



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



2025-0512

Officer Involved Critical Incident - 294 Ira Avenue, Akron,
OH 44301, Summit County

Investigative Activity: Involved [REDACTED] Personnel File Review
Involves: [REDACTED]
Activity Date: 03/20/2025
Activity Location: 4055 Highlander Parkway, Richfield, Summit County,
Ohio, 44286
Authoring Agent: SA John P. Tingley #154

Narrative:

On Thursday, March 20, 2025, Ohio Bureau of Criminal Investigation (BCI) Special Agent (SA) John Tingley (SA Tingley) received the personnel file for Akron Police Department (APD) [REDACTED] from APD Sergeant Orrand. SA Tingley reviewed the personnel file, training records, and qualification records and noted the following:

Law Enforcement Employment History:

[REDACTED] was hired by the APD as a full-time Officer on [REDACTED]. [REDACTED] had previous law enforcement experience with the Mill Creek MetroParks Police Department as a Reserve Officer from [REDACTED].

Basic Training:

[REDACTED] attended and successfully completed the Ohio Peace Officer Training Academy (OPOTA) Basic Training Class [REDACTED]. [REDACTED] also took and passed the OPOTA certification examination on [REDACTED] and was issued Peace Officer Certificate [REDACTED] by the Ohio Peace Officer Training Commission.

Current Peace Officer Status:

Based on the records received and reviewed, it is noted that [REDACTED] was a duly certified and sworn Ohio Peace Officer at the time of the officer involved critical incident.

Training File:

[REDACTED] has completed a number of advanced training classes from a variety of sources. Some of those classes include:

This document is the property of the Ohio Bureau of Criminal Investigation and is confidential in nature. Neither the document nor its contents are to be disseminated outside your agency except as provided by law - a statute, an administrative rule, or any rule of procedure.



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2025-0512

Officer Involved Critical Incident - 294 Ira Avenue, Akron,
OH 44301, Summit County

- Legal Updates
- Arrest, Search and Seizure
- Awareness of Cultural Diversity
- Procedural Justice and Police Legitimacy
- De-escalating Mental Health Crisis
- Criminal Patrol Drug Interdiction
- Vehicle Inventory

Firearms Qualification:

On August 21, 2024, [REDACTED] qualified on the following weapon:

- Glock 45 - 9mm - Serial # [REDACTED] (this was the weapon used by [REDACTED] in the Officer Involved Critical Incident)

Disciplinary Records:

Based on the records received, [REDACTED] has no discipline related to the use of force.

The personnel file, training records, and qualification records are attached as Reference Item J in Evidence.com. Please refer to the reference item for further details.

References:

Ref Item J - Personnel Files and Training Records of involved Officers - stored in Evidence.com

Attachments:

None

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EMPLOYEE NAME

DIVISION

CLASS TITLE

Police Uniformed

Police Officer

EVALUATION FROM

4/1/19

TO

9/30/19

MERIT

INCREASE DATE 12/12/19

RETURN ORIGINAL TO

PERSONNEL DEPARTMENT BY 10/31/19

PLEASE USE #2 PENCIL

EMPLOYEE ID

TYPE OF EVALUATION

STD	EMPLOY PROBATION				SEASON TEMP			PROM TRANSFER	
INTERIM	45 DAY	90 DAY	180 DAY	270 DAY	45 DAY	90 DAY	FINAL	45 DAY	90 DAY
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

EVALUATOR 1 ID

ITEMS

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

FACTORS

YR: 0 1 2 3 4 5 6 7 8 9

1. MARK PERFORMANCE, IN

ITEMS WHICH ARE JOB-RELATED, WITH:

- ☐ = STRONG
☒ = STANDARD
☐ = WEAK

2. LINE OUT ITEMS

WHICH ARE NOT JOB-RELATED

3. EVALUATE PERFORMANCE BY

BLACKENING IN BOX WITH A #2 PENCIL. DO NOT ERASE. IF A CORRECTION IS NECESSARY OBTAIN A NEW FORM FROM THE PERSONNEL DEPARTMENT.

60 = UNSATISFACTORY

70 = IMPROVEMENT NEEDED

80 = SATISFACTORY

90 = VERY GOOD

95 = OUTSTANDING

60 70 80 90

- ☒ ACCURACY
☒ THOROUGHNESS
☒ NEATNESS OF WORK PRODUCT

- ☒ JUDGEMENT
☒ WRITTEN EXPRESSION
☒ ORAL EXPRESSION

QUALITY OF WORK

EVALUATOR 1
EVALUATOR 2

☐ ☐ ☐ ☐

- ☒ AMOUNT OF WORK ACCOMPLISHED
☒ COMPLETION OF WORK ON SCHEDULE

QUANTITY OF WORK

EVALUATOR 1
EVALUATOR 2

☐ ☐ ☐ ☐

- ☒ ADHERENCE TO WORKING HOURS
☒ DEPENDABILITY AS REFLECTED BY FREQUENCY OF ABSENCE

- ☒ AVAILABILITY AS REFLECTED BY AMOUNT OF TIME ABSENT

ATTENDANCE

EVALUATOR 1
EVALUATOR 2

☐ ☐ ☐ ☐

- ☒ DILIGENCE, EFFORT
☒ COMPLIANCE WITH INSTRUCTIONS OR OBJECTIVES
☒ OBSERVANCE OF WORK RULES, SAFETY

- ☒ INITIATIVE
☒ CARE OF EQUIPMENT, MATERIAL
☒ ORGANIZATION OF WORK

WORK HABITS

EVALUATOR 1
EVALUATOR 2

☐ ☐ ☐ ☐

- ☒ CONDUCT & COOPERATION WITH SUPERVISION
☒ CONDUCT & COOPERATION WITH CO-WORKERS

- ☒ CONDUCT WITH PUBLIC
☒ PERSONAL APPEARANCE & CARE

RELATIONSHIP WITH OTHERS

EVALUATOR 1
EVALUATOR 2

☐ ☐ ☐ ☐

- ☐ PLANNING, ORGANIZING, ASSIGNING
☐ TRAINING & INSTRUCTING
☐ DISCIPLINARY CONTROL

- ☐ EVALUATING PERFORMANCE
☐ FAIRNESS, IMPARTIALITY, LEADERSHIP

SUPERVISORY SKILLS

(LEAVE BLANK IF NOT APPLICABLE)

