **However**, if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than "3" 2 _____
- 3 If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. **Do not** use the rest of this worksheet. 3 _____

Note: If line 1 is **less than** line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.

- 4 Enter the number from line 2 of this worksheet 4 _____
- 5 Enter the number from line 1 of this worksheet 5 _____
- 6 **Subtract** line 5 from line 4 6 _____
- 7 Find the amount in **Table 2** below that applies to the **HIGHEST** paying job and enter it here 7 \$ _____
- 8 **Multiply** line 7 by line 6 and enter the result here. This is the additional annual withholding needed 8 \$ _____
- 9 Divide line 8 by the number of pay periods remaining in 2017. For example, divide by 25 if you are paid every two weeks and you complete this form on a date in January when there are 25 pay periods remaining in 2017. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck 9 \$ _____

Table 1

Table 2

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$7,000	0	\$0 - \$8,000	0	\$0 - \$75,000	\$610	\$0 - \$38,000	\$610
7,001 - 14,000	1	8,001 - 16,000	1	75,001 - 135,000	1,010	38,001 - 85,000	1,010
14,001 - 22,000	2	16,001 - 26,000	2	135,001 - 205,000	1,130	85,001 - 185,000	1,130
22,001 - 27,000	3	26,001 - 34,000	3	205,001 - 360,000	1,340	185,001 - 400,000	1,340
27,001 - 35,000	4	34,001 - 44,000	4	360,001 - 405,000	1,420	400,001 and over	1,600
35,001 - 44,000	5	44,001 - 70,000	5	405,001 and over	1,600		
44,001 - 55,000	6	70,001 - 85,000	6				
55,001 - 65,000	7	85,001 - 110,000	7				
65,001 - 75,000	8	110,001 - 125,000	8				
75,001 - 80,000	9	125,001 - 140,000	9				
80,001 - 95,000	10	140,001 and over	10				
95,001 - 115,000	11						
115,001 - 130,000	12						
130,001 - 140,000	13						
140,001 - 150,000	14						
150,001 and over	15						

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

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

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

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

CITY OF ASHTABULA DIRECT DEPOSIT FORM

Why Choose Direct Deposit? No waiting in line!

- It's fast! It's convenient! It's secure!

It's as easy as 1-2-3:

**Just complete the form below and return it with a void check
(to verify bank routing and account numbers) to:**

**Assistant Finance Director
4717 Main Ave.
Ashtabula, Ohio 44004**

RECEIVED

JAN 17 2017

Employee Information

**FINANCE DEPARTMENT
CITY OF ASHTABULA**

Dept. Police Department
Employee: 614 [REDACTED]
Soc Sec Num: [REDACTED]
Address: [REDACTED]
City-State-Zip: Roaming Shores, Ohio 44084

*Pre-test
1-20-17
Live ✓
2-3-17*

Bank Information

Bank: Kaheview Federal Credit Union
Routing#: [REDACTED]
Account#: [REDACTED]
Type: **Checking** **Savings** **Net** **Amount**
Signature: [Signature]
Date: 1.17.17

I hereby authorize my employer, The City of Ashtabula, to deposit the net amount of my paycheck or other amount listed above to the bank designated on this form. The City of Ashtabula is also authorized to apply debit adjustments if an error is made to my account. I UNDERSTAND THAT THE DEPOSIT WILL NOT APPEAR UNTIL PAYDAY.

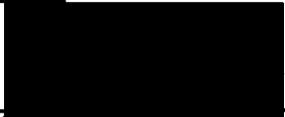
The first payday after direct deposit application is made will be a test; you will still receive a paper check on this date. Providing an exception does not occur, the second pay after application is made will be direct deposited into your designated account(s). You will be notified if an exception occurs where your direct deposit will be delayed. Incomplete forms will not be processed.

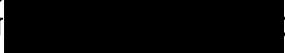
EMPLOYEE PERSONAL INFORMATION CHANGE

PLEASE RETURN THIS COMPLETED FORM TO THE AUDITOR'S OFFICE

NAME:  S.S.#: XXX-XX-
(LAST 4 SOCIAL SECURITY NO.)

DEPT: Police DATE OF EVENT: 8-4-16

SIGNATURE OF EMPLOYEE: 

PLEASE NOTE: OTHER DOCUMENTATION  ON REQUEST.

NEW ADDRESS:	RECEIVED
NEW PHONE NUMBER:	
NEW UNPUBLISHED PHONE NUMBER:	JUN 9 2016
MARRIAGE:	FINANCE DEPARTMENT
SURNAME CHANGE: (LAST NAME CHANGE, EX. MARRIAGE)	CITY OF ASHTABULA
BIRTHS OF CHILDREN:  5.4.16	
DEATHS OF CHILDREN:	
DEPENDENCY OF CHILDREN:	
DEATH OF SPOUSE:	
DIVORCE:	

OFFICE OF THE ATTORNEY GENERAL
STATE OF NEW YORK

July 1, 1910

RECEIVED

RECEIVED

MAY 9 2016

Certification of Health Care Provider for Family Member's Serious Health Condition (Family and Medical Leave Act)

U.S. Department of Labor Wage and Hour Division



OMB Control Number: 1235-0003 Expires: 2/28/2015

SECTION I: For Completion by the EMPLOYER

INSTRUCTIONS to the EMPLOYER: The Family and Medical Leave Act (FMLA) provides that an employer may require an employee seeking FMLA protections because of a need for leave to care for a covered family member with a serious health condition to submit a medical certification issued by the health care provider of the covered family member. Please complete Section I before giving this form to your employee. Your response is voluntary. While you are not required to use this form, you may not ask the employee to provide more information than allowed under the FMLA regulations, 29 C.F.R. §§ 825.306-825.308. Employers must generally maintain records and documents relating to medical certifications, recertifications, or medical histories of employees' family members, created for FMLA purposes as confidential medical records in separate files/records from the usual personnel files and in accordance with 29 C.F.R. § 1630.14(c)(1), if the Americans with Disabilities Act applies.

Employer name and contact: Ashabula City Police

SECTION II: For Completion by the EMPLOYEE

INSTRUCTIONS to the EMPLOYEE: Please complete Section II before giving this form to your family member or his/her medical provider. The FMLA permits an employer to require that you submit a timely, complete, and sufficient medical certification to support a request for FMLA leave to care for a covered family member with a serious health condition. If requested by your employer, your response is required to obtain or retain the benefit of FMLA protections. 29 U.S.C. §§ 2613, 2614(c)(3). Failure to provide a complete and sufficient medical certification may result in a denial of your FMLA request. 29 C.F.R. § 825.313. Your employer must give you at least 15 calendar days to return this form to your employer. 29 C.F.R. § 825.305.

Your name: [Redacted] First [Redacted] Middle [Redacted] Last

Name of family member for whom you will provide care: [Redacted] First Middle Last

Relationship of family member to you: Daughter

If family member is your son or daughter, date of birth: 5.9.16

Describe care you will provide to your family member and estimate leave needed to provide care:

Child care, feeding, cleaning, supervision, handling

Emp [Redacted] Date 5.6.16

Handwritten mark

SECTION III: For Completion by the HEALTH CARE PROVIDER

INSTRUCTIONS to the HEALTH CARE PROVIDER: The employee listed above has requested leave under the FMLA to care for your patient. Answer, fully and completely, all applicable parts below. Several questions seek a response as to the frequency or duration of a condition, treatment, etc. Your answer should be your best estimate based upon your medical knowledge, experience, and examination of the patient. Be as specific as you can; terms such as "lifetime," "unknown," or "indeterminate" may not be sufficient to determine FMLA coverage. Limit your responses to the condition for which the patient needs leave. Page 3 provides space for additional information, should you need it. Please be sure to sign the form on the last page.

Provider's name and business address: Dr. Soldrea Thompson 524 W 24th St Ashtabula, OH 44004

Type of practice / Medical specialty: OB/GYN

Telephone: (440) 997-6915 Fax: (440) 997-6976

PART A: MEDICAL FACTS

1. Approximate date condition commenced: LMP: 7-12-15

Probable duration of condition: Approx 6 weeks post partum

Was the patient admitted for an overnight stay in a hospital, hospice, or residential medical care facility?
 No Yes. If so, dates of admission: _____

Date(s) you treated the patient for condition: 10/06/15 - present

Was medication, other than over-the-counter medication, prescribed? No Yes.

Will the patient need to have treatment visits at least twice per year due to the condition? No Yes

Was the patient referred to other health care provider(s) for evaluation or treatment (e.g., physical therapist)?
 No Yes. If so, state the nature of such treatments and expected duration of treatment:

Dr. Mohammad Rajabi MFM - ultrasound

2. Is the medical condition pregnancy? No Yes. If so, expected delivery date: 5-05-16

3. Describe other relevant medical facts, if any, related to the condition for which the patient needs care (such as medical facts may include symptoms, diagnosis, or any regimen of continuing treatment such as the use of specialized equipment):

Care of patient and newborn + assistance with activities of daily living from 6/26/16 - 8/28/16

PART B - PATIENT'S CARE NEEDS When answering questions, please indicate the type of assistance with basic medical, physical, or psychological care.

4. Will the patient be incapacitated for a single continuous period of time, including any time for treatment and recovery? No Yes.

Estimate the beginning and ending dates for the period of incapacity: 5/05/16 - 6/20/16

During this time, will the patient need care? No Yes.

Explain the care needed by the patient and why such care is medically necessary:

Assistance with activities of daily + care of patient and newborn from 6/26/16 - 8/02/16

5. Will the patient require follow-up treatments, including any time for recovery? No Yes.

Estimate treatment schedule, if any, including the dates of any scheduled appointments and the time required for each appointment, including any recovery period:

Patient will need to be off for doctor's appointments and PRN for pregnancy complications

Explain the care needed by the patient, and why such care is medically necessary: _____

6. Will the patient require care on an intermittent or reduced schedule basis, including any time for recovery? No Yes.

Estimate the hours the patient needs care on an intermittent basis, if any:

_____ hour(s) per day; _____ days per week from _____ through _____

Explain the care needed by the patient, and why such care is medically necessary:

Care of patient and newborn + assistance with activities of daily living from 6/26/16 - 8/02/16

7. Will the condition cause episodic flare-ups periodically preventing the patient from participating in normal daily activities? ___ No Yes.

Based upon the patient's medical history and your knowledge of the medical condition, estimate the frequency of flare-ups and the duration of related incapacity that the patient may have over the next 6 months (e.g., 1 episode every 3 months lasting 1-2 days):

Frequency: ___ times per ___ week(s) ___ month(s)

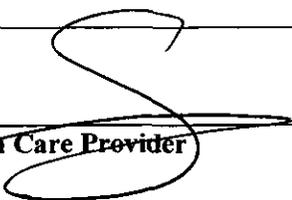
Duration: ___ hours or ___ day(s) per episode

Does the patient need care during these flare-ups? ___ No ___ Yes.

Explain the care needed by the patient, and why such care is medically necessary: _____

Care of patient and newborn + assistance with activities of daily living from 6/26/16 - 8/6/16

ADDITIONAL INFORMATION: IDENTIFY QUESTION NUMBER WITH YOUR ADDITIONAL ANSWER

Signature of Health Care Provider  Date 8/6/16

PAPERWORK REDUCTION ACT NOTICE AND PUBLIC BURDEN STATEMENT

If submitted, it is mandatory for employers to retain a copy of this disclosure in their records for three years. 29 U.S.C. § 2616; 29 C.F.R. § 825.500. Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. The Department of Labor estimates that it will take an average of 20 minutes for respondents to complete this collection of information, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding this burden estimate or any other aspect of this collection information, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S-3502, 200 Constitution Ave., NW, Washington, DC 20210. **DO NOT SEND COMPLETED FORM TO THE DEPARTMENT OF LABOR; RETURN TO THE PATIENT.**

Ashtabula County Medical Center
Cleveland Clinic affiliate

2420 Lake Avenue
Ashtabula, Ohio 44004
(440) 997-2262

FACSIMILE TRANSMISSION COVER SHEET

TO: HR @ Ashtabula City Police

LOCATION: _____ RECEIVED

FAX: 992-7179 _____ MAY 4 2016

FROM: Dr. Thompson _____ FINANCE DEPARTMENT
CITY OF ASHTABULA

DEPARTMENT: OB/GYN _____

FAX #: 440-997-6976 PHONE #: 440-997-6915

DATE: 4-18-16 TIME: 1137

TOTAL # OF PAGES (INCLUDING COVER SHEET): 4

COMMENTS:

RE: 

CONFIDENTIALITY OF FACSIMILE TRANSMISSIONS

The information contained in this facsimile message is confidential and / or proprietary information intended only for the use of the individual or entity named on this transmission sheet. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or the taking of any action in reliance on the contents of this information is strictly prohibited, and that the documents should be returned to this company immediately. In this regard, if you have received this facsimile in error, please notify us by telephone immediately and return the original message to us at the address above via the U.S. Postal Service. Thank you.

COPY

Designation Notice (Family and Medical Leave Act)

U.S. Department of Labor
Wage and Hour Division



OMB Control Number: 1235-0003
Expires: 3/31/2018

Leave covered under the Family and Medical Leave Act (FMLA) must be designated as FMLA-protected and the employer must inform the employee of the amount of leave that will be counted against the employee's FMLA leave entitlement. In order to determine whether leave is covered under the FMLA, the employer may request that the leave be supported by a certification. If the certification is incomplete or insufficient, the employer must state in writing what additional information is necessary to make the certification complete and sufficient. While use of this form by employers is optional, a fully completed Form WH-382 provides an easy method of providing employees with the written information required by 29 C.F.R. §§ 825.300(e), 825.301, and 825.305(c).

To: _____

Date: _____

We have reviewed your request for leave under the FMLA and any supporting documentation that you have provided. We received your most recent information on _____ and decided:

Your FMLA leave request is approved. All leave taken for this reason will be designated as FMLA leave.

The FMLA requires that you notify us as soon as practicable if dates of scheduled leave change or are extended, or were initially unknown. Based on the information you have provided to date, we are providing the following information about the amount of time that will be counted against your leave entitlement:

Provided there is no deviation from your anticipated leave schedule, the following number of hours, days, or weeks will be counted against your leave entitlement. _____

Because the leave you will need will be unscheduled, it is not possible to provide the hours, days, or weeks that will be counted against your FMLA entitlement at this time. You have the right to request this information once in a 30-day period (if leave was taken in the 30-day period).

Please be advised (check if applicable):

You have requested to use paid leave during your FMLA leave. Any paid leave taken for this reason will count against your FMLA leave entitlement.

We are requiring you to substitute or use paid leave during your FMLA leave.

You will be required to present a fitness-for-duty certificate to be restored to employment. If such certification is not timely received, your return to work may be delayed until certification is provided. A list of the essential functions of your position is is not attached. If attached, the fitness-for-duty certification must address your ability to perform these functions.

Additional information is needed to determine if your FMLA leave request can be approved:

The certification you have provided is not complete and sufficient to determine whether the FMLA applies to your leave request. You must provide the following information no later than _____, unless it is not practicable under the particular circumstances despite your diligent good faith efforts, or your leave may be denied.
(Provide at least seven calendar days)

(Specify information needed to make the certification complete and sufficient)

We are exercising our right to have you obtain a second or third opinion medical certification at our expense, and we will provide further details at a later time.

Your FMLA Leave request is Not Approved.

The FMLA does not apply to your leave request.

You have exhausted your FMLA leave entitlement in the applicable 12-month period.

PAPERWORK REDUCTION ACT NOTICE AND PUBLIC BURDEN STATEMENT

It is mandatory for employers to inform employees in writing whether leave requested under the FMLA has been determined to be covered under the FMLA. 29 U.S.C. § 2617; 29 C.F.R. §§ 825.300(d), (e). It is mandatory for employers to retain a copy of this disclosure in their records for three years. 29 U.S.C. § 2616; 29 C.F.R. § 825.300. Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. The Department of Labor estimates that it will take an average of 10 - 30 minutes for respondents to complete this collection of information, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding this burden estimate or any other aspect of this collection information, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S-3502, 200 Constitution Ave., NW, Washington, DC 20210. DO NOT SEND THE COMPLETED FORM TO THE WAGE AND HOUR DIVISION.

INSTRUCTIONS to the HEALTH CARE PROVIDER:

The employee listed above has requested leave under the FMLA to care for your patient. Answer, fully and completely, all applicable parts below. Several questions seek a response as to the frequency or duration of a condition, treatment, etc. Your answer should be your best estimate based upon your medical knowledge, experience, and examination of the patient. Be as specific as you can; terms such as "lifetime," "unknown," or "indeterminate" may not be sufficient to determine FMLA coverage. Limit your responses to the condition for which the patient needs leave. Page 3 provides space for additional information, should you need it. Please be sure to sign the form on the last page.

Provider's name and business address: Dr. Saldrea Thompson 524 W. 24th St. Ashtabula, OH. 44004

Type of practice / Medical specialty: OB/Gyn

Telephone: (440) 997-6915 Fax: (440) 997-6976

AREA 1: PATIENT INFORMATION

1. Approximate date condition commenced: LMP 7-12-15

Probable duration of condition: EDD 5-5-16

Was the patient admitted for an overnight stay in a hospital, hospice, or residential medical care facility?
 No Yes. If so, dates of admission: _____

Date(s) you treated the patient for condition: 10-6-15 to present

Was medication, other than over-the-counter medication, prescribed? No Yes.

Will the patient need to have treatment visits at least twice per year due to the condition? No Yes

Was the patient referred to other health care provider(s) for evaluation or treatment (e.g., physical therapist)?
 No Yes. If so, state the nature of such treatments and expected duration of treatment:

Dr. M. Rajabi - High Risk Maternal fetal medicine - ultrasound

2. Is the medical condition pregnancy? No Yes. If so, expected delivery date: 5-5-16

3. Describe other relevant medical facts, if any, related to the condition for which the patient needs care (such medical facts may include symptoms, diagnosis, or any regimen of continuing treatment such as the use of specialized equipment):

Pt to be incapacitated from delivery to approx 6 wks post partum. Spouse leave to begin from 10-27-16 and lasting to 8-3-16.

Certification of Health Care Provider for Family Member's Serious Health Condition (Family and Medical Leave Act)

U.S. Department of Labor
Wage and Hour Division



OMB Control Number: 1235-0003
Expires: 2/28/2015

[Redacted]

INSTRUCTIONS to the EMPLOYER: The Family and Medical Leave Act (FMLA) provides that an employer may require an employee seeking FMLA protections because of a need for leave to care for a covered family member with a serious health condition to submit a medical certification issued by the health care provider of the covered family member. Please complete Section I before giving this form to your employee. Your response is voluntary. While you are not required to use this form, you may not ask the employee to provide more information than allowed under the FMLA regulations, 29 C.F.R. §§ 825.306-825.308. Employers must generally maintain records and documents relating to medical certifications, recertifications, or medical histories of employees' family members, created for FMLA purposes as confidential medical records in separate files/records from the usual personnel files and in accordance with 29 C.F.R. § 1630.14(c)(1), if the Americans with Disabilities Act applies.

Employer name and contact: Ashland City Police 110 W. 44th St. Ashland, Ohio
44004 440.892.7172 Fax 440.922.7179

[Redacted]

INSTRUCTIONS to the EMPLOYEE: Please complete Section II before giving this form to your family member or his/her medical provider. The FMLA permits an employer to require that you submit a timely, complete, and sufficient medical certification to support a request for FMLA leave to care for a covered family member with a serious health condition. If requested by your employer, your response is required to obtain or retain the benefit of FMLA protections. 29 U.S.C. §§ 2613, 2614(c)(3). Failure to provide a complete and sufficient medical certification may result in a denial of your FMLA request. 29 C.F.R. § 825.313. Your employer must give you at least 15 calendar days to return this form to your employer. 29 C.F.R. § 825.305.

Your name: [Redacted] First Middle Last

Name of family member for whom you will provide care: [Redacted] First Middle Last

Relationship of family member to you: Daughter

If family member is your son or daughter, date of birth: 5.5.16

Describe care you will provide to your family member and estimate leave needed to provide care:

Child care, Banding

[Redacted] Date 4/18/16

Notice of Eligibility and Rights & Responsibilities (Family and Medical Leave Act)

U.S. Department of Labor Wage and Hour Division



OMB Control Number 1235-0003 Expires: 2/28/2015

In general, to be eligible an employee must have worked for an employer for at least 12 months, meet the hours of service requirement in the 12 months preceding the leave, and work at a site with at least 50 employees within 75 miles.

[Part A - NOTICE OF ELIGIBILITY]

TO: Ptlm. [redacted] Employee
FROM: Chief Robert Stell Employer Representative
DATE: March 25, 2016

RECEIVED

MAY 4 2016

FINANCE DEPARTMENT CITY OF ASHTABULA

On March 25, 2016, you informed us that you needed leave beginning on June 27, 2016 for:

- The birth of a child, or placement of a child with you for adoption or foster care;
Your own serious health condition;
Because you are needed to care for your spouse; child; parent due to his/her serious health condition.
Because of a qualifying exigency arising out of the fact that your spouse; son or daughter; parent is on covered active duty or call to covered active duty status with the Armed Forces.
Because you are the spouse; son or daughter; parent; next of kin of a covered servicemember with a serious injury or illness.

This Notice is to inform you that you:

- Are eligible for FMLA leave (See Part B below for Rights and Responsibilities)
Are not eligible for FMLA leave, because (only one reason need be checked, although you may not be eligible for other reasons):
You have not met the FMLA's 12-month length of service requirement.
You have not met the FMLA's hours of service requirement.
You do not work and/or report to a site with 50 or more employees within 75-miles.

If you have any questions, contact June A. Lencl, Administrative Assistant to Chief Stell or view the FMLA poster located in Justice Center lobby next to Right Stuff time keeping system

[PART B-RIGHTS AND RESPONSIBILITIES FOR TAKING FMLA LEAVE]

As explained in Part A, you meet the eligibility requirements for taking FMLA leave and still have FMLA leave available in the applicable 12-month period. However, in order for us to determine whether your absence qualifies as FMLA leave, you must return the following information to us by April 25, 2016.

- Sufficient certification to support your request for FMLA leave. A certification form that sets forth the information necessary to support your request is/ is not enclosed
Sufficient documentation to establish the required relationship between you and your family member.
Other information needed (such as documentation for military family leave): Forms submitted in the Right Stuff system for payroll purposes.

If your leave does qualify as FMLA leave you will have the following responsibilities while on FMLA leave (only checked blanks apply):

Contact _____ at _____ to make arrangements to continue to make your share of the premium payments on your health insurance to maintain health benefits while you are on leave. You have a minimum 30-day (or, indicate longer period, if applicable) grace period in which to make premium payments. If payment is not made timely, your group health insurance may be cancelled, provided we notify you in writing at least 15 days before the date that your health coverage will lapse, or, at our option, we may pay your share of the premiums during FMLA leave, and recover these payments from you upon your return to work.

You will be required to use your available paid sick, vacation, and/or other leave during your FMLA absence. This means that you will receive your paid leave and the leave will also be considered protected FMLA leave and counted against your FMLA leave entitlement.

Due to your status within the company, you are considered a "key employee" as defined in the FMLA. As a "key employee," restoration to employment may be denied following FMLA leave on the grounds that such restoration will cause substantial and grievous economic injury to us. We have/ have not determined that restoring you to employment at the conclusion of FMLA leave will cause substantial and grievous economic harm to us.

While on leave you will be required to furnish us with periodic reports of your status and intent to return to work every week (Indicate interval of periodic reports, as appropriate for the particular leave situation).

If the circumstances of your leave change, and you are able to return to work earlier than the date indicated on the this form, you will be required to notify us at least two workdays prior to the date you intend to report for work.

