



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



2023-0228

Officer Involved Critical Incident - 18697 Bagley Rd., Cleveland, OH  
44130, Cuyahoga County

**Investigative Activity:** Receipt and Review of Records  
**Activity Date:** February 16, 2023  
**Activity Location:** BCI - Richfield  
**Authoring Agent:** SA Matthew Armstrong #146

**Narrative:**

On February 16, 2023, Ohio Bureau of Criminal Investigation (BCI) Special Agent (SA) Matthew Armstrong (Armstrong) reviewed the personnel file and training records of Southwest General Police Department (SGPD) Officer [REDACTED] [REDACTED]. The records were provided by SGPD Chief Tristan Harker on February 9, 2023. The records have been attached to this report for further review.

Upon reviewing the records, SA Armstrong noted the following:

Personnel File

This file was comprised of 47 pages. It contained applicant and new hire paperwork, and a transcript for internal Southwest General Medical Center Training completed between May 9, 2016 and June 4, 2019. Officer [REDACTED] had no discipline related to the use of force.

Training Records

Officer [REDACTED]'s training record consisted of 40 pages. It included completion certificates for 34 law enforcement-related courses and the completion of the following courses on the use of force and/or crisis intervention:

- 08/10/2021 – Use of Deadly Force and Legal Guidelines
- 08/10/2018 – Crisis Intervention
- 01/01/2016 – Policing in the 21st Century: Use of Force and De-escalation Webcast

In addition, Officer [REDACTED] completed internal departmental training on SGPD's Response to Resistance Policy on 02/07/22, Defensive Tactics on 07/21/21, and the Patient Restraint Policy on 05/20/2021.

**Attachments:**

2023-02-09 Personnel File - Officer [REDACTED]  
2023-02-09 Training Records - Officer [REDACTED]  
2023-02-09 Patient Restraint Training Record 05-20-21  
2023-02-09 Response to Resistance Training Record 02-07-22

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### NEW HIRE INFORMATION SHEET

RECRUITER: Judy Berry

Employee #: [REDACTED]

#### PERSONAL INFORMATION

App. # <u>63230</u>	DOB: <u>10-12-1983</u>
Legal Name: <span style="background-color: black; color: black;">[REDACTED]</span>	SS#: <span style="background-color: black; color: black;">[REDACTED]</span>
Phone Number: <span style="background-color: black; color: black;">[REDACTED]</span>	County: <u>Medina</u>
Marital Status: <u>D</u>	Race: <u>WR</u>

Have you ever worked at Southwest before (if yes, email benefits specialist)? Yes or No D

#### BACKGROUND CHECK

Employment Verification: 4/14/16

Background/Nicotene Questions Verified: YES or NO no

Primary Source License Verified (Date/Initial): no

Corporate Compliance/HIPAA Check: no BCI 10 am

Other: 4/14/16

*no smoker*

#### EMPLOYMENT OFFER

Contacted Date(s): _____	Accepted Date/Time: <u>10am 4/14/16</u>
Orientation Type: <u>agn</u>	Hire Date: <u>5/9/16</u>
Job Req #: <u>9673</u>	Job Title/Code: <u>Peace Officer/2591</u>
Status/Schedule: <u>FULL-TIME / nights</u>	FTE/Bi-Weekly Hours: <u>1 / 80</u>
Rate of Pay: <u>19.27</u>	Alternate Rate of Pay: _____
Dept #/Name: <u>8077 / Protection Services</u>	Manager: <u>Tristan Harker</u>
Exempt or Non-Exempt: <u>Default</u>	Kronos Profile/Payrule: <u>0003</u>

#### PRE-PLACEMENT PHYSICAL/UDS

CIRCLE ONE: BROOKPARK STRONGSVILLE

48 hour reminder  Photo I.D.  Medical History Questionnaire Form  Immunization Records

A UDS ONLY (MINI PHYSICAL): Call EOHS to schedule appointment within 48 hours

ONBOARDING APPOINTMENT

Name: Jason Storey

Employee #: 

Date of HR Appointment: \_\_\_\_\_ Time of HR Appointment: \_\_\_\_\_

New Hire Checklist sent to manager

Onboarding Documentation sent

**Information to collect and discuss at the time of HR appointment:**

Release Forms Signed

Orientation Information

Education Verified (make copy for file)

Health Clinic Follow-Up Sheet

Licensure Verified (make copy for file)

403(b) QDIA notice

Certification (make copy for file)

403(b) Auto Enrollment Notice

Form I9 (2 forms of ID)

Dependent Information Form

Fingerprinting:

Minor Paperwork/Work Permit

BCI  FBI

Five Years Proof of Residency below if needed  MVR Authorization Form Signed

*W/ Jason Storey*

*Be Maor TAY*

*NOTE  
Need MVR Signed*

POST HR ONBOARDING APPOINTMENT:

HR Finger Log

ESS/MSS Assignment Report

Lawson Certifications/Licensure PA22.1

LIC # \_\_\_\_\_ /CODE \_\_\_\_\_

CPR: YES OR NO

BLS/ACLS: YES OR NO

Comments/other reminders:





Applicants > View

- Submit
- Delete Applicant
- Edit
- Documents
- Reassign
- Screening
- Return to Apps

**SS Num:** [Redacted]  
**Track Num:** 172914  
**Address:** [Redacted]  
 Medina, OH 44256  
**Telephone:** [Redacted]  
**Email:**  
[istorey1983@gmail.com](mailto:istorey1983@gmail.com)

**Peace Officer**  
 (Job on Hold)  
 Southwest General Health  
 Ctr, Middleburg Heights, OH  
**Req Num:** 9673  
**FULL-TIME**  
**Recruiter:** Judy Berry  
**Manager:** Tristan Harker  
**Date Job Posted:** 04-13-16

**Application Forms**  
[Application.html](#)  
[Background.html](#)

Documents and Other Forms From Reassigned

[Red Carpet Audition - Peace Officer](#)

**Current Status**  
 Active  
 04/13/16... Applied via Online form ; R  
 04/13/16... Sent To Mgr

**Notes**  
 1/2/16 -- HSI Survey: [Scored](#)

**History: 1 Apps**  
 Select All  
 Select All File-NH-V  
 01-02-16  
 Peace Officer : A  
 1/2/16 -- HSI Survey: [Scored](#)

- Batch Selected
- Delete Selected

**Manager Review**

Click to Respond      Most Recent Response      Custom Form      Viewable  
[Harker Tristan](#)      04/13/16 (from Mgr) - Make Offer      04/13/16 [Candidate Evaluation Form](#)     

**Manager Review From Reassigned**

Click to Respond      Most Recent Response      custom form      viewable  
[Tristan Harker](#)      01/11/16 (from Mgr) - Schedule Interview     

**Update Status**

----No Action----  
 Apr 13 2016

- Active - Reviewed
- Active - Sent to Mgr
- Active - Sent to Mgr (default HM)
- Active - Interview
- Active - Chk. Ref
- Active - Offer Made
- File - Not Hired
- File - Not Hired - Viable
- File - Hired

Internal Notes:

Global Notes:

If Not Hired or Not Hired - Viable:

Select disposition:

**Manager Documents and Forms**

Document Red Carpet Audition - Peace Officer

**Manager Notification**

Manager List. Hold down CTRL key to select more than one. [Modify This List](#)

- Allstock, Erica
- Badaczewski, Marian
- Bakos, Steven
- Barber, Jill
- Barrett, Donna
- Bauschka, Martha
- Bianco, Susan
- Birkley, Pat

email link (default)    email application    do not email

If not found above, enter email address below (it will not be added to the master list).



December 17, 2021



CHIPPEWA LAKE, OH 44215

Dear 

At Southwest General, our employees are our most valuable asset! We realize that our employees are the reason we have been able to receive multiple recognition awards acknowledging the great care that we provide and the practice environment that we provide for our staff. We also realize that our patients deserve to be taken care of by the best! In an effort to remain competitive with other health care providers we proactively conduct salary and wage analysis surveys.

Our recent analysis revealed that our current pay rate for several positions within our Police Department are not as competitive as we would like them to be. Therefore, we are making adjustments to increase pay rates for some employees.

Based upon our review, we've determined your hourly wage will be affected. Therefore, effective December 12, 2021, your hourly wage has been adjusted. Normally, you would see this pay adjustment reflected in your pay on December 30, 2021. However, given the recent ransomware attack at Kronos, our time and attendance system vendor, we cannot confirm the date your pay increase will be reflected in your paycheck. **Please note, the Kronos outage does not change the effective date of you pay increase. If necessary, retroactive pay adjustments will be processed to ensure you receive the correct compensation for any delayed adjustment.**

This is our way of showing our appreciation for your hard work and commitment to Southwest. Thank you for all you do and we look forward to your continued success and contributions at Southwest General!

Sincerely,



Darrel Castricone  
Manager Benefits & Compensation  
Southwest General Health Center

Southwest General Health Center

Learner Name: [REDACTED]	EmployeeID: [REDACTED]
Badge Number: [REDACTED]	Org, Depart: POLICE DEPARTMENT (8077)   SOUTHWEST GENERAL HEALTH CENTER
Hire Date: 2016-05-09	
Job Title: POLICE OFFICER	

Date	Course Class	Self-Add	Grade	Credits
05/09/2016	GENERAL ORIENTATION 2016 GENERAL ORIENTATION - RED CARPET WELCOME			
05/09/2016	Orientation - MRI Safety		P	
05/09/2016	Orientation - Organizational Standards		P	
05/09/2016	Orientation - People & Service		100	
05/09/2016	Orientation - Radiation Safety		100	
05/09/2016	Orientation - Recognizing a Stroke		100	
05/09/2016	Orientation - Safety & SWPD		80	
05/10/2016	Orientation - Service Recovery		P	
05/10/2016	Orientation - Medical Identity Theft		100	
05/10/2016	Orientation - Equipment & Utilities Management		100	
05/10/2016	Orientation - Infection Prevention 2017		80	
05/10/2016	Orientation - Hazardous Communication		80	
05/10/2016	Orientation - Fire Safety		80	
05/10/2016	Orientation - Emergency Preparedness		100	
05/10/2016	National Patient Safety Goals		85	
05/10/2016	Hand Hygiene - Beyond the Basics		100	
05/10/2016	Blackout Overview for Nursing Units SWG		83	
05/10/2016	Safety Fair - Mercury & Formalin Awareness		100	
05/10/2016	Compliance Training: Standards of Conduct, HIPAA Privacy & Security		100.00	
05/10/2016	SWG Annual Employee Compliance Awareness Survey		100	
05/10/2016	Kronos InTouch® Terminal Training for Hourly Employees		100	
05/27/2016	CPI NONVIOLENT INTERVENTION REFRESHER - ED CPI NONVIOLENT INTERVENTION REFRESHER - ED			
08/17/2016	Active Shooter		83	
08/24/2016	CPR HEALTHCARE PROVIDER BLS COURSE - PRIVATE CPR HEALTHCARE PROVIDER BLS COURSE - PRIVATE			
11/04/2016	Addendum to the 2016 Safety Fair - Hazardous Pharmaceuticals Module		P	
11/04/2016	2016 Information Security Training Update		100	
03/13/2017	Safety Fair - Hazard Communication		83	

Southwest General Health Center

Learner Name: [REDACTED]	EmployeeID [REDACTED]
Badge Number: [REDACTED]	Org, Depart: POLICE DEPARTMENT (8077)   SOUTHWEST GENERAL HEALTH CENTER
Hire Date: 2016-05-09	
Job Title: POLICE OFFICER	

Date	Course Class	Self-Add	Grade	Credits
03/13/2017	Safety Fair - Hazardous Pharmaceuticals		100	
03/13/2017	Safety Fair - Infection Control		91	
03/13/2017	Safety Fair - Medical ID Theft		92	
03/13/2017	Safety Fair - Mercury Awareness		100	
03/13/2017	Safety Fair - MRI Safety		P	
03/13/2017	Safety Fair - Radiation Safety		100	
03/13/2017	Safety Fair - Safety & Security		80	
03/13/2017	SWG Annual Employee Compliance Awareness Survey		100	
03/13/2017	SWG Annual PCI Awareness Training		100	
03/13/2017	Safety Fair - Fire Safety		90	
03/13/2017	Safety Fair - Equipment & Utilities		80	
03/13/2017	Safety Fair - Emergency Preparedness		100	
03/13/2017	Safety Fair - Disruptive Behavior		100	
03/13/2017	Recognizing a Stroke		100	
03/13/2017	MRI Safety Video		100	
03/13/2017	Safety Fair - Mercury & Formalin Awareness		88	
03/13/2017	Information Security Training		100	
03/13/2017	Compliance Training: Standards of Conduct, Patient Rights, HIPAA Privacy & Security		100	
07/10/2017	Organizational Heart Failure Education		100	
07/10/2017	Saving to Local Drives		P	
12/12/2017	BE SWGH: SERVICE BEHAVIORS TRAINING BE SWGH: SERVICE BEHAVIORS TRAINING			
04/30/2018	SWG Annual Employee Compliance Awareness Survey		100	
04/30/2018	Compliance Training: Standards of Conduct, HIPAA Privacy & Security Rule		92	
04/30/2018	Safety Fair - Workplace Violence/Employee Assaults		90	
04/30/2018	Safety Fair - Safety & Security		89	
04/30/2018	Safety Fair - Radiation Safety		100	
04/30/2018	Safety Fair - MRI Safety		P	
04/30/2018	Safety Fair - Mercury Awareness		100	
04/30/2018	Safety Fair - Medical ID Theft		100	
04/30/2018	Safety Fair - Infection Control		82	

