



**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]  
[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 PERFORMANCE EVALUATION REPORT

EMPLOYEE NAME [REDACTED]

DIVISION  
Police UniformedCLASS TITLE  
Police Officer

EVALUATION FROM 4/1/19 TO 9/30/19

MERIT  
INCREASE DATE 12/12/19RETURN ORIGINAL TO  
PERSONNEL DEPARTMENT BY 10/31/  
PLEASE USE #2 PENCIL

EMPLOYEE ID [REDACTED]

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

EVALUATOR ID [REDACTED]

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

## 2. LINE OUT ITEMS

ITEMS WHICH ARE JOB-RELATED, WITH:

WHICH ARE NOT JOB-RELATED

= STRONG  
 = STANDARD  
 = WEAK

## 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

<input checked="" type="checkbox"/> ACCURACY	<input checked="" type="checkbox"/> JUDGEMENT	QUALITY OF WORK	EVALUATOR 1	0	0	0	0
<input checked="" type="checkbox"/> THOROUGHNESS	<input checked="" type="checkbox"/> WRITTEN EXPRESSION	EVALUATOR 2	0	0	0	0	0
<input checked="" type="checkbox"/> NEATNESS OF WORK PRODUCT	<input checked="" type="checkbox"/> ORAL EXPRESSION	QUANTITY OF WORK	EVALUATOR 1	0	0	0	0
<input checked="" type="checkbox"/> AMOUNT OF WORK ACCOMPLISHED		EVALUATOR 2	0	0	0	0	0
<input checked="" type="checkbox"/> COMPLETION OF WORK ON SCHEDULE		ATTENDANCE	EVALUATOR 1	0	0	0	0
<input checked="" type="checkbox"/> ADHERENCE TO WORKING HOURS	<input checked="" type="checkbox"/> AVAILABILITY AS REFLECTED BY AMOUNT OF TIME ABSENT	EVALUATOR 2	0	0	0	0	0
<input checked="" type="checkbox"/> DEPENDABILITY AS REFLECTED BY FREQUENCY OF ABSENCE		WORK HABITS	EVALUATOR 1	0	0	0	0
<input checked="" type="checkbox"/> DILIGENCE, EFFORT	<input checked="" type="checkbox"/> INITIATIVE	EVALUATOR 2	0	0	0	0	0
<input checked="" type="checkbox"/> COMPLIANCE WITH INSTRUCTIONS OR OBJECTIVES	<input checked="" type="checkbox"/> CARE OF EQUIPMENT, MATERIAL	RELATIONSHIP WITH OTHERS	EVALUATOR 1	0	0	0	0
<input checked="" type="checkbox"/> OBSERVANCE OF WORK RULES, SAFETY	<input checked="" type="checkbox"/> ORGANIZATION OF WORK	EVALUATOR 2	0	0	0	0	0
<input checked="" type="checkbox"/> CONDUCT & COOPERATION WITH SUPERVISION	<input checked="" type="checkbox"/> CONDUCT WITH PUBLIC	SUPERVISORY SKILLS (LEAVE BLANK IF NOT APPLICABLE)	EVALUATOR 1	0	0	0	0
<input checked="" type="checkbox"/> CONDUCT & COOPERATION WITH CO-WORKERS	<input checked="" type="checkbox"/> PERSONAL APPEARANCE & CARE	EVALUATOR 2	0	0	0	0	0
<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							

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.

EVALUATOR 1 SIGNATURE [REDACTED]

EMPLOYEE ID # [REDACTED]

10/21/19

EVALUATOR 2 SIGNATURE [REDACTED]

EMPLOYEE ID # [REDACTED]

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

## 7. REPORT DISCUSSION

REPORT DISCUSSED WITH EMPLOYEE BY:

SIGNATURE [REDACTED] AND DATE 10/18/19

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.

