



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



2022-1316
Officer Involved Critical Incident – Ackerman Izak (V)

Investigative Activity: Records Received, Review of Records
Involves: Ackerman Izak (V)
Date of Activity: 06/30/2022
Author: SAS Scott A. Stranahan, #98

Narrative:

On June 21, 2022, the Allen County Sheriff's Office requested the assistance of the Ohio Bureau of Criminal Investigation (BCI) regarding the investigation of an Officer Involved Critical Incident (OICI) that occurred in Lima, Ohio. As part of the investigation, members of BCI requested the training and qualification records of Deputy Izak Ackerman from the Allen County Sheriff's Office (ACSO).

On June 27, 2022, Special Agent Tiffany Vollmer received copies of the records from the ACSO. On June 30, 2022, Special Agent Supervisor (SAS) Scott Stranahan contacted the Ohio Peace Officer Training Commission and obtained their records for Deputy Ackerman. SAS Stranahan then reviewed the records and noted the following:

Range Qualification Records

The ACSO provided the firearms qualification records from Deputy Ackerman for the last year.

The records included documentation of Deputy Ackerman qualifying with 3 different firearms. The firearms were listed as an M-4 rifle, a Glock 17 pistol and a Remington 870 Shotgun. Deputy Ackerman received passing scores for each of the weapons listed. The documents showed that the qualification for each weapon occurred on September 28, 2021.

Alcohol and Drug Testing

In his personnel file, Deputy Ackerman had a copy of a training certificate issued by the Ohio Department of Health. That certificate was for the completion of training pertaining to Alcohol and Drug Testing. The certificate indicated that Deputy Ackerman was certified as a Senior Operator (permit number 90147-S-6) and was certified to perform breath tests using the BAC DataMaster Instrument. The training certificate indicated the effective date was April 10, 2019 and expired on April 10, 2020.

Taser Certification

In his personnel file, Deputy Ackerman had a copy of a training certificate from the Axon

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.

Academy. This was a "Certificate of Completion" issued to Deputy Ackerman for the completion of a 6 hour training course in the use of the Taser X26P CEW V.20.2. The issue date for this certificate was listed as September 25, 2018.

Ohio Peace Officer Training Academy/Commission Records

In addition to the records received from the ACSO, SAS Stranahan also obtained the Ohio Peace Officer Training Commission (OPOTC) and Ohio Peace Officer Training Academy (OPOTA) records pertaining to Deputy Ackerman. A review of their records indicated the following:

1. Basic Training

Deputy Ackerman attended the OPOTC Basic Training Academy at the James A Rhodes State College in Lima, Ohio (BAS17-070). Deputy Ackerman attended this program from September 5, 2017 through April 8, 2018. Deputy Ackerman took the OPOTC exam on May 15, 2018 and received a passing score. Upon passing the OPOTC exam, Deputy Ackerman was issued OPOTC certificate number 172438. Deputy Ackerman then received an appointment as a Deputy Sheriff with the Allen County Sheriff's Office on September 25, 2018.

2. Advanced Training

OPOTA had no records of Advanced Training for Deputy Ackerman.

3. Employment History

Based on a search of OPOTC records, the only commission awarded to Deputy Ackerman since completion of the basic training academy has been with the Allen County Sheriff's Office. That appointment occurred on September 25, 2018.

4. Update Training

Based on a search of OPOTC/OPOTA records, Deputy Ackerman has not received any update training. OPOTC/OPOTA records showed that Deputy Ackerman has not attended any in person or on-line training through OPOTA.

5. Instructor Training

Based on records received, OPOTC/OPOTA has no records of Deputy Ackerman obtaining any instructor certifications.

6. Current Peace Officer Status

Based on the records received, it is noted that Deputy Ackerman was duly certified and a sworn Ohio Peace Officer at the time of this incident.

The training documents received from the Allen County Sheriff's Office as well as OPOTC/OPOTA were attached to this report. Please refer to the attachments for further details.

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.

Attachments:

Attachment # 01: Gun Qualifications

Attachment # 02: Basic Training for Izak Ackerman

Attachment # 03: Commission History for Izak Ackerman

Attachment # 04: Personnel File

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.

Allen County Sheriff's Office Range Proficiency Record: Patrol Rifle

Name: Isak Ackerman Agency: ACSO

Weapon: 04, Ord Model: M4 Serial #: Duty

1. PA: 3 NPA: Miss: NF: OT: ERF:

2. PA: 3 NPA: Miss: NF: OT: ERF:

3. PA: 3 NPA: Miss: NF: OT: ERF:

4. PA: 2 NPA: Miss: NF: OT: ERF:

5. PA: 1 NPA: Miss: NF: OT: ERF:

6. PA: 5 NPA: Miss: NF: OT: ERF:

7. PA: 3 NPA: Miss: NF: OT: ERF:

Totals:

PA: 20 NPA: Miss: NF: OT: ERF:

(Passing is a minimum of:) PA: Preferred Area

16 Patrol

NPA: Non-Preferred Area

20 Sub

Miss: Outside of Silhouette

NF: Not Fired

OT: Over Time

ERF: Extra Rounds Fired

Date Tested: 9/28/21 Pass: X Fail:

Range Instructor: RWB REQ#: 0690 Exp. 10-2-23
Jo M Abbott 07695

Allen County Sheriff's Office Range
Proficiency Record:
Semi-Auto Pistol

Name: Izak Ackerman Agency: ACSO

Weapon: Glock Model: 17 Serial #: [REDACTED]