If your leave does qualify as FMLA leave you will have the following rights while on FMLA leave:

- You have a right under the FMLA for up to 12 weeks of unpaid leave in a 12-month period calculated as
 - the calendar year (January - December).
 - a fixed leave year based on _____
 - the 12-month period measured forward from the date of your first FMLA leave usage
 - a "rolling" 12-month period measured backward from the date of any FMLA leave usage.
- You have a right under the FMLA for up to 26 weeks of unpaid leave in a single 12-month period to care for a covered servicemember with a serious injury or illness. This single 12-month period commenced on _____
- Your health benefits must be maintained during any period of unpaid leave under the same conditions as if you continued to work.
- You must be reinstated to the same or an equivalent job with the same pay, benefits, and terms and conditions of employment on your return from FMLA-protected leave. (If your leave extends beyond the end of your FMLA entitlement, you do not have return rights under FMLA.)
- If you do not return to work following FMLA leave for a reason other than: 1) the continuation, recurrence, or onset of a serious health condition which would entitle you to FMLA leave; 2) the continuation, recurrence, or onset of a covered servicemember's serious injury or illness which would entitle you to FMLA leave; or 3) other circumstances beyond your control, you may be required to reimburse us for our share of health insurance premiums paid on your behalf during your FMLA leave.
- If we have not informed you above that you must use accrued paid leave while taking your unpaid FMLA leave entitlement, you have the right to have sick, vacation, and/or other leave run concurrently with your unpaid leave entitlement, provided you meet any applicable requirements of the leave policy. Applicable conditions related to the substitution of paid leave are referenced or set forth below. If you do not meet the requirements for taking paid leave, you remain entitled to take unpaid FMLA leave.

For a copy of conditions applicable to sick/vacation/other leave usage please refer to Union Contract available at Chief's Office/FOP President

Applicable conditions for use of paid leave: Vacation time - four (4) hour increments; Sick Leave - one (1) hour increments; Personal Leave - four (4) hour increments; Holiday Leave - twelve (12) hour increments;

OTC Leave - 44.38 hours

Once we obtain the information from you as specified above, we will inform you, within 5 business days, whether your leave will be designated as FMLA leave and count towards your FMLA leave entitlement. If you have any questions, please do not hesitate to contact:

June A. Lencl, Chief Stell's Office at 440-992-7156

PAPERWORK REDUCTION ACT NOTICE AND PUBLIC BURDEN STATEMENT

It is mandatory for employers to provide employees with notice of their eligibility for FMLA protection and their rights and responsibilities 29 U.S.C. § 2617; 29 C.F.R. § 825.300(b), (c). It is mandatory for employers to retain a copy of this disclosure in their records for three years. 29 U.S.C. § 2616; 29 C.F.R. § 825.500. Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. The Department of Labor estimates that it will take an average of 10 minutes for respondents to complete this collection of information, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding this burden estimate or any other aspect of this collection information, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S-3502, 200 Constitution Ave., NW, Washington, DC 20210. **DO NOT SEND THE COMPLETED FORM TO THE WAGE AND HOUR DIVISION.**

Designation Notice
(Family and Medical Leave Act)

U.S. Department of Labor
Wage and Hour Division



OMB Control Number 1235-0003
Expires: 5/31/2018

Leave covered under the Family and Medical Leave Act (FMLA) must be designated as FMLA-protected and the employer must inform the employee of the amount of leave that will be counted against the employee's FMLA leave entitlement. In order to determine whether leave is covered under the FMLA, the employer may request that the leave be supported by a certification. If the certification is incomplete or insufficient, the employer must state in writing what additional information is necessary to make the certification complete and sufficient. While use of this form by employers is optional, a fully completed Form WH-382 provides an easy method of providing employees with the written information required by 29 C.F.R. §§ 825.300(c), 825.301, and 825.305(c).

RECEIVED

To: Pt/m. [REDACTED]

Date: 04/20/2016

MAY 4 2016

We have reviewed your request for leave under the FMLA and any supporting documentation that you have provided. We received your most recent information on April 19, 2016 and decided:

FINANCE DEPARTMENT
CITY OF WASHINGTON

Your FMLA leave request is approved. All leave taken for this reason will be designated as FMLA leave.

The FMLA requires that you notify us as soon as practicable if dates of scheduled leave change or are extended, or were initially unknown. Based on the information you have provided to date, we are providing the following information about the amount of time that will be counted against your leave entitlement:

Provided there is no deviation from your anticipated leave schedule, the following number of hours, days, or weeks will be counted against your leave entitlement: _____

Because the leave you will need will be unscheduled, it is not possible to provide the hours, days, or weeks that will be counted against your FMLA entitlement at this time. You have the right to request this information once in a 30-day period (if leave was taken in the 30-day period).

Please be advised (check if applicable):

You have requested to use paid leave during your FMLA leave. Any paid leave taken for this reason will count against your FMLA leave entitlement.

We are requiring you to substitute or use paid leave during your FMLA leave.

You will be required to present a fitness-for-duty certificate to be restored to employment. If such certification is not timely received, your return to work may be delayed until certification is provided. A list of the essential functions of your position is is is not attached. If attached, the fitness-for-duty certification must address your ability to perform these functions.

Additional information is needed to determine if your FMLA leave request can be approved:

The certification you have provided is not complete and sufficient to determine whether the FMLA applies to your leave request. You must provide the following information no later than _____, unless it is not practicable under the particular circumstances despite your diligent good faith efforts, or your leave may be denied.

(Provide at least seven calendar days)

(Specify information needed to make the certification complete and sufficient)

We are exercising our right to have you obtain a second or third opinion medical certification at our expense, and we will provide further details at a later time.

Your FMLA Leave request is Not Approved.

The FMLA does not apply to your leave request.

You have exhausted your FMLA leave entitlement in the applicable 12-month period.

PAPERWORK REDUCTION ACT NOTICE AND PUBLIC BURDEN STATEMENT

It is mandatory for employers to inform employees in writing whether leave requested under the FMLA has been determined to be covered under the FMLA. 29 U.S.C. § 2617, 29 C.F.R. §§ 825.300(d), (e) It is mandatory for employers to retain a copy of this disclosure in their records for three years. 29 U.S.C. § 2616; 29 C.F.R. § 825.500. Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. The Department of Labor estimates that it will take an average of 10 – 30 minutes for respondents to complete this collection of information, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding this burden estimate or any other aspect of this collection information, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S-3502, 200 Constitution Ave., NW, Washington, DC 20210. DO NOT SEND THE COMPLETED FORM TO THE WAGE AND HOUR DIVISION.

COPY

Certification of Health Care Provider for
Family Member's Serious Health Condition
(Family and Medical Leave Act)

U.S. Department of Labor
Wage and Hour Division



OMB Control Number: 1235-0003
Expires: 2/28/2015

SECTION I: For Completion by the EMPLOYER

INSTRUCTIONS to the EMPLOYER: The Family and Medical Leave Act (FMLA) provides that an employer may require an employee seeking FMLA protections because of a need for leave to care for a covered family member with a serious health condition to submit a medical certification issued by the health care provider of the covered family member. Please complete Section I before giving this form to your employee. Your response is voluntary. While you are not required to use this form, you may not ask the employee to provide more information than allowed under the FMLA regulations, 29 C.F.R. §§ 825.306-825.308. Employers must generally maintain records and documents relating to medical certifications, recertifications, or medical histories of employees' family members, created for FMLA purposes as confidential medical records in separate files/records from the usual personnel files and in accordance with 29 C.F.R. § 1630.14(c)(1), if the Americans with Disabilities Act applies.

RECEIVED

Employer name and contact: Ashtabula City Police

MAY 6 2016

SECTION II: For Completion by the EMPLOYEE

INSTRUCTIONS to the EMPLOYEE: Please complete Section II before giving this form to your employer, family member or his/her medical provider. The FMLA permits an employer to require that you submit a timely, complete, and sufficient medical certification to support a request for FMLA leave to care for a covered family member with a serious health condition. If requested by your employer, your response is required to obtain or retain the benefit of FMLA protections. 29 U.S.C. §§ 2613, 2614(c)(3). Failure to provide a complete and sufficient medical certification may result in a denial of your FMLA request. 29 C.F.R. § 825.313. Your employer must give you at least 15 calendar days to return this form to your employer. 29 C.F.R. § 825.305.

FINANCE DEPARTMENT
CITY OF ASHTABULA

Your name: [Redacted] [Redacted] [Redacted]
First Middle Last

Name of family member for whom you will provide care: [Redacted]
First Middle Last

Relationship of family member to you: Daughter

If family member is your son or daughter, date of birth: 5.9.16

Describe care you will provide to your family member and estimate leave needed to provide care:
Child care, feeding, cleaning, supervision, handling

[Redacted] _____
Emp _____ Date 5.6.16

✓

SECTION III: For Completion by the HEALTH CARE PROVIDER

INSTRUCTIONS to the HEALTH CARE PROVIDER: The employee listed above has requested leave under the FMLA to care for your patient. Answer, fully and completely, all applicable parts below. Several questions seek a response as to the frequency or duration of a condition, treatment, etc. Your answer should be your best estimate based upon your medical knowledge, experience, and examination of the patient. Be as specific as you can; terms such as "lifetime," "unknown," or "indeterminate" may not be sufficient to determine FMLA coverage. Limit your responses to the condition for which the patient needs leave. Page 3 provides space for additional information, should you need it. Please be sure to sign the form on the last page.

Provider's name and business address: Dr. Soldrea Thompson 524 W 24th St Ashtabula, OH 44004

Type of practice / Medical specialty: OB/GYN

Telephone: (440) 997-6915 Fax: (440) 997-6976

PART A: MEDICAL FACTS

1. Approximate date condition commenced: LMP: 7-12-15

Probable duration of condition: Approx 6 weeks post partum

Was the patient admitted for an overnight stay in a hospital, hospice, or residential medical care facility?
 No Yes. If so, dates of admission: _____

Date(s) you treated the patient for condition: 10/06/15 - present

Was medication, other than over-the-counter medication, prescribed? No Yes.

Will the patient need to have treatment visits at least twice per year due to the condition? No Yes

Was the patient referred to other health care provider(s) for evaluation or treatment (e.g., physical therapist)?
 No Yes. If so, state the nature of such treatments and expected duration of treatment:

Dr. Mohammad Rajabi MFM - ultrasound

2. Is the medical condition pregnancy? No Yes. If so, expected delivery date: 5-05-16

3. Describe other relevant medical facts, if any, related to the condition for which the patient needs care (such as medical facts may include symptoms, diagnosis, or any regimen of continuing treatment such as the use of specialized equipment):

Care of patient and newborn + assistance with activities of daily living from 6/26/16 - 8/28/16

PART B: AMOUNT OF CARE NEEDED: When answering these questions, keep in mind that your patient's need for care by the employee seeking leave may include assistance with basic medical, hygienic, nutritional, safety or transportation needs, or the provision of physical or psychological care:

4. Will the patient be incapacitated for a single continuous period of time, including any time for treatment and recovery? No Yes.

Estimate the beginning and ending dates for the period of incapacity: 5/05/16 - 6/20/16

During this time, will the patient need care? No Yes.

Explain the care needed by the patient and why such care is medically necessary:

Assistance with activities of daily + care of patient and newborn from 6/26/16 - 8/02/16

5. Will the patient require follow-up treatments, including any time for recovery? No Yes.

Estimate treatment schedule, if any, including the dates of any scheduled appointments and the time required for each appointment, including any recovery period:

Patient will need to be off for doctor's appointments and PRN for pregnancy complications

Explain the care needed by the patient, and why such care is medically necessary: _____

6. Will the patient require care on an intermittent or reduced schedule basis, including any time for recovery? No Yes.

Estimate the hours the patient needs care on an intermittent basis, if any:

_____ hour(s) per day; _____ days per week from _____ through _____

Explain the care needed by the patient, and why such care is medically necessary:

Care of patient and newborn + assistance with activities of daily living from 6/26/16 - 8/02/16

7. Will the condition cause episodic flare-ups periodically preventing the patient from participating in normal daily activities? ___ No Yes.

Based upon the patient's medical history and your knowledge of the medical condition, estimate the frequency of flare-ups and the duration of related incapacity that the patient may have over the next 6 months (e.g., 1 episode every 3 months lasting 1-2 days):

Frequency: ___ times per ___ week(s) ___ month(s)

Duration: ___ hours or ___ day(s) per episode

Does the patient need care during these flare-ups? ___ No ___ Yes.

Explain the care needed by the patient, and why such care is medically necessary: _____

Care of patient and newborn + assistance with activities of daily living from 6/26/16 - 8/2/16

ADDITIONAL INFORMATION: IDENTIFY QUESTION NUMBER WITH YOUR ADDITIONAL ANSWER


Signature of Health Care Provider

8/6/16
Date

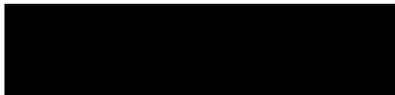
PAPERWORK REDUCTION ACT NOTICE AND PUBLIC BURDEN STATEMENT

If submitted, it is mandatory for employers to retain a copy of this disclosure in their records for three years. 29 U.S.C. § 2616; 29 C.F.R. § 825.500. Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. The Department of Labor estimates that it will take an average of 20 minutes for respondents to complete this collection of information, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding this burden estimate or any other aspect of this collection information, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S-3502, 200 Constitution Ave., NW, Washington, DC 20210. **DO NOT SEND COMPLETED FORM TO THE DEPARTMENT OF LABOR; RETURN TO THE PATIENT.**

EMPLOYEE PERSONAL INFORMATION CHANGE

PLEASE RETURN THIS COMPLETED FORM TO THE AUDITOR'S OFFICE

RECEIVED

NAME:  S.S.#: 
(SOCIAL SECURITY NUMBER) CITY AUDITOR
CITY OF ASHTABULA

MAY 16 2013

DEPT: Police Department DATE OF EVENT: 4.1.13

SIGNATURE OF EMPLOYEE: 

PLEASE NOTE: OTHER DOCUMENTATION MAY BE REQUIRED UPON REQUEST.

NEW ADDRESS:

NEW PHONE NUMBER:

NEW UNPUBLISHED PHONE NUMBER:

MARRIAGE:

SURNAME CHANGE:
(LAST NAME CHANGE, EX. MARRIAGE)

BIRTHS OF CHILDREN:


DEATHS OF CHILDREN:

DEPENDENCY OF CHILDREN:

DEATH OF SPOUSE:

DIVORCE:

Form W-4 (2013)

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

Exemption from withholding. If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2013 expires February 17, 2014. See Pub. 505, Tax Withholding and Estimated Tax.

Note. If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$1,000 and includes more than \$350 of unearned income (for example, interest and dividends).

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

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

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

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

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity

income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

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

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

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2013. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

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

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A	_____
B	Enter "1" if: <ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. 	B	_____
C	Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C	_____
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D	_____
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E	_____
F	Enter "1" if you have at least \$1,900 of child or dependent care expenses for which you plan to claim a credit		
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more info. <ul style="list-style-type: none"> • If your total income will be less than \$65,000 (\$95,000 if married), enter "2" for each eligible child; have three to six eligible children or less "2" if you have seven or more eligible children. • If your total income will be between \$65,000 and \$84,000 (\$95,000 and \$119,000 if married), enter "1" for each eligible child. 		
H	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you can claim.)		
	For accuracy, complete all worksheets that apply. <ul style="list-style-type: none"> • If you plan to itemize or claim adjustments to income and want to reduce your withholding, complete the Adjustments Worksheet on page 2. • If you are single and have more than one job or are married and you and your spouse have combined earnings from all jobs exceed \$40,000 (\$10,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld. • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4. 		

FWTM
Current allowance
"0"
 See worksheet on page 2 to
 REMAINDER
 CITY OF ASHTABULA

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

Form W-4 Department of the Treasury Internal Revenue Service	<h2>Employee's Withholding Allowance Certificate</h2> <p>▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</p>	OMB No. 1545-0074 <h1 style="font-size: 2em;">2013</h1>
1 Home address (number and street or rural route) _____ City or town, state, and ZIP code <i>Rainy Shores, OH 44084</i>		2 Your social security number _____
3 <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.		
4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>		
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5 <u>0</u>
6 Additional amount, if any, you want withheld from each paycheck		6 \$ _____
7 I claim exemption from withholding for 2013, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here.		
Under penalties of perjury, I declare that I have provided this information and, to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature (This form is not valid unless you sign it.) ▶ _____		Date ▶ <i>5/16/13</i>
8 Employer's name and address (Employer's name and address if sending to the IRS.)		9 Office code (optional)
10 Employer identification number (EIN)		

Deductions and Adjustments Worksheet

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

- 1 Enter an estimate of your 2013 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% (7.5% if either you or your spouse was born before January 2, 1949) of your income, and miscellaneous deductions. For 2013, you may have to reduce your itemized deductions if your income is over \$300,000 and you are married filing jointly or are a qualifying widow(er); \$275,000 if you are head of household; \$250,000 if you are single and not head of household or a qualifying widow(er); or \$150,000 if you are married filing separately. See Pub. 505 for details. 1 \$ _____
- 2 Enter: $\left\{ \begin{array}{l} \$12,200 \text{ if married filing jointly or qualifying widow(er)} \\ \$8,950 \text{ if head of household} \\ \$6,100 \text{ if single or married filing separately} \end{array} \right\}$ 2 \$ _____
- 3 **Subtract** line 2 from line 1. If zero or less, enter "-0-" 3 \$ _____
- 4 Enter an estimate of your 2013 adjustments to income and any additional standard deduction (see Pub. 505) 4 \$ _____
- 5 **Add** lines 3 and 4 and enter the total. (Include any amount for credits from the *Converting Credits to Withholding Allowances for 2013 Form W-4* worksheet in Pub. 505.) 5 \$ _____
- 6 Enter an estimate of your 2013 nonwage income (such as dividends or interest) 6 \$ _____
- 7 **Subtract** line 6 from line 5. If zero or less, enter "-0-" 7 \$ _____
- 8 **Divide** the amount on line 7 by \$3,900 and enter the result here. Drop any fraction 8 _____
- 9 Enter the number from the **Personal Allowances Worksheet**, line H, page 1 9 _____
- 10 **Add** lines 8 and 9 and enter the total here. If you plan to use the **Two-Earners/Multiple Jobs Worksheet**, also enter this total on line 1 below. Otherwise, **stop here** and enter this total on Form W-4, line 5, page 1 10 _____

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

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

- 1 Enter the number from line H, page 1 (or from line 10 above if you used the **Deductions and Adjustments Worksheet**) 1 _____
- 2 Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. **However**, if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than "3" 2 _____
- 3 If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. **Do not** use the rest of this worksheet 3 _____

Note. If line 1 is **less than** line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.

- 4 Enter the number from line 2 of this worksheet 4 _____
- 5 Enter the number from line 1 of this worksheet 5 _____
- 6 **Subtract** line 5 from line 4 6 _____
- 7 Find the amount in **Table 2** below that applies to the **HIGHEST** paying job and enter it here 7 \$ _____
- 8 **Multiply** line 7 by line 6 and enter the result here. This is the additional annual withholding needed 8 \$ _____
- 9 Divide line 8 by the number of pay periods remaining in 2013. For example, divide by 25 if you are paid every two weeks and you complete this form on a date in January when there are 25 pay periods remaining in 2013. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck 9 \$ _____

Table 1

Table 2

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$5,000	0	\$0 - \$8,000	0	\$0 - \$72,000	\$590	\$0 - \$37,000	\$590
5,001 - 13,000	1	8,001 - 16,000	1	72,001 - 130,000	980	37,001 - 80,000	980
13,001 - 24,000	2	16,001 - 25,000	2	130,001 - 200,000	1,090	80,001 - 175,000	1,090
24,001 - 26,000	3	25,001 - 30,000	3	200,001 - 345,000	1,290	175,001 - 385,000	1,290
26,001 - 30,000	4	30,001 - 40,000	4	345,001 - 385,000	1,370	385,001 and over	1,540
30,001 - 42,000	5	40,001 - 50,000	5	385,001 and over	1,540		
42,001 - 48,000	6	50,001 - 70,000	6				
48,001 - 55,000	7	70,001 - 80,000	7				
55,001 - 65,000	8	80,001 - 95,000	8				
65,001 - 75,000	9	95,001 - 120,000	9				
75,001 - 85,000	10	120,001 and over	10				
85,001 - 97,000	11						
97,001 - 110,000	12						
110,001 - 120,000	13						
120,001 - 135,000	14						
135,001 and over	15						

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

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

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

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

Notice to Employee

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

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

You must file a new certificate within 10 days if the exemptions previously claimed by you **decreases**:

- (a) Your spouse for whom you have been claimant is divorced or legally separated, or claims his own exemption on a separate certificate.
- (b) The support of a dependent for whom you claim exemption is taken over by someone else.
- (c) You find that a dependent for whom you claimed exemption must be dropped for federal purposes.

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

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

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

*OH
Current
allowance
"1"*

... with both spouses working and filing a ... many cases, be required to file an individual income tax form IT 1040ES even though ... s being withheld from their wages. This because the tax on their combined income is more than the sum of the taxes withheld on their wages and the wife's wages. This ... an individual estimated income tax form ... so apply to an individual who has two ... are subject to withholding. In lieu of ... filing the individual estimated income tax form IT 1040ES, the individual may provide for additional withholding with his employer by using line 5.

RECEIVED

MAY 10 2013

✂ please detach here

CITY AUDITOR
CITY OF ASHTABULA



Department of Taxation

Employee's Withholding Exemption Certificate

Print full name _____ Social Security number _____

Home address and ZIP code _____ *Boaming Shores Ohio 44024*

Public school district of residence *Jefferson* School district no. _____
(See *The Finder* at tax.ohio.gov.)

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

Under the _____ that the number of exemptions claimed on this certificate does not exceed the number to which I am entitled.

Signature _____ Date *5/16/13*

RECEIVED
MAR 22 2013
WHD

Designation Notice
(Family and Medical Leave Act)

U.S. Department of Labor
Wage and Hour Division

CITY AUDITOR
CITY OF ASHTABULA
Control Number: 1235-0003
Expires: 2/28/2015

Leave covered under the Family and Medical Leave Act (FMLA) must be designated as FMLA-protected and the employer must inform the employee of the amount of leave that will be counted against the employee's FMLA leave entitlement. In order to determine whether leave is covered under the FMLA, the employer may request that the leave be supported by a certification. If the certification is incomplete or insufficient, the employer must state in writing what additional information is necessary to make the certification complete and sufficient. While use of this form by employers is optional, a fully completed Form WH-382 provides an easy method of providing employees with the written information required by 29 C.F.R. §§ 825.300(c), 825.301, and 825.305(c).

To: [Redacted]

Date: 03/20/2013

We have reviewed your request for leave under the FMLA and any supporting documentation that you have provided. We received your most recent information on March 18, 2013 and decided:

Your FMLA leave request is approved. All leave taken for this reason will be designated as FMLA leave.

The FMLA requires that you notify us as soon as practicable if dates of scheduled leave change or are extended, or were initially unknown. Based on the information you have provided to date, we are providing the following information about the amount of time that will be counted against your leave entitlement:

Provided there is no deviation from your anticipated leave schedule, the following number of hours, days, or weeks will be counted against your leave entitlement: _____

Because the leave you will need will be unscheduled, it is not possible to provide the hours, days, or weeks that will be counted against your FMLA entitlement at this time. You have the right to request this information once in a 30-day period (if leave was taken in the 30-day period).

Please be advised (check if applicable):

You have requested to use paid leave during your FMLA leave. Any paid leave taken for this reason will count against your FMLA leave entitlement.

We are requiring you to substitute or use paid leave during your FMLA leave.

You will be required to present a fitness-for-duty certificate to be restored to employment. If such certification is not timely received, your return to work may be delayed until certification is provided. A list of the essential functions of your position is is not attached. If attached, the fitness-for-duty certification must address your ability to perform these functions.

Additional information is needed to determine if your FMLA leave request can be approved:

The certification you have provided is not complete and sufficient to determine whether the FMLA applies to your leave request. You must provide the following information no later than _____, unless it is not practicable under the particular circumstances despite your diligent good faith efforts, or your leave may be denied.
(Provide at least seven calendar days)

(Specify information needed to make the certification complete and sufficient)

We are exercising our right to have you obtain a second or third opinion medical certification at our expense, and we will provide further details at a later time.

Your FMLA Leave request is Not Approved.

The FMLA does not apply to your leave request.

You have exhausted your FMLA leave entitlement in the applicable 12-month period.

PAPERWORK REDUCTION ACT NOTICE AND PUBLIC BURDEN STATEMENT

It is mandatory for employers to inform employees in writing whether leave requested under the FMLA has been determined to be covered under the FMLA. 29 U.S.C. § 2617; 29 C.F.R. §§ 825.300(d), (e). It is mandatory for employers to retain a copy of this disclosure in their records for three years. 29 U.S.C. § 2616; 29 C.F.R. § 825.500. Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. The Department of Labor estimates that it will take an average of 10 - 30 minutes for respondents to complete this collection of information, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding this burden estimate or any other aspect of this collection information, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S-3502, 200 Constitution Ave., NW, Washington, DC 20210. DO NOT SEND THE COMPLETED FORM TO THE WAGE AND HOUR DIVISION.