SIGNATURE OF DEPARTMENT HEAD OR AUTHORIZED REPRESENTATIVE [REDACTED]

DATE

## EMPLOYEE PERFORMANCE EVALUATION REPORT

EMPLOYEE NAME

DIVISION  
Police UniformedCLASS TITLE  
Police OfficerEVALUATION  
FROM

10/1/18 TO 9/31/19

MERIT  
INCREASE DATE 12/12/19RETURN ORIGINAL TO  
PERSONNEL DEPARTMENT BY

4/30/

PLEASE USE #2 PENCIL

EMPLOYEE  
ID

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

EVALUATOR  
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

## 2. LINE OUT ITEMS

ITEMS WHICH ARE JOB- RELATED, WITH:

WHICH ARE NOT JOB- RELATED

- = STRONG
- = STANDARD
- = WEAK

## 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

<input checked="" type="checkbox"/> ACCURACY	<input checked="" type="checkbox"/> JUDGEMENT
<input checked="" type="checkbox"/> THOROUGHNESS	<input checked="" type="checkbox"/> WRITTEN EXPRESSION
<input checked="" type="checkbox"/> NEATNESS OF WORK PRODUCT	<input checked="" type="checkbox"/> ORAL EXPRESSION
<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"/> AVAILABILITY AS REFLECTED BY AMOUNT OF TIME ABSENT
<input checked="" type="checkbox"/> DEPENDABILITY AS REFLECTED BY FREQUENCY OF ABSENCE	
<input checked="" type="checkbox"/> DILIGENCE, EFFORT	<input checked="" type="checkbox"/> INITIATIVE
<input checked="" type="checkbox"/> COMPLIANCE WITH INSTRUCTIONS OR OBJECTIVES	<input checked="" type="checkbox"/> CARE OF EQUIPMENT, MATERIAL
<input checked="" type="checkbox"/> OBSERVANCE OF WORK RULES, SAFETY	<input checked="" type="checkbox"/> ORGANIZATION OF WORK
<input checked="" type="checkbox"/> CONDUCT & COOPERATION WITH SUPERVISION	<input checked="" type="checkbox"/> CONDUCT WITH PUBLIC
<input checked="" type="checkbox"/> CONDUCT & COOPERATION WITH CO-WORKERS	<input checked="" 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	

QUALITY OF WORK

EVALUATOR 1

EVALUATOR 2

60 70 80 90

QUANTITY OF WORK

EVALUATOR 1

EVALUATOR 2

60 70 80 90

ATTENDANCE

EVALUATOR 1

EVALUATOR 2

60 70 80 90

WORK HABITS

EVALUATOR 1

EVALUATOR 2

60 70 80 90

RELATIONSHIP WITH OTHERS

EVALUATOR 1

EVALUATOR 2

60 70 80 90

SUPERVISORY SKILLS

EVALUATOR 1

EVALUATOR 2

60 70 80 90

(LEAVE BLANK IF NOT APPLICABLE)

## 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 Phalanx 3, for the grading period he has taken 416 calls for service and completed 14 FT cards. [REDACTED] demonstrates initiative and work habits every day. [REDACTED] requires little supervision, is well liked by his co-workers and works well with a variety of partners. [REDACTED] 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 #

4-16-19

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

## 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 PERFORMANCE EVALUATION REPORT

CS

EMPLOYEE NAME

DIVISION  
Police UniformedCLASS TITLE  
Police OfficerEVALUATION  
FROM 4/1/18 TO 9/30/18MERIT  
INCREASE DATE 12/12/18RETURN ORIGINAL TO  
PERSONNEL DEPARTMENT BY 10/31/

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	90 DAY
	270 DAY		90 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

## 2. LINE OUT ITEMS

ITEMS WHICH ARE JOB- RELATED, WITH:

WHICH ARE NOT JOB- RELATED

- = STRONG
- = STANDARD
- = WEAK

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

## 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

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[REDACTED] is assigned to Platoon 3, he has taken 432 calls for service and wrote 41 FI cards for the grading period.