1. PA: 3 NPA: Miss: NF: OT: ERF:

2. PA: 3 NPA: Miss: NF: OT: ERF:

3A. PA: 4 NPA: Miss: NF: OT: ERF:

3B. PA: 4 NPA: Miss: NF: OT: ERF:

4. PA: 6 NPA: Miss: NF: OT: ERF:

5. PA: 3 NPA: Miss: NF: OT: ERF:

6. PA: 2 NPA: Miss: NF: OT: ERF:

Totals:

PA: 25 NPA: Miss: NF: OT: ERF:

(Passing is a minimum of 20) PA: Preferred Area

NPA: Non-Preferred Area

Miss: Outside of Silhouette

NF: Not Fired

OT: Over Time

ERF: Extra Rounds Fired

Date Tested: 9-28-71 Pass: [Signature] Fail:

Tested By: [Signature] REQ#: 07648 Exp. 10-2-73

Allen County Sheriff's Office Range
Proficiency Record:
Shotgun

Name: Isak Ackerman Agency: ACSO
Weapon: Remington Model: 870 Serial #: Duty

1. PA: 2 NPA: Miss: NF: OT: ERF:

2. PA: 2 NPA: Miss: NF: OT: ERF:

3. PA: 2 NPA: Miss: NF: OT: ERF:

Totals:

PA: 6 NPA: Miss: NF: OT: ERF:

(Passing is a minimum of 6) PA: Preferred Area

NPA: Non-Preferred Area

Miss: Outside of Silhouette

NF: Not Fired

OT: Over Time

ERF: Extra Rounds Fired

Date Tested: 9-28-21 Pass:  Fail:

Range Instructor  REQ#: 02187 Exp. 6-23-23

Allen County Sheriff's Office

Personnel Evaluation Form

Evaluation Type: Probationary

Employee Name: Ackerman, Izak ID #: [REDACTED] Date: 12/05/18

Division: Uniform

Quality of Work: (*accuracy, neatness, thoroughness*)

Rating: Meets

Comments: Dep. Ackerman is confident when speaking with people and handles calls appropriately.

Quantity of Work: (*Volume, amount, speed*)

Rating: Meets

Comments: Dep. Ackerman handles many calls during a shift, covering a large variety of calls with proficiency. Dep. Ackerman regularly runs licence plates looking for goo traffic stops.

Knowledge of Work:

Rating: Meets

Comments: Dep. Ackerman has gained knowledge of ACSO Procedures and many laws, showing confidence in handling most situations.

Adaptability: (*adjustment to change, ability to learn*)

Rating: Meets

Comments: Dep. Ackerman shows a desire and effort to learn, showing the ability to retain information well. Dep. Ackerman is able to react appropriately to a change in circumstances during a call.

Dependability: (*reliability*)

Rating: Meets

Comments: Dep. Ackerman arrives to work on time and prepared. He follows orders well and is reliable to complete his required tasks.

Cooperation: (*working with other employees*)

Rating: Meets

Comments: Dep. Ackerman volunteers to handle all calls he has the opportunity to. He works well with everyone on shift.

Judgment: (*Ability to make decisions, plan work*)

Rating: Meets

Comments: Dep. Ackerman makes good judgement calls, displays good instincts.

Initiative: (*Motivation, Interest in work.*)

Rating: Above

Comments: Dep. Ackerman is motivated and is interested in his work, eager for proactive work.

Personality: (*courtesy, appearance, public relations*)

Rating: Above

Comments: Dep. Ackerman is courteous with everyone he meets and maintains a professional appearance.

Employee Izak Ackerman
Print Name

Date of Evaluation 12/20/18

Reviewer Det. J. Collins
Print Name

Employee Comments: _____

Employee Signature: Izak Ackerman

Reviewer Comments: _____

Reviewer's Signature: J. Collins

Division Commander Signature: [Signature]

Date: 12.5.18

Sheriff's Signature: _____

Date: _____

OHIO DEPARTMENT OF HEALTH

ALCOHOL AND DRUG TESTING

This is to certify that

IZAK T ACKERMAN

has qualified for and is hereby issued Senior Operator permit number **90147-S-6** under the provisions of section 3701.143 of the Ohio Revised Code and chapter 3701-53-01 through 10 of the Ohio Administrative Code and is authorized to perform breath tests in accordance with such laws and rules, using the BAC DataMaster instrument.

Effective Date April 10, 2019

This permit expires **April 10, 2020**



Application Date
April 10, 2019

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

DIRECTOR OF HEALTH



MONTGOMERY,RHONDA

From: Amber L. Jicha <Amber.Jicha@ohioattorneygeneral.gov> on behalf of Arienne M. Fauber <Arienne.Fauber@ohioattorneygeneral.gov>
Sent: Friday, October 12, 2018 11:36 AM
To: [REDACTED]; MONTGOMERY,RHONDA
Subject: Peace Officer Basic Certificate of Completion for Izak Ackerman

As a result of your agency submitting an SF400 Notice of Appointment, a certificate of completion #172438 has been issued for Izak Ackerman, and mailed to the school commander for signature. The school commander will forward the certificate to the student once it has been signed.

To increase efficiency and reduce costs, our office is now sending correspondence through email instead of through the US Postal Service, whenever possible. As such, please keep your email up to date with our office so that you receive all OPOTC correspondence. If you have any questions, please contact our office at 740-845-2700.