Southwest General Health Center

Learner Name: [REDACTED]	EmployeeID: [REDACTED]
Badge Number: [REDACTED]	Org, Depart: POLICE DEPARTMENT (8077)   SOUTHWEST GENERAL HEALTH CENTER
Hire Date: 2016-05-09	
Job Title: POLICE OFFICER	

Date	Course Class	Self-Add	Grade	Credits
04/30/2018	Safety Fair - Hazardous Pharmaceuticals		83	
04/30/2018	Safety Fair - Hazard Communication		83	
04/30/2018	Safety Fair - Fire Safety		100	
04/30/2018	Safety Fair - Equipment & Utilities		90	
04/30/2018	Safety Fair - Emergency Preparedness		92	
04/30/2018	Safety Fair - Disruptive Behavior		100	
04/30/2018	Safety Fair - Mercury & Formalin Awareness		88	
05/16/2018	CPR HEALTHCARE PROVIDER BLS COURSE - PRIVATE CPR HEALTHCARE PROVIDER BLS COURSE - PRIVATE			
10/10/2018	Safety Fair - Bloodborne Pathogens Annual Update		100	
10/10/2018	Recognizing a Stroke		100	
10/10/2018	SWG Annual PCI Awareness Training		100	
10/10/2018	2018 National Patient Safety Goals for Non-Nursing Staff		84	
06/03/2019	ALICE Certification Training		100.00	
06/04/2019	2019 Let's STOP the Violence		89	
06/04/2019	2019 Recognizing a Stroke - General		100	
06/04/2019	Safety Fair - Bloodborne Pathogens Annual Update		100	
06/04/2019	SWG Annual Employee Compliance Awareness Survey		100	
06/04/2019	Safety Fair - Mercury & Formalin Awareness		88	
06/04/2019	Safety Fair - Corporate Compliance Training		88	
06/04/2019	Safety Fair - Workplace Violence/Employee Assaults		100	
06/04/2019	Safety Fair - Safety & Security		89	
06/04/2019	Safety Fair - Radiation Safety		100	
06/04/2019	Safety Fair - MRI Safety		P	
06/04/2019	Safety Fair - Medical ID Theft		92	
06/04/2019	Safety Fair - Infection Control		82	
06/04/2019	Safety Fair - Hazardous Pharmaceuticals		100	
06/04/2019	Safety Fair - Hazard Communication		83	
06/04/2019	Safety Fair - Fire Safety		91	
06/04/2019	Safety Fair - Equipment & Utilities		80	
06/04/2019	Safety Fair - Emergency Preparedness		92	

Southwest General Health Center

Learner Name: [REDACTED]	EmployeeID: [REDACTED]
Badge Number: [REDACTED]	Org, Depart: POLICE DEPARTMENT (8077)   SOUTHWEST GENERAL HEALTH CENTER
Hire Date: 2016-05-09	
Job Title: POLICE OFFICER	

Date	Course Class	Self-Add	Grade	Credits
06/04/2019	Safety Fair - Disruptive Behavior		100	
09/05/2019	2019 National Patient Safety Goals for Non-Nursing Staff		100	
09/05/2019	2019 Heart Failure - General		100	
09/05/2019	ALICE Certification Training		90.00	
03/11/2020	2020 Recognizing a Stroke		100	
03/11/2020	2020 Isolation Gown Education - CBL		100	
03/11/2020	2020 Clinical Alarms		100	
08/21/2020	Care of the Suicidal Patient In Non-Behavioral Health Areas (Rev. 2021) DO NOT USE		91	
08/21/2020	2020 Hazmat Recertification		100	
10/14/2020	CPR HEALTHCARE PROVIDER BLS COURSE - PRIVATE CPR HEALTHCARE PROVIDER BLS COURSE - PRIVATE			
11/08/2020	2020 Safety Fair - Bloodborne Pathogens		100	
11/08/2020	2020 Safety Fair - Disruptive Behavior		100	
11/08/2020	2020 Safety Fair - Emergency Preparedness		100	
11/08/2020	2020 Safety Fair - Fire Safety		100	
11/08/2020	2020 Safety Fair - Hazard Communication		100	
11/08/2020	2020 Safety Fair - Hazardous Pharmaceuticals		100	
11/08/2020	2020 Safety Fair - Medical Identity Theft		86	
11/08/2020	2020 Safety Fair - Mercury & Formalin Awareness		86	
11/08/2020	2020 Safety Fair - Privacy Compliance		83	
11/08/2020	2020 Safety Fair - Radiation Safety		100	
11/08/2020	2020 Safety Fair - Safety & Southwest General Police Department		100	
11/08/2020	2020 Safety Fair - Workplace Violence		80	
11/08/2020	2020 Safety Fair - Equipment & Utilities		100	
11/08/2020	2020 Safety Fair - Infection Control		100	
11/08/2020	2020 Safety Fair - MRI Safety		100	
11/08/2020	2020 Safety Fair - Standards of Conduct Compliance		80	
06/01/2021	ALICE II		100	
07/22/2021	2021 Hugs Wi-Fi Clinical Training		90	
07/22/2021	2021 Recognizing a Stroke		100	

Southwest General Health Center

Learner Name: [REDACTED]	EmployeeID: [REDACTED]
Badge Number: [REDACTED]	Org, Depart: POLICE DEPARTMENT (8077)   SOUTHWEST GENERAL HEALTH CENTER
Hire Date: 2016-05-09	
Job Title: POLICE OFFICER	

Date	Course Class	Self-Add	Grade	Credits
01/03/2022	2021 Hazmat Recertification		100	
09/24/2022	2022 Hazmat Recertification		100	
09/29/2022	2022 Recognizing a Stroke - General		100	
09/29/2022	2022 Annual Employee Compliance Program Awareness Survey			
09/29/2022	2022 Bloodborne Pathogens		100	
09/29/2022	2022 Emergency Preparedness		100	
09/29/2022	2022 Fire Safety		86	
09/29/2022	2022 Hazard Communications		100	
09/29/2022	2022 Hazardous Pharmaceutical Waste		100	
09/29/2022	2022 Infection Control		86	
09/29/2022	2022 Medical Equipment & Utilities		83	
09/29/2022	2022 Medical Identity Theft		100	
09/29/2022	2022 Mercury & Formalin Awareness		80	
09/29/2022	2022 MRI Safety		100	
09/29/2022	2022 Privacy Compliance		83	
09/29/2022	2022 Radiation Safety		100	
09/29/2022	2022 Safety & SWGPD		89	
09/29/2022	2022 Standards of Conduct Compliance		89	
09/29/2022	2022 Workplace Violence		100	
09/30/2022	CPR HEALTHCARE PROVIDER BLS COURSE - PRIVATE CPR HEALTHCARE PROVIDER BLS COURSE - PRIVATE			

Totals: Records = 136



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

This is to certify that



has completed the Ohio  
Peace Officer Basic Training Program

Conducted by  
Medina County Law Enforcement Training Academy

Awarded on  
April 15, 2015

*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

*Kent A. Stewart*

School Commander

BAS13-058 150462



## PEACE OFFICER

First Name [REDACTED]  
Last Name [REDACTED]  
Position Code 80772591  
Position Name PEACE OFFICER  
Department Code 8077  
Department Name Protection Services  
Manager Name TRISTAN T HARKER  
Employee Number [REDACTED]  
Position Effective Date 05/09/2016

Weights - (Total:100%)

### DISCLOSURE

The following statements are intended to describe the major elements and requirements for the position and should not be taken as an exhaustive list of all responsibilities, duties and skills required of individuals assigned to this job.

## JOB DESCRIPTION

Below are listed all job description details for this position.

### POSITION INFORMATION

**Position summary:**

Peace Officers are responsible for providing armed safety and security for the buildings / grounds, and for all patients, visitors, employees, volunteers and physicians on property owned or operated by Southwest General.

**Position reports to:**

Sergeant or Lieutenant

### MINIMUM QUALIFICATIONS

**Education:**

High School graduate or equivalent, Associates degree preferred. Must have completed OPOTA (Ohio Basic Peace Officer Training Academy).

**Required length and type of experience:**

A minimum of one year of security or law enforcement experience. Prefer candidates with a prior commission from a law enforcement agency.

**Required licensure, certification or registry:**

OPOTA Certificate, Firearms Certificate, ability to be licensed by PISG / Department of Homeland Security

### PRINCIPLE DUTIES AND RESPONSIBILITIES

Below are the duties and responsibilities for this position.

- Provide a safe environment through diligent patrols of the interior and exterior grounds while taking proactive steps to resolve any potential unsafe conditions.
- Specific duties include providing armed security, detex rounds, security checks, valuables lock up and releases, body releases, investigations (property damage, vandalism, MVAs, slip and falls, thefts, etc.), drug testing, alarm response, emergency response, patient interventions, vehicle assists (lockouts, jump starts, tire inflation), alarm monitoring, fingerprinting, management of access control system, locking / unlocking doors, making ID badges, response to fire alarms, safety inspections, fire drills, external haz-mat response, ER post, patient stand bys, escorts, vehicle transports, CCTV monitoring, security risks / domestic violence intervention, parking vehicles, handling elevator failures, life flights, lost and found, patient restraints, notifying police, monitoring police / patient prisoners, responding to patient elopements, response to hazardous chemical spills, and maintaining comprehensive logs and reports.
- Demonstrate and support departmental core values of Professionalism, Teamwork and Integrity.

- Respond to and intervene in violent incidents by patients or others that requires the use of force or weapons to render the situation safe.
- Enforcement of hospital policies and procedures.

**PHYSICAL REQUIREMENTS**

Key:	<b>NO = None at all</b> (0%)	<b>O = Occasionally</b> (1-33%)	<b>F = Frequently</b> (34-66%)	<b>C = Constantly</b> (67-100%)
<b>Repetitions (per 8 hour shift)</b>	<b>0</b>	<b>4-6</b>	<b>6-12</b>	<b>more than 12</b>

**Physical Demands**

- Stand - O
- Walk - F
- Sit - O
- Lift/Carry: up to 10 lbs - O
- Lift/Carry: 11 - 20 lbs - O
- Lift/Carry: 21 - 50 lbs - O
- Lift/Carry: 51 - 100 lbs - O
- Pushing - O
- Pulling - O
- Climb stairs - O
- Climb: Use of legs/arms - NO
- Balancing - C
- Stoop - O
- Kneel - O
- Repeated Bending - O
- Crawling - O
- Reaching: High Level - O
- Reaching: Low level - O
- Fingers movement - repetitive - F
- Repetitive twisting or pressure involving wrists or hands - O
- Both hands required - C
- Both legs required - C
- Ability for rapid mental/muscular coordination simultaneously - C
- Oral communication: Speak clearly - C
- Hear - C
- Specific visual requirements - Yes
- Depth perception - Y
- Color vision: distinguish basic shades - Y
- Color vision: distinguish basic colors - Y

**Environmental**

- Outside - F
- Inside - F
- Heat between 90-100 degrees F - O
- Cold below 55 degrees F - O
- Temperature changes - O
- Wetness - F
- Dry atmospheric conditions - NO
- Confined spaces - NO
- Heights - O
- Vibration - NO
- Working with machinery with moving parts - NO
- Working with moving vehicles - O
- Working with ladders/scaffolding - NO
- Working with hands in water - NO
- Working alone - F

**Expected Exposure to Blood or Body Fluids:**

- Yes

**PERFORMANCE APPRAISAL**

Below are details specific to the performance evaluation for this position.

**JOB PERFORMANCE BEHAVIOR RATING SCALE**

Use this scale to assign a rating for each behavior. Assess how the employee demonstrates each

## behavior.

**5** - Always demonstrates this behavior at a superior level. Functions as an internal expert with this behavior, teaching or coaching others in addition to serving as a role model.

**4** - Consistently demonstrates this behavior at a high level. May have been viewed as a role model and clearly stood out among peers relative to this behavior.

**3** - Consistently demonstrates this behavior at the expected/solid level without assistance or direction from others.

**2** - Inconsistently demonstrates this behavior at the expected level. Sometimes requires assistance or direction from others.

**1** - Unacceptable. Does not demonstrate this behavior at the expected level(did not achieve results).

## JOB PERFORMANCE BEHAVIORS

35%

Below are the critical behaviors for this position.