[REDACTED] has a positive attitude, is very proactive and works well with a variety of different partners without compliant. He

has demonstrated good work habits and is open to learn new things. [REDACTED] conducts himself in a professional manner

and is polite and respectful when dealing with the public. [REDACTED] has called off 2 times for a total of 17 hours for the

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.

E. Patalom [REDACTED]

EVALUATOR 1 SIGNATURE

EMPLOYEE ID #

10/26/18

DATE

Car B. [REDACTED]

EVALUATOR 2 SIGNATURE

[REDACTED]

EMPLOYEE ID #

10/26/18

DATE

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

TO BE USED ONLY UPON SUCCESSFUL COMPLETION OF PROBATION PERIOD:  
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 ORIGINAL APPOINTMENT  PROMOTION

[REDACTED]

EMPLOYEE ID #

10/30/18

SIGNATURE OF DEPARTMENT HEAD

## 7. REPORT DISCUSSION

REPORT DISCUSSED WITH EMPLOYEE BY:

SIGNATURE  
AND DATE

C. Patalom [REDACTED]

10/30/18

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 10/12/16 TO 09/07/17

MERIT

INCREASE DATE

RETURN ORIGINAL TO

PERSONNEL DEPARTMENT BY 10/06/16

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	
	270 DAY	270 DAY	270 DAY	
		FINAL	FINAL	
			45 DAY	
			90 DAY	

EVALUATOR 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

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ITEMS WHICH ARE JOB- RELATED, WITH:

WHICH ARE NOT JOB- RELATED

- = STRONG
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- = WEAK

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60 = UNSATISFACTORY

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95 = OUTSTANDING

60 70 80 90

 ACCURACY JUDGEMENT THOROUGHNESS WRITTEN EXPRESSION NEATNESS OF WORK PRODUCT ORAL EXPRESSION 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

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

EVALUATOR 1

EVALUATOR 2

(LEAVE BLANK IF NOT APPLICABLE)

## 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.

LTCDBren

EMPLOYEE ID #

10/25/17

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 

## 7. REPORT DISCUSSION

REPORT DISCUSSED WITH EMPLOYEE BY:

SIGNATURE

AND DATE

LTCDBren

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.

SIGNATURE OF DEPARTMENT HEAD OR AUTHORIZED REPRESENTATIVE

DATE

CITY OF AKRON

## EMPLOYEE PERFORMANCE EVALUATION REPORT

EMPLOYEE NAME: [REDACTED]

DIVISION

Police Uniformed

CLASS TITLE

Police Officer

EVALUATION FROM

12/12/16 TO 03/11/17

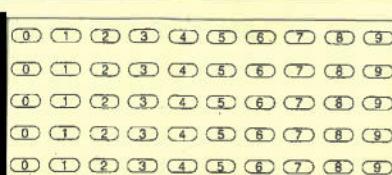
MERIT

INCREASE DATE

RETURN ORIGINAL TO PERSONNEL DEPARTMENT BY 04/11/17

PLEASE USE #2 PENCIL

EMPLOYEE ID: [REDACTED]



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
0 0	0 0 0 0	0 0 0	0 0

EVALUATOR 1 ID: [REDACTED]

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

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

## 1. MARK PERFORMANCE, IN

## 2. LINE OUT ITEMS

ITEMS WHICH ARE JOB- RELATED, WITH:

WHICH ARE NOT JOB- RELATED

- = STRONG
- = STANDARD
- = WEAK

## 3. EVALUATE PERFORMANCE BY

60 = UNSATISFACTORY

BLACKENING IN BOX WITH A #2

70 = IMPROVEMENT NEEDED

PENCIL. DO NOT ERASE. IF A

80 = SATISFACTORY

CORRECTION IS NECESSARY OBTAIN A NEW FORM FROM THE PERSONNEL DEPARTMENT.

