



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



2022-0001

Officer-Involved Critical Incident- 2307 10th Street SW, Canton, Ohio

Investigative Activity: Records Obtained; Records Reviewed
Involves: Officer Robert A. Huber
Authoring Agent: Special Agent Joseph Goudy #83

Narrative:

On Monday, January 03, 2022, Ohio Bureau of Criminal Investigation (BCI) Special Agent (SA) Matthew Armstrong (Armstrong) received the personnel file for Officer Robert A. Huber (Huber) from Canton Police Department (CPD) Lieutenant Mark Kandel. In addition, SA Armstrong also received the Ohio Peace Officer Training Academy (OPOTA) records on January 11, 2022, from Ohio Peace Officer Training Council (OPOTC) Certification Specialist Carol Simon. SA Joseph Goudy reviewed the personnel file and noted the following:

Officer Huber has been a police officer with the CPD since April 19, 2013. Most recently, Officer Huber was assigned to the K9 unit in August of 2020 with his K9 partner, Conan. In addition, Officer Huber became a certified SWAT Officer in 2014. Prior to working for CPD, Officer Huber worked for the Smithville Police Department from September 15, 2011 to January 2, 2012, in a part-time capacity. When Officer Huber left Smithville, he was hired by the Wayne County Sheriff's Office on January 2, 2012, and was employed until April 16, 2013, as a full-time Deputy Sheriff. Officer Huber was also sworn in as a Special Deputy with the Stark County Sheriff's Office on January 24, 2017.

Officer Huber received multiple awards and commendations during the course of employment with the CPD.

Training:

Officer Huber attended the Ohio Peace Officer Basic Training Program at Kent State University on September 8, 2010, and completed it on February 16, 2011. (BAS #10-080 – Certificate #110925)

Officer Huber received multiple advanced training certificates from the Ohio Peace Officers Training Academy and the CPD. Notably, in 2012 and 2015, Huber participated in a 24-hour training titled, "Judgmental Firearms Simulator." In addition, Officer Huber has completed his annual firearms training to date, along with "Use of Force Liability and Standards" (2016); "Application of Force" (2017); "Use of Force Review and Test" with scenario (2018); "Active Shooter" and "Firearms / Patrol Rifle" (2019).



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Huber, Robert

1/11/2022

Course	Title	From Date	To Date
03-415-15-01	Traffic Collision Investigation (Level I)	3/2/2015	3/13/2015
44-002-15-21	Judgmental Firearms Simulator	7/21/2015	7/23/2015
44-004-12-01	Judgmental Firearms Simulator	12/11/2012	12/14/2012
51-509-13-03	Computer Crime First Responder - 4 Hour	2/13/2013	2/13/2013
53-687-15-01	Testifying in Court	2/18/2015	2/19/2015
55-485-15-02	Field Training Officer (FTO) Program (Ohio Model)	9/28/2015	10/1/2015
55-507-15-03	ARIDE (Advanced Roadside Impaired Driving Enforcement)	6/29/2015	6/30/2015
66-002-15-21	Judgmental Driving Simulator	7/21/2015	7/23/2015

Exam Number	Exam Date	Certificate #	Certificate Date	Canine Unit Name	Canine Certificate Description	Canine Specialty Description	Renewal Date
K20-257	8/19/2020	111929	8/19/2020	Conan	Patrol Related	Criminal Apprehension, Canine Control and Canine Searches	8/19/2021
K20-258	8/19/2020	111936	8/19/2020	Conan	Special Purpose	Tracking, Article Search and Explosives	8/19/2021
K21-115	7/21/2021	113318	7/21/2021	Conan	Patrol Related	Criminal Apprehension, Canine Control and Canine Searches	8/19/2022
K21-116	7/21/2021	113326	7/21/2021	Conan	Special Purpose	Tracking, Article Search and Explosives	8/19/2022

Officer Huber also participated in various E-OPOTA online trainings.

Firearms Qualification:

Officer Huber qualified with his department-issued duty weapon described as a Glock, model 17 - 9mm, on September 9, 2021.

Officer Huber's personnel file, training records and firearm qualifications are attached to this report. Please refer to the attachments for further details.

Prior Internal Investigations

Officer Huber had 6 previously documented Internal Affairs investigations. One of them was related to the use of force (2021-0000293). The disposition indicated his actions were within policy and no action was taken.

On July 12, 2017, Officer Huber was involved in a police shooting. An internal investigation was completed and he was exonerated.

Attachments:

- Attachment #01: Officer Huber's Personnel File
- Attachment #02: Officer Huber's Firearms Qualification File
- Attachment #03: Discipline File
- Attachment #04: Recognition and Awards
- Attachment #05: Training File



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2022-0001

Officer-Involved Critical Incident- 2307 10th Street SW, Canton, Ohio

- Attachment #06: OPOTA required CPT training
- Attachment #07: OPOTA employment history
- Attachment #08: E-OPOTA – Online training
- Attachment #09: OPOTA Basic Training
- Attachment #10: OPOTA certificate
- Attachment #11: Advanced training
- Attachment #12: Canine Unit training
- Attachment #13: Prior Internal Affairs Investigations
- Attachment #14: Prior OIS Disposition



Mike DeWine
Ohio Attorney General



February 28, 2011

Robert A. Huber
[REDACTED]
Wooster OH 44691

Re: Kent State University #BAS 10-080
Date of Completion: 2/16/2011

Dear Mr. Huber:

This letter is to verify that you have successfully completed peace officer basic training requirements and the peace officer certification examination. The date of completion of your basic academy is the date you passed the peace officer basic training examination.

If within one year of the date of completion you are appointed as a peace officer, a certificate of completion will be awarded provided no additional training requirements have been mandated by the legislature. If you receive an appointment more than one year but less than two years after the date of completion, you will be required to complete an OPOTC-approved refresher course and exam and any training requirements mandated by the legislature. If you receive an appointment more than two years after the date of completion, you must repeat the entire peace officer basic training course. **In all cases, you may not perform the functions of a peace officer until you have been awarded a certificate of completion.**

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

If you or your prospective employer have further questions, please contact us at the number listed below for the London campus.

Sincerely,

Mary C. Broyles
Certification Officer

cc: Ricky Neal, School Commander
School File

MCB/sls

JACKSON TOWNSHIP POLICE DEPARTMENT



7383 Fulton Drive NW
Massillon, Ohio 44646
Office: (330)834-3960 Fax: (330)834-3965



APPLICANT RELEASE

I, ROBERT A. HUBER, DOB: 02/20/1934

SSN: [REDACTED], and residing at [REDACTED]

MASSILLON OH. 44646, for the last 3 yrs., have applied for employment with the *Jackson Township Police Department*. I have been instructed and understand that a representative of the *Jackson Township Police Department* will be conducting a thorough investigation of my background to assist in determining my eligibility for this employment. I realize that, in conducting this background investigation, officers will be making inquiries of: officials and record offices at schools which I have attended, physicians or courts with whom I may have an arrest or conviction record; credit bureaus and/or firms who may have information regarding my credit record and/or financial standing; present and previous employers; and other persons who may be able to provide information about me which the *Jackson Township Police Department* desires.

I hereby expressly release and waive all provisions of state and federal law which may forbid the disclosure of information from any physician or other person who has treated me, or any school official, court, police agency, credit bureau, employer, firm or person, from disclosing any knowledge or information they have concerning me which is requested by the *Jackson Township Police Department*. I further consent that the Chief of the *Jackson Township Police Department*, or his representative, be provided with a copy of any such record concerning me upon request to include but not limited to; prior polygraph examinations, prior psychological examinations, any administrative investigations/internal investigations, personnel file, performance evaluations, attendance and tardy records, and any disciplinary actions.

I further release, discharge and exonerate the *Jackson Township Police Department* and the township of *Jackson*, it's agents, officers, and representatives, and any person, agency company, organization, or firm furnishing information from any and all liabilities of every nature arising out of the furnishing or inspection of such documents, records and other information, or the investigation made by or on behalf of the *Jackson Township Police Department*

I understand that the Chief of Police and the Board of Trustees of Jackson Township will review my completed background investigation and determine my eligibility for appointment to the position of PATROMAN.

I recognize the right of the *Jackson Township Police Department* to treat, at its discretion, certain sources of information as confidential, and its right to withhold from me or my agent the names of such confidential informed sources, and information obtained therefrom.

[Signature]
Signature of Applicant

Phone Number [REDACTED]

Date 12/08/21

[Signature]
Signature of Witness

Form #33
Canton Police Department
Inter-Office Communications

To: Chief Angelo

From: Robert Huber

Date: 11/18/21

RE: Personnel File

Chief Angelo,
I am requesting access to my personnel file at the earliest convenience. Thank you.

Respectfully,
Ptl. R. Huber #196

R. R. Huber #196

[Handwritten signature]

**Form #33
Canton Police Department
Inter-Office Communications**

To: Chief of Police

From: Ptl. R. Huber #196

Date: 04/30/21

RE: Subpoena from Defence

To Chief Angelo,

On 04/30/21 I was given a subpoena in reference to the State of Ohio Vs. Christopher Scurry. The subpoena was issued to me by the defense and a copy is attached to this form for your reference.

Respectfully

Ptl. R. Huber #196

Ptl. R. Huber #196

Chief J. O. G...

IN THE COURT OF COMMON PLEAS STARK COUNTY, OHIO

STATE OF OHIO

Plaintiff

Case No. 2020 CR 0201

vs.

CRIMINAL CASE SUBPOENA

Hartnett

Judge

Christopher L. Scurry

Defendant

DUCES TECUM

PRECIPE. TO THE CLERK OF COURTS: Issue Subpoena for the following persons. to-wit:

NAME

ADDRESS

Officer Robert A. Huber

Canton Police Department

221 Third Street SW

Canton, Ohio 44702

Aaron Kovalchik

(330)453-2772

Attorney For The Defendant

Phone

THE STATE OF OHIO

Stark County, ss

To the Sheriff of Stark County, Ohio, Greetings:

Lynn M. Todaro, Clerk of Courts

YOU ARE HEREBY COMMANDED TO SUBPOENA THE ABOVE NAMED PERSONS. to wit:

To be and appear before the Court of Common Pleas of the County of Stark, at the Stark County Courthouse, 115 Market Avenue N., Canton, Ohio, in said County, on the 4 day of May, 2021 at 1 o'clock P. M., to testify as a witness in the above entitled criminal action. Hereof fail not under penalty of the law, and have then and there this writ:

You are on standby all week.

Witness my hand and Seal of said Court, this 30 day of April A.D. 20 21

Lynn M. Todaro, Clerk of Court of Commons Pleas. By Deputy Clerk of the Court of Common Pleas

The Clerk of Courts will not pay witness fee at the time of appearance. The fee will be mailed from the Auditor's Office within 10 days.

Form #33

Canton Police Department
Inter-Office Communications

To: Captain Gabbard

From: Ptl. R. Huber #196

Date: 01/07/2020

Subject: Subpoena from the defense

Captain,

Attached are photocopies of a subpoena I was issued for the Tavis Chester homicide case. If any questions arise please feel free to contact me directly.

Ptl. R. Huber #196

JH
1-8-20

Chief J. O. G...
J. O. G...

IN THE COURT OF COMMON PLEAS
STARK COUNTY, OHIO

CASE NO. 2019CR0977B

STATE OF OHIO,

Plaintiff,

**CRIMINAL CASE
SUBPOENA**

v.

JUDGE HAUPT

TAVIST D. CHESTER,

Defendant.

TO:

Ptl. Robert Huber
Canton Police Department
221 3rd St. SW
Canton, OH 44701

Phone: 330-456-0506

LAURA L. MILLS
Attorney for Defendant

The State of Ohio
Stark County, ss

To: _____

You are hereby authorized/commanded to subpoena the above named persons, to wit:

To be and appear before the Court of Common Pleas of the County of Stark, at the Stark County Courthouse, 115 Market Avenue N., Canton, Ohio in said County, on the 10 day of January, 2020 at 9:00am, to testify as a witness in the above entitled criminal action. Hereof fail not under penalty of law, and have then and there this writ:

Witness my hand and the Seal of this Court this 10 Day of December 2019. Stark County Clerk of the Court of Common Pleas – Criminal Division

By: _____

Requesting Party: _____

Name & Address: Laura L. Mills, Esq., 101 Central Plaza S., Suite 1200, Canton, Ohio 44702

Attorney Reg. No. 0063011



MILLS, MILLS, FIELY & LUCAS
LAWYERS WITH STRATEGY

Laura L. Mills, Esq.

LMills@MMFLlaw.com

330.456.0506 ext. 7001

101 Central Plaza South | Suite 1200 | Canton, Ohio 44702

December 10, 2019

Ptl. Robert Huber
Canton Police Department
221 3rd St. SW
Canton, OH 44701
VIA CERTIFIED MAIL

**Re: State of Ohio v. Tavist D. Chester
Stark County, Ohio Court of Common Pleas
Case No. 2019CR0977B**

Dear Officer Huber,

Please find enclosed herein a Subpoena for you to appear at trial in this matter.

Thank you. If you have any questions, please do not hesitate to contact me. Until then, I remain

Very truly yours,

MILLS, MILLS, FIELY & LUCAS

Lisa Karas

Paralegal to Laura L. Mills, Esq.

Enclosure



MILLION DOLLAR ADVOCATES FORUM[®]
MULTI-MILLION DOLLAR ADVOCATES FORUM[®]
The Top Trial Lawyers In America[®]

**WOMEN
OWNED**

CERTIFIED BY | WOMEN'S BUSINESS ENTERPRISE
NATIONAL PROGRAM



Form #33
Canton Police Department
Inter-Office Communications

To: Whom it may concern

From: Ptl. R. Huber #196

Subject: Fuel in Dayton OH.

Date: 11-14-19

To Whom it may concern,

On 11-12-19 while in Dayton for an officers funeral myself and the other cruiser who responded obtained fuel for the cruisers at Love's gas station. I understand that we need to try and utilize Speedway gas stations to refuel but due to the unknown area and the availability of Loves when we got off the freeway I made the determination to fuel there. I can assure you that next time I will attempt to search for local Speedway gas stations in the area to not complicate the situation again.

Ptl. R. Huber #196

A handwritten signature in black ink, appearing to read "Ptl. R. Huber #196". The signature is stylized and written in a cursive-like font.

1

Form #33
Canton Police Department
Inter-Office Communications

JK

To: Whom it may concern

From: Ptl. R. Huber #196

Subject: Summons to Court

Date: 09/27/18

To whom it may concern,

I am writing this to advise that I received the attach summons to the United States District Court due to a civil action against me and other officers.

Ptl. R. Huber #196

Form #33
Canton Police Department
Inter-Office Communications

To: Chief B. Lawver 1, Lt. Marino 26
From: Ptl. J. Solly 234, Ptl. R. Huber 196, Ptl. Diels 218
Subject: Subpoena from defense attorney
Date: March 31, 2018

Dear Sir,

This Form #33 is to inform you that we have been issued a subpoena from defense attorney Jeffery Haupt in reference to the Ronald Shanklin murder trial that is set for the week of April 3, 2018. We have also been issued stand-by subpoenas from the Stark County Prosecutor's Office for the same case. Please let us know if you have any questions concerning this case. Thank you for your time.

Respectfully Submitted,

Ptl. J. Solly 234
Ptl. R. Huber 196

Ptl. J. Solly 234
Ptl. R. Huber 196
Ptl. Diels 218

Solly

IN THE COURT OF COMMON PLEAS
STARK COUNTY, OHIO

STATE OF OHIO

* CASE NO 2017 CR 2169

Plaintiff

* JUDGE HEATH

Vs.

* SUBPOENA

RONALD RONDELL SHANKLIN

*

Defendant

*

**TO DET. JUDI SOLLY YOU ARE BY THIS WRIT COMMANDED TO ATTEND
AND GIVE TESTIMONY ON THE DATE, TIME AND AT THE PLACE
SPECIFIED BELOW.**

You are to appear before the Stark County Court of Common Pleas, 101 West Tuscarawas
Street, Canton, OH 44702 to testify in the above captioned matter.

Date: April 6, 2018

Time: 9:00 o'clock AM

*Your attendance is required and you are required to remain there in attendance until
dismissed by the Court.

**Failure to appear at the time and place stated herein and/or failure to produce the
articles herein may be deemed contempt of court.


JEFFREY MAX HAUPT (#0088112)
ATTY JEFFREY MAX HAUPT, LTD.
Attorney for Defendant
950 S. Sawburg Avenue
Alliance, Ohio 44601
Telephone (330) 823-7411
Facsimile (330) 823-3331

A true copy Attest:
GEORGE T. MAIER
Sheriff of Stark County
By J.R. Deputy

Form #33
Canton Police Department
Inter-Office Communications

To: LT. MARINO

From: Ptl. E. Huber #196

Subject: Vehicle Accident

Date: 10/03/17

Sir,

On today's date while on routine patrol myself and my partner Ptl S. Jones #157 were patrolling the NW zone of the city when we heard what was approx (5) shots fired near Tuscarawas St W and Lincoln Ave NW. Making our way quickly to the area we spoke to several witnesses who described the suspect as a black male wearing a white shirt and who fled north on Lincoln Ave. While checking that area with the K9 unit officers observed a black male wearing white shirt in the 200 blk of Lincoln Ave NW. When the male saw officers he ran on foot holding his waistband as if he had a gun. Officers deployed a K9 unit to track for the male. During the track we were attempting to set up a perimeter two blocks away on the dead end dark alley of Park Ave NW. With the visibility being dark and the foliage near the highway and dead end being dense, officers were on high alert trying to watch all sides of the vehicle to make sure we were not ambushed by the armed suspect. With our overheads on and while backing down the street checking in between the houses I lightly struck a parked car on the west side of Park Ave NW causing minor damage to the vehicle and also minor damage to my cruiser. As soon as able I informed a supervisor as to what occurred and made contact with the owner of the vehicle at 209 Park Ave NW. The owner was very pleased that we even bothered to stop and let him know about his vehicle and advised that he was not to concerned about the damage but appreciated out integrity. Officers however contacted the OSHP to come to the scene to document the accident. No charges are being filed at this time pending further investigation.

Form #33
Canton Police Department
Inter-Office Communications

To: Capt. D. Davis

From: Sgt. R. Smith

Date: 10/4/2017

RE: Car #24 Accident/ TAC-1712868

On 10/3/17 I was operating as 1st Shift Road Sergeant. I responded to the 200 Blk of Park Ave NW regarding Cruiser #24 operated by Ptl. Huber, striking a parked car during an area search on a Person With A Gun call. Upon arrival I spoke briefly with the owner of the parked vehicle, Harry Aman. He said he was grateful that officers notified him of said incident, and that he wished no report. Upon observing the damage on both vehicles and conferring with Lt. Marino it was decided to have OSP complete an accident report. I then took photos of both vehicle's damage. I was aware of the call Ptl. Huber was on as I was also assisting. Ptl. Huber advised me that while maneuvering backwards SB in the 200 Blk of Park NW he struck the rear of Mr. Aman's vehicle with the rear of Car #24. Officers need to be alert and aware of their surroundings while practicing discipline and sound driving tactics, even during stressful situations. That being said as evidenced by officers hearing the gunfire, Ptl Davis observing the suspect running, heavy radio traffic, and the saturation of officers in a residential area possessing narrow roads and many parked cars, it's not surprising that an unfortunate minor accident occurred. Minor brush damage was sustained to the bumper of Car #24, as evidenced by the paint scuff. After speaking with both Ptl. Huber and Jones, and viewing the OH-1 completed by OSP along with Huber's Form 33, it appears all factors describe Improper Backing as the contributing factor. Although Ptl. Huber was listed at fault he was not cited. This was confirmed as I contacted Trooper Hummel at OSP. No further review needed on my part.

Sgt. R. E. Smith 47
Patrol Division

Form #33
Canton Police Department
Inter-Office
Communications

To : CHIEF LAWVER

From: Ptl. R. Huber #196

Re: Subpoena from Defense

Chief,

On 01/08/2015 I received a subpoena from the Stark County Public Defender's Office in reference to State of Ohio Vs. Darrin Moreland. I called Steven A. Reisch, public defender over the case, and enquired about the case and the defendant. After speaking with Reisch I pulled the report and found that I did go to the incident location for the call but did not investigate it in detail at all. I found nothing of evidentiary value and after a short time the incident was turned over to CIT officers as well as the detective bureau. I called Reisch back and informed him of this and he advised that he would inform me later today if in would need to come to court on the case.

Nothing further at this time.

Ptl. R. Huber #196

PRECIPE FOR SUBPOENA
Revised Code Sec. 2303.11, 2317.11

COURT OF COMMON PLEAS
STARK COUNTY, OHIO

STATE OF OHIO,

*

CASE NO. 2015 CR 1334

PLAINTIFF,

*

JUDGE FARMER

VS.

*

DARRIN MORELAND,

*

DEFENDANT.

*

*


STEVEN A. REISCH-REG. NO. 0068310
ATTORNEY FOR DEFENDANT
STARK COUNTY PUBLIC DEFENDER OFFICE
201 CLEVELAND AVE. S.W.-SUITE 104
Canton, Ohio 44702
Phone: (330) 451-7209
Fax: (330) 451-7227

ISSUE SUBPOENA FOR THE FOLLOWING PERSON(S), TO WIT:

**PTL HUBER
CANTON POLICE DEPARTMENT
218 CLEVELAND AVE SW, CANTON OH 44702**

to appear as witness for Darrin Moreland in the above case scheduled for Jury Trial week of January 11, 2016 in Judge Farmer's courtroom at the Stark County Courthouse, located at 115 Central Plaza N. (downtown Canton at the corner of Market Avenue and Tuscarawas Street) on behalf of the above-named Defendant. *** Please be advised that you are on standby all week. For a more specific date and time of your scheduled appearance, please contact the attorney listed above, leaving your name a daytime and evening telephone number where you can be reached.***

SUBPEONA

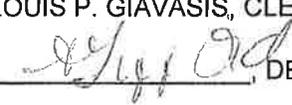
**STATE OF OHIO;
STARK COUNTY, SS:
TO THE SHERIFF OF SAID COUNTY, GREETING:**

COURT OF COMMON PLEAS

You are hereby commanded to subpoena the above named person (s) to be and appear before the Common Pleas Court, at the Courthouse in Canton, Ohio, in said County, on the day and hour set forth in the above Precipe, then and there to testify and the truth to speak in behalf of the party filing said Precipe in the above entitled cause. Hereof fail not, under penalty of the law, and have you then and there this Writ.

WITNESS MY HAND AND SEAL OF SAID COURT OF CANTON, OHIO THIS 5th DAY OF Jan, 2016.

LOUIS P. GIAVASIS, CLERK


DEPUTY CLERK

PROCESS SERVER: _____ AGENCY: _____

DATE SERVED: _____ () PERSONAL () RESIDENCE

MILEAGE: _____ OTHER: _____ TOTAL: \$ _____

CANTON POLICE DEPARTMENT

NOTICE OF CHANGE OF ADDRESS OF MEMBER

Dean McKimm
Chief of Police
Canton, Ohio

Badge # 196

Social Security # [REDACTED]

Dear Sir:

On 03/16/13, I moved from [REDACTED] WOODSTOCK OH
(date) (former address)

to [REDACTED] CANTON OH 44703
(new and present address) City, State Zip Code

STARK
(County)

MCILINLEY
(Township)

My telephone number is [REDACTED] (listed/unlisted)

My cell is same (optional)

ROBERT HUBER
(print or type name)

R. Huber #102
(member's signature)

3/16/13
(date)

[Signature]
(OIC's signature)

3-16-13
(date)

Canton Police Department - Rules and Regulations #603 - TELEPHONE AND ADDRESS

1. Employees shall within 24 hours notify their Commanding Officer in writing of any change of address or telephone number.
2. Employees shall have telephones in their residence and their numbers listed with the Chief of Police.

NOTE: This form is to be filled out in duplicate and handed personally to the Officer In Charge of member's shift or bureau within 24 hours of change. The Officer In Charge should sign and date both copies. The member should retain the duplicate, and the original should be forwarded to the Chief's Office immediately.