- Demonstrates and supports departmental Core Values of Professionalism, Teamwork and Integrity as evident in performance and behavior. Has not received any counseling or disciplinary action relating to violation of the three Core Values.
- Completes all assignments, both of high and low priority, in a thorough, honest and professional manner.
- Demonstrates respect, tolerance and acceptance of others, especially co-workers.
- Assists other officers with assignments without being prompted. Being supportive and helpful by performing well without constant supervision.
- Responds and conducts themselves during Use of Force incidents with the priority being safety for the staff/officers and the patient /subject involved. Demonstrates a good understanding of the Use of Force Continuum and the Health Center's ethics and procedures in the handling of these situations.
- Thoroughly and accurately completes investigations, reports, drug tests, detex rounds, safety inspections, fire drills, valuables, body releases, transports, fingerprints, associate IDs vehicle assists and all other Officer duties.
- Provides a safe environment for patients, visitors and staff by being observant and diligent in patrolling the interior and exterior grounds and by taking proactive steps to resolve any potential unsafe conditions or incidents.
- Provides services and completes job duties with a primary focus on patient and customer satisfaction.

## ORGANIZATIONAL STANDARDS OF PERFORMANCE

30%

### People Pillar

- **Treats others with respect, trust and dignity.** Committed to: Showing concern for patients, families, physicians and coworkers. When upset or anxious, listens closely to what they have to say and is supportive. Fosters a quiet environment. Explains delays and follows up with expected time frames. Uses easily understood and appropriate language when giving information. Refrains from jokes or speech that can be interpreted as offensive. Avoids gossip.
- **Remains positive and addresses difficulties.** Committed to: Collaborating with all disciplines and departments and works cooperatively to provide services in an efficient manner both within department and between departments. Speaks and acts in a positive manner and does not participate in negative behavior.
- **Displays personal accountability.** Committed to: Accepting responsibility for self, department and the organization. Does not blame others; maintains open communication, trust and respect among team members. Takes ownership/responsibility to develop solutions, find answers and overcome obstacles to achieve desired results. Accepts feedback in a positive manner. Meets attendance and punctuality guidelines.

### Safety/Quality Pillar

- **Learns new skills and keeps knowledge current, i.e. continuing education.** Committed to: Seeking out and taking advantage of opportunities to grow and develop. Completes mandatory annual evaluations or other trainings by due date. Attends required meetings and inservice programs. Completes certification/licensure as required.
- **Strives to increase personal productivity and develops efficient work methods.** Committed to: Being open to new ways of doing things. Accepts that there may be changes in direction, priorities, schedules and responsibilities. Uses resources wisely and responsibly. Helps eliminate waste and shares cost saving ideas. Uses best practices and continuous quality improvement to change and make things better. Looks for ways to improve and shares good ideas. Uses appropriate safety devices and techniques.
- **Seeks ways to improve systems and services and becomes part of the solution.** Committed to: Bringing new ideas forward to improve processes and the environment. Demonstrates initiative. Anticipates and corrects problems before they become complaints. Offers assistance whenever possible. Readily shares knowledge and experience with others.
- **Supports management decisions and organizational strategies.** Committed to: Supporting department quality goals and including annual Organizational Performance and Core Measure goals. Maintaining secure areas per policy (carts, closets, etc). Assures information is kept confidential. Uses proper hand washing. Adheres to National Patient Safety Goals. Supports employee engagement initiatives. Uses AIDET. Uses proper timekeeping. Practices all "Standards of Performance". Adheres to Corporate Compliance program and HIPAA.

## Service Pillar

- **Receives recognition.** Committed to: Living Southwest's mission in daily work. Receives a "Best of Southwest" award and/or "Best of Southwest" thank you from peers or leader. Receives documented commendations for going above and beyond the job or received positive recognition on any valid survey tool.
- **Focuses on achieving customer satisfaction.** Committed to: Being friendly and assisting patients, families, physicians and co-workers. Smiles and uses greetings. Responds in a timely manner to all requests. Avoids delays, but if they happen, apologizes for any problems they may cause.
- **Willing to be flexible to meet departmental/organizational needs.** Committed to: Willingly accepts additional work, assignments and is willing to flex schedule to meet department needs. Open to new ideas and different points of view. Discusses and resolves differences constructively. Goes directly to the person(s) involved and shares concerns or goes to the appropriate leader. Is a team player. Offers assistance whenever possible. Shares in responsibility and accountability.

I understand that my electronic signature carries the same legal weight and authority as my written signature.

---

Name [REDACTED] Date **05/05/2016**

## Performance Management 2021

### Performance Review - 2022

First Name [REDACTED]

Last Name [REDACTED]

Position Name POLICE OFFICER

Department Name Police Department

Manager Name TRISTAN T HARKER

Employee Number [REDACTED]

Position Effective Date 05/09/2016

#### Our Mission

***Health is our passion, Quality is our focus, Compassion is our way***

#### Performance Management

This document is intended to guide performance management coaching and serve as a summary of the conversation between the employee and leader. This form should be used to highlight key topics of discussion (bullet points or summary statements are acceptable).

#### Performance Expectation Review

- Did the employee complete safety fair, competency education, and any other learning and development opportunities as required?
  - Yes
  - No
- Did the employee receive corrective action in the past 6 months?
  - Yes
  - No
- Over the last 6 months, the employee's performance and service behaviors (If "does not meet expectations", please indicate next steps):
  - Meets expectations
  - Does not meet expectations
- Summarize the check-in and include performance gaps reviewed, areas of achievement and any other coaching provided.
  - Comment

#### Evaluator Comments

[REDACTED] currently exceeds expectations. See manager comments below.

- Reflect on the past six months:
  - What were the highlights of the year so far?
  - What did not go well in the last 6 months?
  - How have you supported or connected to the mission of Southwest in your position?
- Discuss performance and service behavior expectations:
  - Are there performance gaps, obstacles or opportunities for growth?
  - Are expectations clear and easy to understand?
  - Do you have the materials and equipment you need for the job?
- Look to the future:
  - What are your goals for the next 6 months?
  - What can you do to positively impact your performance in the next 6 months?
  - What support do you need from me or the team?

**Opportunities for Learning and Development (If the employee meets expectations, is not on corrective action, and completed their self appraisal then proceed to the learning and development section. If not, the check in is complete).**

**Employee:** On your self appraisal, identify and then describe in the comment section below an area of development you would like to focus on  
**Manager:** For this portion, comment on what the employee describes on their self appraisal.

- Personal
- Professional
- Nothing at this time, currently satisfied with performance

**Support for Your Development**

• Indicate how your leader can support your development:

- Arrange time for me to meet with a Learning and Development team member.
- Arrange time for me to meet with a Nursing Education Professional Development Specialist.
- Work with me to schedule training within department or through other internal or external resources.
- Provide me with Ease@Work resources to access coaching, skill builder seminar, or development webinars.
- Provide me with more information on tuition assistance, educational partnerships, and certification opportunities.
- Help me become more involved through an organizational committee, workgroup or council.
- Provide direction on how I can expand my job role (i.e. preceptor, trainer, SME, additional responsibilities).

Other:

**Evaluator Comments**

N/A

**Manager Comments**

██████ has not had any corrective action the past 6 months. ██████ performs his job at a very high level. He needs little to no supervision on a daily basis. ██████ goes above and beyond for every call. Whether it's something simple, or very involved. ██████ does not stop at doing just as expected, he takes it upon himself to handle all the fire drills, safety inspections. Again, going above and beyond what I ask out of him. ██████ is extremely good with talking to people in all facets. Whether it's a high stress situation, dealing with difficult people, or just speaking with someone to answer a question, he always seems to make every situation better. ██████ also does the backgrounds for new applicants and all that entails. I also have no worries when he is O.I.C. as he does a great job. Jason is one of the best officers in this department and an asset.

Date Reviewed with employee: 8/13/2022

Signature History

Comment	Signature Value	Created Date	Employee Full Name
	██████████	09/20/2022	██████████
	██████████	09/20/2022	██████████



## Employee Handbook

I hereby acknowledge receipt of instructions of how to access the Southwest General Health Center Employee Handbook through Employee Self-Service (ESS) and understand that it is my responsibility to be aware of and comply with the policies and procedures contained within this handbook. I understand that Southwest reserves the right to change, modify, or abolish any or all of the policies, benefits, rules, and regulations contained or described in this handbook as it deems appropriate at any time, with or without notice. I acknowledge that neither the handbook nor its contents are an express or implied contract regarding my employment.

I further understand that all employees of Southwest, regardless of their classification or position, are employed on an at-will basis, and my employment is terminable at the will of Southwest or myself at any time, with or without cause, and with or without notice.

	<u>Peace officer</u>
Name (printed)	Job Title
<u>Protective Services</u>	
Department	Employee #
	<u>5/9/16</u>
Emp #	Date

**\*\*\*Please return your completed Handbook receipt to Human Resources.**



April 14, 2016

[REDACTED]

Medina, OH, 44256

Dear [REDACTED]:

Welcome to Southwest General Health Center! This letter is to confirm our offer of employment which is contingent on you successfully completing the pre-placement process.

**Below is your specific offer of employment information:**

**Employee Number:** [REDACTED]

**Position Title:** Peace Officer

**Department Name:** Protection Services

**Status:** FULL-TIME

**Standard Hours:** 80

**Shift:** Nights

**Hours:** 7 p to 7 a

**Rate of Pay:** \$19.27

**Hire Date:** May 9, 2016

**Supervisor Name and Contact Number:** Tristan Harker 440-816-4060

You will be scheduled to attend the health center orientation program at Southwest General Health Center on May 9, 2016 at 8 am. You will be introduced to Southwest General Health Center's mission, values, policies and benefits. We are excited that you have chosen to join Southwest General and look forward to working with you. If you have any questions, please contact me at 440-816-8048.

Sincerely,

Judy Berry  
HR Generalist  
Human Resources



**Agreement**

As an employee of Southwest I may receive items for use during my employment which may include an identification badge, uniform(s), keys, etc. I agree to return any and all such items upon termination of my employment. Should I keep such items beyond my last day of employment, I understand and agree that Southwest may withhold any monies due me until I return all items or Southwest may deduct the cost of such items from any monies due to me.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Employee Name (Please print)

04/14/2016  
Date



Return Email Contact:

Comments to Manager: [Modify This List](#)

Send Custom Form:

- Submit
- Delete Applicant
- Edit
- Documents
- Reassign
- Screening
- Return to Apps

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Inquiries please call us at 800.869.5200



**Position Applied For**

**Position:** Peace Officer  
**Department:** Protection Services  
**Schedule:** FULL-TIME  
**Req Num:** 8514

**Application for Employment**

We consider applicants for all positions without regard to race, color, religion, creed, national origin, age, disability, sexual orientation, marital status, or any other legally protected status.

**Instructions to Applicant**

1. You must fully and accurately complete the Application for Employment. Incomplete applications will not be considered. Southwest General Health Center may use the information given in the application to investigate the applicant's previous employment and background.
2. The Application for Employment will be considered inactive after 90 days. If you wish to be considered after that time, you must complete a new Application for Employment.
3. If you are hired, proof of citizenship or immigration status will be required to verify your lawful right to work in the United States.

**\*Required Information**

January 2, 2016

**PERSONAL INFORMATION**

Are you a current employee of Southwest General Health No Center?\*

First Name:\* [redacted] MI: [redacted]

Last Name:\* [redacted]

Address:\* [redacted]

City:\* Medina

State:\* OH

Zip:\* 44256

Social Security Number:\* \*\*\*-\*\*-\*\*\*\*

Confirm Social Security Number:\* \*\*\*-\*\*-\*\*\*\*

Home/Other Phone:\* [redacted]

Work Phone:

Cell Phone:

Best way to contact: Cell Phone

Email Address:\* [redacted]

**EDUCATION**

High School

Name of school: Highland

Years completed? 4

Street: 4150 Ridge Road Degree Type: HIGH SCHOOL  
 City: Medina Did you graduate? Yes  
 State: OH Province:  
 Zip: 44256  
 Country: United States

**Undergraduate**

Name of school: Liberty University Major: Criminal Justice  
 Street: 1971 University Blvd. Degree Type: BACHELORS  
 City: Lynchburg Did you graduate? No  
 State: VA Province:  
 Zip: 24515  
 Country: United States

**Technical**

Name of school: Medina County Police Academy Major: Law Enforcement  
 Street: 101 W. Liberty St. Degree Type: NO DEGREE  
 City: Medina Did you graduate? Yes  
 State: OH Province:  
 Zip: 44256  
 Country: United States

List scholastic honors, specialized training, apprenticeship, and extra-curricular activities that may be helpful in considering your application:

**Trainings:**

Cardiopulmonary Resuscitation (CPR) | First Aid | Medication Training (Med-Pass) | Sign Language  
 Non-Violent Intervention (CPI) | Software Training – Scheduling | Certified in AED | Infant CPR  
 National Incident Management System (NIMS) | Certificate in Incident Command System (ICS)  
 Certificate Level 1 Hazmat | Certificate in Baton Training | Certificate in Radar Training

**SKILLS / EXPERIENCE**

Check all that apply

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> Billing              | <input type="checkbox"/> ICU-CCU          | <input type="checkbox"/> Nursing Supervision   | <input type="checkbox"/> Geriatric             |
| <input type="checkbox"/> Hospital Admitting   | <input type="checkbox"/> Neurology        | <input type="checkbox"/> Respiratory Therapy   | <input type="checkbox"/> Med/Surg              |
| <input type="checkbox"/> Medical Terminology  | <input type="checkbox"/> Physical Therapy | <input type="checkbox"/> E.M.S.                | <input type="checkbox"/> Orthopedics           |
| <input type="checkbox"/> Pediatrics           | <input type="checkbox"/> Radiology        | <input type="checkbox"/> Lab/Chemistry         | <input type="checkbox"/> Switchboard           |
| <input type="checkbox"/> Transcription        | <input type="checkbox"/> Collections      | <input type="checkbox"/> Oncology              | <input type="checkbox"/> Medical Transcription |
| <input type="checkbox"/> Accounting           | <input type="checkbox"/> I.V. Therapy     | <input type="checkbox"/> Surgery/Recovery Room | <input type="checkbox"/> Coding                |
| <input type="checkbox"/> Occupational Therapy | <input type="checkbox"/> Pharmacy         | <input type="checkbox"/> Health/Fitness        | <input type="checkbox"/> Labor and Delivery    |

Typing Speed - WPM: N/a

Errors: N/a

Medical Transcription - WPM: N/a

Word Processing / Computers: N/a

Office Equipment / Products / Mobile Machinery: N/a

Foreign Languages: American sign language

Other skills not mentioned above:

N/a

Membership in Professional or Civic Organizations:  
 (You may exclude those which may disclose your race, color, religion or national origin.)  
 N/a

**LICENSES/CERTIFICATIONS**

**Professional Licensure**

Type	State	Number	Original Issue	Issue Date	Expiration Date	Temp / Perm
OPOTA	OH	[REDACTED]	04 2015	04 2015		[ ] / [X]

Have you ever had any action taken against your professional license? No  
 If yes, please explain circumstances and outcome.