EVALUATOR 1
EVALUATOR 2

☐ ☐ ☐ ☐

4. COMMENT HERE ABOUT STRENGTHS OR ITEMS WHICH NEED IMPROVEMENT. ITEMS WHICH ARE JOB-RELATED TO THIS EMPLOYEE BUT ARE NOT LISTED ON THE FORM MAY BE ENTERED HERE. EVALUATIONS OF 60, 70, OR 95 MUST BE SUBSTANTIATED IN WRITING. INITIAL OR SIGN YOUR COMMENTS.

[REDACTED] is currently assigned to Car 3 on Platoon #3. [REDACTED] is becoming an outstanding patrol officer who is excelling at several aspects of patrol work. [REDACTED] and his partner have taken several firearms off the streets this grading period. He was recently commended on his professional and calm demeanor in an arrest that could have resulted in a use of force but didn't. [REDACTED] is a member of the [REDACTED] had zero (0) call offs this grading period.

5. SIGNATURE

OF EVALUATOR

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

[Signature]
 EVALUATOR 1 SIGNATURE

EMPLOYEE ID #

10/21/19
 DATE

[Signature]
 EVALUATOR 2 SIGNATURE

EMPLOYEE ID #

DATE

6. REVIEWER:

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

[Signature]
 SIGNATURE OF REVIEWER

EMPLOYEE ID #

DATE

TO BE USED ONLY UPON SUCCESSFUL COMPLETION OF PROBATION PERIOD. THIS IS TO CERTIFY THAT THIS EMPLOYEE SHOULD ACHIEVE PERMANENT STATUS ON
☐ ORIGINAL APPOINTMENT ☐ PROMOTION

SIGNATURE OF DEPARTMENT HEAD OR AUTHORIZED REPRESENTATIVE

DATE

7. REPORT DISCUSSION

REPORT DISCUSSED WITH EMPLOYEE BY:

[Signature]
 SIGNATURE AND DATE

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

CITY OF AKRON

EMPLOYEE PERFORMANCE EVALUATION REPORT

EMPLOYEE NAME

DIVISION

Police Uniformed

CLASS TITLE

Police Officer

EVALUATION FROM

10/1/18 TO 3/31/19

MERIT INCREASE DATE

12/12/19

RETURN ORIGINAL TO PERSONNEL DEPARTMENT BY

4/30/

PLEASE USE #2 PENCIL

EMPLOYEE ID

TYPE OF EVALUATION

STD.	EMPLOY PROBATION	SEASON TEMP	PROM TRANSFER
INTERIM	45 DAY	45 DAY	45 DAY
6-MONTH	90 DAY	90 DAY	90 DAY
	180 DAY	FINAL	
	270 DAY		

EVALUATOR 1 ID

ITEMS

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

FACTORS

YR: 0 1 2 3 4 5 6 7 8 9

1. MARK PERFORMANCE, IN ITEMS WHICH ARE JOB-RELATED, WITH:

- ☐ = STRONG
☒ = STANDARD
☐ = WEAK

2. LINE OUT ITEMS WHICH ARE NOT JOB-RELATED

- ☒ ACCURACY
☒ THOROUGHNESS
☒ NEATNESS OF WORK PRODUCT

- ☒ JUDGEMENT
☒ WRITTEN EXPRESSION
☒ ORAL EXPRESSION

3. EVALUATE PERFORMANCE BY BLACKENING IN BOX WITH A #2 PENCIL. DO NOT ERASE. IF A CORRECTION IS NECESSARY OBTAIN A NEW FORM FROM THE PERSONNEL DEPARTMENT.

60 = UNSATISFACTORY
70 = IMPROVEMENT NEEDED
80 = SATISFACTORY
90 = VERY GOOD
95 = OUTSTANDING

	60	70	80	90
QUALITY OF WORK	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
QUANTITY OF WORK	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
ATTENDANCE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WORK HABITS	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
RELATIONSHIP WITH OTHERS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
SUPERVISORY SKILLS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- ☒ AMOUNT OF WORK ACCOMPLISHED
☒ COMPLETION OF WORK ON SCHEDULE

- ☒ ADHERENCE TO WORKING HOURS
☒ DEPENDABILITY AS REFLECTED BY FREQUENCY OF ABSENCE

- ☒ AVAILABILITY AS REFLECTED BY AMOUNT OF TIME ABSENT

- ☒ DILIGENCE, EFFORT
☒ COMPLIANCE WITH INSTRUCTIONS OR OBJECTIVES
☒ OBSERVANCE OF WORK RULES, SAFETY

- ☒ INITIATIVE
☒ CARE OF EQUIPMENT, MATERIAL
☒ ORGANIZATION OF WORK

- ☒ CONDUCT & COOPERATION WITH SUPERVISION
☒ CONDUCT & COOPERATION WITH CO-WORKERS

- ☒ CONDUCT WITH PUBLIC
☒ PERSONAL APPEARANCE & CARE

- ☐ PLANNING, ORGANIZING, ASSIGNING
☐ TRAINING & INSTRUCTING
☐ DISCIPLINARY CONTROL

- ☐ EVALUATING PERFORMANCE
☐ FAIRNESS, IMPARTIALITY, LEADERSHIP

4. COMMENT HERE ABOUT STRENGTHS OR ITEMS WHICH NEED IMPROVEMENT. ITEMS WHICH ARE JOB-RELATED TO THIS EMPLOYEE BUT ARE NOT LISTED ON THE FORM MAY BE ENTERED HERE. EVALUATIONS OF 60, 70, OR 95 MUST BE SUBSTANTIATED IN WRITING. INITIAL OR SIGN YOUR COMMENTS.

is currently assigned to Platoon 3, for the grading period he has taken 4/6 calls for service and completed 14 FI cards. demonstrates initiative and work habits every day. requires little supervision, is well liked by his co-workers and works well with a variety of partners. has no call off's for the grading period.

