



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



2023-1535

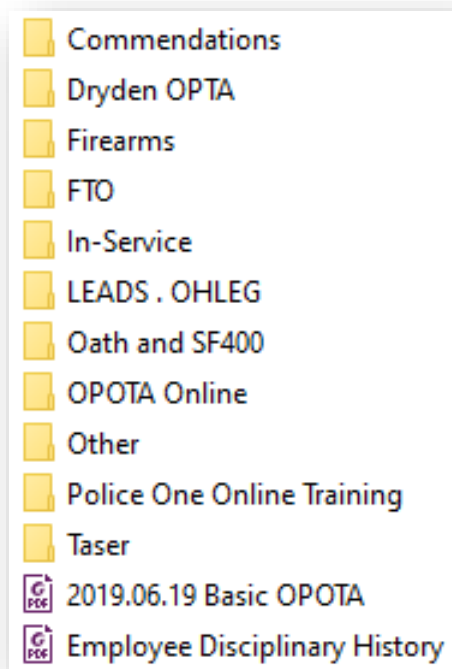
Officer Involved Critical Incident - 311 25th Street SW, Canton, Ohio

Investigative Activity: Receipt and Review of Personnel File and Training Records
Activity Date: July 10, 2023
Activity Location: BCI - Richfield
Authoring Agent: SA Matthew Armstrong #146

Narrative:

On June 20, 2023, Ohio Bureau of Criminal Investigation (BCI) Special Agent (SA) Matt Armstrong (Armstrong) received the interdepartmental records which included training, discipline, commendation, and firearms qualifications records for Canton Police Department (CPD) Officer Jacob Dryden (Dryden). On July 10, 2023, SA Armstrong received Officer Dryden's personnel file. The files were provided by CPD Lt. Mike Talkington and Sgt. Bryan McWilliams and have been attached to this report for further review.

The following interdepartmental records were provided:



A review of the files revealed the following relevant information:

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Officer Involved Critical Incident - 311 25th Street SW, Canton, Ohio

Oath

Officer Dryden was sworn in as a Canton Police Officer on December 12, 2018.

Firearms

Officer Dryden last qualified with his department issued firearm utilized during the June 7, 2023 shooting incident on October 5, 2022.

Training

Officer Dryden completed numerous law enforcement related trainings to include the following courses directly related to this incident or the use of force:

- 12-01-2022 – Stress and Use of Force
- 09-22-2022 – BCI Deadly Force CPT
- 03-02-2022 – BCI Lethal Use of Force and OIS Investigations
- 01-03-2019 – Crisis Conflict Management
- 03-01-2022 – Use of Deadly Force and Legal Guidelines
- 03-30-2021 – An Unexpected Physical Confrontation
- 05-29-2021 – The Increasing Dangers to Officers
- 09-30-2021 – A Call Quickly Deteriorates
- 12-25-2021 – Reality Training: How to Maintain your Situational Awareness and Avoid an Ambush

Employee Discipline History

Officer Dryden had no discipline related to the use of force. The file *titled Employee Discipline History* identified 17 incidents involving Officer Dryden. Sgt. McWilliams' confirmed Officer Dryden was not disciplined for his involvement in any of the incidents and his actions for each incident were determined to be within policy.

Commendations

Officer Dryden had 3 letters of commendation formally recognizing him for his service on three specific incidents.



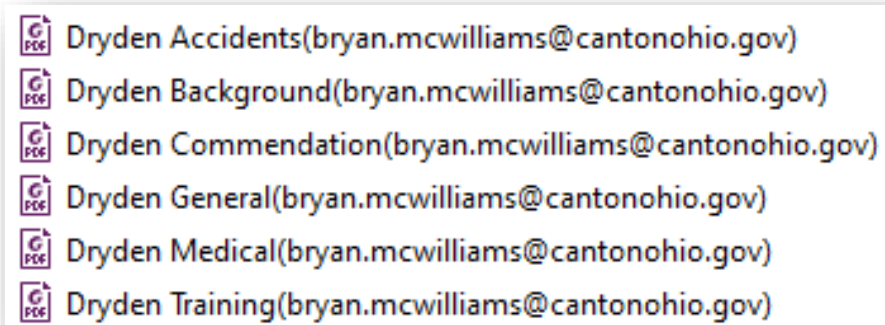
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Officer Dryden's personnel file contained the following 6 files:



A review of Officer Dryden's personnel file revealed nothing relevant to this investigation.

Attachments:

22.01.30 Commendation

20.06.20 Commendation

22.10.30 Commendation

Dryden Determination Required Associated View 6-8-2023 3-26-04 PM

Dryden LMS Course Associated View 6-8-2023 3-28-18 PM

Dryden Employment Associated View 6-8-2023 3-04-47 PM

Dryden Certificate Associated View 6-8-2023 3-04-15 PM

2019-2022 Firearm qualification sheets

2019 Patrol Rifle

2023.05.13 FTO Course

2019 In-Service Certificate

2019 In-Service Attendance

2020 In-Service Attendance

2021 In-Service Certificate

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2021 In-Service Attendance
2022 In-Service Certificate
2022 In-Service Completion Roster - Canton CPT Roster Courses Report OH0760400
2023 Inservice Completion Roster
2018.12.21 OHLEG Security
2019.01.10 LEADS
2020.12.16 LEADS (2)
2022.05.14 OHLEG Security
2022.12.17 LEADS
2018.12.12 Oath of Office
SF400 -1
SF400 – 2
2020.05.07 DV Legal Updates
2021.04.07 Restraint of Pregnant Suspect
2022.01.2022 Use of Deadly Force and Legal Guidelines
2022.03.02 BCI Lethal Use of Force and OIS Investigations
2022.06.06 Concealed Firearm Carry Changes
2018.12.22 Use of Force Test
2019.02.01 Inhouse checklist
2022.03.14 Tint Meter
Police One Training Dryden_report_from_2018-12-01_to_2023-06-07
2019.01.07 Taser Certification
2019.01.07 Taser Cert (2)
2019.01.07 Taser Answer sheet

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2019.10.31 Taser Recert

2019.01.19 Taser exposure 1of2

2019.01.19 Taser Exposure 2of2

2020.11.20 Taser Recert

2021.10.12 Taser Recert

2022 Taser X2 Recertification_0001

2019.06.19 Basic OPOTA

Employee Disciplinary History

Dryden Commendation(bryan.mcwilliams@cantonohio.gov)

Dryden Training(bryan.mcwilliams@cantonohio.gov)

Dryden Accidents(bryan.mcwilliams@cantonohio.gov)

Dryden Background(bryan.mcwilliams@cantonohio.gov)

Dryden General(bryan.mcwilliams@cantonohio.gov)

Dryden Medical(bryan.mcwilliams@cantonohio.gov)

Recommended Award(s)

Honorable Mention Awards (Also reviewed by the Honors Committee)

- Department Medal of Honor
- Police Combat Cross
- Purple Shield

- Fallen Officer Tribute
- Lifesaver Award
- Policeman of the Year Award
- ~~Excellent Police Duty Award~~
- Special Training
- Certification of Commendation
- Officer of the Month
- Citizen Commendation

First Endorsement:

Commanding Officer: 

- Approved
- Disapproved

Comments:

Second Endorsement:

Chief of Police or Honors Committee: 

- Approved
- Disapproved

Comments:



**CANTON POLICE DEPARTMENT
AWARD RECOGNITION REQUEST**

TO : Captain Gabbard
FROM : Sergeant Slone
OFFICER IN QUESTION : Dryden, Bartel, Jarvis, Carver, Thomas
REPORT OR INCIDENT # : 2201328
DATE : 01/30/22

NATURE OF CALL OR OBSERVATION - WRITE A "BRIEF" SUMMARY.

What are the "basic" facts of this incident. The use of superlatives or other embellishments in reporting the facts should be strictly avoided. (A supplement must be done to go into detail of this incident.) Supplement

On 01/30/22, the above officers were dispatched to a disturbance call. The call notes stated Teddy Philabaum pointed a firearm at the victim's face. Philabaum was a wanted male for a federal offense regarding a weapons charge and was subject to a department-issued bolo. The officers arrived and quickly set a perimeter and contacted the homeowner, who subsequently provided consent to search the home for Philabaum. Philabaum surrendered to officers peacefully. Continuing with their dedication to a safer Canton, the officers obtained permission to search the house for the firearm used in this offense, which was located. The officers displayed great teamwork as they problem solved to investigate this crime and arrest a wanted fugitive.

LIST ALL WITNESSES AVAILABLE

Name	Address	Phone No.
Carl Baker	713 Reynolds PL SW	
Amanda Cullip	719 Reynolds PL Sw	

June 23, 2020

Referring Service: Canton Police Department

Chief Angelo,

On June 7th 2020, the Canton Police Department responded to a victim with gunshot injuries. Upon arrival, Officer Brown and Officer Dryden found a male victim with multiple gunshot injuries to both legs, chest and left arm. Without hesitation, they quickly identified life-threatening injuries and applied a tourniquet to the left leg as well as chest seals to the chest. The victim was transported to Mercy Medical Center where he was stabilized and then transferred by helicopter to Akron City Hospital for further care.

Officer Brown and Officer Dryden should be recognized for their quick action in recognizing a life threatening injury and administering the appropriate care. Research has proven to us that it is imperative for Police officers to provide bleeding control until EMS arrives. The literature shows that with police being the first to the scene they play a vital role in providing lifesaving care for a person with a life threatening injury.

We would like to commend Officer Brown and Officer Dryden for their actions of June 7th 2020

Sincerely,



Andrew Bolgiano
Mercy Medical Center
EMS Coordinator
Trauma Services
330-588-4869

IMPORTANT NOTICE

This information has been disclosed to you from confidential records protected from disclosure by State and Federal law. You shall make no further disclosure of this information without the specific written and informed release of the individual to whom it pertains, or as otherwise permitted by State/Federal law.

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2006746

Recommended Award(s)

Honorable Mention Awards (Also reviewed by the Honors Committee)

- Department Medal of Honor
- Police Combat Cross
- Purple Shield

- Fallen Officer Tribute
- Lifesaver Award
- Policeman of the Year Award
- Excellent Police Duty Award
- Special Training
- Certification of Commendation
- Officer of the Month
- Citizen Commendation

First Endorsement:

Commanding Officer: Capt. J. Bailey #4
 Approved
 Disapproved

Comments:

* Reviewed BWC
* Outstanding work!

Second Endorsement:

Chief of Police or Honors Committee: [Signature]
 Approved
 Disapproved

Comments:



**CANTON POLICE DEPARTMENT
AWARD RECOGNITION REQUEST**

TO : Captain Bosley
FROM : Sgt Slone
OFFICER IN QUESTION : Ptl. Bartel, Dryden & Brown
REPORT OR INCIDENT # : 2214482
DATE : 10/30/22

NATURE OF CALL OR OBSERVATION - WRITE A "BRIEF" SUMMARY.

What are the "basic" facts of this incident. The use of superlatives or other embellishments in reporting the facts should be strictly avoided. *(A supplement must be done to go into detail of this incident.)* Supplement

On 10/30/22, Canton Police received a call for a shooting casualty. First responding officers, including Ptl. Bartel, Brown, and Dryden immediately rendered first aid to the victim, who suffered a gunshot wound to the upper right thigh/groin region. Ptl. Bartel noticed the need for a tourniquet and applied one while Ptl. Dryden continued to assess the victim for additional injuries. The officer on the scene recognized the tourniquet alone was insufficient to stop the bleeding, with the help of Ptl. Brown, they removed the victim's clothing to expose the wound and began to pack the wound with gauze. After applying the additional measures, Ptl. Bartel held direct pressure on the wound until Canton medics arrived. Undoubtly, this victim would have died on the scene without the quick action, knowledge, and training these officers exercised.

LIST ALL WITNESSES AVAILABLE

Name	Address	Phone No.
Dejean Wells	1130 12th ST NE (victim)	[REDACTED]
Sgt Mongold	CPD	

Dryden, Jacob Scott

Agency - Determination Date	Required	Due Date	Completion Date
Canton Police Department - 12/31/2022	CPT- Continuing Professional Training	12/31/2022	12/31/2022

Dryden, Jacob Sott

Date Completed	Course Title
3/2/2022	BCI Lethal Use of Force and OIS Investigations
1/3/2019	Companion Animal Encounters
6/7/2022	Concealed Firearm Carry Changes
1/3/2019	Crisis Conflict Management
5/7/2020	Domestic Violence Legal Updates: Ohio Domestic Violence Laws
5/7/2020	Domestic Violence Legal Updates: Ohio Protection Order Laws
5/7/2020	Domestic Violence Legal Updates: Ohio Stalking Laws
1/3/2019	Human Trafficking 2016 Update
1/3/2019	Kehoe Brothers Shootout
4/7/2021	Restraint or Confinement of a Pregnant Suspect
3/1/2022	Use of Deadly Force and Legal Guidelines

Dryden, Jacob Scott

Agency Name	Start Date	Employment Date Source Description	End Date	Employment Date Source Description 2	Emp. Status
Canton Police Department	12/12/2018	Appointment			Full-time

Dryden, Jacob Scott

School Number	Facility Name	From Date	To Date	Exam Date	Certificate Number	Certificate Date	Agency Name	Appointment Date
BAS19-017	Ohio State Highway Patrol Academy	2/4/2019	6/10/2019	6/26/2019	190719	6/26/2019	Canton Police Department	12/12/2018

2022 IN-SERVICE ATTENDANCE SHEET

Firearms Qualification

Canton Police Department – Bureau of Professional Development

DATE: 10-5-22 Instructor(s): Lt. Marino, Sgt. Mongold, Det. Z.Taylor, Sgt. C.M.Riley

- 1. Print: Jacob Driden Sign: [Signature] Badge: 172
- 2. Print: DAVID H. WRIGHT, JR. Sign: [Signature] Badge: 154
- 3. Print: STEVEN KEENE Sign: [Signature] Badge: 277
- 4. Print: Bill Goffine Sign: [Signature] Badge: 224
- 5. Print: Richard Abatansel Sign: [Signature] Badge: 240
- 6. Print: LINDA BROWN Sign: [Signature] Badge: 12
- 7. Print: JEFF WELLER Sign: [Signature] Badge: 174
- 8. Print: Scott Wohlheuter Sign: [Signature] Badge: 212
- 9. Print: Jordan Shank Sign: [Signature] Badge: 242
- 10. Print: BRIAN WASILEWSKI Sign: [Signature] Badge: 233
- 11. Print: HOLLIS R. BORKES Sign: [Signature] Badge: 169
- 12. Print: Alva M Watkins Sign: [Signature] Badge: 2400
- 13. Print: _____ Sign: _____ Badge: _____
- 14. Print: _____ Sign: _____ Badge: _____
- 15. Print: _____ Sign: _____ Badge: _____
- 16. Print: _____ Sign: _____ Badge: _____
- 17. Print: _____ Sign: _____ Badge: _____
- 18. Print: _____ Sign: _____ Badge: _____
- 19. Print: _____ Sign: _____ Badge: _____
- 20. Print: _____ Sign: _____ Badge: _____

INSTRUCTOR(S) SIGNATURE: Sgt. Joe Mongold #34

CANTON POLICE DEPARTMENT

RANGE PROFICIENCY RECORD:
SEMI-AUTO PISTOL/PATROL RIFLE/SHOTGUN/SMG

LAST NAME:
(PRINT) Dryden

I, (Print Name): Jacob Dryden do affirm that at this time I am not taking any medication or other substance that would impair my safety or that of others while firing a firearm at the Canton Police Department indoor or outdoor firing range. This would, for example, include alcoholic beverages and / or medications labeled "may cause drowsiness" or "do not operate a motor vehicle or heavy equipment." I further affirm that I shall handle all firearms in a safe manner, and shall comply with all directions and instructions of the range instructors.

Signed: [Signature] Badge: 172

Date: 10-5-22

Duty weapon: Rounds 25 Score 24
Pass Fail
Make Glock
Model 17
Caliber 9mm
Serial # [Redacted]

Secondary Pistol: Rounds _____ Score _____
Pass _____ Fail _____
Make _____
Model _____
Caliber _____
Serial # _____

Patrol Rifle: Rounds 20 Score 20 Pass Fail
Make DD Model _____ Serial # [Redacted] Caliber 5.56

SMG: Rounds _____ Score _____ Pass _____ Fail _____
Make _____ Model _____ Serial # _____ Caliber _____

Shotgun: Rounds 8 Score 8 Pass Fail
Make Hemington Model 870 Serial # [Redacted]

DATE TESTED: 10-5-22

TESTED BY: [Signature] REQ: 04035 EXP: 7-6-24

CANTON POLICE DEPARTMENT

RANGE PROFICIENCY RECORD:
SEMI-AUTO PISTOL/PATROL RIFLE/SHOTGUN/SMG

LAST NAME: Dryden
(PRINT)

I, (Print Name): Jacob Dryden #172 do affirm that at this time I am not taking any medication or other substance that would impair my safety or that of others while firing a firearm at the Canton Police Department indoor or outdoor firing range. This would, for example, include alcoholic beverages and / or medications labeled "may cause drowsiness" or "do not operate a motor vehicle or heavy equipment." I further affirm that I shall handle all firearms in a safe manner, and shall comply with all directions and instructions of the range instructors.

Signed: [Signature] Badge: 172

Date: 11-16-21

Duty weapon: Rounds 25 Score 25 Secondary Pistol: Rounds _____ Score _____
Pass Fail _____ Pass _____ Fail _____

Make Glock Make _____
Model 17 Model _____
Caliber 9mm Caliber _____
Serial # [Redacted] Serial # _____

Patrol Rifle: Rounds _____ Score _____ Pass _____ Fail _____
Make _____ Model _____ Serial # _____ Caliber _____

SMG: Rounds _____ Score _____ Pass _____ Fail _____
Make _____ Model _____ Serial # _____ Caliber _____

Shotgun: Rounds _____ Score _____ Pass _____ Fail _____
Make _____ Model _____ Serial # _____ Caliber _____

DATE TESTED: 11/16/21

TESTED BY: [Signature] REQ: 08104 EXP: 1/28/22

CANTON POLICE DEPARTMENT

RANGE PROFICIENCY RECORD:
SEMI-AUTO PISTOL/PATROL RIFLE/SHOTGUN/SMG

LAST NAME: Dryden
(PRINT)

I, (Print Name): Jacob Dryden do affirm that at this time I am not taking any medication or other substance that would impair my safety or that of others while firing a firearm at the Canton Police Department indoor or outdoor firing range. This would, for example, include alcoholic beverages and / or medications labeled "may cause drowsiness" or "do not operate a motor vehicle or heavy equipment." I further affirm that I shall handle all firearms in a safe manner, and shall comply with all directions and instructions of the range instructors.

Signed: [Signature] Badge: 172

Date: 10-12-21

Duty weapon:
Rounds 25 Score 23
Pass 5 Fail _____

Secondary Pistol:
Rounds _____ Score _____
Pass _____ Fail _____

Make Glock
Model 34
Caliber 9mm
Serial # [Redacted]

Make _____
Model _____
Caliber _____
Serial # _____

Patrol Rifle:
Rounds _____ Score _____
Pass _____ Fail _____

Make _____ Model _____ Serial # _____ Caliber _____

SMG:
Rounds _____ Score _____
Pass _____ Fail _____

Make _____ Model _____ Serial # _____ Caliber _____

Shotgun:
Rounds _____ Score _____
Pass _____ Fail _____

Make _____ Model _____ Serial # _____ Caliber _____

DATE TESTED: 10/12/21

TESTED BY: [Signature] REQ: 08104 EXP: 1/28/22

CANTON POLICE DEPARTMENT

RANGE PROFICIENCY RECORD:
SEMI-AUTO PISTOL/PATROL RIFLE/SHOTGUN/SMG

LAST NAME:
(PRINT)

Dryden

I, (Print Name) Jacob Dryden do affirm that at this time I am not taking any medication or other substance that would impair my safety or that of others while firing a firearm at the Canton Police Department indoor or outdoor firing range. This would, for example, include alcoholic beverages and / or medications labeled "may cause drowsiness" or "do not operate a motor vehicle or heavy equipment." I further affirm that I shall handle all firearms in a safe manner, and shall comply with all directions and instructions of the range instructors.

Signed: [Signature] Badge: 172

Date: 5-3-21

Duty weapon:
Rounds _____ Score _____

Secondary Pistol:
Rounds _____ Score _____

Pass _____ Fail _____

Pass _____ Fail _____

Make Rock River

Make _____

Model _____

Model _____

Caliber 5.56mm

Caliber _____

Serial # [Redacted]

Serial # _____

Patrol Rifle:
Rounds 20 Score 20

Pass _____ Fail _____

Make Rock River Model LAR15 Serial # [Redacted] Caliber 5.56

SMG:
Rounds 25 Score 24

Pass _____ Fail _____

Make Rock River Model LAR15 Serial # [Redacted] Caliber 5.56

Shotgun:
Rounds 8 Score 8

Pass X Fail _____

Make Remington Model 870 Serial # Dpt Issue Caliber 12ga

DATE TESTED: 5/3/21


TESTED BY: [Signature] REQ: 08104 EXP: 1/28/22

CANTON POLICE DEPARTMENT

RANGE PROFICIENCY RECORD: SEMI-AUTO PISTOL/PATROL RIFLE/SHOTGUN/SMG

LAST NAME:
(PRINT) Ditden

I, (Print Name) Jacob Ditden do affirm that at this time I am not taking any medication or other substance that would impair my safety or that of others while firing a firearm at the Canton Police Department indoor or outdoor firing range. This would, for example, include alcoholic beverages and / or medications labeled "may cause drowsiness" or "do not operate a motor vehicle or heavy equipment." I further affirm that I shall handle all firearms in a safe manner, and shall comply with all directions and instructions of the range instructors.

Signed: Jacob Ditden  Badge: 172

Date: 10-8-20

Duty weapon:
Rounds 25 Score 27

Secondary Pistol:
Rounds _____ Score _____

Pass _____ Fail _____

Pass _____ Fail _____

Make Glock

Make _____

Model 34

Model _____

Caliber 9mm


Caliber _____

Serial # 

Serial # _____

Patrol Rifle:
Rounds 20 Score 20

Pass _____ Fail _____

Make Smith Wesson Model MP 15 Serial #  Caliber 5.56

SMG:
Rounds _____ Score _____

Pass _____ Fail _____

Make _____ Model _____ Serial # _____ Caliber _____

Shotgun:
Rounds 8 Score 8

Pass _____ Fail _____

Make Remington Model 870 Serial # Department Issue Caliber _____

DATE TESTED: _____

TESTED BY: _____ REQ: _____ EXP: _____

CANTON POLICE DEPARTMENT

RANGE PROFICIENCY RECORD:
SEMI-AUTO PISTOL/PATROL RIFLE/SHOTGUN/SMG

LAST NAME:
(PRINT) Drjden

I, (Print Name) Jacob Drjden do affirm that at this time I am not taking any medication or other substance that would impair my safety or that of others while firing a firearm at the Canton Police Department indoor or outdoor firing range. This would, for example, include alcoholic beverages and / or medications labeled "may cause drowsiness" or "do not operate a motor vehicle or heavy equipment." I further affirm that I shall handle all firearms in a safe manner, and shall comply with all directions and instructions of the range instructors.

Signed: [Signature] Badge: 172

Date: 7-2-19

Duty weapon:
Rounds 25 Score 25
Pass ✓ Fail

Secondary Pistol:
Rounds Score
Pass Fail

Make Glock
Model 39
Caliber 9mm
Serial # [Redacted]

Make
Model
Caliber
Serial #

Patrol Rifle: #7 20 - 19
Rounds 20 Score 20

Pass x Fail 8/27/19
WAM 24

Make Colt Model M-16A1 Serial # Dept Issue Caliber 5.56
2/18/20 SIW MIPIS [Redacted] 5.56

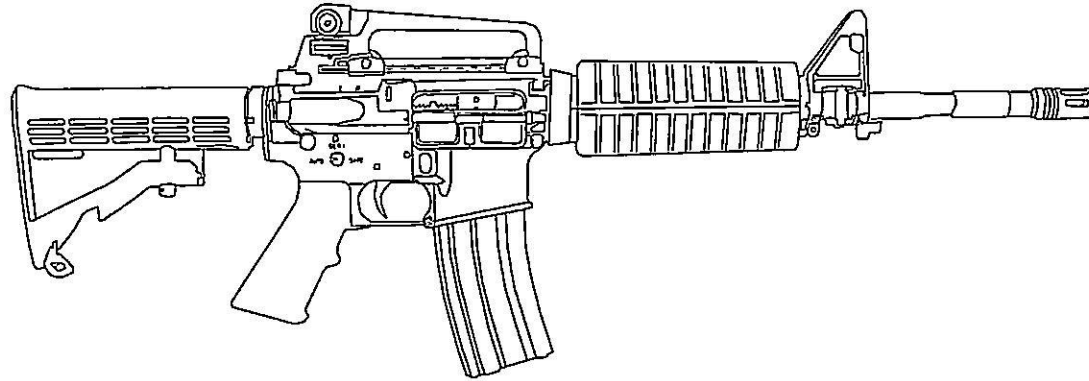
SMG:
Rounds Score Pass Fail
Make Model Serial # Caliber

Shotgun:
Rounds 8 Score 8 Pass ✓ Fail
Make Remington Model 870 Serial # Caliber 12

DATE TESTED: 07-02-19

TESTED BY: C. [Signature] 299 REQ: 08167 EXP: 05/13/22

BASIC PATROL RIFLE



Certificate of completion is hereby granted to:

PTL. JACOB DRYDEN

In recognition of successful completion of 8 hours of training conducted
at the Canton, Ohio Police Department on August 27, 2019




Instructor: Lt. L. Marino

Instructor: Sgt. Donald Miller

FIELD TRAINING OFFICER

THIS ACKNOWLEDGES AND HEREBY BESTOWS

Officer Jacob Dryden

HAS COMPLETED THE CANTON POLICE DEPARTMENT FIELD TRAINING
OFFICER PROGRAM

JUNE 13, 2023



Lt. M. Gary
Lt. M. Gary
Field Training Commander

Sgt. S. Shackle
Sgt. S. Shackle
Field Training Coordinator



**CANTON POLICE DEPARTMENT
CERTIFICATE OF TRAINING
2019 In-Service**



Presented to: Jacob Dryden

**Legal updates, D.V. Allegation form, Digital Camera, CJIS Mental Health Referral
(Brandon's Law), Meth and Clandestine Lab Awareness, Firearms, Patrol Rifle,
Defensive Tactics/Taser**

A handwritten signature in cursive script, which appears to read "Lt. Lester Marino".

Confirmed as Attending by: Lt. Lester Marino, Training Commander
Canton Police Department

CANTON POLICE DEPARTMENT CERTIFICATE OF TRAINING 2021 In-Service



Presented to: Ptl. Jacob Dryden

Implicit Bias: Rev. George Lancaster
Crime Scene Integrity: Sgt. Scott Prince
Procedural Justice: Sgt. Steven Swank and Lt. Les Marino
Police Legitimacy: Sgt. Steven Swank and Lt. Les Marino
First Aid: RN Andy Bolgiano
Less Lethal weapons: Ptl. Camden Sens
Rifle: Lt. Les Marino
Shotgun: Lt. Les Marino
Defensive Tactics: Ptl. Bryan Jeffries and Sgt. Shane Buie
2021 Legal updates: Canton City Prosecutors Office
Taser: Sgt. Lee and Sgt. Wilkes
Handgun: Lt. Les Marino and Ptl. Chris Heslop
Blue Team: Ptl. Sean Flaherty
Electronic Payroll: Ptl. Sean Flaherty
Mental Health: Ptl. Todd Gillilan
Domestic Violence: Det. Terry Monter
Traffic Crash Reports: Lt. Steven Swank

Confirmed as Attending by: Lt. Les Marino, Training Commander
Canton Police Department

CANTON POLICE DEPARTMENT BUREAU OF PROFESSIONAL DEVELOPMENT 2022 IN SERVICE



Presented to: Officer Jacob Dryden
Canton Police Department



- Diversity, Equity & Inclusion
- Officer Personal Wellness
- Responding to Mental Health Crisis
- Use of Force
- Law Enforcement Response to Mass Protests
- Use of Deadly Force
- Community Engagement
- Firearms Training & Qualification
- Report Writing

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

Lt. Les Marino, Commander
Bureau of Professional Development - 2022

OHIO ATTORNEY GENERAL RECOGNITION OF COMPLETION AWARD

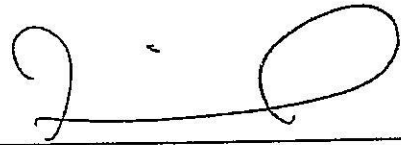
This certificate of completion is awarded to

Jacob Dryden

For successfully completing the Webcast course

OHLEG Security Training

Issued on
December 21, 2018
Expires in 2 years



TOM STICKRATH, BCI SUPERINTENDENT

* No CPT Hours
91cab3de3508ed11a060e52c9750f98ea3c5ca49



LEADS

Law Enforcement *Ohio* Automated Data System

This is to certify that
JACOB DRYDEN
has successfully completed the Ohio LEADS testing on

January 10, 2019

by completing the following exam:

FQO w/CCH

This certificate is good through

January 10, 2021

LEADS



This is to certify that

JACOB DRYDEN

has successfully completed the Ohio LEADS testing on

December 16, 2020

by completing the following exam:

FQO w/CCH

This certificate is good through

December 16, 2022

LEADS



This is to certify that

JACOB DRYDEN

has successfully completed the Ohio LEADS testing on

December 17, 2022

by completing the following exam:

FQO w/CCH

This certificate is good through

December 17, 2024

City of Canton, Ohio

THOMAS M. BERNABEI, MAYOR

OATH OF OFFICE

I, JACOB S. DRYDEN, DO SOLEMNLY SWEAR TO SUPPORT THE CONSTITUTION AND LAWS OF THE UNITED STATES, THE CONSTITUTION AND LAWS OF THE STATE OF OHIO, THE ORDINANCES OF THE CITY OF CANTON, AND THE REGULATIONS OF THE CANTON POLICE DEPARTMENT; AND THAT I WILL FAITHFULLY, HONESTLY, AND IMPARTIALLY DISCHARGE AND PERFORM ALL THE DUTIES INCUMBENT UPON ME AS CADET POLICE OFFICER FOR THE POLICE DEPARTMENT OF THE CITY OF CANTON, ACCORDING TO THE BEST OF MY ABILITY AND UNDERSTANDING DURING MY CONTINUANCE IN SAID OFFICE; AND THIS I DO AS I SHALL ANSWER UNTO GOD.

SIGNED: _____

JACOB S. DRYDEN

OATH ADMINISTERED BY: _____

MAYOR

COMMISSIONED BY: _____

DIRECTOR OF PUBLIC SAFETY

ADMINISTERED AND SWORN TO BEFORE ME AND SUBSCRIBED IN MY PRESENCE THIS 12TH DAY OF DECEMBER, 2018 A.D., AT CANTON, OHIO.

COMMISSION TO BE EFFECTIVE WEDNESDAY, DECEMBER 12, 2018.

NOTARY PUBLIC: _____



TAMMY DIENER
NOTARY PUBLIC
STATE OF OHIO
Comm. Expires
04-05-2022
Recorded in
Stark County



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

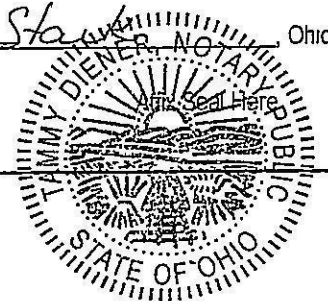
1. Within ten days of the appointment or status change, submit one copy of this form either by email, fax or mail.
2. Type or print legibly and complete all blanks. Enter N/A if not applicable.
3. Submit pages 1 and 2 for a New Appointment. A new appointment occurs when an officer is first sworn into your agency, or has previously left the agency and returns.
4. Submit only page 1 for a Status Change. A status change occurs 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) Dryden	(First) Jacob	(Middle) Scott	2 Social Security Number [REDACTED]
3 Alias (Last)		(First)	(Middle)		
4 Birth date (mm/dd/yyyy) 12/31/1991	5 Email Address			6 Phone Number [REDACTED]	
7 Home Mailing Address (#/Street/PO Box)		(City) Canton	(State) Ohio	(Zip Code) 44709	(County Name) STARK
8. Basic Training Academy (Only complete if this is the officer's first appointment or OSP)		(Academy Name) OSP	(Academy Number) 142	(Dates of Training) 02/04/2019 -	

AGENCY INFORMATION		9 Agency Name Canton Police Dept.			
10 Agency Email Address mark.nolte@cantonohio.gov		11 Agency Phone Number 330 438-4437			
12 Agency Mailing Address (#/Street/PO Box)		(City) Canton	(Zip Code) 44702	(County Name) STARK	

APPOINTMENT INFORMATION (Complete Date, Status and ORC)		13 New Appointment Date 12/12/2018	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			
16 Select New ORC <input checked="" type="checkbox"/> City/Municipality <u>Full-Time</u> Part-Time (737.02) <input type="checkbox"/> City/Municipality Auxiliary/Reserve/Special (737.051) <input type="checkbox"/> City/Municipality 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 type="checkbox"/> Deputy Sheriff (311.04) <input type="checkbox"/> Sheriff (311)			

ATTESTATION OF REPORTING AUTHORITY		I attest that the information provided on this form is true and correct and is based on my personal knowledge or inquiry	
17. Signature of Reporting Authority Andrea Perry	18. Name and Title Andrea Perry - Director of Public Safety	19 Date 12/11/2018	
NOTARY Sworn to and subscribed before me this <u>14th</u> day of <u>December</u> , 20 <u>18</u> in the county of <u>Stark</u> , Ohio			
Signature of Notary Tommy Scorn		My commission expires <u>4/5/2022</u>	



Officer Name (Last)

(First)

(Middle)

Social Security Number

Dryden

Jacob

Scott



20. 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
Signature of Appointing Authority

Name of Appointing Authority (Typed or Printed Legibly)

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.

21. Appointed By (Agency Name and County) 22 From(mm/dd/yyyy) To(mm/dd/yyyy)
23 Appointment Status (Check Appropriate Box)
24 Appointed By (Agency Name and County) 25 From(mm/dd/yyyy) To(mm/dd/yyyy)
26 Appointment Status (Check Appropriate Box)
27 Appointed By (Agency Name and County) 28 From(mm/dd/yyyy) To(mm/dd/yyyy)
29 Appointment Status (Check Appropriate Box)
30 Appointed By (Agency Name and County) 31 From(mm/dd/yyyy) To(mm/dd/yyyy)
32 Appointment Status (Check Appropriate Box)
33 Appointed By (Agency Name and County) 34 From(mm/dd/yyyy) To(mm/dd/yyyy)
35 Appointment Status (Check Appropriate Box)
36 Appointed By (Agency Name and County) 37 From(mm/dd/yyyy) To(mm/dd/yyyy)
38 Appointment Status (Check Appropriate Box)



This is to certify that

Jacob Dryden

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

Domestic Violence Legal Updates

Completed on: May 07, 2020



This is to certify that

Jacob Dryden

**has completed the Ohio Attorney General's online training course on
Restraint or Confinement of a Pregnant Suspect**

Completed on: April 07, 2021



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

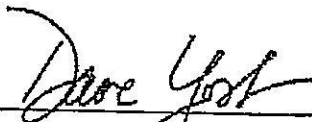
This is to certify that

Jacob Dryden

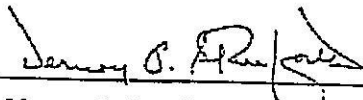
has successfully met the prescribed program requirements for

**Use of Deadly Force and
Legal Guidelines**

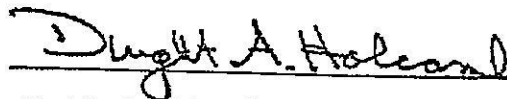
Date: March 01, 2022



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

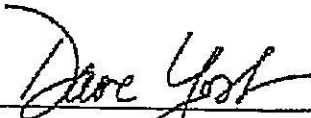
This is to certify that

Jacob Dryden

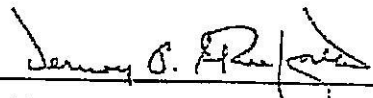
has successfully met the prescribed program requirements for

**BCI Lethal Use of Force
and OIS Investigations**

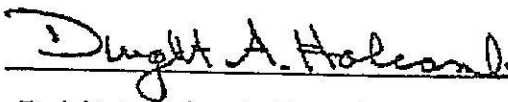
Date: March 02, 2022



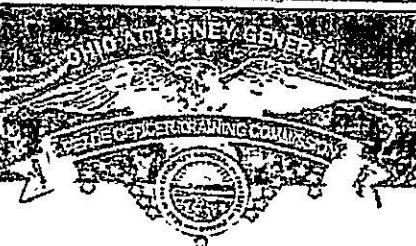
Dave Yost
Attorney General



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

Jacob Dryden

has successfully met the prescribed program requirements for

**Concealed Firearm Carry
Changes**

Date: June 06, 2022

Dave Yost
Attorney General

Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission

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

CANTON POLICE DEPARTMENT

2018 USE OF FORCE TEST - SCENARIO QUESTIONS

Name: Jacob Dryden Date: 12/22/2018

1. While on patrol, you are dispatched to a call in reference a suicidal person who is sitting on top of a one story garage roof. The suicidal person is docile but non-compliant to you and has a knife in his hand. In considering possible force options, if necessary, which two options should NOT be considered?

a. Baton

b. Taser

c. Pepper-Spray

Why? The person is at a elevated position.