Amber Jicha
Administrative Professional II- OPOTC
Office of Ohio Attorney General Mike DeWine
Office number: 740-845-2686
Fax number: 866-509-6055
amber.jicha@ohioattorneygeneral.gov



MIKE DEWINE

★ OHIO ATTORNEY GENERAL ★



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

P.O. Box 309
London, OH 43140
www.OhioAttorneyGeneral.gov

NOTICE OF PEACE OFFICER APPOINTMENT

1. Within ten days of the appointment or status change, submit one copy of this form either by email, fax or mail.
2. Type or print legibly and complete all blanks. Enter N/A if not applicable.
3. Submit pages 1 and 2 when an officer is newly-appointed to your agency, or has previously left the agency and returns.
4. Submit only page 1 when an officer continues to be appointed by your agency, but has a change from one status, as listed in Box 15, to a different status.
5. Enter any necessary information for a Correction to Record, submitting all affected pages, and attach a letter explaining the requested change.

OFFICER INFORMATION		1. Name (Last) ACKERMAN	(First) IZAK	(Middle) T	2. Social Security Number
3. Previous Name(s) or Alias (Last)		(First)			(Middle)
4. Birth date (mm/dd/yyyy)	5. Officer's Individual Email Address			6. Phone Number	
7. Home Mailing Address (#/Street/PO Box)		(City)	(State)	(Zip Code)	(County Name)
8. Basic Training Academy (Only complete if this is the officer's first appointment or OSP)		(Academy Name) JAMES A. RHODES STATE COLLEGE	(Academy Number) BAS17-070	(Dates of Training) 09/2017-05/2018	

AGENCY INFORMATION		9. Agency Name ALLEN COUNTY SHERIFF'S OFFICE			
10. Reporting Authority's Email Address montgomery@acso-oh.us		11. Agency Phone Number 419-993-1412			
12. Agency Mailing Address (#/Street/PO Box) 333 N. MAIN ST / PO BOX 1243		(City) LIMA	(Zip Code) 45802	(County Name) ALLEN	

APPOINTMENT INFORMATION		(Complete Date, Status and ORC)		13. New Appointment Date 09 / 25 / 18	14. Status Change Date / /
15. Select New Status <input checked="" type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Auxiliary <input type="checkbox"/> Reserve <input type="checkbox"/> Special <input type="checkbox"/> Seasonal					
For the purpose of this form, full-time means those in active pay status (including those on vacation, sick, bereavement, personal or administrative leave; on compensatory time or holidays) receiving compensation and benefits for 40 hours in a work week or 80 hours in a 14-day period.					
16. Select New ORC					
<input type="checkbox"/> City Full-Time/Part-Time (737.02)		<input type="checkbox"/> City Auxiliary/Reserve/Special (737.051)		<input type="checkbox"/> City Chief (737.02)	
<input type="checkbox"/> Village Full-Time/Part-Time/Special (737.16)		<input type="checkbox"/> Village Auxiliary/Reserve (737.161)		<input type="checkbox"/> Village Chief (737.15)	
<input type="checkbox"/> Township Police Officer (505.49)		<input type="checkbox"/> Township Constable (509.01)		<input type="checkbox"/> Other Chief - List ORC/Charter _____	
<input type="checkbox"/> Other - List ORC/Charter _____		<input checked="" type="checkbox"/> Deputy Sheriff (311.04)		<input type="checkbox"/> Sheriff (311.01)	

ATTESTATION OF REPORTING AUTHORITY		I have carefully read this document and fully understand its contents and I sign it of my own free will and volition. I attest that the information provided on this document is true and correct and is based on my personal knowledge or inquiry. I further understand and acknowledge that submission of falsified records is a criminal violation.			
17. Signature of Reporting Authority 		18. Printed Name and Title Matthew B. Treglia, Sheriff		19. Date 09 / 25 / 18	
20. Signature of Witness 		21. Printed Name (First, Middle, Last) Rhonda K. Casady		22. Date 09 / 25 / 18	

Officer Name (Last) (First) (Middle) Social Security Number
 ACKERMAN IZAK D

23. OATH OF OFFICE

I do solemnly swear or affirm that I will support the Constitution and Laws of the United States of America, the Constitution and Laws of the State of Ohio, and Laws and Ordinances of the political subdivision to which I am appointed and to the best of my ability will discharge the duties of this office.


 Signature of Appointee

MATTHEW B. TREGLIA
 Name of Appointing Authority (Typed or Printed Legibly)


 Signature of Appointing Authority

SHERIFF
 Title of Appointing Authority (Typed or Printed Legibly)

OHIO PEACE OFFICER APPOINTMENT HISTORY

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

24. Appointed By (Agency Name and County):	25. From(mm/dd/yyyy): / /	To(mm/dd/yyyy): / /
26. Appointment Status (Check Appropriate Box) <input checked="" type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Auxiliary <input type="checkbox"/> Reserve <input type="checkbox"/> Special <input type="checkbox"/> Seasonal		
27. Appointed By (Agency Name and County):	28. From(mm/dd/yyyy): / /	To(mm/dd/yyyy): / /
29. Appointment Status (Check Appropriate Box) <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Auxiliary <input type="checkbox"/> Reserve <input type="checkbox"/> Special <input type="checkbox"/> Seasonal		
30. Appointed By (Agency Name and County):	31. From(mm/dd/yyyy): / /	To(mm/dd/yyyy): / /
32. Appointment Status (Check Appropriate Box) <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Auxiliary <input type="checkbox"/> Reserve <input type="checkbox"/> Special <input type="checkbox"/> Seasonal		
33. Appointed By (Agency Name and County):	34. From(mm/dd/yyyy): / /	To(mm/dd/yyyy): / /
35. Appointment Status (Check Appropriate Box) <input checked="" type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Auxiliary <input type="checkbox"/> Reserve <input type="checkbox"/> Special <input type="checkbox"/> Seasonal		
36. Appointed By (Agency Name and County):	37. From(mm/dd/yyyy): / /	To(mm/dd/yyyy): / /
38. Appointment Status (Check Appropriate Box) <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Auxiliary <input type="checkbox"/> Reserve <input type="checkbox"/> Special <input type="checkbox"/> Seasonal		
39. Appointed By (Agency Name and County):	40. From(mm/dd/yyyy): / /	To(mm/dd/yyyy): / /
41. Appointment Status (Check Appropriate Box) <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Auxiliary <input type="checkbox"/> Reserve <input type="checkbox"/> Special <input type="checkbox"/> Seasonal		