FAILURE TO COMPLY WILL RESULT IN DISCIPLINARY ACTION

CC: CPPA, FOP, Bene, Bureau Sup, Info Desk, Dispatch, Personnel, HR, Pros
**Civilians: Sup, Disp, Personnel only, HR

TODAY'S DATE 4/16/15

William Healy, Mayor
Canton City Hall
Canton, Ohio 44702

RE: Outside Employment/ Secondary Employment

Employee's Name: R. Huber

Department: police

Current Classification: Patrolman

Nature of Job: Traffic Control

Name of Company: Perran Lampion

Company's Address: 6882 Ridge Rd, Wadsworth Ohio

Number of Hours/Weeks: 8hrs/ one time job

Additional Information: Navarre Rd Project

APPROVED/DISAPPROVED: [Signature] 4-17-15
DATE

APPROVED/DISAPPROVED: [Signature] 4/21/15
DATE

APPROVED/DISAPPROVED: [Signature] 4-24-15
DATE

COMMENTS: _____

TODAY'S DATE _____

William Healy, Mayor
Canton City Hall
Canton, Ohio 44702

RE: Outside Employment/ Secondary Employment

Employee's Name: ROBERT HUBER

Department: CANTON PD

Current Classification: PATROLMAN

Nature of Job: SECURITY

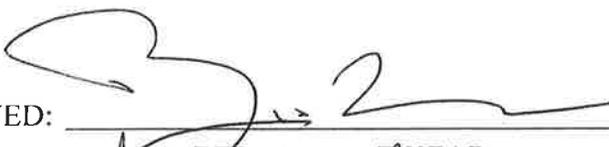
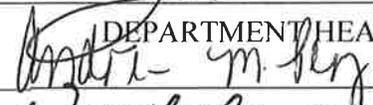
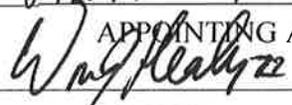
Name of Company: TRAIL OF PAME FUEL MART

Company's Address: 704 SHERBORN RD SE.

CANTON OH

Number of Hours/Weeks: 4-10

Additional Information: _____

<u>APPROVED/DISAPPROVED:</u>		<u>3-18-15</u>
	DEPARTMENT HEAD	DATE
<u>APPROVED/DISAPPROVED:</u>		<u>3/23/16</u>
	APPOINTING AUTHORITY	DATE
<u>APPROVED/DISAPPROVED</u>		<u>3-26-15</u>
	MAYOR	DATE

COMMENTS: _____

William Healy, Mayor
Canton City Hall
Canton, Ohio 44702

RE: Outside Employment

Employee's Name: PTL. ROBERT HUBER 196

Department: CANTON PD

Current Classification: PATROLMAN

Nature of Job: POLICE/ SECURITY

Name of Company: CANTON CITY SCHOOLS

Company's Address: _____

Number of Hours/Weeks: _____

Additional Information: _____

APPROVED/DISAPPROVED: [Signature] 8-25-14
 DEPARTMENT HEAD DATE

APPROVED/DISAPPROVED: [Signature] 8/26/14
 APPOINTING AUTHORITY DATE

APPROVED/DISAPPROVED: [Signature] 8-29-14
 MAYOR DATE

COMMENTS:

TODAY'S DATE 07-01-14

William Healy, Mayor
Canton City Hall
Canton, Ohio 44702

RE: Outside Employment

Employee's Name: ROBERT HUBER

Department: CANTON PD

Current Classification: PATROLMAN

Nature of Job: POLICE / SECURITY

Name of Company: WALMART (62)

Company's Address: 3200 ATLANTIC BLVD. NE
CANTON OH.

Number of Hours/Weeks: 5-15

Additional Information: _____

APPROVED/DISAPPROVED: [Signature] 7-2-14

DEPARTMENT HEAD [Signature] DATE 7/8/14

APPOINTING AUTHORITY [Signature] DATE 7-10-14
MAYOR DATE

COMMENTS: _____

CANTON POLICE

221 3rd St SW CANTON 330-649-5800

Incident Number

14-08617

Incident / Offense Report

Method Received I	Time Received 23:30:00	Time Dispatched	Time Arrived 23:30:00	Time Cleared: 01:00:00
Report Date / Time Date Saturday 06/07/2014 01:00	Incident Occured To Date Friday 06/06/2014			Time 23:30:00
Location of the Incident (Street) 221 3RD ST SW CANTON			Zone 1C	
Persons Involved: CITY OF CANTON ROBERT HUBER TIMOTHY J BARR	<p><i>LT. WERTZ</i></p> <p><i>PR. R. HUBER #196</i></p> <p><i>BROKEN CUFFS.</i></p>			<p>DEPARTMENT CHAIRS AND CUFFS</p>
Units: 1st: 47	Officers: ROBERT HUBER THOMAS V ZACHARY	Photos: 7		

Codes: 2997	Descriptions: VANDALISM	OFFENSES
<p><i>REPLACED 6/11</i></p> <p><i>Tactical Training Supply</i></p>		

Weapons Used: PERSONAL WEAPON	Trade Marks:	Hate Bias
Entry:	Location Type: Government Bldg./property	

Refer to Arrest:	Incident #:	Tow#:	Dispatcher: IR	Officer in Charge: 19	Entry Id: 196
Case Status: Arrest - Adult	Cleared Date: 06/07/2014	Cleared By: 196			

Narrative: 14-08617 Page: 1

WHILE IN A CANTON POLICE DEPARTMENT INTERVIEW ROOM, KNOWN PERSON DID CAUSE DAMAGE TO POLICE DEPARTMENT EQUIPMENT.

ROGER CRIHFIELD	OFF ROBERT HUBER
Reviewing Supervisor:	Officer:
Bureau Supervisor:	

CANTON POLICE

Incident Number

14-08617

Page # 2

Persons Involved with Incident

Incident #: 1408617 **Relation:** VIC **Arrest #:** 916639 **CAD #:** **Date of Contact:** 06/06/2014 **Phone:** 330-649-5800
First Name: **Middle:** **Last Name:** CITY OF CANTON **Til:** **DOB:** **SSN:** **Pager:**
Street #: 221 **Street Name:** 3RD ST SW **Apt:** **City:** CANTON **St:** OH **Zip:** 44703 **Cell Phone:** **Employee Phone:**
Hgt: U **Wgt:** U **Hair:** **Eyes:** **Race:** U **Sex:** U **Physical Marks:** U
Offenses: 2997 VANDALISM

Resident Class: Resident **Suspected of using:** Not Applicable / **Victim Type:** Government

Incident #: 1408617 **Relation:** VIC **Arrest #:** 916639 **CAD #:** **Date of Contact:** 06/06/2014 **Phone:** 330-649-5800
First Name: ROBERT **Middle:** **Last Name:** HUBER **Til:** **DOB:** 02/20/1984 **SSN:** **Pager:**
Street #: 221 **Street Name:** 3RD ST SW **Apt:** **City:** CANTON **St:** OH **Zip:** 44703 **Cell Phone:** **Employee Phone:**
Hgt: 511 **Wgt:** 190 **Hair:** BRO **Eyes:** BRO **Race:** W **Sex:** M **Physical Marks:** M
Offenses: 2997 VANDALISM

Resident Class: Resident **Suspected of using:** Not Applicable / **Victim Type:** Police Officer

Incident #: 1408617 **Relation:** ARA **Arrest #:** 916639 **CAD #:** **Date of Contact:** 06/06/2014 **Phone:**
First Name: TIMOTHY **Middle:** J **Last Name:** BARNETT **Til:** **DOB:** 02/21/1980 **SSN:** **Pager:**
Street #: 1715 **Street Name:** TRINITY PL NW **Apt:** **City:** CANTON **St:** OH **Zip:** 44708 **Cell Phone:** **Employee Phone:**
Hgt: 510 **Wgt:** 175 **Hair:** BLN **Eyes:** BLU **Race:** W **Sex:** M **Physical Marks:** M
Offenses: 2997 VANDALISM

Resident Class: **Suspected of using:** / **Victim Type:**

Reviewing Supervisor:

Bureau Supervisor:

Officer:

CANTON POLICE

Incident Number

14-08617

Page # 3

Property Involved with Incident

Item #: Iten :

001 DEPARTMENT CHAIRS

NCIC#

Property Tag #

Make:

Model:

Serial #:

Quantity: Unit Messure:

2.00

Value:

100.00

Owner Applied Number:

Type:

Destroyed / Damaged

UCR Property Code:

Miscellaneous

NCIC Entry:

NCIC Remove:

Notes:

Item #: Iten :

002 HAND CUFFS

NCIC#

Property Tag #

Make:

Model:

Serial #:

Quantity: Unit Messure:

1.00

S&W

Value:

40.00

Owner Applied Number:

Type:

Destroyed / Damaged

UCR Property Code:

Miscellaneous

NCIC Entry:

NCIC Remove:

Notes:

Reviewing Supervisor:

Bureau Supervisor:

Officer:

CANTON POLICE

Incident Number

Investigative Report

Title / Subject: VAMDALISM

14-08617

WHILE I WAS WATCHING TWO SUBJECTS WAITING TO BE INTERVIEWED IN THE DETECTIVE BUREAU THE ARRESTED ADULT, TIMOTHY BARNETT DID DESTROY POLICE DEPARTMENT EQUIPMENT. MR BARNETT TORE TWO POLICE DEPARTMENT CHAIRS WHILE SITTING IN THE INTERVIEW ROOM AND A SHORT TIME LATER, I DISCOVERED THAT MY HANDCUFFS THAT WAS SECURING MR BARNETT TO THE WALL WERE BENT. I WITNESSED MR BARNETT PRESSING THE HANDCUFFS WHILE IN THE INTERVIEW ROOM FROM THE VIDEO CAMERAS. I DID NOT REALIZED THAT HE HAD BENT MY CUFFS TO THE POINT OF NO LONGER BEING FUNCTIONAL.

MR BARNETT WAS CHARGED WITH THREE COUNTS OF VANDALISM AND PHOTOGRAPHS WERE TAKEN OF THE ITEMS THAT WERE DESTROYED.

PTL R HUBER #196

By: OFF ROBERT HUBER

Badge# 196

Date: 06/07/2014 Time: 00:51:1 No. 001 Page #: 1

Reviewing Supervisor: _____

Date: _____

TODAY'S DATE 05-16-14

William Healy, Mayor
Canton City Hall
Canton, Ohio 44702

RE: Outside Employment

Employee's Name: ROBERT HUBER

Department: CANTON P.D.

Current Classification: PATROLMAN

Nature of Job: SECURITY

Name of Company: WALMART

Company's Address: 4001 TUSCARAWAS ST WEST
CANTON OH- 44710

Number of Hours/Weeks: 5-20 hrs / WEEK

Additional Information: _____

APPROVED/DISAPPROVED: [Signature] 5-20-14

DEPARTMENT HEAD

APPROVED/DISAPPROVED: [Signature] 5/23/14

APPOINTING AUTHORITY

APPROVED/DISAPPROVED: [Signature] 5-23-14

MAYOR DATE

COMMENTS: _____

TODAY'S DATE 11-11-13

William Healy, Mayor
Canton City Hall
Canton, Ohio 44702

RE: Outside Employment

Employee's Name: ROBERT HUBER #196

Department: CANTON P.D.

Current Classification: PATROLMAN

Nature of Job: SECURITY / POLICE OFFICER

Name of Company: TRINITY APARTMENTS

Company's Address: _____

Number of Hours/Weeks: 4 hrs.

Additional Information: _____

APPROVED/DISAPPROVED: [Signature] 11-12-13

DEPARTMENT HEAD

APPROVED/DISAPPROVED: [Signature] 11/13/13

APPOINTING AUTHORITY

APPROVED/DISAPPROVED: [Signature] 11-18-13

MAYOR DATE

COMMENTS: _____



TODAY'S DATE 11-13-13

William Healy, Mayor
Canton City Hall
Canton, Ohio 44702

RE: Outside Employment

Employee's Name: ROBERT HUBER
Department: LAWSON POLICE DEPT.
Current Classification: PLATFOURMAN
Nature of Job: POLICE / SECURITY
Name of Company: N.E. COMMUNITY CENTER
Company's Address: 2600 25th ST NE

Number of Hours/Weeks: 6-10 hrs PER MONTH.

Additional Information: _____

APPROVED/DISAPPROVED: [Signature] 11-22-13

DEPARTMENT HEAD
APPROVED/DISAPPROVED: [Signature] 11/13/13 DATE

APPOINTING AUTHORITY
APPROVED/DISAPPROVED: [Signature] 11-18-13 DATE
MAYOR DATE

COMMENTS: _____

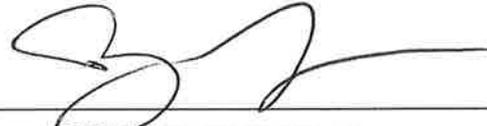
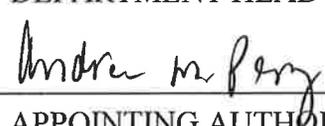
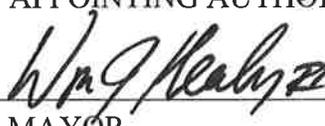


TODAY'S DATE 11-11-13

William Healy, Mayor
Canton City Hall
Canton, Ohio 44702

RE: Outside Employment

Employee's Name: ROBERT HUBER #1916
Department: CANTON POLICE DEPT.
Current Classification: PATROLMAN
Nature of Job: POLICE OFFICER / SECURITY
Name of Company: SPEEDE FOODS
Company's Address: 135 + CLEVELAND AVE NW,
Number of Hours/Weeks: 4 hrs.
Additional Information: _____

APPROVED/DISAPPROVED:  11-12-13
DEPARTMENT HEAD DATE
APPROVED/DISAPPROVED:  11/13/13
APPOINTING AUTHORITY DATE
APPROVED/DISAPPROVED:  11-18-13
MAYOR DATE

COMMENTS:

Kronos # 3695
Employee ID# 105683

New Update (Check One)
X

CITY OF CANTON, OHIO
EMPLOYMENT INFORMATION
(PLEASE PRINT CLEARLY)

S.S.# 544-27-9197 Full Name Robert Huber
First Middle Last

Home Address [Redacted] [Redacted] WOOSTER OH 44691
Number Street City, State, Zip Code

Do you live within the City of Canton Corporation Limits? NO (yes or no)

Mailing Address [Redacted] [Redacted] WOOSTER OH 44691
Number Street City, State, Zip Code

Phone # Including Area Code [Redacted] Date of Birth 02/20/84

Male Female Race W (For EEO Purposes) Marital Status (Single or Married) M

Driver's License Number [Redacted] Exp. Date 02/20/14 CDL (Class) _____ Endorsements _____

IN CASE OF EMERGENCY NOTIFY

Name NICHOLE R. HUBER
First Middle Initial Last

Address [Redacted] [Redacted] WOOSTER OH 44691
Number Street City, State, Zip Code

Phone # Including Area Code [Redacted] Alternate Phone # _____

Relationship to employee WIFE

Date entered SCT 4/19/13 By WCF

HR/POLICE CIVIL SERVICE

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.

(NEW HIRE, PROMOTION,
JOB BID PROMOTION
LATERAL TRANSFER, RECLASSIFICATION)

TRANSACTION New Hire

FROM DEPARTMENT

TO Probationary Police Officer 001049 DEPARTMENT Police

CODE 249 STEP 1 SALARY \$30,000 per annum EFFECTIVE DATE April 19, 2013

APPOINTING AUTHORITY [Signature] DATE 4/19/13
THOMAS REAM, SAFETY DIRECTOR

Special

Office of

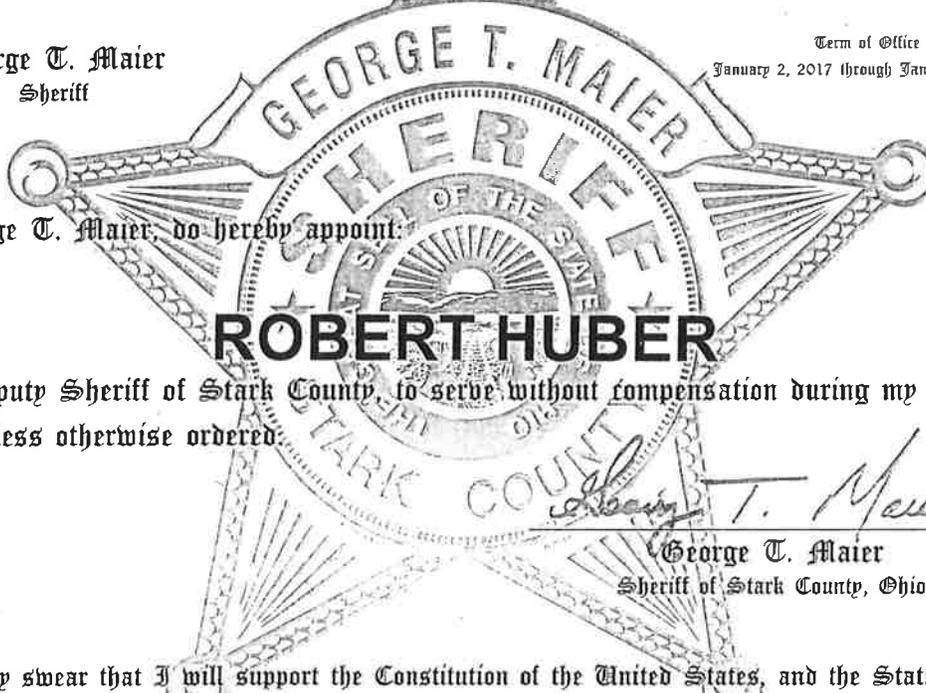
Special

Sheriff

Stark County, ss
State of Ohio

George T. Maier
Sheriff

Term of Office
January 2, 2017 through January 3, 2021



I, George T. Maier, do hereby appoint:

ROBERT HUBER

as a Deputy Sheriff of Stark County, to serve without compensation during my term of office unless otherwise ordered.

George T. Maier

George T. Maier
Sheriff of Stark County, Ohio

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

Robert Huber #196

Name

"This officer shall not be authorized to carry any firearms unless (s) he has successfully completed the guidelines as defined in Section 109.801(A)(1)(2) of the Ohio Revised Code!"

Canton Police Department

Address

Canton, Ohio 44702

City

State

Zip Code

Sworn to before me by the said Robert Huber

and by him subscribed in my presence, this 24

day of January 2017

[Signature]

Notary Exp Jan 2, 2019

Title

This "Special Deputy" Commission is valid only while working authorized Stark County OVI Task Force Sobriety Checkpoints & Saturation Patrols in Stark County.



THE CITY OF
CANTON
THOMAS M. BERNABEI, MAYOR

February 2, 2017

Dear Patrolman Huber, Hire Date April 19, 2013:

I regret to inform you that you are being laid off from your employment due to a lack of funds effective February 5, 2017.

Although your employment with the City of Canton is of great value, it has become economically imperative for this action to be taken.

Please contact the Human Resources Department at (330) 438-4136 for information on Cobra or any questions you may have.

Sincerely,

Andrea M. Perry
Director of Public Safety

cc: Bruce H. Lawver, Chief of Police
Bill Adams, CPPA President
Kris Bates Aylward, Law Department
Sam Sliman, Civil Service
John Slobodnik, Auditor's Office
Amy Slater, Human Resources





THE CITY OF
CANTON
THOMAS M. BERNABEL, MAYOR

February 3, 2017

Dear Patrolman Huber, Hire Date April 29, 2013, Time of Appointment 9:25 a.m.:

This letter shall serve as notice that your layoff scheduled for February 5, 2017 is rescinded due to the 2016 COPS Grant. This grant is slated for the prevention of layoffs and we have received approval from the Department of Justice to retain your employment.

Sincerely,

Andrea M. Perry
Director of Public Safety

cc: Bruce Lawver, Chief of Police
Bill Adams, CPPA President
Kris Bates Aylward, Law Department
Sam Sliman, Civil Service
John Slebodnik, Auditor's Office
Amy Slater, Human Resources

12/1/16

CANTON POLICE DEPARTMENT
NOTICE OF CHANGE OF ADDRESS OF MEMBER

Bruce Lawver
Chief of Police
Canton, Ohio
Dear Sir:

Badge # 196

On 05-30-16, I moved from [REDACTED] CANTON OH.
(date) (former address)

to [REDACTED] MASSILLON OH 44646
(new and present address) City, State Zip Code
Stark Tusc.
(County) (Township)

My telephone number is [REDACTED] (listed/unlisted)

My cell is same (optional)

Rogers Huber [Signature] #196 5-30-16
(print or type name) (members signature) (date)

[Signature] 5/31/2016
(OICs signature) (date)

Canton Police Department - Rules and Regulations #603 - TELEPHONE AND ADDRESS

1. Employees shall within 24 hours notify their Commanding Officer in writing of any change of address or telephone number.
2. Employees shall have telephones in their residence and their numbers listed with the Chief of Police.

NOTE: This form is to be filled out in duplicate and handed personally to the Officer In Charge of members shift or bureau within 24 hours of change. The Officer In Charge should sign and date both copies. The member should retain the duplicate, and the original should be forwarded to the Chiefs Office immediately.

FAILURE TO COMPLY WILL RESULT IN DISCIPLINARY ACTION

CC: Officers: Bureau Supervisor, Personnel, Front Desk, Planning & Research, Dispatch, Human Resources, Civil Service, Law Dept., CPPA or FOP, Benevolent**Civilians: Supervisor, Personnel, Human Resources, Civil Service

TODAYS DATE 5/18/16

Thomas M. Bernabei, Mayor
Canton City Hall
Canton, Ohio 44702

RE: Outside Employment/ Secondary Employment

Employees Name: Ptl. Robert Hueber

Department: Police

Current Classification: Patrolman

Nature of Job: DORA

Name of Company: Downtown Canton SID

Companys Address: 222 Market Ave N

Number of Hours/Weeks: Friday and Saturday nights – Varied hours

Additional Information:

APPROVED/DISAPPROVED:


EXTRA DUTY COORDINATOR

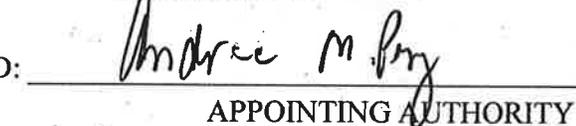
5-20-16
DATE

APPROVED/DISAPPROVED:


DEPARTMENT HEAD

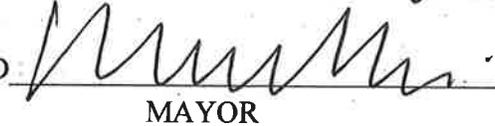
DATE

APPROVED/DISAPPROVED:


APPOINTING AUTHORITY

5/23/16
DATE

APPROVED/DISAPPROVED:


MAYOR

5/21/2016
DATE

COMMENTS:

OutsideEmp.Form
Revised: 4/26/16

Form #33
Canton Police Department
Inter-Office Communications

To: TRAINING

From: Ptl. R. Huber #196

Subject: Broken Baton

Date: 03-19-17

On 03-19-17 while working at Walmart, 4004 Tuscarawas St. W., when I responded to the Murphy's USA gas station in reference to an overdose. Upon arriving at the suspect vehicle I observed a white male in the drivers side seat slumped over. The males lips were turning blue and still had a syringe in his arm. FD was on scene and were attempting to breach a window to render aid. I utilized my baton to break the drivers side rear window so FD could contact the male. Once the situation was resolved I attempted to close my collapsible baton. I believe that while breaking the widow of the vehicle my baton was damaged and is now non operational. I will need a replacement. Incident number for the offense is 2017-03307.

Respectfully,
Ptl. Robert Huber #196

Empalso 5/3/17 TO PICK UP.

GIVEN NEW ON 5/8/17

CITY OF CANTON, OHIO

WILLIAM J. HEALY, II
MAYOR

OATH OF OFFICE

I, ROBERT HUBER, SWEAR THAT I WILL SUPPORT THE CONSTITUTION OF THE UNITED STATES, AND THE STATE OF OHIO, AND I WILL FAITHFULLY, HONESTLY AND IMPARTIALLY, PERFORM AND DISCHARGE THE DUTIES OF POLICE OFFICER IN ACCORDANCE WITH THE LAWS OF THE STATE OF OHIO, THE ORDINANCES OF THE CITY OF CANTON, AND THE REGULATIONS OF THE CANTON POLICE DEPARTMENT, DURING MY CONTINUANCE IN SAID OFFICE.