5. SIGNATURE OF EVALUATOR

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

EVALUATOR 1 SIGNATURE

EMPLOYEE ID #

DATE

EVALUATOR 2 SIGNATURE

EMPLOYEE ID #

DATE

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

TO BE USED ONLY UPON SUCCESSFUL COMPLETION OF PROBATION PERIOD:
THIS IS TO CERTIFY THAT THIS EMPLOYEE SHOULD ACHIEVE PERMANENT STATUS ON
☐ ORIGINAL APPOINTMENT ☐ PROMOTION

SIGNATURE OF REVIEWER

EMPLOYEE ID #

DATE

SIGNATURE OF DEPARTMENT HEAD OR AUTHORIZED REPRESENTATIVE

DATE

7. REPORT DISCUSSION

REPORT DISCUSSED WITH EMPLOYEE BY
SIGNATURE
AND DATE

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

REVISED DATE - MAY 2005

DIVISION COPY

CITY OF AKRON
EMPLOYEE NAME

EMPLOYEE PERFORMANCE EVALUATION REPORT

CS

DIVISION
Police Uniformed

CLASS TITLE
Police Officer

EVALUATION FROM **10/1/17** TO **3/31/18**

MÉRIT INCREASE DATE **12/12/18**

RETURN ORIGINAL TO PERSONNEL DEPARTMENT BY **4/30/18**

PLEASE USE #2 PENCIL

EMPLOYEE ID

TYPE OF EVALUATION			
STD	EMPLOY PROBATION	SEASON TEMP	PROM TRANSFER
INTERIM	45 DAY	45 DAY	45 DAY
6-MONTH	90 DAY	90 DAY	90 DAY
	180 DAY	FINAL	
	270 DAY		
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

EVALUATOR 1 ID

ITEMS MO: (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) (12)

FACTORS YR: (0) (1) (2) (3) (4) (5) (6) (7) (8) (9)

1. MARK PERFORMANCE, IN ITEMS WHICH ARE JOB-RELATED, WITH:	2. LINE OUT ITEMS WHICH ARE NOT JOB-RELATED	3. EVALUATE PERFORMANCE BY	60 = UNSATISFACTORY	70 = IMPROVEMENT NEEDED	80 = SATISFACTORY	90 = VERY GOOD	95 = OUTSTANDING
<input checked="" type="checkbox"/> ACCURACY	<input checked="" type="checkbox"/> JUDGEMENT	BLACKENING IN BOX WITH A #2 PENCIL. DO NOT ERASE. IF A CORRECTION IS NECESSARY OBTAIN A NEW FORM FROM THE PERSONNEL DEPARTMENT.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input checked="" type="checkbox"/> THOROUGHNESS	<input checked="" type="checkbox"/> WRITTEN EXPRESSION	QUALITY OF WORK	EVALUATOR 1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input checked="" type="checkbox"/> NEATNESS OF WORK PRODUCT	<input checked="" type="checkbox"/> ORAL EXPRESSION	EVALUATOR 2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input checked="" type="checkbox"/> AMOUNT OF WORK ACCOMPLISHED		QUANTITY OF WORK	EVALUATOR 1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input checked="" type="checkbox"/> COMPLETION OF WORK ON SCHEDULE		EVALUATOR 2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input checked="" type="checkbox"/> ADHERENCE TO WORKING HOURS	<input checked="" type="checkbox"/> AVAILABILITY AS REFLECTED BY AMOUNT OF TIME ABSENT	ATTENDANCE	EVALUATOR 1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input checked="" type="checkbox"/> DEPENDABILITY AS REFLECTED BY FREQUENCY OF ABSENCE		EVALUATOR 2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input checked="" type="checkbox"/> DILIGENCE, EFFORT	<input checked="" type="checkbox"/> INITIATIVE	WORK HABITS	EVALUATOR 1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input checked="" type="checkbox"/> COMPLIANCE WITH INSTRUCTIONS OR OBJECTIVES	<input checked="" type="checkbox"/> CARE OF EQUIPMENT, MATERIAL	EVALUATOR 2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input checked="" type="checkbox"/> OBSERVANCE OF WORK RULES, SAFETY	<input checked="" type="checkbox"/> ORGANIZATION OF WORK	RELATIONSHIP WITH OTHERS	EVALUATOR 1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input checked="" type="checkbox"/> CONDUCT & COOPERATION WITH SUPERVISION	<input checked="" type="checkbox"/> CONDUCT WITH PUBLIC	EVALUATOR 2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input checked="" type="checkbox"/> CONDUCT & COOPERATION WITH CO-WORKERS	<input checked="" type="checkbox"/> PERSONAL APPEARANCE & CARE	SUPERVISORY SKILLS (LEAVE BLANK IF NOT APPLICABLE)	EVALUATOR 1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="checkbox"/> PLANNING, ORGANIZING, ASSIGNING	<input type="checkbox"/> EVALUATING PERFORMANCE	EVALUATOR 2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="checkbox"/> TRAINING & INSTRUCTING	<input type="checkbox"/> FAIRNESS, IMPARTIALITY, LEADERSHIP		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="checkbox"/> DISCIPLINARY CONTROL			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. COMMENT HERE ABOUT STRENGTHS OR ITEMS WHICH NEED IMPROVEMENT. ITEMS WHICH ARE JOB-RELATED TO THIS EMPLOYEE BUT ARE NOT LISTED ON THE FORM MAY BE ENTERED HERE. EVALUATIONS OF 60, 70, OR 95 MUST BE SUBSTANTIATED IN WRITING. INITIAL OR SIGN YOUR COMMENTS.