2. In the above scenario (question 1), without considering any other factors, is the use of a firearm an option?

a. Yes - Explain: if the person attempts to assault a fellow officer

b. No - Explain: _____

3. You observe a fellow officer with an arrested, handcuffed male. The male is extremely belligerent and yelling profanities and threats to the arresting officer. The officer has had enough and punches the arrested male once in the stomach. Is this an acceptable use of force?

a. Yes - Explain: _____

b. No - Explain: its not reasonable considering the male is not fleeing or resisting

4. In the above scenario (question 3), is there any obligations placed on the officer observing this use of force?

a. Yes - Explain: to stop any further strikes and notify a supervisor

b. No - Explain: _____

5. You come in contact with a female whom you know to have warrants for her arrest. She appears pregnant and becomes resistant once you tell her she is under arrest. Would the use of the Taser be a reasonable force option?

a. Yes - Explain: _____

b. No - Explain: taser are not to be used on people who appear pregnant

6. In the above scenario (question 5), would the use of a carotid hold be a reasonable force option?

a. Yes - Explain: _____

b. No - Explain: 300.3.4 (c) only as a last resort

7. You are dispatched to a robbery call in which one suspect was said to have a gun (two suspects involved). You become involved in a foot pursuit of one of the suspects. As he is running he has one hand that you cannot see. As he continues to run, you order him to show his hands and his hands switch, the one hand you saw goes to his front, and his once unseen hand is now waved to show nothing. The suspect continues to run with his back to you, refusing to stop. Is the use of deadly force reasonable?

a. Yes - Explain: not at first, but through out the remainder of the pursuit, if the officer feels h's life is at risk they ^{ye}

b. No - Explain: _____

8. In the above scenario (question 7), the suspect jumps into a car and starts to drive away. You as the pursuing officer are authorized to fire your handgun at the vehicle?

a. Yes - Explain: not at first, but if the suspect begins firing from the vehicle then yes

b. No - Explain: _____

9. You become involved in a fight with a combative subject. You end the fight by applying a carotid hold to the suspect after which he stops resisting and you handcuff him. The suspect has no signs of injuries. He says that he is OK. You ask the suspect if he wants to go to the hospital to be checked. The suspect again says that he is OK and refuses your offer to go to the hospital. Is there any other actions you should take regarding the suspects condition?

a. Yes - Explain: 300.3.4 (d) you must get the person medically cleared

b. No - Explain: _____

10. While finishing up a report and returning to your cruiser on foot, you are approached by a large male subject who is yelling at you and carrying a baseball bat. He is about 30 feet away from you and is slowly walking toward you while making threats. You call for backup. What should be your next move?

a. You are justified to use deadly force, shoot the subject

b. You warn the subject to step back while drawing your gun and taking action to distance yourself from the suspect while giving him commands to cease

c. You approach the suspect, drawing your gun and ordering him to stop.

d. You choose a less-lethal option (pepper-spray, baton, or Taser) and advance on the suspect

11. In the above scenario (question 10), you drew your firearm and the subject complied and there was no further need for using force or threatening to use force. Is it necessary to document the drawing of your firearm on this subject?

a. Yes - Explain: the drawing of your pistol is still a use of force and must be recorded

b. No - Explain: _____

12. While making an arrest of a wanted subject, the subject becomes extremely violent and combative. During the struggle, your partner is injured and is out of the fight. This subject is so aggressive that you fear for your life. The subject has you in a hold and cannot reach any of your duty gear. However, you are able to grab a hammer. Would the use of a hammer against this subject be a possible reasonable use of force in this scenario?

a. Yes - Explain: 300.3.2 (H) do what you must to win the fight

b. No - Explain: _____

13. While on a felony traffic stop, a suspected wanted subject exits a vehicle with a visible handgun in his waistband. He makes no moves toward you and just stands outside of the vehicle. You have cover and backup. Would the use of deadly force be warranted at that moment?

a. Yes - Explain: the suspect has a pistol and is already wanted, but at the very least give verbal commands to him to not

b. No - Explain: touch the gun

14. In the scenario above (question 13) the suspect draws his firearm. Is the use of deadly force reasonable?

a. Yes - Explain: you must defend yourself

b. No - Explain: _____

15. You have arrested a young (adult) male subject who resisted arrest and fled on foot. The foot chase was short and no other resistance was used once he was apprehended. While transporting the subject, he begins to say that he is experiencing chest pain. Should this subject be provided medical attention?

a. Yes - Explain: if he complains of pain he must be medically cleared

b. No - Explain: _____

16. You confront a robbery suspect who is about 40 feet away from you. The suspect pulls a handgun and starts firing at you. You take cover while drawing your firearm. As you begin to return fire, you notice a group of individual bystanders in the background of the shooter. Would your use of deadly force at that moment be reasonable?

a. Yes - Explain: _____

b. No - Explain: you cant risk the lives of the other people

17. In the scenario above (question 16) the suspect continues to fire at you and you no longer have any other persons in the shooters backdrop. Would it be reasonable and necessary for you to issue a verbal warning before engaging the suspect with your firearm?

a. Yes – Explain: _____

b. No – Explain: its not necessary

18. You are faced with a physically resistant elderly male who appears to be suffering from dementia. Your first force option should be.

a. Verbal commands

b. Hands on

c. Carotid Hold

d. Baton or pepper-spray

19. In the scenario above (question 18), is the carotid hold a reasonable force choice?

a. Yes – Explain: 300, 3.4 (c) only 95 9 last resort

b. No – Explain: _____

20. Use of force considerations require that officers understand their authority and limitations. In considering use of force, officers must understand that their actions must be reasonable in light of the circumstances they are facing. A reasonable use of force in a deadly force situation would allow for the officer to continue to use force against the suspect, even when the suspect is no longer resistant and in custody.

a. True – Explain: _____

b. False – Explain: once the suspect is in custody you should no longer use force, unless the suspect gives you a reason to.

Check items that you have completed, sign & return form to Chief's Office-Chris Caiac:

- Obtain and Demonstrate RMS login - Contact MIS 330-438-6109
- Obtain and Demonstrate Internet login – Contact MIS
- Obtain and Demonstrate Email login - Contact MIS
- Obtain and Demonstrate Shotspotter login - Contact Tech. Officer
- Obtain and Demonstrate TAC/TAC Mobile login - Contact Tech Officer
- Obtain and Demonstrate Lexipol (Desktop and App) login - Go to web site
- Obtain and Demonstrate Viewu login (Desktop and App) - Contact Tech Officer
- Obtain and Demonstrate Newworld login
- Obtain and Demonstrate New CJIS login – Go to website and create account
- Obtain and Demonstrate OHLEG login - Go to website and fill-out application. Notify Department Administrator of OHLEG.
- Obtain and Demonstrate Evidence Tracker login – Contact Property Officer(s)
- Demonstrate TLO (Investigations only) – Contact a DB Detective
- Demonstrate Kronos Timekeeper (Supervision only) – Contact a Supervisor

Print name: Jacob Orden

Sign: 

Date: 02/01/2019





CERTIFICATE OF COMPLETION

THIS CERTIFIES THAT

Jacob Dryden

Badge # 172

Canton police Department

HAS SUCCESSFULLY COMPLETED THE

TINT METER OPERATOR COURSE

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

Edward Marcia

Completed

CEO Laser Labs

March 14, 2022



TASER TRAINING ACADEMY

[TASER Training Version 20]

TASER® CEW End-User Applicant Certification Form

PRINT LEGIBLY AND CLEARLY PLEASE!

Which CEWs were you certified on (Check all that apply): M26 X26 X26P X2 X3

Rank: Cadet Name: Jacob, S, Dryden

Agency: _____ Email: Jacob.Dryden@CantonOHio.gov

Phone: _____

Address/State/Zip: _____ Canton, OH, 44707

New Certification: Annual Recertification:

TASER Instructor Use Only

Instructor is required to verify that applicant has successfully completed all CEW User Certification/Recertification requirements

Number of answers correct on written exam: 49 out of 50 for the X26, X26P, X2, and X3 (90% minimum)
_____ out of 45 for the M26 (80% minimum)

- KEB Review entire Version 20 End-Use Certification Course PowerPoint Presentation(s)
- KEB Demonstrates safe handling of CEW and cartridges and proper finger positions for safe handling, aiming, and firing.
- KEB Safely control TASER CEW adequately when commanded "Arm - Spark - Safe" at random.
- KEB Demonstrate the ability to safely load and unload the TASER CEW under stress.
- _____ Remove and reinstall battery in TASER CEW correctly.
- KEB Deploy a minimum of 2 live cartridges, placing both probes in preferred target zones.
- KEB (X2 and X3 only) Utilize the ARC switch to re-energize deployed probes and give a warning arc

I hereby certify that the above named applicant has satisfactorily completed all components of the TASER End-User Certification, or Annual Re-Certification, training program and is hereby certified as a user of this system for one year.

Attested by Certifying Instructor: Kenneth Brown Kenneth Brown
(Print Name) (Signature)

Date: 01/07/2019 Location of Training: 1430 CHEWY AVE SE 44707

**Do not Send this Form to TASER International
Keep this Form for Department Training Records**



TASER® CEW End-User Applicant Certification Form

PRINT LEGIBLY AND CLEARLY PLEASE!

Which CEWs were you certified on (Check all that apply): M26 X26 X26P X2 X3

Rank: Cadet Name: Jacob, S. Driden

Agency: [Redacted] Email: Jacob.Driden@CantonOh.Oh.gov

Phone: [Redacted]

Address/State/Zip: [Redacted] Canton, OH, 44707

New Certification: [checked] Annual Recertification.

By signing below, I hereby acknowledge receipt of TASER's Version 20 Product Warnings. I understand that I must read and understand these warnings PRIOR to participating in any hands-on CEW drills required by the certification course.

Student Signature: (REQUIRED): [Signature]

TASER Instructor Use Only

Instructor is required to verify that applicant has successfully completed all CEW User Certification/Recertification requirements.

Number of answers correct on written exam: _____ out of 50 for the X26, X26P, X2, and X3 (90% minimum)
_____ out of 45 for the M26 (90% minimum)

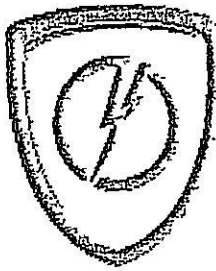
- KEB Review entire Version 20 End-Use Certification Course PowerPoint Presentation(s).
KEB Demonstrate safe handling of CEW and cartridges and proper finger positions for safe handling, aiming, and firing.
KEB Safely control TASER CEW adequately when commanded "Arm - Spark - Safe" at random.
KEB Demonstrate the ability to safely load and unload the TASER CEW under stress.
Remove and reinstall battery in TASER CEW correctly.
KEB Deploy a minimum of 2 live cartridges, placing both probes in preferred target zones.
KEB (X2 and X3 only) Utilize the ARC switch to re-energize deployed probes and give a warning arc.

I hereby certify that the above named applicant has satisfactorily completed all components of the TASER End-User Certification, or Annual Re-Certification, training program and is hereby certified as a user of this system for one year.

Attested by Certifying Instructor: Kenneth brown (Print Name) [Signature] (Signature)

Date: 01/07/2019 Location of Training: _____

Do Not Send this Form to TASER International
Keep this Form for Department Training Records



TASER

TRAINING ACADEMY

VERSION 2.0

TASER® Conducted Electrical Weapons (CEWs)

Part 1 Test User

/ Part 2: X2 Certification Test

Answer Sheet

Part 1

1) A

2) E

3) E

4) T

5) T

6) T

7) ~~T~~

8) T

9) T

10) C

11) E

12) T

13) D

14) D

15) B

16) C

17) D

18) C

19) B

20) A

21) D

22) E

23) G

24) D

25) E

26) T

27) D

28) A

29) D

30) T

Part 2

1) D

2) A

3) A

4) A

5) A

6) A

7) K

8) O

9) B

10) G

11) L

12) F

13) H

14) E

15) I

16) M

17) C

18) J

19) N

20) D

TASER® CEW User Applicant Certification Form Annual Recertification

PRINT LEGIBLY AND CLEARLY PLEASE!

Which CEWs were you certified on (Check all that apply): M26 X26 X26P X2 X3

Name: Jacob Dwyden Agency: Canton PD
Email: Jacob.Dwyden@CantonOhio.gov Phone: [REDACTED]
Address/State/Zip: [REDACTED] Canton, OH

By signing below, I hereby acknowledge receipt of TASER's Product Warnings. I understand that I must Read and understand these warnings PRIOR to participating in any hands-on CEW drills required by the certification Course.

Student Signature: (Required) [Signature]

TASER Instructor Use Only

Instructor is required to verify that applicant has successfully completed all CEW User Certification/Recertification requirements.

- Review current Annual User Recertification Course PowerPoint Presentation(s) & training bulletins (if applicable)
- Demonstrate safe handling of CEW to include:
proper finger positioning, aiming and deploying at preferred target area and while loading / unloading
- Deploy a minimum of 2 live cartridges (for each weapon certification), placing both probes in preferred target zones
- Perform a proper warning ARC (Safety warning: remove cartridge from X26P before conducting Arc warning)
- (X2 & X3) Utilize the ARC switch to re-energize deployed probes

I hereby certify that the above-named applicant has satisfactorily completed all components of the TASER End-User Certification, or Annual Re-Certification, training program and is hereby certified as a user of this system for one year

Attested by Certifying Instructor: CRAIG RIVERA [Signature]
(Print Name) (Signature)

Date: 10/31/19 Location of Training: CPD

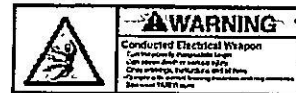
**Do not Send this Form to TASER Training
Keep this Form for Department Training Records**

PowerPoint is a trademark of Microsoft Corporation.

Axon, M26, X2, X3, X26, and X26P, TASER, and the "Bolt within Circle Logo" are trademarks of Axon Enterprise, some of which are registered in the US and other countries. For more information, visit www.axon.com/legal. All rights reserved. © 2017 Axon Enterprise, Inc.



**Instructor and User:
Warnings, Risks & Release Agreement
(For Use Only When Taking a TASER CEW Exposure)**



Axon Enterprise, Inc. (Axon) TASER conducted electrical weapon (CEW) training courses are physically strenuous and there is a risk of personal injury. **BEFORE** any TASER CEW exposure, each volunteer **MUST** read the most current TASER CEW warnings and read and sign this form. This document incorporates all current TASER CEW warnings by reference. This document is effective May 18, 2017, and supersedes all prior revisions.

IMPORTANT SAFETY AND HEALTH INFORMATION

Read, understand, and follow all current instructions, warnings, and relevant TASER training materials before experiencing a CEW exposure or before participating in TASER CEW training. Failure to do so could increase the risk of death or serious injury to the trainee, user, force recipient, or others. Always follow all current instructions, warnings, and TASER training materials to minimize CEW risks.

TRAINING CEW EXPOSURES

Voluntary. Axon does not require a CEW exposure as a condition for Instructor or User Certification. It is up to each agency to determine whether its instructors and users experience a CEW exposure as part of training. If CEW exposures are performed, they must be limited to a single exposure not exceeding 5 seconds and performed in accordance with Axon's guidelines and by a Certified TASER Instructor.¹ **Probe Deployments to Back Only.** Cartridge deployed probes must be to the back of the torso or back of the legs only.

Spotters. All persons taking a CEW exposure must be properly supported by spotters to prevent falls unless lying down on a mat. Each spotter must hold the person and support the arm under the armpit to prevent arm or shoulder injuries.

Eye Protection. Eye protection is required for the CEW operator, observers, spotters and the person being exposed to any probe deployment.

SAFETY INFORMATION: CEW RISKS AND RISK AVOIDANCE

[WARNING] Muscle Contraction or Strain-Related Injury. CEWs in probe-deployment mode can cause muscle contractions that may result in injury, including bone fractures. CEWs in probe-deployment mode can cause muscle contractions resulting in injuries similar to those from physical exertion, athletics, or sports, including hernia rupture, dislocation, tear, or other injury to soft tissue, organ, muscle, tendon, ligament, cartilage, disc, nerve, bone, or joint; or injury or damage associated with or to orthopedic or other hardware. Fractures to bone, including compression fracture to vertebrae, may occur. These injuries may be more serious and more likely to occur in people with pre-existing injuries, orthopedic hardware, conditions or special susceptibilities, including pregnancy; low bone density, spinal injury; or previous muscle, disc, ligament, joint, bone, or tendon damage or surgery. Such injuries may also occur in drive-stun applications or when a person reacts to the CEW deployment by making a rapid or unexpected movement.

[WARNING] Secondary Injury. The loss of control resulting from a CEW exposure may result in injuries due to a fall or other uncontrolled movement. When possible, avoid using a CEW when secondary injuries are likely.

Seizure. Repetitive stimuli (e.g., flashing light or electrical stimuli) can induce seizure in some people, which may result in death or serious injury. This risk may be increased in a person with epilepsy, a seizure history, or if electrical stimuli pass through the head. Emotional stress and physical exertion, both likely in incidents involving CEW and other uses of force, are reported as seizure-precipitating factors.

Fainting. A person may experience an exaggerated response to a CEW exposure, or threatened exposure, which may result in fainting or falling.

Muscle contraction, incapacitation, or startle response. CEW use may cause loss of control from muscle contraction, incapacitation, or startle response.

[WARNING] Cumulative Effects. CEW exposure causes certain effects, including physiologic and metabolic changes, stress, and pain. In some individuals, the risk of death or serious injury may increase with cumulative CEW exposure. Repeated, prolonged, or continuous CEW applications may contribute to cumulative exhaustion, stress, cardiac, physiologic, metabolic, respiratory, and associated medical risks which could increase the risk of death or serious injury. Minimize repeated, continuous, or simultaneous exposures.

Physiologic and Metabolic Effects. CEW use causes physiologic and/or metabolic

effects that may increase the risk of death or serious injury. These effects include changes in blood chemistry, blood pressure, respiration, heart rate and rhythm, and adrenaline and stress hormones, among others. In human studies of electrical discharge from a single CEW of up to 15 seconds, the effects on acid/base balance, creatine kinase, electrolytes, stress hormones, and vital signs were comparable to or less than changes expected from physical exertion similar to struggling, resistance, fighting, fleeing, or from the application of some other force tools or techniques. Some individuals may be particularly susceptible to the effects of CEW use. These susceptible individuals include the elderly, those with heart conditions, asthma or other pulmonary conditions, and people suffering from excited delirium, profound agitation, severe exhaustion, drug intoxication or chronic drug abuse, and/or over-exertion from physical struggle. In a physiologically or metabolically compromised person, any physiologic or metabolic change may cause or contribute to sudden death.

Stress and Pain. CEW use, anticipation of use, or response to use can cause startle, panic, fear, anger, rage, temporary discomfort, pain, or stress which may be injurious or fatal to some people.

Minimize the number and duration of CEW exposures. Most human CEW lab testing has not exceeded 15 seconds of CEW application, and none has exceeded 45 seconds. Use the shortest duration of CEW exposure objectively reasonable to accomplish lawful objectives, and reassess the subject's behavior, reaction, and resistance before initiating or continuing the exposure. If a CEW deployment is ineffective in incapacitating a subject or achieving compliance, consider alternative control measures in conjunction with or separate from the CEW.

Avoid simultaneous CEW exposures. Do not use multiple CEWs or multiple completed circuits at the same time without justification. Multiple CEWs or multiple completed circuits at the same time could have cumulative effects and result in increased risks.

Control and restrain immediately. Begin control and restraint procedures, including during CEW exposure (cuffing under power), as soon as reasonably safe and practical to minimize CEW cumulative effects and the total duration of exertion and stress experienced by the subject.

Avoid touching probes/wires during CEW discharge. Controlling and restraining a subject during CEW exposure may put the CEW user and those assisting at risk of accidental or unintended shock. Avoid touching the probes and wires and the areas between the probes during the electrical discharge.

[WARNING] Cardiac Capture. CEW exposure in the chest area near the heart has a low probability of inducing extra heart beats (cardiac capture). In rare circumstances, cardiac capture could lead to cardiac arrest. When possible, avoid targeting the frontal chest area near the heart to reduce the risk of potential serious injury or death. Cardiac capture may be more likely in children and thin adults because the heart is usually closer to the CEW-delivered discharge (the dart-to-heart distance). Serious complications could also arise in those with impaired heart function or in those with an implanted cardiac pacemaker or defibrillator.

Use preferred target areas. The preferred target areas are below the neck area for back shots and the lower center mass (below chest) for front shots. The preferred target areas increase dart-to-heart distance and reduce cardiac risks. Back shots are preferable to front shots when practicable.

Avoid sensitive areas. When practicable, avoid intentionally targeting the CEW on sensitive areas of the body such as the face, eyes, head, throat, chest area (area of the heart), breast, groin, genitals, or known pre-existing injury areas.

SAFETY INFORMATION: INJURY OR INFECTION

[WARNING] Eye Injury Hazard. A TASER probe, electrode, or electrical discharge that contacts or comes close to an eye can result in serious injury, including permanent vision loss. **DO NOT** intentionally aim a CEW, including the LASER, at the eye of a person or animal without justification.

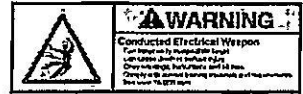
[WARNING] Probe or Electrode Injury, Puncture, Scarring, or Infection Hazard. CEW use may cause a permanent mark, burn, scar, puncture, or other skin or tissue damage. Infection could result in death or serious injury. Scarring risk may be increased when using a CEW in drive-stun mode. Increased skin irritation, abrasion,

¹ A Certified TASER Instructor is not an Axon agent, but maintains a current TASER instructor certification and

complies with Axon's most current training requirements, materials and license agreement. Representations inconsistent with this document made by any Certified TASER Instructor are expressly disclaimed.



**Instructor and User:
Warnings, Risks & Release Agreement**
(For Use Only When Taking a TASER CEW Exposure)



mark, burning, or scarring may occur with a CEW with multiple cartridge bays when used in drive-stun or three-point deployment modes.

WARNING Penetration Injury. The TASER probe has a small dart point which may cause a penetration injury to a blood vessel or internal organ, including lung, bone, or nerve. The probe or dart point (which may detach or break) can puncture or become embedded into a bone, organ, or tissue, which may require immediate medical care, surgical removal, or may result in scarring, infection, or other serious injury.

SAFETY INFORMATION: CEW DEPLOYMENT AND USE

WARNING CEWs and cartridges are weapons, and as with any weapon follow safe weapon-handling practices and store your CEW securely. Significant differences exist between different TASER CEW models. Before using any CEW, including a multi-shot CEW, ensure you understand the functioning and effects of that model. Follow practices in Axon's TASER warnings and training materials and any additional requirements in your agency's Guidance. Failure to follow the warnings may result in death or serious injury to the user or others.

WARNING Confusing Handgun with CEW. Confusing a handgun with a CEW could result in death or serious injury. Learn the differences in the physical feel and holstering characteristics between your CEW and your handgun to help avoid confusion. Always follow your agency's Guidance and training.

WARNING Trigger Hold-Back Model Differences. If the trigger is held back, most CEWs will continue to discharge until the trigger is released or the power source is expended. With an APPM installed, the X2 and X26P can be programmed to stop a CEW discharge at 5 seconds *even if the user continues to hold back the trigger*, requiring a deliberate action to re-energize the deployed cartridge. Know your model and how it works. Avoid repeated, prolonged, or continuous CEW applications when practicable.

SAFETY INFORMATION: CEW EFFECTIVENESS

WARNING Subject Not Incapacitated. An ineffective CEW application could increase the risk of death or serious injury to the user, the subject, or others. If a CEW does not operate as intended or if subject is not incapacitated, disengage, redeploy the CEW, or use other force options in accordance with agency Guidance. A CEW's effects may be limited by many factors, including absence of delivered electrical charge due to misses, clothing disconnect, intermittent connection, or wire breakage, probe locations or spread, subject's muscle mass, or movement. Some of the factors that may influence the effectiveness of CEW use in effecting or achieving control of a subject include:

Subject may not be fully incapacitated. Even though a subject may be affected by a CEW in one part of his body, the subject may maintain full muscle control of other portions of his body. Control and restrain a subject as soon as possible, and be prepared in case the subject is not fully incapacitated.

Subject may recover immediately. A subject receiving a CEW discharge may immediately regain physical or cognitive abilities upon cessation of the delivered CEW discharge. Control and restrain a subject as soon as possible, and be prepared in case the subject immediately recovers.

Drive-stun mode is for pain compliance only. The use of a handheld CEW in drive-stun mode is painful, but generally does not cause incapacitation. Drive-stun use may not be effective on emotionally disturbed persons or others who may not respond to pain due to a mind-body disconnect. Avoid using repeated drive-stuns on such individuals if compliance is not achieved.

SAFETY INFORMATION: GENERAL PRECAUTIONS

WARNING Unintentional CEW Deployment or Discharge Hazard. Unintentional CEW activation or unexpected cartridge discharge could result in death or serious injury to the user, subject, or others.

Avoid static electricity. Keep cartridge away from sources of static electricity. Static electricity can cause a CEW or X26, X26P, or M26 cartridge to discharge unexpectedly, possibly resulting in serious injury.

Keep body parts away from front of CEW or cartridge. Always keep your hands and body parts away from the front of the CEW and cartridge. If the CEW discharges unexpectedly you could be injured.

IF YOU HAVE A CONDITION OR PRE-EXISTING INJURY THAT COULD BE AGGRAVATED BY A TASER CEW EXPOSURE, NOTIFY YOUR INSTRUCTOR AND DO NOT PARTICIPATE.

Please check the appropriate box:

- I do not have injuries, physical or mental conditions that could be aggravated by TASER CEW exposure.
- I have pre-existing injuries or conditions that could be aggravated by TASER CEW exposure.

LIABILITY RELEASE AGREEMENT

I acknowledge and agree as follows:

I have read, fully understand and accept the risks. I have read, fully understand, and accept the risks as stated in this document and Axon's current warnings ("Risks") and that these Risks exist whether or not I have pre-existing injuries. With full knowledge of the Risks, I voluntarily agree to receive a TASER CEW exposure.

Axon does not require a CEW Exposure. I understand that Axon does not require a CEW exposure as part of instructor or User training. It is up to each agency to determine whether its instructors and users experience a CEW exposure as part of training and it is exclusively my decision to voluntarily experience a CEW exposure.

I accept the Risks. Understanding the Risks, I assume all Risks inherent in the CEW exposure, whether known or unknown, foreseen or unforeseen.

Release and hold harmless. I release and hold harmless Axon, its agents, officers, directors, employees, and distributors, my instructor, my law enforcement agency, and the host agency (collectively "Released Parties"), from any and all claims, including but not limited to, claims for strict liability, breach of warranty, failure to warn, or any other theory of liability whatsoever even if due to the NEGLIGENCE or GROSS NEGLIGENCE of the Released Parties. I specifically waive any statutory rights I may have regarding the release of unknown claims.

I agree no one will sue Released Parties. I promise that neither I nor anyone on my behalf will ever sue or bring any other legal action or claim against the Released Parties for anything related to my TASER CEW exposure.

Workers' Compensation Rights. This release does not waive any rights I may have under Workers' Compensation Laws. I agree that any recovery under Workers' Compensation Laws does not change, extend or enlarge the waivers and protections inherent in this agreement.

This agreement supersedes any other representation. This release supersedes any other statement, agreement or representation, written or oral, concerning my TASER CEW exposure. I affirm that this is my entire agreement with Axon and I am not relying on any representation by my instructor or agency inconsistent with Axon's TASER warnings and the Risks set forth in this document or in Axon's TASER training materials.

This agreement is a binding contract. I intend this form be legally binding upon me, my heirs, executors, administrators, attorneys and assigns. This agreement is contractual and not a mere recital. If any part of this agreement is held vague, invalid, or otherwise unenforceable, the rest of the agreement will continue in full force and effect.

I am competent to be bound by this agreement. I affirm that I am competent to enter into and be bound by this agreement, that I have read and understand this Liability Release Agreement in its entirety; that I have not been induced to sign this agreement by any promise or representation; and that I sign it voluntarily and of my own free will. By signing below I understand that I am giving up certain legal rights, including the right to recover damages in case of injury.

Date 01/07/2019 Signed [Signature]
Printed Name Jacob Dryden
Agency CPD

This signed, completed form shall be retained by the agency or employer for the duration of the student's employment with the organization. Agencies or employers may opt to retain the form longer than this time frame as deemed necessary. Questions should be directed to legal@axon.com

TASER® CEW User Applicant Certification Form Annual Recertification

PRINT LEGIBLY AND CLEARLY PLEASE!

Which CEWs were you certified on (Check all that apply): M26 X26 X26P X2 X3

Name: Jacob Dryden Agency: Canton PD
Email: Jacob.Dryden@CantonOHio.gov Phone: [REDACTED]
Address/State/Zip: [REDACTED] Canton, OH 44709

By signing below, I hereby acknowledge receipt of TASER's Product Warnings. I understand that I must Read and understand these warnings PRIOR to participating in any hands-on CEW drills required by the certification Course.

Student Signature (Required) [Signature] #122

TASER Instructor Use Only

Instructor is required to verify that applicant has successfully completed all CEW User Certification/Recertification requirements.

- Review current Annual User Recertification Course PowerPoint Presentation(s) & training bulletins (if applicable)
- Demonstrate safe handling of CEW to include:
proper finger positioning, aiming and deploying at preferred target area and while loading / unloading
- Deploy a minimum of 2 live cartridges (for each weapon certification), placing both probes in preferred target zones
- Perform a proper warning ARC (Safety warning: remove cartridge from X26P before conducting Arc warning)
- (X2 & X3) Utilize the ARC switch to re-energize deployed probes

I hereby certify that the above-named applicant has satisfactorily completed all components of the TASER End-User Certification, or Annual Re-Certification, training program and is hereby certified as a user of this system for one year.

Attested by Certifying Instructor: CRAIG M. RILEY (Print Name) [Signature] (Signature)

Date: 11-18-20 Location of Training: Canton PD

**Do not Send this Form to TASER Training
Keep this Form for Department Training Records**

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TASER Training Version 22

This document is not needed if class registered in Axon Academy (email training@taser.com for details)

TASER® Conducted Energy Weapon (CEW)
CEW User Applicant Certification Form
Annual Recertification

Effective: June 22, 2020

Which CEWs were you certified on (Check all that apply): [] M26 [] X26 [] X26P [X] X2 [] X3

Name: Jacob Dryden Agency: CPD
Email: Jacob.Dryden@cantatacti0.gov Phone: [Redacted]
Address/State/Zip: [Redacted] Canton, OH 44709

By signing below, I hereby acknowledge receipt of TASER's Product Warnings. I understand that I must Read and understand these warnings PRIOR to participating in any hands-on CEW drills required by the certification Course

Student Signature: (Required) [Signature]

TASER Instructor Use Only

Instructor is required to verify that applicant has successfully completed all CEW User Certification/Recertification requirements.

- [X] Review current Annual User Recertification Course PowerPoint Presentation(s) & training bulletins (if applicable)
[X] Demonstrate safe handling of CEW to include: proper finger positioning, aiming and deploying at preferred target area and while loading / unloading
[X] Deploy a minimum of 2 live cartridges (for each weapon certification), placing both probes in preferred target zones
[X] Perform a proper warning ARC (Safety warning: remove cartridge from X26P before conducting Arc warning)
[X] (X2 & X3) Utilize the ARC switch to re-energize deployed probes

I hereby certify that the above-named applicant has satisfactorily completed all components of the TASER End-User Certification, or Annual Re-Certification, training program and is hereby certified as a user of this system for one year.

Attested by Certifying Instructor: Eric Lee (Print Name) [Signature] (Signature)

Date: 12-12-21 Location of Training: CPD Fairview

This form is for internal use only
Please do not send to the TASER Training Department

TASER® CEW User Applicant Certification Form Annual Recertification

PRINT LEGIBLY AND CLEARLY PLEASE!

Which CEWs were you certified on (Check all that apply): M26 X26 X26P X2 X3

Name: Jacob Dryden #172 Agency: CPI
Email: [REDACTED] Phone: [REDACTED]
Address/State/Zip: _____

By signing below, I hereby acknowledge receipt of TASER's Product Warnings. I understand that I must Read and understand these warnings PRIOR to participating in any hands-on CEW drills required by the certification Course.

Student Signature: (Required) [Signature] #172

TASER Instructor Use Only

Instructor is required to verify that applicant has successfully completed all CEW User Certification/Recertification requirements.

- Review current Annual User Recertification Course PowerPoint Presentation(s) & training bulletins (if applicable)
- Demonstrate safe handling of CEW to include:
proper finger positioning, aiming and deploying at preferred target area and while loading / unloading
- Deploy a minimum of 2 live cartridges (for each weapon certification), placing both probes in preferred target zones
- Perform a proper warning ARC (Safety warning: remove cartridge from X26P before conducting Arc warning)
- (X2 & X3) Utilize the ARC switch to re-energize deployed probes

I hereby certify that the above-named applicant has satisfactorily completed all components of the TASER End-User Certification, or Annual Re-Certification, training program and is hereby certified as a user of this system for one year.

Attested by Certifying Instructor: CRAIG RILEY [Signature]
(Print Name) (Signature)

Date: 11/02/2022 Location of Training: SWAT BUILDING

**Do not Send this Form to TASER Training
Keep this Form for Department Training Records**

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

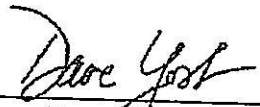
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Jacob Scott Dryden

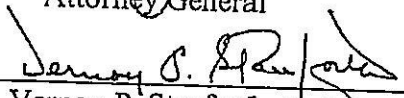
has completed the Ohio
Peace Officer Basic Training Program

Conducted by
Ohio State Highway Patrol Academy

Awarded on
June 26, 2019

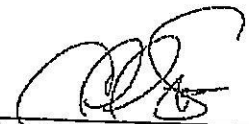


Dave Yost
Attorney General

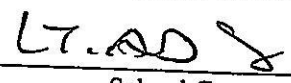


Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission





Jeffrey K. Scott, Executive Director
Ohio Peace Officer Training Commission



School Commander
BAS19-017 190719

Canton Police Department

Professional Standards

Employee Disciplinary History

Ptl Jacob Dryden [172/████████]

Part I - Personal Information

Name: Ptl Jacob Dryden

Employee Number: ██████████ Badge No: 172 Hire Dt: 12/12/2018

Division: Uniform Patrol

Bureau / Shift: 3rd Shift

Open:

Part II - Discipline History

2021-0000198 Case #: 2112050 Show of force

Aug 31, 2021: No Further Action - [Action/discipline completed]

2021-0000242 Case #: 2114146 Show of force

Oct 12, 2021: No Further Action - [Action/discipline completed]

2021-0000261 Case #: 2115154 Use of force

Nov 11, 2021: No Further Action - [Action/discipline completed]

2021-0000263 Case #: 2115553 Use of force

Nov 11, 2021: No Further Action - [Action/discipline completed]

2021-0000267 Case #: 2115846 Show of force

Nov 16, 2021: No Further Action - [Action/discipline completed]

UOF2022-038 Case #: 2202483 Use of force

Mar 3, 2022: No Further Action - [Action/discipline completed]

UOF2022-100 Case #: 2206015 Use of force

May 18, 2022: No Further Action - [Action/discipline completed]

VP2022-020 Case #: 2206200 Vehicle pursuit

May 23, 2022: No Further Action - [Action/discipline completed]

UOF2022-111 Case #: 2206418 Use of force

Jul 18, 2022: No Further Action - [Action/discipline completed]

EX2022-007 Case #: 2206418 External

Jul 18, 2022: No Further Action - [Action/discipline completed]

UOF2022-127 Case #: 2207464 Use of force

Jun 14, 2022: No Further Action - [Action/discipline completed]

UOF2022-237 Case #: 2214114 Use of force

Oct 28, 2022: No Further Action - [Action/discipline completed]

UOF2022-243 Case #: 2214805 Use of force

Nov 8, 2022: No Further Action - [Action/discipline completed]

UOF2022-257 Case #: 2214855 Use of force

Nov 30, 2022: No Further Action - [Action/discipline completed]

VP2022-051 Case #: 2215823 Vehicle pursuit

Dec 21, 2022: No Further Action - [Action/discipline completed]

SOF2022-073 Case #: 2216668 Use of force

Dec 21, 2022: No Further Action - [Action/discipline completed]

UOF2022-274 Case #: 2217025 Use of force

Dec 28, 2022: No Further Action - [Action/discipline completed]

Printed: Jun 08, 2023 16:00 By: Lt Mark Nolte



June 23, 2020

Referring Service: Canton Police Department

Chief Angelo,

On June 7th 2020, the Canton Police Department responded to a victim with gunshot injuries. Upon arrival, Officer Brown and Officer Dryden found a male victim with multiple gunshot injuries to both legs, chest and left arm. Without hesitation, they quickly identified life-threatening injuries and applied a tourniquet to the left leg as well as chest seals to the chest. The victim was transported to Mercy Medical Center where he was stabilized and then transferred by helicopter to Akron City Hospital for further care.