**DRIVING INFORMATION**

Driver License Number	Driver License Type	Plate Number	State of Issue	Date Issued	Date Expired
[REDACTED]	Personal	GIP2270	OH	09 2012	10 2016

**WORK HISTORY**

Please provide the requested information about your past employers, beginning with your most recent employer. Make sure you include volunteer work or other job related training which provides information on skills/abilities you have developed. It is important to be accurate and complete since your pay rate is related to your experience.

Are you currently employed?\* Yes

**1. Current/most recent employer:**

Name of Company:\* Intervention For Peace  
 Street: 689 W. Liberty St.  
 City: Medina  
 State: OH  
 Zip: 44256

Employer's Phone: 330-725-1298

Other Name(s) Used: DNA

Job Title:\* Provider

Employed From:\* 02 2006

Employed To:\*

OR (X) Currently Employed

Starting Salary:\* 30,000

Ending Salary:\* 42,000

Supervisor's Name:

Job Duties and Responsibilities:\*

Provide personal care to mentally challenged patient, including observing, recording, and reporting changes in their behavior, and providing reassurance and encouragement. Initiate, perform, and complete assigned duties in providing care to patients in a timely manner. Observe, identify, and documents patient needs including equipment-assisted care, and patient/family education while recognizing and considering emotional, cultural, spiritual, socio-economic and age-related factors. Interact daily with patients, family members, and/or other internal/external customers. Provide oversight to housing, home maintenance. Train staff on providing care, personal hygiene, preventative behavioral management and how to prevent certain behaviors. Work with patients to develop skills necessary for functioning in society and allowing them to live more independently.

Dave Clardy

Employment Status: Full Time

Reason For Leaving:\*

Pursuing a career in law-enforcement.

May we contact this employer for a reference?\*

Yes

2.

Name of Company: Apple Creek Police  
Department

Street: 63 E. Main St.

City: Apple Creek

State: OH

Zip: 44606

Employer's Phone: 330-698-5811

Other Name(s) Used: DNA

Job Title: Patrolman

Employed From: 03 2015

Employed To: 01 2016

Starting Salary: N/a

Ending Salary: N/a

Supervisor's Name: Chief Woodruff

Employment Status: Part Time

Job Duties and Responsibilities:

Patrol the community, look for traffic violations, investigate crimes, respond to calls, community policing, keep a log, write reports, etc.

Reason For Leaving:

Looking for full-time employment in the law-enforcement field .

May we contact this employer for a reference?

Yes

3.

Name of Company: Millersburg Baptist Church

Street: 685 S. Washington St.

City: Millersburg

State: OH

Zip: 44654

Employer's Phone: 330-674-5927

Other Name(s) Used: DNA

Job Title: Youth Director

Employed From: 05 2007

Employed To: 09 2011

Starting Salary: 6,500

Ending Salary: 9,100

Supervisor's Name: Pastor Lonsway

Employment Status: Part Time

Job Duties and Responsibilities:

Planning and chaperoning events, speaking, teaching Sunday School and leading Sunday evening Bible study, community outreach, evangelism, and fostering youth interaction with the church body. Mentor youth.

Reason For Leaving:

My son was born and I wanted more time with him.

May we contact this employer for a reference?

Yes

MILITARY SERVICE

Were/Are you a member of the U.S. Armed Forces? No

Branch of Service:

Period of Active Duty: From:  
To:

Highest rank held:

Type of Separation/Discharge:

**REFERENCES**

Please give three references (Do not list relatives)

Name	Phone Number	Email Address	Relationship
Teresa Davidson	330-421-6706		Friend
Sue Dawson	440-610-3504	sdawson@ifpeace.com	Friend/coworker
Dave Clardy	330-725-1298	dclardy@ifpeace.com	Boss

**ADDITIONAL INFORMATION**

Minimum Salary Desired: N/a

When will you be available to begin work? In two weeks from hire date

How did you find out about this position?\* indeed.com

If you selected other, please enter "Other" source:

If you were referred by a current employee, enter their

First Name:

Last Name:

Department:

If you have any relatives currently employed by Southwest General Health Center list their

First Name:

Last Name:

Department:

Which job status/shift would you accept?  
(please check all that apply)

Status	Shift
<input checked="" type="checkbox"/> Full Time	<input checked="" type="checkbox"/> Day
<input type="checkbox"/> Part Time	<input checked="" type="checkbox"/> Evening
<input type="checkbox"/> PRN	<input checked="" type="checkbox"/> Night
<input type="checkbox"/> Flex Time	<input checked="" type="checkbox"/> Weekend
<input type="checkbox"/> Temporary	<input checked="" type="checkbox"/> Rotating Shifts

Please answer all of the following questions.

- \* Yes      If you are under 18 years of age, can you provide required proof of your eligibility to work?
- \* Yes      Are you legally eligible for employment in the United States?

If yes, and you are not a U.S. Citizen, please provide the number of your Resident Alien or Work Authorization Card.  
Form 1-15: Form 1-94: Class

\* Yes

Can you travel if a job requires it?

\* Yes

Southwest General Health Center is a tobacco-free campus and does not hire applicants that use any type of tobacco or nicotine product. Will you be able to comply with this policy?

\* No

Have you ever been employed by Southwest General Health Center?

If yes, hire date and department?  
Hire Date: Department:

\* No

Do you have any limitations that would affect your ability to perform job functions of the position according to the job summary provided?

If yes, please explain.

\* No

Have you ever been convicted of a crime other than a minor traffic offense (including Military Service)?

If yes, please explain.

*(Southwest General Health Center conducts criminal record checks. Failure to divulge complete information will disqualify you from employment. However, a conviction will not necessarily disqualify an applicant from employment).*

\* Yes

Are you willing to take a pre-employment physical?

\* Yes

Are you willing to take a drug and cotinine (metabolite of nicotine) screening test?

**RESUME**

**Resume**

To copy and paste your resume:

1. Highlight the text on the resume you want to copy.
2. Press 'Ctrl C' to copy (Hold down the Ctrl key and press C).
3. Place the cursor in the **RESUME** box below.
4. Press 'Ctrl V' to paste the information.

**Cover Letter**

Address: [Redacted] Medina, Ohio 44256  
Phone: [Redacted] Email: [Redacted]

01/02/2016

Dear Southwest General:

Desiring the opportunity to interview in person for a Police officer position with your agency, I thank you in advance for your time and consideration.

I am pleased to present my resume to you for consideration as a Peace Officer with the Southwest General Hospitals. I am currently working on my Bachelor's degree in criminal justice through Liberty University, and graduated from Medina County Police Academy on 4/15/14. Having the desire to provide for the protection of citizens and guests of Southwest General Hospital, I look forward to discussing this great opportunity with you at your convenience.

As my resume will demonstrate, my educational training has been geared toward using a common sense

approach to enforcing the laws and aiding those in need. Throughout my formal training, I have been given ample opportunities to prepare to serve in the law enforcement field, As a result, I feel genuinely prepared to provide the needed level of service in a professional, courteous and complete manner. I have 4 months with the Village of Apple Creek and have advanced training in use of radar, and handling mentally ill individuals. I am certain that I could put this training and experience to good use, as well as be a valuable asset to your agency.

My greatest strengths include a strong desire to help those in need, and to fairly and equally enforce the laws of the state as well as county and local ordinances, both professionally and fairly, for the safety of the general public.

I am confident that I will be an asset to your agency. I look forward to meeting with you to discuss your departmental goals and how I can help you achieve them as a Peace Officer. Thank you!

Sincerely,

[REDACTED]  
**Resume**  
[REDACTED]

Address: [REDACTED], Medina, Ohio 44256

Phone: [REDACTED] Email: [REDACTED]

police officer  
Law Enforcement

#### Qualifications Profile

Goal-driven and dedicated professional, currently seeking a position within the law enforcement field that will utilize skills honed through professional training. Accustomed to working in fast-paced environments, with the ability to think quickly and accomplish complex duties. Known for effective time management and skills in prioritizing workloads to meet pre-established goals. Excellent decision-making and with strong communication, interpersonal, and organizational skills; able to develop, maintain, and strengthen relationships with the community and other professionals.

#### Key Expertise

Research and Data Analysis | Investigative Techniques | Reports Management | Case Management  
Firearms and Specialty Munitions | Human Relations | Advanced Driving | Leadership and Motivation

#### Professional Development

Ohio Police Officer Training Academy (OPOTA) Certificate | July 2013–April 2014  
Medina County Police Academy, Medina, OH

#### Trainings:

Cardiopulmonary Resuscitation (CPR) | First Aid | Medication Training (Med-Pass) | Sign Language  
Non-Violent Intervention (CPI) | Software Training – Scheduling | Certified in AED | Infant CPR  
National Incident Management System (NIMS) | Certificate in Incident Command System (ICS)

Certificate Level 1 Hazmat | Certificate in Baton Training | Certificate in Radar Training

#### Functional Skills

- ? Acquired in-depth knowledge in basic, advanced, and technical subjects related to Ohio law enforcement community.
- ? Gained proficiency in various aspects of search warrants; interview and interrogation; investigative ethics; evidence identification; warrantless searches; and criminal investigation.
- ? Obtained excellent ability to gather and analyze vital information and formulate reports.
- ? Assumed full responsibility in completing all assigned duties in a timely manner.
- ? Facilitated training for staff with regard to providing essential services to clients.

#### Employment History

Patrolmen/Police Officer – The Village of Apple Creek – Apple Creek, OH 2015 – Present  
 Provider for the Developmentally Challenged - Intervention for Peace - Medina, OH 2006–Present  
 Youth Director - Millersburg Baptist Church - Millersburg, OH?2007–2011  
 Site Supervisor - Consumer Support Services - Medina, OH?2009  
 Provider for the Developmentally Challenged - Maxim - Westlake, OH?2005–2006  
 Volunteer Coach - Medina County Special Olympics – Medina, OH?2002–2005  
 Volunteer - Inner City Impact - Chicago, IL?2002–2003

#### Education

Coursework in Criminal Justice – Liberty University, Lynchburg, VA| 2015 – Present | 32 Credits

#### READ AND SIGN

#### Read the following carefully before signing.

I certify that the information set forth in this Application is true, correct and complete. I agree that false statements on this Application shall be considered sufficient grounds for immediate dismissal. **Prior to an offer of employment, I authorize all schools, credentialing agencies, former employers, references, including those I have listed as do not contact on the Application, and others who have information about me to provide such information and release all parties from all liability for any damage that may result from furnishing same to you.** I agree to allow a background check to be completed to certify my eligibility to participate in the Medicare/Medicaid programs if I am applying for a position with responsibilities that influence the submission of bills and claims. I agree to comply with all the rules and regulations of the facility and I further agree that my employment and compensation can be terminated, with or without notice and with or without cause at any time at the option of either the facility or myself. I agree that the facility can modify, change or rescind in whole or in part, at any time and without liability to anyone its policies and practices stated in any handbook, documents, memoranda or otherwise. I also agree and acknowledge that no representative of the facility, other than the President or Executive Vice President, has the authority to enter into any employment or other agreement with me, and any such agreement must be in writing and signed by the President or Executive Vice President in order to be valid.