90 = VERY GOOD

95 = OUTSTANDING

60 70 80 90

<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	

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

EVALUATOR 1

EVALUATOR 2

(LEAVE BLANK IF NOT APPLICABLE)

## 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] did not call off. He is performing and progressing at an acceptable level. (60)

## 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

[REDACTED]

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

**Ohio**

Department of  
Public Safety

# CERTIFICATE OF ATTENDANCE

This is to certify that

[REDACTED]

Has attended

The Gun Game

April 11th 2022

Tommy Brooks

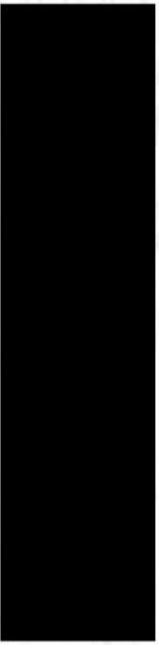
Presenter



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





*This is to certify that*  
[REDACTED]

CORPORATION

*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*



*This is to certify that*



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

*Narcotic Learning Course*

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

*ecora*



*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*

AO9074



*This is to certify that*

*sofora*

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

## *Human Trafficking 2016 Update*

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



*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*



*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*



*EOORA*

*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*



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

*Darrel Lunsford Munder*

*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



*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 ATTORNEY GENERAL



# OHIO PEACE OFFICER TRAINING COMMISSION

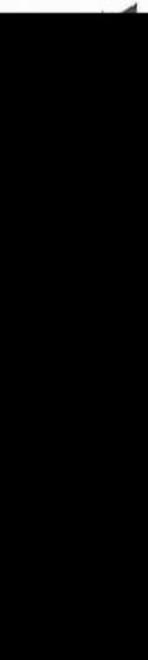
THE OFFICE OF THE ATTORNEY GENERAL  
&  
THE OFFICE OF THE ATTORNEY GENERAL

This is to certify that



has completed the Ohio  
Peace Officer Basic Training Program

Conducted by:



*Mike DeWine*

Mike DeWine  
Attorney General

*J. S. R. J.*

Vernon P. Stanforth, Chairperson  
Ohio Peace Officer Training Commission



*Mary E. Davis*

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

*John J. Shadid*

John J. Shadid  
School Commander

# 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-00100.b

Introduction to Incident Command System

ICS-100

*Issued this 30th Day of November, 2010*

*[Signature]*

Tony Russell

Superintendent

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-00100.LEa

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

*Issued this 26th Day of July, 2010*

*Vilma Schifano Milmoe*  
Vilma Schifano Milmoe  
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-00200.b

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

*Issued this 30th Day of November, 2010*

*Vilma Schifano Milmoe*  
Vilma Schifano Milmoe  
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-00700.a

National Incident Management System (NIMS)

An Introduction

*Issued this 30th Day of July, 2010*

*Vilma Schifano Milmoe*  
Vilma Schifano Milmoe  
Superintendent (Acting)  
Emergency Management Institute



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

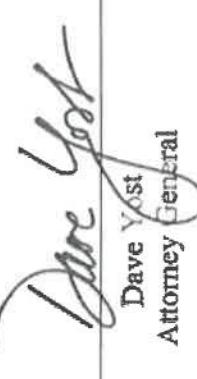
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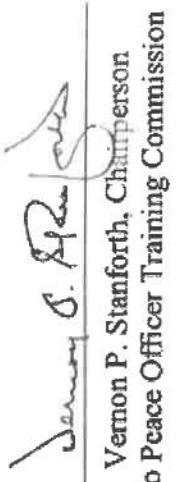


has successfully met the prescribed program requirements for

Vehicle Inventory

Date: August 30, 2022

  
\_\_\_\_\_  
Dave Yost  
Attorney General

  
\_\_\_\_\_  
Vernon P. Stanforth, Chairperson  
Ohio Peace Officer Training Commission