[Handwritten comment:] has had no call off's for the grading period. He continues to progress as an officer. He has a positive attitude and gets along with his co-workers well. *[Signature]* has taken 673 calls for service.

5. SIGNATURE OF EVALUATOR

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

EVALUATOR 1 SIGNATURE *[Signature]* EMPLOYEE ID # *[Redacted]* DATE *4-17-18* EVALUATOR 2 SIGNATURE *[Signature]* EMPLOYEE ID # *[Redacted]* DATE *4-17-18*

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

TO BE USED ONLY UPON SUCCESSFUL COMPLETION OF PROBATION PERIOD: THIS IS TO CERTIFY THAT THIS EMPLOYEE SHOULD ACHIEVE PERMANENT STATUS ON
☐ ORIGINAL APPOINTMENT ☐ PROMOTION

SIGNATURE OF REVIEWER

EMPLOYEE ID #

DATE

SIGNATURE OF DEPARTMENT

7. REPORT DISCUSSION

REPORT DISCUSSED WITH EMPLOYEE BY:

SIGNATURE

AND DATE

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

CITY OF AKRON
EMPLOYEE NAME

EMPLOYEE PERFORMANCE EVALUATION REPORT

CS

DIVISION
Police/Uniformed

CLASS TITLE
Police Officer

EVALUATION FROM 12/12/16 TO 09/07/17

MERIT INCREASE DATE

RETURN ORIGINAL TO PERSONNEL DEPARTMENT BY 10/09/17

PLEASE USE #2 PENCIL

EMPLOYEE ID

TYPE OF EVALUATION			
STD	EMPLOY PROBATION	SEASON TEMP	PROM TRANSFER
INTERIM	45 DAY	45 DAY	45 DAY
6-MONTH	90 DAY	90 DAY	90 DAY
	180 DAY	FINAL	
	270 DAY		

EVALUATOR 1 ID

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

FACTORS YR: 0 1 2 3 4 5 6 7 8 9

1. MARK PERFORMANCE, IN ITEMS WHICH ARE JOB-RELATED, WITH:		2. LINE OUT ITEMS WHICH ARE NOT JOB-RELATED		3. EVALUATE PERFORMANCE BY		60 = UNSATISFACTORY 70 = IMPROVEMENT NEEDED 80 = SATISFACTORY 90 = VERY GOOD 95 = OUTSTANDING				
<input checked="" type="checkbox"/> ACCURACY	<input checked="" type="checkbox"/> THOROUGHNESS	<input checked="" type="checkbox"/> JUDGEMENT	<input checked="" type="checkbox"/> WRITTEN EXPRESSION	QUALITY OF WORK	EVALUATOR 1					
<input checked="" type="checkbox"/> NEATNESS OF WORK PRODUCT	<input checked="" type="checkbox"/> ORAL EXPRESSION				EVALUATOR 2					
<input checked="" type="checkbox"/> AMOUNT OF WORK ACCOMPLISHED				QUANTITY OF WORK	EVALUATOR 1					
<input checked="" type="checkbox"/> COMPLETION OF WORK ON SCHEDULE					EVALUATOR 2					
<input checked="" type="checkbox"/> ADHERENCE TO WORKING HOURS	<input checked="" type="checkbox"/> AVAILABILITY AS REFLECTED BY AMOUNT OF TIME ABSENT			ATTENDANCE	EVALUATOR 1					
<input checked="" type="checkbox"/> DEPENDABILITY AS REFLECTED BY FREQUENCY OF ABSENCE					EVALUATOR 2					
<input checked="" type="checkbox"/> DILIGENCE, EFFORT	<input checked="" type="checkbox"/> INITIATIVE			WORK HABITS	EVALUATOR 1					
<input checked="" type="checkbox"/> COMPLIANCE WITH INSTRUCTIONS OR OBJECTIVES	<input checked="" type="checkbox"/> CARE OF EQUIPMENT, MATERIAL				EVALUATOR 2					
<input checked="" type="checkbox"/> OBSERVANCE OF WORK RULES, SAFETY	<input checked="" type="checkbox"/> ORGANIZATION OF WORK			RELATIONSHIP WITH OTHERS	EVALUATOR 1					
<input checked="" type="checkbox"/> CONDUCT & COOPERATION WITH SUPERVISION	<input checked="" type="checkbox"/> CONDUCT WITH PUBLIC				EVALUATOR 2					
<input checked="" type="checkbox"/> CONDUCT & COOPERATION WITH CO-WORKERS	<input checked="" type="checkbox"/> PERSONAL APPEARANCE & CARE			SUPERVISORY SKILLS (LEAVE BLANK IF NOT APPLICABLE)	EVALUATOR 1					
<input type="checkbox"/> PLANNING, ORGANIZING, ASSIGNING	<input type="checkbox"/> EVALUATING PERFORMANCE				EVALUATOR 2					
<input type="checkbox"/> TRAINING & INSTRUCTING	<input type="checkbox"/> FAIRNESS, IMPARTIALITY, LEADERSHIP									
<input type="checkbox"/> DISCIPLINARY CONTROL										

4. COMMENT HERE ABOUT STRENGTHS OR ITEMS WHICH NEED IMPROVEMENT. ITEMS WHICH ARE JOB-RELATED TO THIS EMPLOYEE BUT ARE NOT LISTED ON THE FORM MAY BE ENTERED HERE. EVALUATIONS OF 60, 70, OR 95 MUST BE SUBSTANTIATED IN WRITING. INITIAL OR SIGN YOUR COMMENTS.

is progressing as expected

5. SIGNATURE OF EVALUATOR

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

EVALUATOR 1 SIGNATURE DATE

EVALUATOR 2 SIGNATURE DATE

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

TO BE USED ONLY UPON SUCCESSFUL COMPLETION OF PROBATION PERIOD: THIS IS TO CERTIFY THAT THIS EMPLOYEE SHOULD ACHIEVE PERMANENT STATUS ON
☐ ORIGINAL APPOINTMENT ☐ PROMOTION