Officer Brown and Officer Dryden should be recognized for their quick action in recognizing a life threatening injury and administering the appropriate care. Research has proven to us that it is imperative for Police officers to provide bleeding control until EMS arrives. The literature shows that with police being the first to the scene they play a vital role in providing lifesaving care for a person with a life threatening injury.

We would like to commend Officer Brown and **Officer Dryden** for their actions of June 7th 2020

Sincerely,

A handwritten signature in black ink, appearing to read "A Bolgiano", with a long horizontal flourish extending to the right.

Andrew Bolgiano
Mercy Medical Center
EMS Coordinator
Trauma Services
330-588-4869

IMPORTANT NOTICE

This information has been disclosed to you from confidential records protected from disclosure by State and Federal law. You shall make no further disclosure of this information without the specific written and informed release of the individual to whom it pertains, or as otherwise permitted by State/Federal law.

This information is intended only for the use of the individual or entity to which it is addressed. If the reader of this message is not the intended recipient, or the employee or agent responsible for delivering the message to the intended recipient, you are notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone and return the original message to us.

2006746



**CANTON POLICE DEPARTMENT
AWARD RECOGNITION REQUEST**

TO : Captain Gabbard
FROM : Sergeant Slone
OFFICER IN QUESTION : Dryden, Bartel, Jarvis, Carver, Thomas
REPORT OR INCIDENT # : 2201328
DATE : 01/30/22

NATURE OF CALL OR OBSERVATION - WRITE A "BRIEF" SUMMARY.

What are the "basic" facts of this incident. The use of superlatives or other embellishments in reporting the facts should be strictly avoided. *(A supplement must be done to go into detail of this incident.)* Supplement

<p>On 01/30/22, the above officers were dispatched to a disturbance call. The call notes stated Teddy Philabaum pointed a firearm at the victim's face. Philabaum was a wanted male for a federal offense regarding a weapons charge and was subject to a department-issued bolo. The officers arrived and quickly set a perimeter and contacted the homeowner, who subsequently provided consent to search the home for Philabaum. Philabaum surrendered to officers peacefully. Continuing with their dedication to a safer Canton, the officers obtained permission to search the house for the firearm used in this offense, which was located. The officers displayed great teamwork as they problem solved to investigate this crime and arrest a wanted fugitive.</p>

LIST ALL WITNESSES AVAILABLE

Name	Address	Phone No.
Carl Baker	713 Reynolds PL SW	
Amanda Cutlip	719 Reynolds PL Sw	

Recommended Award(s)

Honorable Mention Awards (Also reviewed by the Honors Committee)

- Department Medal of Honor
- Police Combat Cross
- Purple Shield

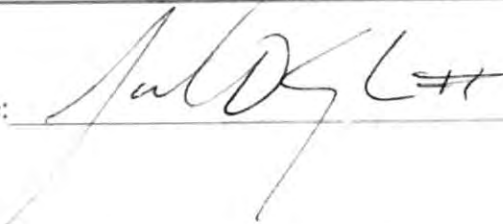
- Fallen Officer Tribute
- Lifesaver Award
- Policeman of the Year Award
- ~~Excellent Police Duty Award~~
- Special Training
- Certification of Commendation
- Officer of the Month
- Citizen Commendation

First Endorsement:

Commanding Officer: 
 Approved
 Disapproved

Comments:

Second Endorsement:

Chief of Police or Honors Committee: 
 Approved
 Disapproved

Comments:



CANTON POLICE DEPARTMENT AWARD RECOGNITION REQUEST

TO : Captain Bosley
FROM : Sgt Slone
OFFICER IN QUESTION : Ptl. Bartel, Dryden & Brown
REPORT OR INCIDENT # : 2214482
DATE : 10/30/22

NATURE OF CALL OR OBSERVATION - WRITE A "BRIEF" SUMMARY.

What are the "basic" facts of this incident. The use of superlatives or other embellishments in reporting the facts should be strictly avoided. *(A supplement must be done to go into detail of this incident.)* Supplement

On 10/30/22, Canton Police received a call for a shooting casualty. First responding officers, including Ptl. Bartel, Brown, and Dryden immediately rendered first aid to the victim, who suffered a gunshot wound to the upper right thigh/groin region. Ptl. Bartel noticed the need for a tourniquet and applied one while Ptl. Dryden continued to assess the victim for additional injuries. The officer on the scene recognized the tourniquet alone was insufficient to stop the bleeding, with the help of Ptl. Brown, they removed the victim's clothing to expose the wound and began to pack the wound with gauze. After applying the additional measures, Ptl. Bartel held direct pressure on the wound until Canton medics arrived. Undoubtly, this victim would have died on the scene without the quick action, knowledge, and training these officers exercised.

LIST ALL WITNESSES AVAILABLE

Name	Address	Phone No.
Dejean Wells	1130 12th ST NE (victim)	██████████
Sgt Mongold	CPD	

Recommended Award(s)

Honorable Mention Awards (Also reviewed by the Honors Committee)

- Department Medal of Honor
- Police Combat Cross
- Purple Shield

- Fallen Officer Tribute
- Lifesaver Award
- Policeman of the Year Award
- Excellent Police Duty Award
- Special Training
- Certification of Commendation
- Officer of the Month
- Citizen Commendation

First Endorsement:

Commanding Officer: Capt. J. Bosley #4

- Approved
- Disapproved

Comments:

* Reviewed BWC
* Outstanding work!

Second Endorsement:

Chief of Police or Honors Committee: [Signature]

- Approved
- Disapproved

Comments:

June 23, 2020

Referring Service: Canton Police Department

Chief Angelo,

On June 7th 2020, the Canton Police Department responded to a victim with gunshot injuries. Upon arrival, Officer Brown and Officer Dryden found a male victim with multiple gunshot injuries to both legs, chest and left arm. Without hesitation, they quickly identified life-threatening injuries and applied a tourniquet to the left leg as well as chest seals to the chest. The victim was transported to Mercy Medical Center where he was stabilized and then transferred by helicopter to Akron City Hospital for further care.

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We would like to commend Officer Brown and Officer Dryden for their actions of June 7th 2020

Sincerely,



Andrew Bolgiano
Mercy Medical Center
EMS Coordinator
Trauma Services
330-588-4869

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2006746



OHIO PEACE OFFICER TRAINING COMMISSION

THE OFFICE OF THE ATTORNEY GENERAL

This is to certify that

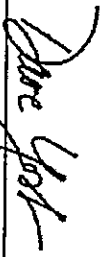
Jacob Scott Dryden


has completed the Ohio

Peace Officer Basic Training Program


Conducted by
Ohio State Highway Patrol Academy


Awarded on
June 26, 2019


Dave Yast
Attorney General


Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission




Jeffrey K. Scott, Executive Director
Ohio Peace Officer Training Commission


School Commander
BAS19-017 190719



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

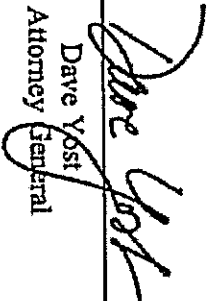
This is to certify that

Jacob Dryden

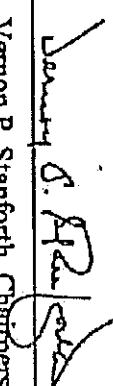
has successfully met the prescribed program requirements for

**Use of Deadly Force and
Legal Guidelines**

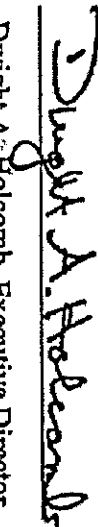
Date: March 01, 2022



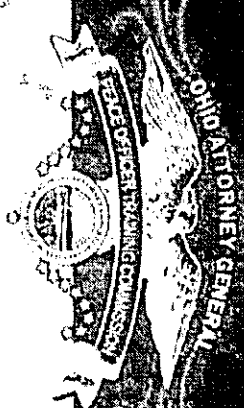
Dave Yost
Attorney General



Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission



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



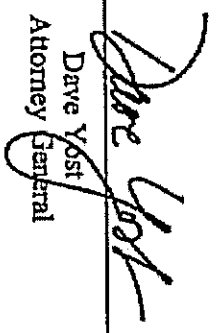
OHIO PEACE OFFICER TRAINING COMMISSION & THE OFFICE OF THE ATTORNEY GENERAL

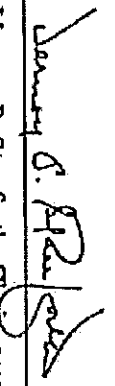
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Jacob Dryden

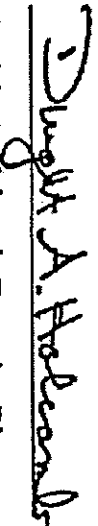
has successfully met the prescribed program requirements for

**BCI Lethal Use of Force
and OIS Investigations**

Date: March 02, 2022


Dave Yost
Attorney General


Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission


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



May 14, 2022

DAVE YOST, OHIO ATTORNEY GENERAL

Dave Yost

Training 2022

OHLEG Security

has completed the Ohio Attorney General's online training course

Jacob Dryden

This certificate of completion is awarded to

OHIO ATTORNEY GENERAL
RECOGNITION OF COMPLETION AWARD



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

This is to certify that

Jacob Dryden

has successfully met the prescribed program requirements for

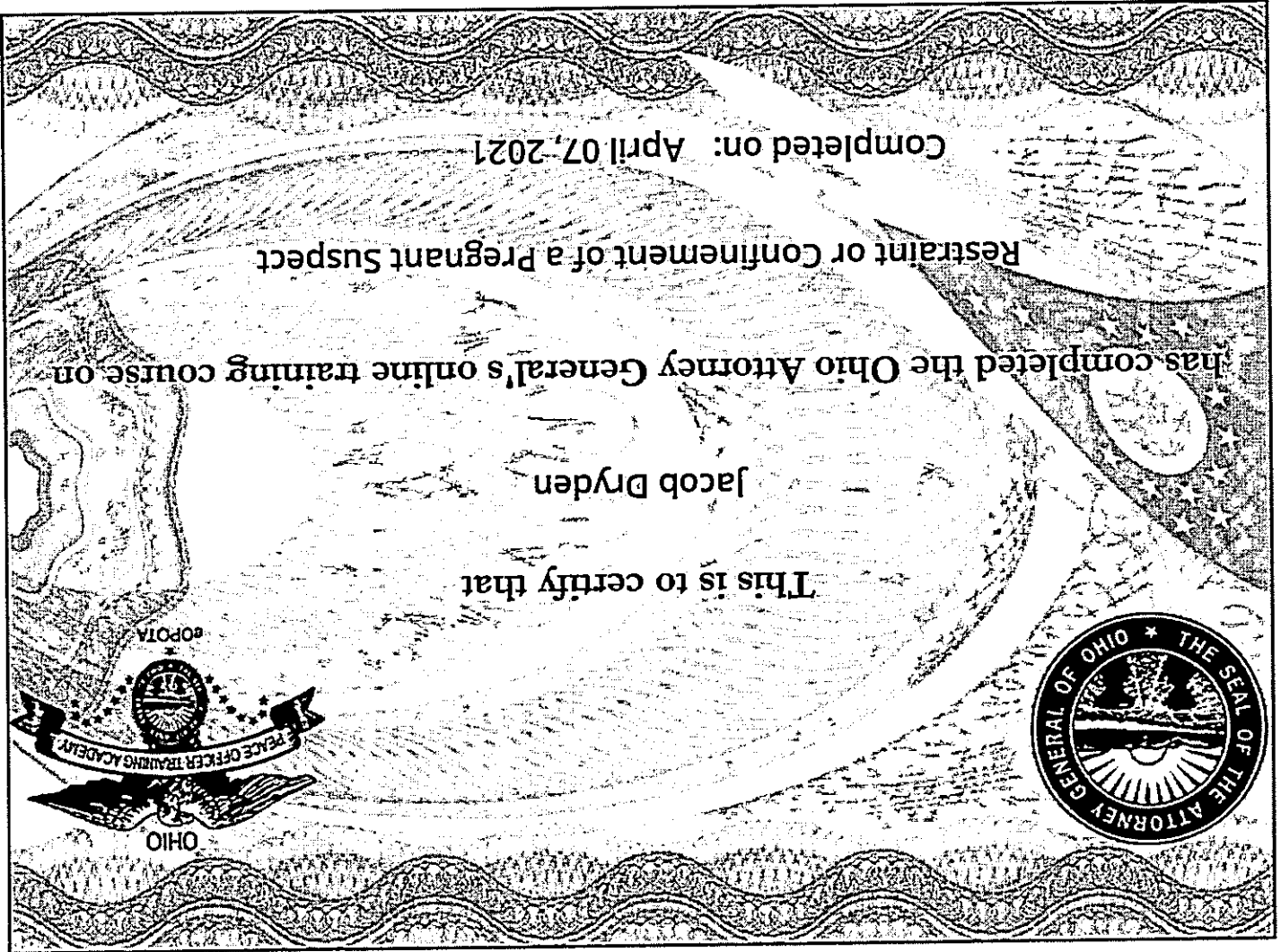
**Concealed Firearm Carry
 Changes**

Date: June 06, 2022

Dave Yost
 Dave Yost
 Attorney General

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

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



Completed on: April 07, 2021

Restraint or Confinement of a Pregnant Suspect

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

Jacob Dryden

This is to certify that





TOM STICKRATH, BCI SUPERINTENDENT

No CPT Hours
B1addd435084d11406a22c37507b4435c443



This certificate of completion is awarded to

OHIO ATTORNEY GENERAL
- RECOGNITION OF COMPLETION AWARD -



OHIO



This is to certify that

Jacob Dryden

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

Domestic Violence Legal Updates

Completed on: May 07, 2020

FIELD TRAINING OFFICER

THIS ACKNOWLEDGES AND HEREBY BESTOWS

Officer Jacob Dryden

HAS COMPLETED THE CANTON POLICE DEPARTMENT FIELD TRAINING OFFICER PROGRAM

JUNE 13, 2023



Lt. M. Gary
Lt. M. Gary
Field Training Commander

Sgt. S. Shackie
Sgt. S. Shackie
Field Training Coordinator



LEADS



This is to certify that

JACOB DRYDEN

has successfully completed the Ohio LEADS testing on

December 17, 2022

by completing the following exam:

FQQ w/CCH

This certificate is good through

December 17, 2024

CANTON POLICE DEPARTMENT CERTIFICATE OF TRAINING 2021 In-Service



Presented to: Ptl. Jacob Dryden

Implicit Bias: Rev. George Lancaster
Crime Scene Integrity: Sgt. Scott Prince
Procedural Justice: Sgt. Steven Swank and Lt. Les Marino
Police Legitimacy: Sgt. Steven Swank and Lt. Les Marino
First Aid: RN Andy Bolgiano
Less Lethal weapons: Ptl. Camden Sens
Rifle: Lt. Les Marino
Shotgun: Lt. Les Marino
Defensive Tactics: Ptl. Bryan Jeffries and Sgt. Shane Buie
2021 Legal updates: Canton City Prosecutors Office
Taser: Sgt. Lee and Sgt. Wilkes
Handgun: Lt. Les Marino and Ptl. Chris Heslop
Blue Team: Ptl. Sean Flaherty
Electronic Payroll: Ptl. Sean Flaherty
Mental Health: Ptl. Todd Gillilan
Domestic Violence: Det. Terry Monter
Traffic Crash Reports: Lt. Steven Swank

Confirmed as Attending by: Lt. Les Marino, Training Commander
Canton Police Department



CERTIFICATE OF COMPLETION

THIS CERTIFIES THAT

Jacob Dryden

Badge # 172

Canton police Department

HAS SUCCESSFULLY COMPLETED THE

TINT METER OPERATOR COURSE

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

Edward Marcia

Completed

CEO Laser Labs

March 14, 2022

TASER Training Version 22

This document is not needed if class registered in Axon Academy (email training@taser.com for details)

TASER® Conducted Energy Weapon (CEW) CEW User Applicant Certification Form Annual Recertification

Effective: June 22, 2020

Which CEWs were you certified on (Check all that apply): M26 X26 X26P X2 X3

Name: Jacob Dryden Agency: CPD
Email: Jacob.Dryden@camdenhio.gov Phone: [REDACTED]
Address/State/Zip: [REDACTED] Camden, NJ 08109

By signing below, I hereby acknowledge receipt of TASER's Product Warnings. I understand that I must Read and understand these warnings PRIOR to participating in any hands-on CEW drills required by the certification Course.

Student Signature: (Required) [Signature]

TASER Instructor Use Only

Instructor is required to verify that applicant has successfully completed all CEW User Certification/Recertification requirements.

- Review current Annual User Recertification Course PowerPoint Presentation(s) & training bulletins (if applicable)
- Demonstrate safe handling of CEW to include: proper finger positioning, aiming and deploying at preferred target area and while loading / unloading
- Deploy a minimum of 2 live cartridges (for each weapon certification), placing both probes in preferred target zones
- Perform a proper warning ARC (Safety warning: remove cartridge from X26P before conducting Arc warning)
- (X2 & X3) Utilize the ARC switch to re-energize deployed probes

I hereby certify that the above-named applicant has satisfactorily completed all components of the TASER End-User Certification, or Annual Re-Certification, training program and is hereby certified as a user of this system for one year.

Attested by Certifying Instructor: ERIC LEE (Print Name) [Signature] (Signature)

Date: 12-17-21 Location of Training: CPD Camden, NJ

This form is for internal use only
Please do not send to the TASER Training Department

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**CANTON POLICE DEPARTMENT
CERTIFICATE OF TRAINING
2020 Department In-Service**



**Presented to:
Jacob Dryden**

Firearms/Field Force Training, De-escalation, Taser, MILO Simulator, Legal Updates, K-9 Best Practices, Watchguard BWC Operation, Department Structure

A handwritten signature in black ink, appearing to read "L. L. Marino". The signature is written in a cursive style and is positioned above a horizontal line.

Confirmed as Attending by: Lt. Lester Marino, Training Commander
Canton Police Department

**CANTON POLICE DEPARTMENT
CERTIFICATE OF TRAINING
2019 In-Service**



Presented to: Jacob Dryden

**Legal updates, D.V. Allegation form, Digital Camera, CJIS Mental Health Referral
(Brandon's Law), Meth and Clandestine Lab Awareness, Firearms, Patrol Rifle,
Defensive Tactics/Taser**

A handwritten signature in cursive script, which appears to read "Lt. L. Marino". The signature is written in black ink and is positioned above a solid horizontal line that spans the width of the signature area.

Confirmed as Attending by: Lt. Lester Marino, Training Commander
Canton Police Department

LEADS

The logo consists of a shield-shaped emblem with the word "Ohio" in a stylized font. Above the shield, the text "Automated Data System" is written in a smaller font. Below the shield, the text "Law Enforcement" is written in a larger font.

This is to certify that

JACOB DRYDEN

has successfully completed the Ohio LEADS testing on

December 16, 2020

by completing the following exam:

FQO w/CCH

This certificate is good through

December 16, 2022

LEADS



This is to certify that

JACOB DRYDEN

has successfully completed the Ohio LEADS testing on

December 16, 2020

by completing the following exam:

FQO w/CCH

This certificate is good through

December 16, 2022

TASER® CEW User Applicant Certification Form Annual Recertification

PRINT LEGIBLY AND CLEARLY PLEASE!

Which CEWs were you certified on (Check all that apply): M26 X26 X26P X2 X3

Name: Jacob Dryden Agency: Canton PD
Email: Jacob.Dryden@CantonOHio.gov Phone: [REDACTED]
Address/State/Zip: [REDACTED] Canton, OH 44709

By signing below, I hereby acknowledge receipt of TASER's Product Warnings. I understand that I must Read and understand these warnings PRIOR to participating in any hands-on CEW drills required by the certification Course.

Student Signature: (Required) [Signature] #122

TASER Instructor Use Only

Instructor is required to verify that applicant has successfully completed all CEW User Certification/Recertification requirements.

Review current Annual User Recertification Course PowerPoint Presentation(s) & training bulletins (if applicable)

Demonstrate safe handling of CEW to include:
proper finger positioning, aiming and deploying at preferred target area and while loading / unloading

Deploy a minimum of 2 live cartridges (for each weapon certification), placing both probes in preferred target zones

Perform a proper warning ARC (Safety warning: remove cartridge from X26P before conducting Arc warning)

(X2 & X3) Utilize the ARC switch to re-energize deployed probes

I hereby certify that the above-named applicant has satisfactorily completed all components of the TASER End-User Certification, or Annual Re-Certification, training program and is hereby certified as a user of this system for one year.

Attested by Certifying Instructor: CRAIG M. RILEY (Print Name) [Signature] (Signature)

Date: 11-12-20 Location of Training: Canton PD

**Do not Send this Form to TASER Training
Keep this Form for Department Training Records**

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TASER® CEW User Applicant Certification Form Annual Recertification

PRINT LEGIBLY AND CLEARLY PLEASE!

Which CEWs were you certified on (Check all that apply): M26 X26 X26P X2 X3

Name: Jacob Dwyden Agency: Canton PD
 Email: Jacob.Dwyden@CantonOhio.gov Phone: [REDACTED]
 Address/State/Zip: [REDACTED] Canton, OH

By signing below, I hereby acknowledge receipt of TASER's Product Warnings. I understand that I must Read and understand these warnings PRIOR to participating in any hands-on CEW drills required by the certification Course.

Student Signature: (Required) [Signature]

TASER Instructor Use Only

Instructor is required to verify that applicant has successfully completed all CEW User Certification/Recertification requirements.

- Review current Annual User Recertification Course PowerPoint Presentation(s) & training bulletins (if applicable)
- Demonstrate safe handling of CEW to include:
proper finger positioning, aiming and deploying at preferred target area and while loading / unloading
- Deploy a minimum of 2 live cartridges (for each weapon certification), placing both probes in preferred target zones
- Perform a proper warning ARC (Safety warning: remove cartridge from X26P before conducting Arc warning)
- (X2 & X3) Utilize the ARC switch to re-energize deployed probes

I hereby certify that the above-named applicant has satisfactorily completed all components of the TASER End-User Certification, or Annual Re-Certification, training program and is hereby certified as a user of this system for one year.

Attested by Certifying Instructor: CPAIC RILEY [Signature]
 (Print Name) (Signature)

Date: 10/31/19 Location of Training: CPO

**Do not Send this Form to TASER Training
Keep this Form for Department Training Records**

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LEADS



This is to certify that

JACOB DRYDEN

has successfully completed the Ohio LEADS testing on

January 10, 2019

by completing the following exam:

FQO w/CCH

This certificate is good through

January 10, 2021

CANTON POLICE DEPARTMENT

2018 USE OF FORCE TEST - SCENARIO QUESTIONS

Name: Jacob Dryden

Date: 12/22/2018

1. While on patrol, you are dispatched to a call in reference a suicidal person who is sitting on top of a one story garage roof. The suicidal person is docile but non-compliant to you and has a knife in his hand. In considering possible force options, if necessary, which two options should NOT be considered?

a. Baton

b. Taser

c. Pepper-Spray

Why? The person is at a elevated position.

2. In the above scenario (question 1), without considering any other factors, is the use of a firearm an option?

a. Yes - Explain: if the person attempts to assault a fellow officer

b. No - Explain: _____

3. You observe a fellow officer with an arrested, handcuffed male. The male is extremely belligerent and yelling profanities and threats to the arresting officer. The officer has had enough and punches the arrested male once in the stomach. Is this an acceptable use of force?

a. Yes - Explain: _____

b. No - Explain: its not reasonable considering the male is not fleeing or resisting

4. In the above scenario (question 3), is there any obligations placed on the officer observing this use of force?

a. Yes - Explain: to stop any further strikes and notify a supervisor

b. No - Explain: _____

5. You come in contact with a female whom you know to have warrants for her arrest. She appears pregnant and becomes resistant once you tell her she is under arrest. Would the use of the Taser be a reasonable force option?

a. Yes - Explain: _____

b. No - Explain: taser are not to be used on people who appear pregnant

6. In the above scenario (question 5), would the use of a carotid hold be a reasonable force option?

a. Yes - Explain: _____

b. No - Explain: 300.3.4 (c) only as a last resort

7. You are dispatched to a robbery call in which one suspect was said to have a gun (two suspects involved). You become involved in a foot pursuit of one of the suspects. As he is running he has one hand that you cannot see. As he continues to run, you order him to show his hands and his hands switch, the one hand you saw goes to his front, and his once unseen hand is now waved to show nothing. The suspect continues to run with his back to you, refusing to stop. Is the use of deadly force reasonable?

a. Yes - Explain: not at first, but through out the remainder of the pursuit, if the officer feels his life is at risk then yes

b. No - Explain: _____

8. In the above scenario (question 7), the suspect jumps into a car and starts to drive away. You as the pursuing officer are authorized to fire your handgun at the vehicle?

a. Yes - Explain: not at first, but if the suspect begins firing from the vehicle then yes

b. No - Explain: _____

9. You become involved in a fight with a combative subject. You end the fight by applying a carotid hold to the suspect after which he stops resisting and you handcuff him. The suspect has no signs of injuries. He says that he is OK. You ask the suspect if he wants to go to the hospital to be checked. The suspect again says that he is OK and refuses your offer to go to the hospital. Is there any other actions you should take regarding the suspects condition?

a. Yes - Explain: 300.3.4 (d) you must get the person medically cleared

b. No - Explain: _____

10. While finishing up a report and returning to your cruiser on foot, you are approached by a large male subject who is yelling at you and carrying a baseball bat. He is about 30 feet away from you and is slowly walking toward you while making threats. You call for backup. What should be your next move?

a. You are justified to use deadly force, shoot the subject

b. You warn the subject to step back while drawing your gun and taking action to distance yourself from the suspect while giving him commands to cease

c. You approach the suspect, drawing your gun and ordering him to stop.

d. You choose a less-lethal option (pepper-spray, baton, or Taser) and advance on the suspect

11. In the above scenario (question 10), you drew your firearm and the subject complied and there was no further need for using force or threatening to use force. Is it necessary to document the drawing of your firearm on this subject?

a. Yes - Explain: the drawing of your pistol is still a use of force and must be recorded

b. No - Explain: _____

12. While making an arrest of a wanted subject, the subject becomes extremely violent and combative. During the struggle, your partner is injured and is out of the fight. This subject is so aggressive that you fear for your life. The subject has you in a hold and cannot reach any of your duty gear. However, you are able to grab a hammer. Would the use of a hammer against this subject be a possible reasonable use of force in this scenario?

a. Yes - Explain: 300.3, 2 (H) do what you must to win the fight

b. No - Explain: _____

13. While on a felony traffic stop, a suspected wanted subject exits a vehicle with a visible handgun in his waistband. He makes no moves toward you and just stands outside of the vehicle. You have cover and backup. Would the use of deadly force be warranted at that moment?

a. Yes - Explain: the suspect has a pistol and is already wanted, but at the very least give verbal commands to him to not

b. No - Explain: touch the gun

14. In the scenario above (question 13) the suspect draws his firearm. Is the use of deadly force reasonable?

a. Yes - Explain: you must defend yourself

b. No - Explain: _____

15. You have arrested a young (adult) male subject who resisted arrest and fled on foot. The foot chase was short and no other resistance was used once he was apprehended. While transporting the subject, he begins to say that he is experiencing chest pain. Should this subject be provided medical attention?

a. Yes - Explain: if he complains of pain he must be medically cleared

b. No - Explain: _____

16. You confront a robbery suspect who is about 40 feet away from you. The suspect pulls a handgun and starts firing at you. You take cover while drawing your firearm. As you begin to return fire, you notice a group of individual bystanders in the background of the shooter. Would your use of deadly force at that moment be reasonable?

a. Yes - Explain: _____

b. No - Explain: you cant risk the lives of the other people

17. In the scenario above (question 16) the suspect continues to fire at you and you no longer have any other persons in the shooters backdrop. Would it be reasonable and necessary for you to issue a verbal warning before engaging the suspect with your firearm?

a. Yes - Explain: _____

b. No - Explain: its not necessary

18. You are faced with a physically resistant elderly male who appears to be suffering from dementia. Your first force option should be.

a. Verbal commands

b. Hands on

c. Carotid Hold

d. Baton or pepper-spray

19. In the scenario above (question 18), is the carotid hold a reasonable force choice?

a. Yes - Explain: 300, 3, 4 (c) only as a last resort

b. No - Explain: _____

20. Use of force considerations require that officers understand their authority and limitations. In considering use of force, officers must understand that their actions must be reasonable in light of the circumstances they are facing. A reasonable use of force in a deadly force situation would allow for the officer to continue to use force against the suspect, even when the suspect is on longer resistant and in custody.


a. True - Explain: _____

b. False - Explain: once the suspect is in custody you should no longer use force, unless the suspect gives you a reason to.

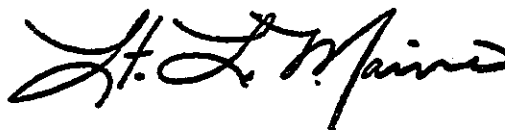
Check items that you have completed, sign & return form to Chief's Office-Chris Calac:

- Obtain and Demonstrate RMS login - Contact MIS 330-438-6109
- Obtain and Demonstrate Internet login - Contact MIS
- Obtain and Demonstrate Email login - Contact MIS
- Obtain and Demonstrate Shotspotter login - Contact Tech. Officer
- Obtain and Demonstrate TAC/TAC Mobile login - Contact Tech Officer
- Obtain and Demonstrate Lexipol (Desktop and App) login - Go to web site
- Obtain and Demonstrate Viewu login (Desktop and App) - Contact Tech Officer
- Obtain and Demonstrate Newworld login
- Obtain and Demonstrate New CJIS login - Go to website and create account
- Obtain and Demonstrate OHLEG login - Go to website and fill-out application. Notify Department Administrator of OHLEG.
- Obtain and Demonstrate Evidence Tracker login - Contact Property Officer(s)
- Demonstrate TLO (Investigations only) - Contact a DB Detective
- Demonstrate Kronos Timekeeper (Supervision only) - Contact a Supervisor

Print name: Jacob Dryden

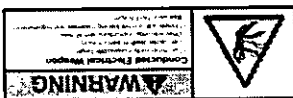
Sign: 

Date: 02/01/2019





Instructor and User: Warnings, Risks & Release Agreement (For Use Only When Taking a TASER CEW Exposure)



Axon Enterprise, Inc. (Axon) TASER conducted electrical weapon (CEW) training courses are physically strenuous and there is a risk of personal injury. BEFORE any TASER CEW exposure, each volunteer MUST read the most current TASER CEW warnings and read and sign this form. This document incorporates all current TASER CEW warnings by reference. This document is effective May 18, 2017, and supersedes all prior revisions.

IMPORTANT SAFETY AND HEALTH INFORMATION

Read, understand, and follow all current instructions, warnings, and relevant TASER training materials before experiencing a CEW exposure or before participating in TASER CEW training. Failure to do so could increase the risk of death or serious injury to the trainee, user, force recipient, or others. Always follow all current instructions, warnings, and TASER training materials to minimize CEW risks.

TRAINING CEW EXPOSURES

Voluntary: Axon does not require a CEW exposure as a condition for instructor or User Certification. It is up to each agency to determine whether its instructors and users experience a CEW exposure as part of training. If CEW exposures are performed, they must be limited to a single exposure not exceeding 5 seconds and performed in accordance with Axon's guidelines and by a Certified TASER Instructor. Probe Deployments to Back Only: Cartridge deployed probes must be to the back of the torso or back of the legs only.

Spotters: All persons taking a CEW exposure must be properly supported by spotters to prevent falls unless lying down on a mat. Each spotter must hold the person and support the arm under the armpit to prevent arm or shoulder injuries.

Eye Protection: Eye protection is required for the CEW operator, observers, spotters and the person being exposed to any probe deployment.

SAFETY INFORMATION: CEW RISKS AND RISK AVOIDANCE

WARNING: Muscle Contraction or Strain-Related Injury. CEWs in probe-deployment mode can cause muscle contractions that may result in injury, including bone fractures. CEWs in probe-deployment mode can cause muscle contractions resulting in injuries similar to those from physical exertion, athletics, or sports, including hernia rupture, dislocation, tear, or other injury to soft tissue, organ, muscle, tendon, ligament, cartilage, disc, nerve, bone, or joint; or injury or damage associated with or to orthopedic or other hardware. Fractures to bone, including compression fracture to vertebrae, may occur. These injuries may be more serious and more likely to occur in people with pre-existing injuries, orthopedic hardware, conditions or special susceptibilities, including pregnancy; low bone density; spinal injury; or previous muscle, disc, ligament, joint, bone, or tendon damage or surgery. Such injuries may also occur in drive-stun applications or when a person reacts to the CEW deployment by making a rapid or unexpected movement.

WARNING: Secondary Injury. The loss of control resulting from a CEW exposure may result in injuries due to a fall or other uncontrolled movement. When possible, avoid using a CEW when secondary injuries are likely.

Seizure. Repetitive stimuli (e.g., flashing light or electrical stimuli) can induce seizure in some people, which may result in death or serious injury. This risk may be increased in a person with epilepsy, a seizure history, or if electrical stimuli pass through the head. Emotional stress and physical exertion, both likely in incidents involving CEW and other uses of force, are reported as seizure-precipitating factors. Fainting: A person may experience an exaggerated response to a CEW exposure, or threatened exposure, which may result in fainting or falling.

Muscle contraction, incapacitation, or startle response. CEW use may cause loss of control from muscle contraction, incapacitation, or startle response.

WARNING: Cumulative Effects. CEW exposures cause certain effects, including physiologic and metabolic changes, stress, and pain. In some individuals, the risk of death or serious injury may increase with cumulative CEW exposure. Repeated, prolonged, or continuous CEW applications may contribute to cumulative exhaustion, stress, cardiac, physiologic, metabolic, respiratory, and associated medical risks which could increase the risk of death or serious injury. Minimize repeated, continuous, or simultaneous exposures.

Physiologic and Metabolic Effects. CEW use causes physiologic and/or metabolic

effects that may increase the risk of death or serious injury. These effects include changes in blood chemistry, blood pressure, respiration, heart rate and rhythm, and adrenaline from a single CEW of up to 15 seconds, among others. In human studies of electrical discharge from an acid/base balance, the effects on acid/base balance, creatine kinase, electrolytes, stress hormones, and vital signs were comparable to or less than changes expected from physical exertion similar to struggling, resistance, fighting, fleeing, or from the application of some other force tools or techniques. Some individuals may be particularly susceptible to the effects of CEW use. These susceptible individuals include the elderly, those with heart conditions, asthma or other pulmonary conditions, and people suffering from excited delirium, profound agitation, severe exhaustion, drug intoxication or chronic drug abuse, and/or over-exertion from physical struggle. In a physiologically or metabolically compromised person, any physiologic or metabolic change may cause or contribute to sudden death.

Stress and Pain. CEW use, anticipation of use, or response to use can cause stardle, panic, fear, anger, rage, temporary discomfort, pain, or stress which may be injurious or fatal to some people.

Minimize the number and duration of CEW exposures. Most human CEW lab testing has not exceeded 15 seconds of CEW application, and none has exceeded 45 seconds. Use the shortest duration of CEW exposure objectively reasonable to accomplish lawful objectives, and reassess the subject's behavior, reaction, and resistance before initiating or continuing the exposure. If a CEW deployment is ineffective in incapacitating a subject or achieving compliance, consider alternative control measures in conjunction with or separate from the CEW.

Avoid simultaneous CEW exposures. Do not use multiple CEWs or multiple completed circuits at the same time without justification. Multiple CEWs or multiple completed circuits at the same time could have cumulative effects and result in increased risks.

Control and restrain immediately. Begin control and restraint procedures, including during CEW exposure (cutting under power), as soon as reasonably safe and practical to minimize CEW cumulative effects and the total duration of exertion and stress experienced by the subject.

WARNING: Cardiac Capture. CEW exposure in the chest area near the heart has a low probability of inducing extra heart beats (cardiac capture). In rare circumstances, cardiac capture could lead to cardiac arrest. When possible, avoid targeting the frontal chest area near the heart to reduce the risk of potential serious injury or death.

Cardiac capture may be more likely in children and thin adults because the heart is usually closer to the CEW-delivered discharge (the dart-to-heart distance). Serious complications could also arise in those with impaired heart function or in those with an implanted cardiac pacemaker or defibrillator.

Use preferred target areas. The preferred target areas are below the neck area for back shots and the lower center mass (below chest) for front shots. The preferred target areas increase dart-to-heart distance and reduce cardiac risks. Back shots are preferable to front shots when practicable.

Avoid sensitive areas. When practicable, avoid intentionally targeting the CEW on sensitive areas of the body such as the face, eyes, head, throat, chest area (area of the heart), breast, groin, genitals, or known pre-existing injury areas.