SIGNED: _____

Robert Huber

OATH ADMINISTERED BY: _____

Wm J. Healy II

COMMISSIONED BY: _____

Sharon E. Spivey

DIRECTOR OF PUBLIC SAFETY

ADMINISTERED THIS 19th DAY OF APRIL, 2013 AT 9:25 A.M.

COMMISSION TO BE EFFECTIVE FRIDAY, APRIL 19, 2013.

SWORN TO BEFORE ME AND SUBSCRIBED IN MY PRESENCE THIS

19th

DAY OF April, 2013 A.D.

NOTARY PUBLIC: _____

Christina Vogt

Notary Public, State of Ohio
My Commission Expires August 4, 2013
Recorded in Carroll County

CANTON POLICE DEPARTMENT

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

LAST NAME:
(PRINT) HURSEN

I, (Print Name): ROBERT HURSEN 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: 196

Date: 9/9/21

Duty weapon:	Secondary Pistol:
Rounds <u>25</u> Score <u>25</u>	Rounds _____ Score _____
Pass <u>X</u> Fail _____	Pass _____ Fail _____
Make <u>GLOCK</u>	Make _____
Model <u>17</u>	Model _____
Caliber <u>9mm.</u>	Caliber _____
Serial # <u>[REDACTED]</u>	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: 9/9/21

TESTED BY: [Signature] 26 REQ: 08104 EXP: 1/28/22

CANTON POLICE DEPARTMENT

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

LAST NAME:
(PRINT) HURBER

I, (Print Name) ROBERT HURBER 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: DR R. Hurber Badge: 146

Date: 1-17-20

Duty weapon:
 Rounds 25 Score (25)
 Pass X Fail _____

Make HK Make _____
 Model 4P9 Model _____
 Caliber .9mm Caliber _____
 Serial # [REDACTED] Serial # _____

Secondary Pistol:
 Rounds _____ Score _____
 Pass _____ Fail _____

Make _____
 Model _____
 Caliber _____
 Serial # _____

Patrol Rifle:
 Rounds 20 Score (20) Pass X Fail _____

Make DD Model DDM4 Serial # [REDACTED] Caliber .223 / 5.56

SMG:
 Rounds 25 Score (24) Pass X Fail _____

Make HK Model MPS Serial # DEPARTMENT ISSUED Caliber 9mm

Shotgun:
 Rounds 2 Slug Score (2) Pass X Fail _____

Make REMINGTON Model 570 Serial # DEPARTMENT ISSUE Caliber 12 GAUGE

DATE TESTED: _____

TESTED BY: Kampfer REQ: 03984 EXP: 5-11-21

**Form #33
Canton Police Department
Inter-Office
Communications**

To: Capt. L. Broucker

From: Sgt. G. Cochran

Subject: Cruiser Accident

Date: 06/09/2021

On 06/08/2021, I was working as Day Shift OIC and received a call from Off. R. Huber reference a cruiser accident. He advised he went to get gas near his home at Speedway 3601 Lincoln Way E in Car 61. While waiting to pull into a pump, another vehicle backed into his cruiser and caused minor damage to both vehicles. Perry PD responded and took a report (2021-08597). Off. Huber did a city accident report and a Form 33. I was able to get the report from Perry PD and put it with the City Accident Report. I also did a TAC Report 2107996 and will upload the photos when they are available.

Sgt. G. Cochran #46

CC: Lt. L. Brown #12

Lt. L. Brown

Form #33
Canton Police Department
Inter-Office Communications

To: Sgt. Cochran

From: Ptl. R. Huber #196

Date: 06/08/2021

RE: Cruiser 61 Accident

Sgt. Cochran,

On 06/08/2021 I went to the Speedway gas station located at 3601 Lincoln Way East in Perry township Ohio. I went to this gas station due to it being relatively close to my residence. After pulling into the lot I slowed to allow a car to pull away from a pump. While do so another vehicle which I was unable to see, backed out of the parking space, failing to see my cruiser, and cause a collision. This collision caused only scratches to my rear bumper on the passenger side. The other vehicle had a small amount of damage to the bumper as well. Perry Township police arrived on scene and took a private property accident report. The report number is 2021-08597. Attached to this form 33 will be the city accident report as well as the Perry police exchange of information card.

Ptl. R. Huber #196

PR Huber #196

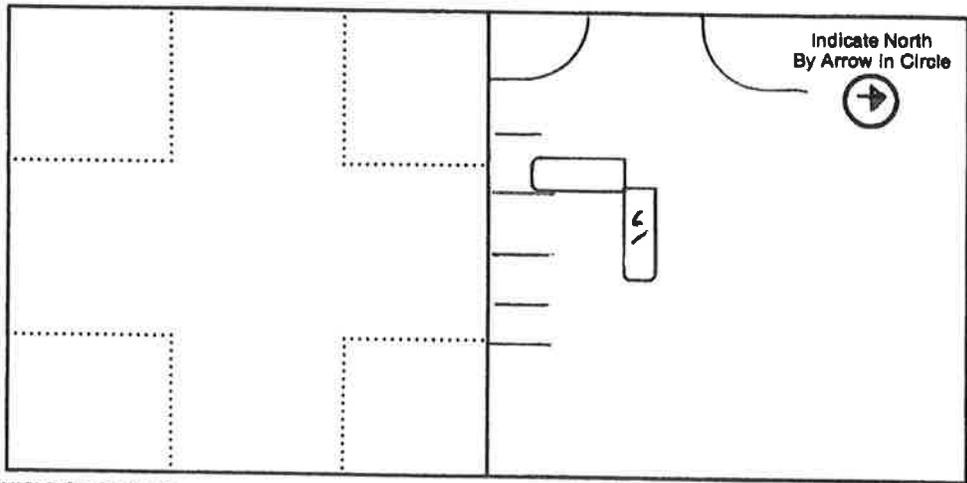
CITY OF CANTON
MOTOR VEHICLE
ACCIDENT REPORT

- 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 06/03/21 TIME 1119 PLACE 3601 LANSAN WAY E.
 CITY VEHICLE: 61 LICENSE NO. _____ VEHICLE NO. _____
 Name of Driver PR. R. HUBER #196 Classif. or Rank PAROLEMAN
 Type of Vehicle POLICE Dept. POLICE Div. K9
 City Employee Injured Yes NO Name _____ (If Yes make out Injury Report W.C. 1)
 Name _____
 Parts of City Vehicle Damaged _____

TELL EXACTLY WHAT HAPPENED (Print or Type) AFTER PULLING INTO THE GAS STATION ANOTHER VEHICLE BAWLED FROM A PARKING SPOT AND STRUCK MY COLLAR

- 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. GYN6296 Make 2008 HONDA Year 2005 Model ELEMENT
 Extent of Damage DAMAGED PASSENGER SIDE REAR BUMPER.
 Owner's Name MELISSA HUMMEL Address 3174 LINA ST. SW NAVARRE OH. (330)844-0920 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)

Name	Address	Phone

REVIEWED BY: Sgt. B. Bohm #146 Signature, address, and official capacity of Driver of City of Canton Vehicle
 Signed _____
 Official Capacity Sergeant
 Residence 221 3rd St SW Canton, OH 44702 PR. R. HUBER #196
 Telephone No. 330-438-4449 221 3rd St SW
 Date this report was completed 06/09/2021 CANTON OH. 44702

REPORTING AGENCY NAME* Perry Township Police NCIC* 07623

COUNTY* 76 LOCALITY* 3 LOCATION CITY, VILLAGE, TOWNSHIP* Perry (Township of)

HIT/SKIP 1-SOLVED 2-UNSOLVED NUMBER OF UNITS 02 UNIT IN ERROR 98-ANIMAL 99-UNKNOW

CRASH DATE/TIME* 06082021 1119 CRASH SEVERITY 5
 1-FATAL
 2-SERIOUS INJURY SUSPECTED
 3-MINOR INJURY SUSPECTED
 4-INJURY POSSIBLE
 5-PROPERTY DAMAGE ONLY

ROUTE TYPE ROUTE NUMBER PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST LOCATION ROAD NAME Lincoln ROAD TYPE WA
 REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) 3601 ROAD TYPE

LATITUDE DECIMAL DEGREES 40.794135 LONGITUDE DECIMAL DEGREES -81.464901

REFERENCE POINT 3 1-INTERSECTION 2-MILE POST 3-HOUSE # DIRECTION FROM REFERENCE 1-NORTH 2-SOUTH 3-EAST 4-WEST ROUTE TYPE IR-INTERSTATE ROUTE(TP) US-FEDERAL US ROUTE SR-STATE ROUTE CR-NUMBERED COUNTY ROUTE TR-NUMBERED TOWNSHIP ROUTE ROAD TYPE AL-ALLEY AV-AVENUE BL-BOULEVARD CR-CIRCLE CT-COURT DR-DRIVE HE-HEIGHTS HW-HIGHWAY LA-LANE MP-MILEPOST OV-OVAL PK-PARKWAY PI-PIKE PL-PLACE RD-ROAD SQ-SQUARE ST-STREET TE-TERRACE TL-TRAIL WA-WAY

INTERSECTION RELATED WITHIN INTERSECTION OR ON APPROACH WITHIN INTERCHANGE AREA ROADWAY ROADWAY DIVIDED

LOCATION OF FIRST HARMFUL EVENT 01 1-ON ROADWAY 2-ON SHOULDER 3-IN MEDIAN 4-ON ROADSIDE 5-ON GORE 6-OUTSIDE TRAFFIC WAY 7-ON RAMP 8-OFF RAMP 9-CROSSOVER 10-DRIVEWAY/ALLEY ACCESS 11-RAILWAY GRADE CROSSING 12-SHARED USE PATHS OR TRAILS 13-BIKE LANE 14-TOLL BOOTH 99-OTHER/UNKNOWN MANNER OF CRASH COLLISION/IMPACT 5 1-NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT 2-REAR-END 3-HEAD-ON 4-REAR-TO-REAR 5-BACKING 6-ANGLE 7-SIDESWIPE, SAME DIRECTION 8-SIDESWIPE, OPPOSITE DIRECTION 9-OTHER/UNKNOWN

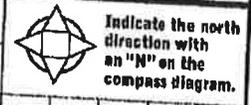
DIRECTION OF TRAVEL 1-NORTH 2-SOUTH 3-EAST 4-WEST MEDIAN TYPE 1-DIVIDED FLUSH MEDIAN (<4 FEET) 2-DIVIDED FLUSH MEDIAN (≥4 FEET) 3-DIVIDED, DEPRESSED MEDIAN (ANY TYPE) 4-DIVIDED, RAISED MEDIAN (ANY TYPE) 9-OTHER/UNKNOWN

WORK ZONE RELATED WORKERS PRESENT LAW ENFORCEMENT PRESENT ACTIVE SCHOOL ZONE WORK ZONE TYPE 1-LANE CLOSURE 2-LANE SHIFT/CROSSOVER 3-WORK ON SHOULDER OR MEDIAN 4-INTERMITTENT OR MOVING WORK 5-OTHER LOCATION OF CRASH IN WORK ZONE 1-BEFORE THE 1ST WORK ZONE WARNING SIGN 2-ADVANCE WARNING AREA 3-TRANSITION AREA 4-ACTIVITY AREA 5-TERMINATION AREA

CONTOUR 1 1-STRAIGHT LEVEL 2-STRAIGHT GRADE 3-CURVE LEVEL 4-CURVE GRADE 9-OTHER/UNKNOWN CONDITIONS 1 1-DRY 2-WET 3-SNOW 4-ICE 5-SAND, MUD, DIRT, OIL, GRAVEL 6-WATER (STANDING, MOVING) 7-SLUSH 9-OTHER/UNKNOWN SURFACE 2 1-CONCRETE 2-BLACKTOP, BITUMINOUS, ASPHALT 3-BRICK/BLOCK 4-SLAG, GRAVEL, STONE 5-DIRT 9-OTHER/UNKNOWN

LIGHT CONDITION 1 1-DAYLIGHT 2-DAWN/DUSK 3-DARK-LIGHTED ROADWAY 4-DARK-ROADWAY NOT LIGHTED 5-DARK-UNKNOWN ROADWAY LIGHTING 9-OTHER/UNKNOWN WEATHER 2 1-CLEAR 2-CLOUDY 3-FOG, SMOG, SMOKE 4-RAIN 5-SLEET, HAIL 6-SNOW 7-SEVERE CROSSWINDS 8-BLOWING SAND, SOIL, DIRT, SNOW 9-FREEZING RAIN OR FREEZING DRIZZLE 99-OTHER/UNKNOWN

NARRATIVE Unit #2 was driving through the parking lot of Speedway. Unit #1 failed to yield while backing and struck Unit #2.



Private Property Accident
 No Diagram Required

CRASH REPORTED DATE / TIME 06082021 1119		DISPATCH DATE / TIME 06082021 1119		ARRIVAL DATE / TIME 06082021 1125		SCENE CLEARED DATE / TIME 06082021 1142	
TOTAL TIME ROADWAY CLOSED 0	OTHER INVESTIGATION TIME 0	TOTAL MINUTES 23	OFFICER'S NAME* Henne, Brian		CHECKED BY OFFICER'S NAME* <i>Sgt. B...</i>		REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST <input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO HQS)
			OFFICER'S BADGE NUMBER* 1 2		CHECKED BY OFFICER'S BADGE NUMBER* 50		

UNIT # 01 OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER) **Hummel, Chris Lee** OWNER PHONE: INCLUDE AREA CODE SAME AS DRIVER

OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER) _____ COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE _____

COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP _____

LP STATE OH LICENSE PLATE # GYW6296 VEHICLE IDENTIFICATION # 5J6YH28605L000063 VEHICLE YEAR 2005 VEHICLE MAKE HOND

INSURANCE VERIFIED INSURANCE COMPANY State Farm INSURANCE POLICY # 931 4692 E15 35A COLOR BLU VEHICLE MODEL ELE

COMMERCIAL GOVERNMENT IN EMERGENCY RESPONSE TYPE OF USE US DOT # _____ TOWED BY: COMPANY NAME _____

INTERLOCK DEVICE EQUIPPED HITS/KIP UNIT #OCCUPANTS 01 VEHICLE WEIGHT GVWR/GCWR 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS. HAZARDOUS MATERIAL MATERIAL RELEASED PLACARD CLASS # _____ PLACARD ID # _____

01 UNIT TYPE 1 - PASSENGER CAR 7 - MOTORCYCLE 2-WHEELED 12 - GOLF CART 18 - LIMO (LIVERY VEHICLE) 23 - PEDESTRIAN / SKATER 2 - PASSENGER VAN (MINIVAN) 8 - MOTORCYCLE 3-WHEELED 13 - SNOWMOBILE 19 - BUS (16+ PASSENGERS) 24 - WHEELCHAIR (ANY TYPE) 3 - SPORT UTILITY VEHICLE 9 - AUTOCYCLE 14 - SINGLE UNIT TRUCK 20 - OTHER VEHICLE 25 - OTHER NON-MOTORIST 4 - PICK UP 10 - MOPED OR MOTORIZED BICYCLE 15 - SEMI-TRACTOR 21 - HEAVY EQUIPMENT 26 - BICYCLE 5 - CARGO VAN 11 - ALL TERRAIN VEHICLE (ATV/UTV) 16 - FARM EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE 27 - TRAIN 6 - VAN (9-15 SEATS) 17 - MOTORHOME 99 - UNKNOWN OR HITS/KIP

2 WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 1 - YES 2 - NO 9 - OTHER / UNKNOWN 0 AUTONOMOUS MODE LEVEL 0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 3 - CONDITIONAL AUTOMATION 9 - UNKNOWN 1 - PARTIAL AUTOMATION 2 - PARTIAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION

01 SPECIAL FUNCTION 1 - NONE 6 - BUS - CHARTER/TOUR 11 - FIRE 16 - FARM 21 - MAIL CARRIER 2 - TAXI 7 - BUS - INTERCITY 12 - MILITARY 17 - MOWING 99 - OTHER / UNKNOWN 3 - ELECTRONIC RIDE SHARING 8 - BUS - SHUTTLE 13 - POLICE 18 - SNOW REMOVAL 4 - SCHOOL TRANSPORT 9 - BUS - OTHER 14 - PUBLIC UTILITY 19 - TOWING 5 - BUS - TRANSIT/COMMUTER 10 - AMBULANCE 15 - CONSTRUCTION EQUIPMENT 20 - SAFETY SERVICE PATROL

01 CARGO BODY TYPE 1 - NO CARGO BODY TYPE / NOT APPLICABLE 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 5 - INTERMODAL CONTAINER CHASSIS 8 - POLE 12 - CONCRETE MIXER 2 - BUS 4 - LOGGING 6 - CARGO VAN/ENCLOSED BOX 9 - CARGO TANK 13 - AUTOTRANSPORTER 7 - GRAIN/CHIPS/GRAVEL 10 - FLAT BED 14 - GARBAGE/REFUSE 99 - OTHER / UNKNOWN

VEHICLE DEFECTS 1 - TURN SIGNALS 4 - BRAKES 7 - WORN OR SLICK TIRES 9 - MOTOR TROUBLE 99 - OTHER / UNKNOWN 2 - HEAD LAMPS 5 - STEERING 8 - TRAILER EQUIPMENT DEFECTIVE 10 - DISABLED FROM PRIOR ACCIDENT 3 - TAIL LAMPS 6 - TIRE BLOWOUT

NON-MOTORIST LOCATION AT IMPACT 1 - INTERSECTION - MARKED CROSSWALK 3 - INTERSECTION - OTHER 6 - BICYCLE LANE 9 - MEDIAN/CROSSING ISLAND 12 - FIRST RESPONDER AT INCIDENT SCENE 2 - INTERSECTION - UNMARKED CROSSWALK 4 - MIDBLOCK - MARKED CROSSWALK 7 - SHOULDER / ROADSIDE 10 - DRIVEWAY ACCESS 11 - SHARED USE PATHS OR TRAILS 5 - TRAVEL LANE - OTHER LOCATION 8 - SIDEWALK 12 - OTHER / UNKNOWN

3 ACTION 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN 02 PRE-CRASH ACTIONS 1 - STRAIGHT AHEAD 2 - BACKING 3 - CHANGING LANES 4 - OVERTAKING/PASSING 5 - MAKING RIGHT TURN 6 - MAKING LEFT TURN 7 - MAKING U-TURN 8 - ENTERING TRAFFIC LANE 9 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 12 - DRIVERLESS 13 - NEGOTIATING A CURVE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 15 - WALKING, RUNNING, JOGGING, PLAYING 16 - WORKING 17 - PUSHING VEHICLE 18 - APPROACHING OR LEAVING VEHICLE 19 - STANDING 20 - OTHER NON-MOTORIST 21 - STANDING OUTSIDE DISABLED VEHICLE 99 - OTHER / UNKNOWN

12 CONTRIBUTING CIRCUMSTANCES 1 - NONE 2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN 7 - LEFT OF CENTER 8 - FOLLOWING TOO CLOSE / ACDA 9 - IMPROPER LANE CHANGE 10 - IMPROPER PASSING 11 - DROVE OFF ROAD 12 - IMPROPER BACKING 13 - IMPROPER START FROM A PARKED POSITION 14 - STOPPED OR PARKED ILLEGALLY 15 - SWERVING TO AVOID 16 - WRONG WAY 17 - VISION OBSTRUCTION 18 - OPERATING DEFECTIVE EQUIPMENT 19 - LOAD SHIFTING/FALLING/SPILLING 20 - IMPROPER CROSSING 21 - LYING IN ROADWAY 22 - NOT DISCERNIBLE 23 - OPENING DOOR INTO ROADWAY 99 - OTHER IMPROPER ACTION

20 SEQUENCE OF EVENTS 1 - OVERTURN/Rollover 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT 6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION 14 - PEDESTRIAN 15 - PEDALCYCLE 16 - RAILWAY VEHICLE 17 - ANIMAL - FARM 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT 21 - PARKED MOTOR VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOVABLE OBJECT

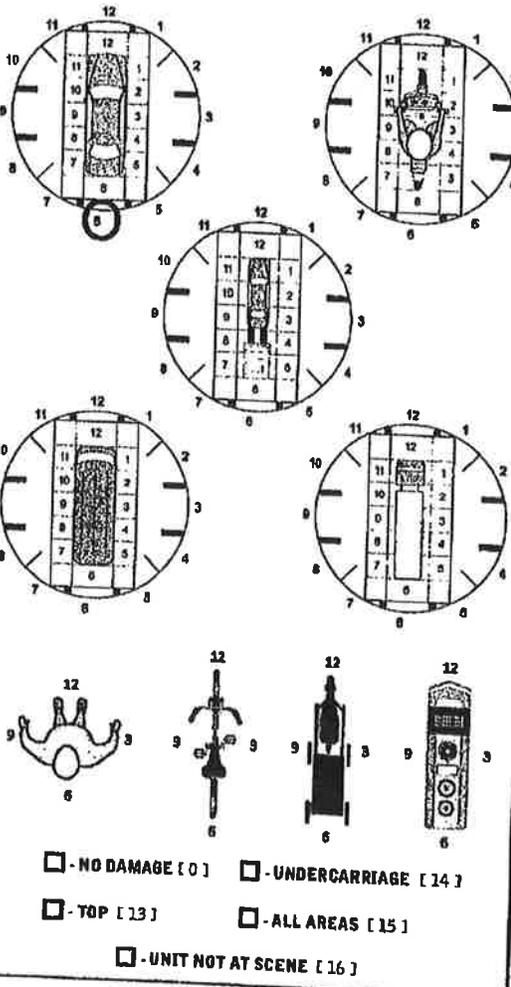
COLLISION WITH FIXED OBJECT - STRUCK 31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL BARRIER 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER 37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT / LUMINARIES SUPPORT 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT 43 - CURB 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT 50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT 99 - OTHER / UNKNOWN

1 FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT

2011-08597 DAMAGE

2 DAMAGE SCALE 1 - NONE 2 - MINOR DAMAGE 3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN

DAMAGED AREA(S) INDICATE ALL THAT APPLY



INITIAL POINT OF CONTACT 0 - NO DAMAGE 1-12 - REFER TO UNIT DIAGRAM 13 - TOP 14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN

TRAFFICWAY FLOW 2 1 - ONE-WAY 2 - TWO-WAY TRAFFIC CONTROL 06 1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER 4 - STOP SIGN 5 - YIELD SIGN 6 - NO CONTROL

OF THROUGH LANES ON ROAD 2 RAIL GRADE CROSSING 1 2 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING

UNIT / NON-MOTORIST DIRECTION FROM 2 TO 1 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - OTHER / UNKNOWN

UNIT SPEED 000 POSTED SPEED 00 DETECTED SPEED 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED

UNIT # 02 OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER) Canton Police Department OWNER PHONE: (INCLUDE AREA CODE) (SAME AS DRIVER)

OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER) 221 3rd St. SW Canton OH 44703 COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP COMMERCIAL CARRIER PHONE: (INCLUDE AREA CODE)

LP STATE LICENSE PLATE # K9-61 VEHICLE IDENTIFICATION # 6G1MK5U29QL605461 VEHICLE YEAR 2012 VEHICLE MAKE CHEV

INSURANCE VERIFIED INSURANCE COMPANY Ohio Plan Risk Management INSURANCE POLICY # 10000161PKG0HP09 COLOR BLK / W/ VEHICLE MODEL CAP

TYPE OF USE COMMERCIAL [] GOVERNMENT [X] IN EMERGENCY RESPONSE [] US DOT # TOWED BY: COMPANY NAME

INTERLOCK DEVICE EQUIPPED [] HIT/SKIP UNIT # OCCUPANTS 01 VEHICLE WEIGHT GVWR/BCWR 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS. HAZARDOUS MATERIAL MATERIAL RELEASED [] PLACARD [] PLACARD ID #