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



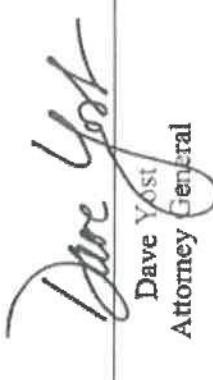
# OHIO PEACE OFFICER TRAINING COMMISSION & THE OFFICE OF THE ATTORNEY GENERAL

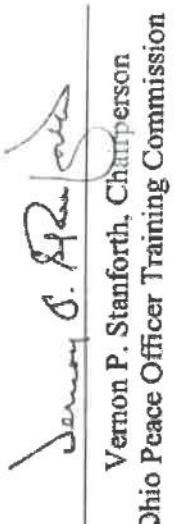
This is to certify that

has successfully met the prescribed program requirements for

## Impacting Narcotics in Ohio

Date: August 30, 2022

  
Dave Yost  
Attorney General

  
\_\_\_\_\_  
Vernon P. Stanforth, Chairperson  
Ohio Peace Officer Training Commission

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



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

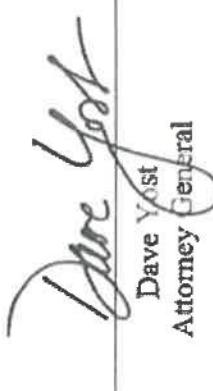
This is to certify that

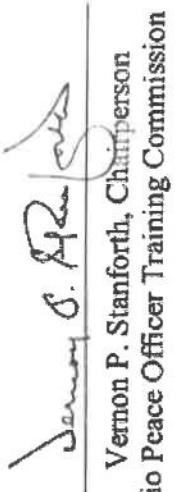
[REDACTED]

has successfully met the prescribed program requirements for

## Drafting Search Warrants

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

## EMPLOYEE PERFORMANCE EVALUATION REPORT

EMPLOYEE NAME

DIVISION  
Police UniformedCLASS TITLE  
Police OfficerEVALUATION  
FROM

10/1/19 TO 9/30/20

MERIT  
INCREASE DATE 12/12/20RETURN ORIGINAL TO  
PERSONNEL DEPARTMENT BY 10/31/20

PLEASE USE #6 PEN ONLY

EMPLOYEE ID

EVALUATOR ID

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	

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

## 2. LINE OUT ITEMS

ITEMS WHICH ARE JOB- RELATED, WITH:

WHICH ARE NOT JOB- RELATED

- = STRONG
- = STANDARD
- = WEAK

 ACCURACY THOROUGHNESS NEATNESS OF WORK PRODUCT AMOUNT OF WORK ACCOMPLISHED COMPLETION OF WORK ON SCHEDULE ADHERENCE TO WORKING HOURS DEPENDABILITY AS REFLECTED BY FREQUENCY OF ABSENCE DILIGENCE, EFFORT COMPLIANCE WITH INSTRUCTIONS OR OBJECTIVES OBSERVANCE OF WORK RULES, SAFETY CONDUCT & COOPERATION WITH SUPERVISION CONDUCT & COOPERATION WITH CO-WORKERS PLANNING, ORGANIZING, ASSIGNING TRAINING & INSTRUCTING DISCIPLINARY CONTROL 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 95

QUALITY OF WORK

EVALUATOR 1

EVALUATOR 2

60

70

80

90

95

QUANTITY OF WORK

EVALUATOR 1

EVALUATOR 2

60

70

80

90

95

ATTENDANCE

EVALUATOR 1

EVALUATOR 2

60

70

80

90

95

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

EVALUATOR 1

EVALUATOR 2

60

70

80

90

95

(LEAVE BLANK IF NOT APPLICABLE)

## 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] has 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. [REDACTED] EDP

5. SIGNATURE  
OF EVALUATOR

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

Sgt. E. Patalom

EVALUATOR 1 SIGNATURE

EMPLOYEE ID #

10-16-20

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

DATE

## 7. REPORT DISCUSSION

REPORT DISCUSSED WITH EMPLOYEE BY:

SIGNATURE

AND DATE

10/26/20

DATE

DIVISION COPY

DIVISION COPY

**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 P \_\_\_\_\_

Cell Pho \_\_\_\_\_

### ALTERNATIVE CONTACT PERSON

Name \_\_\_\_\_

Address \_\_\_\_\_

Home P \_\_\_\_\_

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 bolas, press releases and/or other important information?