WARNING: Eye Injury Hazard. A TASER probe, electrode, or electrical discharge that contacts or comes close to an eye can result in serious injury, including permanent vision loss. DO NOT intentionally aim a CEW, including the LASER, at the eye of a person or animal without justification.

WARNING: Probe or Electrode Injury, Puncture, Scarring, or Infection Hazard. CEW use may cause a permanent mark, burn, scar, puncture, or other skin or tissue damage. Infection could result in death or serious injury. Scarring risk may be increased when using a CEW in drive-stun mode. Increased skin irritation, abrasion, or

completes with Axon's most current training requirements, materials and license agreement. Representations inconsistent with this document made by any Certified TASER Instructor are expressly disclaimed.

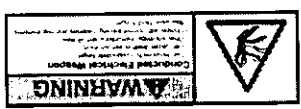
A Certified TASER Instructor is not an Axon agent, but maintains a current TASER instructor certification and information, visit www.axon.com/legal. All rights reserved. © 2017 Axon Enterprise, Inc.

Axon, M26, X2, X26, X26P, TASER, "Protect Life," and are trademarks of Axon Enterprise, Inc., some of which are registered in the US and other countries. For more Page 1 of 2



Instructor and User: Warnings, Risks & Release Agreement

(For Use Only When Taking a TASER CEW Exposure)



IF YOU HAVE A CONDITION OR PRE-EXISTING INJURY THAT COULD BE AGGRAVATED BY A TASER CEW EXPOSURE, NOTIFY YOUR INSTRUCTOR AND DO NOT PARTICIPATE.

Please check the appropriate box:

- I do not have injuries, physical or mental conditions that could be aggravated by TASER CEW exposure.
- I have pre-existing injuries or conditions that could be aggravated by TASER CEW exposure.

LIABILITY RELEASE AGREEMENT

I acknowledge and agree as follows:

I have read, fully understand and accept the risks. I have read, fully understand, and accept the risks as stated in this document and Axon's current warnings ("Risks") and that these Risks exist whether or not I have pre-existing injuries. With full knowledge of the Risks, I voluntarily agree to receive a TASER CEW exposure.

Axon does not require a CEW Exposure. I understand that Axon does not require a CEW exposure as part of instructor or user training. It is up to each agency to determine whether its instructors and users experience a CEW exposure as part of training and it is exclusively my decision to voluntarily experience a CEW exposure. I accept the Risks. Understanding the Risks, I assume all Risks inherent in the CEW exposure, whether known or unknown, foreseen or unforeseen.

Release and hold harmless, I release and hold harmless Axon, its agents, officers, directors, employees, and distributors, my instructor, my law enforcement agency, and the host agency (collectively "Released Parties"), from any and all claims, including but not limited to, claims for strict liability, breach of warranty, failure to warn, or any other theory of liability whatsoever even if due to the NEGLIGENCE or GROSS NEGLIGENCE of the Released Parties. I specifically waive any statutory rights I may have regarding the release of unknown claims.

I agree no one will sue Released Parties. I promise that neither I nor anyone on my behalf will ever sue or bring any other legal action or claim against the Released Parties for anything related to my TASER CEW exposure.

Workers' Compensation Rights. This release does not waive any rights I may have under Workers' Compensation Laws. I agree that any recovery under Workers' Compensation Laws does not change, extend or enlarge the waivers and protections inherent in this agreement.

This release supersedes any other representation. This release supersedes any other statement, agreement or representation, written or oral, concerning my TASER CEW exposure. I affirm that this is my entire agreement with Axon and I am not relying on any representation by my instructor or agency inconsistent with Axon's TASER training materials.

This agreement is a binding contract. I intend this form to be legally binding upon me, my heirs, executors, administrators, attorneys and assigns. This agreement is contractual and not a mere receipt. If any part of this agreement is held void, invalid, or otherwise unenforceable, the rest of the agreement will continue in full force and effect.

I am competent to be bound by this agreement. I affirm that I am competent to enter into and be bound by this agreement; that I have read and understand this Liability Release Agreement in its entirety; that I have not been induced to sign this agreement by any promise or representation; and that I sign it voluntarily and of my own free will. By signing below I understand that I am giving up certain legal rights, including the right to recover damages in case of injury.

Date 01/07/2019 Signed [Signature]

Printed Name Jacob Drexler Agency CPD

This signed, completed form shall be retained by the agency or employer for the duration of the student's employment with the organization.

Agencies or employers may opt to retain the form longer than the time frame as deemed necessary. Questions should be directed to legal@axon.com

mark, burning, or scarring may occur with a CEW with multiple cartridge days when used in drive-stun or three-point deployment modes.

WARNING: Penetration Injury. The TASER probe has a small dart point which may cause a penetration injury to a blood vessel or internal organ, including lung, bone, or nerve. The probe or dart point (which may detach or break) can puncture or become embedded into a bone, organ, or tissue, which may require immediate medical care, surgical removal, or may result in scarring, infection, or other serious injury.

SAFETY INFORMATION: CEW DEPLOYMENT AND USE

WARNING: CEWs and cartridges are weapons, and as with any weapon follow safe weapon-handling practices and store your CEW securely. Significant differences exist between different TASER CEW models. Before using any CEW, including a multi-shot CEW, ensure you understand the functioning and effects of that model. Follow practices in Axon's TASER warnings and training materials and any additional requirements in your agency's guidance. Failure to follow the warnings may result in death or serious injury to the user or others.

WARNING: Confusing Handgun with CEW.

Confusing a handgun with a CEW could result in death or serious injury. Learn the differences in the physical feel and holstering characteristics between your CEW and your handgun to help avoid confusion. Always follow your agency's guidance and training.

WARNING: Trigger Hold-Back Model Difference.

If the trigger is held back, most CEWs will continue to discharge until the trigger is released or the power source is expended. With an APM installed, the X2 and X26P can be programmed to stop a CEW discharge at 5 seconds even if the user continues to hold back the trigger, requiring a deliberate action to re-engage the deployed cartridge. Know your model and how it works. Avoid repeated, prolonged, or continuous CEW applications when practicable.

SAFETY INFORMATION: CEW EFFECTIVENESS

WARNING: Subject Not Incapacitated. An ineffective CEW application could increase the risk of death or serious injury to the user, the subject, or others. If a CEW does not operate as intended or if subject is not incapacitated, disengage, redeploy the CEW, or use other force options in accordance with agency Guidance. A CEW's effects may be limited by many factors, including absence of delivered electrical charge due to misses, clothing disconnect, intermittent connection, or wire breakage; probe locations or spread; subject's muscle mass; or movement. Some of the factors that may influence the effectiveness of CEW use in effecting or achieving control of a subject include:

- Subject may not be fully incapacitated. Even though a subject may be affected by a CEW in one part of his body, the subject may maintain full muscle control of other portions of his body. Control and restrain a subject as soon as possible, and be prepared in case the subject is not fully incapacitated.
- Subject may recover immediately. A subject receiving a CEW discharge may immediately regain physical or cognitive abilities upon cessation of the delivered CEW discharge. Control and restrain a subject as soon as possible, and be prepared in case the subject immediately recovers.
- Drive-stun mode is for pain compliance only. The use of a handheld CEW in drive-stun mode is painful, but generally does not cause incapacitation. Drive-stun use may not be effective on emotionally disturbed persons or others who may not respond to pain due to a mind-body disconnect. Avoid using repeated drive-stuns on such individuals if compliance is not achieved.

SAFETY INFORMATION: GENERAL PRECAUTIONS

WARNING: Unintentional CEW Deployment or Discharge Hazard. Unintentional CEW activation or unexpected cartridge discharge could result in death or serious injury to the user, subject, or others.

Avoid static electricity. Keep cartridge away from sources of static electricity. Static electricity can cause a CEW or X26, X26P, or M26 cartridge to discharge unexpectedly, possibly resulting in serious injury.

Keep body parts away from front of CEW or cartridge. Always keep your hands and body parts away from the front of the CEW and cartridge. If the CEW discharges unexpectedly you could be injured.



TASER TRAINING ACADEMY

TASER® CEW End-User Applicant Certification Form

PRINT LEGIBLY AND CLEARLY PLEASE!

Which CEWs were you certified on (Check all that apply): M26 X26 X26P X2 X3

Rank: Cadet Name: Jacob, S. Driden

Agency: _____ Email: Jacob.Driden@CantonOhio.gov

Phone: [REDACTED]

Address/State/Zip: [REDACTED] Canton, OH, 44707

New Certification: Annual Recertification:

By signing below, I hereby acknowledge receipt of TASER's Version 20 Product Warnings. I understand that I must read and understand these warnings PRIOR to participating in any hands-on CEW drills required by the certification course.

Student Signature: (REQUIRED): [Signature]

TASER Instructor Use Only

Instructor is required to verify that applicant has successfully completed all CEW User Certification/Recertification requirements.

Number of answers correct on written exam: _____ out of 50 for the X26, X26P, X2, and X3 (90% minimum)
_____ out of 45 for the M26 (90% minimum)

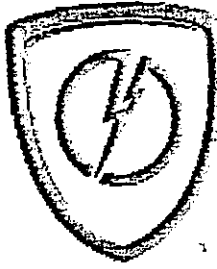
- KEB Review entire Version 20 End-Use Certification Course PowerPoint Presentation(s).
- KEB Demonstrate safe handling of CEW and cartridges and proper finger positions for safe handling, aiming, and firing.
- KEB Safely control TASER CEW adequately when commanded "Arm - Spark - Safe" at random.
- KEB Demonstrate the ability to safely load and unload the TASER CEW under stress.
- _____ Remove and reinstall battery in TASER CEW correctly.
- KEB Deploy a minimum of 2 live cartridges, placing both probes in preferred target zones.
- KEB (X2 and X3 only) Utilize the ARC switch to re-energize deployed probes and give a warning arc.

I hereby certify that the above named applicant has satisfactorily completed all components of the TASER End-User Certification, or Annual Re-Certification, training program and is hereby certified as a user of this system for one year.

Attested by Certifying Instructor: Kenneth brown _____
(Print Name) (Signature)

Date: 01/07/2019 Location of Training: _____

**Do Not Send this Form to TASER International
Keep this Form for Department Training Records**



TASER

TRAINING ACADEMY

VERSION 20
TASER® Conducted Electrical Weapons (CEWs)
Part 1 Test User
/ Part 2: X2 Certification Test
Answer Sheet

Part 1

- 1) A
- 2) E
- 3) E
- 4) T
- 5) T
- 6) T
- 7) T
- 8) T
- 9) T
- 10) C
- 11) E
- 12) T
- 13) D
- 14) D
- 15) B
- 16) C
- 17) D
- 18) C
- 19) B
- 20) A

- 21) D
- 22) E
- 23) G
- 24) D
- 25) E
- 26) T
- 27) D
- 28) A
- 29) D
- 30) T

Part 2

- 1) D
- 2) A
- 3) A
- 4) A
- 5) A
- 6) A
- 7) K
- 8) O
- 9) B
- 10) G
- 11) L
- 12) F
- 13) H
- 14) E
- 15) I
- 16) M
- 17) C
- 18) J
- 19) N
- 20) D

Fw: [External E-mail] Congratulations on Completing Your Course in OPOTA Online!

Steven Meyer <steven.meyer@cantonohio.gov>

Fri 3/18/2022 9:04 AM

To: Amber Staten <amber.staten@cantonohio.gov>

From: Jacob Dryden <jacob.dryden@cantonohio.gov>

Sent: Wednesday, March 2, 2022 7:58 AM

To: Steven Meyer <steven.meyer@cantonohio.gov>

Subject: Fw: [External E-mail] Congratulations on Completing Your Course in OPOTA Online!

The other cert as well

From: OPOTAOnline@OhioAGO.gov <OPOTAOnline@OhioAGO.gov> on behalf of no-reply@inquisiqlms.com <no-reply@inquisiqlms.com>

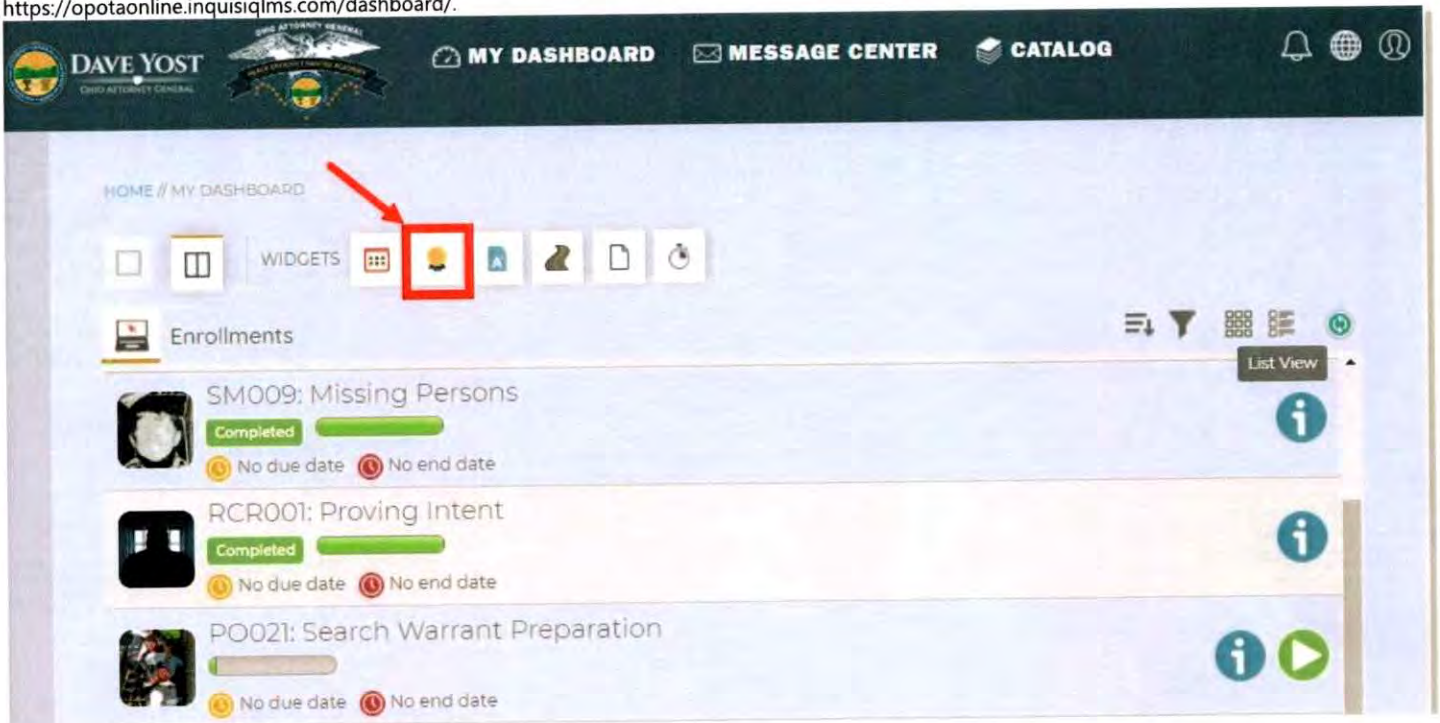
Sent: Wednesday, March 2, 2022 7:31 AM

To: Jacob Dryden <jacob.dryden@cantonohio.gov>

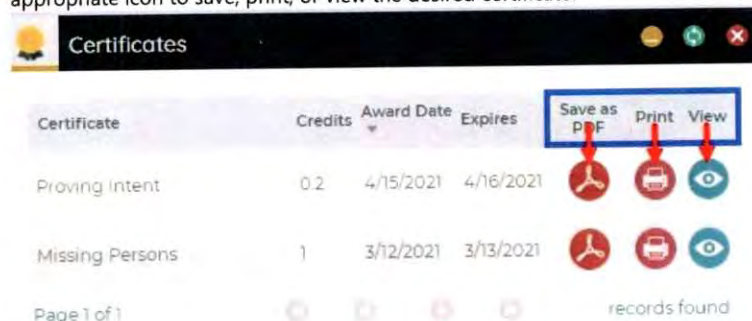
Subject: [External E-mail] Congratulations on Completing Your Course in OPOTA Online!

[CAUTION This email originated outside of the City of Canton. Do not click the link or download any attachment unless you recognize the sender and trust that the content is safe.]

Congratulations for completing this course! You have earned the BCI Lethal Use of Force and OIS Investigations certificate. To save, print, and/or view a certificate, click on the Certificates widget icon (seal and ribbon) under My Dashboard in OPOTA Online, <https://opotaonline.inquisiqlms.com/dashboard/>.



You may sort your certificates from newest to oldest or oldest to newest by clicking the triangle next to the "Award Date" column. Please note that you might have to use the arrows at the bottom of the certificates section to navigate among pages to find the certificate you need. Click on the appropriate icon to save, print, or view the desired certificate.



Security features in your email software might prevent you from seeing the images in this email. To view them, you might need to right-click to allow images to download. If you still cannot view the images, please contact your internal IT department.



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

Check Box if: Correction to Record Name Change

1. Within ten days of the appointment or status change, or promotion to Chief, 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, or is promoted to Chief.
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) Dryden	(First) Jacob	(Middle) Scott	2. Social Security Number [REDACTED]
3. Previous Name(s) or Alias (Last)		(First)	(Middle)		
4. Birth date (mm/dd/yyyy) 12.31/1991	5. Officer's Individual Email Address jacob.dryden@cantonohio.gov			6. Phone Number [REDACTED]	
7. Home Mailing Address (#/Street/PO Box) [REDACTED]		(City) Canton	(State) OH	(Zip Code) 44709	(County Name) Stark
8. Basic Training Academy (Only complete if this is the officer's first appointment or OSP) OSP		(Academy Name)	(Academy Number) 142	(Dates of Training) 02/04/2019	

AGENCY INFORMATION		9. Agency Name canton Police Dept			
10. Reporting Authority's Email Address mark.nolte@cantonohio.gov		11. Agency Phone Number 330-438-4437			
12. Agency Mailing Address (#/Street/PO Box) 221 3rd st SW		(City) Canton	(Zip Code) 44702	(County Name) Stark	

APPOINTMENT INFORMATION (Complete Date, Status and ORC)		13. New Appointment Date 12 / 12 / 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 checked="" 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 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 <i>Andree M. Perry</i>	18. Printed Name and Title ANDREE M. PERRY DIRECTOR OF PUBLIC SAFETY	19. Date 1 / 29 / 19	
20. Signature of Witness <i>Chief P.O. G...</i>	21. Printed Name (First, Middle, Last) Jack O Angelo III	22. Date 1 / 29 / 19	

Officer Name (Last)

Dryden

(First)

Jacob

(Middle)

Scott

Social Security Number



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

Signature of Appointing Authority

Name of Appointing Authority (Typed or Printed Legibly)

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) Full-Time Part-Time Auxiliary Reserve Special Seasonal

27. Appointed By (Agency Name and County): 28. From(mm/dd/yyyy): To(mm/dd/yyyy):

29. Appointment Status (Check Appropriate Box) Full-Time Part-Time Auxiliary Reserve Special Seasonal

30. Appointed By (Agency Name and County): 31. From(mm/dd/yyyy): To(mm/dd/yyyy):

32. Appointment Status (Check Appropriate Box) Full-Time Part-Time Auxiliary Reserve Special Seasonal

33. Appointed By (Agency Name and County): 34. From(mm/dd/yyyy): To(mm/dd/yyyy):

35. Appointment Status (Check Appropriate Box) Full-Time Part-Time Auxiliary Reserve Special Seasonal

36. Appointed By (Agency Name and County): 37. From(mm/dd/yyyy): To(mm/dd/yyyy):

38. Appointment Status (Check Appropriate Box) Full-Time Part-Time Auxiliary Reserve Special Seasonal

39. Appointed By (Agency Name and County): 40. From(mm/dd/yyyy): To(mm/dd/yyyy):

41. Appointment Status (Check Appropriate Box) Full-Time Part-Time Auxiliary Reserve Special 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

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 for a New Appointment. A new appointment occurs when an officer is first sworn into your agency, or has previously left the agency and returns.
4. Submit only page 1 for a Status Change. A status change occurs 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) Dryden	(First) Jacob	(Middle) Scott	2. Social Security Number [REDACTED]
3. Alias (Last)		(First)	(Middle)		
4. Birth date (mm/dd/yyyy) 12/31/1991	5. Email Address [REDACTED]				
7. Home Mailing Address (#/Street/PO Box)		(City) Canton	(State) Ohio	(Zip Code) 44709	(County Name) STARK
8. Basic Training Academy (Only complete if this is the officer's first appointment or OSP)		(Academy Name) OSP	(Academy Number) 142	(Dates of Training) 02/04/2019 -	

AGENCY INFORMATION		9. Agency Name Canton Police Dept.			
10. Agency Email Address mark.nolte@cantonohio.gov		11. Agency Phone Number 330 438-4437			
12. Agency Mailing Address (#/Street/PO Box) 221 3rd ST SW		(City) Canton	(Zip Code) 44702	(County Name) STARK	

APPOINTMENT INFORMATION		(Complete Date, Status and ORC)	13. New Appointment Date 12/12/2018	14. Status Change Date 1/1
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				
16. Select New ORC				
<input checked="" type="checkbox"/> City/Municipality Full-Time Part-Time (737.02) <input type="checkbox"/> City/Municipality Auxiliary/Reserve/Special (737.051) <input type="checkbox"/> City/Municipality 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 type="checkbox"/> Deputy Sheriff (311.04) <input type="checkbox"/> Sheriff (311)				

ATTESTATION OF REPORTING AUTHORITY		I attest that the information provided on this form is true and correct and is based on my personal knowledge or inquiry.		
17. Signature of Reporting Authority Andrew Milerny	18. Name and Title Andrea Berg - Director of Public Safety	19. Date 12/14/2018		
NOTARY				
Sworn to and subscribed before me this 14th day of December 20 18 in the county of Stark Ohio.				
Signature of Notary Tommy Scenu		My commission expires 4/5/2022		



This form may be emailed to: SF400@ohioattorneygeneral.gov

Officer Name (Last)

(First)

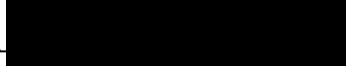
(Middle)

Social Security Number

Dryden

Jacob

Scott



20. 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
Signature of Appointing Authority

Name of Appointing Authority (Typed or Printed Legibly)
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.

21. Appointed By (Agency Name and County): 22. From(mm/dd/yyyy): To(mm/dd/yyyy):
23. Appointment Status (Check Appropriate Box) Full-Time Part-Time Auxiliary Reserve Special Seasonal
24. Appointed By (Agency Name and County): 25. From(mm/dd/yyyy): To(mm/dd/yyyy):
26. Appointment Status (Check Appropriate Box) Full-Time Part-Time Auxiliary Reserve Special Seasonal
27. Appointed By (Agency Name and County): 28. From(mm/dd/yyyy): To(mm/dd/yyyy):
29. Appointment Status (Check Appropriate Box) Full-Time Part-Time Auxiliary Reserve Special Seasonal
30. Appointed By (Agency Name and County): 31. From(mm/dd/yyyy): To(mm/dd/yyyy):
32. Appointment Status (Check Appropriate Box) Full-Time Part-Time Auxiliary Reserve Special Seasonal
33. Appointed By (Agency Name and County): 34. From(mm/dd/yyyy): To(mm/dd/yyyy):
35. Appointment Status (Check Appropriate Box) Full-Time Part-Time Auxiliary Reserve Special Seasonal
36. Appointed By (Agency Name and County): 37. From(mm/dd/yyyy): To(mm/dd/yyyy):
38. Appointment Status (Check Appropriate Box) Full-Time Part-Time Auxiliary Reserve Special Seasonal



THE CITY OF
CANTON
THOMAS M. BERNABEL, MAYOR

I, Jacob Dryden, hereby grant permission to the City of Canton, Department of Human Resources, to release to Highway Patrol and Stark State the following information:

10-Panel Rapid Drug Screen Results from Aultworks taken on December 20, 2018

For the purpose of: **Police Academy**

NOTE: I hereby state that I have read and fully understand the above statements as they apply to me, and do herein expressly consent to disclosure for the purpose or need and the extent or nature as stated above, and to include Drugs and/or alcohol if applicable. I furthermore release all parties stated herewith from any legal liability from the release of this information.

TO: Agency receiving information

This information has been disclosed to you from records whose confidentiality is protected by Federal Law. Federal regulations prohibit you from making any further disclosure of it without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is NOT sufficient for this purpose.

01/08/2019

Date:

[Signature]
Signature:

Jacob Dryden
Printed Name:

Sgt P. Miller #33
Witness:





MIKE DEWINE

* OHIO ATTORNEY GENERAL *



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

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London, OH 43140
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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 for a New Appointment. A new appointment occurs when an officer is first sworn into your agency, or has previously left the agency and returns.
4. Submit only page 1 for a Status Change. A status change occurs 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) <u>Dryden</u> (First) <u>Jacob</u> (Middle) <u>Scott</u>	2. Social Security Number [REDACTED]
3. Alias (Last)		(First) (Middle)	
4. Birth date (mm/dd/yyyy) <u>12/31/1991</u>	5. Email Address		6. Phone Number [REDACTED]
7. Home Mailing Address (#/Street/PO Box) [REDACTED]		(City) <u>Canton</u> (State) <u>Ohio</u> (Zip Code) <u>44709</u> (County Name) <u>STARK</u>	
8. Basic training Academy (Academy Name) (Only complete if this is the officer's first appointment or OSP) <u>OSP</u>		(Academy Number) <u>142</u>	(Dates of Training) <u>02/04/2019 -</u>

AGENCY INFORMATION		9. Agency Name <u>Canton Police Dept.</u>	
10. Agency Email Address <u>mark.nolte@cantonohio.gov</u>		11. Agency Phone Number <u>330 438-4437</u>	
12. Agency Mailing Address (#/Street/PO Box) <u>221 3rd ST SW</u>		(City) <u>Canton</u> (Zip Code) <u>44702</u> (County Name) <u>STARK</u>	

APPOINTMENT INFORMATION		(Complete Date, Status and ORC)	13. New Appointment Date <u>12/12/2018</u>	14. Status Change Date <u>1/1</u>
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				
16. Select New ORC <input checked="" type="checkbox"/> City/Municipality <u>Full-Time</u> Part-Time (737.02) <input type="checkbox"/> City/Municipality Auxiliary/Reserve/Special (737.051) <input type="checkbox"/> City/Municipality 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 type="checkbox"/> Deputy Sheriff (311.04) <input type="checkbox"/> Sheriff (311)				

ATTESTATION OF REPORTING AUTHORITY		I attest that the information provided on this form is true and correct and is based on my personal knowledge or inquiry.	
17. Signature of Reporting Authority <u>Andrew M. Perry</u>		18. Name and Title <u>Andrew Perry - Director of Public Safety</u>	19. Date <u>12/11/2018</u>
NOTARY Sworn to and subscribed before me this <u>14th</u> day of <u>December</u> , 20 <u>18</u> in the county of <u>Stark</u> , Ohio.			
<u>Tommy Deane</u> Signature of Notary		My commission expires <u>4/5/2022</u>	





Student Health Data

Name: Dryden Jacob Scott Age: 26 Sex: Male Female
Last First Middle

School Name: Ohio State Highway Patrol School Number: _____

Commander Name: _____ Commander Email: _____

Do you have any physical or psychological limitations/injuries that might in any way restrict your full participation in physical activities during training?

Yes No If yes, please describe: _____

Student's Signature: [Signature] Date: 11-20-2018

This section to be completed by medical professional (medical doctor (MD), osteopath (DO), physician's assistant (PA), or certified nurse practitioner (CNP), licensed by the Ohio State Medical Board or the Ohio State Board of Nursing, or a neighboring state's equivalent, or a medical professional with the US Department of Veterans' Affairs.): This physical examination should ascertain any conditions which may preclude the student's ability to participate in, or which may be aggravated by, strenuous physical exercise. As a part of peace officer basic training, the student will engage in calisthenics, running, jumping, wrestling, unarmed self-defense, firearms, driving and other physically demanding exercises.

Height: 6 feet 0 inches Weight: 171 pounds Resting Pulse Rate: 54 beats per minute Blood Pressure: 116/74

Does the patient have a medical history of, or presently demonstrate symptoms of, any of the following?

- | | | | | | |
|------------------------------|--|-------------------------------------|------------------------------|--|---|
| Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> | 1. Uncorrected visual deficiency | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> | 9. Dizziness/Fainting |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 2. Major impairment of the senses | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 10. Back/Neck injury or recurrent pain |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 3. Asthma or Breathing difficulties | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 11. Pregnancy |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 4. Heart attack; Angina Pectoris | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 12. Communicable diseases |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 5. Stroke | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 13. Amputation/Prosthetic devices |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 6. Hemorrhage | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 14. Bone/joint injury or recurrent pain |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 7. Hypertension | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 15. Taking medication |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 8. Allergies _____ | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 16. Under physician's continuing care |

Please note any other condition(s) not listed above which may affect the student's participation. Also please explain each "Yes" response above, indicating the item number:

As a result of my physical examination, I have determined that the student can, without limitation, safely function in all phases of strenuous physical training including, but not limited to, calisthenics, running, jumping, wrestling, unarmed self-defense, firearms, driving and a physical fitness assessment consisting of sit-ups, push-ups, and a timed 1.5 mile run.

[Signature] PA-C
Signature of Medical Professional

Amy Horn, PA-C
Printed/Typed Name with Title (MD, DO, PA of CNP)

50004954 OH
License Number Issuing State

330-491-9075
Phone Number

4650 Hills & Dales Rd NW
Address

11/19/18
Date of Examination

Canton, OH 44708
City, State, Zip

*Please give completed form back to the student to return to the commander or send to the above noted commander's email address.



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

Authorization for Use or Disclosure of Drug Screen Information

Applicant's Name: Jacob Driden
 Applicant's Date of Birth: 12-31-1991
 Commander: _____
 Commander's Address: _____

I hereby consent to submit to a drug screen and to furnish a sample of my urine for analysis to a testing facility designated by the commander in order to be eligible to attend peace officer basic training.

I further authorize and give full permission to have the laboratory or other testing facility release any and all documentation relating to such screen to the above listed commander or designee. I further agree to and hereby authorize the release of the results of said tests to the commander, their designee, or the Ohio Peace Officer Training Commission (OPOTC).

I understand that my sample will be screened for the following substances and concentrations:

Initial test analyte	Initial test cutoff concentration	Confirmatory test analyte	Confirmatory test cutoff concentration
Marijuana metabolites	50 ng/mL	THCA	15 ng/mL
Cocaine metabolites	150 ng/mL	Benzoylcegonine	100 ng/mL
Codeine/Morphine	2,000 ng/mL	Codeine Morphine	2,000 ng/mL 2,000ng/mL
Hydrocodone/Hydromorphone	300 ng/ml	Hydrocodone Hydromorphone	100 ng/ml 100 ng/ml
Oxycodone/Oxymorphone	100 ng/ml	Oxycodone Oxymorphone	100 ng/ml 100 ng/ml
6-Acetylmorphine	10 ng/mL	6-Acetylmorphine	10 ng/mL
Phencyclidine	25 ng/mL	Phencyclidine	25 ng/mL
Amphetamine/Methamphetamine	500 ng/mL	Amphetamine Methamphetamine	250 ng/mL 250 ng/mL
MDMA/MDA	500 ng/ml	MDMA MDA	250 ng/ml 250 ng/ml

I understand that a positive test result, refusal to authorize the tests by signing this form, refusing to take the specified test(s), or failure to produce a specimen, may preclude me from attending this academy.

I understand that I must provide proof within 72 hours that I am taking a controlled substance as directed pursuant to a lawful prescription issued in my name if that substance causes a positive result.

I understand that the OPOTC certified school is not a covered entity and is not subject to the privacy requirements of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). I understand that there is a potential that information disclosed to the OPOTC certified school may be subjected to redisclosure by the OPOTC certified school, and not protected from such redisclosure by federal law or federal rule.

I understand that I may revoke this authorization in writing submitted at any time to the OPOTC certified school except to the extent that action has been taken in reliance on this authorization. If this authorization has not been revoked, it will terminate two years from the date of my signature.

I have carefully read the foregoing and fully understand its contents. I acknowledge that my signing of this consent and release form is a voluntary act and that I have not been coerced into signing this document.

Signature: Date: 11-20-2018



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

REQUEST FOR NATIONAL WEBCHECK®

All information must be typed or printed.

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

INSTRUCTIONS TO NATIONAL WEBCHECK® FACILITY

- Transaction Type is both BCI and FBI.
- Reason Fingerprinted is "Law Enforcement Employment" or "Law Enforcement/Criminal Justice" for BCI and "Law" for FBI.
- This is a Direct Copy transaction to the Ohio Peace Officer Training Academy (OPOTA). No address needs entered.

TO BE COMPLETED BY STUDENT

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

Ohio State Highway Patrol beginning on February 4, 2019
 (Academy Name) (Date)

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

Name: Dryden Jacob Scott
 (Last) (First) (Middle Name)

Previous Name(s) or Alias: Jake

Date of Birth: 12/31/1991 Social Security Number: [REDACTED]

Address (including P.O. Box, if applicable): [REDACTED]

City: Canton State: OH Zip Code: 44709

Name of Fingerprinting Agency: _____

Signature of Person Being Fingerprinted: _____ Date Fingerprinted: _____


Property Receipt

DATE: 12/14/2018 TO 1/11/2019

ISSUED TO: Jacob Driden


Badge # 172

ISSUED FROM: Training Academy

TYPE	SERIAL NUMBER	MAKE	OWNER	AMOUNT
<u>BATON</u>		<u>MONADINOCK</u>	<u>CPD</u>	<u>1</u>
<u>OC SPRAY</u>	<u>N/A</u>	<u>DEF TEC</u>	<u>CPD</u>	<u>1</u>
<u>OC HOLDER</u>	<u>N/A</u>	<u>N/A</u>	<u>CPD</u>	<u>1</u>
<u>SAFETY VEST</u>	<u>N/A</u>	<u>N/A</u>	<u>CPD</u>	<u>1</u>
<u>HELMET</u>	<u>N/A</u>	<u>N/A</u>	<u>CPD</u>	<u>1</u>

Issued By: Lt. L. Marino #26/Sgt. D. Miller #33

Issued To: Jacob Driden

 #33





THE CITY OF
CANTON
THOMAS M. BERNABEI, MAYOR

I, **Jacob Dryden**, hereby grant permission to the City of Canton, Department of Human Resources, to release to Highway Patrol and Stark State the following information:

10-Panel Rapid Drug Screen Results from Aultworks taken on December 20, 2018

For the purpose of: **Police Academy**

NOTE: I hereby state that I have read any fully understand the above statements as they apply to me, and do herein expressly consent to disclosure for the purpose or need and the extent or nature as stated above, and to include Drugs and/or alcohol if applicable. I furthermore release all parties stated herewith from any legal liability from the release of this information.

TO: Agency receiving information

This information has been disclosed to you from records whose confidentiality is protected by Federal Law. Federal regulations prohibit you from making any further disclosure of it without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is NOT sufficient for this purpose.

01/08/2019

Date:

Jacob Dryden

Signature:

Jacob Dryden

Printed Name:

Scott P. Miller #33

Witness:





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

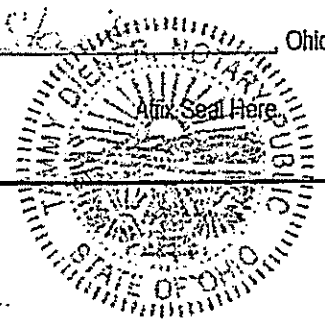
- Within ten days of the appointment or status change, submit one copy of this form either by email, fax or mail.
- Type or print legibly and complete all blanks. Enter N/A if not applicable.
- Submit pages 1 and 2 for a New Appointment. A new appointment occurs when an officer is first sworn into your agency, or has previously left the agency and returns.
- Submit only page 1 for a Status Change. A status change occurs 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.
- 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) <u>Dryden</u> (First) <u>Jacob</u> (Middle) <u>Scott</u>		2. Social Security Number	
3. Alias (Last)			(First)		(Middle)	
4. Birth date (mm/dd/yyyy)		5. Email Address			6. Phone Number	
<u>12/31/1991</u>						
		(City)		(State)		(Zip Code)
		<u>Canton</u>		<u>Ohio</u>		<u>44709</u>
						(County Name)
						<u>STARK</u>
7. Basic Training Academy		(Academy Number)		(Dates of Training)		
(Only complete if this is the officer's first appointment or OSP)		<u>OSP</u>		<u>142</u>		<u>02/04/2019 -</u>

AGENCY INFORMATION		9. Agency Name			
		<u>Canton Police Dept.</u>			
10. Agency Email Address			11. Agency Phone Number		
<u>mark.nolte@cantonohio.gov</u>			<u>330 438-4437</u>		
12. Agency Mailing Address (#/Street/PO Box)		(City)		(Zip Code)	
<u>221 3rd ST SW</u>		<u>Canton</u>		<u>44702</u>	
				(County Name)	
				<u>STARK</u>	

APPOINTMENT INFORMATION		(Complete Date, Status and ORC)		13. New Appointment Date		14. Status Change Date	
				<u>12/12/2018</u>		<u>1/1</u>	
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							
16. Select New ORC							
<input checked="" type="checkbox"/> City/Municipality <u>Full-Time</u> Part-Time (737.02) <input type="checkbox"/> City/Municipality Auxiliary/Reserve/Special (737.051) <input type="checkbox"/> City/Municipality 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 type="checkbox"/> Deputy Sheriff (311.04) <input type="checkbox"/> Sheriff (311)							

ATTESTATION OF REPORTING AUTHORITY		I attest that the information provided on this form is true and correct and is based on my personal knowledge or inquiry.	
17. Signature of Reporting Authority		18. Name and Title	
<u>Mark Miley</u>		<u>Assistant Chief of Public Safety</u>	
		19. Date	
		<u>12/11/2018</u>	
NOTARY			
Sworn to and subscribed before me this <u>11th</u> day of <u>December</u> , 20 <u>18</u> in the county of <u>Stark</u> , Ohio.			
Signature of Notary		My commission expires <u>4/31/2022</u>	



Officer Name (Last)

(First)

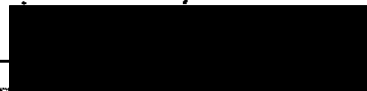
(Middle)

Social Security Number

Dryden

Jacob

Scott



10. 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

Name of Appointing Authority (Typed or Printed Legibly)

Signature of Appointing Authority

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.