01 1 - PASSENGER CAR 7 - MOTORCYCLE 2-WHEELED 12 - GOLF CART 18 - LIMO (LIVERY VEHICLE) 23 - PEDESTRIAN / SKATER 2 - PASSENGER VAN (MINIVAN) 8 - MOTORCYCLE 3-WHEELED 13 - SNOWMOBILE 19 - BUS (16+ PASSENGERS) 24 - WHEELCHAIR (ANY TYPE) 3 - SPORT UTILITY VEHICLE 9 - AUTOCYCLE 14 - SINGLE UNIT TRUCK 20 - OTHER VEHICLE 25 - OTHER NON-MOTORIST 4 - PICK UP 10 - MOPED OR MOTORIZED BICYCLE 15 - SEMI-TRACTOR 21 - HEAVY EQUIPMENT 26 - BICYCLE 5 - CARGO VAN 6 - VAN (9-15 SEATS) 11 - ALL TERRAIN VEHICLE (ATV / UTV) 17 - MOTORHOME 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE 27 - TRAIN 99 - UNKNOWN OR HITSKIP

0 # OF TRAILING UNITS WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2 1 - YES 2 - NO 9 - OTHER / UNKNOWN 0 AUTONOMOUS MODE LEVEL 0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 3 - CONDITIONAL AUTOMATION 9 - UNKNOWN 1 - YES 2 - NO 9 - OTHER / UNKNOWN 2 - PARTIAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION

13 1 - NONE 6 - BUS - CHARTER/TOUR 11 - FIRE 16 - FARM 21 - MAIL CARRIER 2 - TAXI 7 - BUS - INTERCITY 12 - MILITARY 17 - MOWING 22 - MAIL CARRIER 3 - ELECTRONIC RIDE SHARING 8 - BUS - SHUTTLE 13 - POLICE 18 - SNOW REMOVAL 19 - TOWING 4 - SCHOOL TRANSPORT 9 - BUS - OTHER 14 - PUBLIC UTILITY 20 - SAFETY SERVICE PATROL 5 - BUS - TRANSIT/COMMUTER 10 - AMBULANCE 15 - CONSTRUCTION EQUIPMENT

01 1 - NO CARGO BODY TYPE / NOT APPLICABLE 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 5 - INTERMODAL CONTAINER CHASSIS 6 - POLE 12 - CONCRETE MIXER 2 - BUS 4 - LOGGING 6 - CARGO VAN/ENCLOSED BOX 9 - CARGO TANK 13 - AUTO TRANSPORTER 1 - TURN SIGNALS 4 - BRAKES 7 - WORN OR SLICK TIRES 9 - MOTOR TROUBLE 99 - OTHER / UNKNOWN 2 - HEAD LAMPS 5 - STEERING 8 - TRAILER EQUIPMENT DEFECTIVE 10 - DISABLED FROM PRIOR ACCIDENT 3 - TAIL LAMPS 6 - TIRE BLOWOUT 10 - DISABLED FROM PRIOR ACCIDENT

1 - INTERSECTION - MARKED CROSSWALK 3 - INTERSECTION - OTHER 6 - BICYCLE LANE 9 - MEDIAN/CROSSING ISLAND 12 - FIRST RESPONDER AT INCIDENT SCENE 2 - INTERSECTION - UNMARKED CROSSWALK 4 - MIDBLOCK - MARKED CROSSWALK 7 - SHOULDER / ROADSIDE 10 - DRIVEWAY ACCESS 12 - FIRST RESPONDER AT INCIDENT SCENE 5 - TRAVEL LANE - OTHER LOCATION 5 - TRAVEL LANE - OTHER LOCATION 8 - SIDEWALK 11 - SHARED USE PATHS OR TRAILS 99 - OTHER / UNKNOWN

4 1 - NON-CONTACT 1 - STRAIGHT AHEAD 7 - MAKING U-TURN 13 - NEGOTIATING A CURVE 18 - APPROACHING OR LEAVING VEHICLE 2 - NON-COLLISION 2 - BACKING 8 - ENTERING TRAFFIC LANE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 19 - STANDING 3 - STRIKING 3 - CHANGING LANES 9 - LEAVING TRAFFIC LANE 15 - WALKING, RUNNING, JOGGING, PLAYING 4 - STRUCK 4 - OVERTAKING/PASSING 10 - PARKED 16 - WORKING 21 - STANDING OUTSIDE DISABLED VEHICLE 5 - BOTH STRIKING & STRUCK 5 - MAKING RIGHT TURN 11 - SLOWING OR STOPPED IN TRAFFIC 17 - PUSHING VEHICLE 9 - OTHER / UNKNOWN 6 - MAKING LEFT TURN 12 - DRIVERLESS 22 - LYING IN ROADWAY 23 - OPENING DOOR INTO ROADWAY 99 - OTHER IMPROPER ACTION

01 1 - NONE 7 - LEFT OF CENTER 13 - IMPROPER START FROM A PARKED POSITION 17 - VISION OBSTRUCTION 21 - LYING IN ROADWAY 2 - FAILURE TO YIELD 8 - FOLLOWING TOO CLOSE / ACD 14 - STOPPED OR PARKED ILLEGALLY 18 - OPERATING DEFECTIVE EQUIPMENT 22 - NOT DISCERNIBLE 3 - RAN RED LIGHT 9 - IMPROPER LANE CHANGE 15 - SWEAVING TO AVOID 19 - LOAD SHIFTING/FALLING/SPILLING 23 - OPENING DOOR INTO ROADWAY 4 - RAN STOP SIGN 10 - IMPROPER PASSING 16 - WRONG WAY 20 - IMPROPER CROSSING 24 - OTHER IMPROPER ACTION 5 - UNSAFE SPEED 11 - DROVE OFF ROAD 17 - PEDALCYCLE 21 - PARKED MOTOR VEHICLE 24 - OTHER MOVABLE OBJECT 6 - IMPROPER TURN 12 - IMPROPER BACKING 18 - PEDESTRIAN 22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOVABLE OBJECT

20 1 - OVERTURN/ROLLOVER 6 - EQUIPMENT FAILURE 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 16 - RAILWAY VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT 2 - FIRE/EXPLOSION 7 - SEPARATION OF UNITS 12 - DOWNHILL RUNAWAY 17 - ANIMAL - FARM 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOVABLE OBJECT 3 - IMMERSION 8 - RAN OFF ROAD RIGHT 13 - OTHER NON-COLLISION 18 - ANIMAL - DEER 24 - OTHER MOVABLE OBJECT 4 - JACKKNIFE 9 - RAN OFF ROAD LEFT 14 - PEDESTRIAN 19 - ANIMAL - OTHER 24 - OTHER MOVABLE OBJECT 5 - CARGO / EQUIPMENT LOSS OR SHIFT 10 - CROSS MEDIAN 15 - PEDALCYCLE 20 - MOTOR VEHICLE IN TRANSPORT 24 - OTHER MOVABLE OBJECT

25 1 - IMPACT ATTENUATOR / CRASH CUSHION 31 - GUARDRAIL END 37 - TRAFFIC SIGN POST 43 - CURB 51 - WALL 26 - BRIDGE OVERHEAD STRUCTURE 32 - PORTABLE BARRIER 38 - OVERHEAD SIGN POST 44 - DITCH 52 - BUILDING 27 - BRIDGE PIER OR ABUTMENT 33 - MEDIAN CABLE BARRIER 39 - LIGHT / LUMINARIES SUPPORT 45 - EMBANKMENT 53 - TUNNEL 28 - BRIDGE PARAPET 34 - MEDIAN GUARDRAIL BARRIER 40 - UTILITY POLE 46 - FENCE 54 - OTHER FIXED OBJECT 29 - BRIDGE RAIL 35 - MEDIAN CONCRETE BARRIER 41 - OTHER POST, POLE OR SUPPORT 48 - TREE 99 - OTHER / UNKNOWN 30 - GUARDRAIL FACE 36 - MEDIAN OTHER BARRIER 42 - CULVERT 99 - OTHER / UNKNOWN

1 FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT

DAMAGE SCALE 2 1 - NONE 3 - FUNCTIONAL DAMAGE 2 - MINOR DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN DAMAGED AREA(S) INDICATE ALL THAT APPLY [Diagrams showing vehicle damage locations with numbers 1-12]

INITIAL POINT OF CONTACT 5 0 - NO DAMAGE 14 - UNDERCARRIAGE 1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE 13 - TOP 99 - UNKNOWN

TRAFFICWAY FLOW 2 1 - ONE-WAY 2 - TWO-WAY TRAFFIC CONTROL 06 1 - ROUNDABOUT 4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL

OF THROUGH LANES ON ROAD 2 RAIL GRADE CROSSING 1 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING

UNIT / NON-MOTORIST DIRECTION FROM 4 TO 3 1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST 9 - OTHER / UNKNOWN

UNIT SPEED 000 POSTED SPEED 00 DETECTED SPEED 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED

2021-08597

UNIT # 01 **NAME: LAST, FIRST, MIDDLE**
Hummel, Melissa A

ADDRESS: STREET, CITY, STATE, ZIP
8174 Lina St SW Navarre OH 44662

INJURIES 5 **INJURED TAKEN BY** 1 **EMS AGENCY (NAME)**

INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)

SAFETY EQUIPMENT USED 04 DOT-COMPLIANT MC HELMET

SEATING POSITION 01 **AIR BAG USAGE** 1 **EJECTION** 1 **TRAPPED** 1

OL STATE OH **OPERATOR LICENSE NUMBER**

OFFENSE CHARGED **LOCAL CODE**

OFFENSE DESCRIPTION **CITATION NUMBER**

OL CLASS 4 **ENDORSEMENT SELECT UP TO 2** **RESTRICTION SELECT UP TO 3** **DRIVER DISTRACTED BY** 1

ALCOHOL / DRUG SUSPECTED
 ALCOHOL MARIJUANA
 OTHER DRUG

CONDITION 1

ALCOHOL TEST
STATUS 1 **TYPE** 1 **VALUE**

DRUG TEST(S)
STATUS 1 **TYPE** 1 **RESULT SELECT UP TO 4**

DATE OF BIRTH 10081980 **AGE** 40 **GENDER** F

CONTACT PHONE - INCLUDE AREA CODE

UNIT # 02 **NAME: LAST, FIRST, MIDDLE**
Huber, Robert Allen

ADDRESS: STREET, CITY, STATE, ZIP
221 Third St SW Canton Oh 44702

INJURIES 5 **INJURED TAKEN BY** 1 **EMS AGENCY (NAME)**

INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)

SAFETY EQUIPMENT USED 04 DOT-COMPLIANT MC HELMET

SEATING POSITION 01 **AIR BAG USAGE** 1 **EJECTION** 1 **TRAPPED** 1

OL STATE OH **OPERATOR LICENSE NUMBER**

OFFENSE CHARGED **LOCAL CODE**

OFFENSE DESCRIPTION **CITATION NUMBER**

OL CLASS 4 **ENDORSEMENT SELECT UP TO 2** **RESTRICTION SELECT UP TO 3** **DRIVER DISTRACTED BY** 1

ALCOHOL / DRUG SUSPECTED
 ALCOHOL MARIJUANA
 OTHER DRUG

CONDITION 1

ALCOHOL TEST
STATUS 1 **TYPE** 1 **VALUE**

DRUG TEST(S)
STATUS 1 **TYPE** 1 **RESULT SELECT UP TO 4**

DATE OF BIRTH 02201984 **AGE** 37 **GENDER** M

CONTACT PHONE - INCLUDE AREA CODE

UNIT # **NAME: LAST, FIRST, MIDDLE**

ADDRESS: STREET, CITY, STATE, ZIP

INJURIES **INJURED TAKEN BY** **EMS AGENCY (NAME)**

INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)

SAFETY EQUIPMENT USED DOT-COMPLIANT MC HELMET

SEATING POSITION **AIR BAG USAGE** **EJECTION** **TRAPPED**

OL STATE **OPERATOR LICENSE NUMBER**

OFFENSE CHARGED **LOCAL CODE**

OFFENSE DESCRIPTION **CITATION NUMBER**

OL CLASS **ENDORSEMENT SELECT UP TO 2** **RESTRICTION SELECT UP TO 3** **DRIVER DISTRACTED BY**

ALCOHOL / DRUG SUSPECTED
 ALCOHOL MARIJUANA
 OTHER DRUG

CONDITION

ALCOHOL TEST
STATUS **TYPE** **VALUE**

DRUG TEST(S)
STATUS **TYPE** **RESULT SELECT UP TO 4**

DATE OF BIRTH **AGE** **GENDER**

CONTACT PHONE - INCLUDE AREA CODE

INJURIES	SEATING POSITION	AIR BAG	OL CLASS	OL RESTRICTION(S)	DRIVER DISTRACTION	TEST STATUS
1 - FATAL	1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)	1 - NOT DEPLOYED	1 - CLASS A	1 - ALCOHOL INTERLOCK DEVICE	1 - NOT DISTRACTED	1 - NONE GIVEN
2 - SUSPECTED SERIOUS INJURY	2 - FRONT - MIDDLE	2 - DEPLOYED FRONT	2 - CLASS B	2 - CDL INTRASTATE ONLY	2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)	2 - TEST REFUSED
3 - SUSPECTED MINOR INJURY	3 - FRONT - RIGHT SIDE	3 - DEPLOYED SIDE	3 - CLASS C	3 - CORRECTIVE LENSES	3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE	3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE
4 - POSSIBLE INJURY	4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	4 - DEPLOYED BOTH FRONT / SIDE	4 - REGULAR CLASS (OHIO = D)	4 - FARM WAIVER	4 - TALKING ON HAND-HELD COMMUNICATION DEVICE	4 - TEST GIVEN, RESULTS KNOWN
5 - NO APPARENT INJURY	5 - SECOND - MIDDLE	5 - NOT APPLICABLE	5 - M/C MOPED ONLY	5 - EXCEPT CLASS A BUS	5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE	5 - TEST GIVEN, RESULTS UNKNOWN
INJURED TAKEN BY	6 - SECOND - RIGHT SIDE	9 - DEPLOYMENT UNKNOWN	6 - NO VALID DL	6 - EXCEPT CLASS A & CLASS B BUS	7 - OTHER DISTRACTION INSIDE THE VEHICLE	ALCOHOL TEST TYPE
1 - NOT TRANSPORTED / TREATED AT SCENE	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	EJECTION	OL ENDORSEMENT	7 - EXCEPT TRACTOR-TRAILER	8 - OTHER DISTRACTION OUTSIDE THE VEHICLE	1 - NONE
2 - EMS	8 - THIRD - MIDDLE	1 - NOT EJECTED	H - HAZMAT	8 - INTERMEDIATE LICENSE RESTRICTIONS	9 - OTHER / UNKNOWN	2 - BLOOD
3 - POLICE	9 - THIRD - RIGHT SIDE	2 - PARTIALLY EJECTED	M - MOTORCYCLE	9 - LEARNER'S PERMIT RESTRICTIONS		3 - URINE
9 - OTHER / UNKNOWN	10 - SLEEPER SECTION OF TRUCK CAB	3 - TOTALLY EJECTED	P - PASSENGER	10 - LIMITED TO DAYLIGHT ONLY	CONDITION	4 - BREATH
SAFETY EQUIPMENT	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	4 - NOT APPLICABLE	H - TANKER	11 - LIMITED TO EMPLOYMENT	1 - APPARENTLY NORMAL	5 - OTHER
1 - NONE USED	12 - PASSENGER IN UNENCLOSED CARGO AREA	TRAPPED	Q - MOTOR SCOOTER	12 - LIMITED - OTHER	2 - PHYSICAL IMPAIRMENT	DRUG TEST TYPE
2 - SHOULDER BELT ONLY USED	13 - TRAILING UNIT	1 - NOT TRAPPED	R - THREE-WHEEL MOTORCYCLE	13 - MECHANICAL DEVICES (SPECIAL BRAKES, HANO CONTROLS, OR OTHER ADAPTIVE DEVICES)	3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)	1 - NONE
3 - LAP BELT ONLY USED	14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	2 - EXTRICATED BY MECHANICAL MEANS	S - SCHOOL BUS	14 - MILITARY VEHICLES ONLY	4 - ILLNESS	2 - BLOOD
4 - SHOULDER & LAP BELT USED	15 - NON-MOTORIST	3 - FREED BY NON-MECHANICAL MEANS	T - DOUBLE & TRIPLE TRAILERS	15 - MOTOR VEHICLES WITHOUT AIR BRAKES	5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.	3 - URINE
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING	99 - OTHER / UNKNOWN		X - TANKER / HAZMAT	16 - OUTSIDE MIRROR	6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL	4 - OTHER
6 - CHILD RESTRAINT SYSTEM - REAR FACING			GENDER	17 - PROSTHETIC AID	9 - OTHER / UNKNOWN	DRUG TEST RESULT(S)
7 - BOOSTER SEAT			F - FEMALE	18 - OTHER		1 - AMPHETAMINES
8 - HELMET USED			M - MALE			2 - BARBITURATES
9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)			U - OTHER / UNKNOWN			3 - BENZODIAZEPINES
0 - REFLECTIVE CLOTHING						4 - CANNABINOIDS
1 - LIGHTING - PEDESTRIAN / BICYCLE ONLY						5 - COCAINE
9 - OTHER / UNKNOWN						6 - OPIATES / OPIOIDS
						7 - OTHER
						8 - NEGATIVE RESULTS

TRAFFIC CRASH WITNESS STATEMENT

LOCAL REPORT NUMBER 2021-08597	REPORTING AGENCY Pitts...	DATE OF CRASH M 6 D 8 2021
-----------------------------------	------------------------------	-----------------------------------

FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Melissa Hummel PRINTED _____ HEREBY MAKE THIS VOLUNTARY STATEMENT TO
OFFICER'S NAME _____ AT Speedway Lincoln Way LOCATION

I went to back out. Looked in my mirror no one there started to back then noticed him in driver mirror but hit bumper to bumper.

ADDRESS OF WITNESS
8774 Lina St SW Navarre OH 44662 PHONE _____
SIGNATURE OF WITNESS
X Melissa Hummel OFFICER'S SIGNATURE
X P. B. ...

LOCAL REPORT NUMBER 2021-08597	REPORTING AGENCY P.I.P.D.	DATE OF CRASH M 6/8/21
-----------------------------------	------------------------------	---------------------------

FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Robert Huber HEREBY MAKE THIS VOLUNTARY STATEMENT TO
PRINTED

OFFICER'S NAME _____ AT _____ LOCATION _____

WHILE PULLING INTO THE SPEEDWAY GAS STATION OFF OF
 GENOA I WAS STRUCK BY A VEHICLE BACKING OUT OF
 A PARKING SPACE. ~~THE~~ I WAS UNABLE TO SEE THE
 REVERSE LIGHTS ON THE VEHICLE DUE TO ALL THE PARKING
 CROSS BEING FULL TO POSSIBLE ATTEMPT TO CORRECT OR
 REVERSE.

2213rd St SW, Canton OH 44702
 ADDRESS OF WITNESS

SIGNATURE OF WITNESS [Signature] OFFICER'S SIGNATURE [Signature] PHONE _____

- IMPORTANT -

CITY OF CANTON
MOTOR VEHICLE
ACCIDENT REPORT

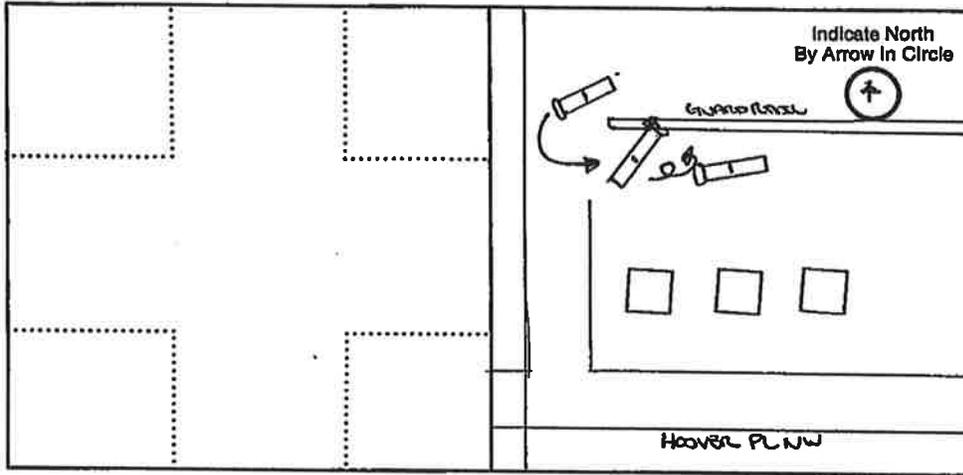
- 1. Promptly notify police of all accidents.
- 2. This report must be completed on day of accident
- 3. Failure to comply with these instructions will result in suspension.

DATE OF ACCIDENT 05/01/21 TIME 0043 PLACE 600 BLOUL HOOPER PL NW
 CITY VEHICLE: 61 LICENSE NO. _____ VEHICLE NO. 61
 Name of Driver PR. R. HUSON #196 Classif. or Rank Patrolman (197)
 Type of Vehicle CHRYSLER CARRIAGE Dept. POLICE Div. Patrol
 City Employee Injured Yes NO Name _____ (If Yes make out Injury Report W.C 1)
 Parts of City Vehicle Damaged FRONT BUMPER & PUSH BAR

TELL EXACTLY WHAT HAPPENED (Print or Type) WHILE ATTEMPTING TO MANEUVER A HARD LEFT TURN I LOST TRACTION IN THE REAR OF MY VEHICLE WHICH CAUSED IT TO SPIN. DURING THAT TIME MY FRONT END MADE CONTACT WITH A GUARD RAIL.

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. _____ Make _____ Year _____ Model _____
 Extent of Damage GUARD RAIL PUSHED IN

Owner's Name _____ Address _____ 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 _____
 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 _____
 Official Capacity _____
 Residence _____
 Telephone No. _____
 Date this report was completed _____

Signature, address, and official capacity of Driver of City of Canton Vehicle

PR R Huson #196
221 3rd St SW
CANTON OH 44707
PATROLMAN

**Form #33
Canton Police Department
Inter-Office Communications**

To: Capt. J. Gabbard

From: Sgt. J. Daniel#55

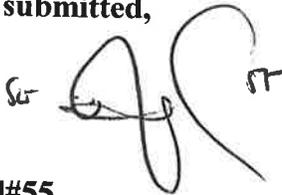
Subject: Cruiser #61 Accident

Date: 5/01/21

Sir,

On 5/1/21 at approximately 0040hrs Ofc. Huber was attempting to stop a vehicle which had been driving recklessly. The vehicle was also the subject of a menacing call at Euro Gyro. During this he struck a guardrail in the rear of 701 Hoover PI NW. The push bar of the cruiser was pushed in, the guardrail was not damaged. There were no injuries. Photos were taken, and an OH1 was completed by Ofc. Bays (2105950). Ofc. Huber completed a City Accident report. In addition a pursuit review was completed for this incident.

Respectfully submitted,

A handwritten signature in black ink, appearing to be 'Sgt. J. Daniel', with the letters 'Sgt' written on either side of the signature.

Sgt. J. Daniel#55

Form #33
Canton Police Department
Inter-Office Communications

To: Canton Police Department

From: Ptl. R. Huber #196

Date: 05/01/2021

RE: Cruiser 61 Accident

On 05/01/2021 I attempted to conduct a traffic stop on a reckless driver who at the time, was believed to have just left a bar after threatening to have someone shoot the security guards. The vehicle quickly turned into a business parking lot and began to drive into a back yard of a residence which I did not know nor was I able to see at the time. While taking a sharp left turn my vehicle lost rear traction on the ground which was found to be loose gravel and dirt. This action caused my vehicle to spin and during that time strike a guard rail with the front of my vehicle. The damage to cruiser 61 was only to the right side of the push bar and a small portion of bumper directly behind the bar itself. Sgt. Daniel took photographs of the damage and a city accident report was completed.

Respectfully,
Ptl. R. Huber #196

Ptl. R. Huber #196

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 10-03-17 TIME 0111 PLACE 200 PARK AVE NW

CITY VEHICLE: 24 LICENSE NO. _____ VEHICLE NO. _____

Name of Driver PT. ROBERT A. HUSSEY #146 Classif. or Rank PT.