I understand that Southwest General is committed to maintaining a drug and tobacco-free workplace. After an offer of employment but prior to employment, I agree to submit to a routine medical examination and a drug and tobacco screen, conducted by medical professionals Southwest designates. Candidates for employment that are impacted by Southwest General's tobacco-free workplace policy will be offered smoking cessation assistance and may reapply after 90 days. I also agree that, if hired, I will comply with any program of drug testing, including periodic or random drug testing, that you may have in place. I agree during my employment and where permitted by applicable federal and/or state law, to submit to a medical examination to determine my abilities to perform the essential functions of the job. I authorize the examining physician to disclose to the facility or its representative the results of such examination.

"I agree that falsification of any such information provided orally or in writing during the course of a medical examination, whether a pre-employment examination or otherwise, is grounds for termination of employment."

My typed name below shall have the same force and effect as my written signature.

Candidate's/Applicant's Signature: [REDACTED]

Date: January 2, 2016



**NOTICE REGARDING BACKGROUND INVESTIGATION  
[IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING ACKNOWLEDGMENT]**

Southwest General Health Center ("the Company") may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may be obtained at any time after receipt of your authorization and, if you are hired, throughout your employment. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by Corporate Screening Services, Inc., 16530 Commerce Court, Cleveland, OH 44130, Phone: 800-229-8606, Fax: (440) 243-4204 or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing Southwest General Health Center to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and, if you are hired, throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

**New York applicants or employees only:** You have the right to inspect and receive a copy of any investigative consumer report requested by Southwest General Health Center by contacting the consumer reporting agency identified above directly.

**ACKNOWLEDGMENT AND AUTHORIZATION**

I acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" at any time after receipt of this authorization and, if I am hired, throughout my employment. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by Corporate Screening Services, Inc., another outside organization acting on behalf of Southwest General Health Center, and/or Southwest General Health Center itself. I agree that a facsimile ("fax") or photographic copy of this Authorization shall be as valid as the original.

**Minnesota and Oklahoma applicants or employees only:** Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company.

**California applicants or employees only:** By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report if one is obtained by the Company at no charge whenever you have a right to receive such a copy under California law.

**PERSONAL INFORMATION**

First Name: [REDACTED] MI: [REDACTED]

Last Name: [REDACTED]

Social Security Number: \* \*\*\*-\*\*-\*\*\*\*

Date of Birth: \* \*\*/\*\*/\*\*\*\*

Date of Birth is being requested in order to obtain accurate retrieval of records.

Current Address: [REDACTED]

City: Medina

State: OH

Zip: 44256

## DRIVERS LICENSE

State: OH License Number: [REDACTED]

## READ AND SIGN

**NOTICE REGARDING BACKGROUND INVESTIGATION  
PURSUANT TO CALIFORNIA LAW**

Southwest General Health Center (the "Company") intends to obtain information about you from an investigative consumer reporting agency and/or a consumer credit reporting agency for employment purposes. Thus, you can expect to be the subject of "investigative consumer reports" and "consumer credit reports" obtained for employment purposes. Such reports may include information about your character, general reputation, personal characteristics and mode of living. With respect to any investigative consumer report from an investigative consumer reporting agency ("ICRA"), the Company may investigate the information contained in your employment application and other background information about you, including but not limited to obtaining a criminal record report, verifying references, work history, your social security number, your educational achievements, licensure, and certifications, your driving record, and other information about you, and interviewing people who are knowledgeable about you. The results of this report may be used as a factor in making employment decisions. The source of any investigative consumer report (as that term is defined under California law) will be Corporate Screening Services, Inc., 16530 Commerce Court, Cleveland, OH 44130, Phone: 800-229-8606, Fax: (440) 243-4204. The source of any credit report will be [add name of credit bureau]

The Company agrees to provide you with a copy of an investigative consumer report when required to do so under California law.

Under California Civil Code section 1786.22, you are entitled to find out from an ICRA what is in the ICRA's file on you with proper identification, as follows:

- In person, by visual inspection of your file during normal business hours and on reasonable notice. You also may request a copy of the information in person. The ICRA may not charge you more than the actual copying costs for providing you with a copy of your file.
- A summary of all information contained in the ICRA's file on you that is required to be provided by the California Civil Code will be provided to you via telephone, if you have made a written request, with proper identification, for telephone disclosure, and the toll charge, if any, for the telephone call is prepaid by or charged directly to you.
- By requesting a copy be sent to a specified addressee by certified mail. ICRA's complying with requests for certified mailings shall not be liable for disclosures to third parties caused by mishandling of mail after such mailings leave the ICRA's.

"Proper Identification" includes documents such as a valid driver's license, social security account number, military identification card, and credit cards. Only if you cannot identify yourself with such information may the ICRA require additional information concerning your employment and personal or family history in order to verify your identity.

The ICRA will provide trained personnel to explain any information furnished to you and will provide a written explanation of any coded information contained in files maintained on you. This written explanation will be provided whenever a file is provided to you for visual inspection.

You may be accompanied by one other person of your choosing, who must furnish reasonable identification. An ICRA may require you to furnish a written statement granting permission to the ICRA to discuss your file in such person's presence.

**My typed name below shall have the same force and effect as my written signature.**

Candidate/Applicant's Signature: [REDACTED]

Date: January 2, 2016

## NATURE AND SCOPE

**(Nature and Scope)****NATURE AND SCOPE OF INVESTIGATIVE CONSUMER REPORT**  
"California Use Only"*Check the background criteria ordered for the candidate!*

Southwest General Health Center

Social Security Number Trace  
County Criminal Record Search  
Dept. of Motor Vehicles  
Education Verification  
Licensure Verification  
Employment Verification – (5yr history)  
Cumulative Sanction Report - OIG List Search  
Excluded Parties / Debarment Report - GSA List Search  
Workers Compensation Search – (LIST BELOW THE STATE TO BE SEARCHED)

Date: 7/14/16  
 Time: 9:00 AM  
 Recruiter: JB



**EMPLOYMENT REFERENCE VERIFICATION**

We are considering the person identified below for possible employment with Southwest General Health Center. The applicant has indicated that you would be able to verify his/her work record and tell us about his/her performance. Please complete the following questionnaire and return to us. Thank you for providing this information. We appreciate your cooperation.

**APPLICANT INFORMATION**

Name: [Redacted] Social Security Number: [Redacted]

**\*THIS SECTION TO BE COMPLETED BY EMPLOYER:**

**EMPLOYER/COMPANY INFORMATION**

Company Name: WKH at Joni Edwards Hk  
 Telephone: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
 Applicant's Job Title: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_  
 Completed by: \_\_\_\_\_  
 Name/Title: \_\_\_\_\_

**EVALUATION QUESTIONNAIRE**

**Rating Key:**  
 1 = Inadequate    2 = Poor    3 = Satisfactory    4 = Good    5 = Exceptional    NA = Not Applicable    NC = No Comment

	Rating	Additional Comments
Job Performance/Knowledge		Known family for years Great young man. Would be a great asset
Professional Responsibility		
Interpersonal/Communication Skills		
Accountability		
Team Work		
Flexibility		
Customer Service		
Attendance		

✓ Are you able to enthusiastically recommend this person? *Yes*

✓ Is this person eligible for re-hire within your organization?

✓ Could you fully describe the circumstances and reason for the separation?

**THIS SECTION TO BE COMPLETED BY SOUTHWEST GENERAL HUMAN RESOURCES ONLY**

WOULD ONLY VERIFY DATES OF EMPLOYMENT AND POSITION TITLE

Date:							
Method of Contact:	Phone + WKH						
Contacted By (Initial):	JB						
Verified by:	JB						
Signature/Title:	Date: 7/14/16 JB						



VERIFICATION SERVICES

Maxim Healthcare Ser... 9/11/05

Previous



[Redacted] XXX-XX-[Redacted]



CURRENT AS OF 04/13/2006

ORDER INFORMATION

Verified On: 04/14/2016  
 Verification Type: Employment  
 Permissible Purpose: Employment purposes  
 Reference Number: 14462208611  
 Tracking Number: NA



EMPLOYER

Employer: Maxim Healthcare Services (11858)  
 Headquarters Address:  
 Street: 7227 Lee Deforest Dr.  
 City: Columbia  
 State: MD  
 Zip Code: 21046

Employer Disclaimer:

By policy and practice, Maxim Healthcare Services will only verify dates of employment, position title, and wages for the employment verification. All rates of pay and hours worked will vary depending on job availability and location. Maxim Healthcare Services cannot provide documentation of the time missed from work as we are a per diem staffing agency.

This is a general employer message... Garnishment requests should be sent to: Maxim Healthcare Services, 7227 Lee DeForest Drive, Columbia MD 21046

EMPLOYMENT

Division: Data not provided  
 Employment Status: Inactive  
 Most Recent Start Date: 09/11/2005

Original Hire Date: 09/11/2005  
Termination Date: 12/11/2006  
Total Time With Employer: 1 Years, 3 Months  
Job Title: HOME HEALTH AIDE

---

The statement above is an official verification generated from The Work Number. Because this verification is system-generated with data that originated directly from the employer's payroll system, it is tamper-resistant and represents a higher level of authenticity than employee-furnished copies of paystubs or W2s. If any information is missing, it is because the employer did not provide this information for inclusion in The Work Number verification. Information not provided by the employer is showing as "Data Not Provided". Note: If this person left this employer and was rehired later, the "Total Time with Employer" amount will likely be understated and will only reflect the most recent consecutive months of service. Questions? Call 1-800-996-7566 (Hearing impaired clients may call 1-800-424-0253 / TTY).

---

## Exclusions Search Results: Individuals

No Results were found for



**If no results are found, this individual or entity (if it is an entity search) is not currently excluded. Print this Web page for your documentation**

[Search Again](#)

Search conducted 4/14/2016 9:10:05 AM EST on OIG LEIE Exclusions database.  
Source data updated on 4/11/2016 9:25:00 AM EST.

(

**SAM Search Results**  
**List of records matching your search for :**

**Search Term :** [REDACTED]\*  
**Record Status: Active**

**No Search Results**

**NOTICE REGARDING BACKGROUND INVESTIGATION**

**IMPORTANT – PLEASE READ CAREFULLY BEFORE SIGNING  
ACKNOWLEDGEMENT**

Southwest Community Health Systems may, upon execution of this authorization, investigate the information contained in your employment application and other relevant background information to determine whether you are a suitable candidate for employment. Thus, you may be the subject of a “consumer report” requested by the Company from an outside agency.

A “consumer report” may contain information obtained from an outside agency on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, and mode of living which will be used to establish your eligibility for employment. In addition, Southwest will be obtaining information on any criminal background and that also constitutes a “consumer report”.

In the event that information from the report is utilized in whole or in part in making an adverse employment decision, before making the adverse decision, we will provide you with a copy of the consumer report and a description in writing of your rights under the Fair Credit Reporting Act.

**ACKNOWLEDGMENT AND AUTHORIZATION**

I acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION and certify that I have read and understand this form.

I authorize Southwest to obtain a “consumer report”, and I release the Company and its partners, stockholders, officers, directors, agents, employees and affiliates from any and all liability for damages of whatever kind which may arise from or relate to any “consumer report” or other background information requested, obtained or used by the Company.

Printed Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: 4/29/14

The following individual has applied to our organization for employment, and has given consent for us to obtain information concerning his/her scholastic/employment record with your organization. This information will aid us in evaluating the qualifications of this applicant to determine suitability for employment at Southwest Community Health System.

A signed authorization, which you may detach and keep for your records, is included below. An evaluation form is enclosed for you to complete. Please fax your reply to (440) 816-8699 or mail to the list address. You may contact us at (440) 816-8025 should you have any questions or require additional information.

---

**ANY INFORMATION PROVIDED WILL BE KEPT IN  
STRICTEST CONFIDENCE**

Sincerely,

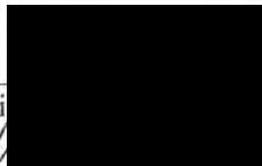
Human Resources Department

---

**AUTHORIZATION FOR RELEASE OF CONFIDENTIAL  
INFORMATION**

Prior to an offer of employment, I authorize all schools, credentialing agencies, former employers, references, including those I have listed as, do not contact, and others who have information about me to provide such information and release all parties from all liability for any damage that may result from furnishing same to you. I agree to comply with all the rules and regulations of the facility and I further agree that my employment and compensation can be terminated, with or without notice and with or without cause at any time at the option of either the facility or myself. I agree that the facility can modify, change or rescind in whole or part, at any time otherwise. I also agree and acknowledge that no representative of the facility other than the President or Executive Vice President, has the authority to enter into any employment or other agreement with me, any such agreement must be in writing and signed by the President or Executive Vice President in order to be valid.