Notice of Eligibility and Rights & Responsibilities
(Family and Medical Leave Act)

U.S. Department of Labor
Wage and Hour Division



OMB Control Number: 1235-0003
Expires: 2/28/2015

In general, to be eligible an employee must have worked for an employer for at least 12 months, have worked at least 1,250 hours in the 12 months preceding the leave, and work at a site with at least 50 employees within 75 miles. While use of this form by employers is optional, a fully completed Form WH-381 provides employees with the information required by 29 C.F.R. § 825.300(b), which must be provided within five business days of the employee notifying the employer of the need for FMLA leave. Part B provides employees with information regarding their rights and responsibilities for taking FMLA leave, as required by 29 C.F.R. § 825.300(b), (c).

RECEIVED
MAR 22 2013
CITY AUDITOR
CITY OF ASHTABULA

[Part A - NOTICE OF ELIGIBILITY]

TO: [Redacted] Employee
FROM: City of Ashtabula Employer Representative
DATE: March 11 2013

On March 1, 2013, you informed us that you needed leave beginning on 6/26/2013 for:

- [x] The birth of a child, or placement of a child with you for adoption or foster care;
- [] Your own serious health condition;
- [] Because you are needed to care for your [] spouse; [] child; [] parent due to his/her serious health condition.
- [] Because of a qualifying exigency arising out of the fact that your [] spouse; [] son or daughter; [] parent is on active duty or call to active duty status in support of a contingency operation as a member of the National Guard or Reserves.
- [] Because you are the [] spouse; [] son or daughter; [] parent; [] next of kin of a covered servicemember with a serious injury or illness.

This Notice is to inform you that you:

- [x] Are eligible for FMLA leave (See Part B below for Rights and Responsibilities)
- [] Are not eligible for FMLA leave, because (only one reason need be checked, although you may not be eligible for other reasons):
 - [] You have not met the FMLA's 12-month length of service requirement. As of the first date of requested leave, you will have worked approximately [] months towards this requirement.
 - [] You have not met the FMLA's 1,250-hours-worked requirement.
 - [] You do not work and/or report to a site with 50 or more employees within 75-miles.

If you have any questions, contact June Lenci or view the FMLA poster located in Justice Center lobby next to Kronos time clock

[PART B-RIGHTS AND RESPONSIBILITIES FOR TAKING FMLA LEAVE]

As explained in Part A, you meet the eligibility requirements for taking FMLA leave and still have FMLA leave available in the applicable 12-month period. However, in order for us to determine whether your absence qualifies as FMLA leave, you must return the following information to us by 3-18-2013. (If a certification is requested, employers must allow at least 15 calendar days from receipt of this notice; additional time may be required in some circumstances.) If sufficient information is not provided in a timely manner, your leave may be denied.

- [x] Sufficient certification to support your request for FMLA leave. A certification form that sets forth the information necessary to support your request [x] is/ [] is not enclosed.
- [] Sufficient documentation to establish the required relationship between you and your family member.
- [x] Other information needed: Application for Leave Form

No additional information requested

If your leave does qualify as FMLA leave you will have the following responsibilities while on FMLA leave (only checked blanks apply):

Contact _____ at _____ to make arrangements to continue to make your share of the premium payments on your health insurance to maintain health benefits while you are on leave. You have a minimum 30-day (or, indicate longer period, if applicable) grace period in which to make premium payments. If payment is not made timely, your group health insurance may be cancelled, provided we notify you in writing at least 15 days before the date that your health coverage will lapse, or, at our option, we may pay your share of the premiums during FMLA leave, and recover these payments from you upon your return to work.

You will be required to use your available paid sick, vacation, and/or other leave during your FMLA absence. This means that you will receive your paid leave and the leave will also be considered protected FMLA leave and counted against your FMLA leave entitlement.

Due to your status within the company, you are considered a "key employee" as defined in the FMLA. As a "key employee," restoration to employment may be denied following FMLA leave on the grounds that such restoration will cause substantial and grievous economic injury to us. We have/ have not determined that restoring you to employment at the conclusion of FMLA leave will cause substantial and grievous economic harm to us.

While on leave you will be required to furnish us with periodic reports of your status and intent to return to work every month. (Indicate interval of periodic reports, as appropriate for the particular leave situation).

If the circumstances of your leave change, and you are able to return to work earlier than the date indicated on the reverse side of this form, you will be required to notify us at least two workdays prior to the date you intend to report for work.

If your leave does qualify as FMLA leave you will have the following rights while on FMLA leave:

- You have a right under the FMLA for up to 12 weeks of unpaid leave in a 12-month period calculated as:
 - the calendar year (January - December).
 - a fixed leave year based on _____
 - the 12-month period measured forward from the date of your first FMLA leave usage.
 - a "rolling" 12-month period measured backward from the date of any FMLA leave usage.
- You have a right under the FMLA for up to 26 weeks of unpaid leave in a single 12-month period to care for a covered servicemember with a serious injury or illness. This single 12-month period commenced on _____
- Your health benefits must be maintained during any period of unpaid leave under the same conditions as if you continued to work.
- You must be reinstated to the same or an equivalent job with the same pay, benefits, and terms and conditions of employment on your return from FMLA-protected leave. (If your leave extends beyond the end of your FMLA entitlement, you do not have return rights under FMLA.)
- If you do not return to work following FMLA leave for a reason other than: 1) the continuation, recurrence, or onset of a serious health condition which would entitle you to FMLA leave; 2) the continuation, recurrence, or onset of a covered servicemember's serious injury or illness which would entitle you to FMLA leave; or 3) other circumstances beyond your control, you may be required to reimburse us for our share of health insurance premiums paid on your behalf during your FMLA leave.
- If we have not informed you above that you must use accrued paid leave while taking your unpaid FMLA leave entitlement, you have the right to have sick, vacation, and/or other leave run concurrently with your unpaid leave entitlement, provided you meet any applicable requirements of the leave policy. Applicable conditions related to the substitution of paid leave are referenced or set forth below. If you do not meet the requirements for taking paid leave, you remain entitled to take unpaid FMLA leave.

For a copy of conditions applicable to sick/vacation/other leave usage please refer to Union Contract available at Chief's Office/FOP President

Applicable conditions for use of paid leave: Vacation - 4 Hr. increments; Sick - 1 Hr. increments;

Personal - 4 Hrs. increments; Holiday - 12 Hr. increments; OTC - 124.38 Hours

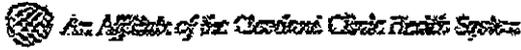
Once we obtain the information from you as specified above, we will inform you, within 5 business days, whether your leave will be designated as FMLA leave and count towards your FMLA leave entitlement. If you have any questions, please do not hesitate to contact:

June A. Lenci at 440-992-7156

PAPERWORK REDUCTION ACT NOTICE AND PUBLIC BURDEN STATEMENT

It is mandatory for employers to provide employees with notice of their eligibility for FMLA protection and their rights and responsibilities. 29 U.S.C. § 2617; 29 C.F.R. § 825.300(b), (c). It is mandatory for employers to retain a copy of this disclosure in their records for three years. 29 U.S.C. § 2616; 29 C.F.R. § 825.500. Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. The Department of Labor estimates that it will take an average of 10 minutes for respondents to complete this collection of information, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding this burden estimate or any other aspect of this collection information, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S-3502, 200 Constitution Ave., NW, Washington, DC 20210. **DO NOT SEND THE COMPLETED FORM TO THE WAGE AND HOUR DIVISION.**

Ashtabula County Medical Center



2422 Lake Avenue
Ashtabula, Ohio 44004
(440) 992-4422

RECEIVED

MAR 22 2013

CITY AUDITOR
CITY OF ASHTABULA

FACSIMILE TRANSMISSION COVER SHEET

TO: _____

LOCATION: _____

FAX: 992-7179

FROM: Jen@Dr. Suchada Chaiwechokam

DEPARTMENT: OB/GYN

FAX #: 1-440-997-6976 PHONE #: 1-440-997-6915

DATE: 3 / 20 / 13 TIME: _____ am pm

TOTAL # OF PAGES (INCLUDING COVER SHEET): _____

COMMENTS:
Re 

CONFIDENTIALITY OF FACSIMILE TRANSMISSIONS

The information contained in this facsimile message is confidential and/or proprietary information intended only for the use of the individual or entity named on this transmission sheet. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or the taking of any action in reliance on the contents of this information is strictly prohibited, and that the documents should be returned to this company immediately. In this regard, if you have received this facsimile in error, please notify us by telephone immediately and return the original message to us at the address above via the U.S. Postal Service. Thank you.

6-26-13 to 7-8-13
fax: 992-7179

Certification of Health Care Provider for Employee's Serious Health Condition (Family and Medical Leave Act)

U.S. Department of Labor
Wage and Hour Division



OMB Control Number: 1235-0003
Expires: 2/28/2015

SECTION I: For Completion by the EMPLOYER

INSTRUCTIONS to the EMPLOYER: The Family and Medical Leave Act (FMLA) provides that an employer may require an employee seeking FMLA protections because of a need for leave due to a serious health condition to submit a medical certification issued by the employee's health care provider. Please complete Section I before giving this form to your employee. Your response is voluntary. While you are not required to use this form, you may not ask the employee to provide more information than allowed under the FMLA regulations, 29 C.F.R. §§ 825.306-825.308. Employers must generally maintain records and documents relating to medical certifications, recertifications, or medical histories of employees created for FMLA purposes as confidential medical records in separate files/records from the usual personnel files and in accordance with 29 C.F.R. § 1630.14(c)(1), if the Americans with Disabilities Act applies.

Employer name and contact: Ashfabula Police Dept., Robert D. Stell, Chief

Employee's job title: Patrolman Regular work schedule: 01900 - 0700

Employee's essential job functions: See Attached

Check if job description is attached:

SECTION II: For Completion by the EMPLOYEE

INSTRUCTIONS to the EMPLOYEE: Please complete Section II before giving this form to your medical provider. The FMLA permits an employer to require that you submit a timely, complete, and sufficient medical certification to support a request for FMLA leave due to your own serious health condition. If requested by your employer, your response is required to obtain or retain the benefit of FMLA protections. 29 U.S.C. §§ 2613, 2614(c)(3). Failure to provide a complete and sufficient medical certification may result in a denial of your FMLA request. 20 C.F.R. § 825.313. Your employer must give you at least 15 calendar days to return this form. 29 C.F.R. § 825.305(b).

Your name: [Redacted] [Redacted] [Redacted]
First Middle Last

SECTION III: For Completion by the HEALTH CARE PROVIDER

INSTRUCTIONS to the HEALTH CARE PROVIDER: Your patient has requested leave under the FMLA. Answer, fully and completely, all applicable parts. Several questions seek a response as to the frequency or duration of a condition, treatment, etc. Your answer should be your best estimate based upon your medical knowledge, experience, and examination of the patient. Be as specific as you can; terms such as "lifetime," "unknown," or "indeterminate" may not be sufficient to determine FMLA coverage. Limit your responses to the condition for which the employee is seeking leave. Please be sure to sign the form on the last page. 524 W. 24th St

Provider's name and business address: Suchada Chaiwechakam

Type of practice / Medical specialty: OB/GYN

Telephone: (440) 997-6975 Fax: (440) 997-6976

PART A: MEDICAL FACTS

1. Approximate date condition commenced: 6-26-13 → 7-3-13

Probable duration of condition: See above

Mark below as applicable:

Was the patient admitted for an overnight stay in a hospital, hospice, or residential medical care facility?
 No Yes. If so, dates of admission:

Date(s) you treated the patient for condition:

9-4-12 to present

Will the patient need to have treatment visits at least twice per year due to the condition? No Yes.

Was medication, other than over-the-counter medication, prescribed? No Yes.

Was the patient referred to other health care provider(s) for evaluation or treatment (e.g., physical therapist)?
 No Yes. If so, state the nature of such treatments and expected duration of treatment:

2. Is the medical condition pregnancy? No Yes. If so, expected delivery date: 4-2-13

3. Use the information provided by the employer in Section I to answer this question. If the employer fails to provide a list of the employee's essential functions or a job description, answer these questions based upon the employee's own description of his/her job functions.

Is the employee unable to perform any of his/her job functions due to the condition: No Yes.

If so, identify the job functions the employee is unable to perform:

4. Describe other relevant medical facts, if any, related to the condition for which the employee seeks leave (such medical facts may include symptoms, diagnosis, or any regimen of continuing treatment such as the use of specialized equipment):

husband
He taking time off to take care
of newborn baby.

PART B: AMOUNT OF LEAVE NEEDED

5. Will the employee be incapacitated for a single continuous period of time due to his/her medical condition, including any time for treatment and recovery? No Yes.

If so, estimate the beginning and ending dates for the period of incapacity: _____

6. Will the employee need to attend follow-up treatment appointments or work part-time or on a reduced schedule because of the employee's medical condition? No Yes.

If so, are the treatments or the reduced number of hours of work medically necessary?
 No Yes.

Estimate treatment schedule, if any, including the dates of any scheduled appointments and the time required for each appointment, including any recovery period:

Estimate the part-time or reduced work schedule the employee needs, if any:

_____ hour(s) per day; _____ days per week from _____ through _____

7. Will the condition cause episodic flare-ups periodically preventing the employee from performing his/her job functions? No Yes.

Is it medically necessary for the employee to be absent from work during the flare-ups?
 No Yes. If so, explain:

Based upon the patient's medical history and your knowledge of the medical condition, estimate the frequency of flare-ups and the duration of related incapacity that the patient may have over the next 6 months (e.g., 1 episode every 3 months lasting 1-2 days):

Frequency : _____ times per _____ week(s) _____ month(s)

Duration: _____ hours or _____ day(s) per episode

ADDITIONAL INFORMATION: IDENTIFY QUESTION NUMBER WITH YOUR ADDITIONAL ANSWER.



DEPARTMENT OF MILITARY AND VETERANS AFFAIRS
NORTHEAST COUNTERDRUG TRAINING CENTER
PENNSYLVANIA NATIONAL GUARD
Building 8-64, Fort Indiantown Gap
Anville, PA 17003-5002
(717) 861-2197
Toll Free (877) 806-6293
Fax: (717) 861-9253

RECEIVED

AUG 2 2012

[Handwritten initials]

CITY AUDITOR
CITY OF ASHTABULA

May 14, 2012

Your request to attend the Methamphetamine Training Course from July 23 – July 27, 2012 has been received and tentatively approved. Once we receive your certification we will Email you your acceptance letter and course information.

The medical certification must be completed, signed by a certified physician, and faxed to the Northeast Counterdrug Training Center at the above fax number. This certification is required because of the student's use of self-contained breathing apparatus (SCBA) for protection from chemical exposure. Please do not send your physical or other paperwork; we only need the medical certification.

If you have any questions regarding this certification or questionnaire, feel free to contact Specialist Daniel Krott at the above number (717) 861-2197.

Sincerely,

Mark A. Martella
Captain, AVN, PAARNG
Officer in Charge
Northeast Counterdrug Training Center

Enclosure

Medical Certification

I examined [redacted] (Name) on 7-20-12
(Date) and find the individual to be medically able to perform the duties described above without unusual medical risk of harm to the individual or others.

Occupational Physician's Signature

Date 7-20-12

Printed Name THOMAS E HUNT, DO

FAX

Date:

8-27-12

Number of pages including cover sheet:

3

To:

Northeast Counterdrug Training

Phone:

Fax phone: 717-861-9253

E MAIL:

From:

Carolyn Sheldon

Payroll & Human Resources
Specialist

City of Ashtabula

Phone: (440)992-7141

Fax phone: (440)992-9306

E MAIL: carolyns@cityofashtabula.com

REMARKS:

Urgent

For your review

Reply ASAP

Please comment

MEDICAL CERTIFICATION for

Christopher DeFina



TRANSMISSION VERIFICATION REPORT

TIME : 08/27/2012 09:44
NAME : CITY OF ASHTABULA
FAX : 4409929306
TEL : 4409927107
SER. # : BR0L2J855650

DATE, TIME	08/27 09:43
FAX NO./NAME	17178619253
DURATION	00:00:51
PAGE(S)	03
RESULT	OK
MODE	STANDARD ECM



DEPARTMENT OF MILITARY AND VETERANS AFFAIRS
NORTHEAST COUNTERDRUG TRAINING CENTER

PENNSYLVANIA NATIONAL GUARD

Building 8-64, Fort Indiantown Gap

Annville, PA 17003-5002

(717) 861-2197

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May 14, 2012

RECEIVED

MAY 2 2012

CITY AUDITOR
CITY OF ASHTABULA

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Sincerely,

Mark A. Martella
Captain, AVN, PAARNG
Officer in Charge
Northeast Counterdrug Training Center

Enclosure

Medical Certification

I examined [REDACTED] (Name) on 7-20-12
(Date) and find the individual to be medically able to perform the duties described above without unusual medical risk of harm to the individual or others.

Occupational Physician's Signature

Date 7-20-12

Printed Name THOMAS E HUNT, DO

Medical Evaluation Questionnaire

(adapted from OSHA Respirator Medical Evaluation Questionnaire, 29 CFR 1919.134 Appendix C)

Each participant is requested to fill out this initial Medical Form and bring with him/her at the time of the initial examination. Every question in this form is important as a part of complete and thorough examination. This information, along with the results of you entire examination, are part of the health surveillance program.

Today's Date:

7-20-12

Full Name:

Home Address:

Roaming Shores, Ohio 44084

Phone Number:

Any

Best time to reach you:

Male

Female

Sex:

Age: 29

Height: 6.2

Weight: 180

List present medical problems

None

What kind of exercise do you do? Walking, Jogging

Patrolman

Job Title:

1. Do you currently smoke?
 Did you ever smoke?
 How many cigars or packs of cigarettes?

Yes	No
	X
X	

2. Have you ever had any of the following conditions?

- A. Seizures
 B. Diabetes
 C. Allergic reactions that interfere with your breathing
 D. Claustrophobia
 E. Trouble smelling odors

	X
	X
	X
	X
	X

3. Have you ever had any of the following pulmonary or lung problems?

- A. Asbestosis
 B. Asthma
 C. Chronic bronchitis
 D. Emphysema
 E. Pneumonia
 F. Tuberculosis
 G. Silicosis
 H. Pneumothorax (collapsed lung)
 I. Lung cancer
 J. Broken ribs
 K. Any chest injuries or surgeries
 L. Any other lung problem

	X
	X
	X
	X
	X
	X
	X
	X
	X
	X
	X
	X

4. Do you currently have any of the following symptoms of pulmonary or lung illness

- A. Shortness of breath
 B. Shortness of breath when walking fast on level ground or walking up a slight hill or incline
 C. Shortness of breath when walking with other people at an ordinary pace on level ground
 D. Have to stop for breath when walking at your own pace on level ground
 E. Shortness of breath when washing or dressing

	X
	X
	X
	X
	X

- F. Shortness of breath that interferes with you job
- G. Coughing that produces phlegm (thick sputum)
- H. Coughing that wakes you early in the morning
- I. Coughing that occurs mostly when you are lying down
- J. Coughing up blood in the last month
- K. Wheezing
- L. Wheezing that interferes with your job
- M. Chest pain when you breathe deeply
- N. Any other symptoms that may be related to lung problems

Yes	No
	X
	X
	X
	X
	X
	X
	X
	X
	X

5. Have you ever had any of the following cardiovascular or heart problems

- A. Heart attack
- B. Stroke
- C. Angina
- D. Heart failure
- E. Swelling in your legs or feet (not caused by walking)
- F. Heart arrhythmia (heart beating irregularly)
- G. High blood pressure
- H. Any other heart problem that you've been told about

	X
	X
	X
	X
	X
	X
	X
	X

6. Have you ever had any of the following cardiovascular or heart symptoms?

- A. Frequent pain or tightness in your chest
- B. Pain or tightness in your chest during physical activity
- C. Pain or tightness in your chest that interferes with your job
- D. In the past two years, have you noticed your heart skipping or missing a beat
- E. Heartburn or indigestion that is not related to eating
- F. Any other symptoms that you think may be related to heart or circulation problems

	X
	X
	X
	X
	X

7. Do you currently take medication for any of the following problems:

- A. Breathing or lung problems

	X
--	---

- B. Heart trouble
- C. Blood pressure
- D. Seizures

Yes	No
	X
	X
	X
	X

8. If you've used a respirator, have you had any of the following problems

- A. Eye irritation
- B. Skin allergies or rashes
- C. Anxiety
- D. General weakness or fatigue
- E. Any other problem that interferes with your use of a respirator

	X

9. Have you ever lost vision in either eye (temporarily or permanently)?

10. Do you currently have any of the following vision problems?

- A. Wear contact lenses
- B. Wear glasses
- C. Color blind
- D. Any other eye or vision problem

	X
	X
	X
	X
	X

11. Have you ever had an injury to your ears, including a broken eardrum?

12. Do you currently have any of the following hearing problems?

- A. Difficulty hearing
- B. Wear a hearing aid
- C. Any other hearing or ear problem

	X
	X
	X
	X

13. Have you ever had a back injury?

14. Do you currently have any of the following musculoskeletal problems?

- A. Weakness in any of your arms, hands, legs, or feet
- B. Back pain
- C. Difficulty fully moving your arms and legs

	X
	X
	X

- D. Pain or stiffness when you lean forward or backward at the waist
- E. Difficulty fully moving your head up or down
- F. Difficulty fully moving your head from side to side
- G. Difficulty bending at your knees
- H. Difficulty squatting to the ground
- I. Climbing a flight of stairs or a ladder carrying more than 25 pounds
- J. Any other muscle or skeletal problem that interferes with using a respirator

Yes	No
	X
	X
	X
	X
	X
	X
	X

15. The following questions address your emotional state:

- A. Are you tired when you get up in the morning?
- B. Have you ever had a nervous breakdown?
- C. Have you ever consulted a psychiatrist?
- D. Do you worry very much?
- E. Do you regard yourself as being nervous?
- F. Are you depressed and blue much of the time?
- G. Is it difficult for you to make up your mind?
- H. Are you easily irritated and upset?
- I. Does every little thing get on your nerves?
- J. Are you extremely shy or sensitive?
- K. Do people often annoy or irritate you?
- L. Are there severe emotional stresses in you family?
- M. Are there emotional stresses in your job?

	X
	X
	X
	X
	X
	X
	X
	X
	X
	X
	X
	X

Part B

1. In your present job, are you working at high altitudes (over 5,000 feet) or in a place that has lower than normal amounts of oxygen?
 If "yes" do you have feelings of dizziness, shortness of breath, pounding in your chest, or other symptoms when you're working under these conditions?

Yes	No
	X

2. At work or at home, have you ever been exposed to hazardous solvents, hazardous airborne chemicals (e.g., gases, fumes, or dust), or have you come into skin contact with hazardous chemicals?

X

If "yes", name the chemicals if you know them:

3. Have you ever worked with any of the materials, or under any of the conditions listed below?

- A. Asbestos
- B. Silica (e.g., in sandblasting)
- C. Tungsten/cobalt (e.g., grinding or welding this material)
- D. Beryllium
- E. Aluminum
- F. Coal (e.g., mining)
- G. Iron
- H. Tin
- I. Dusty environments
- J. Any other hazardous exposures

	X
	X
	X
	X
	X
	X
	X
	X
	X
	X

If "yes", describe these exposures:

4. List any second jobs or side business you have:

5. List your previous occupations:
Dispatcher

6. List your current and previous hobbies:
Target Shooting, Walking, Running

7. Have you been in the military services?
If "yes", were you exposed to biological or chemical agents (either in training or combat)?

X

8. Have you ever worked on a HAZMAT team?

X

9. Other than medications for breathing and lung problems, heart trouble, blood pressure, and seizures mentioned earlier in this questionnaire, are you taking any other medications for any reason (including over-the-counter medications)?