MIKE DEWINE
★ OHIO ATTORNEY GENERAL ★



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

P.O. Box 309
London, OH 43140
www.OhioAttorneyGeneral.gov

May 21, 2018

Izak Taylor Ackerman

Re: James A. Rhodes State College #BAS 17-070
Date of Completion: 5/15/2018

Dear Mr. Ackerman:

Congratulations! You have successfully completed peace officer basic training requirements and the peace officer certification examination. The date you passed the certification examination will be considered the date that your basic academy was completed, for all of the calculations mentioned below.

If you are appointed as a peace officer within one year of that date, a certificate of completion will be awarded, as long as no additional training requirements become mandated by the legislature. If you are appointed more than one year but less than two years after that date, you will be required to complete an OPOTC-approved refresher course and exam, plus any training requirements mandated by the legislature. If you receive an appointment more than two years after the date of completion, you must repeat the entire peace officer basic training course.

In all cases, you legally cannot perform the functions of a peace officer until you have been awarded a certificate from the Ohio Peace Officer Training Commission. If you do not receive an actual paper certificate, do not assume that you are valid. Contact this office for more information, as there may be additional documentation that is needed before you are certified.

To obtain your peace officer basic training certificate, a notice of appointment (form SF400adm) must be submitted to this office by your first appointing agency. If the agency does not have this form, it is available from our office and website. Incomplete or improper appointment documents will not be processed and will be returned for correction.

If you or your prospective employer have further questions, please contact us.

Sincerely,

Arienne Fauber, Certification Officer
Professional Standards Division

cc: Robert OConnor, School Commander
School File

AF/aj



Allen County, Ohio Sheriff's Office

333 N. Main St. Lima, Ohio 45801 (419) 227-3535

Sheriff Matthew B. Treglia



PERSONNEL APPLICATION

1. Read all questions carefully and answer fully where applicable.
2. Sign the bottom of each page.
3. Non-truthful statements can result in termination of employment.

Name: Izak Ackerman

Date: 7/10/18

Have you ever worked under another name? No

If yes, what name, or names? (Maiden Name) _____

Present Address: _____

Telephone # _____ SSN: _____

Are you a citizen of the United States? Yes

If not a citizen, do you have permission to remain permanently in the U.S.? _____

Are you 18 Years of Age or Older? _____ 21 Years of Age if applying for the position of Deputy Sheriff? Yes

Position(s) applying for? Deputy Sheriff

Have you ever been convicted of a violation of law? No

If YES, please give details:

RECEIVED
18 JUL 11 PM 1:40
Allen County Sheriff's Office
LENN COUNTY, OHIO

Your Signature: _____

Izak Ackerman

We are an Equal Opportunity Employer

Military Service

Have you ever served in the U.S. Armed Services? N/A

If Yes, Dates: _____ Branch: _____

Armed Services Duties and Specialized Training: _____

(Attach copy of D.D.-214 or other training certification)

Have you ever been or are you presently a member of any organization which advocates the overthrow of the Federal Government? _____

Education

High School Graduate / G.E.D.? Yes School Name: Allen East

Law Enforcement / Corrections Training? Yes School Name(s): Rhodes State

University or College Degree Completed? Yes School Name: Hocking
Technical College, Natural Resources Law Enforcement

Number of credits hours completed if you have started but not yet obtained a degree: _____

Do you intend to further pursue this degree? Undecided

Your Signature: Dzale Anderson

We are an Equal Opportunity Employer

List any additional information, special qualifications or skills you have that you feel are relevant for the position for which you are applying: Experience with
firearms, wrestler in high school,

Employment

Complete your three most recent employers beginning with your current employer if you have one.

May we contact your current employer? _____ If no, advise reason: _____

1. Employer Name, Address, Telephone Number: Cardinal Bus Sales
6280 Harding Hwy, Lima, OH 45801 419-225-5552

Supervisor's name, position(s) held, dates employed, reason for leaving: Tony
Rumer, Cleaner/misc. Laborer, 05/15 through 08/15, 05/16 through 08/16,
06/17 through 04/18, Reason for leaving was to pursue career in law Enforcement

2. Employer Name, Address, Telephone Number: _____

Supervisor's name, position(s) held, dates employed, reason for leaving: _____

3. Employer Name, Address, Telephone Number: _____

Supervisor's name, position(s) held, dates employed, reason for leaving: _____

Your Signature: Dyde Chiseman

We are an Equal Opportunity Employer

Were you ever discharged or forced to resign due to misconduct or unsatisfactory work performance? No If YES, Give Details: _____

When would you be available to begin employment? Immediately

General Information

If a drivers license is required, do you have, or are you willing and able to obtain a valid Ohio Drivers License? Yes

Prior to this application, have you ever applied for employment with the Allen County Sheriff's Office? Yes If YES, list date and for what position(s):
02/18 Deputy Sheriff

Have you ever applied for employment with another Law Enforcement Agency? Yes If YES, list date and name of agency: 03/18
Ohio Department of Natural Resources

Do you have any relatives currently working for the Allen County Sheriff's Office? Yes If YES, list their name and title: Shannon Ackerman
Grant Administrator and Bureau Secretary

Are you capable of performing the essential functions outlined in the job description for the position for which you are applying? Yes

Your Signature: Shannon Ackerman

We are an Equal Opportunity Employer

List below your reasons for applying with the Allen County Sheriff's Office: To use my degree and training to serve my community to the best of my abilities.