Signature



Date

4/20/16



# Southwest General

Partnering with



University Hospitals

## CONFIDENTIALITY STATEMENT

As part of your responsibilities at Southwest General Health Center, you may have access to information regarding patients and business matters of the Health Center. All such information is considered confidential and you may not disclose such information to any person other than to other associates, volunteers or contractors of the Health Center who have a need to know such information in order to perform their jobs. (If your job duties include releasing confidential information, such as medical records, associates responding to subpoenas, or associates in billing disclosing patient information to third-party payers, you may do so in accordance with Health Center policies and procedures.)

At the end of your employment or other relationship with the Health Center, you shall return to the Health Center all confidential information in your possession.

Violation of this duty to maintain the confidentiality of patient and business information may be grounds for immediate termination of your employment, or other relationship with the Health Center.

Sig



*CA Veneska*

Witness Signature

NOTICE TO APPLICANTS

All applicants for employment must pass a drug and tobacco test prior to employment. As part of your pre-employment evaluation, you are required to submit a urine specimen at a designated collection site. Your urine specimen will be tested at a laboratory approved by the Department of Health and Human Resources for the following drug substances:

Marijuana Metabolite	Barbiturates	Fentanyl
Cocaine	Benzodiazepines	Meperidine
Opiates	Propoxphene/Metabolite	Nalbuphine
Phencyclidine (PCP)	Methadone	Oxycodones
Amphetamines	Cotinine (metabolite of nicotine)	
Pentazocine		

You must pass this drug and tobacco test prior to employment. If you are selected for employment, you may be subject to future urine and/or blood testing on a random unannounced basis, when there is reasonable cause to believe you have used prohibited substances, following an accident, or prior to return to duty if you fail to pass a test or undergo treatment for drug or alcohol abuse. If you are employed, you will be required to report within five (5) days to the designated person any conviction for violation of a criminal drug statute.

Certification: I have read and understand this notice and agree to all of the provisions thereof.

Applicant Name (Please Print): 

Applicant 

4/29/14  
Date/Time

CA Weaver  
Witness Signature

4-20-16  
Date/Time

### Urgicare Services Referral Form

<b>Company Name:</b> Southwest General-EOHS <b>P:(440) 816-8024</b> <b>F:(440) 816-4478</b>	<b>Urgicare:</b> <input checked="" type="checkbox"/> Strongsville Urgicare Fax - (440) 238-8813 <input type="checkbox"/> Brook Park Urgicare Fax - (216) 265-3609	<b>Rehire:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	---	--

**Applicant Information:**

**Applicant Name:** ██████████  
**Applicant Phone:** ██████████  
**DOB:** October 12, 1983  
**Job Title:** Peace Officer (2591)  
**Department:** Protection Services (8077)  
**Estimated DOH:** May 9, 2016  
**Time of Offer:** 10 am on 4/14/16  
**Recruiter:** Judy Berry 440-816-8048

<input checked="" type="checkbox"/> Modified Physical (UDS ONLY)	<input type="checkbox"/> UrgiCare Physical
--	--

**MANDATORY: PLEASE FORWARD ALL COPIES OF VACCINES OR TITERS TO EOHS.**  
 Employees must bring immunization records/titer results to their appointment at EOHS if not provided at Urgicare physical.

- TB Test:**
- Has proof of TB test less than 1 year ago (send copy to EOHS) - **NO TEST REQUIRED**
  - Has proof of TB test longer than 1 year ago - **2 STEP TB REQUIRED (Give 1st TB test at Urgicare)**
  - No proof or has never had a TB test - **2 STEP TB REQUIRED (Give 1st TB test at Urgicare)**
  - History of "Postive Responder" - Refer to EOHS







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

This is to certify that



has completed the Ohio  
Peace Officer Basic Training Program  
Conducted by  
**Medina County Law Enforcement Training Academy**

Awarded on  
April 15, 2015

*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  
*Kent W. Patterson*  
School Commander  
BAS13-058 150462

# State of Ohio

## Special Police Officer Commission

I, Frank LaRose, Ohio Secretary of State, pursuant to Ohio Revised Code 4973.17 do hereby appoint and commission the below to be a Special Police Officer for the State of Ohio.



**Commission Number:** 

The Special Police Officer Commission is valid for a term of three years commencing on June 05, 2019 and expiring on June 04, 2022.

In Testimony whereof, I here unto set my hand  
And affix the seal of said office in Columbus,  
Ohio, this Monday, June 10, 2019.



A handwritten signature in cursive script that reads "Frank LaRose".

Frank LaRose  
Secretary of State

The State of Ohio,

Cuyahoga County.

I do hereby swear that I will support the Constitution of the United States and Constitution of the State of Ohio, and that I will faithfully discharge the duties of the position to which I have been appointed, according to law, and to the best of my ability.

\_\_\_\_\_  
sig [REDACTED]

Sworn to and subscribed in my presence on this date: July 18, 2019

Doranne T. Hall



\_\_\_\_\_  
DORIANNE T. HALL  
NOTARY PUBLIC  
STATE OF OHIO  
Comm. Expires  
May 14, 2021  
Recorded in  
Cuyahoga County



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

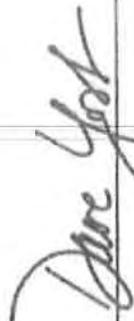
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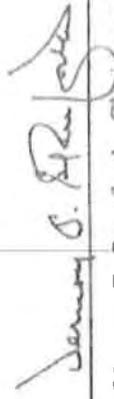


has successfully met the prescribed program requirements for

Use of Deadly Force and  
Legal Guidelines

Date: August 10, 2021

  
Dave Yost  
Attorney General

  
Vernon P. Stanforth, Chairperson  
Ohio Peace Officer Training Commission

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



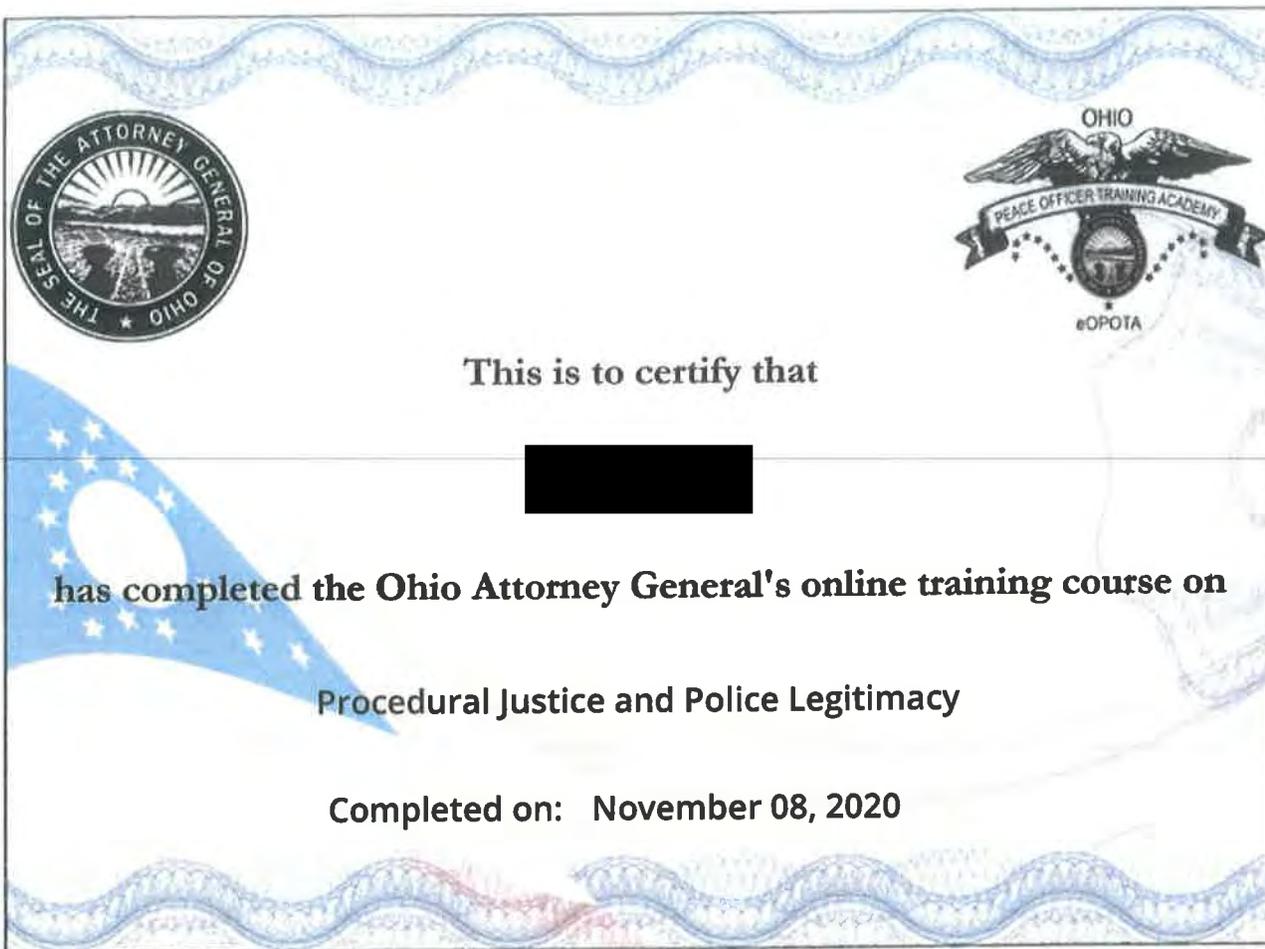
This is to certify that



has completed the Ohio Attorney General's online training course on

**Restraint or Confinement of a Pregnant Suspect**

**Completed on: April 10, 2021**



**This is to certify that**

[Redacted Name]

**has completed the Ohio Attorney General's online training course on  
Procedural Justice and Police Legitimacy**

**Completed on: November 08, 2020**



**This is to certify that**



**has completed the Ohio Attorney General's online training course on  
Narcan eLearning Course**

**Completed on: November 08, 2020**



# Southwest General Police Department

18697 Bagley Road Middleburg Heights, OH 44130  
TEL: 440-816-8884 FAX: 440-816-4045



## In-Service Training

### I. Introduction

The General Assembly enacted R.C. 2935.081 effective March 18, 1997 which gives peace officers, after instruction approved by the political subdivision's chief legal officer, the authority to put a person (affiant) under oath for the purpose of swearing to and signing a criminal complaint or other document relating to the peace officer's duties.

This has been informally referred to as giving peace officers "notary" commissions. This informal reference is misleading. The statute does allow peace officers some of the duties held by notaries public, but the restrictions imposed on peace officers effectively make the two authorities dissimilar.

The actual effect for law enforcement agencies is that the need for notaries within agencies is substantially diminished, and that individual peace officers may complete a complaint form at the scene of an event and use the reporting officer's authority to put the victim or witness under oath and sign the complaint. This, among other benefits, permits the victim to go on about their business, without the inconvenience to waiting for a notary, or going to the police department or court to sign the complaint.

### II. The Statute

2935.081 Administering oaths; acknowledging complaints, summonses, affidavits, and returns of court orders (Eff. 3-18-97)

- (A) As used in this section, "peace officer" has the same meaning as in Section 2935.01 of the revised code, except that "peace officer" does not include, for any purpose, the superintendent or any trooper of the state highway patrol.
- (B) A peace officer who has completed a course of in-service training that includes training in the administration of oaths and the acknowledgment of documents and that is approved by the chief legal officer of the political subdivision in which the peace officer is elected or of the political subdivision or other entity in which or by which the peace officer is appointed or employed may administer oaths and acknowledge criminal and juvenile court complaints, summonses, affidavits, and returns of court orders in matters related to the peace officer's official duties.



# Southwest General Police Department

18697 Bagley Road Middleburg Heights, OH 44130  
TEL: 440-816-8884 FAX: 440-816-4045



## In-Service Training

- (C) Except as authorized by division (B) of this section, no peace officer who has completed a course of in-service training of a type described in division (B) of this section shall knowingly perform any act that is specifically required of a notary public unless the peace officer has complied with Chapter 147 of the revised code.

### III. Important Points

#### A. Duties are much the same as Notary Public with some exceptions:

1. Authority only applies “in matters related to the peace officer’s official duties”
2. Documents related to an officer’s duties fall under authority of this section include “criminal complaints, summonses, affidavits, and returns of court orders”. An affidavit is a written statement made before a person authorized to administer the oath. Affidavits include witness statements, search warrant inventories, documents pertaining to DUI arrests where required to be sworn, etc. The key is that the affidavit must be related to the peace officer’s official duties.
3. Does not impact on a peace officer who is a Notary Public under Chapter 147 of the Ohio Revised Code.

#### B. Procedure

1. The peace officer should witness the affiant signing the document after being sworn. A peace officer should not accept a pre-signed document.
2. The peace officer should first put the affiant under oath. An oath may be in any form the affiant considers binding on him or herself.
  - (a) “Do you swear or affirm that this affidavit is the truth?” is a binding oath if the person answers in the affirmative.
  - (b) A peace officer may not put him or herself under oath however, any trained officer may place another officer under oath for the purpose of this section.