SIGNATURE OF REVIEWER

EMPLOYEE ID #

DATE

SIGNATURE OF DEPARTMENT HEAD OR AUTHORIZED REPRESENTATIVE

DATE

7. REPORT DISCUSSION

REPORT DISCUSSED WITH EMPLOYEE BY:

SIGNATURE

AND DATE

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

EMPLOYEE PERFORMANCE EVALUATION REPORT

EMPLOYEE NAME

DIVISION

CLASS TITLE

Police Uniformed

Police Officer

EVALUATION
FROM

12/12/16 TO 03/11/17

MERIT
INCREASE DATERETURN ORIGINAL TO
PERSONNEL DEPARTMENT BY 04/11/17

PLEASE USE #2 PENCIL

0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9

TYPE OF EVALUATION			
STD	EMPLOY PROBATION	SEASON TEMP	PROM TRANSFER
INTERIM 6-MONTH	45 DAY 90 DAY 180 DAY 270 DAY	45 DAY 90 DAY FINAL	45 DAY 90 DAY
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

EVALUATOR 1
EVALUATOR 2

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

FACTORS YR: 0 1 2 3 4 5 6 7 8 9

1. MARK PERFORMANCE, IN
ITEMS WHICH ARE JOB-
RELATED, WITH:

☐ = STRONG
☒ = STANDARD
☐ = WEAK

2. LINE OUT ITEMS
WHICH ARE NOT JOB-
RELATED

3. EVALUATE PERFORMANCE BY
BLACKENING IN BOX WITH A #2
PENCIL. DO NOT ERASE. IF A
CORRECTION IS NECESSARY OBTAIN
A NEW FORM FROM THE PERSONNEL
DEPARTMENT.

60 = UNSATISFACTORY
70 = IMPROVEMENT NEEDED
80 = SATISFACTORY
90 = VERY GOOD
95 = OUTSTANDING

<input type="checkbox"/> ACCURACY	<input type="checkbox"/> JUDGEMENT
<input type="checkbox"/> THOROUGHNESS	<input type="checkbox"/> WRITTEN EXPRESSION
<input type="checkbox"/> NEATNESS OF WORK PRODUCT	<input type="checkbox"/> ORAL EXPRESSION
<input type="checkbox"/> AMOUNT OF WORK ACCOMPLISHED	
<input type="checkbox"/> COMPLETION OF WORK ON SCHEDULE	
<input type="checkbox"/> ADHERENCE TO WORKING HOURS	<input type="checkbox"/> AVAILABILITY AS REFLECTED BY AMOUNT OF TIME ABSENT
<input type="checkbox"/> DEPENDABILITY AS REFLECTED BY FREQUENCY OF ABSENCE	
<input type="checkbox"/> DILIGENCE, EFFORT	<input type="checkbox"/> INITIATIVE
<input type="checkbox"/> COMPLIANCE WITH INSTRUCTIONS OR OBJECTIVES	<input type="checkbox"/> CARE OF EQUIPMENT, MATERIAL
<input type="checkbox"/> OBSERVANCE OF WORK RULES, SAFETY	<input type="checkbox"/> ORGANIZATION OF WORK
<input type="checkbox"/> CONDUCT & COOPERATION WITH SUPERVISION	<input type="checkbox"/> CONDUCT WITH PUBLIC
<input type="checkbox"/> CONDUCT & COOPERATION WITH CO-WORKERS	<input type="checkbox"/> PERSONAL APPEARANCE & CARE
<input type="checkbox"/> PLANNING, ORGANIZING, ASSIGNING	<input type="checkbox"/> EVALUATING PERFORMANCE
<input type="checkbox"/> TRAINING & INSTRUCTING	<input type="checkbox"/> FAIRNESS, IMPARTIALITY, LEADERSHIP
<input type="checkbox"/> DISCIPLINARY CONTROL	

	60	70	80	90
QUALITY OF WORK				
EVALUATOR 1				
EVALUATOR 2				
QUANTITY OF WORK				
EVALUATOR 1				
EVALUATOR 2				
ATTENDANCE				
EVALUATOR 1				
EVALUATOR 2				
WORK HABITS				
EVALUATOR 1				
EVALUATOR 2				
RELATIONSHIP WITH OTHERS				
EVALUATOR 1				
EVALUATOR 2				
SUPERVISORY SKILLS (LEAVE BLANK IF NOT APPLICABLE)				
EVALUATOR 1				
EVALUATOR 2				

4. COMMENT HERE ABOUT STRENGTHS OR ITEMS WHICH NEED IMPROVEMENT. ITEMS WHICH ARE JOB-RELATED TO THIS EMPLOYEE BUT ARE NOT LISTED ON THE FORM MAY BE ENTERED HERE. EVALUATIONS OF 60, 70, OR 95 MUST BE SUBSTANTIATED IN WRITING. INITIAL OR SIGN YOUR COMMENTS.

did not call off. He is performing well progressing on acceptable level. (C-3)

5. SIGNATURE
OF EVALUATOR

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

EVALUATOR 1 SIGNATURE

EMPLOYEE ID #

DATE

EVALUATOR 2 SIGNATURE

EMPLOYEE ID #

DATE

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

TO BE USED ONLY UPON SUCCESSFUL COMPLETION OF PROBATION PERIOD:
THIS IS TO CERTIFY THAT THIS EMPLOYEE SHOULD ACHIEVE PERMANENT STATUS ON
☐ ORIGINAL APPOINTMENT ☐ PROMOTION

SIGNATURE OF REVIEWER

EMPLOYEE ID #

DATE

SIGNATURE OF DEPARTMENT HEAD OR AUTHORIZED REPRESENTATIVE

DATE

7. REPORT DISCUSSION

REPORT DISCUSSED WITH EMPLOYEE BY:

SIGNATURE

AND DATE

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

Certificate of Completion

This certifies that



has successfully completed the training
program requirements for

2022 Criminal Patrol Drug Interdiction

Awarded on this 11th day of May 2022

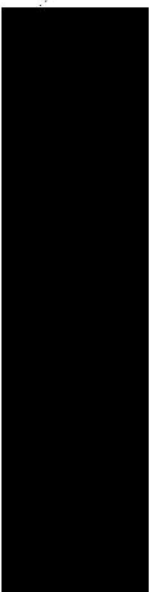
Credit Hours 16.0



Department of
Public Safety

CERTIFICATE OF ATTENDANCE

This is to certify that



Has attended

The Gun Game

April 11th 2022

Tommy Brooks

Presenter

A handwritten signature in black ink, appearing to be 'DB' or similar, written over a horizontal line.