X

14. Will you be working under hot conditions (temperatures exceeding 77° F)?

X	
---	--

15. Will you be working under humid conditions?

X	
---	--

16. Describe the work you will be doing while you are using your respirator: X
Meth labs

17. Describe any special or hazardous conditions you might encounter when you are using your respirator (for example, confined space, life-threatening gases):

18. Provide the following information, if you know it, for each toxic substance that you will be exposed to when using your respirator:

Name of first toxic substance: _____

Estimated maximum exposure level per shift: _____

Duration of exposure per shift: _____

Name of second toxic substance: _____

Estimated maximum exposure level per shift: _____

Duration of exposure per shift: _____

Name of third toxic substance: _____

Estimated maximum exposure level per shift: _____

Duration of exposure per shift: _____

Name of fourth toxic substance: _____

Estimated maximum exposure level per shift: _____

Duration of exposure per shift: _____

The name of any other toxic substances that you will be exposed to while using your respirator:

19. Describe any special responsibilities you will have while using your respirator that may affect the safety and well-being of others (for example, rescue, security):

Signature



Date 7.20.12

EMPLOYEE PERSONAL INFORMATION CHANGE

PLEASE RETURN THIS COMPLETED FORM TO THE AUDITOR'S OFFICE

NAME: _____

S.S.#: _____

(SOCIAL SECURITY NUMBER)

DEPT: Police

DATE OF EVENT: 12/16/11

SIGNATURE OF EMPLOYEE: _____

PLEASE NOTE: OTHER DOCUMENTATION REQUEST.

NEW ADDRESS:

Rowmlyng Shores
Ohio 44084

NEW PHONE NUMBER:

NEW UNPUBLISHED PHONE NUMBER:

MARRIAGE:

SURNAME CHANGE:

(LAST NAME CHANGE, EX. MARRIAGE)

BIRTHS OF CHILDREN:

DEATHS OF CHILDREN:

DEPENDENCY OF CHILDREN:

DEATH OF SPOUSE:

DIVORCE:

RECEIVED

DEC 21 2011

CITY AUDITOR
CITY OF ASHTABULA

RECEIVED

SEP 22 2011

KSD

CITY AUDITOR
CITY OF ASHTABULA

OHIO POLICE & FIRE PENSION FUND—CHANGE OF MAILING ADDRESS

Name		Social Security Number	
[REDACTED]		[REDACTED]	
New Delivery Address or P.O. Box		APT #	
[REDACTED]		[REDACTED]	
City, State, ZIP Code		Please select all that apply to you:	
<i>Roaming Shores, Ohio 44084</i>		<input checked="" type="checkbox"/> Active Member <input type="checkbox"/> Retired Member <input type="checkbox"/> DROP Participant <input type="checkbox"/> Alternate Payee <input type="checkbox"/> Survivor Benefit Recipient <input type="checkbox"/> Re-employed in Public Sector	
Home Telephone	Work or Mobile Telephone	My new address is:	
([REDACTED])	[REDACTED]	<input checked="" type="checkbox"/> Permanent <input type="checkbox"/> Temporary	
Signature	Date of Signature	Address Start Date	Address Stop Date
[REDACTED]	<i>9.20.11</i>	<i>10.15.11</i>	

Fire Pension Fund • 140 East Town Street • Columbus, Ohio • 43215-5164 • Fax: (614) 628-1777 • www.op-f.org

FAX

Date: 9-22-11
Number of pages including cover sheet: 2

To: OP&F

Phone: _____
Fax phone: 614-628-1777
E MAIL: _____

From: _____
Carolyn Sheldon

Payroll & Human Resources
Specialist

Phone: (440)992-7141
Fax phone: (440)992-9306
E MAIL: carolyns@cityofashtabula.com

REMARKS: Urgent For your review Reply ASAP Please comment

*address change for
member :* 

TRANSMISSION VERIFICATION REPORT

TIME : 09/22/2011 16:06
NAME : CITY OF ASHTABULA
FAX : 4409929306
TEL : 4409927107
SER. # : BROL2J855650

DATE, TIME	09/22 16:06
FAX NO./NAME	16146281777
DURATION	00:00:32
PAGE(S)	02
RESULT	OK
MODE	STANDARD ECM

EMPLOYEE PERSONAL INFORMATION CHANGE

PLEASE RETURN THIS COMPLETED FORM TO THE AUDITOR'S OFFICE

NAME: [REDACTED]

S.S.#: XXX-XX-[REDACTED]
(LAST 4 SOCIAL SECURITY NO.)

DEPT: Police [REDACTED] 10.15.11

SIGNATURE OF EMPLOYEE: [REDACTED]

PLEASE NOTE: OTHER DOCUMENTATION MAY BE REQUIRED UPON REQUEST.

NEW ADDRESS:

[REDACTED]
Roaming Shores, Ohio 44084

NEW PHONE NUMBER:

NEW UNPUBLISHED PHONE NUMBER:

MARRIAGE:

SURNAME CHANGE: (LAST NAME CHANGE, EX. MARRIAGE)

BIRTHS OF CHILDREN:

DEATHS OF CHILDREN:

DEPENDENCY OF CHILDREN:

DEATH OF SPOUSE:

DIVORCE:

RECEIVED

SEP 22 2011

CITY AUDITOR
CITY OF ASHTABULA

CITY OF ASHTABULA EMERGENCY CONTACT FORM

Information provided will be kept confidential and shared and used on a strict need-to-know basis only.

EMPLOYEE INFORMATION:

NAME: [REDACTED]

HOME ADDRESS: [REDACTED] Conneaut Ohio 44030

PHONE NUMBERS: HOME [REDACTED] CELLULAR [REDACTED]

IN CASE OF AN EMERGENCY: DOCTOR: _____

Phone: _____

PRIMARY CONTACT: [REDACTED]

RELATIONSHIP: Wife

ADDRESS: [REDACTED] Conneaut, Ohio 44030

PHONE: WORK [REDACTED] CELL [REDACTED] HOME [REDACTED]

SECONDARY CONTACT: [REDACTED]

RELATIONSHIP: Mother

ADDRESS: [REDACTED] Conneaut, Ohio 44030

PHONE: WORK _____ CELL [REDACTED] HOME [REDACTED]

Will you require assistance in the event of an evacuation because of a disability or medical condition? Yes _____ No ✓

I agree to update this form as needed to keep information current.

SIGNATURE: [REDACTED] DATE: 4/19/11

Form W-4 (2011)

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

Exemption from withholding. If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2011 expires February 16, 2012. See Pub. 505, Tax Withholding and Estimated Tax.

Note. If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$950 and includes more than \$300 of unearned income (for example, interest and dividends).

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

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

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

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 919, How Do I Adjust My Tax Withholding, for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using

Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 919 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 919 for details.

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

Check your withholding. After your Form W-4 takes effect, use Pub. 919 to see how the amount you are having withheld compares to your projected total tax for 2011. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Personal Allowances Worksheet (Keep for your records.)

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

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

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

D Enter number of dependents (other than your spouse or yourself) you will claim on your tax return **D** _____

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

F Enter "1" if you have at least \$1,900 of child or dependent care expenses for which you plan to claim a credit **F** _____
 (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)

G **Child Tax Credit** (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information.
 • If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then less "1" if you have three or more eligible children.
 • If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child plus "1" additional if you have six or more eligible children **G** _____

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

For accuracy, complete all worksheets that apply. } • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.
• If you have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$10,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld.
• If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.

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

Form W-4 Department of the Treasury Internal Revenue Service	<h2>Employee's Withholding Allowance Certificate</h2> <p>▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</p>	OMB No. 1545-2159 2011
1 Type or print your first name and middle initial. Last name		2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
City or town, state, and ZIP code Conroy, Ohio		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)	5 0	6 \$ 0
7 I claim exemption from withholding for 2011, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here. ▶ 7		
Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature (This form is not valid unless you sign it.) ▶		Date ▶ 4.19.11
8 Employer identification number (if sending to the IRS.)	9 Office code (optional)	10 Employer identification number (EIN)

Deductions and Adjustments Worksheet

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

1	Enter an estimate of your 2011 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions	1	\$ _____
2	Enter: $\left\{ \begin{array}{l} \$11,600 \text{ if married filing jointly or qualifying widow(er)} \\ \$8,500 \text{ if head of household} \\ \$5,800 \text{ if single or married filing separately} \end{array} \right\}$	2	\$ _____
3	Subtract line 2 from line 1. If zero or less, enter "-0-"	3	\$ _____
4	Enter an estimate of your 2011 adjustments to income and any additional standard deduction (see Pub. 919)	4	\$ _____
5	Add lines 3 and 4 and enter the total. (Include any amount for credits from the <i>Converting Credits to Withholding Allowances for 2011 Form W-4 Worksheet</i> in Pub. 919.)	5	\$ _____
6	Enter an estimate of your 2011 nonwage income (such as dividends or interest)	6	\$ _____
7	Subtract line 6 from line 5. If zero or less, enter "-0-"	7	\$ _____
8	Divide the amount on line 7 by \$3,700 and enter the result here. Drop any fraction	8	_____
9	Enter the number from the Personal Allowances Worksheet , line H, page 1	9	_____
10	Add lines 8 and 9 and enter the total here. If you plan to use the Two-Earners/Multiple Jobs Worksheet , also enter this total on line 1 below. Otherwise, stop here and enter this total on Form W-4, line 5, page 1	10	_____

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

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

1	Enter the number from line H, page 1 (or from line 10 above if you used the Deductions and Adjustments Worksheet)	1	_____
2	Find the number in Table 1 below that applies to the LOWEST paying job and enter it here. However , if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than "3"	2	_____
3	If line 1 is more than or equal to line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. Do not use the rest of this worksheet	3	_____

Note. If line 1 is **less than** line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.

4	Enter the number from line 2 of this worksheet	4	_____
5	Enter the number from line 1 of this worksheet	5	_____
6	Subtract line 5 from line 4	6	_____
7	Find the amount in Table 2 below that applies to the HIGHEST paying job and enter it here	7	\$ _____
8	Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed	8	\$ _____
9	Divide line 8 by the number of pay periods remaining in 2011. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2010. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck	9	\$ _____

Table 1

Table 2

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$5,000 -	0	\$0 - \$8,000 -	0	\$0 - \$65,000	\$560	\$0 - \$35,000	\$560
5,001 - 12,000 -	1	8,001 - 15,000 -	1	65,001 - 125,000	930	35,001 - 90,000	930
12,001 - 22,000 -	2	15,001 - 25,000 -	2	125,001 - 185,000	1,040	90,001 - 165,000	1,040
22,001 - 25,000 -	3	25,001 - 30,000 -	3	185,001 - 335,000	1,220	165,001 - 370,000	1,220
25,001 - 30,000 -	4	30,001 - 40,000 -	4	335,001 and over	1,300	370,001 and over	1,300
30,001 - 40,000 -	5	40,001 - 50,000 -	5				
40,001 - 48,000 -	6	50,001 - 65,000 -	6				
48,001 - 55,000 -	7	65,001 - 80,000 -	7				
55,001 - 65,000 -	8	80,001 - 95,000 -	8				
65,001 - 72,000 -	9	95,001 - 120,000 -	9				
72,001 - 85,000 -	10	120,001 and over	10				
85,001 - 97,000 -	11						
97,001 - 110,000 -	12						
110,001 - 120,000 -	13						
120,001 - 135,000 -	14						
135,001 and over	15						

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

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

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

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

Notice to Employee

1. For state purposes, an individual may claim only natural dependency exemptions. This includes the taxpayer, spouse and each dependent. Dependents are the same as defined in the Internal Revenue Code and as claimed in the taxpayer's federal income tax return for the taxable year for which the taxpayer would have been permitted to claim had the taxpayer filed such a return.
2. You may file a new certificate at any time if the number of your exemptions **increases**.

You must file a new certificate within 10 days if the number of exemptions previously claimed by you **decreases** because:

- (a) Your spouse for whom you have been claiming exemption is divorced or legally separated, or claims her (or his) own exemption on a separate certificate.
- (b) The support of a dependent for whom you claimed exemption is taken over by someone else.
- (c) You find that a dependent for whom you claimed exemption must be dropped for federal purposes.

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

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

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

✂ please detach here



Department of Taxation

Employee's Withholding Exemption Certificate

Print full name _____ Social Security number _____

Home address and ZIP code _____ *Cincinnati, Ohio 44030*

Public school district of residence _____ School district no. _____
(See *The Voter* at tax.ohio.gov.)

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

Under the penalties of perjury, I certify that the number of exemptions claimed on this certificate does not exceed the number to which I am entitled

Signature _____ Date 4/19/11

OHIO DEPARTMENT OF JOB AND FAMILY SERVICES

OFFICE OF UNEMPLOYMENT COMPENSATION

DETERMINATION OF UNEMPLOYMENT COMPENSATION BENEFITS

JFS-83000 12/03/2009

Claimant's Name [REDACTED]		Social Security Number [REDACTED]	Determination Identification Number 222340066-2
Benefit Year Beginning Date 01/23/2011	Benefit Year Ending Date 01/21/2012	Application Date 01/28/2011	Date Issued 04/08/2011
CITY OF ASHTABULA 4717 MAIN AVE STE 4 ASHTABULA, OH 44004-6992 		ODJFS Office Special Claims Processing Center PO Box 1618 Columbus, OH 43216-1618 Phone: (866) 458-0007 Fax: (614) 752-4809	
Employer's Name CITY OF ASHTABULA		UC Account Number 0803606007	



THIS NOTICE IS A DETERMINATION OF AN INITIAL APPLICATION FOR UNEMPLOYMENT BENEFITS, ISSUED IN ACCORDANCE WITH THE PROVISIONS OF SECTIONS 4141.28(D) & (E), OHIO REVISED CODE

This determination corrects the determination with ID number 222340066-1, issued on 02/07/2011.

The following portion of the determination is corrected due to receipt of corrected remuneration information.

The Ohio Department of Job and Family Services has ALLOWED the claimant's application for unemployment compensation benefits with a benefit year that begins 01/23/2011. During this one-year benefit period, the claimant's benefits rights are as follows:

Weekly Benefit Amount is: **\$387.00**
 Dependency Class is: **A1**
 Total Benefits Payable Amount is: **\$10,062.00**

RECEIVED

APR 11 2011

[Signature]
 CITY AUDITOR
 CITY OF ASHTABULA

The claimant's employment during the base period, 10/01/2009 to 09/30/2010 met the weeks and wages eligibility requirement. The chart below shows the employer's Total Amount Chargeable and Proportional Charge with each base period employer, which were used to determine the claimant's benefit rights.

Employer Name	Total Amount Chargeable	Proportional Charge
CITY OF ASHTABULA	\$10,062.00	100.0000 %

The following portion of the determination is not corrected. It appears as it did on the original determination.

An issue regarding the claimant's reason for separation, affecting benefits beginning on 01/17/2011, was adjudicated as follows. In accordance with Section 4141.29 of the Ohio Revised Code this agency finds that the claimant is totally unemployed from CITY OF ASHTABULA due to a lack of work.

Interested Parties: [REDACTED]

Si usted no puede leer esto, llame por favor a 1-877-644-6562 para una traduccion.

APPEAL RIGHTS: If you do not agree with this determination, you may file an appeal by mail or fax to the ODJFS office provided. You may also file an appeal online at <https://unemployment.ohio.gov>. The appeal should include the determination ID number, name, claimant's social security number, and any additional facts and/or documentation to support the appeal. **TO BE TIMELY, YOUR APPEAL MUST BE RECEIVED/POSTMARKED NO LATER THAN 04/29/2011** (21 calendar days after the 'Date Issued'). If the 21st day falls on a Saturday, Sunday, or legal holiday, your deadline has already been extended to include the next scheduled work day. If you do not file your appeal within the 21-day calendar period, include a statement with the date you received the determination and your reason for filing late. If your appeal is late due to a physical or mental condition, provide certified medical evidence that your condition prevented you from filing within the 21-day period. In order for your appeal to be considered timely, it must be received/postmarked no later than 21 calendar days after the ending date of the physical or mental condition. **If unemployed**, claimants should continue to file weekly claims for benefits while the determination is under appeal. For additional information, call the ODJFS automated telephone system at 1-877-644-6562 and select the General Information option or visit the agency's website at <https://unemployment.ohio.gov>. Claimants may also review the **Worker's Guide to Unemployment Compensation**.



A35311097X0009571001

Si usted no puede leer esto, llame por favor a 1-877-644-6562 para una traducción.

Allowed Application Definitions

Benefit Year Beginning Date - This date establishes the effective date of this application.

Weekly Benefit Amount - This is the amount of benefits potentially payable for a week of total unemployment. It represents fifty percent of the claimant's average weekly wage for all base period employment, not to exceed the amount specified in Section 4141.30(B), Ohio Revised Code, for the claimant's dependency.

Dependency Class - This designation is assigned in accordance with the schedule established by law and remains in effect for the benefit year.

- Class A-1 - Indicates either that the claimant did not list any dependents or that one or more of his/her dependents has been disallowed for any of the following reasons:
 - Identity of dependent(s) could not be verified;
 - Amount of support contributed by the claimant does not meet requirements;
 - Spouse's income exceeds requirement to qualify as a dependent;
 - Child listed is not a birth child, step-child, or adopted child;
 - Child listed is over 18 years of age with no physical/mental handicap.
- Class A-2 - Indicates that the claimant's spouse has an overlapping benefit year with allowed dependents.
- Class A-3 - Indicates that the claimant listed dependent(s), but base period wages were insufficient to qualify for a higher benefit amount.
- Class B - Indicates one or two eligible dependents.
- Class C - Indicates three or more eligible dependents.

Total Benefits Payable - This is the total amount of benefits that can be paid to the claimant during the benefit year. The total is computed by multiplying the weekly benefit amount by 20 (for the first 20 qualifying weeks in the base period), plus one times the weekly benefit amount for each additional qualifying week. Total benefits cannot exceed 26 times the weekly benefit amount.

Employer's Amount Chargeable - This is the amount of benefits that is potentially chargeable to each employer's account.

Employer's Proportion Charge - Employers are charged proportionally, based on the wages paid to the claimant by each employer during the base period. This amount is the percentage of the claimant's benefit entitlement that may be charged to each account.

Base Period Employment History - The base period includes the first four of the last five completed calendar quarters, prior to the benefit year beginning date. If the **Alternate Base Period** was used, the base period includes the four most recently completed calendar quarters prior to the benefit year beginning date.

Employer Name - All employers for whom the claimant worked during the base period are listed.

Total Base Period Wages - This figure reflects total earnings in the base period with the corresponding employer(s).

Total Qualifying Weeks - This is the number of weeks in the base period in which the claimant earned or was paid wages with the base period employers.

For additional information, employers may refer to the **Ohio Unemployment Compensation Guide**; claimants may refer to the **Workers' Guide to Unemployment Compensation**.

Si usted no puede leer esto, llame por favor a 1-877-644-6562 para una traducción.



**OHIO DEPARTMENT OF JOB AND FAMILY SERVICES
OFFICE OF UNEMPLOYMENT COMPENSATION
DETERMINATION OF UNEMPLOYMENT COMPENSATION BENEFITS**

JFS-83000 12/03/2009

Claimant's Name [REDACTED]		Social Security Number [REDACTED]	Determination Identification Number 222340066-1
Benefit Year Beginning Date 01/23/2011	Benefit Year Ending Date 01/21/2012	Application Date 01/28/2011	Date Issued 02/07/2011
CITY OF ASHTABULA 4717 MAIN AVE STE 4 ASHTABULA, OH 44004-6992 		ODJFS Office Special Claims Processing Center PO Box 1618 Columbus, OH 43216-1618 Phone: (866) 458-0007 Fax: (614) 752-4809	
Employer's Name CITY OF ASHTABULA		UC Account Number 0803606007	

THIS NOTICE IS A DETERMINATION OF AN INITIAL APPLICATION FOR UNEMPLOYMENT BENEFITS, ISSUED IN ACCORDANCE WITH THE PROVISIONS OF SECTIONS 4141.28(D) & (E), OHIO REVISED CODE

The Ohio Department of Job and Family Services has ALLOWED the claimant's application for unemployment compensation benefits with a benefit year that begins 01/23/2011. During this one year benefit period, the claimant's benefits rights are as follows:

Weekly Benefit Amount is: **\$387.00**
Dependency Class is: **A1**
Total Benefits Payable Amount is: **\$10,062.00**

RECEIVED
FEB 09 2011
KSA
CITY AUDITOR
CITY OF ASHTABULA

The claimant's employment during the base period, **10/01/2009 to 09/30/2010** met the weeks and wages eligibility requirement. The chart below shows the employer's Total Amount Chargeable and Proportional Charge with each base period employer, which were used to determine the claimant's benefit rights.

Employer Name	Total Amount Chargeable	Proportional Charge
CITY OF ASHTABULA	\$10,062.00	100.0000 %

- An issue regarding the claimant's reason for separation, affecting benefits beginning on 01/17/2011, was adjudicated as follows. In accordance with Section 4141.29 of the Ohio Revised Code this agency finds that the claimant is totally unemployed from CITY OF ASHTABULA due to a lack of work.

Interested Parties: [REDACTED]

Si usted no puede leer esto, llame por favor a 1-877-644-6562 para una traduccion.



APPEAL RIGHTS: If you do not agree with this determination, you may file an appeal by mail or fax to the ODJFS office provided. You may also file an appeal online at <https://unemployment.ohio.gov>. The appeal should include the determination ID number, name, claimant's social security number, and any additional facts and/or documentation to support the appeal. **TO BE TIMELY, YOUR APPEAL MUST BE RECEIVED/POSTMARKED NO LATER THAN 02/28/2011** (21 calendar days after the 'Date Issued'). If the 21st day falls on a Saturday, Sunday, or legal holiday, your deadline has already been extended to include the next scheduled work day. If you do not file your appeal within the 21-day calendar period, include a statement with the date you received the determination and your reason for filing late. If your appeal is late due to a physical or mental condition, provide certified medical evidence that your condition prevented you from filing within the 21-day period. In order for your appeal to be considered timely, it must be received/postmarked no later than 21 calendar days after the ending date of the physical or mental condition. **If unemployed**, claimants should continue to file weekly claims for benefits while the determination is under appeal. For additional information, call the ODJFS automated telephone system at 1-877-644-6562 and select the General Information option or visit the agency's website at <https://unemployment.ohio.gov>. Claimants may also review the **Worker's Guide to Unemployment Compensation**.



A35311035X0008527001

Si usted no puede leer esto, llame por favor a 1-877-644-6562 para una traducción.

Allowed Application Definitions

Benefit Year Beginning Date - This date establishes the effective date of this application.

Weekly Benefit Amount - This is the amount of benefits potentially payable for a week of total unemployment. It represents fifty percent of the claimant's average weekly wage for all base period employment, not to exceed the amount specified in Section 4141.30(B), Ohio Revised Code, for the claimant's dependency.

Dependency Class - This designation is assigned in accordance with the schedule established by law and remains in effect for the benefit year.

- Class A-1 - Indicates either that the claimant did not list any dependents or that one or more of his/her dependents has been disallowed for any of the following reasons:
 - Identity of dependent(s) could not be verified;
 - Amount of support contributed by the claimant does not meet requirements;
 - Spouse's income exceeds requirement to qualify as a dependent;
 - Child listed is not a birth child, step-child, or adopted child;
 - Child listed is over 18 years of age with no physical/mental handicap.
- Class A-2 - Indicates that the claimant's spouse has an overlapping benefit year with allowed dependents.
- Class A-3 - Indicates that the claimant listed dependent(s), but base period wages were insufficient to qualify for a higher benefit amount.
- Class B - Indicates one or two eligible dependents.
- Class C - Indicates three or more eligible dependents.

Total Benefits Payable - This is the total amount of benefits that can be paid to the claimant during the benefit year. The total is computed by multiplying the weekly benefit amount by 20 (for the first 20 qualifying weeks in the base period), plus one times the weekly benefit amount for each additional qualifying week. Total benefits cannot exceed 26 times the weekly benefit amount.

Employer's Amount Chargeable - This is the amount of benefits that is potentially chargeable to each employer's account.

Employer's Proportion Charge - Employers are charged proportionally, based on the wages paid to the claimant by each employer during the base period. This amount is the percentage of the claimant's benefit entitlement that may be charged to each account.

Base Period Employment History - The base period includes the first four of the last five completed calendar quarters, prior to the benefit year beginning date. If the **Alternate Base Period** was used, the base period includes the four most recently completed calendar quarters prior to the benefit year beginning date.

Employer Name - All employers for whom the claimant worked during the base period are listed.

Total Base Period Wages - This figure reflects total earnings in the base period with the corresponding employer(s).

Total Qualifying Weeks - This is the number of weeks in the base period in which the claimant earned or was paid wages with the base period employers.

For additional information, employers may refer to the **Ohio Unemployment Compensation Guide**; claimants may refer to the **Workers' Guide to Unemployment Compensation**.

Si usted no puede leer esto, llame por favor a 1-877-644-6562 para una traducción.