21. Appointed By (Agency Name and County):	22. From(mm/dd/yyyy): / /	To(mm/dd/yyyy): / /
23. 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		
24. Appointed By (Agency Name and County):	25. From(mm/dd/yyyy): / /	To(mm/dd/yyyy): / /
26. 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		
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 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		

Form #33
Canton Police Department
Inter-Office Communications

To: Captain Gabbard

From: Sergeant Slone

Date: 06/28/21

RE: Car 22 Accident

Sir,

On 06/28/21, I was alerted to a cruiser accident involving car 22 in the 1000 block of 8th ST NE. When I arrived, I learned Ptl. Dryden was the driver, and Ptl. Lott was the passenger. I discovered Ptl. Dryden was traveling east on 8th ST NE, approaching a stopped vehicle in the roadway. Once Ptl Dryden stopped behind the truck, it began to reverse. Ptl. Dryden attempted to go around the reversing truck as Ptl. Dryden honked to gain the attention of the driver. Unfortunately, the driver of the other vehicle, a 1998 Dodge Ram, Ohio HUV7277, struck Car 22, causing damage to the driver-side front corner panel of car 22. I took photographs of the damage and added them to report number 2109036. The damage consisted of a bent and scratched panel and a displaced foglight. The officers elected to continue to use the vehicle as there was only cosmetic damage. Before allowing this, I ensured the equipment in the affected area operated.

Respectfully Submitted,



Kyle Slone

Form #33
Canton Police Department
Inter-Office Communications

To: Sgt Slone #36

From: Jacob Dryden #172

Subject: Cruiser accident

Date: 06/28/21

On 06/28/21 around 1530 hours I was driving east bound in the 1000 block of 8th st NE in car 22. A gray dodge truck that was in front of me had come to a complete stop. Once I was stopped behind the vehicle, the truck drove in reverse and struck my cruiser causing minor damage to the front driver side. No occupants of the vehicles were injured.

Respectfully submitted

A handwritten signature in black ink, consisting of several overlapping horizontal strokes, followed by the number "#172" written in a similar style.

Jacob Dryden #172

- IMPORTANT -

CITY OF CANTON
MOTOR VEHICLE
ACCIDENT REPORT

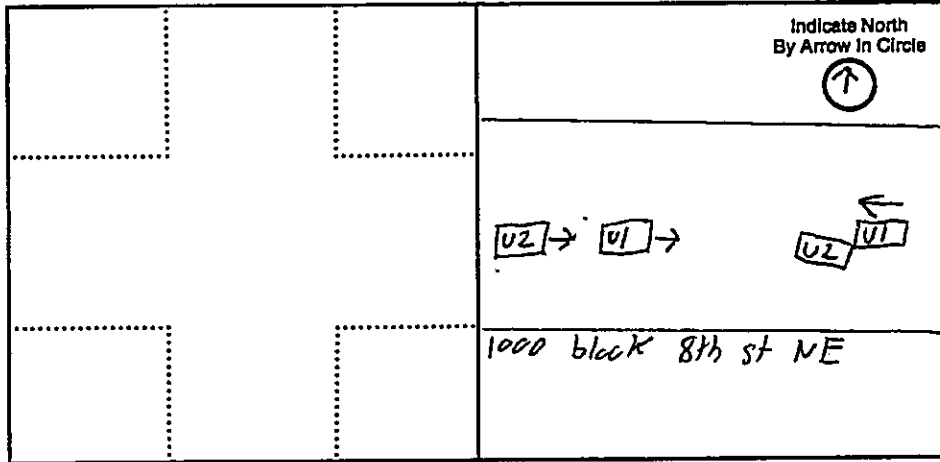
- 1. Promptly notify police of all accidents.
- 2. This report must be completed on day of accident.
- 3. Failure to comply with these instructions will result in suspension.

DATE OF ACCIDENT 6-28-21 TIME 1530 PLACE 1000 block 8th St NE
 CITY VEHICLE: Cruiser 22 LICENSE NO. _____ VEHICLE NO. _____
 Name of Driver Jacob Dryden Classif. or Rank PTL
 Type of Vehicle Police cruiser Dept. CPD Div. _____
 City Employee Injured Yes NO Name _____ (If Yes make out Injury Report W.C 1)
 Parts of City Vehicle Damaged Front bumper Name _____

TELL EXACTLY WHAT HAPPENED (Print or Type) On 6-28-21 around 1530 hours I was driving east bound in the 1000 block of 8th St NE in car 22. A gray dodge truck that was in front of me had come to a complete stop. Once I was stopped behind the vehicle, the truck drove in reverse and struck my cruiser causing minor damage to the front driver side. NO occupants of the vehicles were injured.

Instructions:

- (1) If you can't see the drawing on left, make your own as accurate as possible in the right side block.
- (2) Show where vehicles were in roadway when accident occurred and where they finally came to rest.
- (3) Number each vehicle and show direction of travel by arrow: → □ □ ←
- (4) Show pedestrians by: ○



OTHER VEHICLE OR OBJECT:
 License No. MUV 2277 Make dodge Year 1998 Model Ram
 Extent of Damage None/minor
 Owner's Name Gabriel Gandy Address 323 Ralph Ct NW Canton, OH Phone _____
 Owner's Name _____ Address _____ Phone _____
 If not Motor Vehicle Describe Fully (Pedestrian - Fire Plug, etc.) _____

NAME AND ADDRESS OF OCCUPANTS OF OTHER VEHICLE:
 Name Anthony Brown Address 911 11th St NW Canton, OH Phone _____
 Name _____ Address _____ Phone _____
 Name _____ Address _____ Phone _____

WAS ANYONE INJURED: Yes No
 Name _____ Address _____ Phone _____
 Name _____ Address _____ Phone _____
 Name _____ Address _____ Phone _____

WITNESS (Make Note of License Numbers of Other Occupied Vehicles Near Scene)
 Name _____ Address _____ Phone _____
 Name _____ Address _____ Phone _____
 Name _____ Address _____ Phone _____

REVIEWED BY:
 Signed [Signature] Signature, address, and official capacity of Driver of City of Canton Vehicle
 Official Capacity Sergeant
 Residence _____
 Telephone No. 330-438-4446 PTL Jacob Dryden #172
 Date this report was completed 6-28-21

Form #33
Canton Police Department
Inter-Office Communications

To: Sgt Daniel #55

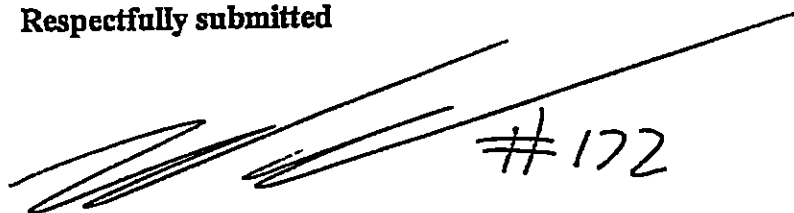
From: Jacob Dryden #172

Subject: Cruiser accident

Date: 12/26/20

On 12/26/20 around 1500 hours I was on my way to back up U202 on a traffic stop involving the suspect vehicle of a fresh aggravated robbery. I turned north on Woodland Ave from 12th St NW. Once on Woodland Ave I began to lose control of my cruiser due to the ice that was under the snow. I attempted to make some corrections and slow down my speed but could not gain control. As I began to gain a small amount of control, the rear end of my cruiser struck a parked vehicle in front of 1225 Woodland Ave NW. The vehicle was unoccupied and had minor damage to the passenger side of the front bumper. Cruiser 42 had minor damage to the passenger side of the rear bumper. I was not injured. OSP responded to complete an OH-1

Respectfully submitted



#172

Jacob Dryden #172

Form #33
Canton Police Department
Inter-Office Communications

To: Capt. J. Gabbard

From: Sgt. J. Daniel#55

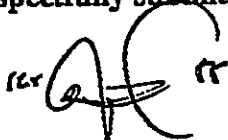
Subject: Cruiser #42 Accident

Date: 12/26/20

Sir,

On 12/26/20 at approximately 1500hrs Ofc Dryden was driving to assist officers who were out at a residence into which a agg robbery suspect fled. He was in emergency response with lights and siren. Ofc. Dryden turned North onto Woodland Ave NW from 12th St NW. He lost control and struck a vehicle parked in front of 1225 Woodland Ave NW. The road was snow covered and icy. I did review the video footage from truck #42 . Though I do not believe Ofc. Dryden was being excessively reckless, I do believe he was driving too fast for the road conditions. There were no injuries and minor bumper damage to both vehicles. OSP responded and completed the report, I responded and took photos.

Respectfully submitted,

A handwritten signature in black ink, appearing to be 'Sgt. J. Daniel', with a stylized flourish at the end.

Sgt. J. Daniel#55

- IMPORTANT -

**CITY OF CANTON
MOTOR VEHICLE
ACCIDENT REPORT**

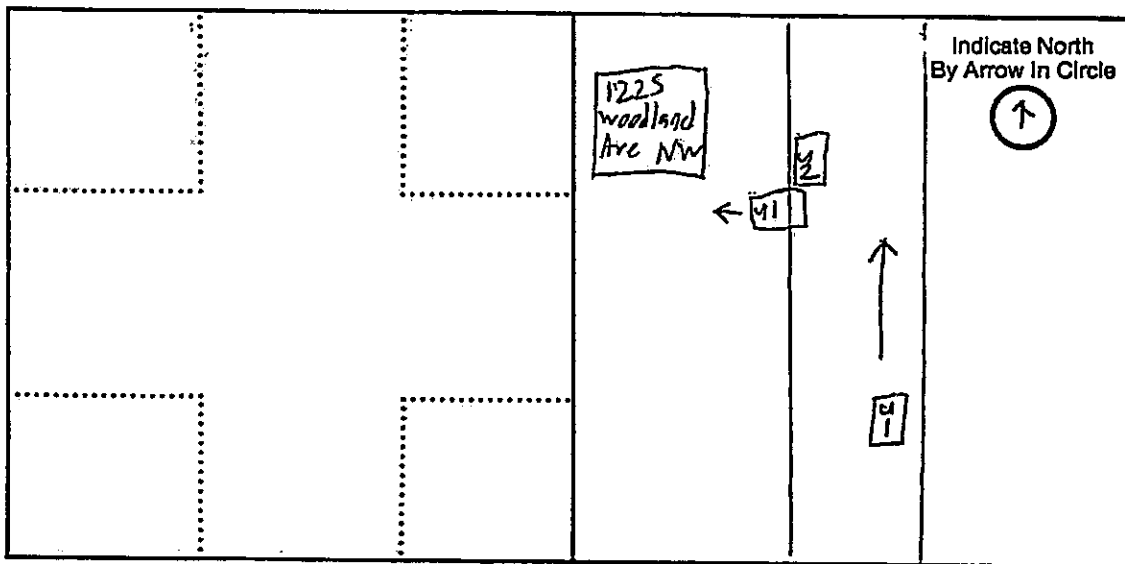
1. Promptly notify police of all accidents.
2. This report must be completed on day of accident
3. Failure to comply with these instructions will result in suspension.

DATE OF ACCIDENT 12-26-20 TIME 15 PLACE 1225 Woodland Ave NW
 CITY VEHICLE: 92 LICENSE NO. _____ VEHICLE NO. 42
 Name of Driver Jacob Oxden Classif. or Rank _____
 Type of Vehicle Cruiser Dept. CPD Div. _____
 City Employee Injured Yes NO Name _____ (If Yes make out Injury Report W.C.1)
 Name _____
 Parts of City Vehicle Damaged Rear bumper

TELL EXACTLY WHAT HAPPENED (Print or Type) I was north bound on Woodland Ave from 12th St NW. Once on Woodland Ave, I lost control of my cruiser due to the ice and snow. I attempted to make corrections but could not gain control. The rear end of my cruiser struck the front of a park vehicle.

Instructions:

- (1) If you can't use the drawing on left, make your own as accurate as possible in the right side block.
- (2) Show where vehicles were in roadway when accident occurred and where they finally came to rest.
- (3) Number each vehicle and show direction of travel by arrow: \rightarrow \leftarrow
- (4) Show pedestrians by: \circ



OTHER VEHICLE OR OBJECT:
 License No. FKC 0024 Make Ford Year 2002 Model Escape
 Extent of Damage Minor damage to front bumper
 Owner's Name Victoria Billman Address 1225 Woodland Ave NW Phone _____
 Owner's Name _____ Address _____ Phone _____
 If not Motor Vehicle Describe Fully (Pedestrian - Fire Plug, etc.) _____

NAME AND ADDRESS OF OCCUPANTS OF OTHER VEHICLE:

Name	Address	Phone

WAS ANYONE INJURED: Yes No

Name	Address	Phone

WITNESS (Make Note of License Numbers of Other Occupied Vehicles Near Scene)

**CIVIL SERVICE COMMISSION
CITY OF CANTON OHIO
APPLICATION FOR POLICE OFFICER**



AN EQUAL OPPORTUNITY EMPLOYER

All answers must be printed in ink or typewritten. Read carefully and answer EVERY question. Your responses to questions will not necessarily disqualify you from consideration **However**; falsification of information will disqualify you. Your answers should be complete and accurate to the best of your knowledge. Use the space on page 14 to complete any answers requiring more space than is available. (Please number your answers corresponding to the question you are completing.) Fill in all the blanks. If the question does not apply to you then enter N/A to indicate that it does not apply.

Incomplete applications will not be considered.

Personal Information

The following is requested of you for verification and contact purposes.

Please print or type your full legal name.

1. Last <i>Dryden</i>	First <i>Jacob</i>	Middle <i>Scott</i>	Age <i>26</i>
Other names (including Maiden or nicknames) you have used: Name <i>Jake</i>		Years used <i>26</i>	Years used

2. Residence	<input type="checkbox"/> Own	<input type="checkbox"/> Rent	<input checked="" type="checkbox"/> Live with relative/or others
Address	Street	City <i>Canton</i>	State <i>OH</i>
		Zip Code <i>44709</i>	

3. Phone Number	Alternate Phone Number
[REDACTED]	()

4. Social Security Number	5. Date of Birth Month Day Year <i>12 31 1991</i>	6. Drivers License Number and Expiration Date Month Day Year Number [REDACTED] <i>121 31 12020</i>
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7. Place of Birth:	County <i>Stark</i>	City <i>Canton</i>	State <i>Ohio</i>
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8. Person or persons to be notified in case of an emergency:			
Name	Address	Phone Number	Relationship
<i>Ther Dryden</i>	<i>2226 49th St NW Canton, OH 44709</i>	[REDACTED]	<i>Mother</i>
		()	

Marital Status

9. Single Married Separated Divorced Widowed Annulled

Spouse's Name		Spouse's address (include City, State, Zip Code)		
Spouse's Phone Number ()	Spouse's Maiden Name	Spouse's Date of Birth / /	Date of Marriage / /	City/State Married
Spouse's Employer (name and address)		Occupation	How Long	Phone Number ()
Name of Former Spouse/Parent of Mutual Children <u>Stacy</u> <u>Clay</u>		Present Address of Former Spouse/Parent of Mutual Children <u>Unknown</u>		
Is Alimony or Child Support Received or Paid Alimony <input checked="" type="checkbox"/> Paid <input type="checkbox"/> Received Child Support <input type="checkbox"/> Paid <input type="checkbox"/> Received		Have you ever been delinquent in making required payment <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes how many times _____		
Name of Former Spouse/Parent of Mutual Children		Present Address of Former Spouse/Parent of Mutual Children		
Is Alimony or Child Support Received or Paid Alimony <input type="checkbox"/> Paid <input type="checkbox"/> Received Child Support <input type="checkbox"/> Paid <input type="checkbox"/> Received		Have you ever been delinquent in making required payment <input type="checkbox"/> Yes <input type="checkbox"/> No If yes how many times _____		



10. List all children and other minors you are legally responsible for, including those which you have guardianship or legal custody. Minors will not be contacted.

Name	Age	Relationship
<u>None</u>		

Relatives




During the course of the background investigation, persons who know you will be asked to comment about your suitability for the position of peace officer. Inquiries will be confined to job relevant matters.

11. Please provide the appropriate information in the spaces provided below.
If a category is not applicable, write "N/A".


Name of your:	Address where person can be contacted. (Include City, State, and Zip Code)	Phone numbers at which person can be contacted.
Father <i>Ronald Scott Dryden</i> Occupation <i>Unknown</i> Age <i>Unknown</i>	<i>Unknown</i>	Home () <i>Unknown</i> Cell ()
Mother <i>Ther Dryden</i> Occupation <i>AVI Office</i> Age <i>56</i>	 <i>Centon, OH 44709</i>	Home () 
___ Brother ___ Sister Age		Home () Cell ()
___ Brother ___ Sister Age		Home () Cell ()
___ Brother ___ Sister Age		Home () Cell ()
___ Brother ___ Sister Age		Home () Cell ()

References, Acquaintances

12. List the names of three (3) responsible adults who have knowledge of you. Examples include friends of the family, teachers, neighbors, co-workers, past supervisors or acquaintances. **DO NOT** include relatives or family members.

Name	Address where person can be contacted. (include City, State, Zip Code)	Phone numbers at which person can be contacted.
William Lane How Known? Marine Corps How Long? 5 years		Home () 
Ryan Dodd How Known? Airtran Security How Long? 10 months		Home () Cell 
Blake Bennett How Known? Marine Corps How Long? 5 years		Home () 

13. List any individuals that you are acquainted with who are members of safety forces. Exclude individuals who are listed in question #9 and #10.

Name and Rank	Department	Phone number at which person can be contacted.
Ryan Dodd	Canton PD	
Zack Kirkland	Canton PD	
Marc Jackson	Canton FD	
		()
		()
		()

Education

14. The Ohio Peace Officer Training Academy and the City of Canton requires a peace officer to possess a high school diploma or equivalent. Please indicate below how you satisfy this requirement.

I possess a high school diploma I passed the G.E.D. (General Educational Development) Test

Do you have any additional education?

I possess a two-year college degree _____ Please list Major

I possess a four-year college or university degree _____ Please list Major

Please indicate below all the schools you have attended beginning with high school, including trade, business, college or vocational schools.

Name of School	Location of School (City and State)	Dates Attended		Major	Type of Degree
		From Mo/Yr	To Mo/Yr		
Glen oak h.s. School	Canton, OH	08/06	05/10		

15. List any professional licenses or certificates you hold.

None

Military Service

16. Have you ever served in the U. S. armed forces, National Guard or Military reserves? Yes No
If "No", go to question #17.

Branch of Service Marine Corps	EDIP: Service Number SS [REDACTED]	Date of Service (MM/YYYY) 06, 2010 to 11, 2017	Type of Discharge Honorable
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Are you currently participating in any military reserve or National Guard program? Yes No

Have you ever been the subject of any disciplinary action or have had military charges placed against you while in the service?
 Yes No If "Yes", explain below be specific and detailed. (Continue on 14 page if necessary)

Date	Violation(s)	Describe Incident and Penalty Received

Residences

17. List all your residences and dates for the last ten (10) years. Begin with your current residence and list backward in chronological order. There should be no gaps in residence dates.

Address	City, State, Zip Code	Dates	
		From Mo/Yr	To Mo/Yr
[REDACTED]	Canton, OH 44709	05/2003	05/2009
[REDACTED]	Canton, OH 44709	05/2009	06/2010
[REDACTED]	Camp Lejeune, NC 28459	06/2010	04/2014
[REDACTED]	Camp Pendleton, CA 92055	04/2014	11/2017
[REDACTED]	Canton, OH 44709	11/2017	Present

Credit References

18. List three (3) commercial or business credit references, such as banks, credit unions, credit cards, car loans, mortgage ect.

Name	Address, City, State, Zip Code
Navy Federal Credit Union	Merrifield, VA 22119
Navy Federal credit card	Merrifield, VA 22119

19. Have you ever filed for bankruptcy? Yes No If "Yes", please give details (include when, where, why).

Date and location:

Reasons:

20. Have you ever had any merchandise you've purchased, repossessed? Yes No If "Yes", please give details (include when, firms involved, circumstances).

Date:

Reasons:

Legal

21. Please list all traffic citations (excluding parking citations) you have received in the last 5 years, starting with the most recent. If additional room is needed, please continue on page 14 using the same format.

Nature of Violation	Location (City, State)	Approximate Date	Indicate whether fined or action taken on driver's license
<i>None</i>			

22. Were you ever required to appear before a juvenile court for an act which would have been a crime if committed by an adult? Yes No If "Yes", please explain below and include dates.

23. Are you now or have you ever been involved as a plaintiff or defendant in any civil court action? Yes No If "Yes", please explain in detail, include when, where, name of court, circumstances and outcome.

24. Have you ever been detained, questioned, held on suspicion or fingerprinted, although not arrested, during the course of a criminal investigation conducted by a law enforcement agency? Yes No If "Yes", please explain below.

25. Have you ever been charged, arrested or convicted for any criminal offense (including misdemeanor citations)? (Do not include traffic tickets unless you were taken into custody). Yes No If "Yes", provide the following information, starting with the most recent event.

Date	Charges	Police Agency	Penalty

26. Have you ever abused or been addicted to prescription drugs, illegal drugs, or alcohol? Yes No
 If "Yes" briefly explain.

27. Have you ever received treatment for the use of prescription drugs, illegal drugs, or alcohol? Yes No
 If "Yes" briefly explain.

Experience and Employment

28. Beginning with your most current employment, please list every job you have held in the last ten (10) years. All time periods must be accounted for. List all employment regardless of the length of employment. If you have had intervening periods of unemployment please list those also.

Dates of employment From Mo / Yr <u>06 / 10</u>	To Mo / Yr <u>11 / 17</u>	Name of Employer <u>United States Marine Corps</u>	Complete Address
Phone Number ()	Name of Supervisor <u>William Lane (most recent)</u>	Job Title and Duties <u>Combat Engineer</u>	
Reason for leaving: <u>I felt my time was complete</u>			

Dates of employment From Mo / Yr <u>12 / 17</u>	To Mo / Yr <u>current</u>	Name of Employer <u>Altman Hospital</u>	Complete Address <u>2600 6th St SW Canton, OH 44710</u>
Phone Number <u>(330) 363-6268</u>	Name of Supervisor <u>Ryan Dodd</u>	Job Title and Duties <u>Security</u>	
Reason for leaving:			

Dates of employment From Mo / Yr _ / _	To Mo / Yr _ / _	Name of Employer	Complete Address
Phone Number ()	Name of Supervisor	Job Title and Duties	
Reason for leaving:			

Dates of employment From Mo / Yr To Mo / Yr __ / __ __ / __	Name of Employer	Complete Address
Phone Number ()	Name of Supervisor	Job Title and Duties
Reason for leaving:		

Dates of employment From Mo / Yr To Mo / Yr __ / __ __ / __	Name of Employer	Complete Address
Phone Number ()	Name of Supervisor	Job Title and Duties
Reason for leaving:		

Dates of employment From Mo / Yr To Mo / Yr __ / __ __ / __	Name of Employer	Complete Address
Phone Number ()	Name of Supervisor	Job Title and Duties
Reason for leaving:		

Dates of employment From Mo / Yr To Mo / Yr __ / __ __ / __	Name of Employer	Complete Address
Phone Number ()	Name of Supervisor	Job Title and Duties
Reason for leaving:		

Dates of employment From Mo / Yr To Mo / Yr __ / __ __ / __	Name of Employer	Complete Address
Phone Number ()	Name of Supervisor	Job Title and Duties
Reason for leaving:		

Dates of employment From Mo / Yr To Mo / Yr __ / __ __ / __	Name of Employer	Complete Address
Phone Number ()	Name of Supervisor	Job Title and Duties
Reason for leaving:		

29. Would any problem result if your present employer (s) was contacted during the course of the background investigation?
 Yes No If "Yes", please explain below.

30. Have you ever been investigated by any employer or supervisor for improper conduct or illegal activities which resulted in your being found in violation of any policies, regulations, rules or any State or Federal laws? Yes No
If "Yes", please provide the following information.

Date: _____ Employer: _____

Details and results of the investigation

31. Have you ever been fired, suspended, asked to resign, disciplined or received a formal reprimand from any place of employment. Yes No If "Yes", please give details (include when, employer (s), why)

Date: _____ Employer: _____

Details:

32. Have you had any extended work absences for reasons other than earned vacation, suspension, lay-offs, or other non-medical leave? Yes No If "Yes", please explain (include when, employer(s), why)

Date: _____ Employer: _____

Details:

Date: _____ Employer: _____

Details:

33. If you have never held employment, please explain why.

N/A

Law Enforcement Information

37. Have you ever been a successful or unsuccessful candidate for any safety forces agency, including this department?
 Yes No If "Yes", list all agencies with which you have applied. Start with the most recent. (All agencies **MUST** be listed regardless of outcome or current status).

Name of Agency _____ Phone Number _____ _____ () _____ City _____ State _____		Position/Classification	Month/Year
Please check mark all that applies <input type="checkbox"/> Submitted application only <input type="checkbox"/> Took written exam <input type="checkbox"/> Took physical exam <input type="checkbox"/> Background investigation <input type="checkbox"/> Disqualified <input type="checkbox"/> Withdrew application		Status and/or Results	
Name of Agency _____ Phone Number _____ _____ () _____ City _____ State _____		Position/Classification	Month/Year
Please check mark all that applies <input type="checkbox"/> Submitted application only <input type="checkbox"/> Took written exam <input type="checkbox"/> Took physical exam <input type="checkbox"/> Background investigation <input type="checkbox"/> Disqualified <input type="checkbox"/> Withdrew application		Status and/or Results	
Name of Agency _____ Phone Number _____ _____ () _____ City _____ State _____		Position/Classification	Month/Year
Please check mark all that applies <input type="checkbox"/> Submitted application only <input type="checkbox"/> Took written exam <input type="checkbox"/> Took physical exam <input type="checkbox"/> Background investigation <input type="checkbox"/> Disqualified <input type="checkbox"/> Withdrew application		Status and/or Results	
Name of Agency _____ Phone Number _____ _____ () _____ City _____ State _____		Position/Classification	Month/Year
Please check mark all that applies <input type="checkbox"/> Submitted application only <input type="checkbox"/> Took written exam <input type="checkbox"/> Took physical exam <input type="checkbox"/> Background investigation <input type="checkbox"/> Disqualified <input type="checkbox"/> Withdrew application		Status and/or Results	

Name of Agency _____ City _____	Phone Number _____ () _____ State _____	Position/Classification _____	Month/Year _____
Please check mark all that applies <input type="checkbox"/> Submitted application only <input type="checkbox"/> Took written exam <input type="checkbox"/> Took physical exam <input type="checkbox"/> Background investigation <input type="checkbox"/> Disqualified <input type="checkbox"/> Withdrew application		Status and/or Results	
Name of Agency _____ City _____	Phone Number _____ () _____ State _____	Position/Classification _____	Month/Year _____
Please check mark all that applies <input type="checkbox"/> Submitted application only <input type="checkbox"/> Took written exam <input type="checkbox"/> Took physical exam <input type="checkbox"/> Background investigation <input type="checkbox"/> Disqualified <input type="checkbox"/> Withdrew application		Status and/or Results	

35. Do you have any prior police experience? (Including police reserves.) Yes No

Agency	Rank, Title, Position	Date

36. Have you ever attended any law enforcement training academy? Yes No

Academy Name:	Address:	Did you complete the training? Yes No
Academy Name:	Address:	Did you complete the training? Yes No

37. Please state your reasons for wanting to become an officer with the City of Canton. List any additional experience or qualifications you feel may be beneficial.


COMPLETE THIS SECTION IN YOUR OWN PRINTING. DO NOT TYPE. DO NOT USE CURSIVE WRITING.

I have always belonged to a brotherhood, from sports teams as a kid to being in the United States Marine Corps. I believe I have done my part for our country. Now I want to do my part for my community. Canton is my home, I have always taken great pride in my home. I want to help Canton continue to be a great place to live. I plan on making the people of Canton proud.

CERTIFICATION OF APPLICANT

I HEREBY CERTIFY THAT THERE ARE NO WILLFUL MISREPRESENTATIONS, OMISSIONS, OR FALSIFICATIONS IN THIS APPLICATION. ALL MY ANSWERS ARE TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT BY MAKING FALSE STATEMENTS OF PRACTICING FRAUD IN COMPLETING THIS APPLICATION, I WILL BE REFUSED EMPLOYMENT AS A CANTON POLICE OFFICER. I FURTHER UNDERSTAND THAT IF EVIDENCE IS FOUND AFTER APPOINTMENT OF FALSIFICATIONS OR MISREPRESENTATIONS, SUCH WILL BE CONSIDERED ADEQUATE CAUSE FOR TERMINATION OF EMPLOYMENT.

SIGNATURE OF APPLICANT


Jacob Dryden
PRINT NAME

DATE

08/21/2018

To: CAPTAIN GABBARD

From: Detective M. Talkington #246

Subject: Background Investigation Summary, Police Officer Candidate -- Jacob S. Dryden

Date: October 11th, 2018

Find enclosed the background investigation I conducted on police officer candidate, Jacob S. Dryden. In conducting Candidate Dryden's background, I found an individual who has many strong points and qualities that qualify him to the next step in the application process. Based on this background investigation, I could find nothing that disqualifies the candidate and recommend that this candidate proceed to the next step in the selection process. Below is a summary of the background of candidate Jacob S. Dryden.

Records Check:

Jacob S. Dryden has no criminal history nor traffic citations. There have been no calls for police service either criminal or civil for his current residence.

Credit Report:

Jacob S. Dryden's credit report shows him to have a very good credit history. Jacob has been on file with the credit bureau since 2010. All loans have been paid on time every month as agreed with exception to one single late payment approximately 32 months ago.

Public Profile:

Candidate states that he has both a Facebook and Instagram account. Jacob's Instagram account is private. In reviewing his Facebook account, I did not discover anything causing concern.

Employment:

The candidate Jacob S. Dryden is currently employed by Aultman Hospital Security and has been since December 2017. Prior to being employed by Aultman Hospital, Jacob enlisted into the Marine Corp. immediately following high school graduation where he remained until earning a honorable discharge in November 2017 as a Sergeant E-5.

Voice Stress Analysis:

Results of the voice stress analysis were discussed with Jacob Dryden. On questions 3, *Did you intentionally omit or alter any information from your application?* Jacob Dryden could not provide any further explanation. I learned from Dryden that he was divorced 2012 in Onslow County, North Carolina after a 2year 2 months marriage to Stacy Heatherington who has since remarried and now goes by Stacy Clay. On question 11, *Have you ever consumed alcoholic beverages while working?* Dryden disclosed during the voice stress analysis that he had participated while in the military, with "unit fun day" where they were permitted to consume alcoholic beverages during their workday. Dryden gave the same explanation during our interview.

Personal Interview:

Two personal interviews were conducted with Jacob S. Dryden

The *first* was on 10/01/2018 and was conducted in the Detective Bureau where Jacob Dryden signed the required waiver forms and answered my questions openly without hesitation. Dryden was relaxed and appeared well dressed, groomed, rested, and eager to participate in the interview. This interview consisted of going over his employment application and the areas listed on this report in detail.

The *second* interview was on 10/05/2018 and was conducted at Jacob Dryden's residence where he currently resides with his mother whom was not present.

Upon my arrival I observed a very well maintained residence and was greeted at the door by Jacob Dryden who was average dressed and again appeared well groomed and alert. The residence appeared clean and well maintained.

Education:

Jacob Dryden graduated from Glenoak High School in 2010 with a class rank of 405 out of 471.

References:

I was provided with three personal references:

Ryan Dodd who is currently the midnight shift supervisor for Aultman Hospital Security and associates closely with the Jacob during work hours. Dodd states that he is also Dryden's direct supervisor. Dodd says that Jacob is a model employee who gets along with everyone at Aultman Hospital and performs all tasks as needed. Dodd further stated that should Jacob be hired as a Police Officer, he would certainly be missed at Aultman. Ryan Dodd highly recommends Jacob for the position of Police Officer with our department. Ryan Dodd suggested that Leroy Adams and David Paul as further references for Jacob.

William Lane resides in Montana where is employed as a fire fighter for the US Forest Service. Lane has known Jacob for about four years through the military where he was Jacob's direct supervisor. Lane states that Jacob is of good character and integrity. Lane describes Jacob to be a person who always does the right thing for the right reason and was Lane's right hand man who could always be counted on. Lane absolutely recommends Jacob for the position of Police Officer.

Blake Bennett resides in Washington State where he is currently a full time student. Bennett has knows Jacob from the military where they met about three to four years ago. Bennett also recommends Jacob for the postion of Police Officer as he has always known Jacob to be an outstanding person who is very helpful.

Leroy Adams is a retired Canton Police Officer who is presently employed by Aultman Hospital Security who has known and worked with Jacob for about one year. Leroy says that Jacob is an excellent candidate for a Police Officer with our department. Leroy states that Jacob is very level headed and gets along with everyone at Aultman Hospital.

Neighborhood Checks:

Attempts were made

Summary:

Jacob S. Dryden appears to be a qualified candidate to become a police officer with our department. He has displayed maturity and responsibility with his financial matters by maintaining a good credit history.

He served our country in both Afghanistan and Kuwait during his six years eleven months of service with the United States Marine Corp. where he earned an honorable discharge at the rank of Sergeant E-5.

All those contacted about Jacob Dryden in this background investigation all spoke very highly of him. This includes his present employer Aultman Hospital.

I found an individual who was well mannered, well respected among his peers and supervisors. Jacob Dryden works in an environment where he deals with the public (hospital security) and he has performed well in that environment.

His experiences at the hospital will help him to make the transition to a police officer in our city.

His current supervisor at Aultman Hospital Ryan Dodd, stated that he would hate to lose Jacob as an employee.

Leroy Adams, a retired Canton Police Officer spoke extremely well of Jacob stating that he is very level headed and would make a great addition to our Police Department.

This speaks highly of Jacob Dryden as a candidate to become a Canton Police Officer. Thus, ***I again recommend this candidate as a police officer with our department and that he proceed to the next step in the application process.***

Investigator: _____

M. Jally #246

Date: October 11th, 2018



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CAUTION: NOT TO BE USED FOR IDENTIFICATION PURPOSES

THIS IS AN IMPORTANT RECORD. SAFEGUARD IT.

ANY ALTERATIONS IN SHADED AREAS RENDER FORM VOID

CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

This Report Contains Information Subject to the Privacy Act of 1974, As Amended.