References

List three relatives and their relation to you. Do NOT list spouse or children:

Name	Address	Telephone
1. Randy Ackerman,		
2. Jim Link,		
3. Brock Ackerman,		

List the name, address and phone number of your closest relative or another person who will always know your address: Peggy Ackerman,

List three reference who are not relatives or previous employers and / or supervisors:

Name	Address	Telephone
1. Craig Barr		
2. Tom Donnelly	N/A	
3. Bob O'Conner	N/A	

Your Signature: Dyale Williams



Ohio Department of Public Safety
Division of Homeland Security
http://www.homelandsecurity.ohio.gov

PUBLIC EMPLOYMENT

In accordance with section 2909.34 of the Ohio Revised Code

DECLARATION REGARDING MATERIAL ASSISTANCE/NONASSISTANCE TO A TERRORIST ORGANIZATION

This form serves as a declaration of the provision of material assistance to a terrorist organization or organization that supports terrorism as identified by the U.S. Department of State Terrorist Exclusion List (see the Ohio Homeland Security Division website for a reference copy of the Terrorist Exclusion List).

Any answer of "yes" to any question, or the failure to answer "no" to any question on this declaration shall serve as a disclosure that material assistance to an organization identified on the U.S. Department of State Terrorist Exclusion List has been provided. Failure to disclose the provision of material assistance to such an organization or knowingly making false statements regarding material assistance to such an organization is a felony of the fifth degree.

For the purposes of this declaration, "material support or resources" means currency, payment instruments, other financial securities, funds, transfer of funds, and financial services that are in excess of one hundred dollars, as well as communications, lodging, training, safe houses, false documentation or identification, communications equipment, facilities, weapons, lethal substances, explosives, personnel, transportation, and other physical assets, except medicine or religious materials.

LAST NAME <i>Ackerman</i>		FIRST NAME <i>Izak</i>	MIDDLE INITIAL <i>T</i>
HOME ADDRESS			
CITY	STATE	ZIP	COUNTY
HOME PHONE		WORK PHONE <i>N/A</i>	

DECLARATION

In accordance with division (A)(2)(b) of section 2903.32 of the Ohio Revised Code

For each question, indicate either "yes," or "no" in the space provided. Responses must be truthful to the best of your knowledge.

- Are you a member of an organization on the U.S. Department of State Terrorist Exclusion List?
 Yes No
- Have you used any position of prominence you have with any country to persuade others to support an organization on the U.S. Department of State Terrorist Exclusion List?
 Yes No
- Have you knowingly solicited funds or other things of value for an organization on the U.S. Department of State Terrorist Exclusion List?
 Yes No

PUBLIC EMPLOYMENT - CONTINUED

4. Have you solicited any individual for membership in an organization on the U.S. Department of State Terrorist Exclusion List?
 Yes No
5. Have you committed an act that you know, or reasonably should have known, affords "material support or resources" to an organization on the U.S. Department of State Terrorist Exclusion List?
 Yes No
6. Have you hired or compensated a person you knew to be a member of an organization on the U.S. Department of State Terrorist Exclusion List, or a person you knew to be engaged in planning, assisting, or carrying out an act of terrorism?
 Yes No

In the event of a denial of public employment due to a positive indication that material assistance has been provided to a terrorist organization, or an organization that supports terrorism as identified by the U.S. Department of State Terrorist Exclusion List, a review of the denial may be requested. The request must be sent to the Ohio Department of Public Safety's Division of Homeland Security. The request forms and instructions for filing can be found on the Ohio Homeland Security Division website.

CERTIFICATION

I hereby certify that the answers I have made to all of the questions on this declaration are true to the best of my knowledge. I understand that if this declaration is not completed in its entirety, it will not be processed and I will be automatically disqualified. I understand that I am responsible for the correctness of this declaration. I understand that failure to disclose the provision of material assistance to an organization identified on the U.S. Department of State Terrorist Exclusion List, or knowingly making false statements regarding material assistance to such an organization is a felony of the fifth degree. I understand that any answer of "yes" to any question, or the failure to answer "no" to any question on this declaration shall serve as a disclosure that material assistance to an organization identified on the U.S. Department of State Terrorist Exclusion List has been provided by myself or my organization.

X *Dyane Anderson*
Signature

07/10/18
Date

By signing and submitting this application I swear that the foregoing answers are true, correct and complete to the best of my knowledge and belief. I acknowledge and understand that any false or misleading information and / or omissions, either verbal or in writing, anytime during the selection process for this position, will be cause for my disqualification from consideration for employment. Such false or misleading information could also result in termination if found after employment begins.

Print Full Name: Izak Taylor Ackerman

Signature: Izak Ackerman

Date: 07/10/18

We are an Equal Opportunity Employer



Allen County, Ohio Sheriff's Office
333 N. Main St. Lima, Ohio 45801 (419) 227-3535

Sheriff Matthew B. Treglia



PERSONNEL APPLICATION

1. Read all questions carefully and answer fully where applicable.
2. Sign the bottom of each page.
3. Non-truthful statements can result in termination of employment.