**OHIO DEPARTMENT OF JOB AND FAMILY SERVICES
OFFICE OF UNEMPLOYMENT COMPENSATION
REQUEST TO EMPLOYER FOR SEPARATION INFORMATION**

JFS-82000 11/20/2008

Claimant's Name [REDACTED]			Social Security Number [REDACTED]	Form ID Number 216590190
Application Date 01/28/2011	Benefit Year Beginning Date 01/23/2011	Benefit Year Ending Date 01/21/2012	Issue Date 01/31/2011	
CITY OF ASHTABULA 4717 MAIN AVE STE 4 ASHTABULA, OH 44004-6992 			Return to: Special Claims Processing Center PO Box 1618 Columbus, OH 43216-1618 Phone: (866) 458-0007 Fax: (614) 752-4809	
Employer's Name CITY OF ASHTABULA			UC Account Number 0803606007	Employer Telephone Number (000) 000-0000

RECEIVED
FEB 02 2011
KSD

A35511026X0006648001

**IMPORTANT INFORMATION - DEADLINE FOR REPLY: 02/14/2011
FAILURE TO PROVIDE INFORMATION MAY AFFECT EMPLOYER CHARGES FOR BENEFIT PAYMENTS.**

EMPLOYER INSTRUCTIONS: The claimant identified above has filed a claim for benefits and has listed your company/business as a former employer. Complete both sides of the form, sign, and fax to the office listed above. If you prefer, you may return the form by mail. Further, you may complete the form using the OJI website <https://unemployment.ohio.gov>. This agency will use the information you furnish to determine the claimant's eligibility for unemployment compensation benefits. Failure to respond will result in a determination based on available facts.

- Is the address and/or account number reported for you above correct? YES NO
- Was the claimant's employment covered by an unemployment insurance law? YES NO
- (a) For the most recent period of employment, please provide the start date

0	1	1	9	1	0
MONTH	DAY	YEAR			
- (b) For the most recent period of employment, please provide the end date

0	1	1	7	1	1
MONTH	DAY	YEAR			
- During the period you entered in Items 3(a) and 3(b):**
 - Did the claimant work six or more weeks and earn at least \$1,290.00 ? YES NO
 - If "NO": (a) How many weeks did the claimant work?

No. of weeks	
 - (b) How much did the claimant earn?

DOLLARS			CENTS		
 - (c) Did the claimant have any periods of employment with you prior to the start date in Item 3(a)? YES NO

-- CONTINUED ON REVERSE --

Si usted no puede leer esto, llame por favor a 1-877-644-6562 para una traduccion.

5. If you have paid or will pay this applicant any money allocated to the period subsequent to 01/23/2011, please complete all applicable fields.

(check all that apply)

<input type="checkbox"/> PENSION	START DATE	END DATE	TOTAL AMOUNT	NORMAL WEEKLY WAGE	MONTHLY AMOUNT
<input type="checkbox"/> SEVERANCE	ALLOCATED FROM	THROUGH	TOTAL AMOUNT	NORMAL WEEKLY WAGE	
<input type="checkbox"/> VACATION	ALLOCATED FROM	THROUGH	TOTAL AMOUNT		
<input type="checkbox"/> 1ST HOLIDAY	DATE OF HOLIDAY	GROSS AMOUNT			
<input type="checkbox"/> 2ND HOLIDAY	DATE OF HOLIDAY	GROSS AMOUNT			

6. Please enter all wages earned by the claimant from 01/23/2011 to 01/29/2011.....

		0	00
DOLLARS		CENTS	

7. Claimant's stated reason for separation was: Lack of Work - Lack of Work

-- Was the claimant separated due to Lack of Work? YES NO

If "NO", please complete the questions on the additional page(s) and return them to the address or fax number shown on the front of this page.

8. EMPLOYER'S CERTIFICATION: I certify that the information furnished is true and correct.

Signature of Employer's Representative <i>[Handwritten Signature]</i>		Title <i>Ashtabula City Manager</i>	
Name of Company/Firm <i>City of Ashtabula</i>		Telephone Number <i>(440) 992-7103</i>	Date Completed

If ODJFS needs additional information about the claimant's reason for separation, when is the best time to contact you?

(circle your preference)
8 a.m - Noon or Noon - 5 p.m

Si usted no puede leer esto, llame por favor a 1-877-644-6562 para una traduccion.



5. If you have paid or will pay this applicant any money allocated to the period subsequent to 01/23/2011, please complete all applicable fields.

(check all that apply)

<input type="checkbox"/>	PENSION	START DATE	END DATE	TOTAL AMOUNT	NORMAL WEEKLY WAGE	MONTHLY AMOUNT
<input type="checkbox"/>	SEVERANCE	ALLOCATED FROM	THROUGH	TOTAL AMOUNT	NORMAL WEEKLY WAGE	
<input type="checkbox"/>	VACATION	ALLOCATED FROM	THROUGH	TOTAL AMOUNT		
<input type="checkbox"/>	1ST HOLIDAY	DATE OF HOLIDAY	GROSS AMOUNT			
<input type="checkbox"/>	2ND HOLIDAY	DATE OF HOLIDAY	GROSS AMOUNT			

6. Please enter all wages earned by the claimant from 01/23/2011 to 01/29/2011.....

		0	0
DOLLARS		CENTS	

7. Claimant's stated reason for separation was: Lack of Work - Lack of Work

-- Was the claimant separated due to Lack of Work? YES NO

If "NO", please complete the questions on the additional page(s) and return them to the address or fax number shown on the front of this page.

8. EMPLOYER'S CERTIFICATION: I certify that the information furnished is true and correct.

Signature of Employer's Representative <i>R Centonella</i>		Title <i>Ashtabula City Manager</i>	
Name of Company/Firm <i>City of Ashtabula</i>		Telephone Number <i>(440) 992-7103</i>	Date Completed

If ODJFS needs additional information about the claimant's reason for separation, when is the best time to contact you?

(circle your preference)
8 a.m - Noon or Noon - 5 p.m



Si usted no puede leer esto, llame por favor a 1-877-644-6562 para una traduccion.

REASON FOR SEPARATION: Mark an "X" in the applicable box to indicate reason for claimant's separation, and complete the appropriate questions regarding the type of separation. FAILURE TO PROVIDE THIS INFORMATION MAY RESULT IN THE CLAIMANT RECEIVING BENEFITS TO WHICH HE/SHE MAY NOT OTHERWISE HAVE BEEN ENTITLED.

QUIT

Did the claimant give notice (verbal or written) of quitting?..... YES NO

If "YES," what reasons did the claimant give for quitting? _____

If "NO," what was the final event (incident or circumstance) that led to the claimant's quitting? _____

DISCHARGED

What was the event that caused the discharge? _____

Did claimant violate a company rule or policy? YES NO

If "YES," indicate rule or policy violated: _____

Was claimant aware of rule or policy and was it uniformly applied to all employees?..... YES NO

Was claimant separated due to absenteeism, tardiness or failure to give notice?..... YES NO

If "YES," please provide specific dates, and dates of any prior warnings: _____

VOLUNTARY LEAVE OF ABSENCE or DISCIPLINARY LAYOFF or LABOR DISPUTE (Additional information may be requested)

Please identify the beginning and ending dates: From _____ to _____ (if known)

What was the reason for the claimant's leave of absence, disciplinary layoff, or labor dispute? _____

If the leave or layoff period has ended, did the claimant return to work?..... YES NO

If "NO," please explain: _____

OTHER REASONS (Please explain) LACK OF FUNDING

RETAIN A COPY OF THIS FORM FOR YOUR RECORDS

Si usted no puede leer esto, llame por favor a 1-877-644-6562 para una traduccion.



A35511028X0006648002

Karen S. Jury, Acting Auditor

FAX

Date: 2-4-11

Number of pages including cover sheet: 4

To:

ODJFS
Special Claims

Phone: 752-4809

Fax phone: 614-458-0007

E MAIL: _____

From:

Carolyn Sheldon

Payroll & Human Resources
Specialist

Phone: (440)992-7141

Fax phone: (440)992-9306

E MAIL: carolyns@cityofashtabula.com

REMARKS:

Urgent

For your review

Reply ASAP

Please comment

Request for Employer Separation

re: 

TRANSMISSION VERIFICATION REPORT

TIME : 02/03/2011 15:04
NAME : CITY OF ASHTABULA
FAX : 4409929306
TEL : 4409927107
SER. # : BROL2J855650

DATE, TIME	02/03 15:03
FAX NO./NAME	16147524809
DURATION	00:01:35
PAGE(S)	04
RESULT	OK
MODE	STANDARD

EMPLOYEE PERSONAL INFORMATION CHANGE

PLEASE RETURN THIS COMPLETED FORM TO THE AUDITOR'S OFFICE

NAME: [REDACTED] S.S.#: XXX-XX-[REDACTED]
(LAST 4 SOCIAL SECURITY NO.)

DEPT: Ashtabula Police DATE OF EVENT: 11.6.10

SIGNATURE OF EMPLOYEE: [REDACTED]

PLEASE NOTE: OTHER DOCUMENTATION [REDACTED] UPON REQUEST.

RECEIVED

DEC 03 2010
MICHAEL A. ZULLO, CPA
CITY AUDITOR
CITY OF ASHTABULA

NEW ADDRESS:

NEW PHONE NUMBER:

NEW UNPUBLISHED PHONE NUMBER:

MARRIAGE: [REDACTED] (Pro)

SURNAME CHANGE:
(LAST NAME CHANGE, EX. MARRIAGE)

BIRTHS OF CHILDREN:

DEATHS OF CHILDREN:

DEPENDENCY OF CHILDREN:

DEATH OF SPOUSE:

DIVORCE:

Ohio Police & Fire Pension Fund

140 East Town Street / Columbus, Ohio 43215-5164 / Tel. (614) 228-2176 / www.op-f.org

RECEIVED

March 10, 2010

CAROLYN SHELDON
CITY OF ASHTABULA
4717 MAIN AVE
ASHTABULA, OH 44004

MAR 19 2010

MICHAEL A. ZULLO, CPA
CITY AUDITOR
CITY OF ASHTABULA

Subject: Member Minimum Medical Testing and Diagnostic Procedures/Physician's Report

Dear Employer:

The Ohio Police & Fire Pension Fund ("OP&F") received the Personal History Record that your office submitted for the member listed below on January 22, 2010.

In addition, OP&F received the complete member's minimum medical testing and certification on March 10, 2010.

Name:	████████████████████	SSN:	XXX-XX-██████
Hire Date:	January 19, 2010	PEP Due Date:	March 20, 2010

Based on the review of the member minimum medical reports, this letter will serve as notice that your office has submitted the required reports and certification pursuant to ORC Section 742.38 and OAC Rule 742-1-02. The determination of whether a disability is presumed to be an on-duty injury will be made if and when a member files a disability application with OP&F.

Should you have any questions, please contact OP&F Customer Service at (888) 864-8363. We appreciate your assistance in filing these reports in a timely and proper manner.

Sincerely,

Jacinda Price
Member Services Department



Ohio Police & Fire Pension Fund

140 East Town Street / Columbus, Ohio 43215-5164 / Tel. (614) 228-2975 / www.op-f.org

CAROLYN SHELDON
CITY OF ASHTABULA
4717 MAIN AVE
ASHTABULA, OH 44004

RECEIVED

MAR 01 2010

MICHAEL A. ZULLO, CPA
CITY AUDITOR
CITY OF ASHTABULA

Jan 27 2010

✓
mailed
3-8-10

Re: Notice of Deficiency for Member Minimum Medical Testing and Diagno

Dear Employer:

The Ohio Police & Fire Pension Fund ("OP&F") received the Personal History Record for the member listed below on January 22, 2010.

Name: [REDACTED] SSN: XXX-XX-[REDACTED]

Hire Date: Jan 19, 2010 PEP Due Date: Mar 20, 2010

Based on review of the member record the following required reports have not been received:

Physician's Certification signed by a physician licensed to practice medicine in the state in which the examination was conducted. The certification must state the date of the examination and include the physician's diagnosis and evaluation of the existence of any heart disease, cardiovascular disease, or respiratory disease identified in any of the questionnaire, medical tests, and the physical examination. Please use the enclosed form.

Under Ohio law, the pre-employment physical ("PEP") report must be received by OP&F no later than 60 days after the employee becomes an OP&F member. This letter will serve as notice that all of the required member minimum medical information, pursuant to Ohio Revised Code Section 742.38 and Ohio Administrative Code 742-1-02, has not been received to date.

If OP&F receives the physician's certification and at least two of the required tests and diagnostic procedures (not including the member's medical questionnaire) by the "PEP Due Date", the governing statutes and administrative rules allow OP&F to grant a cure period of six months from the date of this Notice of Deficiency during which you can submit the deficient items indicated herein to OP&F without incurring fines for deficient filing.

If OP&F does not receive the physician's certification and at least two of the required tests and diagnostic procedures (not including the member's medical questionnaire) by the PEP Due Date, and then any remaining items referenced in this Notice of Deficiency within the 6 month period, then the governing statutes and administrative rules require that OP&F assess the statutory fine from the date the report was originally due until the documentation is filed with OP&F. The fines will be assessed quarterly as follows:

- 1 to 15 days past due, \$100
- 16 to 60 days past due, \$500

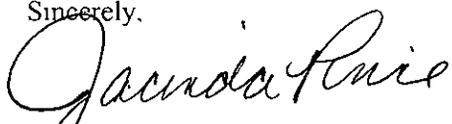
L1432



- 61 to 180 days past due, \$1,000
- 181 or more days past due, \$3,000

We look forward to you addressing these items in order to avoid the imposition of fines. If you have any questions, please do not hesitate to contact OP&F at (888) 864-8363.

Sincerely,



Jacinda Price
Member Services Department

cc: Member File

Enclosure(s): 1

RECEIVED



MAR 05 2010

Ohio Police & Fire Pension Fund
140 East Town Street
Columbus, OH 43215
Phone: 888-864-8383
Fax: (614) 628-1777
www.op-f.org

MICHAEL A. ZULLO, CPA
CITY AUDITOR
CITY OF ASHTABULA

MEMBER'S MEDICAL QUESTIONNAIRE
and examining physician's certification

Sections A, B and C of this form are to be completed by the prospective member of the Ohio Police & Fire Pension Fund (OP&F). Sections D and E are to be completed by the licensed examining physician, including the date.

Section A: Patient information

Name: First, MI, Last, suffix (Jr, III, etc.)
Street Address / Post office box
City, State, ZIP code
Home phone: Alternate phone:
Name of potential employer:
Social Security Number
Date of Birth
Potential Date of Hire.

Section B: Medical History

If you to any of the questions below, please explain in the space provided:
Do you take any prescription or over the counter medications?
Have you had any other injuries or serious illnesses?
Have you been under a doctor's care in the past two years?
Has your work ever been limited or restricted due to your health?
Have you had any physical complaint, impairment or disability?
Have you had any condition requiring a special work assignment?
Have you ever had or been advised to have an operation?
Do you use tobacco?
Do you use alcohol or intoxicating liquor?
How many days off have you had in the past two years due to illness or injury?
What is your current state of health?

Check conditions you currently have or have had:

- Arthritis, swollen/painful joints
Asthma, bronchitis
Back trouble of any kind
Blood transfusions, hemophilia
Bone, joint deformity
Bowel habit change
Cancer
Chest pain/pressure
Chronic cough
Coughing/vomiting blood
Etiabetes
Difficulty sleeping
Dizziness
Drug problems, IV drug use
Ear, nose, throat trouble
Emphysema, shortness of breath
Epilepsy, seizures
Fainting spells
Foot problems
Glaucoma or cataracts
Hay Fever
Hearing difficulties
Heart attack
Hemorrhoids (piles)
Hepatitis
Hemile
High blood pressure
Kidney trouble
Liver disease or jaundice
Measles
Menstrual disorders
Mental illness, depression, anxiety, nervousness
Neurological (nerve) problem
Numbness, weakness, fatigue
Pneumonia
Rash, hives
Rheumatic fever
Scarlett Fever
Sexually Transmitted Disease (STD)
Shin/Knee trouble
Stomach trouble, ulcers
Swelling of the ankles or feet
Thyroid problems
Tuberculosis, silicosis
Varicose veins, phlebitis
Vision difficulties, eye injury/defect
Allergies (drug, food, insect, etc.)
Please list allergy and reaction:

Page 4 of 7 received on 3/1/2010 2:05:36 PM [Eastern Standard Time]

Section B: Medical History (continued)

Date of last tetanus shot: 01/15/2007 Not sure

Family Medical History

Please indicate the status of the following blood relatives:

- Mother: Living? Yes (age: 52), No (age and cause of death): _____
- Father: Living? Yes (age: 52), No (age and cause of death): _____
- Maternal grandmother: Living? Yes (age: 3), No (age and cause of death): _____
- Maternal grandfather: Living? Yes (age: 73), No (age and cause of death): _____
- Paternal grandmother: Living? Yes (age: 73), No (age and cause of death): _____
- Paternal grandfather: Living? Yes (age: 74), No (age and cause of death): _____
- Siblings: Living? Yes (age: 23), No (age and cause of death): _____
- Living? Yes (age: _____), No (age and cause of death): _____
- Living? Yes (age: _____), No (age and cause of death): _____

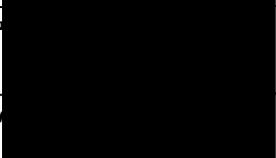
Indicate if any of the below illnesses have occurred in your blood relatives listed above:

- | | |
|--|---|
| <input checked="" type="checkbox"/> Alzheimer's disease: If so, who?
<i>Mother's Father</i> | <input type="checkbox"/> High blood pressure: If so, who? |
| <input type="checkbox"/> Arthritis: If so, who? | <input type="checkbox"/> High cholesterol: If so, who? |
| <input type="checkbox"/> Asthma: If so, who? | <input type="checkbox"/> Lung disease: If so, who? |
| <input type="checkbox"/> Breast cancer: If so, who? | <input type="checkbox"/> Mental illness: If so, who? |
| <input type="checkbox"/> Colon cancer: If so, who? | <input checked="" type="checkbox"/> Stroke: If so, who?
<i>Father's Father</i> |
| <input type="checkbox"/> Diabetes: If so, who? | <input type="checkbox"/> Thyroid disease: If so, who? |
| <input checked="" type="checkbox"/> Heart disease: If so, who?
<i>Mother's Father</i> | <input type="checkbox"/> Tuberculosis (TB): If so, who? |

Section C: Authorization to release medical records and acknowledgement

An authorization to release the medical records is needed in order to allow the examining physician to forward such medical tests and reports to OP&F. By failing to grant the authorization provided in this section, you acknowledge and agree that to the extent you become a member of OP&F, you will not be permitted to use the presumption conditions of disability provided under Ohio law.

I, the person described in section A of this form, represent that I am the person herein described; I agree that all statements made are true and correct and also authorize the examining licensed physician who examined me to release to OP&F the physician's report and certification, as referenced herein.

Signature: 	Date of signature: <u>3.2.10</u>
--	-------------------------------------

Page 5 of 7 received on 3/1/2010 2:05:36 PM [Eastern Standard Time]

Examining licensed physician's certification

(as required by Ohio Revised Code 742.38 and Ohio Administrative Code 742-1-02)

Section D: Tests and procedures to be administered and submitted

A prospective member of OP&F must undergo the tests and procedures set forth in this section. The examining physician, who must be licensed to practice medicine in the state in which the examination was conducted, must sign the certification provided in Section E below, or a form substantially similar, as determined by OP&F in its sole and absolute discretion. The certification must include the physician's diagnosis and evaluation of the existence of any heart disease, cardiovascular disease or respiratory disease identified in the questionnaire, medical tests and physical examination referred to below. Copies of these tests and procedures must be included as part of the physician's report. **ALL INFORMATION MUST BE FILLED OUT COMPLETELY.**

It is the employer's responsibility to timely file the following:

- Electrocardiogram (EKG) and cardiac stress test performed consistent with standard Bruce protocol;
- Chest x-ray that is at least a P.A. 72" (i.e. front to back);
- Lipid profile that includes total cholesterol, triglycerides, LDL and HDL levels;
- Spirometry that represents at least a valid and reproducible forced expiratory volume at one (1) second (FEV1), forced vital capacity (FVC), and forced expiratory volume at one second/forced vital capacity (FEV1/FVC) that meets the criteria of the American Thoracic Society;
- Examining physician's certification (Section E of this form)
- Completed Member's Medical Questionnaire (Sections A, B and C of this form)

Section E: Examining Physician's Certification

Opinion of the Examining Licensed Physician:

The undersigned physician hereby certifies that: _____

(person being examined)

has undergone the tests and procedures referred to in Section D above on: 11/16/09

(date of exam)

Based on these tests and the physical exam:

Select one and initial:

1: STP There is no evidence of the existence of any heart disease, cardiovascular disease or respiratory disease.

(initial)

2: _____ There is evidence of either heart disease, cardiovascular disease or respiratory disease (explain below).

(initial)

Diagnosis/conclusions: _____

Physician's name: _____

Stephen T. Dobosiewicz M.D.

Phone number

440-415-0280

Physician's street address / Post office box

U. H. Geneva Medical Center

870 West Main Street

Geneva, Ohio 44041

City, State, Zip Code

Physician's signature: _____

Stephen T. Dobosiewicz

Date of signature:

3/3/10

(the signature of a nurse practitioner or physician's assistant is not valid on this certification)

Page 6 of 7 received on 3/1/2010 2:05:36 PM [Eastern Standard Time]

Page 7 of 7 received on 3/1/2010 2:05:36 PM [Eastern Standard Time]



Ohio Police & Fire Pension Fund
 140 East Town Street
 Columbus, OH 43215
 Phone: 888-864-8363
 Fax: (614) 628-1777
www.op-f.org



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 Columbus, OH 43215
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 Fax: (614) 628-1777
 www.op-f.org

MEMBER'S MEDICAL QUESTIONNAIRE and examining physician's certification

Sections A, B and C of this form are to be completed by the prospective member of the Ohio Police & Fire Pension Fund (OP&F). Sections D and E are to be completed by the licensed examining physician, including the date.