# Southwest General Police Department

18697 Bagley Road Middleburg Heights, OH 44130  
TEL: 440-816-8884 FAX: 440-816-4045



## In-Service Training

- (c) No seal is required.
- (d) A stamp or writing reading **"PEACE OFFICER authorized to administer oaths pursuant to R.C. 2935.081"** should be put on any document signed by an officer under the section. The purpose is to notify reviewing authorities of the peace officer's authority to administer the oath.

### IV. Do Not:

- A. Acknowledge a document that the peace officer knows contains false or misleading information.
  - 1. An officer is not required to read a document, nor is the officer required to know that the document is truthful, however, if it is untruthful, and it is acknowledged knowing that it is untruthful, the officer might be subject to disciplinary action or criminal sanctions.
  - 2. The caveat does not apply in those situations where an officer is aware of the false statement and is acknowledging the document as part of a prosecutorial effort against the affiant.
- B. Use the authority granted by the section of law in matters not related to official duties. Effectively, those actions would be null and void as a matter of law.
- C. Use the authority granted by this section of law while the peace officer's commission is void, such as following resignation or retirement, or during periods of suspension.
- D. Use the authority granted by this section of law in matters where the relationship to official duties might be in question. For example, if a person approaches the police department to "notarize" the transfer of an auto title, it would be more appropriate to use an employee who is a Notary under Chapter 147. While a non-Notary police officer might be able to tie this action to official duties, this is stretching the intent of this statute.



# Southwest General Police Department

18697 Bagley Road Middleburg Heights, OH 44130  
TEL: 440-816-8884 FAX: 440-816-4045



## In-Service Training

### Peace Officer Acknowledgement

**TOPIC:** Administering Oaths (ORC Section 2935.081)

**COURSE OBJECTIVE:** To establish a course of instruction for Peace Officers in compliance with ORC 2935.081, thereby permitting Officers to administer oaths in conjunction with official duties.

**INSTRUCTIONAL TECHNIQUE:** In-Service Training

**STUDENT PERFORMANCE OBJECTIVE:** After Completion of this unit, the student will be able to administer oaths in connection with official duties and will know when the actions are appropriate or inappropriate.

**Materials:** None

**Tests:** None

**Instructor:** Supervisor

I hereby acknowledge that I have received in-service training on administering oaths and affirmations and taking acknowledgements.



4/14/21  
Date

[Signature]  
Instructor

04-14-21  
Date

OHIO ATTORNEY GENERAL



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

This is to certify that

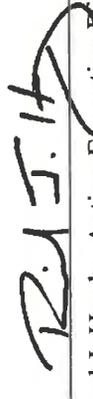


has successfully completed the advanced training course  
**55-485-19-02: Field Training Officer (FTO) Program (Ohio Model)**  
at the Ohio Peace Officer Training Academy given

**October 15 - 17, 2019**

  
Dave Yost  
Attorney General

  
Vernon P. Stanforth, Chairperson  
Ohio Peace Officer Training Commission

  
Richard J. Hardy, Acting Executive Director  
Ohio Peace Officer Training Commission  
DATE CERTIFICATE PRINTED: October 23, 2019



Awarded to:



*Awarded upon completion of testing and demonstrating his knowledge in an Ohio Peace  
Officers Training Academy certified curriculum of*

**DRIVING TECHNIQUES**

**Awarded at Medina County Career Center  
Adult and Continuing Education**

October 27, 2013

DATE

*William R. Schuster*

INSTRUCTOR-WILLIAM R. SCHUSTER

# 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-00700.a**  
**National Incident Management System (NIMS)**  
**An Introduction**

*Issued this 27th Day of February, 2014*



  
Tony Russell  
Superintendent  
Emergency Management Institute



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

This is to certify that



has successfully completed the advanced training course

**02-998-16-01: Policing in the 21st Century: Use of Force and  
De-Escalation Webcast**  
at the Ohio Peace Officer Training Academy given

**January 01, 2016 - December 13, 2016**

  
Dave Yost  
Attorney General

  
Vernon P. Stanforth, Chairperson

Ohio Peace Officer Training Commission

  
Richard J. Hardy, Acting 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 completed the advanced training course

## **51-051-17-01: Conducting Background Investigations**

at the Ohio Peace Officer Training Academy given

**May 01 - 02, 2017**

  
Dave Yost  
Attorney General

  
Vernon P. Stanforth, Chairperson  
Ohio Peace Officer Training Commission

  
Richard J. Hardy, Acting Executive Director  
Ohio Peace Officer Training Commission  
DATE CERTIFICATE PRINTED: October 19, 2019



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

This is to certify that

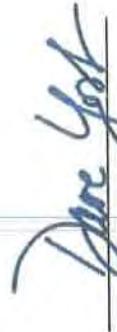


has successfully completed the advanced training course

**53-383-17-01: Fire and Arson Investigation**

at the Ohio Peace Officer Training Academy given

**November 16, 2017**

  
Dave Yost  
Attorney General

  
Vernon P. Stanforth, Chairperson  
Ohio Peace Officer Training Commission

  
Richard J. Hardy, Acting Executive Director  
Ohio Peace Officer Training Commission  
DATE CERTIFICATE PRINTED: October 19, 2019

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

**55-182-18-01: Bulletproof Mind**

at the Ohio Peace Officer Training Academy given

**August 14, 2018**

  
Dave Yost  
Attorney General

  
Vernon P. Stanforth, Chairperson

Ohio Peace Officer Training Commission

  
Richard J. Hardy, Acting Executive Director

Ohio Peace Officer Training Commission

DATE CERTIFICATE PRINTED: October 19, 2019

CUYAHOGA COMMUNITY COLLEGE  
PUBLIC SAFETY INSTITUTE  
LAW ENFORCEMENT TRAINING DIVISION

*Certificate of Completion*



*has successfully passed  
the*

*Police Officer Physical Agility Exam*

August 17, 2014

A handwritten signature in black ink, appearing to read "Anthony H. Jackson".

Anthony H. Jackson  
Director



A handwritten signature in black ink, appearing to read "Ryan O'Farrell".

Ryan O'Farrell  
Program Coordinator

Expires one year from issue date.

# 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 26th Day of February, 2014*



  
Tony Russell  
Superintendent  
Emergency Management Institute

**Medina County Law Enforcement Training Academy**

Thereby certifies that

\_\_\_\_\_ attended and successfully completed a specialized

course on

**BASIC POLICE TRAINING - #** \_\_\_\_\_

on this day

**April 22, 2014**

\_\_\_\_\_  
**Kent W. Patterson**

SCHOOL COMMANDER

\_\_\_\_\_  
**Thomas Miller**

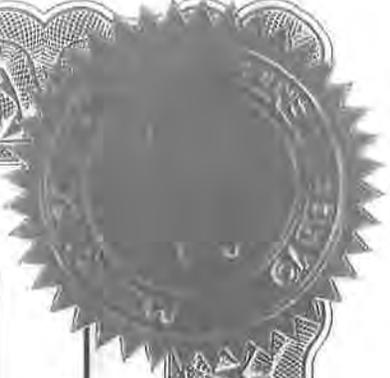
ADVISORY BOARD

\_\_\_\_\_  
**James Bigam**

ADVISORY BOARD

\_\_\_\_\_  
**Martina Jackson**

ADVISORY BOARD





OHIO



OPOTA

*This is to certify that*



*has completed the Ohio Attorney General's online training course on*  
*Companion Animal Encounters*

*Completed on: 12/20/2016 2:59:55 PM*



OHIO



OPOTA

*This is to certify that*



*has completed the Ohio Attorney General's online training course on*

*Crisis Intervention*

*Completed on: 8/10/2018 9:31:34 PM*



OHIO



OPOTA

*This is to certify that*



*has completed the Ohio Attorney General's online training course on*

# *Awareness of Human Trafficking*

*Completed on: 12/20/2016 2:24:11 PM*



OHIO



eOPOTA

*This is to certify that*



*has completed the Ohio Attorney General's online training course on*

## *Child Abuse and Neglect*

*Completed on: 8/10/2018 9:51:09 PM*



OHIO



OPOTA

*This is to certify that*



*has completed the Ohio Attorney General's online training course on*

## *Crimes Against Children*

*Completed on: 10/31/2015 11:27:54 AM*



OHIO



eOPOTA

*This is to certify that*



*has completed the Ohio Attorney General's online training course on*

***Domestic Violence Legal Updates:  
Ohio Domestic Violence Laws***

*Completed on: 8/10/2018 8:02:54 PM*



OHIO



POPTA

*This is to certify that*



*has completed the Ohio Attorney General's online training course on*

***Domestic Violence Legal Updates:  
Ohio Protection Order Laws***

***Completed on: 8/10/2018 8:27:14 PM***



OHIO



eOPOTA

*This is to certify that*



*has completed the Ohio Attorney General's online training course on*

***Domestic Violence Legal Updates:  
Ohio Stalking Laws***

***Completed on: 8/10/2018 9:01:00 PM***



OHIO



eOPOTA

*This is to certify that*



*has completed the Ohio Attorney General's online training course on*

# *Missing Children Investigation*

*Completed on: 8/10/2018 10:18:58 PM*



OHIO



OPOTA

*This is to certify that*



*has completed the Ohio Attorney General's online training course on*

*Missing Persons*

*Completed on: 8/5/2018 5:30:44 AM*



OHIO



OPOTA

*This is to certify that*



*has completed the Ohio Attorney General's online training course on*

# *Ohio Human Trafficking*

*Completed on: 8/10/2018 10:57:15 PM*

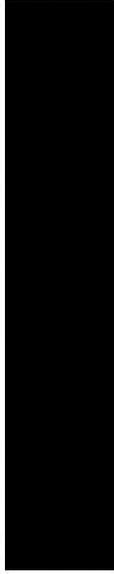


OHIO



90POTA

*This is to certify that*



*has completed the Ohio Attorney General's online training course on*

# *Responding to Human Trafficking*

*Completed on: 8/5/2018 4:52:08 AM*

# BASIC LIFE SUPPORT

**BLS  
Provider**



**American  
Heart  
Association.**

  
has successfully completed the cognitive and skills evaluations  
in accordance with the curriculum of the American Heart Association  
Basic Life Support (CPR and AED) Program.

**Issue Date**

9/30/2022

**Training Center Name**

Southwest General Health Center

**Training Center ID**

OH05839

**Training Center City, State**

Middleburg Heights, OH

**Training Center Phone  
Number**

(440) 816-5109

**Renew By**

09/2024

**Instructor Name**

Ed Szoke

**Instructor ID**

05110004136

**eCard Code**

225418996979

**QR Code**



To view or verify authenticity, students and employers should scan this QR code with their mobile device or go to [www.heart.org/cpr/mycards](http://www.heart.org/cpr/mycards).

© 2020 American Heart Association. All rights reserved. 20-3001 10/20

# CERTIFICATE of COMPLETION

THIS ACKNOWLEDGES THAT



HAS SUCCESSFULLY COMPLETED

## *Hugs Wi-Fi Clinical Training*

7/22/2021

Completion Date

A handwritten signature in black ink, appearing to read 'Anne Louise Tisdale-Ramos'.

Anne Louise Tisdale-Ramos  
Director of Training & Organizational Development

**STANLEY.**  
Healthcare

STANLEY Healthcare University

# Certificate of Achievement

awarded to:



*Awarded upon completion after testing and demonstrating his knowledge in the  
O.P.O.T.A. Firearms Course*

## **Firearms**

Awarded at Medina County Career Center  
Adult and Continuing Education

October 19 2013

DATE

A handwritten signature in cursive script, appearing to read 'Joseph M. Vanecek'.

INSTRUCTOR – Joseph M. Vanecek

**AWARDED**

to:



*Awarded upon completion of testing and demonstrating his knowledge in*

**EXPANDABLE BATON TRAINING**

Awarded at Medina County Career Center  
Adult and Continuing Education

March 1 2014

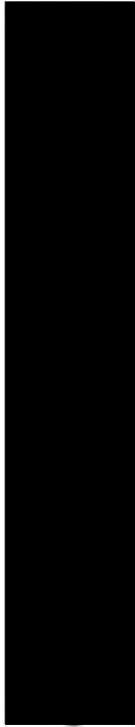
DATE

A handwritten signature in cursive script, appearing to read "Joseph M. Vanecek".

INSTRUCTOR-JOSEPH M. VANECEK

# Certificate of Training

awarded to:



*Awarded upon completion of testing and demonstrating his knowledge in an Ohio Peace  
Officers Training Academy certified curriculum of*

**STANDARDIZED FIELD  
SOBRIETY TESTING**

Awarded at Medina County Career Center  
Adult and Continuing Education

February 15, 2014  
DATE

A handwritten signature in black ink, appearing to read 'S. Schmoll'.

SERGEANT SCOTT A. SCHMOLL



# Award

*for*

*PERFECT ATTENDANCE*



*Dated this 22nd day of April 2014*

*MEDINA COUNTY CAREER CENTER  
&  
MEDINA COUNTY LAW ENFORCEMENT  
TRAINING ACADEMY*

**CERTIFICATE OF COMPLETION**

**AWARDED TO**



**FOR SUCCESSFULLY COMPLETING**

**8 HOURS OF RADAR TRAINING**

**ON JUNE 4, 2015**

**Matthew R. Estacion**

Instructor

A handwritten signature in cursive script, appearing to read "Matthew R. Estacion".