Name: Izak Taylor Ackerman Date: 1-15-18

Have you ever worked under another name? No

If yes, what name, or names? (Maiden Name) _____

Present Address: _____

Telephone # _____ SSN: _____

Are you a citizen of the United States? Yes

If not a citizen, do you have permission to remain permanently in the U.S.? _____

Are you 18 Years of Age or Older? _____ 21 Years of Age if applying for the position of Deputy Sheriff? Yes

Position(s) applying for? Deputy Sheriff

Have you ever been convicted of a violation of law? No If YES, please give details:

Your Signature: Izak Ackerman
We are an Equal Opportunity Employer

Military Service

Have you ever served in the U.S. Armed Services? No

If Yes, Dates: _____ Branch: _____

Armed Services Duties and Specialized Training: _____

(Attach copy of D.D.-214 or other training certification)

Have you ever been or are you presently a member of any organization which advocates the overthrow of the Federal Government? _____

Education

High School Graduate / G.E.D.? Yes School Name: Allen East High School

Law Enforcement / Corrections Training? Yes School Name(s): Currently Enrolled at Rhodes State for OPDTA Basic Police Academy

University or College Degree Completed? Yes School Name: Hocking College, Associates in Natural Resources Law Enforcement

Number of credits hours completed if you have started but not yet obtained a degree: _____

Do you intend to further pursue this degree? No

Your Signature: Dyke Anderson

We are an Equal Opportunity Employer

List any additional information, special qualifications or skills you have that you feel are relevant for the position for which you are applying: Associates in Natural Resources Law Enforcement, Top of class in firearms, wrestling background, experience driving multiple different vehicles.

Employment

Complete your three most recent employers beginning with your current employer if you have one.

May we contact your current employer? Yes If no, advise reason: _____

1. Employer Name, Address, Telephone Number: Cardinal Bus Sales
6280 Hardina Hwy, Lima, Ohio 45801 419-225-5552

Supervisor's name, position(s) held, dates employed, reason for leaving: _____
Tony Rumer, Worker/cleaner, May - August 2015, 2016, June - Current 2017-2018. left during winter and spring for college

2. Employer Name, Address, Telephone Number: _____

Supervisor's name, position(s) held, dates employed, reason for leaving: _____

3. Employer Name, Address, Telephone Number: _____

Supervisor's name, position(s) held, dates employed, reason for leaving: _____

Your Signature: Jake Colarman

We are an Equal Opportunity Employer

Were you ever discharged or forced to resign due to misconduct or unsatisfactory work performance? No If YES, Give Details: _____

When would you be available to begin employment? April 2018

General Information

If a drivers license is required, do you have, or are you willing and able to obtain a valid Ohio Drivers License? Yes

Prior to this application, have you ever applied for employment with the Allen County Sheriff's Office? No If YES, list date and for what position(s): _____

Have you ever applied for employment with another Law Enforcement Agency? No If YES, list date and name of agency: _____

Do you have any relatives currently working for the Allen County Sheriff's Office? Yes If YES, list their name and title: Shannon Ackerman
Grant Administrator and Detective Bureau Secretary

Are you capable of performing the essential functions outlined in the job description for the position for which you are applying? Yes

Your Signature: Dyle Ackerman

List below your reasons for applying with the Allen County Sheriff's Office: I
have always wanted a job where I make a difference in the community.

References

List three relatives and their relation to you. Do NOT list spouse or children:

Name	Address	Telephone
1. <u>Jim Link</u>		
2. <u>Randy Ackerman</u>		
3. <u>Tim Ackerman</u>		

List the name, address and phone number of your closest relative or another person who will always know your address: Peggy Ackerman

List three reference who are not relatives or previous employers and / or supervisors:

Name	Address	Telephone
1. <u>Craig Barr</u>		
2. <u>Ken Temple</u>		
3. <u>Bill Davis</u>		

Your Signature: Dylan Ackerman

We are an Equal Opportunity Employer



Ohio Department of Public Safety
Division of Homeland Security
http://www.homelandsecurity.ohio.gov

PUBLIC EMPLOYMENT

In accordance with section 2909.34 of the Ohio Revised Code

DECLARATION REGARDING MATERIAL ASSISTANCE/NONASSISTANCE TO A TERRORIST ORGANIZATION

This form serves as a declaration of the provision of material assistance to a terrorist organization or organization that supports terrorism as identified by the U.S. Department of State Terrorist Exclusion List (see the Ohio Homeland Security Division website for a reference copy of the Terrorist Exclusion List).

Any answer of "yes" to any question, or the failure to answer "no" to any question on this declaration shall serve as a disclosure that material assistance to an organization identified on the U.S. Department of State Terrorist Exclusion List has been provided. Failure to disclose the provision of material assistance to such an organization or knowingly making false statements regarding material assistance to such an organization is a felony of the fifth degree.

For the purposes of this declaration, "material support or resources" means currency, payment instruments, other financial securities, funds, transfer of funds, and financial services that are in excess of one hundred dollars, as well as communications, lodging, training, safe houses, false documentation or identification, communications equipment, facilities, weapons, lethal substances, explosives, personnel, transportation, and other physical assets, except medicine or religious materials.

Form with fields for LAST NAME (Ackerman), FIRST NAME (Izak), MIDDLE INITIAL (T), HOME ADDRESS, CITY, STATE, ZIP, COUNTY, HOME PHONE, and WORK PHONE.