Section A: Patient information

Name: First, MI, Last, suffix (Jr, III, etc.)		Social Security Number					
Street Address / Post office box		<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 25px; height: 20px;"></td> </tr> </table>					
City, State, ZIP code		Date of Birth					
Home phone: _____		<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 25px; height: 20px;"></td> </tr> </table>					
Alternate phone: _____		Potential Date of Hire					
Name of potential employer: _____		Check one: <input type="checkbox"/> MALE <input type="checkbox"/> POLICE <input type="checkbox"/> FEMALE <input type="checkbox"/> FIRE					
		<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 25px; height: 20px;"></td> </tr> </table>					

Section B: Medical History

*If yes to any of the questions below, please explain in the space provided:
 (use back of this form if necessary)*

	Medication ▼	Dosage ▼	Frequency ▼
Do you take any prescription or over the counter medications? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you had any other injuries or serious illnesses? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you been under a doctor's care in the past two years? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Has your work ever been limited or restricted due to your health? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you had any physical complaint, impairment or disability? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you had any condition requiring a special work assignment? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you ever had or been advised to have an operation? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you use tobacco? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how much? _____ How many years? _____			
Do you use alcohol or intoxicating liquor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how much? _____ How often? _____			
How many days off have you had in the past two years due to illness or injury? _____			
What is your current state of health? <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor			

Check conditions you currently have or have had:

<input type="checkbox"/> Arthritis, swollen/painful joints <input type="checkbox"/> Asthma, bronchitis <input type="checkbox"/> Back trouble of any kind <input type="checkbox"/> Blood transfusions, hemophilia <input type="checkbox"/> Bone, joint deformity <input type="checkbox"/> Bowel habit change <input type="checkbox"/> Cancer <input type="checkbox"/> Chest pain/pressure <input type="checkbox"/> Chronic cough <input type="checkbox"/> Coughing/vomiting blood <input type="checkbox"/> Diabetes <input type="checkbox"/> Difficulty sleeping <input type="checkbox"/> Dizziness <input type="checkbox"/> Drug problems, IV drug use	<input type="checkbox"/> Ear, nose, throat trouble <input type="checkbox"/> Emphysema, shortness of breath <input type="checkbox"/> Epilepsy, seizures <input type="checkbox"/> Fainting spells <input type="checkbox"/> Foot problems <input type="checkbox"/> Glaucoma or cataracts <input type="checkbox"/> Hay Fever <input type="checkbox"/> Hearing difficulties <input type="checkbox"/> Heart attack <input type="checkbox"/> Hemorrhoids (piles) <input type="checkbox"/> Hepatitis <input type="checkbox"/> Hemla <input type="checkbox"/> High blood pressure <input type="checkbox"/> Kidney trouble	<input type="checkbox"/> Liver disease or jaundice <input type="checkbox"/> Measles <input type="checkbox"/> Menstrual disorders <input type="checkbox"/> Mental illness, depression, anxiety, nervousness <input type="checkbox"/> Neurological (nerve) problem <input type="checkbox"/> Numbness, weakness, fatigue <input type="checkbox"/> Pneumonia <input type="checkbox"/> Rash, hives <input type="checkbox"/> Rheumatic fever <input type="checkbox"/> Scarlet Fever <input type="checkbox"/> Sexually Transmitted Disease (STD) <input type="checkbox"/> Shin/Knee trouble <input type="checkbox"/> Stomach trouble, ulcers <input type="checkbox"/> Swelling of the ankles or feet	<input type="checkbox"/> Thyroid problems <input type="checkbox"/> Tuberculosis, silicosis <input type="checkbox"/> Varicose veins, phlebitis <input type="checkbox"/> Vision difficulties, eye injury/defect <input type="checkbox"/> Allergies (drug, food, insect, etc.) Please list allergy and reaction: _____ _____ _____ _____
---	---	--	--

Section B: Medical History (continued)

Date of last tetanus shot:

Not sure

Family Medical History

Please indicate the status of the following blood relatives:

- Mother: Living? Yes (age: _____), No (age and cause of death): _____
- Father: Living? Yes (age: _____), No (age and cause of death): _____
- Maternal grandmother: Living? Yes (age: _____), No (age and cause of death): _____
- Maternal grandfather: Living? Yes (age: _____), No (age and cause of death): _____
- Paternal grandmother: Living? Yes (age: _____), No (age and cause of death): _____
- Paternal grandfather: Living? Yes (age: _____), No (age and cause of death): _____
- Siblings: Living? Yes (age: _____), No (age and cause of death): _____
- Living? Yes (age: _____), No (age and cause of death): _____
- Living? Yes (age: _____), No (age and cause of death): _____

Indicate if any of the below illnesses have occurred in your blood relatives listed above:

<input type="checkbox"/> Alzheimer's disease: If so, who?	<input type="checkbox"/> High blood pressure: If so, who?
<input type="checkbox"/> Arthritis: If so, who?	<input type="checkbox"/> High cholesterol: If so, who?
<input type="checkbox"/> Asthma: If so, who?	<input type="checkbox"/> Lung disease: If so, who?
<input type="checkbox"/> Breast cancer: If so, who?	<input type="checkbox"/> Mental illness: If so, who?
<input type="checkbox"/> Colon cancer: If so, who?	<input type="checkbox"/> Stroke: If so, who?
<input type="checkbox"/> Diabetes: If so, who?	<input type="checkbox"/> Thyroid disease: If so, who?
<input type="checkbox"/> Heart disease: If so, who?	<input type="checkbox"/> Tuberculosis (TB): If so, who?

Section C: Authorization to release medical records and acknowledgement

An authorization to release the medical records is needed in order to allow the examining physician to forward such medical tests and reports to OP&F. By failing to grant the authorization provided in this section, you acknowledge and agree that to the extent you become a member of OP&F, you will not be permitted to use the presumption conditions of disability provided under Ohio law.

I, the person described in section A of this form, represent that I am the person herein described; I agree that all statements made are true and correct and also authorize the examining licensed physician who examined me to release to OP&F the physician's report and certification, as referenced herein.

Signature of prospective member: 	Date of signature:
---	--------------------

Examining licensed physician's certification

(as required by Ohio Revised Code 742.38 and Ohio Administrative Code 742-1-02)

Section D: Tests and procedures to be administered and submitted

A prospective member of OP&F must undergo the tests and procedures set forth in this section. The examining physician, who must be licensed to practice medicine in the state in which the examination was conducted, must sign the certification provided in Section E below, or a form substantially similar, as determined by OP&F in its sole and absolute discretion. The certification must include the physician's diagnosis and evaluation of the existence of any heart disease, cardiovascular disease or respiratory disease identified in the questionnaire, medical tests and physical examination referred to below. Copies of these tests and procedures must be included as part of the physician's report. **ALL INFORMATION MUST BE FILLED OUT COMPLETELY.**

It is the employer's responsibility to timely file the following:

- Electrocardiogram (EKG) and cardiac stress test performed consistent with standard Bruce protocol;
- Chest x-ray that is at least a P.A. 72" (i.e. front to back);
- Lipid profile that includes total cholesterol, triglycerides, LDL and HDL levels;
- Spirometry that represents at least a valid and reproducible forced expiratory volume at one (1) second (FEV1), forced vital capacity (FVC), and forced expiratory volume at one second/forced vital capacity (FEV1/FVC) that meets the criteria of the American Thoracic Society;
- Examining physician's certification (Section E of this form)
- Completed Member's Medical Questionnaire (Sections A, B and C of this form)

Section E: Examining Physician's Certification

Opinion of the Examining Licensed Physician:

The undersigned physician hereby certifies that: _____
(person being examined)

has undergone the tests and procedures referred to in Section D above on: _____
(date of exam)

Based on these tests and the physical exam:

Select one and initial:

1: _____ There is **no evidence** of the existence of any heart disease, cardiovascular disease or respiratory disease.
(initial)

2: _____ There is **evidence** of either heart disease, cardiovascular disease or respiratory disease (explain below).
(initial)

Diagnosis/conclusions: _____

Physician's name:	Phone number
-------------------	--------------

Physician's street address / Post office box

City, State, Zip Code

Physician's signature:	Date of signature:
------------------------	--------------------

(the signature of a nurse practitioner or physician's assistant is not valid on this certification)



Ohio Police & Fire Pension Fund
140 East Town Street
Columbus, OH 43215
Phone: 888-864-8363
Fax: (614) 628-1777
www.op-f.org

Michael A. Zullo, CPA Ashtabula City Auditor

FAX

Date: 3-1-10

Number of pages including cover sheet: 7

To:

Sharon Mugavero
UH Corporate
Health

Phone:

Fax phone: 216-201-4012

E MAIL:

From:

Carolyn Sheldon

Payroll & Human Resources
Specialist

Phone: (440)992-7141

Fax phone: (440)992-9306

E MAIL: carolyns@cityofashtabula.com

REMARKS:

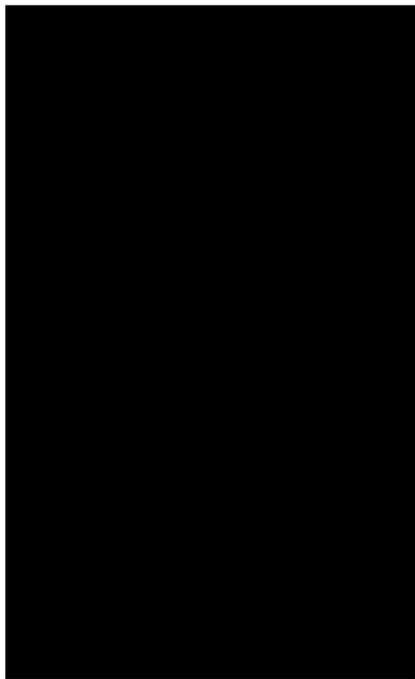
- Urgent For your review Reply ASAP Please comment

Need
Physician's Certification

TRANSMISSION VERIFICATION REPORT

TIME : 03/01/2010 14:05
NAME : CITY OF ASHTABULA
FAX : 4409929306
TEL : 4409927107
SER.# : BRQL2J855650

DATE, TIME	03/01 13:56
FAX NO./NAME	12162014012
DURATION	00:01:52
PAGE(S)	07
RESULT	OK
MODE	STANDARD ECM



REGISTRATION DISTRICT NO. 0401
 This is a certified copy of a
 permanent record contained in
 the files of the ASHTABULA CITY
 HEALTH DEPARTMENT; ASHTABULA, OHIO
 44004

Barbara J. Jores
 LOCAL REGISTRAR

Date 7/5/83

DO NOT
 WRITE IN MARGIN
 RESERVED FOR
 ODH DATA CODING

OHIO DEPARTMENT OF HEALTH
 DIVISION OF VITAL STATISTICS
 CERTIFICATE OF LIVE BIRTH

Reg. Dist. No. 0401
 Primary Reg. Dist. No. _____

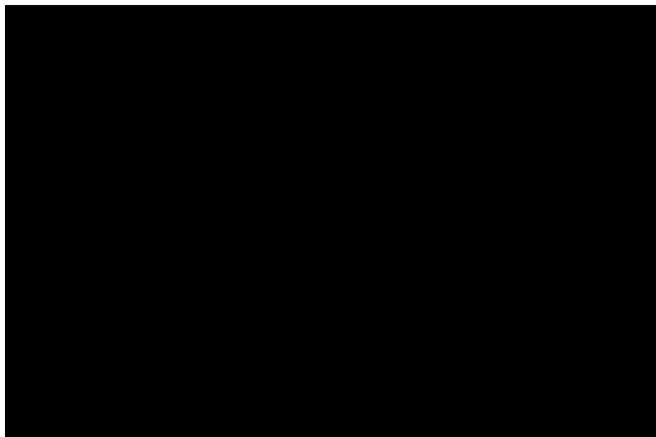
Registrar's No. 167

Birth No. 134 -

a. _____
 b. _____
 c. _____
CHILD
 d. _____
 e. _____
 f. _____
 g. _____
ATTENDANT
 h. _____
 i. _____
 j. _____
MOTHER
 k. _____
 l. _____
 m. _____
FATHER
 n. _____
 o. _____

1. CHILD-NAME First Middle Last			2. SEX Male	3. DATE OF BIRTH (Month, Day, Year) April 27, 1983	4. HOUR 6:52 A.M.
4a. HOSPITAL-NAME (If not in hospital, give street and number) Ashtabula General Hospital			4b. CITY, VILLAGE OR LOCATION OF BIRTH Ashtabula		4c. COUNTY OF BIRTH Ashtabula
5a. REGISTRAR SIGNATURE <i>Barbara J. Jores</i>				5b. DATE RECEIVED BY LOCAL REGISTRAR May 6, 1983	
I certify that the above named child was born alive of the place and time and on the date stated above.				6a. DATE SIGNED Apr. 28, 1983	6b. ATTENDANT-M.D., D.O., Midwife, other (Specify) M.D.
6c. SIGNATURE <i>Robert D. McTrusty</i>			6d. MAILING ADDRESS (Street or R.F.D. No., City or Village, State, Zip) 2709 Lake Ave., Ashtabula, Ohio 44004		
6e. ATTENDANT-NAME (Type or Print) Robert D. McTrusty, M.D.			6f. STREET AND NUMBER OF RESIDENCE 1931 E. Prospect, Lot 618		
7a. MOTHER-MAIDEN NAME First Middle Last Martha Christine Mullins			7b. AGE (At time of this birth) 24	7c. STATE OF BIRTH (If not in U.S.A., name country) Pennsylvania	
8a. RESIDENCE-STATE Ohio		8b. COUNTY Ashtabula	8c. CITY, VILLAGE OR LOCATION Ashtabula Twp.	8d. STREET AND NUMBER OF RESIDENCE 1931 E. Prospect, Lot 618	
8e. MOTHER'S MAILING ADDRESS (Street or R.F.D. No., City or Village, State, Zip) (If same as 8d, enter Zip Code only) Ashtabula, Ohio 44004					
9a. FATHER-NAME First Middle Last Jerry Lee			9b. AGE (At time of this birth) 24	9c. STATE OF BIRTH (If not in U.S.A., name country) Ohio	
10a. INFORMANT'S NAME OR SIGNATURE <i>Martha</i>				10b. RELATION TO CHILD Mother	
11a. _____					

PRINT IN PERMANENT



**CITY OF ASHTABULA
EMERGENCY CONTACT FORM**

Information provided will be kept confidential and shared and used on a strict need-to-know basis only.

EMPLOYEE INFORMATION:

NAME: [REDACTED]

HOME ADDRESS: [REDACTED], *Conneaut Ohio 44030*

PHONE NUMBERS: HOME [REDACTED] CELLULAR [REDACTED]

IN CASE OF AN EMERGENCY: DOCTOR: _____

Phone: _____

PRIMARY CONTACT: [REDACTED]

RELATIONSHIP: *Mother*

ADDRESS: [REDACTED], *Conneaut Ohio 44030*

PHONE: WORK _____ CELL [REDACTED] HOME [REDACTED]

SECONDARY CONTACT: *Pro, Lori*

RELATIONSHIP: *Fiance*

ADDRESS: [REDACTED], *Fairfax VA, 22192*

PHONE: WORK [REDACTED] CELL [REDACTED] HOME _____

Will you require assistance in the event of an evacuation because of a disability or medical condition? Yes _____ No

I agree to update this form as needed to keep information current.

SIGNATURE: [REDACTED] DATE: *1/19/10*

TRANSMISSION VERIFICATION REPORT

TIME : 01/20/2010 13:55
NAME : CITY OF ASHTABULA
FAX : 4409929306
TEL : 4409927107
SER.# : BROL2J855650

DATE, TIME	01/20 13:55
FAX NO./NAME	9985068
DURATION	00:00:22
PAGE(S)	01
RESULT	OK
MODE	STANDARD ECM

Form W-4 (2010)

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

Exemption from withholding. If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2010 expires February 16, 2011. See Pub. 505, Tax Withholding and Estimated Tax.

Note. You cannot claim exemption from withholding if (a) your income exceeds \$950 and includes more than \$300 of unearned income (for example, interest and dividends) and (b) another person can claim you as a dependent on his or her tax return.

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

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

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

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 919, How Do I Adjust My Tax Withholding, for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax

payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 919 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 919 for details.

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

Check your withholding. After your Form W-4 takes effect, use Pub. 919 to see how the amount you are having withheld compares to your projected total tax for 2010. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Personal Allowances Worksheet (Keep for your records.)

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

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

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

D Enter number of **dependents** (other than your spouse or yourself) you will claim on your tax return **D** _____

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

F Enter "1" if you have at least \$1,800 of **child or dependent care expenses** for which you plan to claim a credit **F** _____
 (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)

G **Child Tax Credit** (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information.
 • If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then less "1" if you have three or more eligible children.
 • If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child plus "1" **additional** if you have six or more eligible children. **G** _____

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

For accuracy, complete all worksheets that apply.
 • If you plan to **itemize or claim adjustments to income** and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
 • If you have **more than one job** or are **married and you and your spouse both work** and the combined earnings from all jobs exceed \$18,000 (\$32,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.
 • If **neither** of the above situations applies, **stop here** and enter the number from line H on line 5 of Form W-4 below.

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

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074 2010
► Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.				
1 Type or print your first name and middle initial. [Redacted]		Last name [Redacted]		2 Your social security number [Redacted]
Home address (number and street or rural route) [Redacted]			3 <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.	
City or town, state, and ZIP code Conneaut, Ohio 44030			4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ► <input type="checkbox"/>	
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)				5 0
6 Additional amount, if any, you want withheld from each paycheck				6 \$
7 I claim exemption from withholding for 2010, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write, "Exempt" here ►				7
Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.				
Employee's signature (Form is not valid unless you sign it.) ► [Redacted]			Date ► 1/19/10	
8 Employer's name and address (Employer's name and address if sending to the IRS.)			9 Office code (optional)	10 Employer identification number (EIN)

Deductions and Adjustments Worksheet

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

- 1 Enter an estimate of your 2010 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions **1** \$ _____
- 2 Enter: $\left\{ \begin{array}{l} \$11,400 \text{ if married filing jointly or qualifying widow(er)} \\ \$8,400 \text{ if head of household} \\ \$5,700 \text{ if single or married filing separately} \end{array} \right\}$ **2** \$ _____
- 3 **Subtract** line 2 from line 1. If zero or less, enter "-0-" **3** \$ _____
- 4 Enter an estimate of your 2010 adjustments to income and any additional standard deduction. (Pub. 919) **4** \$ _____
- 5 **Add** lines 3 and 4 and enter the total. (Include any amount for credits from *Worksheet 6* in Pub. 919.) **5** \$ _____
- 6 Enter an estimate of your 2010 nonwage income (such as dividends or interest) **6** \$ _____
- 7 **Subtract** line 6 from line 5. If zero or less, enter "-0-" **7** \$ _____
- 8 **Divide** the amount on line 7 by \$3,650 and enter the result here. Drop any fraction **6** _____
- 9 Enter the number from the **Personal Allowances Worksheet**, line H, page 1 **9** _____
- 10 **Add** lines 8 and 9 and enter the total here. If you plan to use the **Two-Earners/Multiple Jobs Worksheet**, also enter this total on line 1 below. Otherwise, **stop here** and enter this total on Form W-4, line 5, page 1 **10** _____

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

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

- 1 Enter the number from line H, page 1 (or from line 10 above if you used the **Deductions and Adjustments Worksheet**) **1** _____
- 2 Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. **However**, if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than "3." **2** _____
- 3 If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. **Do not** use the rest of this worksheet **3** _____

Note. If line 1 is **less than** line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4-9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.

- 4 Enter the number from line 2 of this worksheet **4** _____
- 5 Enter the number from line 1 of this worksheet **5** _____
- 6 **Subtract** line 5 from line 4 **6** _____
- 7 Find the amount in **Table 2** below that applies to the **HIGHEST** paying job and enter it here **7** \$ _____
- 8 **Multiply** line 7 by line 6 and enter the result here. This is the additional annual withholding needed **8** \$ _____
- 9 Divide line 8 by the number of pay periods remaining in 2010. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2009. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck **9** \$ _____

Table 1

Table 2

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$7,000 -	0	\$0 - \$6,000 -	0	\$0 - \$65,000	\$550	\$0 - \$35,000	\$550
7,001 - 10,000 -	1	6,001 - 12,000 -	1	65,001 - 120,000	910	35,001 - 80,000	910
10,001 - 16,000 -	2	12,001 - 19,000 -	2	120,001 - 185,000	1,020	90,001 - 165,000	1,020
16,001 - 22,000 -	3	19,001 - 26,000 -	3	185,001 - 330,000	1,200	165,001 - 370,000	1,200
22,001 - 27,000 -	4	26,001 - 35,000 -	4	330,001 and over	1,280	370,001 and over	1,280
27,001 - 35,000 -	5	35,001 - 50,000 -	5				
35,001 - 44,000 -	6	50,001 - 65,000 -	6				
44,001 - 50,000 -	7	65,001 - 80,000 -	7				
50,001 - 55,000 -	8	80,001 - 90,000 -	8				
55,001 - 65,000 -	9	90,001 - 120,000 -	9				
65,001 - 72,000 -	10	120,001 and over	10				
72,001 - 85,000 -	11						
85,001 - 105,000 -	12						
105,001 - 115,000 -	13						
115,001 - 130,000 -	14						
130,001 - and over	15						

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

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

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

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

Notice to Employee

- 1 For state purposes, an individual may claim only natural dependency exemptions. This includes the taxpayer, spouse and each dependent. Dependents are the same as defined in the Internal Revenue Code and as claimed in the taxpayer's federal income tax return for the taxable year for which the taxpayer would have been permitted to claim had the taxpayer filed such a return.
- 2. You may file a new certificate at any time if the number of your exemptions **increases**.

You must file a new certificate within 10 days if the number of exemptions previously claimed by you **decreases** because:

- (a) Your spouse for whom you have been claiming exemption is divorced or legally separated, or claims her (or his) own exemption on a separate certificate
- (b) The support of a dependent for whom you claimed exemption is taken over by someone else
- (c) You find that a dependent for whom you claimed exemption must be dropped for federal purposes

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

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

- 3. If you expect to owe more Ohio income tax than will be withheld, you may claim a smaller number of exemptions; or under an agreement with your employer, you may have an additional amount withheld each pay period.
- 4. A married couple with both spouses working and filing a joint return will, in many cases, be required to file an individual estimated income tax form IT 1040ES even though Ohio income tax is being withheld from their wages. This result may occur because the tax on their combined income will be greater than the sum of the taxes withheld from the husband's wages and the wife's wages. This requirement to file an individual estimated income tax form IT 1040ES may also apply to an individual who has two jobs, both of which are subject to withholding. In lieu of filing the individual estimated income tax form IT 1040ES, the individual may provide for additional withholding with his employer by using line 5.

✂ please detach here



Department of Taxation

Employee's Withholding Exemption Certificate

Print full name _____ Social Security number _____

Home address and ZIP code _____, *Connect Ohio 44030*

Public school district of residence _____ School district no. _____
(See *The Vendor* at tax.ohio.gov)

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

Under the penalties of perjury, I certify that the number of exemptions claimed on this certificate does not exceed the number to which I am entitled.

Signature _____ Date 1/19/10

PERSONAL HISTORY RECORD

This form should be completed and filed with the Ohio Police & Fire Pension Fund (OP&F) for each new employee who is hired as a full-time police officer or firefighter in a position qualifying for enrollment in OP&F. Ohio law requires an employer to cause the employee to undergo a physical examination in the form established by OP&F prior to his or her employment and, with limited exceptions, timely file the required documentation with OP&F. Otherwise, penalties and interest may be imposed against the employer.

OP&F reserves the right to reject membership or service credit at a later date as information becomes available.

Ohio law defines the eligibility guidelines for individuals who are required to become a member of OP&F. Before enrolling in OP&F, the employer should review the following guidelines and confirm that the individual meets the requirements for OP&F membership. If the individual meets the requirements, the employer should complete the Personal History Record form to begin the process of enrollment in OP&F as well as filing the appropriate documentation for the pre-employment physical. Please call OP&F's Customer Service at 888-864-8363 should you have any questions or concerns regarding OP&F membership.

A summary of OP&F's membership requirements are as following:

Firefighters contributing to OP&F must be paid from public funds of the employing municipal entity and be:

- A full-time firefighter who is employed by a fire department of the state, instrumentally of the state, or of a municipal corporation, township, joint fire district, or other political subdivision in a position in which he or she is required to satisfactorily complete, or to have satisfactorily completed, a firefighter training course approved under former Ohio Revised Code (ORC) Section 3303.07 or Section 4765.55, or conducted under ORC Section 3737.33.

Police officers contributing to OP&F must be paid from public funds of the employing municipal entity and be:

- A full-time, regular police officer in a police department of a municipal corporation appointed from a duly-established civil service eligible list or pursuant to ORC Section 124.411 [124.41.1];
- A full-time, regular police officer in a police department who is appointed pursuant to ORC Section 737.15 or 737.16 and is paid solely out of public funds of the employing municipal corporation; or
- A full-time police officer with a police department who is required to satisfactorily complete a peace officer training course in compliance with ORC Section 109.77.

The employee applying for OP&F membership should complete Sections A through F and the employer should complete Sections G, H, and I.

Section A — Member Information						
Name: first, middle initial, last, suffix (Jr., III, etc.) [REDACTED]	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Police officer <input type="checkbox"/> Female <input type="checkbox"/> Firefighter	Date of hire as a police officer or firefighter <i>1/19/10</i>				
Street / Post office box [REDACTED]	Home telephone [REDACTED]	Social Security number [REDACTED]				
City, state, ZIP code <i>Cornwall, Ohio 44030</i>	Alternate telephone [REDACTED]					
Marital status <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed	Marriage date [REDACTED]	Date of birth <table border="1" style="margin: auto; text-align: center;"> <tr> <td style="width: 20px;">04</td> <td style="width: 20px;">27</td> <td style="width: 20px;">19</td> <td style="width: 20px;">83</td> </tr> </table>	04	27	19	83
04	27	19	83			
OP&F USE ONLY						
Date enrollment form received	Date pre-employment physical received	Employer name				
Entered by	Date entered	Employer code				
Reviewed by	Date reviewed					

Section B - Dependent Information

Relationship	Dependent name	Social Security number	Date of birth
Spouse			
Children, aged less than 18			
Children, 18-22, if unmarried and a student			
Children, any age if dependent and disabled			

Section C - Out-of-state, federal or military employment information

- Yes No Have you ever been employed full-time by an **out-of-state public employer**?
 If yes, please provide your employer's name, address, and date of hire.
Washington DC Metropolitan Police Dept. 300 Indiana Ave NW
- Yes No Have you ever been employed full-time as a **civilian employee of the federal government**?
 If yes, please provide your employer's name, address, and date of hire.
- Yes No Have you ever served on active duty service in the **Armed Forces**?
 If yes, please provide your branch and dates of service.