Type of Vehicle POLICE Dept. CPD Div. PATRUL

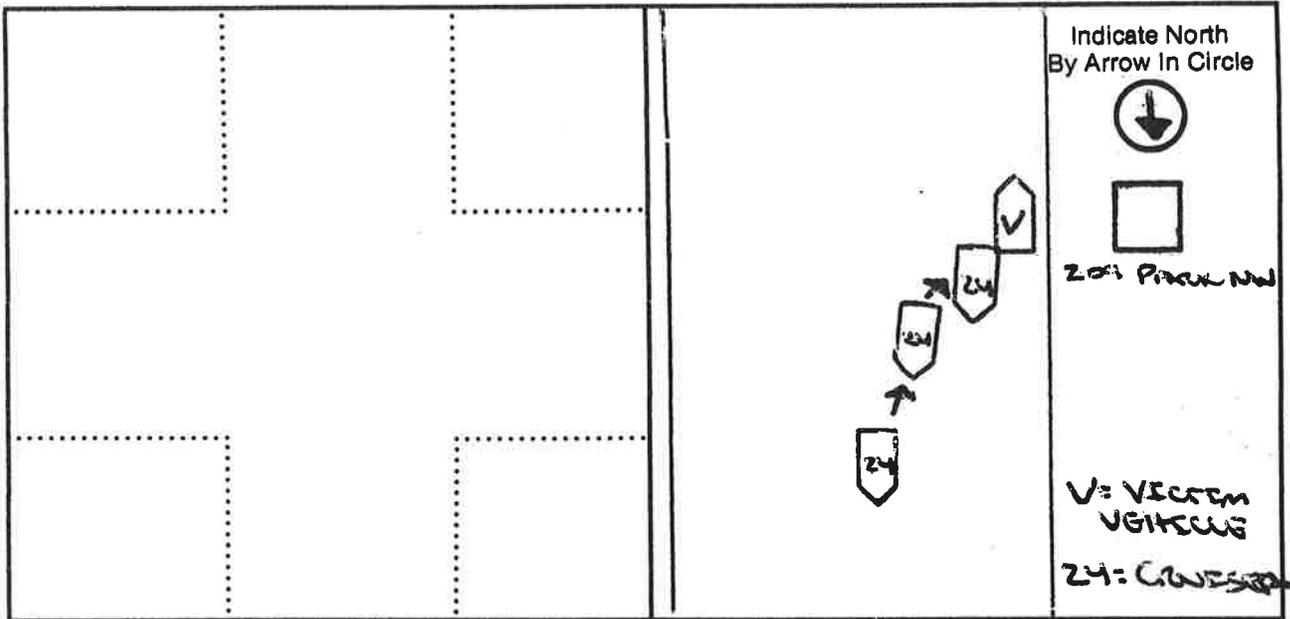
City Employee Injured Yes NO Name _____ (if Yes make out Injury Report W.C 1)
Name _____

Parts of City Vehicle Damaged MINOR SCRATCH ON BUMPER (REAR)

TELL EXACTLY WHAT HAPPENED (Print or Type) WITNES SLOWLY BACKLASH DOWN LEWIS AVE NW IN THE 200 BLOCK & LIGHTLY STRUCK A PARKED VEHICLE. THE REASON FOR BACKLASH WAS TO SIGHT THE PERSON FOR A PERSON WITH A GUN WITH 200 YARD LIMITS AND WERE ON AT THE TIME OF COLLISION.

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. ES6 3709 Make LEWIS Year PATR 2009 Model MILZ

Extent of Damage MINOR SCRATCH ON REAR BUMPER

HAROLD AMAS 200 PARK AVE NW CANTON (330) 309-3077

Owner's Name _____ Address _____ Phone _____

Owner's Name _____ Address _____ Phone _____

If not Motor Vehicle Describe Fully (Pedestrian - Fire Plug, etc.) _____

NAME AND ADDRESS OF OCCUPANTS OF OTHER VEHICLE:

PT. S. JAMES #157 221 3rd St SW CANTON (330) 434-3107

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

WAS ANYONE INJURED: Yes No

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Lieutenant Leo Shirkey
Post Commander
OSP Canton Post

4711 Shuffel Street NW, N. Canton, OH 44720
(330) 433-6200
(330) 433-6230 FAX



O.S.H.P.

To *SGT SMITH*

From: **CANTON POST 76**

Fax:

Date: *10/4/17*

● **Comments**

- FROM TPA HUMMEL*
- CRASH HAS NOT BEEN APPROVED YET*
- PLEASE CALL BACK IF YOU HAVE ANY QUESTIONS*

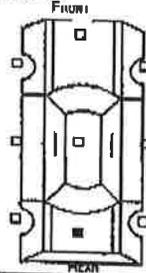




UNIT

LOCAL REPORT NUMBER

76-2243-76

UNIT NUMBER 1		OWNER NAME LAST, FIRST, MIDDLE (<input type="checkbox"/> SAME AS DRIVER) Canton Police Department,		OWNER PHONE NUMBER 330-438-3100		DAMAGE SOURCE 2		DAMAGE AREA 			
OWNER ADDRESS: CITY, STATE, ZIP 221 3rd St Sw, Canton, OH, 44702		<input type="checkbox"/> SAME AS DRIVER				1 - NONE					
LP STATE OH	LICENSE PLATE NUMBER 24	VEHICLE IDENTIFICATION NUMBER 2GIWS57M891299726		# OCCUPANT 2		2 - MINOR					
VEHICLE YEAR 2009	VEHICLE MAKE Chevrolet	VEHICLE MODEL Impala		VEHICLE COLOR BLK		3 - FUNCTIONAL					
<input checked="" type="checkbox"/> PROVE OF INSURANCE SHOWN	INSURANCE COMPANY Self Insured	POLICY NUMBER		TOWED BY Not Towed		4 - DISABLING					
CARRIER NAME, ADDRESS, CITY, STATE, ZIP						9 - UNKNOWN					
US DOT	VEHICLE WEIGHT GVWR/GCWR <input type="checkbox"/> 1 - LESS THAN OR EQUAL TO 10K LBS <input type="checkbox"/> 2 - 10,001 TO 26,000K LBS <input type="checkbox"/> 3 - MORE THAN 26,000K LBS	CARDIO BODY TYPE 01		TRAFFICWAY DESCRIPTION 1							
HM PLACARD ID NO.	<input type="checkbox"/> HAZARDOUS MATERIAL <input type="checkbox"/> RELEASED	01 - No Cargo Body Type Not Applicable 02 - BUS/VAN (9-15 SEATS, INC DRIVER) 03 - BUS (16+ SEATS, INC DRIVER) 04 - VEHICLE TOWING ANOTHER VEHICLE 05 - LOGGING 06 - INTERMODAL CONTAINER CHASSIS 07 - CARGO VAN/ENCLOSED BOX 08 - GRAIN, CHIPS, GRAVEL 09 - POLE 10 - CARGO TANK 11 - FLAT BED 12 - DUMP 13 - CONCRETE MIXER 14 - AUTO TRANSPORTER 15 - GARBAGE/REFUSE 99 - OTHER/UNKNOWN		1 - TWO-WAY, NOT DIVIDED 2 - TWO-WAY, NOT DIVIDED, CONTINUOUS LEFT TURN LANE 3 - TWO-WAY, DIVIDED, UNPROTECTED/PAINTED OR GRADE-SEPARATED 4 - TWO-WAY, DIVIDED, POSITIVE MEDIUM BARRIER 5 - ONE-WAY TRAFFICWAY							
HM CLASS NUMBER		TYPE OF USE 3		UNIT TYPE 03		<input type="checkbox"/> HAS HM PLACARD					
NON-MOTORIST LOCATION PRIOR TO IMPACT 01 - INTERSECTION - MARKED CROSSWALK 02 - INTERSECTION - NO CROSSWALK 03 - INTERSECTION - MARKED CROSSWALK 04 - MIDDLEBLOCK - MARKED CROSSWALK 05 - TRAVEL LANE - OTHER LOCATION 06 - BIWAY LANE 07 - SHOULDER/ROADSIDE 08 - SIDEWALK 09 - MEDIAN CROSSING ISLAND 10 - DRIVEWAY ACCESS 11 - SHARED-USE PATH OR TRAIL 12 - NON-TRAFFICWAY AREA 99 - OTHER/UNKNOWN		1 - PERSONAL 2 - COMMERCIAL 3 - GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		PASSENGER VEHICLES (LESS THAN 8 PASSENGERS) 01 - SUBCOMPACT 02 - COMPACT 03 - MID SIZE 04 - FULL SIZE 05 - MINIVAN 06 - SPORT UTILITY VEHICLE 07 - PICKUP 08 - VAN 09 - MULTIPURPOSE 10 - MOTORCYCLE 11 - SNOWMOBILE/ATV 12 - OTHER PASSENGER VEHICLE		MEDIUM HEAVY TRUCKS OR COMBO UNITS - 10K LBS BUS/VAN/LIMO (9 OR MORE INCLUDING DRIVER) 13 - SINGLE UNIT TRUCK OR VAN 2 AXLES, 6 TIRES 14 - SINGLE UNIT TRUCK; 3+ AXLES 15 - SINGLE UNIT TRUCK/ TRAILER 16 - TRUCK/TRACTOR (BORTAL) 17 - TRACTOR/SEMI TRAILER 18 - TRACTOR/DOUBLE 19 - TRACTOR/TRIPLES 20 - OTHER MEDIUM HEAVY VEHICLE		21 - BUN/VAN (9-15 SEATS INC DRIVER) 22 - BUS (16+ SEATS INC DRIVER) 23 - ANIMAL WITH RIDER 24 - ANIMAL WITH BUSSEY, WAGON, SADDLE 25 - BICYCLE/PEDALCYCLIST 26 - PEDESTRIAN/SKATER 27 - OTHER NON-MOTORIST			
SPECIAL FUNCTION 13	01 - NONE 02 - TAXI 03 - RENTAL TRUCK (OVER 10K LBS) 04 - BUS - SCHOOL (PUBLIC OR PRIVATE) 05 - BUS - TRANSIT 06 - BUS - QUARTER 07 - BUS - SHUTTLE 08 - BUS - OTHER	09 - AMBULANCE 10 - FIRE 11 - HIGHWAY MAINTENANCE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY 15 - OTHER GOVERNMENT 16 - CONSTRUCTION EMP		17 - FARM VEHICLE 18 - FARM EQUIPMENT 19 - MOTORHOME 20 - GOLF CART 21 - TRAIN 22 - OTHER (EXPLAIN IN NARRATIVE)		MOST DAMAGED AREA 06		01 - NONE 02 - CENTER FRONT 03 - RIGHT FRONT 04 - FRONT SIDE 05 - RIGHT REAR 06 - REAR CENTER 07 - LEFT REAR		08 - LEFT SIDE 09 - LEFT FRONT 10 - TOP AND WINDOWS 11 - UNDERCARRIAGE 12 - LOADING TRAILER 13 - FLAT (ALL AREAS) 14 - OTHER	
PRIOR CRASH ACTIONS 02	MOTORIST 01 - STRAIGHT AHEAD 02 - BACKING 03 - CHANGING LANES 04 - OVERTAKING/PASSING 05 - MAKING RIGHT TURN 06 - MAKING LEFT TURN 07 - MAKING U-TURN 08 - ENTERING TRAFFIC LANE 09 - LEAVING TRAFFIC LANE 10 - PULLING 11 - SLOWING OR STOPPED IN TRAFFIC 12 - OTHER/LESS		NON-MOTORIST 13 - NEGOTIATING A CURVE 14 - OTHER MOTORIST ACTION 15 - ENTERING OR CROSSING SPECIFIED LOCATION 16 - WALKING, RUNNING, JOGGING, PLAYING, CYCLING 17 - WORKING 18 - PUSHING VEHICLE 19 - APPROACHING OR LEAVING VEHICLE 20 - STANDING 21 - OTHER NON MOTORIST ACTION		ACTION 3		1 - NON-CONTACT 2 - NON-COLLISION 3 - STRUCK 4 - STRUCK 5 - STRUCK BY STRUCK 9 - UNKNOWN				
CONTRIBUTING CIRCUMSTANCE PRIMARY 11	MOTORIST 01 - NONE 02 - FAILURE TO YIELD 03 - RAN RED LIGHT 04 - RAN STOP SIGN 05 - EXCEEDED SPEED LIMIT 06 - UNLAWFUL SPEED 07 - IMPROPER TURN 08 - LEFT OF CENTER 09 - FOLLOWED TOO CLOSELY/ACCID 10 - IMPROPER LANE CHANGE/PASSING/OFF ROAD 11 - IMPROPER BACKING 12 - IMPROPER START FROM PARKED POSITION 13 - STOPPED OR PARKED ILLEGALLY 14 - OPERATING VEHICLE IN NEGLIGENCE MANNER 15 - SWERVING TO AVOID (DUE TO EXTERNAL CONDITIONS) 16 - WINDOW SIDE/WINDSHIELD 17 - FAILURE TO CONTROL 18 - VISION OBSTRUCTION 19 - OPERATING DEFECTIVE EQUIPMENT 20 - LOAD SHIFTING/FALLING/SPILLING 21 - OTHER IMPROPER ACTION		NON-MOTORIST 22 - NONE 23 - IMPROPER CROSSING 24 - DARTING 25 - LYING AND/OR ILLEGALLY IN ROADWAY 26 - FAILURE TO YIELD RIGHT OF WAY 27 - NOT VISIBLE (DARK CLOTHING) 28 - IMPATIENT 29 - FAILURE TO OBEY TRAFFIC SIGNS/SIGNALS/OFFICER 30 - WRONG SIDE OF THE ROAD 31 - OTHER NON-MOTORIST ACTION		VEHICLE DEFECTS <input type="checkbox"/>		01 - TURN SIGNALS 02 - HEAD LAMPS 03 - TAIL LAMPS 04 - BRAKES 05 - STEERING 06 - TIRE BLOWOUT 07 - WORN/SLICK TIRES 08 - TRAFFIC EQUIPMENT DEFECTIVE 09 - MOTOR TROUBLE 10 - DAMAGED FROM PRIOR ACCIDENT 11 - OTHER DEFECTS				
SEQUENCE OF EVENTS 1 21 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>	FIRST HARMFUL EVENT 1		MID HARMFUL EVENT 1		NON-COLLISION EVENTS 01 - OVERTURN/ROLLOVER 02 - FIRE/EXPLOSION 03 - IMMERSION 04 - JACKKNIFE 05 - CARGO/EQUIPMENT LOSS OR SHIF 06 - EQUIPMENT FAILURE (BLOWN TIRE, BRAKE FAILURE, ETC) 07 - SEPARATION OF UNITS 08 - RAN OFF ROAD RIGHT 09 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN 11 - CROSS CENTER LINE OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION		COLLISION WITH PERSON, VEHICLE OR OBJECT NOT FIXED 14 - PEDESTRIAN 15 - PEDICYCLIST 16 - RAILWAY VEHICLE (TRAIN, ENGINE) 17 - ANIMAL - FARM 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT 21 - PARKED MOTOR VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SLIDING IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOVABLE OBJECT 25 - IMPACT ATTENUATOR/CURB/ OVERHANG 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PILE ON ALIGNMENT 28 - BRIDGE PALLET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE 31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CURB/BARRIER 34 - MEDIAN GUARDRAIL BARRIER 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER 37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT/LUMINAIRE SUPPORT 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CURB 43 - CURB 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT 50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL, BUILDING, TUNNEL 52 - OTHER FIXED OBJECT				
UNIT SPEED 3	POSTED SPEED 25	TRAFFIC CONTROL 01		01 - NO CONTROLS 02 - STOP SIGN 03 - YIELD SIGN 04 - TRAFFIC SIGNAL 05 - TRAFFIC FLAGGER 06 - SCHOOL ZONE 07 - RAILROAD CROSSINGS 08 - RAILROAD FLOWERS 09 - RAILROAD GATES 10 - CONSTRUCTION BARRICADE 11 - PEACOCK (FLASHER, OFFICER) 12 - PAVEMENT MARKINGS 13 - CROSSWALK LINES 14 - WALK/DOOR WALK 15 - OTHER 16 - NOT REPORTED		UNIT DIRECTION FROM 1 TO 2		1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - UNKNOWN			



TRAFFIC CRASH REPORT

LOCAL INFORMATION
P17100300000105LOCAL REPORT NUMBER
76-2243-76CRASH SEVERITY
3 - FATAL
2 - INJURY
1 - PDOFIR/STIP
1 - SOLVED
2 - UNSOLVEDPRIGIOS TAKEN
OH-2 OH-1P
OH-3 OTHERPDO UNITS
STATE REPORTABLE
DOLLAR AMOUNT

PRIVATE PROPERTY

REPORTING AGENCY NCIC *
OHP76REPORTING AGENCY NAME *
Ohio State Highway PatrolNUMBER OF UNITS
2UNIT IN ERROR
1 - 88 - FATAL
99 - UNKNOWNCOUNTY
StarkCITY, VILLAGE, TOWNSHIP
CantonCRASH DATE
10/03/2017TIME OF CRASH
0110DAY OF WEEK
TUE

DEGREES/MINUTES/SECONDS

LATITUDE
40:48:08.44LONGITUDE
81:23:74.13

DECIMAL DEGREES

LATITUDE

LONGITUDE

ROADWAY DIVISION
DIVIDED
UNDIVIDEDDIVIDED LAWS DIRECTION OF TRAVEL
N - NORTHBOUND E - EASTBOUND
S - SOUTHBOUND W - WESTBOUNDNUMBER OF TRUCK LANES
2

LOCATION ROUTE TYPE

LOCATION ROUTE NUMBER

LGN PREFIX
N, S, E, WLOCATION ROAD NAME
ParkLOCATION ROAD TYPE
AVDISTANCE FROM REFERENCE
MILES
FEET
YARDSDIR FROM REF
N, S, E, W

REFERENCE ROUTE TYPE

REFERENCE ROUTE NUMBER

REF PREFIX
N, S, E, WREFERENCE NAME (ROAD, MILEPOST, HOUSE #)
3rdREFERENCE ROAD TYPE
STREFERENCE POINT USED
1 - INTERSECTION
2 - MILE POINT
3 - HOUSE NUMBERCRASH LOCATION
01 - NOT AN INTERSECTION
02 - FOUR-WAY INTERSECTION
03 - T-INTERSECTION
04 - Y-INTERSECTION
05 - TRAFFIC CIRCLE/ROUNDABOUT

06 - FIVE-POINT OR MORE

07 - ON RAMP

08 - OFF RAMP

09 - CROSSOVER

10 - DRIVEWAY/ALLEY ACCESS

11 - RAILWAY GRADE CROSSING

12 - SHARED-USE PATHS OR TRAILS

99 - UNKNOWN

INTERSECTION RELATED

LOCATION OF FIRST HARMFUL EVENT
1 - ON ROADWAY
2 - ON SHOULDER
3 - IN MEDIAN
4 - ON ROADSIDE5 - ON GORE
6 - OUTSIDE TRAFFICWAY
9 - UNKNOWNROAD CONTOUR
1 - STRAIGHT LEVEL
2 - STRAIGHT GRADE
3 - CURVE LEVEL4 - CURVE CHANGE
5 - UNKNOWN

ROAD CONDITIONS

PRIMARY
01

SECONDARY

01 - DRY
02 - WET
03 - SLUSH
04 - ICE

05 - SAND, MUD, DIRT, OIL, GRAVEL

06 - WATER (STANDING, MOVING)

07 - SLUSH

08 - DEBRIS

09 - RUT HOLES BUMPS, UNEVEN PAVEMENT

10 - OTHER

99 - UNKNOWN

MANNER OF CRASH COLLISION/IMPACT
5 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT2 - REAR-END
3 - HEAD-ON
4 - REAR-TO-REAR

5 - BACKING

6 - ANGLE

7 - SIDESWIPE, SAME DIRECTION

8 - SIDESWIPE, OPPOSITE DIRECTION

9 - UNKNOWN

WEATHER
2 - CLOUDY1 - CLEAR
2 - CLOUDY
3 - FOG, SMOG, SHOG4 - RAIN
5 - SLEET, HAIL
6 - SNOW

7 - SEVERE CROSSWINDS

8 - BLOWING SAND, SOIL, DIRT, SNOW

9 - OTHER/UNKNOWN

ROAD SURFACE
2 - BLACKTOP
3 - BITUMINOUS ASPHALT
4 - CONCRETE
5 - STAG. GRAVEL
6 - OTHER4 - STAG. GRAVEL
5 - STAG. GRAVEL
6 - OTHERLIGHT CONDITIONS
5 - DAYLIGHT

PRIMARY

SECONDARY

1 - DAYLIGHT
2 - DAWN
3 - DUSK
4 - DARK - LIGHTED ROADWAY

5 - DARK - ROADWAY NOT LIGHTED

6 - DARK - UNKNOWN ROADWAY LIGHTING

7 - CLEAR

8 - OTHER

9 - UNKNOWN

SCHOOL BUS RELATED
SCHOOL ZONE RELATEDSCHOOL BUS RELATED
DIRECTLY INVOLVED
SCHOOL BUS INDIRECTLY INVOLVED

WORK ZONE RELATED

WORKERS PRESENT
LAW ENFORCEMENT PRESENT (OFFICER/VEHICLE)
LAW ENFORCEMENT PRESENT (VEHICLE ONLY)TYPE OF WORK ZONE
1 - LANE CLOSURE
2 - LANE SHIFT/CROSSOVER
3 - WORK ON SHOULDER OR MEDIAN

4 - INTERMITTENT OR MOVING WORK

5 - OTHER

LOCATION OF CRASH IN WORK ZONE
1 - BEFORE THE FIRST WORK ZONE WARNING SIGN
2 - ADVANCE WARNING AREA
3 - TRANSITION AREA

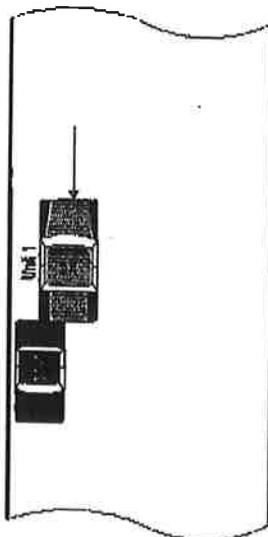
4 - ACTIVITY AREA

5 - TERMINATION AREA

NARRATIVE

Unit 1 was backing on Park Avenue and struck unit 2 that was parked on the roadway.