Dennis Benigno
Founder



This is to certify that



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

Companion Animal Encounters

Completed on: 8/16/2017 10:08:55 AM





This is to certify that



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

DeEscalating Mental Health Crises

Completed on: 9/12/2016 5:56:30 PM

CPD 1A





This is to certify that

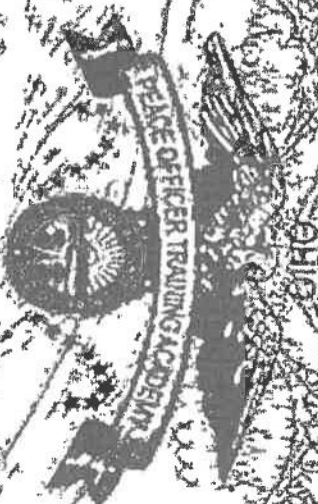


has completed the Ohio Attorney General's online training course on

Use of Force, Liability and Standards

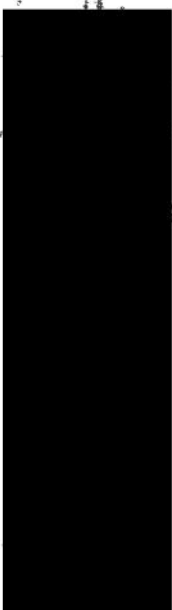
Completed on: 9/12/2016 6:30:55 PM

60P01A





This is to certify that



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

Narcotics Learning Course

Completed on: 9/12/2016 4:26:23 PM

40P01A





This is to certify that

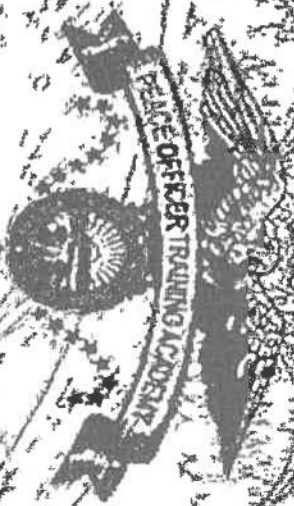


has completed the Ohio Attorney General's online training course on

Human Trafficking 2016 Update

Completed on: 9/12/2016 5:34:51 PM

GOPOIA





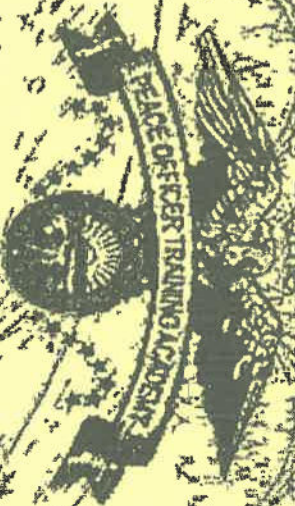
This is to certify that



Human Trafficking 2016 Update

Completed on: 9/12/2016 5:34:51 PM

ADP01A





This is to certify that



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

Human Trafficking 2016 Update

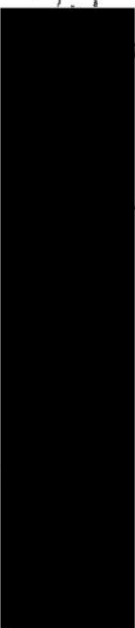
Completed on: 9/12/2016 5:08:21 PM



00001A



This is to certify that



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

Ohio Human Trafficking

Completed on: 9/13/2016 2:08:36 PM





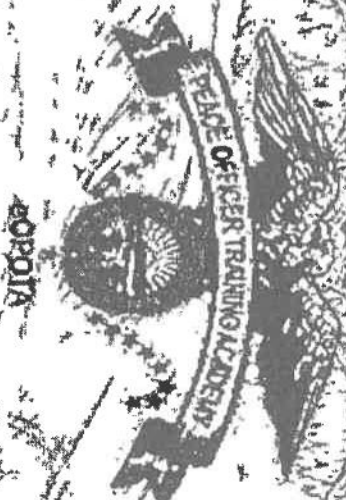
This is to certify that



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

Awareness of Human Trafficking

Completed on: 9/13/2016 2:18:53 PM





This is to certify that



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

Procedural Justice and Police Legitimacy

Completed on: 9/13/2016 2:20:06 PM





This is to certify that



Darrel Lunsford Murder

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

Completed on: 12/13/2016 6:41:33 PM





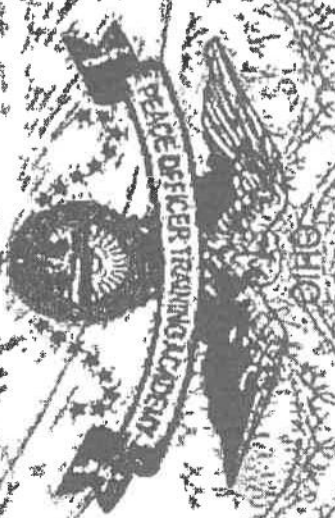
This is to certify that



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

Interviewing the Crime Victim

Completed on: 12/13/2016 6:38:20 PM



OPOTA



This is to certify that



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

Kehoe Brothers Shootout

Completed on: 12/13/2016 6:42:28 PM





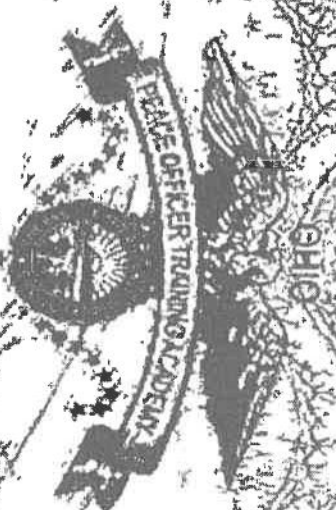
This is to certify that



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

Awareness of Cultural Diversity

Completed on: 12/13/2016 7:00:38 PM





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

This is to certify that

[REDACTED]
has completed the Ohio
Peace Officer Basic Training Program

Conducted by

[REDACTED]

Mike DeWine

Mike DeWine
Attorney General

Vernon P. Stanford

Vernon P. Stanford, Chairperson
Ohio Peace Officer Training Commission



Mary E. Davis

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

John J. Stegala

School Commander
[REDACTED]