Section D - Multiple Ohio retirement system membership

- Yes No Are you **currently receiving**, or eligible to receive in the future, an age/service or disability retirement benefit from any of the following Ohio retirement systems? (Please check all that apply.)
- | | |
|--|---|
| <input type="checkbox"/> State Highway Patrol Retirement System | <input type="checkbox"/> School Employees Retirement System |
| <input type="checkbox"/> Ohio Public Employees Retirement System | <input type="checkbox"/> State Teachers Retirement System |
| <input type="checkbox"/> Cincinnati Retirement System | |
- Yes No Are you **currently contributing** to any of the following Ohio retirement systems?
 (Please check all that apply.)
- | | |
|--|---|
| <input type="checkbox"/> State Highway Patrol Retirement System | <input type="checkbox"/> School Employees Retirement System |
| <input type="checkbox"/> Ohio Public Employees Retirement System | <input type="checkbox"/> State Teachers Retirement System |
| <input type="checkbox"/> Cincinnati Retirement System | |
- Yes No Have you **received a refund of contributions** for full-time service from any of the following Ohio retirement systems? (Please check all that apply.)
- | | |
|--|---|
| <input type="checkbox"/> State Highway Patrol Retirement System | <input type="checkbox"/> School Employees Retirement System |
| <input type="checkbox"/> Ohio Public Employees Retirement System | <input type="checkbox"/> State Teachers Retirement System |
| <input type="checkbox"/> Cincinnati Retirement System | |
- Yes No Do you have **contributions on deposit for full-time service, but are not currently contributing** to any of the following Ohio retirement systems? (Please check all that apply.)
- | | |
|--|---|
| <input type="checkbox"/> State Highway Patrol Retirement System | <input type="checkbox"/> School Employees Retirement System |
| <input type="checkbox"/> Ohio Public Employees Retirement System | <input type="checkbox"/> State Teachers Retirement System |
| <input type="checkbox"/> Cincinnati Retirement System | |

Section E - Signature and acknowledgement

I, the member described in section A of this *Personal History Record*, who, having been duly sworn, represent that I am the person herein described, and the statements made herein are true and correct.

Member's signature ▶ 	Date of signature 1/19/10
---	------------------------------

Section F - Notary Requirement

The notary public in good standing must sign in the space provided in this section and affix their seal.

State of Ohio, County of Ashtabula, ss:

The foregoing *Personal History Record* was acknowledged before me by the member named in the foregoing Section E, this 19 day of January, 20 10.

Notary public signature <u>Carolyn M. Sheldon</u>	Print name <u>Carolyn Sheldon</u>
Affix notary seal here	My commission expires

CAROLYN M. SHELDON, Notary Public
State of Ohio
My Commission Expires March 31, 2012

The following sections (G, H, and I) are to be completed by an authorized employer representative.

Section G — Employer information

Employer name City of Ashtabula	Employer code 0024P
Address 4717 Main Ave	Employer telephone 440-992-7107
City, State, ZIP code Ashtabula, OH 44004	Employer fax 440-992-9306

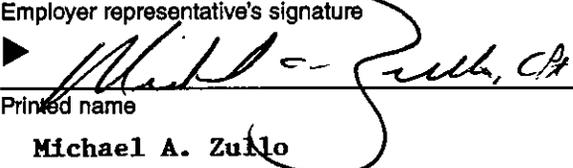
Section H — Certification of membership eligibility

In order to assist OP&F in determining the employee's eligibility for OP&F membership, please complete this section. Questions or concerns regarding OP&F membership should be directed to OP&F's Customer Service at 888-864-8363. OP&F reserves the right to reject membership or service credit at a later date as information becomes available.

- Yes No The employee received an original appointment as a full-time, regular police officer from a duly established civil service eligible list. **Please attach a copy of the appointment letter confirming full-time status for the member.**
- Yes No The employee has been employed as a full-time firefighter in a position in which the person was required to satisfactorily complete an approved firefighter training course. **Please attach a copy of the certificate earned upon the completion of the training course.**
- 01-19-2010
(month/day/year) Date employee was appointed to a full-time police officer or firefighter position. **Please attach a copy of the appointment letter confirming full-time status for the member.**
- \$ 44101.38
(per year) Member's initial salary rate (starting annual salary).
- Jan. 2010
(month/year) Date pension contributions will first appear on the *Report of Retirement Deductions*.

Section I — Employer certification

I hereby certify the person named in section A, is employed as a full-time* firefighter or police officer by the employer named in section G and that the statements made herein are true and correct.

Employer representative's signature 	Date of signature 01-19-2010
Printed name Michael A. Zullo	Title Auditor, CPA

* In order to be considered "full-time," the person must have received a full-time appointment as a police officer or firefighter and work on a full-time basis, as defined in OP&F's governing regulations.



Corporate Health Test Results

Test Date: 11/16/2009

Location: UHCH - Geneva

Employee: [REDACTED]

Package Name: Pension Exam

Encounter Number: 11610

City of Ashtabula
Attn: Brenda Sanders
4717 Main Avenue

Ashtabula, OH 44004

PHYSICAL EXAM:

Test: Physical Exam

Results: Able to perform all duties without restrictions

Note: REVISED: 12/09/09.

OTHER TEST:

Test: X-Ray

Results:

Note:

Signature: _____

Date: 11/25/2009

**Other than patient's signature, a copy of legal documents MUST accompany the authorization when presented; the exception is a parent of minor under 18 years of age.

Signature of Witness _____ X
Date Signed _____

Description of Legal Representative's Authority to Act on Behalf of Patient (if applicable)
 Patient unable to sign

Legal Representative _____ X
Date Signed 12/11/09

As a professional country, no cost is assessed for information released directly to your health care provider. All other releases are subject to a reasonable, cost-based fee. I understand there may be charges for the copying and release of information and my failure to sign this authorization.

I understand that treatment, payment, enrollment, or eligibility for benefits will not be conditioned on my failure to sign this authorization.

This authorization for release of information is valid for 60 days from the date of signature, unless revoked by written notice to the Disclosing Institution, provided the said notice of revocation is received prior to release of the information. If you need assistance in revoking this authorization please contact the Disclosing Institution directly.

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Page 1 of 1 received on 12/11/2009 2:04:31 PM [Eastern Standard Time]

UNIVERSITY HOSPITALS HealthSystem
Memorial Hospital of Geneva

770 West Main Street
CITY OF ASHTABULA
Geneva, Ohio 44041
440-466-1141

MICHAEL A. ZULLO, CPA
CITY AUDITOR

RECEIVED
DEC 15 2009

99/01/2006 FRI 09:24 FAX

001/001

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

Patient Name: (Please Print) Last: [Redacted] First: [Redacted] MI: [Redacted]
Date of Birth: 4/27/83
Social Security Number: [Redacted]
Address: [Redacted] VA
Medical Record Number: [Redacted]

Treatment Date(s): [Redacted]

Please Release Medical Information to the Following Recipient:
Name of Person or Organization: City of Ashtabula - Carolyn Sheldon
Address: 4717 Main Ave, Ashtabula, OH 44004
City: Ashtabula, State: OH, Zip Code: 44004

Purpose of Disclosure: Application to Police + Fireman's Pension Fund [] at the patient's request

Description of Information to be Released:
 *Operative Report
 *Consultation Report
 *History & Physical
 *Emergency Room Report
 *Discharge Summary
 Admission Form
 *Perinatal Summary (includes all * items)
 *FaceSheet
 Lab Reports
 *Radiology Report
 *EKG Report
 *Pathology Report
 *Card Cath Report

Other: [Redacted]
 Physical Therapy
 Entire Record

All Records Related to physical exam and testing done 11/10/09

I, the undersigned, authorize **KH Geneva Corp Health** (Disclosing Institution) and its employees to release information from my medical records as described above. I understand and acknowledge that the medical record may contain information regarding psychiatric disorders, Human Immune Virus (HIV) test results, Acquired Immune Deficiency Syndrome (AIDS), AIDS-related conditions, alcohol, and/or drug dependence/abuse. I also understand that information used or disclosed according to this authorization may be subject to redisclosure by the recipient and may no longer be protected. My failure to sign this authorization may result in my information not being released.

This authorization for release of information is valid for 60 days from the date of signature, unless revoked by written notice to the Disclosing Institution, provided the said notice of revocation is received prior to release of the information. If you need assistance in revoking this authorization please contact the Disclosing Institution directly.

I understand that treatment, payment, enrollment, or eligibility for benefits will not be conditioned on my failure to sign this authorization.

As a professional country, no cost is assessed for information released directly to your health care provider. All other releases are subject to a reasonable, cost-based fee. I understand there may be charges for the copying and release of information and my failure to sign this authorization.

JUNE 2007

NAME: [REDACTED]

WEIGHT: 186

NUMBER OF 1 MINUTE SIT-UPS: 38

Pass RATING: Pass

MEASUREMENT OF ABSOLUTE STRENGTH:

150 POUNDS BENCHED: 150

RATING: passed

1 1/2 MILE RUN TIME: 8.07

RATING: Pass

The YMCA of Ashtabula and anyone administering any part of this physical fitness test for the Ashtabula City Police Department, and including all those from the Ashtabula City Police Department will not be held liable any risks associated with the

[REDACTED], participating in any part of this physical fitness test.
(participant's name)

test. I give informed consent for testing data to be used in any anonymous manner for purposes of employment with the Ashtabula City Police Department.

[REDACTED]

8.16.08
DATE



ABSOLUTE STRENGTH

1 REPETITION MAXIMUM BENCH PRESS

MALES

Bench Press Weight Ratio = $\frac{\text{Weight pushed in Lbs.}}{\text{Body weight in Lbs.}}$

		AGE						
%	<20	20-29	30-39	40-49	50-59	60+		
99	>1.76	>1.63	>1.35	>1.20	>1.05	>.94		
95	1.76	1.63	1.35	1.20	1.05	.94	S	
90	1.46	1.48	1.24	1.10	.97	.89		
85	1.38	1.37	1.17	1.04	.93	.84		
50	1.34	1.32	1.12	1.00	.90	.82	E	
75	1.29	1.26	1.08	.96	.87	.79		
70	1.24	1.22	1.04	.93	.84	.77		
65	1.23	1.18	1.01	.90	.81	.74		
60	1.19	1.14	.98	.88	.79	.72	G	
55	1.16	1.10	.96	.86	.77	.70		
50	1.13	1.06	.93	.84	.75	.68		
45	1.10	1.03	.90	.82	.73	.67		
40	1.06	.99	.88	.80	.71	.66	F	
35	1.01	.96	.86	.78	.70	.65		
30	.96	.93	.83	.76	.68	.63		
25	.93	.90	.81	.74	.66	.60		
20	.89	.88	.78	.72	.63	.57	P	
15	.86	.84	.75	.69	.60	.56		
10	.81	.80	.71	.65	.57	.53		
5	.76	.72	.65	.59	.53	.49		
1	<.76	<.72	<.65	<.59	<.53	<.49	VP	
n	60	425	1909	2090	1279	343		

Total n = 6106



DYNAMIC STRENGTH

1 MINUTE SIT-UP

MALES

AGE

%	<20	20-29	30-39	40-49	50-59	60+	
99	>62.0	>55.0	>51.0	>47.0	>43.0	>39.0	
95	62.0	55.0	51.0	47.0	43.0	39.0	S
90	55.0	52.0	48.0	43.0	39.0	35.0	
85	53.0	49.0	45.0	40.0	36.0	31.0	
80	51.0	47.0	43.0	39.0	35.0	30.0	E
75	50.0	46.0	42.0	37.0	33.0	28.0	
70	48.0	45.0	41.0	36.0	31.0	26.0	
65	48.0	44.0	40.0	35.0	30.0	24.0	
60	47.0	42.0	39.0	34.0	28.0	22.0	G
55	46.0	41.0	37.0	32.0	27.0	21.0	
50	45.0	40.0	36.0	31.0	26.0	20.0	
45	42.0	39.0	36.0	30.0	25.0	19.0	
40	41.0	38.0	35.0	29.0	24.0	19.0	F
35	39.0	37.0	33.0	28.0	22.0	18.0	
30	38.0	35.0	32.0	27.0	21.0	17.0	
25	37.0	35.0	31.0	26.0	20.0	16.0	
20	36.0	33.0	30.0	24.0	19.0	15.0	P
15	34.0	32.0	28.0	22.0	17.0	13.0	
10	33.0	30.0	26.0	22.0	15.0	10.0	
5	27.0	27.0	23.0	17.0	12.0	7.0	
1	<27.0	<27.0	<23.0	<17.0	<12.0	<7.0	VP

n 46 312 1431 1558 919 205

Total n = 4471

Men			
Category	% Title	1.5 mile	1.0 mile
Superior	99	9:07	6:05
	95	10:52	7:15
Excellent	90	11:38	7:45
	85	12:20	8:13
	80	12:51	8:34
Good	75	13:13	8:49
	70	13:35	9:03
	65	13:54	9:16
	60	14:15	9:30
Average	55	14:28	9:39
	50	14:46	9:51
	45	14:59	9:59
	40	15:20	10:13
Fair	35	15:37	10:27
	30	15:50	10:33
	25	16:11	10:47
	20	16:31	11:01
Poor	15	16:39	11:06
	10	17:18	11:32
	5	17:32	11:41
	1	19:09	12:46

ANSWER SHEET

July 12, 2008

POLICE OFFICER ENTRANCE EXAMINATION

Ashtabula, OH.

1. <u>1</u>	26. <u>2</u>	51. <u>4</u>	76. <u>1</u>	101. <u>1</u>	126. <u>1</u>	151. <u>2</u>	176. <u>2</u>
2. <u>4</u>	27. <u>4</u>	52. 3	77. <u>2</u>	102. 1	127. <u>2</u>	152. 2	177. 1
3. <u>3</u>	28. <u>2</u>	53. <u>4</u>	78. <u>2</u>	103. 2	128. 2	153. <u>1</u>	178. <u>2</u>
4. 4	29. <u>2</u>	54. <u>3</u>	79. 2	104. 2	129. <u>2</u>	154. 2	179. <u>4</u>
5. <u>4</u>	30. 4	55. <u>3</u>	80. 2	105. <u>2</u>	130. <u>3</u>	155. <u>4</u>	180. 1
6. <u>1</u>	31. <u>2</u>	56. <u>2</u>	81. 1	106. <u>2</u>	131. 1	156. <u>3</u>	181. <u>2</u>
7. <u>3</u>	32. <u>4</u>	57. <u>4</u>	82. 2	107. <u>1</u>	132. <u>2</u>	157. 2	182. <u>4</u>
8. <u>1</u>	33. <u>2</u>	58. <u>1</u>	83. <u>2</u>	108. <u>3</u>	133. <u>2</u>	158. 4	183. <u>2</u>
9. <u>2</u>	34. <u>2</u>	59. <u>2</u>	84. <u>1</u>	109. <u>1</u>	134. <u>3</u>	159. <u>1</u>	184. <u>3</u>
10. <u>1</u>	35. <u>4</u>	60. <u>3</u>	85. <u>1</u>	110. <u>2</u>	135. <u>3</u>	160. <u>3</u>	185. 1
11. <u>2</u>	36. 1	61. 1	86. <u>1</u>	111. <u>1</u>	136. <u>2</u>	161. <u>3</u>	186. <u>4</u>
12. <u>2</u>	37. <u>3</u>	62. <u>3</u>	87. 2	112. <u>3</u>	137. <u>2</u>	162. 4	187. 3
13. <u>2</u>	38. <u>2</u>	63. <u>3</u>	88. 2	113. <u>2</u>	138. <u>4</u>	163. <u>4</u>	188. <u>1</u>
14. <u>1</u>	39. <u>2</u>	64. <u>1</u>	89. <u>2</u>	114. <u>4</u>	139. <u>3</u>	164. <u>1</u>	189. <u>2</u>
15. <u>3</u>	40. <u>4</u>	65. <u>1</u>	90. <u>1</u>	115. <u>2</u>	140. <u>2</u>	165. <u>2</u>	190. <u>1</u>
16. <u>2</u>	41. <u>1</u>	66. <u>1</u>	91. <u>2</u>	116. <u>2</u>	141. <u>2</u>	166. <u>1</u>	191. 2
17. <u>1</u>	42. <u>1</u>	67. <u>1</u>	92. <u>1</u>	117. <u>3</u>	142. <u>4</u>	167. <u>4</u>	192. <u>4</u>
18. <u>4</u>	43. <u>2</u>	68. <u>2</u>	93. <u>2</u>	118. 2	143. <u>3</u>	168. <u>2</u>	193. <u>4</u>
19. <u>1</u>	44. <u>2</u>	69. <u>4</u>	94. <u>1</u>	119. <u>2</u>	144. <u>2</u>	169. <u>3</u>	194. <u>2</u>
20. <u>3</u>	45. <u>2</u>	70. <u>4</u>	95. <u>1</u>	120. <u>3</u>	145. 1	170. <u>2</u>	195. <u>3</u>
21. 1	46. <u>1</u>	71. <u>3</u>	96. <u>2</u>	121. <u>1</u>	146. <u>4</u>	171. <u>4</u>	196. <u>4</u>
22. 4	47. <u>3</u>	72. <u>4</u>	97. <u>1</u>	122. 4	147. <u>1</u>	172. 4	197. <u>3</u>
23. 2	48. <u>2</u>	73. <u>3</u>	98. <u>2</u>	123. <u>4</u>	148. <u>4</u>	173. <u>4</u>	198. <u>4</u>
24. <u>1</u>	49. <u>2</u>	74. <u>3</u>	99. 1	124. <u>2</u>	149. <u>4</u>	174. 3	199. <u>2</u>
25. <u>1</u>	50. <u>2</u>	75. <u>4</u>	100. <u>2</u>	125. <u>1</u>	150. <u>4</u>	175. <u>2</u>	200. 2

200
 - 36

 164
 x 5

 820

IDENTIFICATION NO. 046

ASHTABULA CITY POLICE DEPARTMENT



Range Proficiency Record: Precision Rifle

NAME: [REDACTED] AGENCY: Ashtabula City Police

WEAPON MAKE: Ruger MODEL: PR SERIAL #: [REDACTED]

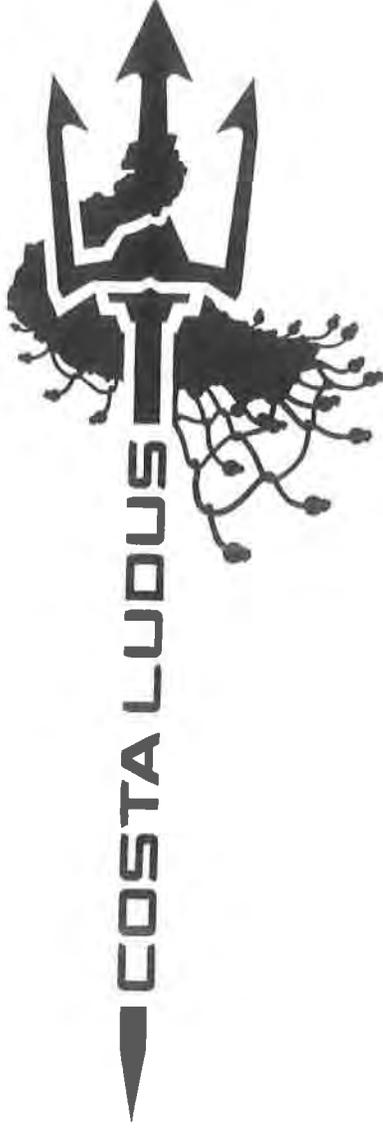
AMMUNITION USED: Hornady TAP 308 168 # [REDACTED]

COURSE OF FIRE: OPOTC-PR-06 (EFFECTIVE 1/1/2020)

STAGE	PREFERRED AREA	NON-PREFERRED AREA	NOT FIRED	MISS	OVER TIME	EXTRA ROUNDS FIRED
1A	<input checked="" type="checkbox"/> +1	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> -1	<input type="checkbox"/> -1	<input type="checkbox"/> -1
1B	<input checked="" type="checkbox"/> +1	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> -1	<input type="checkbox"/> -1	<input type="checkbox"/> -1
2	<input checked="" type="checkbox"/> x2 +1	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> -1	<input type="checkbox"/> -1	<input type="checkbox"/> -1
3A	<input checked="" type="checkbox"/> +1	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> -1	<input type="checkbox"/> -1	<input type="checkbox"/> -1
3B	<input checked="" type="checkbox"/> +1	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> -1	<input type="checkbox"/> -1	<input type="checkbox"/> -1
4	<input checked="" type="checkbox"/> x2 +1	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> -1	<input type="checkbox"/> -1	<input type="checkbox"/> -1
5A	<input checked="" type="checkbox"/> +1	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> -1	<input type="checkbox"/> -1	<input type="checkbox"/> -1
5B	<input checked="" type="checkbox"/> +1	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> -1	<input type="checkbox"/> -1	<input type="checkbox"/> -1

DATE: 10/23/20 SCORE: 10 PASS FAIL

TESTED BY: [Signature] REQ #: 06911 EXPIRES: 06/11/21



CERTIFICATE OF ACHIEVEMENT
FOR THE COMPLETION OF

HANDGUN ELEMENTS TRAINING 2 (HET2)

PRESENTED TO:



COMPLETED THIS DAY

SEPTEMBER 16-18, 2021 - GARRETTSVILLE, OH

A handwritten signature in black ink, appearing to read 'Chris Costa'.

CHRIS COSTA



CERTIFICATE
PROUDLY PRESENTED TO



The Basics of Pre-Trial Motions in DUI Cases

December 2, 2021

Date of Completion

TSRP Webinars

Organizer



CERTIFICATE

PROUDLY PRESENTED TO



Ethically Advocating Your DUI Case

December 8, 2021

Date of Completion

TSRP Webinars

Organizer



CERTIFICATE

PROUDLY PRESENTED TO



Preparing Your Motor Vehicle Crash
Case for Trial

August 12, 2021

Date of Completion

TSRP Webinars

Organizer



**National Association of
Prosecutor Coordinators**

CERTIFICATE

PROUDLY PRESENTED TO



Essential Case Law for Prosecuting the Drug DUI in
Florida

Sep 14, 2021

Date of Completion

TSRP Webinars

Organizer



CERTIFICATE

PROUDLY PRESENTED TO

[Redacted Name]

DRE Reconstruction:
Building a DUI Case After Leaving the Scene

September 22, 2021

Date of Completion

TSRP Webinars

Organizer



**National Association of
Prosecutor Coordinators**

CERTIFICATE

PROUDLY PRESENTED TO



SFSTs & Drugs: Hit or Miss?

August 20, 2021

Date of Completion

TSRP Webinars

Organizer



CERTIFICATE

PROUDLY PRESENTED TO



None Detected... What Next?

September 3, 2021

Date of Completion

TSRP Webinars

Organizer



CERTIFICATE

PROUDLY PRESENTED TO



Using the BWC to Your Advantage During the
Drug Influence Evaluation

July 6, 2021

Date of Completion

TSRP Webinars

Organizer



**National Association of
Prosecutor Coordinators**

CERTIFICATE

PROUDLY PRESENTED TO



Direct Examination in DUI Cases

July 10, 2021

Date of Completion

TSRP Webinars

Organizer



COSTA LUDUS



CERTIFICATE OF ACHIEVEMENT
FOR THE COMPLETION OF

LONG RANGE SEMI-AUTO COURSE (LRSA)

PRESENTED TO:



COMPLETED THIS DAY

JUNE 25-27, 2021 – THAYNE, WY

A handwritten signature in black ink, appearing to read "CHRIS COSTA". The signature is written in a cursive, somewhat stylized font. Below the signature is a horizontal line.