Signature



18697 Bagley Road  
Middleburg Heights, Ohio 44130

## INSERVICE ATTENDANCE RECORD

*Please provide the Education Department with a copy of this record.*

Name of Program: Patient Restraint

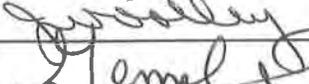
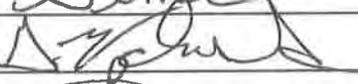
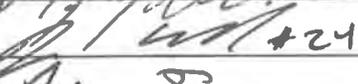
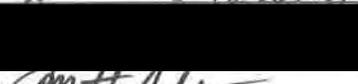
Inservice       Competency       SLM      SLM Course No.: \_\_\_\_\_

# of Contact Hours: \_\_\_\_\_       Southwest as ONA Provider       Other ONA Provider

Instructor NA      Department: Southwest General Police Dept.

Start Date 04/19/2021      Completion Date 05/20/2021      Duration (in hours/minutes): NA

Program Objectives: On file

EMPLOYEE ID#	NAME (please print)	SIGNATURE	DEPT or TITLE
67728	Dave Wolff (40)		SWGPD/ Officer
89797	Joslyn Woolley (51)		SWGPD/ Dispatcher
101410	Faye Gemelas (52)		SWGPD/ Dispatcher
121079	Greg Videmsek (11)		SWGPD/ Sergeant
200537	Sean Yonkers (15)		SWGPD/ Sergeant
200807	Jean Newcombe (53)		SWGPD/ Dispatcher
201441	Matthew Buderer (16)		SWGPD/ Sergeant
████████	████████	████████	SWGPD/ Officer
202242	Phil Forrest (12)		SWGPD/ Sergeant
202497	Michael Doctor (29)		SWGPD/ Officer
████████	████████	████████	SWGPD/ Officer
202947	Jason Melda (3)		SWGPD/ Lieutenant
203171	Walter Kendzierski (22)		SWGPD/ Officer
203377	Jennifer Cornell (24)		SWGPD/ Officer
203379	John Dunegan (23)		SWGPD/ Officer
203592	Michael Purtell (31)		SWGPD/ Officer
████████	████████	████████	SWGPD/ Officer
205366	Matt Luttmann (28)		SWGPD/ Officer
205503	Dustin Prochaska (32)		SWGPD/ Officer
114314	Alicia Pavlik (55)		SWGPD/ Dispatcher
203031	John Myers (37)		SWGPD/ Officer



# Southwest General

Partnering with  University Hospitals

18697 Bagley Road  
Middleburg Heights, Ohio 44130

## INSERVICE ATTENDANCE RECORD

*Please provide the Education Department with a copy of this record.*

Name of Program: Response to Resistance/ UOF Test

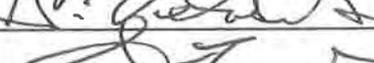
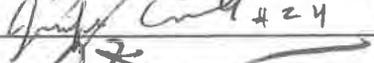
Inservice       Competency       SLM      SLM Course No.: \_\_\_\_\_

# of Contact Hours: \_\_\_\_\_       Southwest as ONA Provider       Other ONA Provider

Instructor NA      Department: Southwest General Police Dept.

Start Date 02/01/2022      Completion Date 02/07/2022      Duration (in hours/minutes): NA

Program Objectives: On file

EMPLOYEE ID#	NAME (please print)	SIGNATURE	DEPT or TITLE
✓ 67728	Dave Wolff (40)		SWGPD/ Officer
89797	Joslyn Woolley (51)		SWGPD/ Dispatcher
101410	Faye Gemelas (52)		SWGPD/ Dispatcher
✓ 121079	Greg Videmsek (11)		SWGPD/ Sergeant
✓ 200537	Sean Yonkers (15)		SWGPD/ Sergeant
200807	Jean Newcombe (53)		SWGPD/ Dispatcher
✓ 201441	Matthew Buderer (16)		SWGPD/ Sergeant
✓ [REDACTED]	[REDACTED]	[REDACTED]	SWGPD/ Officer
✓ 202242	Phil Forrest (41)		SWGPD/ Officer
✓ 202497	Michael Doctor (29)		SWGPD/ Officer
✓ [REDACTED]	[REDACTED]	[REDACTED]	SWGPD/ Sergeant
✓ 202947	Jason Melda (3)		SWGPD/ Lieutenant
✓ 203171	Walter Kendzierski (22)		SWGPD/ Officer
✓ 203377	Jennifer Cornell (24)		SWGPD/ Detective
✓ 203379	John Dunegan (23)		SWGPD/ Officer
✓ 203592	Michael Purtell (31)		SWGPD/ Officer
✓ [REDACTED]	[REDACTED]	[REDACTED]	SWGPD/ Officer
✓ 205366	Matt Luttmann (28)		SWGPD/ Officer
114314	Alicia Pavlik (55)		SWGPD/ Dispatcher
203031	John Myers (37)		SWGPD/ Detective
206140	[REDACTED]		[REDACTED]



# Southwest General Police Department

18697 Bagley Road Middleburg Heights, OH 44130  
TEL: 440-816-8884 FAX: 440-816-4045



## Defensive Tactics/response to Resistance/Restraints Use test

Name: \_\_\_\_\_

Date: 2-2-22

- True  False 1. Handcuffs can be used instead of restraints at Oakview or Geriatric Behavioral Health
- True False 2. Officers may only use the amount of force which is necessary and reasonable to affect lawful objectives.
- True False 3. Officers may use deadly force under circumstances where it is reasonable to believe an infliction or threatened infliction of serious physical harm to human life exists. Deadly Force may not be used to protect PROPERTY only.
- True  False 4. A TASER may be used to stop a non-hostile fleeing person.
- True False 5. The TASER is designed for self-defense or to temporarily immobilize a subject whose actions lead the SWPD Officers to believe there is an articulable Substantial Risk of Physical Harm or Risk of Serious Physical Harm to themselves or others.
- True False 6. A Use of Force report must be completed for any **Use of Force** Levels of Control 1 through 6
- True False 7. Policy DS-III Response to Resistance is available on any Southwest General Police Department Computer for viewing at any time by any Southwest General Police Department Employee.
- True False 8. The Chief of Southwest General Police Department must be notified of any **Use of Force** Levels of Control-Level 3 through 6. The Sergeant/OIC also can make the decision to notify the Chief of Southwest General Police Department for any level of force if they feel need.
- True False 9. **Deadly Force** - is defined as force intended to cause death or serious physical harm or the force that a reasonably prudent person would consider likely to cause death or serious physical harm. Ohio state law defines deadly force as "any force which carries a substantial risk that it will proximately result in the death of any person."
- True False 10. **Non-Deadly Force** – Also called "Less-than-deadly force" is defined as any force which could not reasonably be expected to result in the death of the person against whom it is directed.
- True False 11. **Force** - is defined as any violence, compulsion, or constraint physically exerted by any means upon or against a person or thing.  
Officer/Subject factors include: Age, Gender, Size, Skill level, Relative strength, Multiple subjects and Multiple Officers.
- True  False 12. A "**Choke Hold**" is not considered "**Deadly Force**".
- True False 13. Officer presence, verbal and non-verbal commands or searching for weapons/contraband are considered **Use of Force** Level of Control-Level 0. A Use of Force report is not required; however, a Stand By must be completed.
- True False 14. Except for storage, authorized training or at the direction of a Sergeant/OIC, SWPD Officers shall not draw or exhibit their duty-pistol or TASER unless circumstances create strong reasonable belief that it may be necessary to lawfully use the weapon in conformance with the Response to resistance policy.
- True False 15. In the event that Officers and Oakview or the Geriatric Behavioral Health Unit staff are involved with a patient intervention, restraint or seclusion, all staff involved will conduct a short "debriefing" after the event. The debriefing will be noted in the Use of Force report.
- True  False 16. If any SWPD Officers uses a "**Choke Hold**" on any subject, they do NOT have to report it at a use of "**Deadly Force**" if the subject is not injured.
- True False 17. Any pressure point control tactic, takedown, strike, display of a weapon or joint manipulation must be documented in the narrative of the Use of Force report.
- True False 18. An aviator may only be used if a patient is in at least two upper restraints.

\_\_\_\_\_  
Signature

2-2-22  
Date

Maximum is three (3) wrong

The above signature acknowledges I was provided a printed copy of Policy DS-III Response to Resistance, Policy OF-III Responding to Oakview and Geriatric Behavioral Health Unit and Policy DS-VI Patient Restraint for review. I understand these policies and any other departmental policy are available for review at any time.



# Southwest General Police Department

18697 Bagley Road Middleburg Heights, OH 44130  
TEL: 440-816-8884 FAX: 440-816-4045



## Response Tactics/response to Resistance/Restraints Use test

Name: [Redacted]

Date: 2-3-22

- True  False 1. Handcuffs can be used instead of restraints at Oakview or Geriatric Behavioral Health
- True  False 2. Officers may only use the amount of force which is necessary and reasonable to affect lawful objectives.
- True  False 3. Officers may use deadly force under circumstances where it is reasonable to believe an infliction or threatened infliction of serious physical harm to human life exists. Deadly Force may not be used to protect PROPERTY only.
- True  False 4. A TASER may be used to stop a non-hostile fleeing person.
- True  False 5. The TASER is designed for self-defense or to temporarily immobilize a subject whose actions lead the SWPD Officers to believe there is an articulable Substantial Risk of Physical Harm or Risk of Serious Physical Harm to themselves or others.
- True  False 6. A Use of Force report must be completed for any **Use of Force** Levels of Control 1 through 6
- True  False 7. Policy DS-III Response to Resistance is available on any Southwest General Police Department Computer for viewing at any time by any Southwest General Police Department Employee.
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- True  False 9. **Deadly Force** - is defined as force intended to cause death or serious physical harm or the force that a reasonably prudent person would consider likely to cause death or serious physical harm. Ohio state law defines deadly force as "any force which carries a substantial risk that it will proximately result in the death of any person."
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- True  False 18. An aviator may only be used if a patient is in at least two upper restraints.

[Redacted Signature]

2-3-22

Date

Maximum is three (3) wrong

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# Southwest General Police Department

18697 Bagley Road Middleburg Heights, OH 44130  
TEL: 440-816-8884 FAX: 440-816-4045



## Defensive Tactics/response to Resistance/Restraints Use test

Name: \_\_\_\_\_

Date: 2/3/22

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- True  False 18. An aviator may only be used if a patient is in at least two upper restraints.

Max \_\_\_\_\_

2/3/22  
Date

The above signature acknowledges I was provided a printed copy of Policy DS-III Response to Resistance, Policy OF-III Responding to Oakview and Geriatric Behavioral Health Unit and Policy DS-VI Patient Restraint for review. I understand these policies and any other departmental policy are available for review at any time.



**SOUTHWEST GENERAL HEALTH CENTER**  
 Partnering with **University Hospitals Health System**

18697 Bagley Road  
 Middleburg Heights, Ohio 44130

# INSERVICE ATTENDANCE RECORD

Name of Program Defensive Tactics ONA Course No \_\_\_\_\_

Instructor [Redacted] and Michael Purtell

Start Date 07/21/2021 Completion Date 07/21/2021 Start Time 0900 Hrs. End time 1300 Hrs.

Program Objectives (on file): Demonstrate knowledge of subject control techniques along with proper application of hospital restraints. Review of Policies, policy #DS-III - Repsonse to Resistance. Policy #DS-VI - Pateint Restraint Policy. Policy #OF-III Responding to Oakview and Geriatric Behavioral Health Unit.

### REQUIRED INFORMATION (Check All That Apply)

Infection Control	Safety	Other
<input type="checkbox"/> Blood Borne Pathogens	<input type="checkbox"/> Hazardous Materials	<input type="checkbox"/> CPR
<input type="checkbox"/> T.B.	<input type="checkbox"/> Fire Safety	<input type="checkbox"/> Radiation
<input type="checkbox"/> Infection Miscellaneous	<input type="checkbox"/> Safety Miscellaneous	<input type="checkbox"/> Other Miscellaneous

Contact Hours \_\_\_\_\_ Southwest as ONA Provider \_\_\_\_\_ Other ONA Provider \_\_\_\_\_

ASSOCIATE ID#	NAME (please print) PLUS SIGNATURE & TITLE	DEPT/UNIT #	GRADE
1. 203171	WALT KENDRICKSKI [Signature]	Police #22	
2. [Redacted]	[Redacted]	Police Dept	
3. 206140	Jessica Funk [Signature]	Police #38	
4. [Redacted]	[Redacted]	Police [Redacted]	
5. 205386	Matt Luttman [Signature]	Police #28	
6. 200537	Sean Yankee [Signature]	Police #11	
7. 203031	JOHN MYERS [Signature]	PD #39	
8. 203379	John Dungen [Signature]	#23	
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