Park Ave



I AGREE TO COMPLETE

REPORT TAKEN BY

POLICE AGENCY MOTORIST

SUPPLEMENT (CONSIDER AN ADDITIONAL ENHANCED REPORT SENT TO ODPB)

DATE CRASH REPORTED
10/03/2017TIME CRASH REPORTED
0120DISPATCH TIME
0120ARRIVAL TIME
0128TIME CLEARED
0218OTHER INVESTIGATION TIME
30TOTAL MINUTES
88OFFICER'S NAME
Hummel, TimothyOFFICER'S BADGE NUMBER
0740

CHECKED BY



UNIT

LOCAL REPORT NUMBER

76-2243-76

UNIT NUMBER 2	OWNER NAME - LAST, FIRST, MIDDLE. (<input type="checkbox"/> SAME AS DRIVER) Aman, Harry,	OWNER PHONE NUMBER 330-308-3077	DAMAGE SCALE 2	DAMAGE AREA FRONT
OWNER ADDRESS: CITY, STATE, ZIP (<input type="checkbox"/> SAME AS DRIVER) 209 Park Ave Nw, Canton, OH, 44708			1 - NONE	
LP STATE OH	LICENSE PLATE NUMBER ESE8709	VEHICLE IDENTIFICATION NUMBER 1LNHM94R49G616966	2 - MINOR	
VEHICLE YEAR 2009	VEHICLE MAKE Lincoln	VEHICLE MODEL MKS	3 - FUNCTIONAL	
PROOF OF INSURANCE SHOWN <input checked="" type="checkbox"/>	INSURANCE COMPANY Galco	POLICY NUMBER 2000-30-02-73	4 - DISABLING	
		TOWED BY Not Towed	9 - UNKNOWN	
CARRIER NAME, ADDRESS, CITY, STATE, ZIP				
CARRIER PHONE				

US DOT	VEHICLE WEIGHT GVWR/GCWR 1 - LESS THAN OR EQUAL TO 10K LBS 2 - 10,001 TO 26,000K LBS 3 - MORE THAN 26,000K LBS	CARRO BODY TYPE 01	TRAFFICWAY DESCRIPTION 1 - TWO-WAY, NOT DIVIDED 2 - TWO-WAY, NOT DIVIDED, CONTINUOUS LEFT TURN LANE 3 - TWO-WAY, DIVIDED, UNPROTECTED (PAINTED OR GRASS 4 FT. MEDIA) 4 - TWO-WAY, DIVIDED, POSITIVE MEDIUM BARRIER 5 - ONE-WAY TRAFFICWAY
HM PLACARD ID NO.	HAZARDOUS MATERIAL RELEASED <input type="checkbox"/>	01 - NO CARGO BODY TYPE/NOT APPLICABLE 02 - BUS/VAN (9-15 SEATS, INC DRIVER) 03 - BUS (16+ SEATS, INC DRIVER) 04 - VEHICLE TOWING ANOTHER VEHICLE 05 - LOGS/BOX 06 - INTERMODAL CONTAINER CHASSIS 07 - CARGO VAN/ENCLOSED BOX 08 - CRAN, CRIP, GRAPPLE	09 - POLE 10 - CARGO TANK 11 - FLAT BED 12 - DUMP 13 - CONCRETE MIXER 14 - AUTO TRANSPORTER 15 - GARBAGE/REFUSE 99 - OTHER/UNKNOWN
HM CLASS NUMBER		09 - POLE 10 - CARGO TANK 11 - FLAT BED 12 - DUMP 13 - CONCRETE MIXER 14 - AUTO TRANSPORTER 15 - GARBAGE/REFUSE 99 - OTHER/UNKNOWN	<input type="checkbox"/> HT / SKP UNIT

NON-MOTORIST LOCATION PRIOR TO IMPACT 01	TYPE OF USE 1	UNIT TYPE 03	MEDIA/HEAVY TRUCKS OR COMBO UNITS - 10K LBS BUS/VAN/LIVE (D OR MORE INCLUDING DRIVER)
01 - INTERSECTION - MARKED CROSSWALK 02 - INTERSECTION - NO CROSSWALK 03 - INTERSECTION - OTHER 04 - MIDBLOCK - MARKED CROSSWALK 05 - TRAVEL LANE - OTHER LOCATION 06 - BI-CYCLE LANE 07 - SHOULDER/ROADSIDE 08 - SIDEWALK 09 - MEDIAN/CROSSING ISLAND 10 - DRIVEWAY ACCESS 11 - SHARED-USE PATH ON TRAIL 12 - NON-TRAFFICWAY AREA 99 - OTHER/UNKNOWN	1 - PERSONAL 2 - COMMERCIAL 3 - GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE	01 - SUB-COMPACT 02 - COMPACT 03 - MID-SIZE 04 - FULL-SIZE 05 - MINIVAN 06 - SHORT UTILITY VEHICLE 07 - PICKUP 08 - VAN 09 - MOTORCYCLE 10 - MOTORIST BI-CYCLIST 11 - SNOWMOBILE/ATV 12 - OTHER PASSENGER VEHICLE	13 - SINGLE UNIT TRUCK ON VAN CHASSIS, 6 TIRES 14 - SINGLE UNIT TRUCK; 3+ AXLES 15 - SINGLE UNIT TRUCK / TRAILER 16 - TRUCK/TRACTOR (BONNET) 17 - TRACTOR/SEMI-TRAILER 18 - TRACTOR/DOZER 19 - TRACTOR/TWEEZERS 20 - OTHER NON-PASSENGER VEHICLE
			21 - BUS/VAN (9-15 SEATS, INC DRIVER) 22 - BUS (16+ SEATS, INC DRIVER) NON-MOTORIST 23 - ANIMAL WITH RIDER 24 - ANIMAL WITH BUDDY, WAGON, SUPPLY 25 - BI-CYCLE/PEDESTRIAN 26 - PEDESTRIAN/SKATER 27 - OTHER NON-MOTORIST

SPECIAL FUNCTION 01	01 - NONE 02 - TAXI 03 - RENTAL TRUCK (OVER 10K LBS) 04 - BUS - SCHOOL (PUBLIC OR PRIVATE) 05 - BUS - TRAM/STREET 06 - BUS - CHARTER 07 - BUS - SHUTTLE 08 - BUS - OTHER	09 - AMBULANCE 10 - FIRE 11 - HIGHWAY MAINTENANCE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY 15 - OTHER GOVERNMENT 16 - CONSTRUCTION EQUIP.	17 - FARM VEHICLE 18 - FARM EQUIPMENT 19 - MOTORHOME 20 - GOLF CART 21 - TRAM 22 - OTHER (EXPLAIN IN NARRATIVE)	MOST DAMAGED AREA 06	01 - NONE 02 - CENTER FRONT 03 - FRONT FRONT 04 - RIGHT SIDE 05 - RIGHT REAR 06 - REAR CENTER 07 - LEFT REAR	08 - LEFT SIDE 09 - LEFT FRONT 10 - TOP AND WINDOWS 11 - UNDERCHASSIS 12 - LOAD/TRAILER 13 - TOTAL (ALL AREAS) 14 - OTHER	99 - UNKNOWN	ACTION 4	1 - NON-CONTACT 2 - NON-COLLISION 3 - STRUCK 4 - STRUCK 5 - STRUCK/STRUCK 9 - UNKNOWN
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PNE-CRASH ACTIONS 10	MOTORIST 01 - STRAIGHT AHEAD 02 - BACKING 03 - CHANGING LANES 04 - OVERTAKING/PASSING 05 - MAKING RIGHT TURN 06 - MAKING LEFT TURN 07 - MAKING U-TURN 08 - ENTERING TRAFFIC LANE 09 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 12 - DRIVERLESS	13 - NEGOTIATING A CURVE 14 - OTHER MOTORIST ACTION	NON-MOTORIST 15 - ENTERING OR CROSSING SPECIFIC LOCATION 16 - WALKING, RUNNING, JOGGING, PLAYING, CYCLING 17 - WORKING 18 - PUSHING VEHICLE 19 - APPROACHING OR LEAVING VEHICLE 20 - STANDING 21 - OTHER NON-MOTORIST ACTION
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CONTRIBUTING CIRCUMSTANCE PRIMARY 01	MOTORIST 01 - NONE 02 - FAILURE TO YIELD 03 - RAN RED LIGHT 04 - RAN STOP SIGN 05 - EXCEEDED SPEED LIMIT 06 - UNLAWFUL SPEED 07 - IMPROPER TURN 08 - LEFT OF CENTER 09 - FOLLOWED TOO CLOSELY/ACDA 10 - IMPROPER LANE CHANGES /PASSING/OTR ROAD	11 - IMPROPER BACKING 12 - IMPROPER START FROM PARKED POSITION 13 - STOPPED OR PARKED ILLEGALLY 14 - OPERATING VEHICLE IN NEGLIGENT MANNER 15 - SWERVING TO AVOID (DUE TO EXTREME CONDITIONS) 16 - WRONG SIDE/WRONG WAY 17 - FAILURE TO CONTROL 18 - VISION OBSTRUCTION 19 - OPERATING DEFECTIVE EQUIPMENT 20 - LOAD SHIFTING/FALLING/SPILLING 21 - OTHER IMPROPER ACTION	NON-MOTORIST 22 - NONE 23 - IMPROPER CROSSING 24 - DARTING 25 - LYING AHEAD ILLEGALLY IN ROADWAY 26 - FAILURE TO YIELD RIGHT OF WAY 27 - NOT VISIBLE (DARK CLOTHING) 28 - INATTENTIVE 29 - FAILURE TO OBEY TRAFFIC SIGNS /SIGNALS/OFFICER 30 - WRONG SIDE OF THE ROAD 31 - OTHER NON-MOTORIST ACTION	VEHICLE DEFECTS <input type="checkbox"/>	01 - TURN SIGNALS 02 - HEAD LAMPS 03 - TAIL LAMP 04 - BRAKES 05 - STEERING 06 - TIRE BLOWOUT 07 - WORN OR SLACK TIRE 08 - TRAILER EQUIPMENT DEFECTIVE 09 - MOTOR TROUBLE 10 - DERIVED FROM PRIOR ACCIDENT 11 - OTHER DEFECTS
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SOURCE OF EVENTS 1 20 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>	NON-COLLISION EVENTS 01 - OVERTURN/ROLLOVER 02 - FIRE/EXPLOSION 03 - IMBROSION 04 - JACKKNIFE 05 - CARGO/EQUIPMENT LOSS OR SHIFT	06 - EQUIPMENT FAILURE (BLOWN TIRE, BRAKE FAILURE, ETC) 07 - SEPARATION OF UNITS 08 - RAN OFF ROAD RIGHT 09 - RAN OFF ROAD LEFT	10 - CROSS-MEDIAN 11 - CROSS-CENTER LANE OPPOSITE DIRECTION OF TRAFFIC 12 - DOWNHILL RAMPWAY 13 - OTHER NON-COLLISION
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COLLISION WITH PERSON, VEHICLE OR OBJECT NOT FIRED 14 - PEDESTRIAN 15 - PEDALCYCLIST 16 - RAILWAY VEHICLE (TRAM, GONDOLA) 17 - ANIMAL - FARM 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT	21 - PARKED MOTOR VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SKIDDING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOVABLE OBJECT	COLLISION WITH FIRED OBJECT 25 - IMPACT ATTENUATION/CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE 31 - GUARDRAIL END 32 - PORTABLE BARRIER	33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL BARRIER 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER 37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT/LUMINAIRIES/SIGNALS 40 - UTILITY POLE	41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT 43 - CURB 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX	48 - TREE 49 - FIRE HYDRANT 50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL, BUILDING, TUNNEL 52 - OTHER FIXED OBJECT
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UNIT SPEED 0	POSTED SPEED 25	TRAFFIC CONTROL 01	01 - NO CONTROLS 02 - STOP SIGN 03 - YIELD SIGN 04 - TRAFFIC SIGNAL 05 - TRAFFIC FLASHERS 06 - SCHOOL ZONE	07 - RAILROAD CROSSBUCK 08 - RAILROAD FLASHERS 09 - RAILROAD GATES 10 - CONSTRUCTION BARRICADE 11 - PERSON FLAGGER/OFFICER 12 - PAYMENT MARKINGS	13 - CROSSWALK LIGHTS 14 - WALK/DON'T WALK 15 - OTHER 16 - NOT REPORTED	UNIT DIRECTION FROM 1 TO 2	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHWEST 8 - SOUTHWEST	9 - UNKNOWN
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MOTORIST / NON-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER

76-2243-76

UNIT NUMBER 1	NAME: LAST, FIRST, MIDDLE Huber, Robert	DATE OF BIRTH 02/20/1984	AGE 33	SEX M	F - FEMALE M - MALE
ADDRESS, CITY, STATE, ZIP 221 3rd St Sw, Canton, OH, 44702			CONTACT PHONE - INCLUDE AREA CODE 330-438-3100		
INJURIES 1	INJURED TAKEN BY 1	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 04	DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/>
OL STATE OH	OPERATOR LICENSE NUMBER TW728389	OL CLASS 4	No <input type="checkbox"/> VALID DL	M/C END <input type="checkbox"/>	CONDITION 1
ALCOHOL/DRUG SUSPECTED 1		ALCOHOL TEST STATUS 1	ALCOHOL TEST TYPE 1	ALCOHOL TEST VALUE 1	DRUG TEST STATUS 1
OFFENSE CHARGED (<input type="checkbox"/> LOCAL CODE)		OFFENSE DESCRIPTION		CITATION NUMBER	HAND-FREE DEVICE USED <input type="checkbox"/>
UNIT NUMBER	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	SEX	F - FEMALE M - MALE
ADDRESS, CITY, STATE, ZIP			CONTACT PHONE - INCLUDE AREA CODE		
INJURIES <input type="checkbox"/>	INJURED TAKEN BY <input type="checkbox"/>	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED	DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/>
OL STATE	OPERATOR LICENSE NUMBER	OL CLASS <input type="checkbox"/>	No <input type="checkbox"/> VALID DL	M/C END <input type="checkbox"/>	CONDITION <input type="checkbox"/>
ALCOHOL/DRUG SUSPECTED <input type="checkbox"/>		ALCOHOL TEST STATUS <input type="checkbox"/>	ALCOHOL TEST TYPE <input type="checkbox"/>	ALCOHOL TEST VALUE <input type="checkbox"/>	DRUG TEST STATUS <input type="checkbox"/>
OFFENSE CHARGED (<input type="checkbox"/> LOCAL CODE)		OFFENSE DESCRIPTION		CITATION NUMBER	HAND-FREE DEVICE USED <input type="checkbox"/>
[REDACTED SECTION]					
UNIT NUMBER 1	NAME: LAST, FIRST, MIDDLE Jones, Scott	DATE OF BIRTH 04/18/1986	AGE 31	SEX M	F - FEMALE M - MALE
ADDRESS, CITY, STATE, ZIP 221 3rd St Sw, Canton, OH, 44702			CONTACT PHONE - INCLUDE AREA CODE 330-438-3100		
INJURIES 1	INJURED TAKEN BY 1	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 04	DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/>
OL STATE	OPERATOR LICENSE NUMBER	OL CLASS <input type="checkbox"/>	No <input type="checkbox"/> VALID DL	M/C END <input type="checkbox"/>	CONDITION <input type="checkbox"/>
ALCOHOL/DRUG SUSPECTED <input type="checkbox"/>		ALCOHOL TEST STATUS <input type="checkbox"/>	ALCOHOL TEST TYPE <input type="checkbox"/>	ALCOHOL TEST VALUE <input type="checkbox"/>	DRUG TEST STATUS <input type="checkbox"/>
OFFENSE CHARGED (<input type="checkbox"/> LOCAL CODE)		OFFENSE DESCRIPTION		CITATION NUMBER	HAND-FREE DEVICE USED <input type="checkbox"/>
UNIT NUMBER	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	SEX	F - FEMALE M - MALE
ADDRESS, CITY, STATE, ZIP			CONTACT PHONE - INCLUDE AREA CODE		
INJURIES <input type="checkbox"/>	INJURED TAKEN BY <input type="checkbox"/>	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED	DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/>
OL STATE	OPERATOR LICENSE NUMBER	OL CLASS <input type="checkbox"/>	No <input type="checkbox"/> VALID DL	M/C END <input type="checkbox"/>	CONDITION <input type="checkbox"/>
ALCOHOL/DRUG SUSPECTED <input type="checkbox"/>		ALCOHOL TEST STATUS <input type="checkbox"/>	ALCOHOL TEST TYPE <input type="checkbox"/>	ALCOHOL TEST VALUE <input type="checkbox"/>	DRUG TEST STATUS <input type="checkbox"/>
OFFENSE CHARGED (<input type="checkbox"/> LOCAL CODE)		OFFENSE DESCRIPTION		CITATION NUMBER	HAND-FREE DEVICE USED <input type="checkbox"/>

OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER

76-2243-76

LOCAL REPORT NUMBER 76-2243-76	REPORTING AGENCY Ohio State Highway Patrol	DATE OF CRASH 10/03/2017
IN COUNTY OF Stark County	ACCIDENT LOCATION Park	

Vehicle Damage:

Unit 1: Rear bumper

Unit 2: Rear bumper

Notes:*The driver of unit 1 was cause coded for improper backing. The driver was not cited for the crash.

*Unit 1 was in emergency response to a person with a gun call in the area. The suspect was fleeing on foot.

*Unit 2 was parked.

*The roadway was not painted or had any other controls.

*There were no measurements taken of unit 1, it had moved from final rest prior to my arrival.

Measurements:Reference Point: Utility Pole AEP - 795D1-206

Point Zero "0": 33'7" From RP to Baseline

Baseline: West edge of Park Avenue

	A/E	F/E	Description
A	14'4"S	3'2"E	Final rest of the right rear tire of unit 2
B	23'3"S	3'2"E	Final rest of the right front tire of unit 2

OFFICERS SIGNATURE	BADGE NO. 0740
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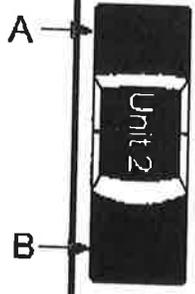
LOCAL REPORT NUMBER 76-2243-76	REPORTING AGENCY Ohio State Highway Patrol	REPORTING AGENCY 10/03/2017
IN COUNTY OF Stark County	ACCIDENT LOCATION Park	

Park Ave



"0"

● RP



NOT TO SCALE

OFFICERS SIGNATURE	BADGE NO. 0740
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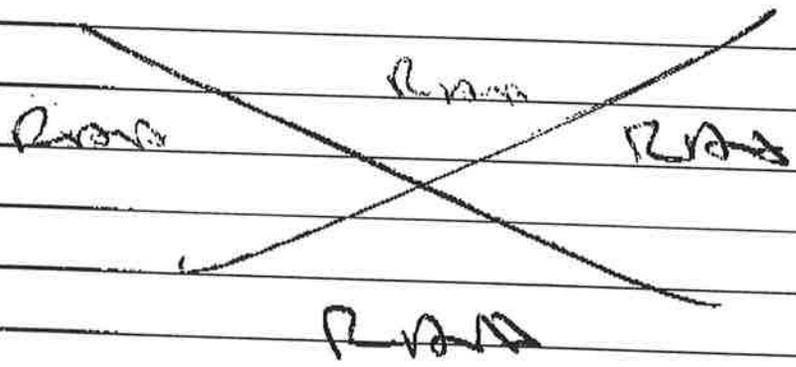
LOCAL REPORT NUMBER 76-2243-76	REPORTING AGENCY OHIO STATE HIGHWAY PATROL	DATE OF CRASH M 10 D 3 Y 17
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, ROBERT A. HUBER HEREBY MAKE THIS VOLUNTARY STATEMENT TO
PRINTED

THE TP HUBER AT SCENE
OFFICER'S NAME LOCATION

WITNES WITNESSED AS IN WITNESS # 24 IN A
 LAW ENFORCEMENT CAPACITY, I WAS INVOLVED IN A
 MOTOR VEHICLE CRASH. THE CRASH OCCURRED IN FRONT OF
 200 GARDEN PARK RD NW, WILHEM CLEVELAND THE AREA FOR A
 PERSON WITH A GUN I WAS BEHIND THE CRASH IN THE
 ROADWAY TO STAGE THE RECREATION SOUTH. WHILE DOWN
 SO MY ATTENTION WAS DEFLECTED TO THE SIDE YARDS OF
 THE RESIDENCE FOR THE SUBJECT. I THEN BROKE INTO
 A PARKED VEHICLE IN THE REAR BUMPER, MY OVERHEAD
 LIGHTS WERE ACTIVATED AT THE TIME OF THE CRASH.
 NOTHING FURTHER



ADDRESS OF WITNESS 221 3rd St SW Canton OH 44702	PHONE (330) 438-3100
SIGNATURE OF WITNESS X <u>Robert A. Huber</u>	OFFICER'S SIGNATURE X <u>TP Huber</u> (46)

LOCAL REPORT NUMBER 76-2243-76	REPORTING AGENCY OHIO STATE HIGHWAY PATROL	DATE OF CRASH M 10 D 3 Y 17
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, ROBERT HUBER PRINTED _____ HEREBY MAKE THIS VOLUNTARY STATEMENT TO
TRIP HUNNELL OFFICER'S NAME AT SCENE LOCATION

Q WHAT WAS YOUR SPEED?

A: 3 mph

Q WERE YOU BELTED?

A: YES

Q WERE YOU INJURED?

A: NO

Q DID YOU SEE THE VEHICLE?

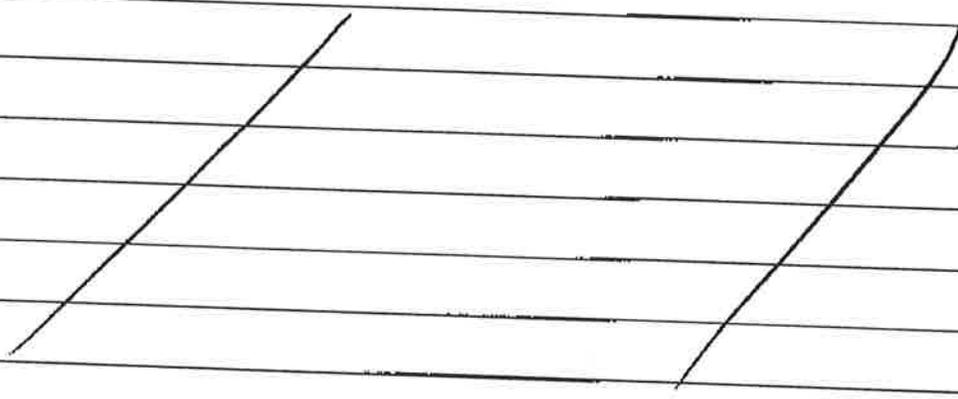
A: NO, NORTH TO SOUTH, BACKING

Q DID YOU HAVE LIGHTS AND SIREN ON?

A: LIGHTS, Looking For A SUSPECT.

Q WERE YOU DISTRACTED?

A: ~~NO~~ YES, Looking For A SUSPECT WITH A GUN



ADDRESS OF WITNESS 221 3rd St SW Canton OH 44702	PHONE (330) 433-3100
SIGNATURE OF WITNESS X <u>Robert Huber</u>	OFFICER'S SIGNATURE X <u>TRIP HUNNELL</u>

Form #33
Canton Police Department
Inter-Office Communications

To: Lt. Pellegrino

From: Ptl. R. Huber #196

Date: 04-12-20

RE: Car 32 Accident

Sir,

On 04-12-20 I was backing car 32 into a parking space in the basement of CPD head quarters. While doing so I accidentally struck the metal around one of the concrete pillars. Because of this car 32 sustained minor damage to the rear quarter panel on the drivers side. I completed a city accident report, TAC report and took photographs of the damage.

Ptl. R. Huber #196

R. Huber #196

Form #33
Canton Police Department
Inter-Office Communications

To: Capt. J. Gabbard 4

From: Lt. T. Pellegrino 27

Date: 4-12-2020

RE: Car 32 Accident

On this date Ptl. Huber was maneuvering in the basement of HQ when he struck a pillar with the rear quarter panel of Car 32. Car 32 suffered minor damage and there was some paint transfer from the pole to the cruiser, the pole appeared to be undamaged. No repairs will need to be made to keep Car 32 in service.

A city accident report was completed along with a Form 33 from Ptl. Huber; I also sent Ptl. Thomas a email detailing the damage. A info only TAC report was completed and photos of the damage were uploaded under report number 2004252.

Lt. Travis Pellegrino 27

Lt. Travis Pellegrino # 27

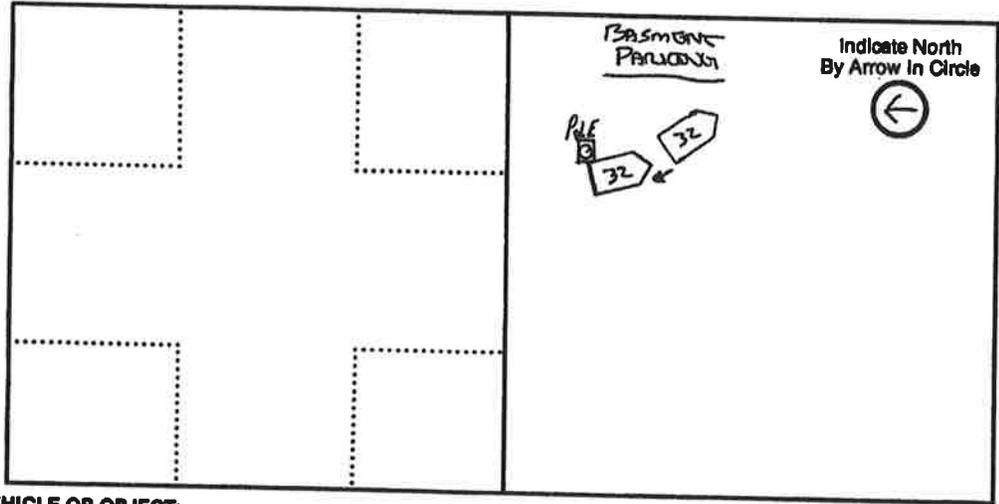
ACCIDENT REPORT

on day of accident
3. Failure to comply with these instructions will result in suspension.