Emergency Management Institute



FEMIA

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 30th Day of November, 2010



Tony Russell
Superintendent
Emergency Management Institute

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.LEa

**Introduction to the Incident Command System,
ICS-100 for Law Enforcement**

Issued this 26th Day of July, 2010




Vilma Schifano Milmo
Superintendent (Acting)
Emergency Management Institute

Emergency Management Institute



FEMA

This Certificate of Achievement is to acknowledge that



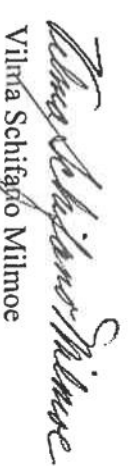
has reaffirmed a dedication to serve in times of crisis through continued professional development and completion of the independent study course:

IS-00200.b

**ICS for Single Resources and
Initial Action Incident, ICS-200**

Issued this 30th Day of November, 2010




Vilma Schitagó Milnove

Superintendent (Acting)
Emergency Management Institute

Emergency Management Institute



FEMA

This Certificate of Achievement is to acknowledge that

[REDACTED]

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 30th Day of July, 2010



Vilma Schifano Milmo
Vilma Schifano Milmo
Superintendent (Acting)
Emergency Management Institute



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


This is to certify that

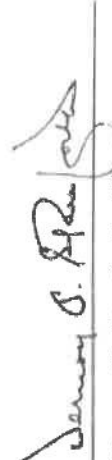



has successfully met the prescribed program requirements for

Vehicle Inventory

Date: August 30, 2022


Dave Yost
Attorney General


Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission


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



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

This is to certify that





has successfully met the prescribed program requirements for

Impacting Narcotics in Ohio

Date: August 30, 2022


Dave Yost
Attorney General


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


Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission



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

This is to certify that

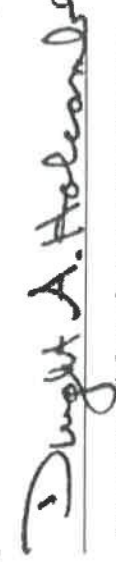



has successfully met the prescribed program requirements for

Drafting Search Warrants

Date: August 30, 2022


Dave Yost
Attorney General


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


Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission

EMPLOYEE PERFORMANCE EVALUATION REPORT

EMPLOYEE NAME [REDACTED]		DIVISION Police Uniformed		CLASS TITLE Police Officer	
EVALUATION FROM 10/1/19 TO 9/30/20		MERIT INCREASE DATE 12/12/20		RETURN ORIGINAL TO PERSONNEL DEPARTMENT BY 10/31/20	

E M P L O Y E I D	[REDACTED]	TYPE OF EVALUATION				E V A L U A T O R 1 I D	[REDACTED]
		STD	EMPLOY PROBATION	SEASON TEMP	PROM TRANSFER		
		INTERIM 6-MONTH	45 DAY 90 DAY 180 DAY 270 DAY	45 DAY 90 DAY FINAL	45 DAY 90 DAY		
		[]	[] [] [] []	[] [] [] []	[] []		

ITEMS: MO: 1 2 3 4 5 6 7 8 9 10 11 12	FACTORS YR: 0 1 2 3 4 5 6 7 8 9
---------------------------------------	---------------------------------