1. NAME (Last, First, Middle) DRYDEN, JACOB SCOTT		2. DEPARTMENT, COMPONENT AND BRANCH USMC-11		3. SOCIAL SECURITY NUMBER [REDACTED]	
4a. GRADE, RATE OR RANK SGT	5. PAY GRADE E5	5. DATE OF BIRTH (YYYYMMDD) 19911231	6. RESERVE OBLIGATION TERMINATION DATE (YYYYMMDD) 00000000		
7a. PLACE OF ENTRY INTO ACTIVE DUTY CLEVELAND, OHIO 44147		b. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known) [REDACTED] CANTON OH 44709			

8a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND 1ST CEB 1ST MARDIV, CAMPEN (RUC 11400)	b. STATION WHERE SEPARATED IPAC MCB CAMPEN (RUC 45500)
--	---

9. COMMAND TO WHICH TRANSFERRED N/A	10. SGLI COVERAGE AMOUNT: \$ 400,000	<input type="checkbox"/> NONE
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11. PRIMARY SPECIALTY (List number, title and years and months in specialty. List additional specialty numbers and titles involving periods of one or more years.) 1371, COMBAT ENGINEER, 06 YEARS, 11 MONTHS 0316, CRRC COXSWAIN, 05 YEARS, 03 MONTHS	12. RECORD OF SERVICE			
	a. DATE ENTERED AD THIS PERIOD	2010	06	07
	b. SEPARATION DATE THIS PERIOD	2017	11	06
	c. NET ACTIVE SERVICE THIS PERIOD	07	05	00
	d. TOTAL PRIOR ACTIVE SERVICE	00	00	00
	e. TOTAL PRIOR INACTIVE SERVICE	00	00	00
	f. FOREIGN SERVICE	01	00	21
	g. SEA SERVICE	00	00	00
	h. INITIAL ENTRY TRAINING	00	04	13
i. EFFECTIVE DATE OF PAY GRADE	2014	10	01	

13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) NAVY AND MARINE CORPS ACHIEVEMENT MEDAL, COMBAT ACTION RIBBON (AFGHANISTAN), MARINE CORPS GOOD CONDUCT MEDAL (2) NATIONAL DEFENSE SERVICE MEDAL, AFGHANISTAN CAMPAIGN MEDAL (W/2 STARS), INHERENT RESOLVE CAMPAIGN MEDAL, GLOBAL WAR ON TERRORISM SERVICE MEDAL, SEA SERVICE DEPLOYMENT RIBBON (2), NATO MEDAL-ISAF AFGHANISTAN, LETTER OF APPRECIATION, EXPERT RIFLE QUALIFICATION. SEE REMARKS.	14. MILITARY EDUCATION (Course title, number of weeks, and month and year completed) COXSWAIN SKILLS (CRRC) (81K), 05/2013 BASIC COMBAT ENGINEER (130), 12/2010
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15a. COMMISSIONED THROUGH SERVICE ACADEMY	YES	X	NO
b. COMMISSIONED THROUGH ROTC SCHOLARSHIP (10 USC Sec. 2107b)	YES	X	NO
c. ENLISTED UNDER LOAN REPAYMENT PROGRAM (10 USC Chap. 109) (If yes, years of commitment: _____)	YES	X	NO

16. DAYS ACCRUED LEAVE PAID 13.5	17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION	YES	NO
		X	

18. REMARKS
SERIAL # 5632024-0/EDIPI: 1395386677; ITEM NO: 13; CONT; BADGE (4), MARKSMAN PISTOL QUALIFICATION BADGE, GOOD CONDUCT MEDAL, PERIOD COMMENCES 20160607; NON-CREDITABLE DELAYED ENTRY PROGRAM TIME 20090501 TO 20100606; MEMBER PARTICIPATED IN OPERATION ENDURING FREEDOM, AFGHANISTAN; 20110411-20111029; MEMBER PARTICIPATED IN OPERATION INHERENT RESOLVE, KUWAIT; 20160410-20161006; E-MAIL ADDRESS AFTER SEPARATION: DRYDENJAKE2010@GMAIL.COM. PHONE NUMBER AFTER SEPARATION: 330-422-9305; MEMBER CONTRIBUTED \$1200.00 TOWARDS THE MGIB WHILE A MEMBER OF THE MARINE CORPS RESERVE; YOU WILL KEEP THE COMMANDER, MARINE FORCES RESERVE (TOLL FREE 1-800-255-5082) INFORMED OF ANY CHANGE OF ADDRESS, MARITAL STATUS, NUMBER OF DEPENDENTS, CIVILIAN EMPLOYMENT, OR PHYSICAL STANDARDS.
The information contained here in is subject to computer matching within the Department of Defense or with any other affected Federal or non-Federal agency for verification purposes and to determine eligibility for; and/or continued compliance with, the requirements of a Federal benefit program.

19a. MAILING ADDRESS AFTER SEPARATION (Include ZIP Code) 2226 44TH STREET, CANTON, OH 44709	b. NEAREST RELATIVE (Name and address - include Zip Code) THEA D DRYDEN (MOTHER) 2226 44TH STREET, CANTON, OH 44709
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20. MEMBER REQUESTS COPY 6 BE SENT TO (Specify state/locality) OH	OFFICE OF VETERANS AFFAIRS	X	YES	NO
a. MEMBER REQUESTS COPY 3 BE SENT TO THE CENTRAL OFFICE OF THE DEPARTMENT OF VETERANS AFFAIRS (WASHINGTON, DC)		X	YES	NO

21a. MEMBER SIGNATURE 	b. DATE (YYYYMMDD) 20171102	22a. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title, signature) A. R. DIAZ, WO, PERSONNEL OFFICER, USMC	b. DATE (YYYYMMDD) 20171101
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SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)

23. TYPE OF SEPARATION DISCHARGED	24. CHARACTER OF SERVICE (Include upgrades) HONORABLE	
25. SEPARATION AUTHORITY MARCORSEPMAN 1005	26. SEPARATION CODE KBK1	27. REENTRY CODE RE-30
28. NARRATIVE REASON FOR SEPARATION COMPLETION OF REQUIRED ACTIVE SERVICE		
29. DATES OF TIME LOST DURING THIS PERIOD (YYYYMMDD) NONE	30. MEMBER REQUESTS COPY 4 (Initials) TSP	

CANTON POLICE DEPARTMENT

Police Candidate

Voice stress analysis

Pre-Employment Screening Examination Report:

Date of report: 9/25/18

Date of Exam: 9/25/18

Requesting Agency: Canton Police Department

Applicant Name: Jacob Dryden

Exam time start: 1415 Exam time conclusion: _____

Pre-Test Interview: Applicant, Dryden did show up to his Interview early and dressed in business casual attire. He was given a pre-test questionnaire geared for someone who was in the Military during which time he made one admission that he did get in a fight in a bar.

Exam: Dryden did answer the following relevant questions in the following manner throughout the testing process. Applicant Dryden did show some stress in Questions 3 and Question 11

1. Other than previously disclosed, have you stolen property or money valued at \$50.00 or more within the last 5 years? Yes No Stress No Stress
2. Other than previously disclosed, have you ever threatened an employer or co-worker?
 Yes No Stress No Stress N/A
3. Other than previously disclosed, did you intentionally omit or alter any information from your application? Yes No Stress No Stress
4. Other than previously disclosed, within in the last 5 years, have you received any stolen property? Yes No Stress No Stress
5. Other than previously disclosed, since the age of 18, have you assaulted another person? Yes No Stress No Stress
6. Other than previously disclosed, since the age of 18, have you ever exposed yourself in public? Yes No Stress No Stress
7. Other than previously disclosed, have you ever been the subject of a restraining order?
 Yes No Stress No Stress
8. Other than previously disclosed, have you ever committed an act so serious, that if known, you would have been arrested? Yes No Stress No Stress
9. Other than previously disclosed and other than marijuana, have you used any illegal drugs within the last 5 years? Yes No Stress No Stress
10. Other than previously disclosed, have you ever sold or delivered any illegal drugs?
 Yes No Stress No Stress

11. Other than previously disclosed, have you ever consumed alcoholic beverages while working? Yes No Stress No Stress
12. Other than previously disclosed, have you ever committed an act, that if known you would have been terminated from employment for?
 Yes No Stress No Stress N/A

Alternative questions for prior Law enforcement:

1. Other than previously disclosed, have you concealed any facts relating to leaving your previous agency? Yes No Stress No Stress N/A
2. Other than previously disclosed, have you ever intentionally violated a person's civil rights? Yes No Stress No Stress N/A

Alternative questions for prior military service:

1. Other than previously disclosed, were there any conditions regarding your discharge, other than honorable? Yes No Stress No Stress N/A
2. Other than previously disclosed, were you ever the subject of a military investigation?
 Yes No Stress No Stress N/A

Post-Test Interview: When asked about the stress that was indicated on question 3, *Other than previously disclosed, did you intentionally omit or alter any information from your application?* Applicant Dryden did not know why stress would have been indicated. When asked about Question 11, *Other than previously disclosed, have you ever consumed alcoholic beverages while working?* Dryden stated that when he was in the Marine Corps they had what they called Unit Fun days and they were allowed to drink during that time that they were technically working. Dryden also clarified his previous admission about defending himself, he stated that in 2015 when he was stationed in California he got into a verbal altercation with another male when that male punched him he defended himself.

Examination Conclusion: Applicant Dryden did make some admissions during the testing a fight we got into in 2015 to which he defended himself. He also disclosed during the testing processes some of some drinking on duty in the Military as part of an accepted practice. He also showed some unexplained stress on whether or not he omitted anything from his application.

Recommendation: investigators may want to concentrate on information listed on his application to try to determine if he did indeed Omit or alter information from his application.

Examiner: Sgt. Scott Prince#48

VSA Questionnaire - Military

Candidate: Jacob Dwyden

Date: 09/25/2018 Time: 2:15 PM

1. Have you stolen property or money valued at \$50.00 or more within the last 5 years?

NO

2. Where there any conditions regarding your discharge, other than honorable? NO

3. Did you intentionally omit or alter any information from your application? NO

ix - NO IDEA why stress indicated

4. Within in the last 5 years, have you received any stolen property? NO

5. Since the age of 18, have you assaulted another person? Yes, self defense at

a bar. - During military got in a fight at A BAR
DEFENDED HIMSELF (2015 in CALIF.)

6. Since the age of 18, have you ever exposed yourself in public? NO

7. Have you ever been the subject of a restraining order? NO

8. Have you ever committed an act so serious, that if known, you would have been arrested? NO

9. Other than marijuana, have you used any illegal drugs within the last 5 years? NO

10. Have you ever sold or delivered any illegal drugs? NO

11. Have you ever consumed alcoholic beverages while working? NO

PT - HAS DRANK IN MILITARY - UNIT FREE DAY ALLOWED TO DO SO TECH. WORKING

12. Where you ever the subject of a military investigation? NO

Examiner: [Signature] 48

Canton PD

EXAMINATION DATE 9/25/2018 2:26:23 PM

EXAMINER Scott Prince

SUBJECT NAME Jacob S. Dryden

SUBJECT DOB 12/31/1991

CASE NUMBER Employment

VIPRE UNIT 1123701070

Exam 1
Question 1
(Irrelevant)
AmI Sitting Down?

Exam 1
Question 2
(Control)
Is there a floor in this room?

Exam 1
Question 3
(Irrelevant)
Is the door closed?

Exam 1
Question 4
(Relevant)
Other than previously disclosed,
within the last five years, have you
stolen property or money valued
at \$50 or more from an employer ?

Exam 1
Question 5
(Irrelevant)
Are the lights on ?

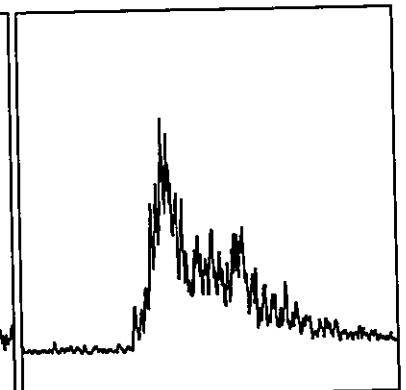
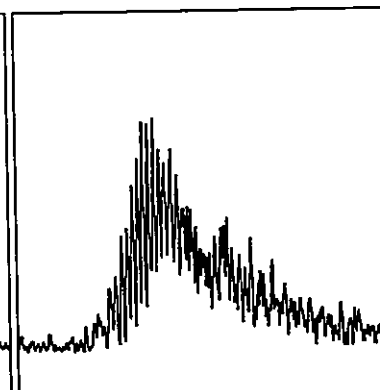
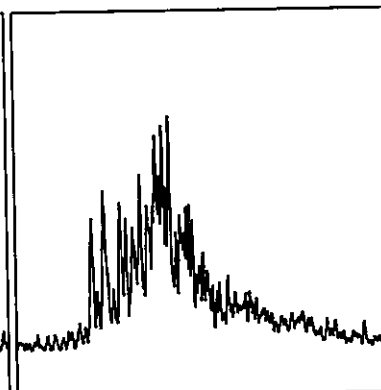
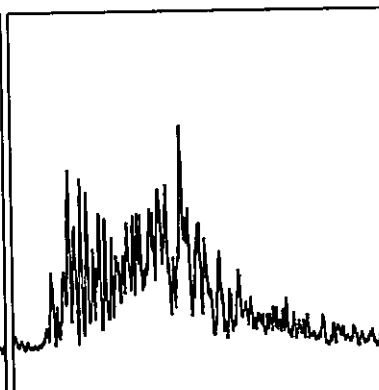
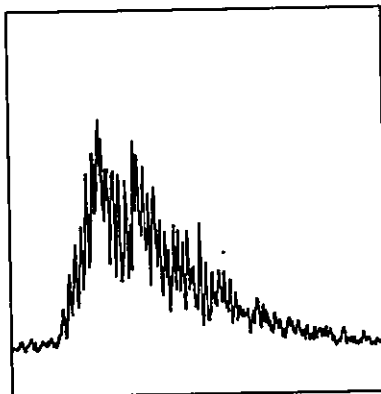
Pre-Test: Yes
Response: Yes

Pre-Test: No
Response: No

Pre-Test: Yes
Response: Yes

Pre-Test: No
Response: No

Pre-Test: Yes
Response: Yes



Comments

Comments

Comments

Comments

Comments

Canton PD

EXAMINATION DATE 9/25/2018 2:26:23 PM

EXAMINER

Scott Prince

SUBJECT NAME Jacob S. Dryden

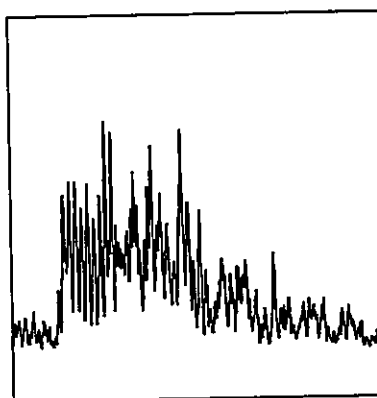
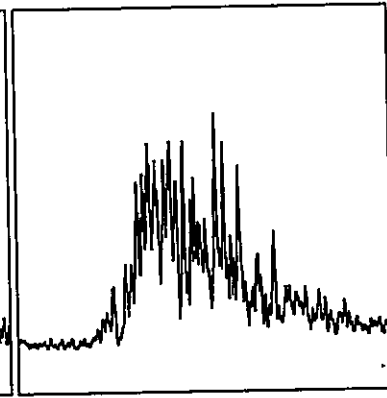
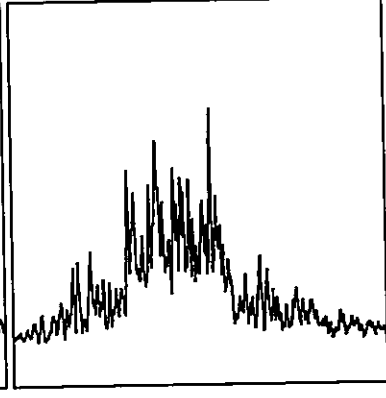
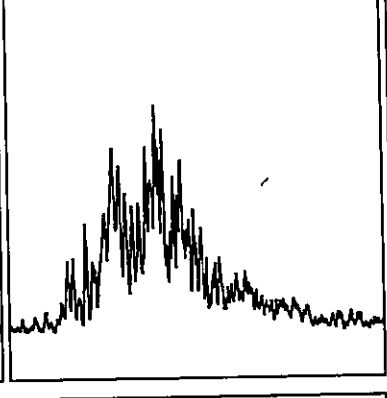
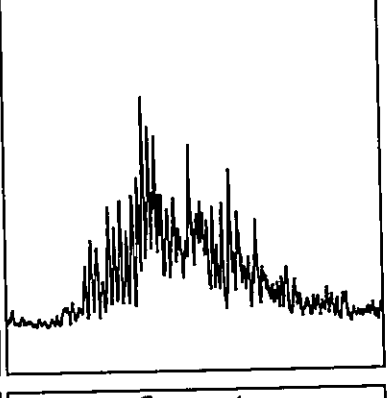
SUBJECT DOB 12/31/1991

CASE NUMBER

Employment

VIPRE UNIT

1123701070

Exam 1 Question 6 (Relevant)	Exam 1 Question 7 (Irrelevant)	Exam 1 Question 8 (Control)	Exam 1 Question 9 (Irrelevant)	Exam 1 Question 10 (Relevant)
Other than previously disclosed, were there any conditions regarding your discharge, other than honorable?	Is there a switch on the wall?	Is there a ceiling in this room?	Are there 12 months in a year?	Other than previously disclosed, did you intentionally omit or alter any required information from your application?
Pre-Test: No Response: No	Pre-Test: Yes Response: Yes	Pre-Test: No Response: No	Pre-Test: Yes Response: Yes	Pre-Test: No Response: No
				
Comments	Comments	Comments	Comments	Comments

Canton PD

EXAMINATION DATE 9/25/2018 2:26:23 PM

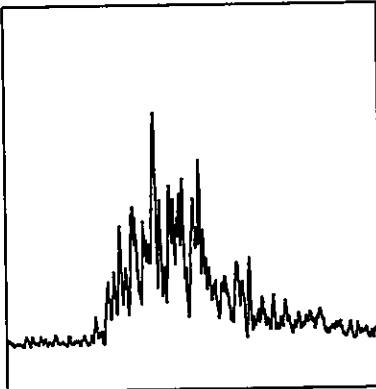
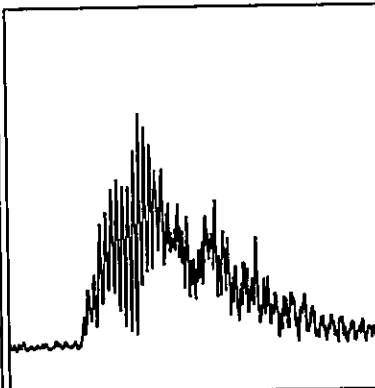
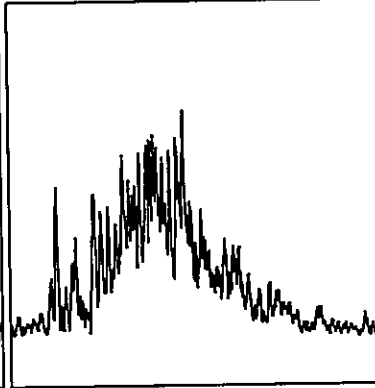
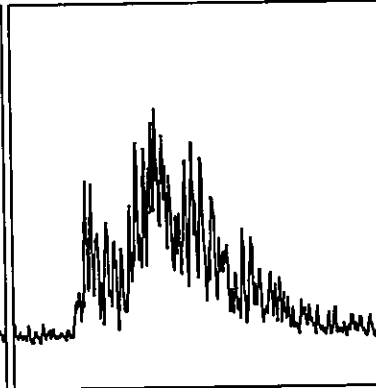
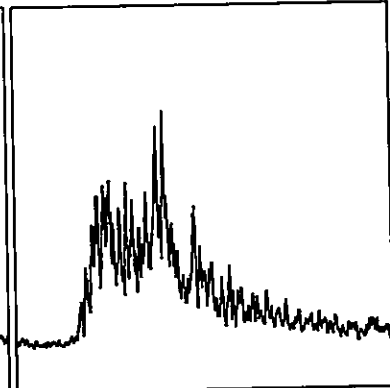
EXAMINER Scott Prince

SUBJECT NAME Jacob S. Dryden

SUBJECT DOB 12/31/1991

CASE NUMBER Employment

VIPRE UNIT 1123701070

Exam 1 Question 11 (Irrelevant) Are you sitting in a chair ?	Exam 1 Question 12 (Relevant) Other than previously disclosed, within the last five years, have you received stolen property ?	Exam 1 Question 13 (Irrelevant) Is there a phone on my desk ?	Exam 1 Question 14 (Relevant) Other than previously disclosed, within the past five years have you obtained property under false pretenses ?	Exam 1 Question 15 (Irrelevant) Are you wearing shoes ?
Pre-Test: Yes Response: Yes	Pre-Test: No Response: No	Pre-Test: No Response: No	Pre-Test: No Response: No	Pre-Test: Yes Response: Yes
				
Comments	Comments	Comments	Comments	Comments

Canton PD

EXAMINATION DATE 9/25/2018 2:26:23 PM

EXAMINER

Scott Prince

SUBJECT NAME Jacob S. Dryden

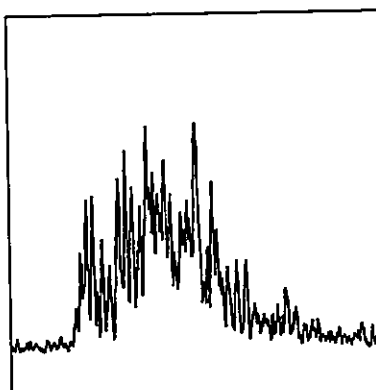
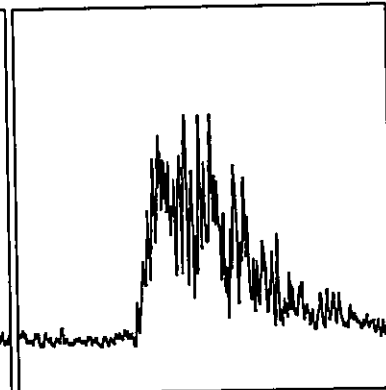
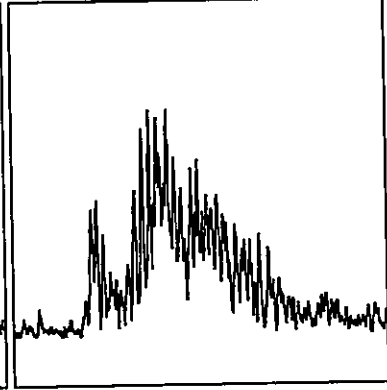
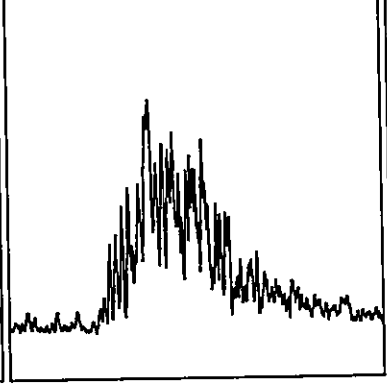
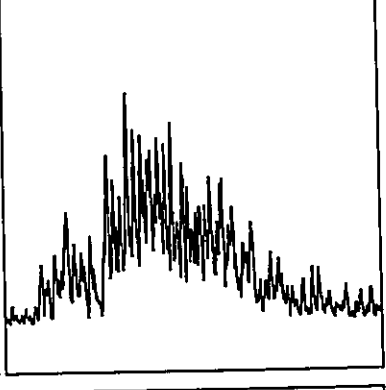
SUBJECT DOB 12/31/1991

CASE NUMBER

Employment

VIPRE UNIT

1123701070

Exam 1 Question 16 (Relevant)	Exam 1 Question 17 (Irrelevant)	Exam 1 Question 18 (Relevant)	Exam 1 Question 19 (Irrelevant)	Exam 1 Question 20 (Relevant)
Other than previously disclosed, where you ever the subject of a military investigation ?	Are there seven days in a week ?	Other than previously disclosed, since the age of 18, have you intentionally exposed yourself in public ?	Am I wearing a shirt ?	Other than previously disclosed, have you ever been the subject of a restraining order ?
Pre-Test: No Response: No	Pre-Test: Yes Response: Yes	Pre-Test: No Response: No	Pre-Test: Yes Response: Yes	Pre-Test: No Response: No
				
Comments	Comments	Comments	Comments	Comments

Canton PD

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EXAMINER

Scott Prince

SUBJECT NAME Jacob S. Dryden

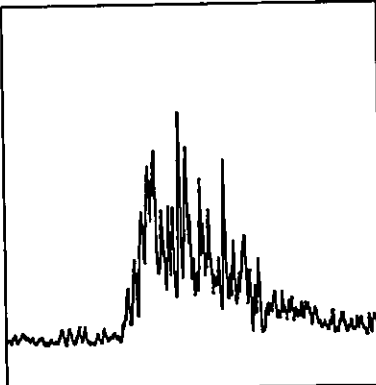
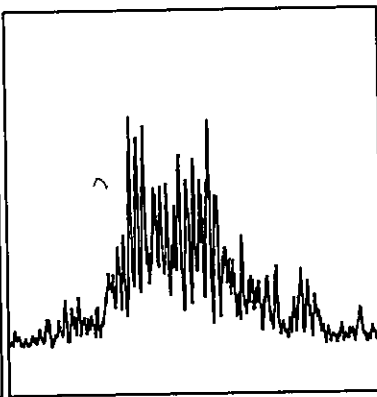
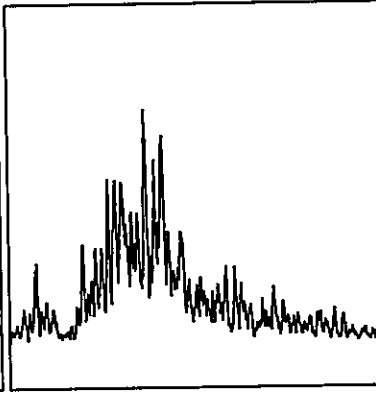
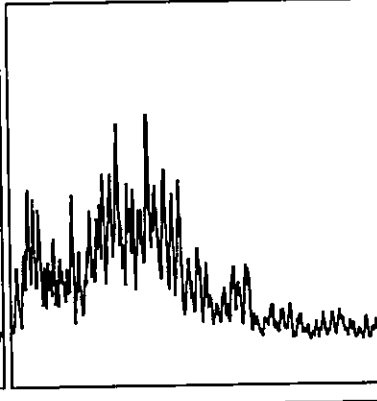
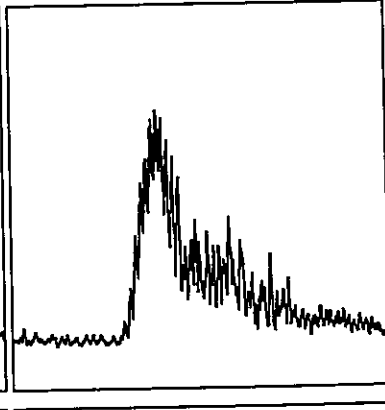
SUBJECT DOB 12/31/1991

CASE NUMBER

Employment

VIPRE UNIT

1123701070

Exam 1 Question 21 (Irrelevant) Am I wearing a watch?	Exam 1 Question 22 (Relevant) Other than previously disclosed, have you ever consumed alcoholic beverages while working?	Exam 1 Question 23 (Irrelevant) Do I have a moustache?	Exam 1 Question 24 (Relevant) Other than previously disclosed, have you ever committed an act so serious, that if known, you would have been arrested?	Exam 1 Question 25 (Irrelevant) Am I wearing glasses?
Pre-Test: Yes Response: Yes	Pre-Test: No Response: No	Pre-Test: No Response: No	Pre-Test: No Response: No	Pre-Test: Yes Response: Yes
				
Comments	Comments	Comments	Comments	Comments

Canton PD

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EXAMINER Scott Prince

SUBJECT NAME Jacob S. Dryden

SUBJECT DOB 12/31/1991

CASE NUMBER

Employment

VIPRE UNIT

1123701070

Exam 1
Question 26
(Relevant)

Other than previously disclosed
and other than marijuana, within
in the last five years have you
used any illegal drugs?

Exam 1
Question 27
(Irrelevant)

Am I wearing pants?

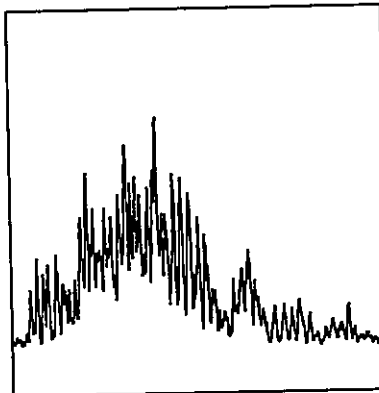
Exam 1
Question 28
(Relevant)

Other than previously disclosed,
have you ever sold or delivered
any illegal drugs?

Exam 1
Question 29
(Irrelevant)

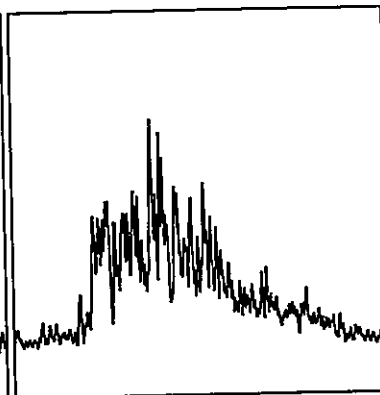
Are there twenty four hours in
the day?

Pre-Test: No
Response: No



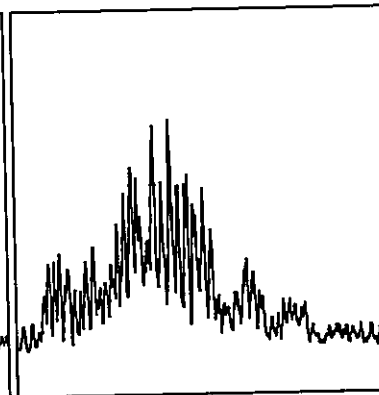
Comments

Pre-Test: Yes
Response: Yes



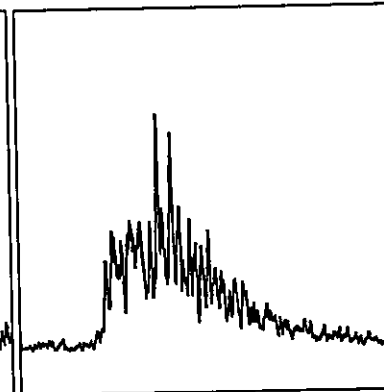
Comments

Pre-Test: No
Response: No



Comments

Pre-Test: Yes
Response: Yes



Comments

Canton PD

EXAMINATION DATE 9/25/2018 2:26:23 PM

EXAMINER Scott Prince

SUBJECT NAME Jacob S. Dryden

SUBJECT DOB 12/31/1991

CASE NUMBER

Employment

VIPRE UNIT

1123701070

Exam 2 Question 1 (Irrelevant) Am I Sitting Down?	Exam 2 Question 2 (Control) Is there a floor in this room?	Exam 2 Question 3 (Irrelevant) Is the door closed?	Exam 2 Question 4 (Relevant) Other than previously disclosed, within the last five years, have you stolen property or money valued at \$50 or more from an employer?	Exam 2 Question 5 (Irrelevant) Are the lights on?
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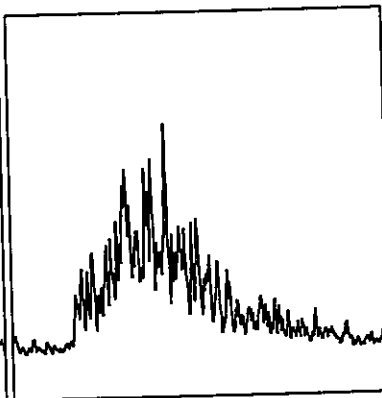
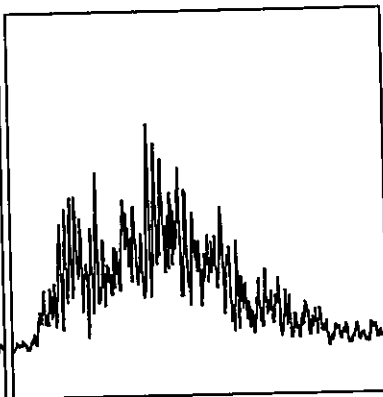
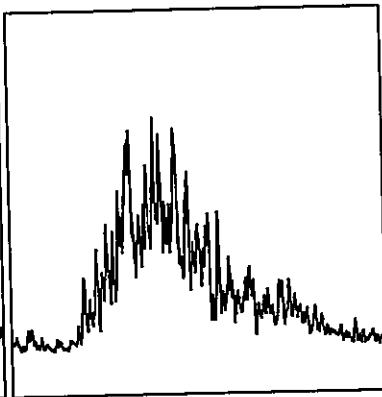
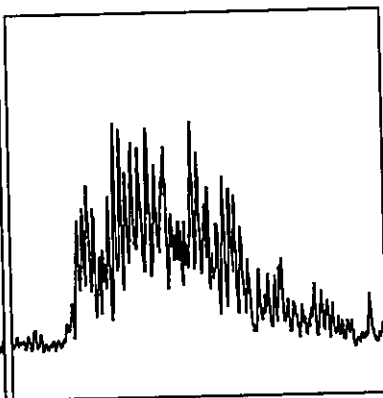
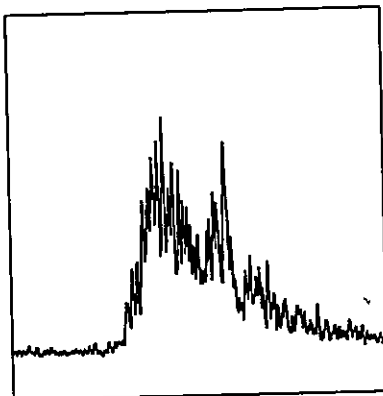
Pre-Test: Yes
Response: Yes

Pre-Test: No
Response: No

Pre-Test: Yes
Response: Yes

Pre-Test: No
Response: No

Pre-Test: Yes
Response: Yes



Comments

Comments

Comments

Comments

Comments

Canton PD

EXAMINATION DATE 9/25/2018 2:26:23 PM

EXAMINER

Scott Prince

SUBJECT NAME Jacob S. Dryden

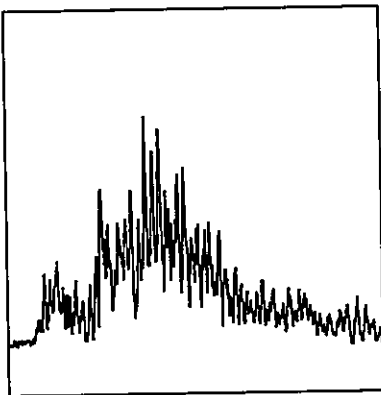
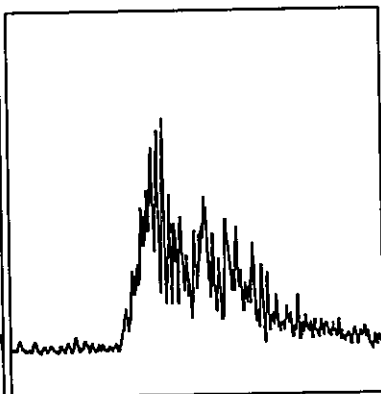
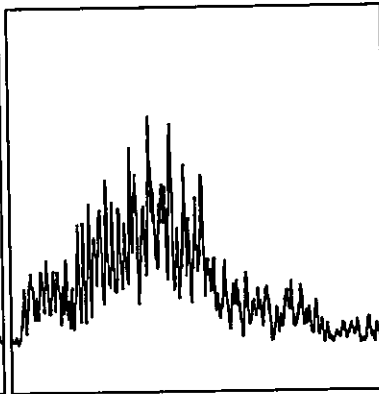
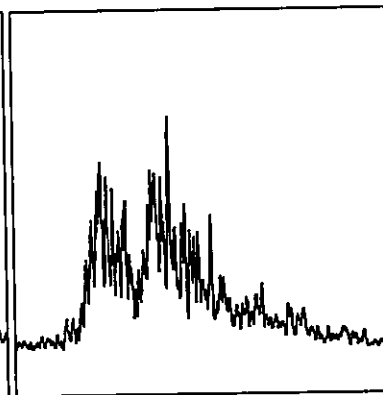
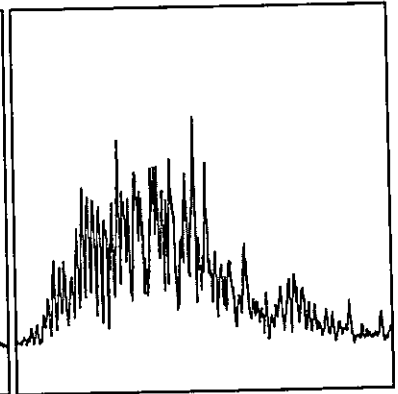
SUBJECT DOB 12/31/1991

CASE NUMBER

Employment

VIPRE UNIT

1123701070

Exam 2 Question 6 (Relevant)	Exam 2 Question 7 (Irrelevant)	Exam 2 Question 8 (Control)	Exam 2 Question 9 (Irrelevant)	Exam 2 Question 10 (Relevant)
Other than previously disclosed, were there any conditions regarding your discharge, other than honorable?	Is there a switch on the wall?	Is there a ceiling in this room?	Are there 12 months in a year?	Other than previously disclosed, did you intentionally omit or alter any required information from your application?
Pre-Test: No Response: No	Pre-Test: Yes Response: Yes	Pre-Test: No Response: No	Pre-Test: Yes Response: Yes	Pre-Test: No Response: No
				
Comments	Comments	Comments	Comments	Comments

Canton PD

EXAMINATION DATE 9/25/2018 2:26:23 PM

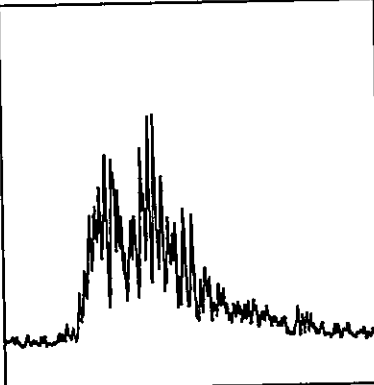
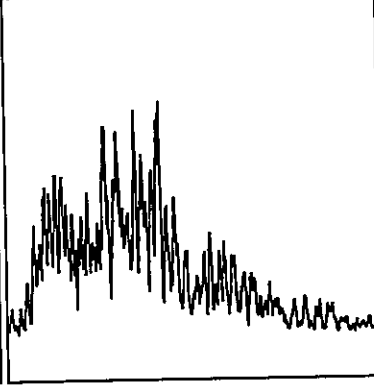
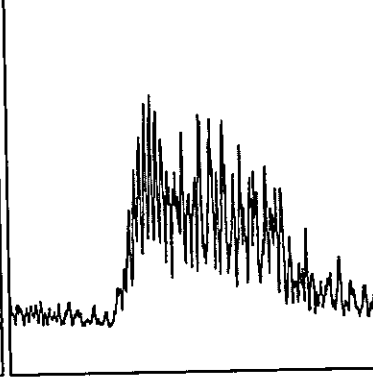
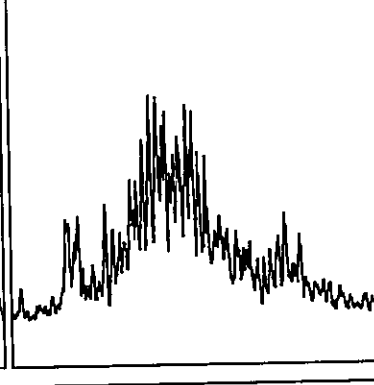
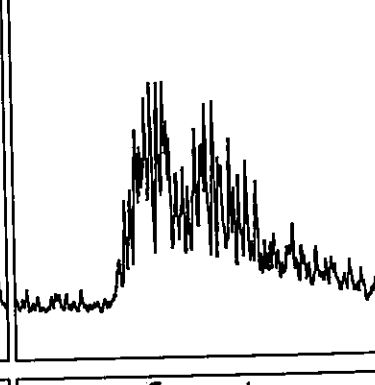
EXAMINER Scott Prince

SUBJECT NAME Jacob S. Dryden

SUBJECT DOB 12/31/1991

CASE NUMBER Employment

VIPRE UNIT 1123701070

Exam 2 Question 11 (Irrelevant) Are you sitting in a chair ?	Exam 2 Question 12 (Relevant) Other than previously disclosed, within the last five years, have you received stolen property ?	Exam 2 Question 13 (Irrelevant) Is there a phone on my desk ?	Exam 2 Question 14 (Relevant) Other than previously disclosed, within the past five years have you obtained property under false pretenses ?	Exam 2 Question 15 (Irrelevant) Are you wearing shoes ?
Pre-Test: Yes Response: Yes	Pre-Test: No Response: No	Pre-Test: No Response: No	Pre-Test: No Response: No	Pre-Test: Yes Response: Yes
				
Comments	Comments	Comments	Comments	Comments

Canton PD

EXAMINATION DATE 9/25/2018 2:26:23 PM

EXAMINER

Scott Prince

SUBJECT NAME Jacob S. Dryden

SUBJECT DOB 12/31/1991

CASE NUMBER

Employment

VIPRE UNIT

1123701070

Exam 2

Question 16

(Relevant)

Other than previously disclosed, where you ever the subject of a military investigation ?