DECLARATION

In accordance with division (A)(2)(b) of section 2909.32 of the Ohio Revised Code

For each question, indicate either "yes," or "no" in the space provided. Responses must be truthful to the best of your knowledge.

- 1. Are you a member of an organization on the U.S. Department of State Terrorist Exclusion List? [] Yes [X] No
2. Have you used any position of prominence you have with any country to persuade others to support an organization on the U.S. Department of State Terrorist Exclusion List? [] Yes [X] No
3. Have you knowingly solicited funds or other things of value for an organization on the U.S. Department of State Terrorist Exclusion List? [] Yes [X] No

PUBLIC EMPLOYMENT - CONTINUED

4. Have you solicited any individual for membership in an organization on the U.S. Department of State Terrorist Exclusion List?
 Yes No
5. Have you committed an act that you know, or reasonably should have known, affords "material support or resources" to an organization on the U.S. Department of State Terrorist Exclusion List?
 Yes No
6. Have you hired or compensated a person you knew to be a member of an organization on the U.S. Department of State Terrorist Exclusion List, or a person you knew to be engaged in planning, assisting, or carrying out an act of terrorism?
 Yes No

In the event of a denial of public employment due to a positive indication that material assistance has been provided to a terrorist organization, or an organization that supports terrorism as identified by the U.S. Department of State Terrorist Exclusion List, a review of the denial may be requested. The request must be sent to the Ohio Department of Public Safety's Division of Homeland Security. The request forms and instructions for filing can be found on the Ohio Homeland Security Division website.

CERTIFICATION

I hereby certify that the answers I have made to all of the questions on this declaration are true to the best of my knowledge. I understand that if this declaration is not completed in its entirety, it will not be processed and I will be automatically disqualified. I understand that I am responsible for the correctness of this declaration. I understand that failure to disclose the provision of material assistance to an organization identified on the U.S. Department of State Terrorist Exclusion List, or knowingly making false statements regarding material assistance to such an organization is a felony of the fifth degree. I understand that any answer of "yes" to any question, or the failure to answer "no" to any question on this declaration shall serve as a disclosure that material assistance to an organization identified on the U.S. Department of State Terrorist Exclusion List has been provided by myself or my organization.

X Dyble Ederman
Signature

1-15-18
Date

By signing and submitting this application I swear that the foregoing answers are true, correct and complete to the best of my knowledge and belief. I acknowledge and understand that any false or misleading information and / or omissions, either verbal or in writing, anytime during the selection process for this position, will be cause for my disqualification from consideration for employment. Such false or misleading information could also result in termination if found after employment begins.

Print Full Name: Izak Taylor Ackerman

Signature: Izak Ackerman

Date: 1-15-18

We are an Equal Opportunity Employer

ALLEN COUNTY SHERIFF'S OFFICE

EMPLOYEE COUNSELING FORM

Matthew B. Treglia, Sheriff

DATE 3/08/21

Sgt. B Hemker a Supervisory member of the Allen County Sheriff's Office,
on this date, counseled Deputy I. Ackerman in reference to the following conduct:

Rules of Conduct / Policy 2.15 - Section 6.2

Please write the details of discussion and remarks of the Counseling Supervisor.

DETAILS OF DISCUSSION

On Monday March 8, 2021 at approximately 2:46 AM, you were backing cruiser 222 in a business parking lot. While doing so, you struck the business dumpster causing damage to the passenger side tail light lens. You immediately notified me and completed a OH-1.

6.2 Responsibility for Allen County Property

Each officer or other employee is responsible for keeping all agency equipment clean and in good working order. Careful effort is made to protect property from loss, damage, or destruction. Employees deemed responsible for the loss or damage of issued items may, in addition to any other disciplinary action may be required to compensate the agency for the loss or damage. Any equipment that becomes damaged or lost is immediately reported in writing.

Therefore, your actions are not acceptable and will not be tolerated in the future. You are hereby counseled; any further violations of the standards and or operating procedures set forth by the administration of the Allen County Sheriff's Office may result in more severe disciplinary action.

ANY FURTHER VIOLATION OF STANDARDS OR RULES OF THE ALLEN COUNTY SHERIFF'S OFFICE, MAY RESULT IN MORE SEVERE DISCIPLINARY ACTION, POSSIBLY INCLUDING DAY(S) OFF, AND TERMINATION OF EMPLOYMENT.

Signed SGT. B. M. J. Hemker 3/8/21
COUNSELING SUPERVISOR DATED

The undersigned employee of the Allen County Sheriff's Office, hereby certifies that on the above date, they were counseled by the above named Supervisor, in reference to the work or activity mentioned in this Counseling Form. I understand that the counseling took place, and does not indicate any agreement or disagreement with the opinion stated by the Counseling Supervisor.

Signed I. Ackerman 3-8-2021
ACSO EMPLOYEE DATED

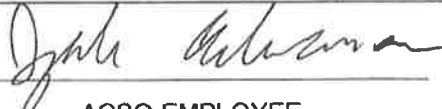
**ALLEN COUNTY SHERIFF'S OFFICE
EMPLOYEE RESPONSE FORM**

Office of Sheriff
Matthew B. Treglia, Sheriff
333 N. Main Street Lima, Ohio 45801

This is submitted as a response to the Counseling Supervisor's opinion, attached to the front of this form. This is response submitted by the employee to a form received on 3-8-2021 from the Alle County Sheriff's Office Supervisor

I was careless in my actions as I was backing up. I failed to check all mirrors as I was backing. In the future, I plan on being more diligent in my attention paid while driving.

THIS RESPONSE MUST BE COMPLETED AT THE TIME OF COUNSELING !