1. MARK PERFORMANCE, IN ITEMS WHICH ARE JOB-RELATED, WITH: <input type="checkbox"/> = STRONG <input checked="" type="checkbox"/> = STANDARD <input type="checkbox"/> = WEAK	2. LINE OUT ITEMS WHICH ARE NOT JOB-RELATED <input checked="" type="checkbox"/> JUDGEMENT <input checked="" type="checkbox"/> WRITTEN EXPRESSION <input checked="" type="checkbox"/> ORAL EXPRESSION	3. EVALUATE PERFORMANCE BY BLACKENING IN BOX WITH A #2 PENCIL. DO NOT ERASE. IF A CORRECTION IS NECESSARY OBTAIN A NEW FORM FROM THE PERSONNEL DEPARTMENT.	60 = UNSATISFACTORY 70 = IMPROVEMENT NEEDED 80 = SATISFACTORY 90 = VERY GOOD 95 = OUTSTANDING
<input checked="" type="checkbox"/> ACCURACY <input checked="" type="checkbox"/> THOROUGHNESS <input checked="" type="checkbox"/> NEATNESS OF WORK PRODUCT	<input checked="" type="checkbox"/> AMOUNT OF WORK ACCOMPLISHED <input checked="" type="checkbox"/> COMPLETION OF WORK ON SCHEDULE <input checked="" type="checkbox"/> ADHERENCE TO WORKING HOURS <input checked="" type="checkbox"/> DEPENDABILITY AS REFLECTED BY FREQUENCY OF ABSENCE	QUALITY OF WORK EVALUATOR 1 EVALUATOR 2	60 70 80 90 95 [] [] [] [] [] [] [] [] [] []
<input checked="" type="checkbox"/> DILIGENCE, EFFORT <input checked="" type="checkbox"/> COMPLIANCE WITH INSTRUCTIONS OR OBJECTIVES <input checked="" type="checkbox"/> OBSERVANCE OF WORK RULES, SAFETY	<input checked="" type="checkbox"/> CARE OF EQUIPMENT, MATERIAL <input checked="" type="checkbox"/> ORGANIZATION OF WORK	QUANTITY OF WORK EVALUATOR 1 EVALUATOR 2	60 70 80 90 95 [] [] [] [] [] [] [] [] [] []
<input checked="" type="checkbox"/> CONDUCT & COOPERATION WITH SUPERVISION <input checked="" type="checkbox"/> CONDUCT & COOPERATION WITH CO-WORKERS	<input checked="" type="checkbox"/> INITIATIVE <input checked="" type="checkbox"/> CONDUCT WITH PUBLIC <input checked="" type="checkbox"/> PERSONAL APPEARANCE & CARE	ATTENDANCE EVALUATOR 1 EVALUATOR 2	60 70 80 90 95 [] [] [] [] [] [] [] [] [] []
<input type="checkbox"/> PLANNING, ORGANIZING, ASSIGNING <input type="checkbox"/> TRAINING & INSTRUCTING <input type="checkbox"/> DISCIPLINARY CONTROL	<input type="checkbox"/> EVALUATING PERFORMANCE <input type="checkbox"/> FAIRNESS, IMPARTIALITY, LEADERSHIP	WORK HABITS EVALUATOR 1 EVALUATOR 2	60 70 80 90 95 [] [] [] [] [] [] [] [] [] []
		RELATIONSHIP WITH OTHERS EVALUATOR 1 EVALUATOR 2	60 70 80 90 95 [] [] [] [] [] [] [] [] [] []
		SUPERVISORY SKILLS (LEAVE BLANK IF NOT APPLICABLE) EVALUATOR 1 EVALUATOR 2	60 70 80 90 95 [] [] [] [] [] [] [] [] [] []

4. COMMENT HERE ABOUT STRENGTHS OR ITEMS WHICH NEED IMPROVEMENT. ITEMS WHICH ARE JOB-RELATED TO THIS EMPLOYEE BUT ARE NOT LISTED ON THE FORM MAY BE ENTERED HERE. EVALUATIONS OF 60, 70, OR 95 MUST BE SUBSTANTIATED IN WRITING. INITIAL OR SIGN YOUR COMMENTS.

[REDACTED] is currently assigned to [REDACTED] For the grading period [REDACTED] as taken 1062 calls for service and has one call off. [REDACTED] is a very active officer, he demonstrates initiative and requires little supervisor [REDACTED] is well liked by his co-workers, has had no complaints for the grading period and demonstrates good work habits every day even when assigned to different partners. EDP

5. SIGNATURE OF EVALUATOR

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

Sgt. E. Patel [REDACTED] 10-16-20 [REDACTED] 10-20

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

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

[REDACTED] 10/26/20

SIGNATURE OF REVIEWER EMPLOYEE ID # DATE

TO BE USED ONLY UPON SUCCESSFUL COMPLETION OF PROBATION PERIOD: THIS IS TO CERTIFY THAT THIS EMPLOYEE SHOULD ACHIEVE PERMANENT STATUS ON ☐ ORIGINAL APPOINTMENT ☐ PROMOTION

[REDACTED] 10-26-20

SIGNATURE OF DEPARTMENT HEAD DATE

7. REPORT DISCUSSION

REPORT DISCUSSED WITH EMPLOYEE BY: [REDACTED] 10/26/20

SIGNATURE AND DATE [REDACTED] 10-26-20

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

[REDACTED] 10-26-20

TE

Murder at 627 S. Arlington St on March 4 [REDACTED]

Surblis, Benjamin

Sent: Monday, December 11, 2017 1:10 PM

To: _PDL_Police

Please be advised that on December 11, 2017, Thomas I. Dunn plead guilty to AGGRAVATED MURDER WITH A GUN SPEC. for a 23 years to life sentence.

I want to thank all the patrol responders for their quick work to help identifying suspects, securing witnesses and maintaining the scene.

I would like to thank GVRTT for all the help in tracking Dunn down that same night and assisting with the search warrants.

CSU did a great job processing the scene and collecting the evidence.

Lt. Rinn and Det. Gump processed the phones and the Garmin Unit collected in the search. This information tied the case together.

Officer Edsall spotted and suggested collecting the Garmin Unit which ended up being a pivotal piece of evidence in the case.

Mary Infantino who put all of the data collected into a clear map that showed the path Dunn took before and after the murder.

This case was solved and a conviction made due to all the efforts put forth. Thank you for making me look good when all I had to do was assemble the pieces that you provided.

Keep up the good work and stay safe.

Ben Surblis, #922
Akron Police Department
217 S. High St., Akron, OH 44308
(330)375-2490

Emergency Contact Information

Date 12-12-14

Name: _____

Address: _____

Home Phone: _____

Pager Number: (____) _____

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY

Name _____

Address _____

Home Phone _____

Cell Phone _____

ALTERNATIVE CONTACT PERSON

Name _____

Address _____

Home Phone _____

Cell Phone: (____) _____

In case of an emergency, would you like us to contact your family physician, dentist or clergy member? If so, please fill out the following:

Family Doctor _____ Number (____) _____

Family Dentist _____ Number (____) _____

Clergy _____ Number (____) _____

IN CASE OF SERIOUS INJURY, IS THERE A PARTICULAR OFFICER(S) YOU WISH TO ASSIST WITH FAMILY MATTERS?

Officer's Name(s) _____

Yes ☒ No ☐ Would you like to voluntarily receive text messages of emergency bolos, press releases and/or other important information?