CHRIS COSTA



CERTIFICATE

PROUDLY PRESENTED TO



Basic Cross Examination & Impeachment in DUI Cases

July 20, 2021

Date of Completion

TSRP Webinars

Organizer



CERTIFICATE

PROUDLY PRESENTED TO



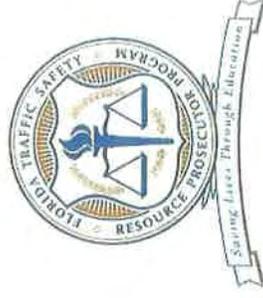
Mellanby Effect: A LEO's Perspective on Homeostasis & Burn Off

August 6, 2021

Date of Completion

TSRP Webinars

Organizer



CERTIFICATE

PROUDLY PRESENTED TO

[REDACTED]

Mental & Medical Conditions that
Mimic Intoxication

July 23, 2021

Date of Completion

TSRP Webinars

Organizer



National Association of
Prosecutor Coordinators

CERTIFICATE

PROUDLY PRESENTED TO



Prosecuting the Marijuana Impaired Driver

Apr 14, 2021

Date of Completion

TSRP Webinars

Organizer



CUYAHOGA COMMUNITY COLLEGE



A TRI-C CENTER OF EXCELLENCE

Certificate of Completion



has successfully completed 40 Hours (4 CEUs) of the

Introduction to Drone Operations

April 19-23, 2021



Clayton A. Harris

Chief Clayton A. Harris
VP/Dean, Public Safety Training Center

CERTIFICATE

PROUDLY PRESENTED TO



Jury Selection for the Marijuana
Impaired Driving Case

April 30, 2021

Date of Completion

TSRP Webinars

Organizer



CERTIFICATE

PROUDLY PRESENTED TO



**Driving & Cannabis Use:
From the Roadside to the Lab and on to the Courtroom**

April 29, 2021

Date of Completion

TSRP Webinars

Organizer



CERTIFICATE

PROUDLY PRESENTED TO



Investigating the Marijuana Impaired Driver

Apr 7, 2021

Date of Completion

TSRP Webinars

Organizer



OHIO ATTORNEY GENERAL



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

This is to certify that



has successfully completed the advanced training course

54-519-16-01: Counter Ambush Tactics for Law Enforcement

at the Ohio Peace Officer Training Academy given

April 19 - 21, 2016

Mike DeWine

Mike DeWine
Attorney General

Vernon P. Stanforth

Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission

Mary E. Davis

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

Certificate of Completion

This certifies that



has successfully completed the training
program requirements for

Mid-Ohio Advanced Emergency Vehicle Operations Training

Awarded on this 10th day of April 2017



OHIO ATTORNEY GENERAL



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

This is to certify that



has successfully completed the advanced training course

01-004-17-01: First Line Supervision

at the Ohio Peace Officer Training Academy given

April 24 - 27, 2017

Mike DeWine

Mike DeWine
Attorney General

Vernon P. Stanforth

Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission

Mary E. Davis

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

DATE CERTIFICATE PRINTED: June 1, 2017

Certificate of Training



Ashtabula Police Department

has successfully completed the 56-hour

Drug Recognition Expert School

Ohio State Highway Patrol Academy
October, 2017



Ronald Kenny #9262
Course Manager

Ohio DEC Program Coordinator

A handwritten signature in black ink, appearing to be 'A. R.'.

Ohio State Highway Patrol





INSTRUCTOR CERTIFICATION

This certifies that



has successfully completed training as a
Less Lethal Basic Instruction in the use of:
Flashbang Munitions

Sam Todd

INSTRUCTOR

Phil Shingleton

DIRECTOR OF TRAINING

December 28, 2017

DATE COMPLETED
(CERTIFICATE EXPIRES 4 YEARS
FROM COMPLETION DATE)



DEDICATED TO YOUR MISSION®

Certificate of Training



Ashtabula Police Department

has successfully completed the 16-hour

Drug Recognition Expert Pre-School

Ohio State Highway Patrol Academy
October, 2017



Raeell Kenny #9262
Course Manager

Ohio DEC Program Coordinator

A handwritten signature in black ink, appearing to be 'A. L.'.

Ohio State Highway Patrol





The International Association of Chiefs of Police

This is to certify that



*has successfully completed all requirements
of the Drug Evaluation and Classification Program
and is hereby recognized as a*

Drug Recognition Expert

Presented on 12/1/2017

Vincent Talucci
Executive Director
International Association of Chiefs of Police

Jennifer Rolfe
DEC Program Manager
International Association of Chiefs of Police



OHIO



eOPOTA

This is to certify that



has completed the Ohio Attorney General's online training course on

Companion Animal Encounters

Completed on: 4/16/2017 10:14:09 AM



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

This is to certify that



has successfully completed the advanced training course

06-480-18-02: SFST (Standardized Field Sobriety Testing)

Instructor

at the Ohio Peace Officer Training Academy given

September 10 - 14, 2018

Mike DeWine

Mike DeWine
Attorney General

Vernon P. Stanforth

Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission

Mary E. Davis

Mary E. Davis, Executive Director
Ohio Peace Officer Training Commission
DATE CERTIFICATE PRINTED: November 29, 2018



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

This is to certify that



has successfully completed the advanced training course

55-528-18-01: Critical Survival Skills for Patrol Officers

at the Ohio Peace Officer Training Academy given

July 24 - 26, 2018

Mike DeWine

Mike DeWine
Attorney General

Vernon P. Stanforth

Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission

Mary E. Davis

Mary E. Davis, Executive Director
Ohio Peace Officer Training Commission
DATE CERTIFICATE PRINTED: November 29, 2018



This is to certify that



has completed the Ohio Attorney General's online training course on

Use of Force, Liability and Standards

Completed on: 11/29/2018 10:27:25 AM



This is to certify that



has completed the Ohio Attorney General's online training course on

Law Enforcement Sexual Harassment Awareness Training

Completed on: 11/29/2018 9:07:00 AM



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

This is to certify that



has successfully completed the advanced training course

03-413-19-02: Advanced Traffic Collision Investigation (Level

II)

at the Ohio Peace Officer Training Academy given

July 22, 2019 - August 02, 2019


Dave Yost
Attorney General


Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission



Jeffrey K. Scott, Executive Director

Ohio Peace Officer Training Commission

DATE CERTIFICATE PRINTED: August 16, 2019

International Association of Chiefs of Police

Shaping the Future of the Policing ProfessionSM



CERTIFICATE OF COMPLETION

This Document Recognizes



For Fulfilling the Goals of the

Annual IACP Training Conference on Drugs, Alcohol, and Impaired Driving Anaheim, California

August 10 – 12, 2019

August 12, 2019

Date

A handwritten signature in black ink, appearing to read "Paul M. Cell".

Paul M. Cell
IACP President

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

Vincent Talucci
Executive Director/Chief Executive Officer



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

This is to certify that



has successfully completed the advanced training course

05-348-19-01: Working With and From Vehicles

at the Ohio Peace Officer Training Academy given

March 13 - 14, 2019


Dave Yost
Attorney General


Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission



Jeffrey K. Scott, Executive Director
Ohio Peace Officer Training Commission

DATE CERTIFICATE PRINTED: May 9, 2019



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

This is to certify that

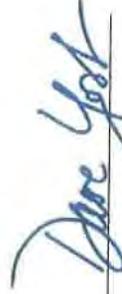


has successfully completed the advanced training course

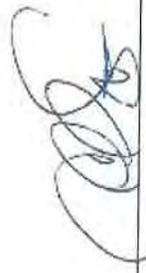
03-415-19-02: Traffic Collision Investigation (Level I)

at the Ohio Peace Officer Training Academy given

April 15 - 26, 2019

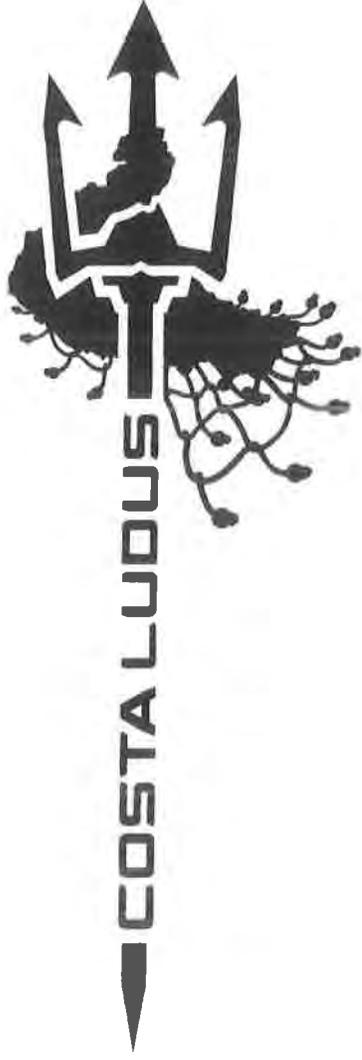

Dave Yost
Attorney General


Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission



Jeffrey K. Scott, Executive Director
Ohio Peace Officer Training Commission

DATE CERTIFICATE PRINTED: May 9, 2019



CERTIFICATE OF ACHIEVEMENT

FOR THE COMPLETION OF

Handgun Elements Theory 1 (HET1)

PRESENTED TO:



COMPLETED THIS DAY

September 18-20, 2020 - Garrettsville, OH

A stylized, handwritten signature in black ink, appearing to read "CHRIS COSTA".

CHRIS COSTA



Northeast Counterdrug Training Center

This is to recognize



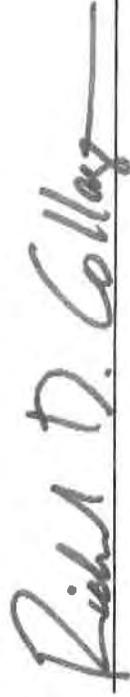
*for successfully completing
the requirements of*

Spanish for the Uniformed Patrol Officer - Live Online Webinar

12 Hours

Conducted on

August 12-14, 2020


Richard D. Collage

Colonel, United States Army
Counterdrug Coordinator


Max W. Furman, Jr.

Lieutenant Colonel, United States Army
Commandant, Northeast Counterdrug Training Center



Bureau of Workers'
Compensation

Certificate of Completion

This is to certify that



has successfully completed the following:

Bloodborne Pathogens (Online)

on

5/6/2020

Credit Type **Credit Value**

BWC Program Credit (online hours) 1.5

Policy Number: 30405102

Certificate of Completion

This is to certify that



has successfully completed the following:

Accident Analysis (Online)

on
1/11/2020

Policy Number: 30405102

Credit Type **Credit Value**

BWC Program Credit (online hours) 0.5



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

This is to certify that



has successfully completed the advanced training course
06-220-20-03: Instructional Skills (80 Hours)

at the Ohio Peace Officer Training Academy given

March 02 - 13, 2020


Dave Yost
Attorney General


Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission


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



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

This is to certify that



has successfully met the prescribed program requirements for

Hate Crimes

Date: February 05, 2022


Dave Yost
Attorney General


Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission


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



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

This is to certify that



has successfully met the prescribed program requirements for

Domestic Violence Legal Updates

Date: February 04, 2022

Dave Yost
Attorney General

Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission

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

OHIO ATTORNEY GENERAL

PEACE OFFICER TRAINING COMMISSION

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

This is to certify that



has successfully met the prescribed program requirements for

**Ethics and
Professionalism**

Date: January 27, 2022

Dave Yost
Attorney General

Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission

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



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

This is to certify that



has successfully met the prescribed program requirements for

Hazing

Date: February 05, 2022


Dave Yost
Attorney General


Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission


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

OHIO ATTORNEY GENERAL



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

This is to certify that



has successfully met the prescribed program requirements for

**BCI Lethal Use of Force
and OIS Investigations**

February 09, 2022

Date: _____


Dave Yost
Attorney General


Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission


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

OHIO ATTORNEY GENERAL



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

This is to certify that



has successfully met the prescribed program requirements for

Use of Deadly Force and Legal Guidelines

Date: February 09, 2022


Dave Yost
Attorney General


Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission


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

OHIO ATTORNEY GENERAL

PEACE OFFICER TRAINING COMMISSION

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

This is to certify that



has successfully met the prescribed program requirements for

Trauma and the Brain

Date: February 09, 2022


Dave Yost
Attorney General


Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission


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

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

This is to certify that



has successfully met the prescribed program requirements for

**Sexual Assault
Investigations**

Date: February 09, 2022


Dave Yost
Attorney General


Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission


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

OHIO ATTORNEY GENERAL



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

This is to certify that



has successfully met the prescribed program requirements for

Crisis Intervention

Date: February 09, 2022

Dave Yost
Attorney General

Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission

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

OHIO ATTORNEY GENERAL

PEACE OFFICER TRAINING COMMISSION

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

This is to certify that



has successfully met the prescribed program requirements for

Officer Wellness Seminar

Date: February 07, 2022


Dave Yost
Attorney General


Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission


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

OHIO ATTORNEY GENERAL



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

This is to certify that

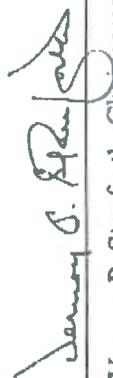


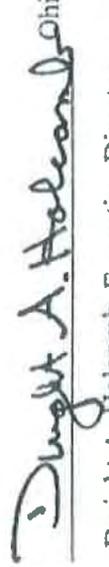
has successfully met the prescribed program requirements for

Use of Restraints

Date: February 05, 2022


Dave Yost
Attorney General


Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission


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



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

This is to certify that



has successfully met the prescribed program requirements for

Ohio Public Records Law

Date: February 05, 2022


Dave Yost
Attorney General


Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission


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

OHIO ATTORNEY GENERAL

PEACE OFFICER TRAINING COMMISSION

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

This is to certify that



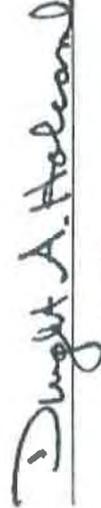
has successfully met the prescribed program requirements for

Ohio Forfeiture Laws

Date: February 05, 2022


Dave Yost
Attorney General


Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission


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

OHIO ATTORNEY GENERAL

PEACE OFFICER TRAINING COMMISSION

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

This is to certify that



has successfully met the prescribed program requirements for

**New and Updated
Criminal Charges**

Date: February 05, 2022


Dave Yost
Attorney General


Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission


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

OHIO ATTORNEY GENERAL

PEACE OFFICER TRAINING COMMISSION

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

This is to certify that



has successfully met the prescribed program requirements for

Medical Marijuana

Date: February 05, 2022


Dave Yost
Attorney General


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


Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission

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

This is to certify that



has successfully met the prescribed program requirements for

Community Diversity and Procedural Justice

Date: March 24, 2022


Dave Yost
Attorney General


Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission


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



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

This is to certify that



has successfully met the prescribed program requirements for

Mental Health Response

Date: March 23, 2022

Dave Yost
Attorney General

Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission

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

OHIO ATTORNEY GENERAL



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

This is to certify that



has successfully met the prescribed program requirements for

Responding to Sexual Assault

Date: March 23, 2022

Dave Yost
Attorney General

Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission

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

CERTIFICATE

PROUDLY PRESENTED TO



An Introduction to Drug Categories in Drug DUI Cases: Dissociative Anesthetics

February 14, 2022

Date of Completion

TSRP Webinars

Organizer



CERTIFICATE

PROUDLY PRESENTED TO



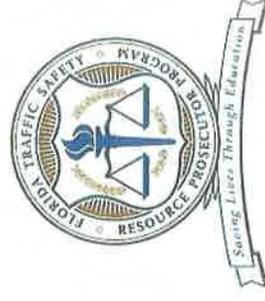
An Introduction to Drug Categories in Drug DUI Cases:
CNS Depressants

January 21, 2022

Date of Completion

TSRP Webinars

Organizer



CERTIFICATE

PROUDLY PRESENTED TO



Basics of Drug Testing:
Analysis of Blood & Urine Specimens

March 19, 2022

Date of Completion

TSRP Webinars

Organizer



CERTIFICATE

PROUDLY PRESENTED TO



The Evolution of SFSTs

March 18, 2022

Date of Completion

TSRP Webinars

Organizer



National Association of
Prosecutor Coordinators

CERTIFICATE

PROUDLY PRESENTED TO



CDLs & Impaired Driving: Examining the
Regulations, the Licensing Requirements and the
Consequences

Apr 19, 2022

Date of Completion

TSRP Webinars

Organizer



National Association of
Prosecutor Coordinators



MONTGOMERY COUNTY SHERIFF'S OFFICE

THIS CERTIFICATE IS AWARDED TO

PATROLMAN [REDACTED]

FOR SUCCESSFULLY COMPLETING A 40-HOUR
SPECIALIZED BASIC MARKSMANSHIP COURSE HELD AT
THE MONTGOMERY COUNTY SHERIFF'S OFFICE
REGIONAL TRAINING CENTER, VANDALIA, OHIO
FROM SEPTEMBER 29-OCTOBER 2, 2014.

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

Sheriff Phil Plummer

A handwritten signature in black ink, appearing to read "Sgt. Mark Worley", written over a horizontal line.

Sgt. Mark Worley REQ#02399

National Tactical Officers Association



Is pleased to present this Certificate to



Ashtabula Police Department

In recognition of your successful completion of the 40-hour

Sniper I Training

Ashtabula, OH

July 13-17, 2015

Mark Lomax, Executive Director

OHIO



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

This is to certify that



has successfully completed the advanced training course

54-007-12-01: Semi-Auto Pistol Operator

at the Ohio Peace Officer Training Academy given

May 8 - 10, 2012

Mike DeWine

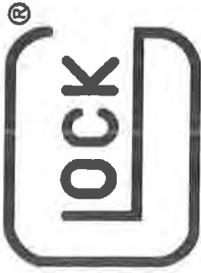
Mike DeWine
Attorney General

Vernon P. Stanforth

Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission

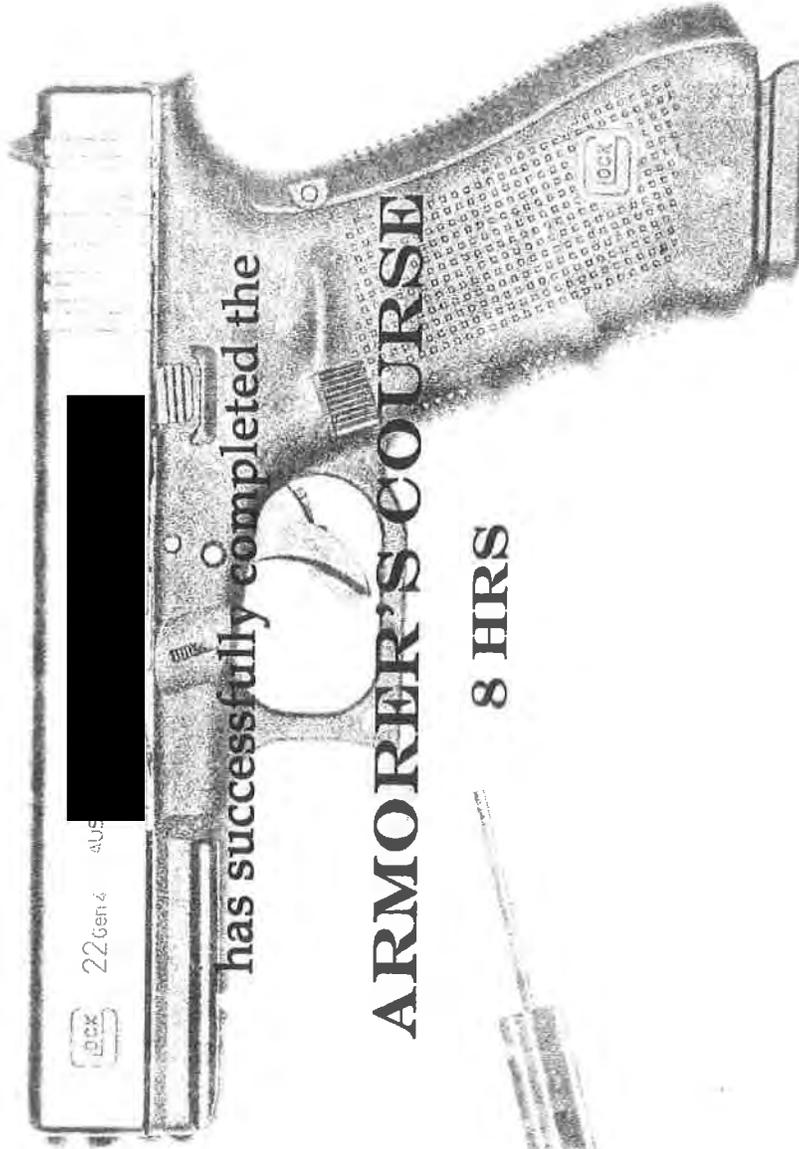
Robert A. Fiatal

Robert A. Fiatal, Executive Director
Ohio Peace Officer Training Commission



PROFESSIONAL

THIS CERTIFIES THAT



has successfully completed the

ARMORER'S COURSE

8 HRS



6/5/2012

Class Date:

6/5/2015

Exp Date:

Alan E. Ramsey

Alan E. Ramsey
Director of Training



ALLIANCE POLICE DEPT. FIREARMS TRAINING UNIT

PRESENTS



WITH THIS CERTIFICATE FOR SUCCESSFUL COMPLETION OF

COMBATIVE CARBINE

A 16 HR COURSE OF INSTRUCTION

HELD 27-28 JUNE 2012




DET. MICHAEL E. JONES
INSTRUCTOR

THIS CERTIFIES THAT iv. [REDACTED]
v. [REDACTED]

ROAMING SHORES OH 44084

DATE OF BIRTH	HEIGHT	WEIGHT	HAIR	EYES	SEX	NATIONALITY	vi.
4/27/1983	74 IN	200	BROWN	BROWN	M	USA	

ix. [REDACTED] has been found to be properly qualified and is hereby authorized in accordance with the conditions of issuance on the reverse of this certificate to exercise the privileges of
REMOTE PILOT

RATINGS AND LIMITATIONS
xii. SMALL UNMANNED AIRCRAFT SYSTEM

xiii.

THIS IS AN ORIGINAL ISSUANCE A REISSUANCE OF THIS GRADE OF CERTIFICATE

DATE OF SUPERSEDED AIRMAN CERTIFICATE

BY DIRECTION OF THE ADMINISTRATOR

EXAMINER'S DESIGNATION NO. OR INSPECTOR'S REG. NO.

x. DATE OF ISSUANCE

xi. SIGNATURE OF EXAMINER OR INSPECTOR
MANAGER, AIRMEN CERTIFICATION BR
IACRA E-SIGNED APPLICATION

DATE DESIGNATION EXPIRES

04/08/2022 01:49:30 PM

XIV. CONDITIONS OF ISSUANCE

This is an interim certificate issued subject to the approval of the Federal Aviation Administration pending the issuance of a certificate of greater duration. It becomes void -

1. Upon the receipt of a certificate of greater duration to replace it;
2. Upon a finding by the FAA that an error has been made in its issuance;
3. Upon a finding by the FAA that it was issued illegally or as the result of fraud or mis-representation;
4. Upon the refusal or failure by the holder to accomplish a flight check by a Flight Standards Inspector if so requested; and
5. In any case, at the expiration of 120 days from date of issuance.

vii. AIRMAN'S SIGNATURE





DAVE YOST

OHIO ATTORNEY GENERAL



Ohio Peace Officer Training Academy
Office: 740-845-2700

Officer: [REDACTED]	Date: 11.9.21
Agency: Ashland PD	Range: APD

Semi-automatic Pistol Manufacturer: Glock			Instructor Name/Requal #:	
Model: 17	Caliber: 9mm	Serial Num: [REDACTED]	Score: PASS	Instructor: HOLLIS

Semi-automatic Pistol Manufacturer: Glock			Instructor Name/Requal #:	
Model: 19	Caliber: 9mm	Serial Number: [REDACTED]	Score: PASS	Instructor: HOLLIS

Back-up/Sub Caliber Manufacturer: Glock			Instructor Name/Requal #:	
Model: 43x	Caliber: 9mm	Serial Num: [REDACTED]	Score: PASS	Instructor: HOLLIS

Revolver Manufacturer:			Instructor Name/Requal #:	
Model:	Caliber:	Serial Number:	Score:	Instructor:

Shotgun Manufacturer: Remington			Instructor Name/Requal #:	
Model: 870	Caliber: 12	Serial Num: [REDACTED]	Score: PASS	Instructor: HOLLIS

Rifle/Carbine Manufacturer: Colt			Instructor Name/Requal #:	
Model: M-16	Caliber: 5.56	Serial Number: [REDACTED]	Score: PASS	Instructor: HOLLIS

SMG Manufacturer:			Instructor Name/Requal #:	
Model:	Caliber:	Serial Number:	Score:	Instructor:

Eff. 1/2019

Basic Training

School Number (Facility Name (School Facility) (Facility)	From Date (Scho To Date (School)	Exam Date	Certificate Num:	Certificate Date
BAS10-023 Kent State University	1/25/2010	9/3/2010	4/9/2010 100253	4/19/2010

██████████ Employment History

Name	Officer Name (Officer) (Officer)	Start Date	Employment Dat End Date	Employment Dat Emp. Status (Emp
Ashtabula Police Department-01/19/2010	██████████ ██████████	1/19/2010	Appointment	Full-time