Exam 2

Question 17

(Irrelevant)

Are there seven days in a week ?

Exam 2

Question 18

(Relevant)

Other than previously disclosed, since the age of 18, have you intentionally exposed yourself in public ?

Exam 2

Question 19

(Irrelevant)

Am I wearing a shirt ?

Exam 2

Question 20

(Relevant)

Other than previously disclosed, have you ever been the subject of a restraining order ?

Pre-Test: No

Response: No

Pre-Test: Yes

Response: Yes

Pre-Test: No

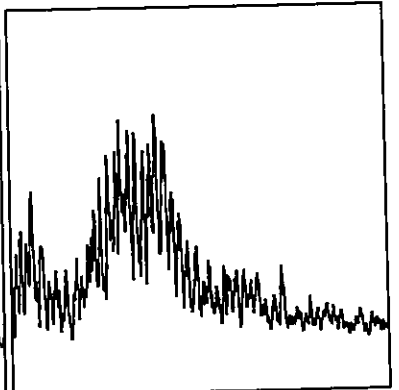
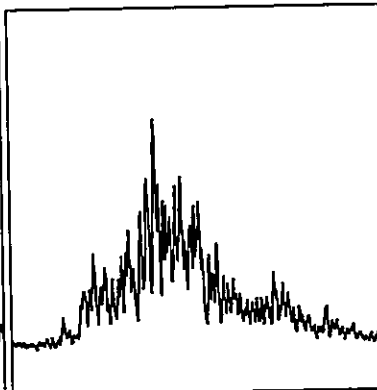
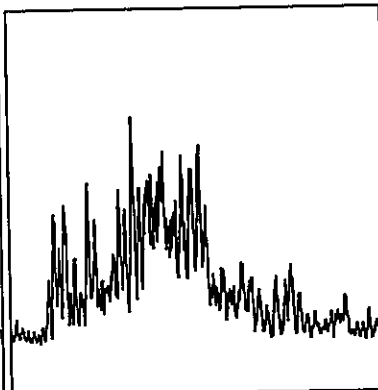
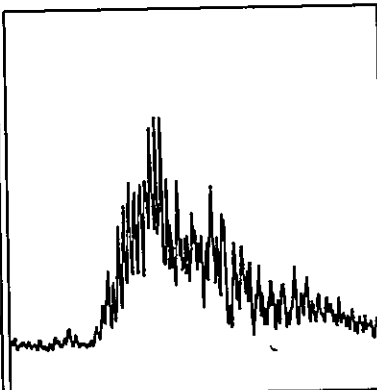
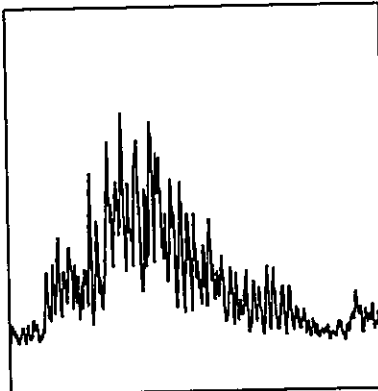
Response: No

Pre-Test: Yes

Response: Yes

Pre-Test: No

Response: No



Comments

Comments

Comments

Comments

Comments

Canton PD

EXAMINATION DATE 9/25/2018 2:26:23 PM

EXAMINER

Scott Prince

SUBJECT NAME Jacob S. Dryden

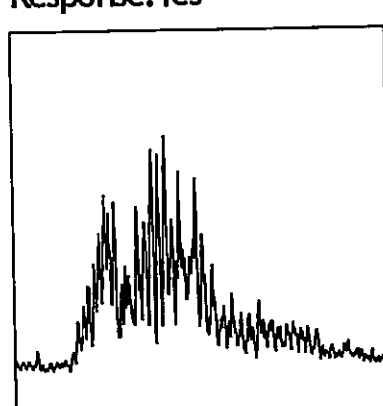
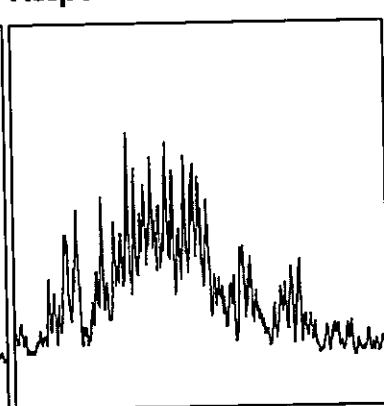
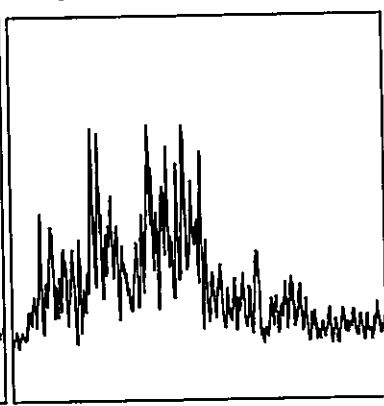
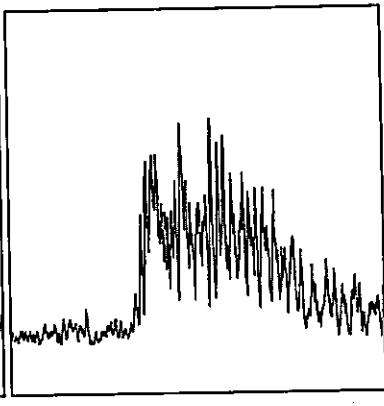
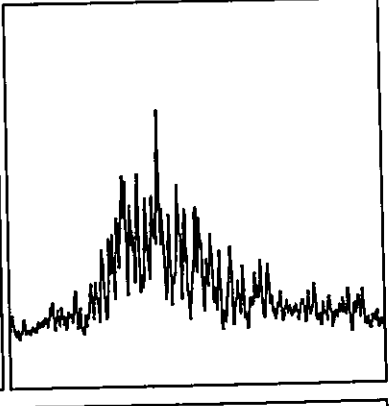
SUBJECT DOB 12/31/1991

CASE NUMBER

Employment

VIPRE UNIT

1123701070

Exam 2 Question 21 (Irrelevant)	Exam 2 Question 22 (Relevant)	Exam 2 Question 23 (Irrelevant)	Exam 2 Question 24 (Relevant)	Exam 2 Question 25 (Irrelevant)
Am I wearing a watch?	Other than previously disclosed, have you ever consumed alcoholic beverages while working?	Do I have a moustache?	Other than previously disclosed, have you ever committed an act so serious, that if known, you would have been arrested?	Am I wearing glasses?
Pre-Test: Yes Response: Yes	Pre-Test: No Response: No	Pre-Test: No Response: No	Pre-Test: No Response: No	Pre-Test: Yes Response: Yes
				
Comments	Comments	Comments	Comments	Comments

Canton PD

EXAMINATION DATE 9/25/2018 2:26:23 PM

EXAMINER Scott Prince

SUBJECT NAME Jacob S. Dryden

SUBJECT DOB 12/31/1991

CASE NUMBER Employment

VIPRE UNIT 1123701070

Exam 2

Question 26

(Relevant)

Other than previously disclosed and other than marijuana, within in the last five years have you used any illegal drugs?

Exam 2

Question 27

(Irrelevant)

Am I wearing pants?

Exam 2

Question 28

(Relevant)

Other than previously disclosed, have you ever sold or delivered any illegal drugs?

Exam 2

Question 29

(Irrelevant)

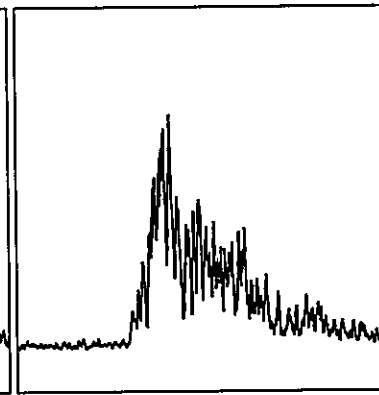
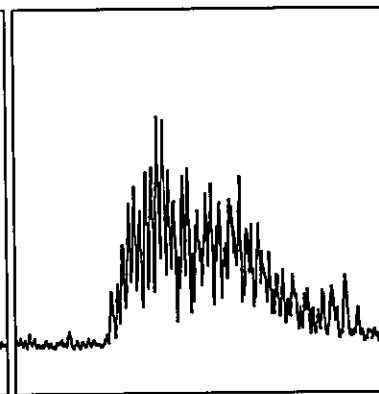
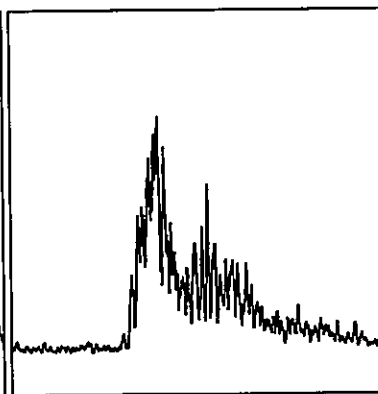
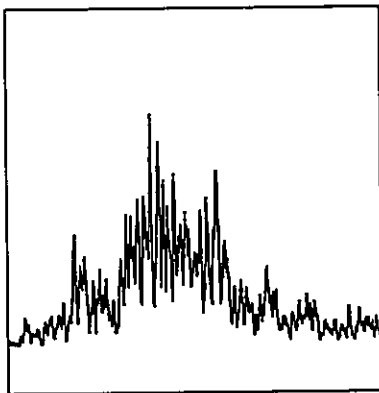
Are there twenty four hours in the day?

Pre-Test: No
Response: No

Pre-Test: Yes
Response: Yes

Pre-Test: No
Response: No

Pre-Test: Yes
Response: Yes



Comments

Comments

Comments

Comments

Canton PD

EXAMINATION DATE 9/25/2018 2:26:23 PM

EXAMINER Scott Prince

SUBJECT NAME Jacob S. Dryden

SUBJECT DOB 12/31/1991

CASE NUMBER Employment

VIPRE UNIT 1123701070

Exam 3
Question 1
(Irrelevant)
Am I Sitting Down?

Exam 3
Question 2
(Control)
Is there a floor in this room?

Exam 3
Question 3
(Irrelevant)
Is the door closed?

Exam 3
Question 4
(Relevant)
Other than previously disclosed,
within the last five years, have you
stolen property or money valued
at \$50 or more from an employer?

Exam 3
Question 5
(Irrelevant)
Are the lights on?

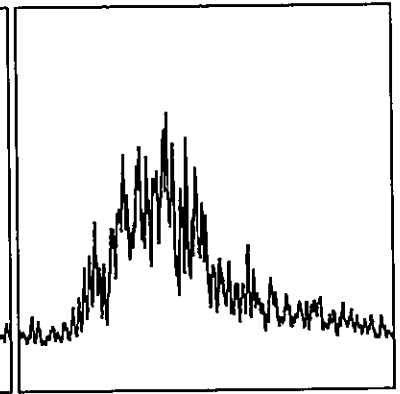
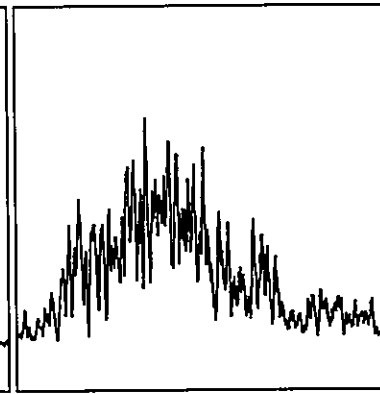
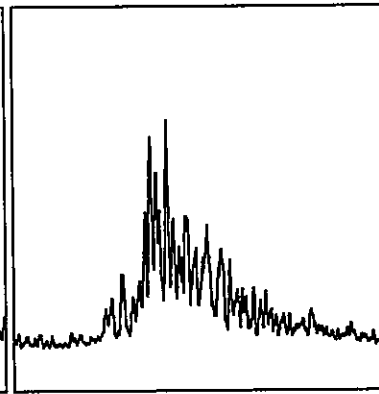
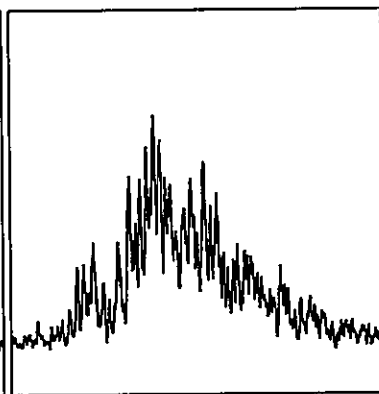
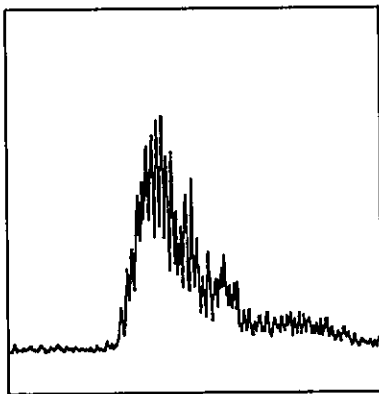
Pre-Test: Yes
Response: Yes

Pre-Test: No
Response: No

Pre-Test: Yes
Response: Yes

Pre-Test: No
Response: No

Pre-Test: Yes
Response: Yes



Comments

Comments

Comments

Comments

Comments

Canton PD

EXAMINATION DATE 9/25/2018 2:26:23 PM

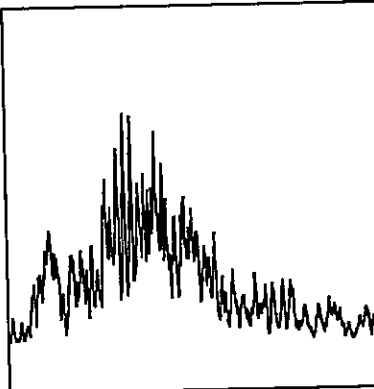
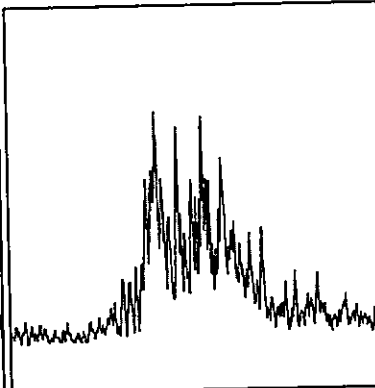
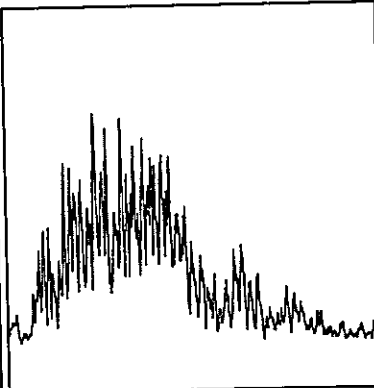
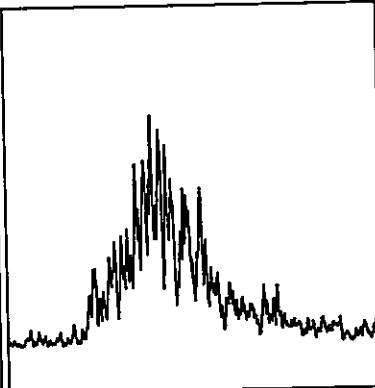
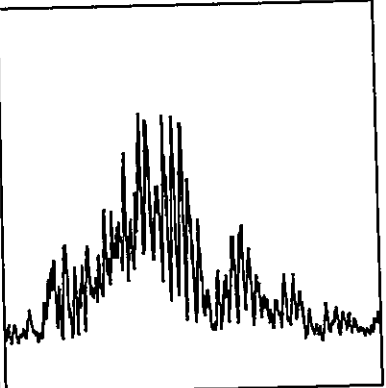
EXAMINER Scott Prince

SUBJECT NAME Jacob S. Dryden

SUBJECT DOB 12/31/1991

CASE NUMBER Employment

VIPRE UNIT 1123701070

Exam 3 Question 6 (Relevant)	Exam 3 Question 7 (Irrelevant)	Exam 3 Question 8 (Control)	Exam 3 Question 9 (Irrelevant)	Exam 3 Question 10 (Relevant)
Other than previously disclosed, where there any conditions regarding your discharge, other than honorable ?	Is there a switch on the wall ?	Is there a ceiling in this room?	Are there 12 months in a year ?	Other than previously disclosed, did you intentionally omit or alter any required information from your application ?
Pre-Test:No Response:No	Pre-Test:Yes Response:Yes	Pre-Test:No Response:No	Pre-Test:Yes Response:Yes	Pre-Test:No Response:No
				
Comments	Comments	Comments	Comments	Comments

Canton PD

EXAMINATION DATE 9/25/2018 2:26:23 PM

EXAMINER Scott Prince

SUBJECT NAME Jacob S. Dryden

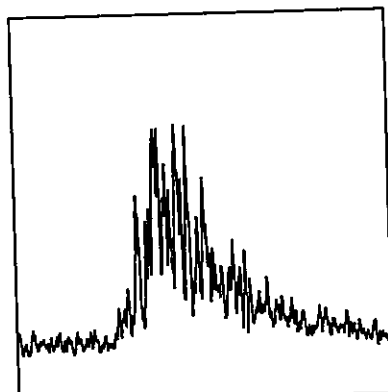
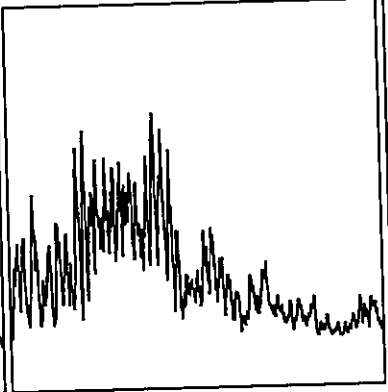
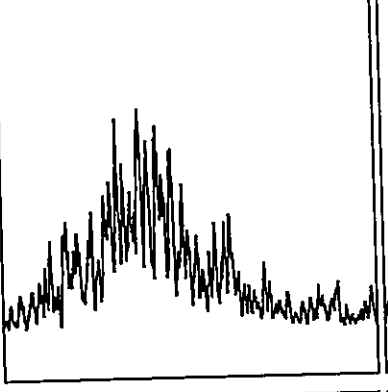
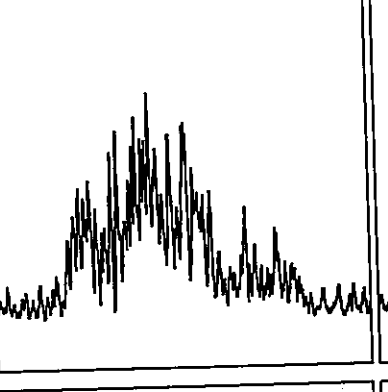
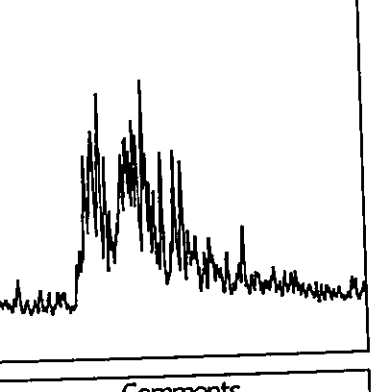
SUBJECT DOB 12/31/1991

CASE NUMBER

VIPRE UNIT

Employment

1123701070

Exam 3 Question 11 (Irrelevant)	Exam 3 Question 12 (Relevant)	Exam 3 Question 13 (Irrelevant)	Exam 3 Question 14 (Relevant)	Exam 3 Question 15 (Irrelevant)
Are you sitting in a chair ?	Other than previously disclosed, within the last five years, have you received stolen property ?	Is there a phone on my desk ?	Other than previously disclosed, within the past five years have you obtained property under false pretenses ?	Are you wearing shoes ?
Pre-Test: Yes Response: Yes	Pre-Test: No Response: No	Pre-Test: No Response: No	Pre-Test: No Response: No	Pre-Test: Yes Response: Yes
				
Comments	Comments	Comments	Comments	Comments

Canton PD

EXAMINATION DATE 9/25/2018 2:26:23 PM

EXAMINER

Scott Prince

SUBJECT NAME Jacob S. Dryden

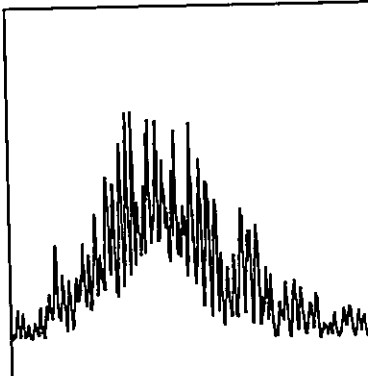
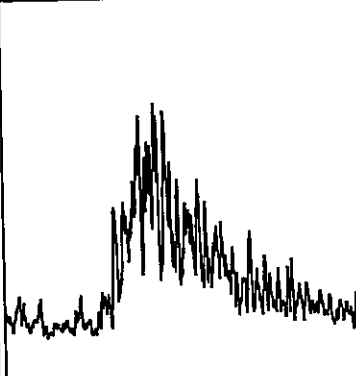
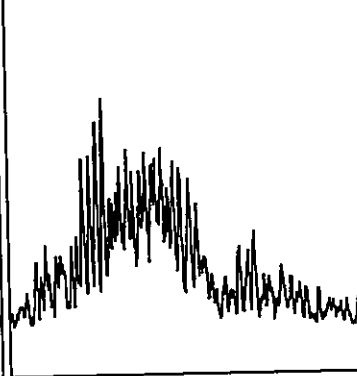
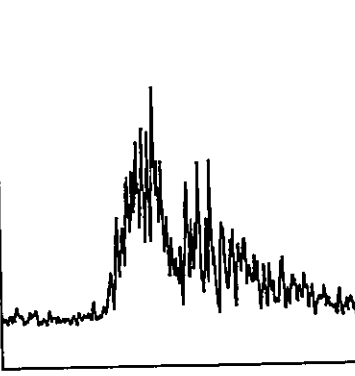
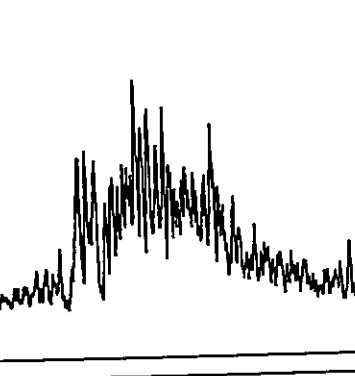
SUBJECT DOB 12/31/1991

CASE NUMBER

Employment

VIPRE UNIT

1123701070

Exam 3 Question 16 (Relevant)	Exam 3 Question 17 (Irrelevant)	Exam 3 Question 18 (Relevant)	Exam 3 Question 19 (Irrelevant)	Exam 3 Question 20 (Relevant)
Other than previously disclosed, where you ever the subject of a military investigation ?	Are there seven days in a week ?	Other than previously disclosed, since the age of 18, have you intentionally exposed yourself in public ?	Am I wearing a shirt ?	Other than previously disclosed, have you ever been the subject of a restraining order ?
Pre-Test: No Response: No	Pre-Test: Yes Response: Yes	Pre-Test: No Response: No	Pre-Test: Yes Response: Yes	Pre-Test: No Response: No
				
Comments	Comments	Comments	Comments	Comments

Canton PD

EXAMINATION DATE 9/25/2018 2:26:23 PM

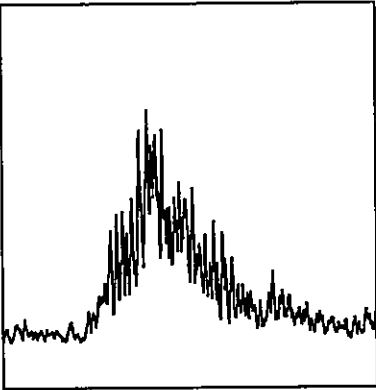
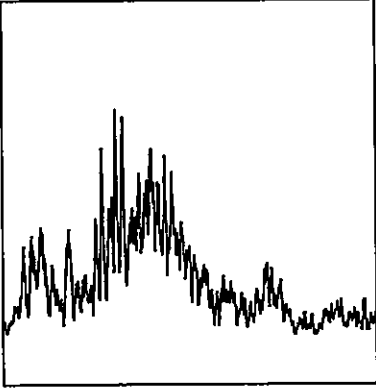
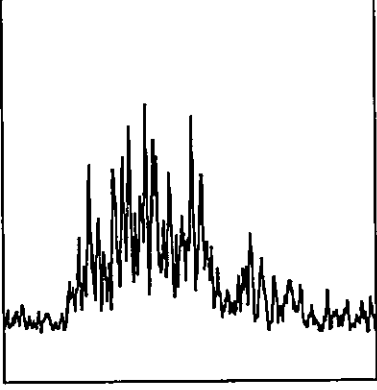
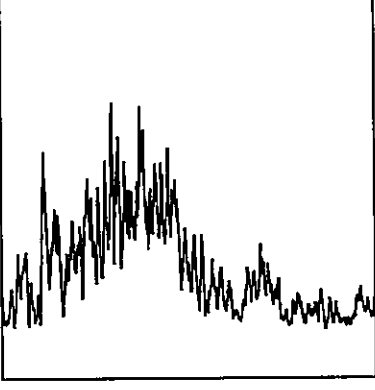
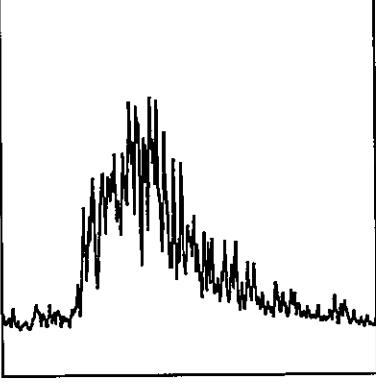
EXAMINER Scott Prince

SUBJECT NAME Jacob S. Dryden

SUBJECT DOB 12/31/1991

CASE NUMBER Employment

VIPRE UNIT 1123701070

Exam 3 Question 21 (Irrelevant) Am I wearing a watch?	Exam 3 Question 22 (Relevant) Other than previously disclosed, have you ever consumed alcoholic beverages while working?	Exam 3 Question 23 (Irrelevant) Do I have a moustache?	Exam 3 Question 24 (Relevant) Other than previously disclosed, have you ever committed an act so serious, that if known, you would have been arrested?	Exam 3 Question 25 (Irrelevant) Am I wearing glasses?
Pre-Test: Yes Response: Yes	Pre-Test: No Response: No	Pre-Test: No Response: No	Pre-Test: No Response: No	Pre-Test: Yes Response: Yes
				
Comments	Comments	Comments	Comments	Comments

Canton PD

EXAMINATION DATE 9/25/2018 2:26:23 PM

EXAMINER Scott Prince

SUBJECT NAME Jacob S. Dryden

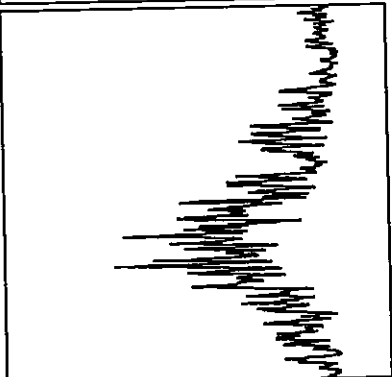
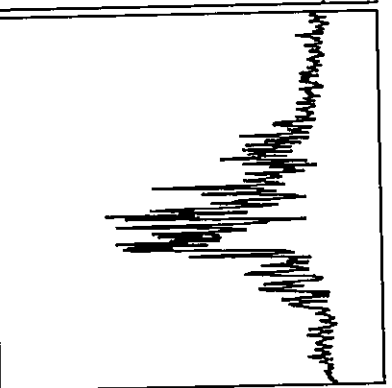
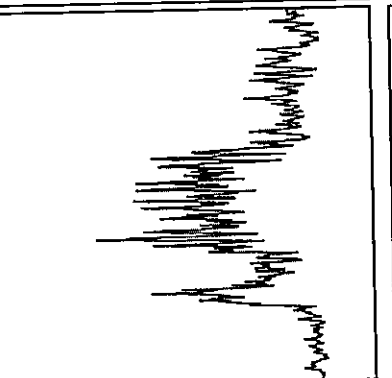
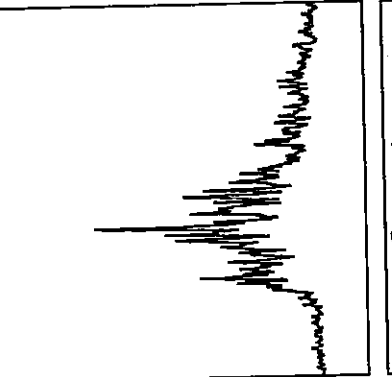
SUBJECT DOB 12/31/1991

CASE NUMBER

VIPRE UNIT

Employment

1123701070

Exam 3	Exam 3	Exam 3	Exam 3
Question 26 (Relevant) Other than previously disclosed and other than marijuana, within in the last five years have you used any illegal drugs ?	Question 27 (Irrelevant) Am I wearing pants ?	Question 28 (Relevant) Other than previously disclosed, have you ever sold or delivered any illegal drugs ?	Question 29 (Irrelevant) Are there twenty four hours in the day ?
Pre-Test: No Response: No	Pre-Test: Yes Response: Yes	Pre-Test: No Response: No	Pre-Test: Yes Response: No
			
Comments	Comments	Comments	Comments

CANTON POLICE DEPARTMENT

Police Candidate

Criminal Record

Name of Candidate: Jacob S. Dryden

Local Police Department and County Sheriff Department where candidate resides should both be checked.

Local Police Department: Canton PD

Date of Arrest: N/A

Charge: N/A

Disposition: There have been no calls for police service reference to Jacob Dryden.

Local Sheriff Department: Stark County Sheriff's Department

Date of Arrest: N/A

Charge: N/A

Disposition: There have been no service calls to the residence neither criminal nor civil in nature.

Past Law Enforcement Agency: N/A

Date of Arrest: _____

Charge: _____

Disposition: _____

If there are aggravating and/or mitigating circumstances concerning an arrest, please comment:

Investigating Officer: Detective M. Talkington #246

Date: October 09, 2018

**CANTON POLICE DEPARTMENT
Police Candidate
Credit Record**

Name of Candidate: Jacob S. Dryden

Credit Bureau Checked: TransUnion

Candidate has been on file since: 2010

Has candidate been sued for non-payment of bills: No

Comments:

Has applicant ever been receivership or bankruptcy? No

Comments:

Does the record indicate that candidate has a tendency to over extend himself financially? No

Comments: Jacob Dryden has been on file with the credit bureau since 2010 and is paying on time as agreed. The credit report only shows one late payment which was approximately 32 months ago.

If the candidate's credit record contains derogatory information, this information needs to be checked further.
N/A

Investigating Officer: Detective M. Talkington #246

Date: October 3, 2018

CANTON POLICE DEPARTMENT

Police Candidate

Personal Interview

Name of Candidate: Jacob S. Dryden

SSN: [REDACTED]

Address where interview was conducted: 221 3rd ST SW Canton, Ohio 44702

Is this the candidate's home? No **Was an appointment made for the interview?** Yes

Condition of candidate's home (check one): N/A

Very Neat (X) **Neat** () **Average** () **Below Average** ()

Dress of Candidate: **Neat** (X) **Average** () **Sloppy** ()

Candidate's appearance for interview – please describe (physical attributes):

Marital status of candidate: Single

If married, how long?

Wife's maiden name: N/A

Number of children: 0

Was candidate nervous? No

How did he/she answer questions? **Directly** (X) **Evasively** ()

If anything worthy of comment arose during the interview, please describe:

There is no person who can sense whether or not the candidate would develop into a good officer better than the investigator: Therefore, upon completion of investigation, the investigator should answer the following questions:

Does investigator recommend applicant:

Yes (X) **No** () **Comments:** See summary

Investigating Officer: Detective M. Talkington #246

Date: October 3, 2018

CANTON POLICE DEPARTMENT
Police Candidate
Employment

Name of Candidate: Jacob S. Dryden

Employer: Aultman Hospital

Name of Interviewee: Ryan Dodd **Date:** 10/03/2018
Title of Interviewee: Security Midnight Shift Supervisor

Dates of employment: from: December 2017 to: Present

Type of work performed or position held: Security

Was the candidate promoted: N/A

Reason for leaving: Currently employed

Did the candidate have excessive absenteeism? No
Comments: No call off reported

Was disciplinary action taken? No
Comments:

Would candidate be re-hired? Yes

Does this person recommend the candidate for the position of Police Officer? Yes
Comments:

Efforts should be made to interview an immediate supervisor of the candidate.

Name of supervisor: Ryan Dodd

Position: Security Midnight Shift Supervisor

How did the candidate interact with co-workers? Gets along exceptionally well with co-workers.

Does he or she recommend the candidate for the position of Police Officer? Yes

Comments: Dodd spoke highly of Dryden and stated that he would hate to lose him as an employee.

Investigating Officer: Detective M. Talkington #246

Date: October 03rd, 2018

CANTON POLICE DEPARTMENT
Police Candidate
References

Name of Candidate: Jacob S. Dryden

Reference: Leroy Adams

Position or Occupation: Retired Canton PD/Aultman Security

How long has the reference known the candidate? >1 year

Does the reference associate closely with the candidate? At work

Has the candidate ever been in trouble? No

Comment:

Does the reference know anything of a derogatory nature concerning the candidate? No

Comments:

Does he or she recommend the candidate for the position of Police Officer? Yes

Comments: Leroy Adams stated that Dryden is level headed and gets along with everyone at Aultman Hospital. Leroy says that Dryden is a great candidate for Police Officer with our department.

Names of other associates of the candidate for possible interview:

Investigating Officer: Detective M. Talkington #246

Date: October 5, 2018

CANTON POLICE DEPARTMENT
Police Candidate
References

Name of Candidate: Jacob S. Dryden

Reference: Ryan Dodd

Address: Canton, Ohio

Position or Occupation: Aultman Security shift supervisor

How long has the reference known the candidate? 1 year

Does the reference associate closely with the candidate? Yes, at work

Has the candidate ever been in trouble? No

Comment:

Does the reference know anything of a derogatory nature concerning the candidate? No

Comments:

Does he or she recommend the candidate for the position of Police Officer? Yes

Comments: Dodd believes that Dryden will do very well as a Police Officer as he has a great demeanor and handles all tasks as needed.