Signed  3-8-2021
ACSO EMPLOYEE DATED



MIKE DEWINE
 * OHIO ATTORNEY GENERAL *



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

P.O. Box 309
 London, OH 43140
 www.OhioAttorneyGeneral.gov

828-17

**Ohio Peace Officer Basic Training
 Physical Fitness Requirements Chart
 Effective 1/1/2017**

Age and Sex Minimum Scores				
	Males (<29)		Females (<29)	
	<u>Pre-entrance Assessment</u> 15 th %	<u>Final Assessment</u> 50 th %	<u>Pre-Entrance Assessment</u> 15 th %	<u>Final Assessment</u> 50 th %
Sit-ups (1 min.)	32	40 <i>48</i>	23	36
Push-ups (1 min.)	19	33 <i>33</i>	9	18
1.5 Mile Run	14:34	11:58	17:49	14:07
	Males (30-39)		Females (30-39)	
	<u>Pre-entrance Assessment</u> 15 th %	<u>Final Assessment</u> 50 th %	<u>Pre-entrance Assessment</u> 15 th %	<u>Final Assessment</u> 50 th %
Sit-ups (1 min.)	28	36	18	27
Push-ups (1 min.)	15	27	7	14
1.5 Mile Run	15:13	12:25	18:37	14:34
	Males (40-49)		Females (40-49)	
	<u>Pre-entrance Assessment</u> 15 th %	<u>Final Assessment</u> 50 th %	<u>Pre-entrance Assessment</u> 15 th %	<u>Final Assessment</u> 50 th %
Sit-ups (1 min.)	22	31	13	22
Push-ups (1 min.)	10	21	5	11
1.5 Mile Run	15:58	13:11	19:32	15:24
	Males (50-59)		Females (50-59)	
	<u>Pre-entrance Assessment</u> 15 th %	<u>Final Assessment</u> 50 th %	<u>Pre-entrance Assessment</u> 15 th %	<u>Final Assessment</u> 50 th %
Sit-ups (1 min.)	17	26	7	17
Push-ups (1 min.)	7	15	4 (modified)	13 (modified)
1.5 Mile Run	17:38	14:16	21:31	17:13
	Males (60+)		Females (60+)	
	<u>Pre-entrance Assessment</u> 15 th %	<u>Final Assessment</u> 50 th %	<u>Pre-entrance Assessment</u> 15 th %	<u>Final Assessment</u> 50 th %
Sit-ups (1 min.)	13	20	2	8
Push-ups (1 min.)	5	15	1 (modified)	8 (modified)
1.5 Mile Run	20:12	15:56	23:32	18:52

- 11:49

Students must pass each event, at the minimum 15th percentile of the above standards, in order to be eligible to attend the Peace Officer Basic Training Course. Students must pass each event, at the minimum 50th percentile of the above standards, in order to be eligible for the state certification exam.



Matthew B. Treglia ★ Sheriff, Allen County

DEPUTY NEW HIRE CHECK SHEET

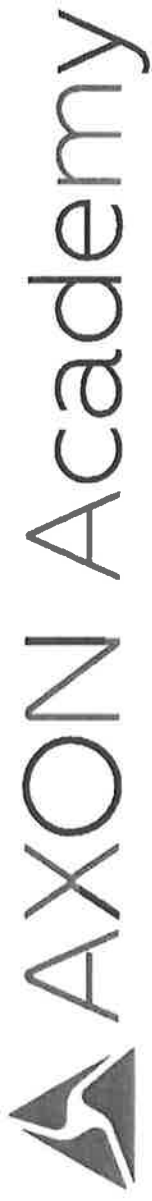
IZAK ACKERMAN
NAME

START DATE

- 1) Physical Fitness test
- 2) Background Check
- 3) Pre-Employment Interview
- 4) Official Notification of an offer of Employment
 - a. Interview with Sheriff
 - b. Urine test
 - c. CVSA analysis
 - d. Psychological test
 - e. Sheriff Admin Asst. (Rhonda Montgomery)
 - i. Fingerprints taken
 - ii. Photo ID card prepared
 - iii. Key card issued
 - iv. Welcome memo to all employees
- 5) Fiscal Department (Jessica Andrews)
 - a. ID number assigned
 - b. P.O. for initial uniform/equipment
 - c. Insurance explained
 - d. Personnel file set up
 - e. Equipment and Clothing allowance explained
 - f. If transferring from another county, state or Municipal agency, discuss transfer of vacation, holidays, sick time....etc.

Date: 2/7/18 By: AKT
 Date: 2/22/18 By: AKT
 Date: 2/27/18 By: AKT
 Date: _____ By: _____
 Date: _____ By: _____
 Date: _____ By: _____
 Date: _____ By: _____
 Date: _____ By: _____
 Date: _____ By: _____
 Date: _____ By: _____
 Date: _____ By: _____
 Date: _____ By: _____
 Date: _____ By: _____
 Date: _____ By: _____
 Date: _____ By: _____
 Date: _____ By: _____

Sheriff Matthew B. Treglia
 Allen County Sheriff's Office
 333 N. Main St. Lima, Ohio 45801
 419-993-1409 (Office)
 treglia@acso-oh.us



CERTIFICATE OF COMPLETION

AWARDED TO

Isak Ackerman

OF Allen County Sheriff's Office (agency)
IN RECOGNITION OF YOUR SUCCESSFUL COMPLETION OF

TASER X26P CEW V.20.2 FOR USER CERTIFICATION COURSE
6H OF TRAINING

CERTIFICATE ISSUED 09/25/18 (date)