Names of other associates of the candidate for possible interview: Dave Paul, Leroy Adams

Investigating Officer: Detective M. Talkington #246

Date: October 3, 2018

CANTON POLICE DEPARTMENT
Police Candidate
References

Name of Candidate: Jacob S. Dryden

Reference: William Lane

Address: Montana

Position or Occupation: Fire fighter US Forest Service

How long has the reference known the candidate? Approximately 4 years

Does the reference associate closely with the candidate? Yes

Has the candidate ever been in trouble? No

Comment:

Does the reference know anything of a derogatory nature concerning the candidate? No

Comments:

Does he or she recommend the candidate for the position of Police Officer? Absolutely Yes

Comments: Lane states Jacob Dryden to be of good character and integrity, describes Dryden to be a person who always does the right thing for the right reasons.

Names of other associates of the candidate for possible interview: Blake Bennett

Investigating Officer: Detective M. Talkington

Date: October 3, 2018

CANTON POLICE DEPARTMENT
Police Candidate
References

Name of Candidate: Jacob S. Dryden

Reference: Blake Bennett

Address: Washington State

Position or Occupation: Student

How long has the reference known the candidate? 3-4 years

Does the reference associate closely with the candidate? Yes

Has the candidate ever been in trouble? No

Comment:

Does the reference know anything of a derogatory nature concerning the candidate? No

Comments:

Does he or she recommend the candidate for the position of Police Officer? Yes

Comments: Bennett states that Jacob would be a great Police Officer as he has always been an outstanding person and is very helpful.

Names of other associates of the candidate for possible interview: William Lane

Investigating Officer: Detective M. Talkington #246

Date: October 5, 2018

CANTON POLICE DEPARTMENT

Police Candidate

Neighborhood Checks

Name of Candidate: Jacob S. Dryden

Neighbor Interviewed: Attempts were made

Address of neighbor interviewed: _____

How long has the neighbor known the candidate? _____

Neighbor knows the candidate: well () casually () slightly () not at all ()

What is the reputation of the candidate in the neighborhood? Good () Bad ()

Comments: _____

Has the candidate caused trouble in the neighborhood? _____ **Comments:** _____

Does the neighbor recommend the candidate for the position of Police Officer?

Yes () No ()

Comments: _____

Investigating Officer: Detective M. Talkington #246

Date: October 08th, 2018

CANTON POLICE DEPARTMENT

Polygraph Waiver

I Jacob Driden, an applicant for a position with the Canton Police Department, agree to submit to a polygraph examination if requested to do so relative to my employment application. I further agree that I may be given a polygraph test if requested to do so after being employed when an investigation is being instituted that I could have some involvement in or which may pertain to my status as an employee.

Signature: _____

Typed Name: _____

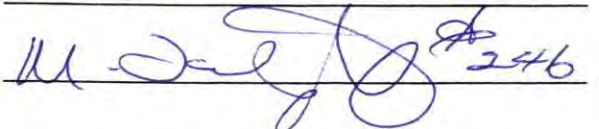
Time and Date: _____

Witnessed by: _____



Jacob Driden

10/01/2018 10:57 am

 #246



THE CITY OF
CANTON

THOMAS M. BERNABEL, MAYOR

TO WHOM IT MAY CONCERN:

I, Jacob Dryden, am a candidate for employment as a
(Print Name)

Police Officer for the City of Canton, Ohio. A part of the candidate selection process includes a thorough background investigation conducted by members of the Canton Police Department.

I am respectfully requesting your cooperation with the Canton Police Department by providing to the City of Canton any and all information you may have personal knowledge of, or contained in my personnel file, concerning me, my work record or my reputation.

I hereby unconditionally release you and/or your employer from any liability and/or damage of whatsoever nature on account of furnishing the information requested herein.

This request and waiver of liability is valid for a period of one (1) years from the date entered below.

DATE 08/21/2018 SIGNATURE (X): [Signature]





THE CITY OF
CANTON
THOMAS M. BERNABEL, MAYOR

TO WHOM IT MAY CONCERN:

I, Jacob Dryden, am a candidate for employment as a
(Print Name)

Police Officer for the City of Canton, Ohio. A part of the candidate selection process includes a thorough background investigation conducted by members of the Canton Police Department.

I am respectfully requesting your cooperation with the Canton Police Department by providing to the City of Canton any and all information you may have personal knowledge of, or contained in my personnel file, concerning me, my work record or my reputation.

I hereby unconditionally release you and/or your employer from any liability and/or damage of whatsoever nature on account of furnishing the information requested herein.

This request and waiver of liability is valid for a period of one (1) years from the date entered below.

DATE 08/21/2018 SIGNATURE (X): [Signature]



THE CITY OF
CANTON
THOMAS M. BERNABEI, MAYOR

TO WHOM IT MAY CONCERN:

I, Jacob Drayton, am a candidate for employment as a
(Print Name)

Police Officer for the City of Canton, Ohio. A part of the candidate selection process includes a thorough background investigation conducted by members of the Canton Police Department.

I am respectfully requesting your cooperation with the Canton Police Department by providing to the City of Canton any and all information you may have personal knowledge of, or contained in my personnel file, concerning me, my work record or my reputation.

I hereby unconditionally release you and/or your employer from any liability and/or damage of whatsoever nature on account of furnishing the information requested herein.

This request and waiver of liability is valid for a period of one (1) years from the date entered below.

DATE 08/21/2018 SIGNATURE (X): [Signature]





CITY OF CANTON POLICE DEPARTMENT

221 - 3rd Street SW • Canton, Ohio 44701 • Phone 330-489-3100 • Fax 330-489-3264
CHIEF JACK O. ANGELO, III

September 3rd, 2020

Officer Dryden,

On August 28th, while responding to a call, you were involved in an accident at 9th St NE and Cherry Ave NE. Based on the supervisor's review and the accident report, you entered the intersection against a red traffic signal with your emergency lights on, activating your siren manually and intermittently. Your view of oncoming traffic was obstructed by a truck, yet you continued through the intersection and were struck by a northbound Jeep Cherokee. The operator of the Jeep reported that she did not hear a siren. Fortunately, there were no injuries, but both vehicles had significant damage.

It is imperative, when in emergency response, to use a continuous siren. Even with emergency lights and sirens, it is our duty to proceed through intersections with *due regard* for public safety. Your failure to do so violated **RR 606 Operating Vehicles (B)** as well as **Lexipol policy 316: Officer Response to Calls**. Most importantly, you put yourself at risk of serious injury. As a result, you will receive this **Letter of Reprimand**.

There is nothing I like less as a commander than issuing discipline, but there is nothing more important to me than your well-being. Based on the way you have conducted yourself as an officer to this point in your career, I am confident you will take the necessary steps to ensure that this type of conduct does not occur again. Future violations of departmental policy will be met with more serious, progressive discipline.

This letter will be placed in your personnel file in accordance with the CPPA collective bargaining agreement.

Sincerely,

Captain John Gabbard
Uniform Division Commander

Cc: Andrea Perry, Safety Director
Human Resources
CPPA
Personnel File
Office of Professional Standards



"Home of the Professional Football HALL OF FAME"

Form #33
Canton Police Department
Inter-Office Communications

To: Capt. J. Gabbard #4

From: Sgt. J. Daniel #55

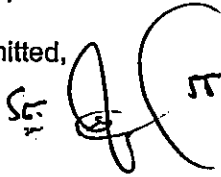
Date: 8/28/20

RE: Cruiser #46 accident

Sir,

I responded to the intersection of 9th St NE and Cherry Ave NE reference a cruiser accident. Ofc. Dryden was driving car #46 east on 9th St NE approaching Cherry Ave NE in emergency response. His lights were activated and he was operating the siren manually. As he proceeded through the intersection his view was blocked by a truck stopped in the far west lane. He was struck by a Jeep Cherokee, which was driving north in the far east lane. The Cherokee had the green traffic signal. I believe Ofc. Dryden should have slowed more (though I do not believe he was driving at an excessive speed) and cleared the intersection before proceeding through, this may have prevented the accident. Ofc. Wells responded and investigated the accident (accident #2011014). There were no injuries and I took photos of the vehicle damage.

Respectfully submitted,

A handwritten signature in black ink, appearing to be 'Sgt. J. Daniel', with a large, stylized flourish on the right side.

Sgt. J. Daniel#55

Form #33
Canton Police Department
Inter-Office Communications

To: Sgt Daniel #55

From: Officer Dryden 172

Subject: Accident involving Car 46

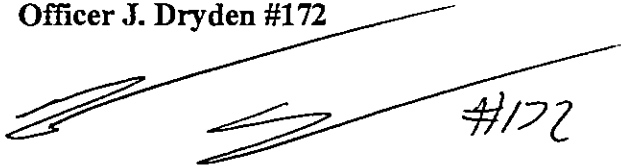
Date: 8/28/20

Sir,

I was driving in an emergency response with lights and siren activated to a trouble call involving a man possibly with a machete. As I was east on 9th St NE approaching Cherry Ave NE, there was a vehicle in the west lane that was stopped. I continued through the intersection. Once in the intersection there was a vehicle heading north in the east lane that I could not see due to the stopped vehicle. The vehicle struck me in the rear passenger side. After being struck I advised dispatch of what just occurred and checked on the welfare of the vehicles passengers. The occupants did not suffer any injuries. I did not suffer any injuries either.

Respectfully submitted

Officer J. Dryden #172

Handwritten signature of Officer J. Dryden #172, consisting of a stylized cursive signature followed by the number #172.

- IMPORTANT -

- 1 Promptly notify police of all accidents
- 2 This report must be completed on day of accident
- 3 Failure to comply with these instructions will result in suspension

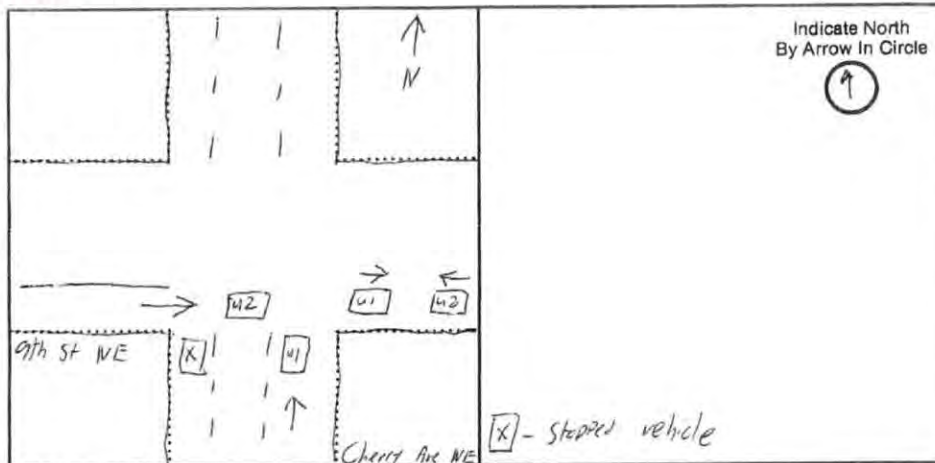
**CITY OF CANTON
MOTOR VEHICLE
ACCIDENT REPORT**

DATE OF ACCIDENT 08-28-20 TIME 1500 PLACE 9th St and Cherry Ave NE
 CITY VEHICLE: Police LICENSE NO. [REDACTED] VEHICLE NO. 46
 Name of Driver Jacob Drixon Classif. or Rank PO
 Type of Vehicle Cruiser Dept. CPD Div. PATROL
 City Employee Injured Yes NO Name _____ (If Yes make out Injury Report W.C. I)
 Name _____
 Parts of City Vehicle Damaged Rear Passenger Side

TELL EXACTLY WHAT HAPPENED (Print or Type) I was driving in an emergency response with lights and siren activated to a trouble call involving a man possibly with a machete. I was east on 9th St NE approaching Cherry Ave NE, there was a vehicle in the west lane that was stopped. I continued through the intersection. Once in the intersection there was a vehicle heading north in the east lane that I could not see due to the stopped vehicle. The vehicle struck me in the rear passenger side. After being struck I advised dispatch of what just occurred and clamed on the welfare of the vehicles passengers. The occupants did not suffer any injuries. I did not suffer any injuries either.

Instructions:

- (1) If you can't use the drawing on left, make your own as accurate as possible in the right side block.
- (2) Show where vehicles were in roadway when accident occurred and where they finally came to rest.
- (3) Number each vehicle and show direction of travel by arrow: → □ □ ←
- (4) Show pedestrians by: ○



OTHER VEHICLE OR OBJECT:
 License No. HUA8282 Make Jeep Year 2019 Model Cherokee
 Extent of Damage Disabling front end damage
 Owner's Name Ananda Montano Address 1235 Rect Ave NE Phone [REDACTED]
 Owner's Name _____ Address _____ Phone _____
 If not Motor Vehicle Describe Fully (Pedestrian - Fire Plug, etc.) _____

NAME AND ADDRESS OF OCCUPANTS OF OTHER VEHICLE:

Name	Address	Phone

WAS ANYONE INJURED: Yes No

Name	Address	Phone

WITNESS (Make Note of License Numbers of Other Occupied Vehicles Near Scene)

Name	Address	Phone

REVIEWED BY: [Signature] CPD Patrol Sergeant
 Signed _____
 Official Capacity Patrol Sergeant
 Residence CPD
 Telephone No. 469-3100
 Date this report was completed 8-28-20
 Signature, address, and official capacity of Driver of City of Canton Vehicle
[Signature] [Address] H172

J. Dwyden 172



- Bureau of Motor Vehicles
- Emergency Management Agency
- Emergency Medical Services
- Office of Criminal Justice Services
- Ohio Homeland Security
- Ohio State Highway Patrol



Mike DeWine, Governor
 Thomas J. Stickrath, Director
 Colonel Paul A. Pride
 Superintendent

Ohio State Highway Patrol
 1970 West Broad Street
 P.O. Box 182074
 Columbus, Ohio 43218-2074
 www.statepatrol.ohio.gov

January 24, 2019

Dear Agency Head,

Congratulations on the acceptance of your officer(s) into the 142nd Basic Peace Officer Training Class. In addition, we would like to thank you for selecting the Ohio State Highway Patrol Academy for your training needs.

I am pleased to inform you that Colonel Paul Pride, Patrol Superintendent, and Department of Public Safety Director, Thomas Stickrath, have authorized the utilization of special funding to cover the costs for this Basic Peace Officer training course. Therefore, the only cost of this training for your agency is for the normal cost of uniforms and equipment described in the attached uniform checklist.

The 142nd Peace Officer Basic Training Class is scheduled to begin on **Monday, February 4, 2019**. Trainees are to report to the **Ohio State Highway Patrol Academy located at 740 East 17th Ave. Columbus, Ohio, at 6:30 a.m. with doors opening at 6:45 a.m. for sign-in.** Overnight accommodations prior to reporting to the academy on the above specified date will be at the expense of the officer.

If you or your staff should have any questions, please contact Lieutenant Anetra D. Sims either by telephone at 614-387-6072 or via e-mail at: ADSims-Byrd@dps.ohio.gov.

Sincerely,

CAPT. C.A. Jones

Captain Chuck A. Jones
Academy Commandant
Ohio State Highway Patrol

CAJ/ads

12/17/2018

8 attached sf400adm for New Hires - Mark Nolte

8 attached sf400adm for New Hires

Mark Nolte

Mon 12/17/2018 9:31 AM

To:sf400@ohioattorneygeneral.gov <sf400@ohioattorneygeneral.gov>;

Bcc:Donald Miller <donald.miller@cantonohio.gov>; Les Marino <les.marino@cantonohio.gov>;

📎 8 attachments (1 MB)

201812170852.pdf; 201812170851-3.pdf; 201812170851-2.pdf; 201812170851-1.pdf; 201812170851.pdf; 201812170850-2.pdf; 201812170850-1.pdf; 201812170850.pdf;

Please see the attached sf400adm's for 8 new hires to the Canton Police Dept.

Lt.R.Mark Nolte #16
Admin. Coordinator
Canton Police Dept.
Phone: 330 438-4437

[Email:mark.nolte@cantonohio.gov](mailto:mark.nolte@cantonohio.gov)

CITY OF CANTON HR/Police/Civil Service
EMPLOYMENT INFORMATION
 NEW HIRE RE-HIRE STATUS CHANGE

EMPLOYEE INFORMATION

Jacob		S.	Dryden		
First Name		Middle Name	Last Name		
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	4819
Social Security #	Date of Birth	Employee #	Kronos User Name	Badge #	
Street Address		City		State	Zip
Mailing Address		City		State	Zip
Home Phone	Cell Phone	Personal e-mail address			
Gender	Marital Status	Race	Driver License Number	Expiration Date	CDL Class/Endorsements

EMERGENCY CONTACT INFORMATION

First Name	Last Name	Relationship to Employee	Phone
Street Address		City	State . Zip

CERTIFICATION OF THE APPOINTING AUTHORITY

I hereby certify that I approve the employment status changes shown below and that they are in the full accord with the laws of the State of Ohio, the Ordinances of the City of Canton, the rules of the Canton Civil Service Commission, the applicable Collective Bargaining Agreement in effect at the time of said change.

Prob. Police Officer	120.249.008	Police	1	16.8269	[REDACTED]	[REDACTED]
Current Classification	Position #	Department	Step	Wage	Certification	Pay

TRANSACTION TYPE **Reclassification** EFFECTIVE DATE **12/12/2019**

Police Officer	120.235.047	Police	1	19.2308	[REDACTED]	[REDACTED]
NEW Classification	Position #	Department	Step	Wage	Certification	Pay

APPOINTING AUTHORITY NAME & TITLE **Andrea M. Perry, Director of Public Safety**

Andrea M. Perry
SIGNATURE

11/19/19
DATE

PAYROLL PROCESSING ENTRIES

Federal-Marital Status S=Single; M=Married; HH=M, withhold single rate Number of Exemptions

Additional Federal Tax to be withheld/pay period City Tax Exemption (Y/N)

State Tax Number of Exemptions Additional State Tax to be withheld/pay period

Accrual Profile Police CPPA Device Group no clock Division NO clock shift Home Department 102050

Pay Rule police fop cppa Reports to 104349 Schedule-Group Assignment

Labor Dist & % 1001.102050 (100%)

Union Dues Start Date Health Benefits Start Date AFSCME Careplan Start Date

Health Benefits Location Code Police bargain/cppa OPERS Begin Code OPERS Begin Date

STEP PROGRESSION

STEP 2 STEP 3 STEP 4 STEP 5 STEP 6 STEP 7 STEP 8

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSIT

I hereby authorize the City of Canton to initiate credit entries and to initiate if necessary, debit entries and adjustments for any credit entries in error to either my checking account or savings account listed below. This authority is to remain in full force and effect until the City of Canton Auditor has received written notification from me of its termination in such time and manner as to afford the City Auditor a reasonable opportunity to act on it. I recognize and accept that upon enrolling in direct deposit I waive my right to receive any advance vacation voucher as may be previously authorized.

BANK ACCOUNT #1

Bank Name Routing Number Account Number Account Type (S,C)

Amount, Percentage or Remainder to deposit into this account

BANK ACCOUNT #2

Bank Name Routing Number Account Number Account Type (S,C)

Amount, Percentage or Remainder to deposit into this account

BANK ACCOUNT #3

Bank Name Routing Number Account Number Account Type (S,C)

Amount, Percentage or Remainder to deposit into this account

Employee PRINTED Name Employee Signature Date

HR Entries by W. Coleman Date 11/18/19 Audited By Date

Form #33
Canton Police Department
Inter-Office Communications

To: Lt Pellegrino #27

From: Officer Dryden 172

Subject: Animal dispatch

Date: 10/4/21

Sir,

I arrived to call involving a raccoon that was possibly sick. The raccoon was in the front fenced in yard and was acting in a strange manor. I got close to the raccoon and the raccoon did not attempt to flee and was moving very slowly. I suspected the raccoon of being rabid and dispatched the raccoon using one round. The round impacted the head of the raccoon which is why the raccoon cannot be tested. I fired in a downward direction. My backdrop of the raccoon was the front yard. The casing was not located.

Respectfully submitted

 #172
Officer J. Dryden #172



City of Canton, Ohio

THOMAS M. BERNABEI, MAYOR

OATH OF OFFICE

I, JACOB S. DRYDEN, DO SOLEMNLY SWEAR TO SUPPORT THE CONSTITUTION AND LAWS OF THE UNITED STATES, THE CONSTITUTION AND LAWS OF THE STATE OF OHIO, THE ORDINANCES OF THE CITY OF CANTON, AND THE REGULATIONS OF THE CANTON POLICE DEPARTMENT; AND THAT I WILL FAITHFULLY, HONESTLY, AND IMPARTIALLY DISCHARGE AND PERFORM ALL THE DUTIES INCUMBENT UPON ME AS CADET POLICE OFFICER FOR THE POLICE DEPARTMENT OF THE CITY OF CANTON, ACCORDING TO THE BEST OF MY ABILITY AND UNDERSTANDING DURING MY CONTINUANCE IN SAID OFFICE; AND THIS I DO AS I SHALL ANSWER UNTO GOD.

SIGNED:

JACOB S. DRYDEN

OATH ADMINISTERED BY:

MAYOR

COMMISSIONED BY:

DIRECTOR OF PUBLIC SAFETY

ADMINISTERED AND SWORN TO BEFORE ME AND SUBSCRIBED IN MY PRESENCE THIS 12TH DAY OF DECEMBER, 2018 A.D., AT CANTON, OHIO.

COMMISSION TO BE EFFECTIVE WEDNESDAY, DECEMBER 12, 2018.

NOTARY PUBLIC:



TAMMY DIENER
NOTARY PUBLIC
STATE OF OHIO
Comm. Expires
04-05-2022
Recorded in
Stark County



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 for a New Appointment. A new appointment occurs when an officer is first sworn into your agency, or has previously left the agency and returns.
4. Submit only page 1 for a Status Change. A status change occurs 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) Dryden	(First) Jacob	(Middle) scott	2. Social Security Number [REDACTED]
3. Alias (Last)		(First)	(Middle)		
4. Birth date (mm/dd/yyyy) 12/31/1991	5. Email Address			6. Phone Number [REDACTED]	
7. Home Mailing Address (#/Street/PO Box) [REDACTED]		(City) Canton	(State) Ohio	(Zip Code) 44709	(County Name) STARK
8. Basic Training Academy (Only complete if this is the officer's first appointment or OSP)		(Academy Name) OSP	(Academy Number) 142	(Dates of Training) 02/04/2019 -	

AGENCY INFORMATION		9. Agency Name Canton Police Dept.			
10. Agency Email Address mark.nolte@cantonohio.gov		11. Agency Phone Number 330 438-4437			
12. Agency Mailing Address (#/Street/PO Box) 221 3rd ST SW		(City) Canton	(Zip Code) 44702	(County Name) STARK	

APPOINTMENT INFORMATION		(Complete Date, Status <u>and</u> ORC)	13. New Appointment Date 12/12/2018	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				
16. Select New ORC <input checked="" type="checkbox"/> City/Municipality <u>Full-Time</u> Part-Time (737.02) <input type="checkbox"/> City/Municipality Auxiliary/Reserve/Special (737.051) <input type="checkbox"/> City/Municipality 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 type="checkbox"/> Deputy Sheriff (311.04) <input type="checkbox"/> Sheriff (311)				

ATTESTATION OF REPORTING AUTHORITY		I attest that the information provided on this form is true and correct and is based on my personal knowledge or inquiry.		
17. Signature of Reporting Authority Andrea Perry		18. Name and Title Andrea Perry - Director of Public Safety		19. Date 12/14/2018
NOTARY Sworn to and subscribed before me this <u>14th</u> day of <u>December</u> , 20 <u>18</u> in the county of <u>Stark</u> , Ohio.				
Signature of Notary Lenny Scerif		My commission expires <u>4/5/2022</u>		



This form may be emailed to: SF400@ohioattorneygeneral.gov

Officer Name (Last)

(First)

(Middle)

Social Security Number

Dryden

Jacob

Scott



20. 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
Signature of Appointing Authority

Name of Appointing Authority (Typed or Printed Legibly)
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.

21. Appointed By (Agency Name and County): 22. From(mm/dd/yyyy): To(mm/dd/yyyy):
23. Appointment Status (Check Appropriate Box)
 Full-Time Part-Time Auxiliary Reserve Special Seasonal

24. Appointed By (Agency Name and County): 25. From(mm/dd/yyyy): To(mm/dd/yyyy):
26. Appointment Status (Check Appropriate Box)
 Full-Time Part-Time Auxiliary Reserve Special Seasonal

27. Appointed By (Agency Name and County): 28. From(mm/dd/yyyy): To(mm/dd/yyyy):
29. Appointment Status (Check Appropriate Box)
 Full-Time Part-Time Auxiliary Reserve Special Seasonal

30. Appointed By (Agency Name and County): 31. From(mm/dd/yyyy): To(mm/dd/yyyy):
32. Appointment Status (Check Appropriate Box)
 Full-Time Part-Time Auxiliary Reserve Special Seasonal

33. Appointed By (Agency Name and County): 34. From(mm/dd/yyyy): To(mm/dd/yyyy):
35. Appointment Status (Check Appropriate Box)
 Full-Time Part-Time Auxiliary Reserve Special Seasonal

36. Appointed By (Agency Name and County): 37. From(mm/dd/yyyy): To(mm/dd/yyyy):
38. Appointment Status (Check Appropriate Box)
 Full-Time Part-Time Auxiliary Reserve Special Seasonal

EMPLOYEE INJURY REPORT - CITY OF CANTON
REPORT ALL ACCIDENTS WITHIN 24 HOURS -- HOWEVER SLIGHT!

999 **IMPORTANT NOTE** 999

This form must be completed in its entirety and sent **IMMEDIATELY** to the Department of Human Resources

INJURED EMPLOYEES NAME: <u>Jacob Dryden</u>			SSN: [REDACTED]
HOME ADDRESS: [REDACTED]		CITY/STATE/ZIP: <u>Canton, OH 44709</u>	PHONE: [REDACTED]
DATE OF BIRTH: <u>12-31-91</u>	AGE: <u>31</u>	<input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	MARTIAL STATUS: <u>Single</u>
JOB TITLE: <u>Police officer</u>		DEPT.: <u>CPD</u>	LENGTH OF EMPLOYMENT: <u>4.5 years</u>
DATE & TIME OF ACCIDENT: <u>6-7-23 10:22 PM</u>		WERE YOU ON CITY TIME? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
DATE & TIME REPORTED TO SUPERVISOR: <u>6-7-23 10:30 PM</u>		TO WHOM REPORTED? <u>SGT Smith</u>	
LOCATION OF ACCIDENT (ADDRESS): <u>77 N on ramp from Cleveland Ave SW</u>			
WAS THE ACCIDENT ON CITY PROPERTY? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		DATE OF REPORT: <u>6-19-23</u>	
IF MORE THAN (24 HOURS) ELAPSED BETWEEN ACCIDENT & THIS REPORT, STATE REASON FOR DELAY: <u>Admin leave</u>			

DESCRIBE ACCIDENT: IN DETAIL, DESCRIBE THE EVENTS WHICH RESULTED IN THE INJURY.
 WHAT WERE YOU DOING? while engaged in a foot pursuit, the suspect fired a gun at me. I was struck by gunfire on my right leg.

IF YOU WERE LIFTING AN OBJECT, STATE APPROXIMATE SIZE, WEIGHT & DISTANCE LIFTED. IF YOU SLIPPED OR FELL, WHAT CAUSED IT? ETC.

GIVE EXACT NATURE OF INJURIES (amputation, laceration, fracture, bruises, etc.) & **EXACT PARTS OF BODY AFFECTED** (first joint of left index finger, right lower leg, lower right side of back, etc.) right thigh was grazed by a bullet. There was no laceration.

NAME & ADDRESS OF PHYSICIAN AND/OR HOSPITAL RENDERING TREATMENT FOR THIS INJURY:
 (HOSPITAL REPORT SHOULD BE ATTACHED)
Altman Hospital 2600 6th St SW Canton, OH TREATMENT DATE 6-7-23

FAILURE TO ANSWER EACH QUESTION FULLY MAY DELAY PROCESSING OF ANY CLAIM

CERTIFICATION

Under penalties of falsification, I, the undersigned, have examined this report and hereby certify that the information is true and correct to the best of my knowledge and belief.

[Signature] #172 Date Signed: 6-19-23
Signature of Injured Employee

RELEASE OF MEDICAL RECORDS AND INFORMATION

I expressly waive all provisions of law which forbid any person(s) or medical facility who heretofore did or who hereafter may medically attend, treat or examine me or may have information of any kind relative to this incident, from disclosing such knowledge or information to the representative(s) or the City of Canton.

I understand that this information may be used in Workers' Compensation claim evaluation or review.

[Signature] #172 Date Signed: 6-19-23
Signature of Injured Employee

SUPERVISOR'S REPORT

Did employee continue to work after accident? N If no, give time and date employee quit work: 6-7-23/2200

Has employee returned to work? Y If yes, give exact date and shift returned: 6-13-23/SPEC ASSIGN

Was the proper PPE (Personal Protection Equipment) worn? Y If yes, please give description of PPE worn at the time of the accident: STANDARD ISSUED EQUIPMENT FROM DEPARTMENT.

Give your account of the accident (based on your investigation of the incident, citing any variations from accident description.) OFFICER'S ACCOUNT APPEARS ACCURATE, WITH NO DISCREPANCIES. HE SUSTAINED A GRAZE WOUND FROM SUSPECT GUNFIRE ON RIGHT THIGH. TREATED AND RELEASED AT ER.

WERE THERE WITNESSES TO THIS ACCIDENT? Y IF SO, LIST THE NAMES BELOW:
(Attach witness statement to report or forward within 3 working days of this report)

S. Wohlfelder #212

[Signature] 47
SIGNATURE OF SUPERVISOR

6-19-23
DATE

For Fire Personnel ONLY:

DID THE INJURY OR DISABILITY OCCUR WHILE RESPONDING TO, OR ACTING AT A CALL WHETHER ACTUAL OR FALSE OR WHILE PERFORMING AT A TRAINING SESSION, PROVIDED THE INJURY IS A DIRECT RESULT OF TRAINING?
YES NO (Circle One)

EMPLOYEE INJURY REPORT - CITY OF CANTON
REPORT ALL ACCIDENTS WITHIN 24 HOURS - HOWEVER SLIGHT

*** IMPORTANT NOTE ***

This form must be completed in its entirety and sent IMMEDIATELY to the
 DEPARTMENT OF HUMAN RESOURCES

INJURED EMPLOYEES NAME: <i>Jacob Driden</i>			SS#: [REDACTED]
HOME ADDRESS: [REDACTED]		CITY/STATE/ZIP: <i>Canton, OH 44709</i>	PHONE: [REDACTED]
DATE OF BIRTH: <i>12-31-91</i>	AGE: <i>28</i>	<input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	MARTIAL STATUS: <i>Single</i>
JOB TITLE: <i>Patrolman</i>	DEPT.: <i>CRD</i>	LENGTH OF EMPLOYMENT: <i>2. years</i>	
DATE & TIME OF ACCIDENT: <i>8-28-20 1500</i>		WERE YOU ON CITY TIME? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
DATE & TIME REPORTED TO SUPERVISOR: <i>8-28-20 750a 2230</i>		TO WHOM REPORTED? <i>Sgt Coates</i>	
LOCATION OF ACCIDENT (ADDRESS): <i>9th st and Cherry Ave NW</i>			
WAS THE ACCIDENT ON CITY PROPERTY? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		DATE OF REPORT? <i>8-28-20</i>	
IF MORE THAN (24 HOURS) ELAPSED BETWEEN ACCIDENT & THIS REPORT, STATE REASON FOR DELAY:			

DESCRIBE ACCIDENT: IN DETAIL, DESCRIBE THE EVENTS WHICH RESULTED IN THE INJURY.

WHAT WERE YOU DOING? *while driving in an emergency response, I was struck by another vehicle.*

IF YOU WERE LIFTING AN OBJECT, STATE APPROXIMATE SIZE, WEIGHT & DISTANCE LIFTED. IF YOU SLIPPED OR FELL, WHAT CAUSED IT? ETC.

GIVE EXACT NATURE OF INJURIES (amputation, laceration, fracture, bruises, etc.) & EXACT PARTS OF BODY AFFECTED (first joint of left index finger, right lower leg, lower right side of back, etc.) *Stiff neck, Stiff back*

NAME & ADDRESS OF PHYSICIAN AND/OR HOSPITAL RENDERING TREATMENT FOR THIS INJURY:
 (HOSPITAL REPORT SHOULD BE ATTACHED)

TREATMENT DATE _____

FAILURE TO ANSWER EACH QUESTION FULLY MAY DELAY PROCESSING OF ANY CLAIM

CERTIFICATION

Under penalties of falsification, I, the undersigned, have examined this report and hereby certify that the information is true and correct to the best of my knowledge and belief.

[Signature] # 172 Date Signed: 8-28-20
Signature of Injured Employee

RELEASE OF MEDICAL RECORDS AND INFORMATION

I expressly waive all provisions of law which forbid any person(s) or medical facility who heretofore did or who hereafter may medically attend, treat or examine me or may have information of any kind relative to this incident, from disclosing such knowledge or information to the representative(s) or the City of Canton.

I understand that this information may be used in Workers' Compensation claim evaluation or review.

[Signature] # 172 Date Signed: 8-28-20
Signature of Injured Employee

SUPERVISOR'S REPORT

Did employee continue to work after accident? YES If no, give time and date employee quit work: _____

Has employee returned to work? NA If yes, give exact date and shift returned: _____

Was the proper PPE (Personal Protection Equipment) worn? NA If yes, please give description of PPE worn at the time of the accident _____

Give your account of the accident (based on your investigation of the incident, citing any variations from accident description.) PTL. ORYDEN WAS INVOLVED IN A QUISER ACCIDENT WHILE ENROUTE TO A CALL. HE REPORTED A STIFF NECK AND BACK.

WERE THERE WITNESSES TO THIS ACCIDENT? NO IF SO, LIST THE NAMES BELOW:
(Attach witness statement to report or forward within 3 working days of this report)

Sgt. [Signature]
SIGNATURE OF SUPERVISOR

8.29.20
DATE

For Fire Personnel ONLY:

DID THE INJURY OR DISABILITY OCCUR WHILE RESPONDING TO, OR ACTING AT A CALL WHETHER ACTUAL OR FALSE OR WHILE PERFORMING AT A TRAINING SESSION, PROVIDED THE INJURY IS A DIRECT RESULT OF TRAINING?
YES NO (Circle One)



CANTON POLICE DEPARTMENT AWARD RECOGNITION REQUEST

TO: Lt. Pellegrino #27
FROM: J. Wilkes #30
OFFICER IN QUESTION: DRYDEN, MACHAMER, ZERNECHEL, JATIC
REPORT OR INCIDENT #: 2216668
DATE: 12/17/22

X

NATURE OF CALL OR OBSERVATION - WRITE A "BRIEF" SUMMARY.

What are the "basic" facts of this incident. The use of superlatives or other embellishments in reporting the facts should be strictly avoided. (A supplement must be done to go into detail of this incident.) Supplement

On 12/17/22 Officers responded to 2317 Baldwin Ave Ne for an Armed Barricaded subject. Upon officers arrival, they received information that a male was inside with a gun, along with his wife and two year old son. He said he was not coming out and officers would have to kill him. Officers then witnessed the man pacing back and forth with a gun to his head. Officer Jatic took control of the scene, directing resources and communicating all necessary information until a supervisor arrived on scene. Officer Machammer was able to get the Male on phone and negotiate the release of his wife and son.

After the Children were released, the male came out with a gun to his head and began to fry and walk around the yard. Officers were then able to talk the male into dropping the gun and then took him to the hospital to get the help he needs. Officers on scene performed in a exemplary manner, were kind to all the family members involved, took extra care to help a man that was in crisis and bring this situation to a peaceful ending.

Officers Recommended for accommodation: DRYDEN, MACHAMER, ZERNECHEL, WILSON, FULLER, JATIC, HAMPTON, GATES, PARIS.

LIST ALL WITNESSES AVAILABLE

Name	Address	Phone No.

Recommended Award(s)

Honorable Mention Awards (Also reviewed by the Honors Committee)

- Department Medal of Honor
- Police Combat Cross
- Purple Shield

- Fallen Officer Tribute

- Lifesaver Award

- Policeman of the Year Award
- Excellent Police Duty Award
- Special Training
- Certification of Commendation

- Officer of the Month

- Citizen Commendation

First Endorsement:

Commanding Officer: Capt. J. [Signature]
 Approved
 Disapproved
1/12/23

Comments:

* Reviewed available BWC recording(s)
* Great job by all officers in working together for a peaceful resolution!
* Officers were respectful and encouraging towards suspect upon conclusion of the event.

Second Endorsement:

Chief of Police or Honors Committee: [Signature]
 Approved
 Disapproved

Comments:

[Empty comment box with multiple lines]