DATE OF ACCIDENT 04/12/20 TIME 0220 PLACE 221 3rd St SW (Basement)
CITY VEHICLE: 32 LICENSE NO. _____ VEHICLE NO. _____
Name of Driver PR. R. HUBER #196 Classif. or Rank PATROLMAN
Type of Vehicle FORD INTERCEPTOR Dept. CANTON PD Div. PATROL
City Employee Injured Yes NO Name _____ (If Yes make out Injury Report W.C. 1)
Name _____

Parts of City Vehicle Damaged _____
TELL EXACTLY WHAT HAPPENED (Print or Type) WHILE BRACKING CAR 32 INTO A SPACE I
STOOL THE METAL EDGING AROUND ONE OF THE CONCRETE PILLARS.
THIS CAUSED MINOR DAMAGE TO THE DRIVER SIDE, REAR, QUARTER
PANEL.

- 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. _____ Make Ford Year _____ Model _____
Extent of Damage NONE
Owner's Name _____ Address _____ 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 _____
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: [Signature]
Signed [Signature] 27
Official Capacity LIUTENANT OF POLICE
Residence 221 3rd St SW Canton OH 44702
Telephone No. 330-438-4467
Date this report was completed 4-12-2020

Signature, address, and official capacity of Driver of City of Canton Vehicle
[Signature]
221 3rd St SW
CANTON OH 44702

Form #33
Canton Police Department
Inter-Office Communications

To: Canton Police Department

From: Ptl. R. Huber #196

Date: 04-26-18

RE: Tow truck incident/accident

On 04-25-18 I was working TEP when I called for an impound. Conley's arrived on scene and began to put the vehicle onto the flat bed. During this time I heard a loud noise and when I looked up I observed the vehicle being put onto the flat bed rolling off the flat bed in my direction. I was unable to react quick enough and the vehicle subsequently rolled into car 26. The Conley's driver was able to winch the vehicle back onto the bed a second time with no issues. Sgt. Smith was contacted and responded to the scene where photographs were taken of the vehicles. Nothing further.

Ptl. R. Huber #196

R. Huber #196

**Form #33
Canton Police Department
Inter-Office
Communications**

To: Capt. Kurzinsky #3

From: Sgt. R. Smith #47

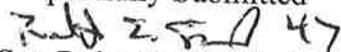
Subject: Car #26 Accident

Date: 4/26/18

On 4/25/18 while working as 1st Shift Road Sgt. I was dispatched to the 62E on ramp from IR77 NB at the 107mm, regarding an impounded MV bumping into cruiser #26. Upon arrival I learned that Conley's Towing was pulling an impounded vehicle onto a flatbed truck, when the chain pulling said vehicle unraveled allowing the MV to roll back into Ptl. Huber's cruiser. Ptl. Huber was sitting inside his cruiser completing paperwork at the time.

Ptl. Huber was uninjured and I only observed a small scuff mark on the front/left push bar. Minor cosmetic damage was sustained by the impounded MV which rolled into car #26. Pictures were taken and Ptl. Huber completed a City Accident Report.

Respectfully Submitted


Sgt. Robert E. Smith 47

**Form #33
Canton Police Department
Inter-Office
Communications**

To: Ptl. Huber 196

From: Sgt. Coates 45

Subject: Documented Counseling

Date: 05/06/17

Ptl. Huber,

On 05/06/17, you were operating car 88 on shift overtime when you backed into another cruiser (car 93) while on a trouble call. The accident resulted in very minor scuff marks to both cruisers. You immediately advised Cancom of the accident which occurred while the shift was exceptionally busy. I reviewed the damage to both vehicles which I found to be very minor. I am documenting this counseling and ordering you to review Lexipol Policy 316.2 Response to Calls and Rules and Regulations 606.4 Operating Vehicles. Further violations of these policies will result in progressive discipline.

Sgt. J. Coates 45

 45

✓

Form #33
Canton Police Department
Inter-Office Communications

To: Whom it may concern

From: Ptl. R. Huber #196

Subject: Vehicle Accident in car #88

Date: 05-06-17

To whom it may concern,

On 05-06-17 while working shift overtime in car 88 I was involved in a minor motor vehicle accident with cruiser #93. I was parked in the area of Grigsby Pl. Wertz when I located the suspect from a 10-51 call. Upon apprehending the suspect I returned to my vehicle and was backing it up to move it. I did not realize that car #93 was in such close proximity to the rear of my cruiser when I began to back. I was unaware that car #88 even made contact with car #93 but when I went to check I realized that I had made a small amount of contact with the vehicle. A small amount of paint transfer was noticeable however I was unable to observe any body damage to my bumper nor the door area where it made contact with #93. I advised cancom immediately of the incident and had them notify supervision. I take full responsibility for the incident.

Ptl. R. Huber #196

P.R. Huber #196

MOTOR VEHICLE ACCIDENT REPORT

2. This report must be completed on day of accident
 3. Failure to comply with these instructions will result in suspension.

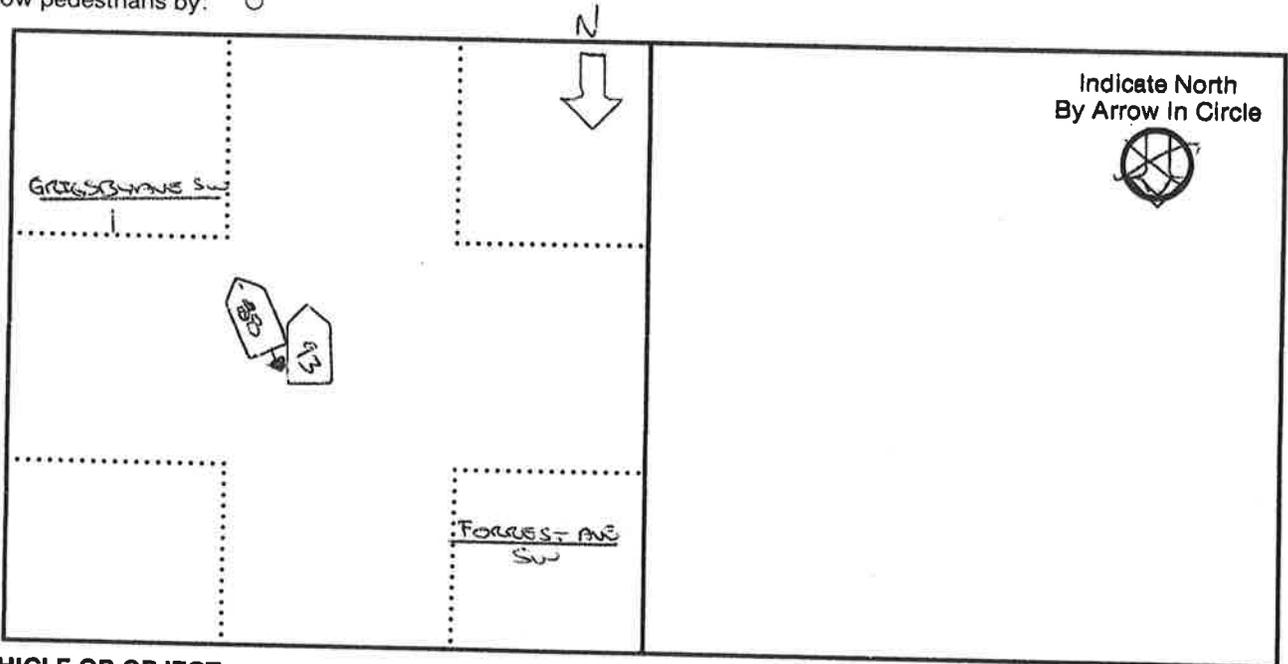
DATE OF ACCIDENT 05-06-17 TIME 0239 PLACE GROSSMAN PL. SW / FORREST AVE SW
 CITY VEHICLE: 93 LICENSE NO. _____ VEHICLE NO. 83
 Name of Driver: DR. R. HUBER #196 Classif. or Rank PATROLMAN
 Type of Vehicle POLICE CAUISER Dept. POLICE Div. PATROL
 City Employee Injured Yes NO Name _____ (If Yes make out Injury Report W.C 1)
 Name _____

Parts of City Vehicle Damaged _____

TELL EXACTLY WHAT HAPPENED. (Print or Type) WHILE BACKING CAR 83 ON A TRAFFIC CALL NEAR THE INTERSECTION GROSSMAN AVE + FORREST AVE SW, I WAS UNAWARE HOW CLOSE CAR 93 WAS BEHIND ME A MADE MINOR CONTACT WITH THE DRIVERS SIDE POOR MGA. PRENT TRANSFER APPEARS TO BE THE EXTENT OF THE DAMAGE.

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:



OTHER VEHICLE OR OBJECT:

License No. 93 Make CITROEN Year 2008 Model CAROLEE

Extent of Damage PAINT TRANSFER

CITY OF CANTON

Owner's Name

221 3rd St SW CANTON OH.

Address

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

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 All)

MOTOR VEHICLE ACCIDENT REPORT

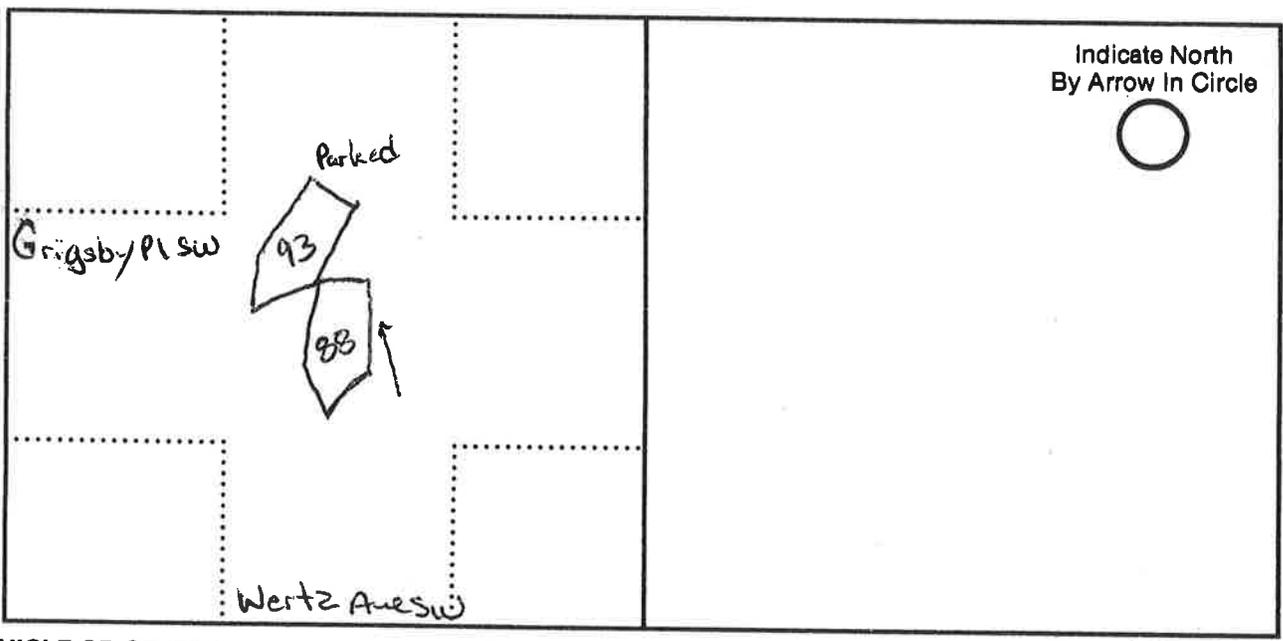
2. This report must be completed on day of accident
3. Failure to comply with these instructions will result in suspension.

DATE OF ACCIDENT 5-6-17 TIME 0237 PLACE 900 Blk Wertz Ave SW
CITY VEHICLE: 88 + 93 LICENSE NO. _____ VEHICLE NO. 93
Name of Driver Unoccupied Classif. or Rank _____
Type of Vehicle Sedan - CHEV CAP Dept. 310 Div. _____
City Employee Injured Yes NO Name _____ (If Yes make out Injury Report W.C 1)
Name _____
Parts of City Vehicle Damaged Front left quarter panel scratched

TELL EXACTLY WHAT HAPPENED (Print or Type) I parked my cruiser behind car 88 facing south at an angle at Grigsby Pl SW. I saw officers Jones + Huber were out with the suspect from a B+E call and exited to assist. After the male was placed into car 88 with Jones + Huber I went walking along the alley for the suspect's gun. That's when I heard car 88 make minor contact with my cruiser as they backed up into it. I also heard a car horn which was from my side along in the passenger seat hitting car 93's horn.

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. _____ Make _____ Year _____ Model _____

Extent of Damage _____

Owner's Name _____ Address _____ Phone _____

Owner's Name _____ Address _____ Phone _____

If not Motor Vehicle Describe Fully (Pedestrian - Fire Plug, etc.) _____

NAME AND ADDRESS OF OCCUPANTS OF OTHER VEHICLE:

Officer Huber
Name _____ Address _____ Phone _____

Officer Jones
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 Cars, etc.)

MOTOR VEHICLE ACCIDENT REPORT

1400018967

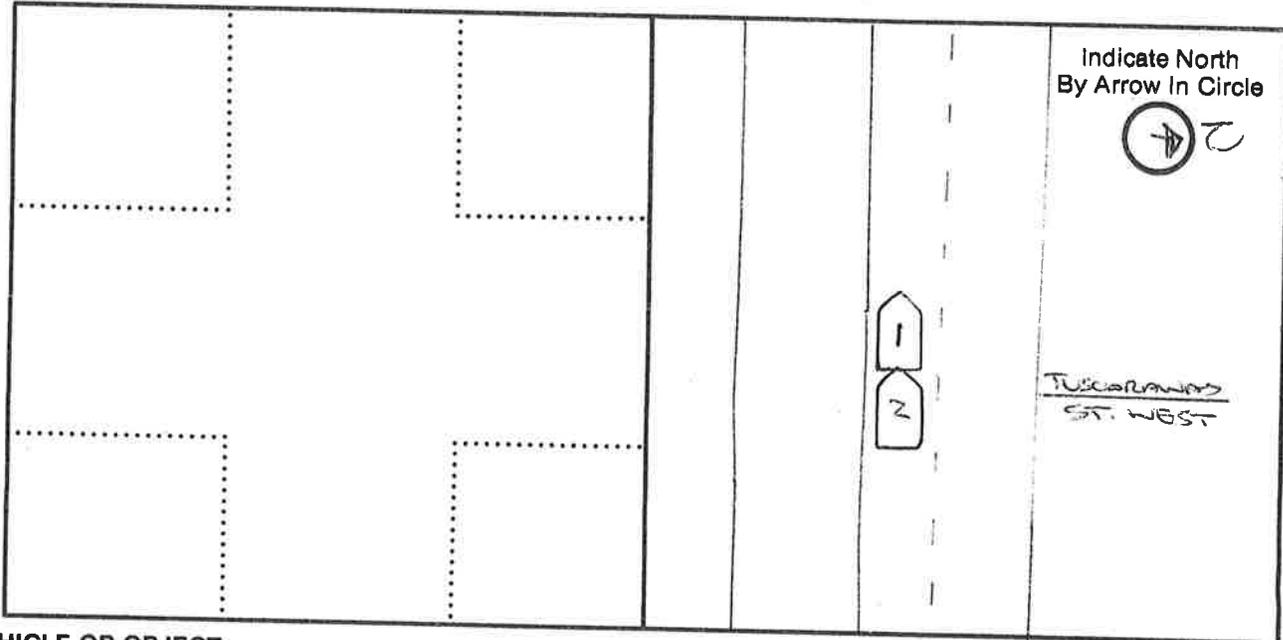
1. Promptly notify police of all accidents.
2. This report must be completed on day of accident
3. Failure to comply with these instructions will result in suspension.

DATE OF ACCIDENT 04-11-16 TIME 1250 PLACE W. TUSC / INDEPENDENCE AVE
 CITY VEHICLE: 73 LICENSE NO. 73 VEHICLE NO. 73
 Name of Driver ROBERT HAUSER Classif. or Rank PATROLMAN
 Type of Vehicle POLICE CRUISER Dept. POLICE Div. PREVENTION
 City Employee Injured Yes NO Name _____ (if Yes make out Injury Report W.C 1)
 Name _____
 Parts of City Vehicle Damaged PUSH BAR, BUMPER, HOOD

TELL EXACTLY WHAT HAPPENED (Print or Type) TRAVELING WEST BOUND ON TUSCRAWMS ST IN
WITHIN THE VEHICLE IN FRONT OF ME BLEW UP ABRUPTLY. I WAS
UNABLE TO STOP IN TIME & STRUCK THE OTHER VEHICLE IN
THE REAR

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. 644 YIN Make FORD Year _____ Model FORD
 Extent of Damage MINOR BENT SUBFRAMES TO REAR BUMPER
STUCK MERCO INDUSTRIA AUTOMOB. 400 E. TUSC. GARDEN OIA (330) 454-3051
 Owner's Name _____ Address _____ 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 MELVIN COPELAND Address 422 E TUSC. GARDEN OIA Phone 330-454-3051
 Name _____ Address _____ Phone _____
 Name _____ Address _____ Phone _____
WAS ANYONE INJURED: Yes No
 Name MELVIN COPELAND Address 422 E TUSC. GARDEN OIA Phone 330-454-3051
 Name _____ Address _____ Phone _____
 Name _____ Address _____ Phone _____

WITNESS (Name, Address, Phone)

**Form #33
Canton Police Department
Inter-Office
Communications**

To: Chief Lawver

From: Sgt J A Spahr #36

Subject: Cruiser Crash (OSP 76-0797-76, CPD 1600018967)

Date: 04-11-16

Sir,

On this date I was contacted at HQ by Off Huber #196 ref an accident he had while driving Car #78.

Off Huber stated that at approximately 1250 hrs. he was west bound on Tuscarawas St West near Newton NW when the car ahead of stopped abruptly in the left lane for a CFD squad that was EB in the center lane. Due to a light rain and a wet roadway he was unable to stop and struck the vehicle. The vehicle was driven by Melvin Copeland and the Ford Focus (644YIV) is owned by Stark Metro. There was minor paint damage to the Ford and no damage to the cruiser. Off Huber was not injured but Mr Copeland did claim an injury.

Day shift was not able to respond a Supervisor to the scene and ID did take photos. OSP did respond to complete an OH-1 and did site Off Huber with ACDA. Off Huber did complete a City Accident Report and a Form 33.


Sgt J A Spahr #36

**Form #33
Canton Police Department
Inter-Office
Communications**

To: Sgt. Spahr #36

From: Ptl. R. Huber #196

Subject: City Vehicle Accident 1600018967

Date: 04-11-16

On 04-11-16 at approximately 1250 I was involved in a vehicle accident while operating car 78. I was traveling west bound on Tuscarawas St West near Newton Ave. The vehicle in front of me braked heavily and quickly in response to an ambulance traveling east bound on Tuscarawas St in the center turn lane. The roads were wet and there was a light rain when the accident occurred and I was unable to stop in time before the collision. I slid for approximately 10 feet prior to striking the other vehicle and did attempt to take evasive actions.

I checked on the other driver to insure that there was no injuries and advised Cancom of the accident. I.D. bureau arrived on scene and took photographs of the damage to the vehicles. OSHP arrived and took the accident report (76-0797-76) and issued me a citation for Assured Clear Distance. No supervision was able to respond to the scene so once I was clear of the accident I returned to headquarters and contacted my supervision.

I completed this form 33 as well as a City of Canton Accident Report.


04-11-16



TRAFFIC CRASH REPORT

LOCAL REPORT NUMBER * 76-0797-76	CRASH SEVERITY 2 1 - FATAL 2 - INJURY 3 - PDO	HT/SKIP <input type="checkbox"/> 1 - SOLVED <input type="checkbox"/> 2 - UNSOLVED
--------------------------------------------	---------------------------------------------------------------	-----------------------------------------------------------------------------------------

LOCAL INFORMATION LHP160411001631		REPORTING AGENCY NCIC * OHP76	REPORTING AGENCY NAME * Ohio State Highway Patrol
PHOTOS TAKEN <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P <input type="checkbox"/> OH-3 <input type="checkbox"/> OTHER	PDO UNDER STATE REPORTABLE DOLLAR AMOUNT <input type="checkbox"/>	PRIVATE PROPERTY <input type="checkbox"/>	NUMBER OF UNITS 2
COUNTY: Stark	CITY: <input type="checkbox"/> CITY * <input type="checkbox"/> VILLAGE * <input type="checkbox"/> TOWNSHIP *	CITY, VILLAGE, TOWNSHIP * Canton	UNIT IN ERROR 2 98 - ANIMAL 99 - UNKNOWN

DEGREES/MINUTES/SECONDS LATITUDE 40:48:01.36	LONGITUDE 81:22:98.62	DECIMAL DEGREES LATITUDE OR	LONGITUDE
-----------------------------------------------------------	---------------------------------	------------------------------------------	-----------

ROADWAY DIVISION <input type="checkbox"/> DIVIDED <input checked="" type="checkbox"/> UNDIVIDED	DIVIDED LANE DIRECTION OF TRAVEL <input type="checkbox"/> N - NORTHBOUND <input type="checkbox"/> E - EASTBOUND <input type="checkbox"/> S - SOUTHBOUND <input type="checkbox"/> W - WESTBOUND	NUMBER OF THRU LANES 4	ROAD TYPES OR MILEPOST AL - ALLEY CR - CIRCLE HE - HEIGHTS MP - MILEPOST PL - PLACE ST - STREET WA - WAY AV - AVENUE CT - COURT HW - HIGHWAY PK - PARKWAY RD - ROAD TE - TERRACE BL - BOULEVARD DR - DRIVE LA - LANE PI - PIKE SQ - SQUARE TL - TRAIL
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LOCATION ROUTE NUMBER SR 172	LOCATION PREFIX <input type="checkbox"/> N,S <input type="checkbox"/> E,W	LOCATION ROAD NAME	LOCATION ROAD TYPE <input type="checkbox"/>	ROUTE TYPES IR - INTERSTATE ROUTE (INC. TURNPIKE) US - US ROUTE CR - NUMBERED COUNTY ROUTE SR - STATE ROUTE TR - NUMBERED TOWNSHIP ROUTE
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DISTANCE FROM REFERENCE MILES 2	DIR FROM REF N,S E,W E	REFERENCE ROUTE TYPE <input type="checkbox"/>	REFERENCE ROUTE NUMBER 14	REF PREFIX N,S E,W <input type="checkbox"/>	REFERENCE NAME (ROAD, MILEPOST, HOUSE #)	REFERENCE ROAD TYPE MP
----------------------------------------------	----------------------------------------	--------------------------------------------------	-------------------------------------	------------------------------------------------------	------------------------------------------	----------------------------------

REFERENCE POINT USED 2 1 - INTERSECTION 2 - MILE POST 3 - HOUSE NUMBER	CRASH LOCATION 01 01 - NOT AN INTERSECTION 02 - FOUR-WAY INTERSECTION 03 - T-INTERSECTION 04 - Y-INTERSECTION 05 - TRAFFIC CIRCLE/ROUNDBOAT 06 - FIVE-POINT, OR MORE 07 - ON RAMP 08 - OFF RAMP 09 - CROSSOVER 10 - DRIVEWAY/ALLEY ACCESS	11 - RAILWAY GRADE CROSSING 12 - SHARED-USE PATHS OR TRAILS 99 - UNKNOWN	<input type="checkbox"/> INTERSECTION RELATED	LOCATION OF FIRST HARMFUL EVENT 1 1 - ON ROADWAY 5 - ON GORE 2 - ON SHOULDER 6 - OUTSIDE TRAFFICWAY 3 - IN MEDIUM 9 - UNKNOWN 4 - ON ROADSIDE
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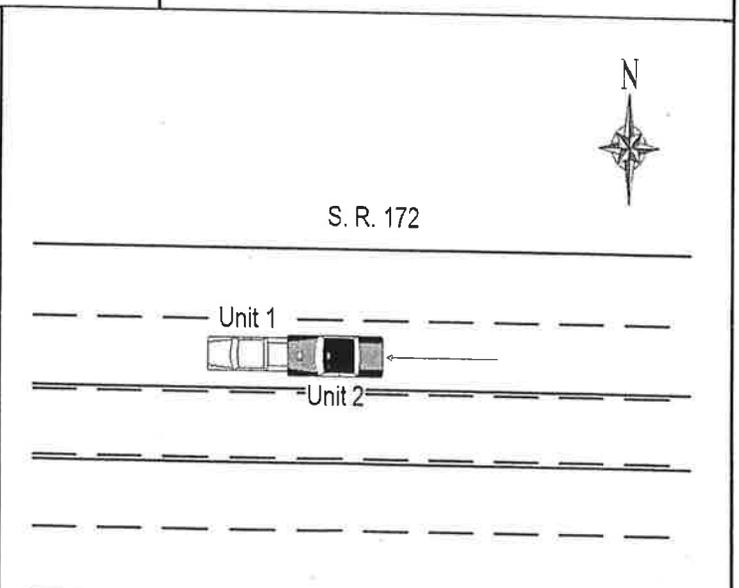
ROAD CONTOUR 1 1 - STRAIGHT LEVEL 4 - CURVE GRADE 2 - STRAIGHT GRADE 9 - UNKNOWN 3 - CURVE LEVEL	ROAD CONDITIONS PRIMARY 02 SECONDARY <input type="checkbox"/> 01 - DRY 02 - WET 03 - SNOW 04 - ICE 05 - SAND, MUD, DIRT, OIL, GRAVEL 06 - WATER (STANDING MOVING) 07 - SLUSH 08 - DEBRIS 09 - RUT, HOLES, BUMPS, UNEVEN PAVEMENT 10 - OTHER 99 - UNKNOWN
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MANNER OF CRASH COLLISION/IMPACT 2 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT 2 - REAR-END 3 - HEAD-ON 4 - REAR-TO-REAR 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, -SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - UNKNOWN	WEATHER 4 1 - CLEAR 4 - RAIN 7 - SEVERE CROSSWINDS 2 - CLOUDY 5 - SLEET, HAIL 8 - BLOWING SAND, SOIL, DIRT, SNOW 3 - FOG, SMOG, SMOKE 6 - SNOW 9 - OTHER/UNKNOWN
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ROAD SURFACE 2 1 - CONCRETE 4 - SLAG, GRAVEL, STONE 2 - BLACKTOP 5 - DIRT 3 - BRICK/BLOCK 6 - OTHER	LIGHT CONDITIONS PRIMARY 1 SECONDARY <input type="checkbox"/> 1 - DAYLIGHT 5 - DARK - ROADWAY NOT LIGHTED 9 - UNKNOWN 2 - DAWN 6 - DARK - UNKNOWN ROADWAY LIGHTING 3 - DUSK 7 - GLARE 4 - DARK - LIGHTED ROADWAY 8 - OTHER	<input type="checkbox"/> SCHOOL ZONE RELATED	SCHOOL BUS RELATED <input type="checkbox"/> YES, SCHOOL BUS DIRECTLY INVOLVED <input type="checkbox"/> YES, SCHOOL BUS INDIRECTLY INVOLVED
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WORK ZONE RELATED <input type="checkbox"/>	WORKERS PRESENT <input type="checkbox"/>	LAW ENFORCEMENT PRESENT (OFFICER/VEHICLE) <input type="checkbox"/>	LAW ENFORCEMENT PRESENT (VEHICLE ONLY) <input type="checkbox"/>	TYPE OF WORK ZONE <input type="checkbox"/> 1 - LANE CLOSURE <input type="checkbox"/> 2 - LANE SHIFT/CROSSOVER <input type="checkbox"/> 3 - WORK ON SHOULDER OR MEDIUM 4 - INTERMITTENT OR MOVING WORK 5 - OTHER	LOCATION OF CRASH IN WORK ZONE <input type="checkbox"/> 1 - BEFORE THE FIRST WORK ZONE WARNING SIGN <input type="checkbox"/> 2 - ADVANCE WARNING AREA <input type="checkbox"/> 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA
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NARRATIVE
Unit 1 and Unit 2 were westbound on S. R. 172 in the left lane. Unit 1 slowed for an ambulance eastbound on S. R. 172. Unit 2 struck Unit 1 in the rear.



REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST	<input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO DDPS)					
DATE CRASH REPORTED 04/11/2016	TIME CRASH REPORTED 1255	DISPATCH TIME 1256	ARRIVAL TIME 1309	TIME CLEARED 1401	OTHER INVESTIGATION TIME 25	TOTAL MINUTES 90
OFFICER'S NAME Smith, Justin	OFFICER'S BADGE NUMBER 1045	CHECKED BY				



UNIT

LOCAL REPORT NUMBER

76-0797-76

UNIT NUMBER 1	OWNER NAME; LAST, FIRST, MIDDLE (<input type="checkbox"/> SAME AS DRIVER) Stark Metropolitan, Housing, Authority	OWNER PHONE NUMBER 330-316-7867	DAMAGE SCALE 2	DAMAGE AREA FRONT REAR
OWNER ADDRESS; CITY, STATE, ZIP (<input type="checkbox"/> SAME AS DRIVER) 400 Tuscarawas St. E., Canton, OH, 44702			1 - NONE	
LP STATE OH	LICENSE PLATE NUMBER 644YIV	VEHICLE IDENTIFICATION NUMBER 1FAHP3E26CL285600	2 - MINOR	
VEHICLE YEAR 2012	VEHICLE MAKE Ford	VEHICLE MODEL FOCUS	3 - FUNCTIONAL	
PROOF OF INSURANCE SHOWN <input checked="" type="checkbox"/>	INSURANCE COMPANY Travelers Property C	POLICY NUMBER HGAU381078672011	4 - DISABLING	
CARRIER NAME, ADDRESS, CITY, STATE, ZIP		TOWED BY	9 - UNKNOWN	
US DOT	VEHICLE WEIGHT GVWR/GCWR <input type="checkbox"/> 1 - LESS THAN OR EQUAL TO 10K LBS <input type="checkbox"/> 2 - 10,001 TO 26,000K LBS <input type="checkbox"/> 3 - MORE THAN 26,000K LBS	CARGO BODY TYPE 01 - NO CARGO BODY TYPE/NOT APPLICABLE 02 - BUS/VAN (9-15 SEATS, INC DRIVER) 03 - BUS (16+ SEATS, INC DRIVER) 04 - VEHICLE TOWING ANOTHER VEHICLE 05 - LOGGING 06 - INTERMODAL CONTAINER CHASSIS 07 - CARGO VAN ENCLOSED BOX 08 - GRAB, CHIPS, GRAVEL	TRAFFICWAY DESCRIPTION 1 - T wo-WAY, NOT DIVIDED 2 - T wo-WAY, NOT DIVIDED, CONTINUOUS LEFT TURN LANE 3 - T wo-WAY, DIVIDED, UNPROTECTED (PAINTED OR GRASS >4FT.) MEDIA 4 - T wo-WAY, DIVIDED, POSITIVE MEDIAN BARRIER 5 - ONE-WAY TRAFFICWAY	
HM PLACARD ID NO.	HAZARDOUS MATERIAL <input type="checkbox"/> RELEASED	09 - POLE 10 - CARGO TANK 11 - FLAT BED 12 - DUMP 13 - CONCRETE MIXER 14 - AUTO TRANSPORTER 15 - GARBAGE /REFUSE 99 - OTHER/UNKNOWN	<input type="checkbox"/> HIT / SKIP UNIT	
HM CLASS NUMBER				
NON-MOTORIST LOCATION PRIOR TO IMPACT 01 - INTERSECTION - MARKED CROSSWALK 02 - INTERSECTION - NO CROSSWALK 03 - INTERSECTION OTHER 04 - MIDBLOCK - MARKED CROSSWALK 05 - TRAVEL LANE - OTHER LOCATION 06 - BICYCLE LANE 07 - SHOULDER/ROADSIDE 08 - SIDEWALK 09 - MEDIAN/CROSSING ISLAND 10 - DRIVE WAY ACCESS 11 - SHARED USE PATH OR TRAIL 12 - NON-TRAFFICWAY AREA 99 - OTHER/UNKNOWN	TYPE OF USE 3 1 - PERSONAL 2 - COMMERCIAL 3 - GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE	UNIT TYPE 03 PASSENGER VEHICLES (LESS THAN 9 PASSENGERS) 01 - SUB COMPACT 02 - COMPACT 99 - UNKNOWN OR HIT/SKIP 04 - FULL SIZE 05 - MINIVAN 06 - SPORT UTILITY VEHICLE 07 - PICKUP 08 - VAN 09 - MOTORCYCLE 10 - MOTORIZED BICYCLE 11 - SNOWMOBILE/ATV 12 - OTHER PASSENGER VEHICLE	MED/HEAVY TRUCKS OR COMBO UNITS > 10K LBS BUS/VAN/LIMO (9 OR MORE INCLUDING DRIVER) 13 - SINGLE UNIT TRUCK OR VAN 2AXLE, 6 TIRES 14 - SINGLE UNIT TRUCK ; 3+ AXLES 15 - SINGLE UNIT TRUCK / TRAILER 16 - TRUCK/TRACTOR (BOBTAIL) 17 - TRACTOR/SEMI-TRAILER 18 - TRACTOR/DOUBLE 19 - TRACTOR/TRIPLES 20 - OTHER MED/HEAVY VEHICLE	21 - BUS/VAN (9-15 SEATS INC DRIVER) 22 - BUS (16+ SEATS INC DRIVER) NON-MOTORIST 23 - ANIMAL WITH RIDER 24 - ANIMAL WITH BUGGY, WAGON, SURREY 25 - BICYCLE/PEDALCYCLIST 26 - PEDESTRIAN/SKATER 27 - OTHER NON-MOTORIST
SPECIAL FUNCTION 15	01 - NONE 02 - TAXI 03 - RENTAL TRUCK (OVER 10K LBS) 04 - BUS - SCHOOL (PUBLIC OR PRIVATE) 05 - BUS - TRANSIT 06 - BUS - CHARTER 07 - BUS - SHUTTLE 08 - BUS - OTHER	09 - AMBULANCE 10 - FIRE 11 - HIGHWAY/MAINTENANCE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY 15 - OTHER GOVERNMENT 16 - CONSTRUCTION EQUIP.	MOST DAMAGED AREA 06 01 - NONE 02 - CENTER FRONT 03 - RIGHT FRONT 04 - RIGHT SIDE 05 - RIGHT REAR 06 - REAR CENTER 07 - LEFT REAR	ACTION 4 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - STRIKING/STRUCK 9 - UNKNOWN
PRE-CRASH ACTIONS 11	MOTORIST 01 - STRAIGHT AHEAD 02 - BACKING 03 - CHANGING LANES 04 - OVERTAKING/PASSING 05 - MAKING RIGHT TURN 06 - MAKING LEFT TURN	07 - MAKING U-TURN 08 - ENTERING TRAFFIC LANE 09 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 12 - DRIVERLESS	NON-MOTORIST 13 - NEGOTIATING A CURVE 14 - OTHER MOTORIST ACTION	15 - ENTERING OR CROSSING SPECIFIED LOCATION 16 - WALKING, RUNNING, JOGGING, PLAYING, CYCLING 17 - WORKING 18 - PUSHING VEHICLE 19 - APPROACHING OR LEAVING VEHICLE 20 - STANDING
CONTRIBUTING CIRCUMSTANCE 01	MOTORIST 01 - NONE 02 - FAILURE TO YIELD 03 - RAN RED LIGHT 04 - RAN STOP SIGN 05 - EXCEEDED SPEED LIMIT 06 - UNSAFE SPEED 07 - IMPROPER TURN 08 - LEFT OF CENTER 09 - FOLLOWED TOO CLOSELY/ACDA 10 - IMPROPER LANE CHANGE /PASSING/OFF ROAD	11 - IMPROPER BACKING 12 - IMPROPER START FROM PARKED POSITION 13 - STOPPED OR PARKED ILLEGALLY 14 - OPERATING VEHICLE IN NEGLIGENT MANNER 15 - SWERVING TO AVOID (DUE TO EXTERNAL CONDITIONS) 16 - WRONG SIDE/WRONG WAY 17 - FAILURE TO CONTROL 18 - VISION OBSTRUCTION 19 - OPERATING DEFECTIVE EQUIPMENT 20 - LOAD SHIFTING/FALLING/SPILLING 21 - OTHER IMPROPER ACTION	VEHICLE DEFECTS 01 - TURN SIGNALS 02 - HEAD LAMPS 03 - TAIL LAMPS 04 - BRAKES 05 - STEERING 06 - TIRE BLOWOUT 07 - WORN OR SLICK TIRES 08 - TRAILER EQUIPMENT DEFECTIVE 09 - MOTOR TROUBLE 10 - DISABLED FROM PRIOR ACCIDENT 11 - OTHER DEFECTS	
SEQUENCE OF EVENTS 1 20 2 3 4 5 6	NON-COLLISION EVENTS 01 - OVERTURN/ROLLOVER 02 - FIRE/EXPLOSION 03 - IMMERSION 04 - JACKKNIFE 05 - CARGO/EQUIPMENT LOSS OR SHIFT	06 - EQUIPMENT FAILURE (BLOWN TIRE, BRAKE FAILURE, ETC.) 07 - SEPARATION OF UNITS 08 - RAN OFF ROAD RIGHT 09 - RAN OFF ROAD LEFT	10 - CROSS MEDIAN 11 - CROSS CENTER LINE OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION	
COLLISION WITH PERSON, VEHICLE OR OBJECT NOT FIXED 14 - PEDESTRIAN 15 - PEDALCYCLE 16 - RAILWAY VEHICLE (TRAIL ENGINE) 17 - ANIMAL - FARM 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT		21 - PARKED MOTOR VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOVABLE OBJECT	25 - IMPACT ATTENUATOR/CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE 31 - GUARDRAIL END 32 - PORTABLE BARRIER	33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL BARRIER 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER 37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT/LUMINARIES SUPPORT 40 - UTILITY POLE
UNIT SPEED 3	POSTED SPEED 35	TRAFFIC CONTROL 12 01 - NO CONTROLS 02 - STOP SIGN 03 - YIELD SIGN 04 - TRAFFIC SIGNAL 05 - TRAFFIC FLASHERS 06 - SCHOOL ZONE	07 - RAILROAD CROSSBUCKS 08 - RAILROAD FLASHERS 09 - RAILROAD GATES 10 - COSTRUCTION BARRICADE 11 - PERSON (FLAGGER, OFFICER 12 - PAVEMENT MARKINGS	UNIT DIRECTION FROM 3 TO 4 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST
<input checked="" type="checkbox"/> STATED <input type="checkbox"/> ESTIMATED		13 - CROWDSWALK LINES 14 - WALK/DON'T WALK 15 - OTHER 16 - NOT REPORTED	5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - UNKNOWN	



UNIT

LOCAL REPORT NUMBER

76-0797-76

UNIT NUMBER 2	OWNER NAME: LAST, FIRST, MIDDLE (<input type="checkbox"/> SAME AS DRIVER) City Of Canton, ,	OWNER PHONE NUMBER 330-438-3100	DAMAGE SCALE 3	DAMAGE AREA FRONT REAR
OWNER ADDRESS: CITY, STATE, ZIP (<input type="checkbox"/> SAME AS DRIVER) 221 3rd St. S. W., Canton, OH, 44702			1 - NONE 2 - MINOR 3 - FUNCTIONAL 4 - DISABLING 9 - UNKNOWN	
LP STATE OH	LICENSE PLATE NUMBER 78	VEHICLE IDENTIFICATION NUMBER 2G1WS583189229667	# OCCUPANTS 1	
VEHICLE YEAR 2008	VEHICLE MAKE Chevrolet	VEHICLE MODEL Impala	VEHICLE COLOR BLK	
PROOF OF INSURANCE SHOWN <input checked="" type="checkbox"/>	INSURANCE COMPANY Hylant Admin, Servic	POLICY NUMBER 10000161PKG0HP07	TOWED BY	
CARRIER NAME, ADDRESS, CITY, STATE, ZIP				CARRIER PHONE

US DOT	VEHICLE WEIGHT GVWR/GCWR <input type="checkbox"/> 1 - LESS THAN OR EQUAL TO 10K LBS <input type="checkbox"/> 2 - 10,001 TO 26,000K LBS <input type="checkbox"/> 3 - MORE THAN 26,000K LBS.	CARGO BODY TYPE 01 01 - NO CARGO BODY TYPE/NOT APPLICABLE 02 - BUS/VAN (9-15 SEATS, INC DRIVER) 03 - BUS (16+ SEATS, INC DRIVER) 04 - VEHICLE TOWING ANOTHER VEHICLE 05 - LOGGING 06 - INTERMODAL CONTAINER CHASSIS 07 - CARGO VAN/ENCLOSED BOX 08 - GRAIN, CHIPS, GRAVEL	TRAFFICWAY DESCRIPTION 1 1 - T WO-WAY, NOT DIVIDED 2 - T WO-WAY, NOT DIVIDED, CONTINUOUS LEFT TURN LANE 3 - T WO-WAY, DIVIDED, UNPROTECTED/PAINTED OR GRASS >(FT.) MEDIA 4 - T WO-WAY, DIVIDED, POSITIVE MEDIAN BARRIER 5 - ONE-WAY TRAFFICWAY
HM PLACARD ID NO.	HAZARDOUS MATERIAL RELEASED <input type="checkbox"/>	09 - POLE 10 - CARGO TANK 11 - FLAT BED 12 - DUMP 13 - CONCRETE MIXER 14 - AUTO TRANSPORTER 15 - GARBAGE/REFUSE 99 - OTHER/UNKNOWN	<input type="checkbox"/> HIT / SKIP UNIT
HM CLASS NUMBER			

NON-MOTORIST LOCATION PRIOR TO IMPACT <input type="checkbox"/> 01 - INTERSECTION - MARKED CROSSWALK 02 - INTERSECTION - NO CROSSWALK 03 - INTERSECTION OTHER 04 - MIDBLOCK - MARKED CROSSWALK 05 - TRAVEL LANE - OTHER LOCATION 06 - BICYCLE LANE 07 - SHOULDER/ROADSIDE 08 - SIDEWALK 09 - MEDIAN/CROSSING ISLAND 10 - DRIVEWAY ACCESS 11 - SHARED-USE PATH OR TRAIL 12 - NON-TRAFFICWAY AREA 99 - OTHER/UNKNOWN	TYPE OF USE 3 1 - PERSONAL 2 - COMMERCIAL 3 - GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE	UNIT TYPE 03 PASSENGER VEHICLES (LESS THAN 9 PASSENGERS) 01 - SUB-COMPACT 02 - COMPACT 03 - MID SIZE 04 - FULL SIZE 05 - MINIVAN 06 - SPORT UTILITY VEHICLE 07 - PICKUP 08 - VAN 09 - MOTORCYCLE 10 - MOTORIZED BICYCLE 11 - SNOWMOBILE/ATV 12 - OTHER PASSENGER VEHICLE	MED/HEAVY TRUCKS OR COMBO UNITS >10K LBS BUS/VAN/LIMO (9 OR MORE INCLUDING DRIVER) 13 - SINGLE UNIT TRUCK OR VAN 2AXLE, 6 TIRES 14 - SINGLE UNIT TRUCK ; 3+ AXLES 15 - SINGLE UNIT TRUCK / TRAILER 16 - TRUCK TRACTOR (BOBTAIL) 17 - TRACTOR/SEMI-TRAILER 18 - TRACTOR/DOUBLE 19 - TRACTOR/TRIPLES 20 - OTHER MED/HEAVY VEHICLE	NON-MOTORIST 21 - BUS/VAN (9-15 SEATS, INC DRIVER) 22 - BUS (16+ SEATS, INC DRIVER) 23 - ANIMAL WITH RIDER 24 - ANIMAL WITH BUGGY, WAGON, SURREY 25 - BICYCLE/PEDACYCLIST 26 - PEDESTRIAN/SKATER 27 - OTHER NON-MOTORIST
			<input type="checkbox"/> HAS HM PLACARD	

SPECIAL FUNCTION 13 01 - NONE 02 - TAXI 03 - RENTAL TRUCK (OVER 10K LBS) 04 - BUS - SCHOOL (PUBLIC OR PRIVATE) 05 - BUS - TRANSIT 06 - BUS - CHARTER 07 - BUS - SHUTTLE 08 - BUS - OTHER	09 - AMBULANCE 10 - FIRE 11 - HIGHWAY/MAINTENANCE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY 15 - OTHER GOVERNMENT 16 - CONSTRUCTION EQUIP	17 - FARM VEHICLE 18 - FARM EQUIPMENT 19 - MOTORHOME 20 - GOLF CART 21 - TRAIN 22 - OTHER (EXPLAIN IN NARRATIVE)	MOST DAMAGED AREA 02 01 - NONE 02 - CENTER FRONT 03 - RIGHT FRONT 04 - RIGHT SIDE 05 - RIGHT REAR 06 - REAR CENTER 07 - LEFT REAR	08 - LEFT SIDE 09 - LEFT FRONT 10 - TOP AND WINDOWS 11 - UNDERCARRIAGE 12 - LOAD/TRAILER 13 - TOTAL (ALL AREAS) 14 - OTHER	99 - UNKNOWN	ACTION 3 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - STRIKING/STRUCK 9 - UNKNOWN
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PRE-CRASH ACTIONS 01 MOTORIST 01 - STRAIGHT AHEAD 02 - BACKING 03 - CHANGING LANES 04 - OVERTAKING/PASSING 05 - MAKING RIGHT TURN 06 - MAKING LEFT TURN 99 - UNKNOWN	07 - MAKING U-TURN 08 - ENTERING TRAFFIC LANE 09 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 12 - DRIVERLESS	13 - NEGOTIATING A CURVE 14 - OTHER MOTORIST ACTION	NON-MOTORIST 15 - ENTERING OR CROSSING SPECIFIED LOCATION 16 - WALKING, RUNNING, JOGGING, PLAYING, CYCLING 17 - WORKING 18 - PUSHING VEHICLE 19 - APPROACHING OR LEAVING VEHICLE 20 - STANDING	21 - OTHER NON-MOTORIST ACTION
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CONTRIBUTING CIRCUMSTANCE PRIMARY 09 MOTORIST 01 - NONE 02 - FAILURE TO YIELD 03 - RAN RED LIGHT 04 - RAN STOP SIGN 05 - EXCEEDED SPEED LIMIT 06 - UNSAFE SPEED 07 - IMPROPER TURN 08 - LEFT OF CENTER 09 - FOLLOWED TOO CLOSELY/ACDA 10 - IMPROPER LANE CHANGE /PASSING/OFF ROAD	11 - IMPROPER BACKING 12 - IMPROPER START FROM PARKED POSITION 13 - STOPPED OR PARKED ILLEGALLY 14 - OPERATING VEHICLE IN NEGLIGENT MANNER 15 - SWERVING TO AVOID (DUE TO EXTERNAL CONDITIONS) 16 - WRONG SIDE/WRONG WAY 17 - FAILURE TO CONTROL 18 - VISION OBSTRUCTION 19 - OPERATING DEFECTIVE EQUIPMENT 20 - LOAD SHIFTING/FALLING/SPILLING 21 - OTHER IMPROPER ACTION	NON-MOTORIST 22 - NONE 23 - IMPROPER CROSSING 24 - DARTING 25 - LYING AND/OR ILLEGALLY IN ROADWAY 26 - FAILURE TO YIELD RIGHT OF WAY 27 - NOT VISIBLE (DARK CLOTHING) 28 - INATTENTIVE 29 - FAILURE TO OBEY TRAFFIC SIGNS / SIGNALS/OFFICER 30 - WRONG SIDE OF THE ROAD 31 - OTHER NON-MOTORIST ACTION	VEHICLE DEFECTS <input type="checkbox"/> 01 - TURN SIGNALS 02 - HEAD LAMPS 03 - TAIL LAMPS 04 - BRAKES 05 - STEERING 06 - TIRE BLOWOUT 07 - WORN OR SLACK TIRES 08 - TRAILER EQUIPMENT DEFECTIVE 09 - MOTOR TROUBLE 10 - DISABLED FROM PRIOR ACCIDENT 11 - OTHER DEFECTS
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SEQUENCE OF EVENTS 1 20 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT 1 99 - UNKNOWN	NON-COLLISION EVENTS 01 - OVERTURN/ROLLOVER 02 - FIRE/EXPLOSION 03 - IMMERSION 04 - JACKKNIFE 05 - CARGO/EQUIPMENT LOSS OR SHIFT 06 - EQUIPMENT FAILURE (BLOWN TIRE, BRAKE FAILURE, ETC) 07 - SEPARATION OF UNITS 08 - RAN OFF ROAD RIGHT 09 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN 11 - CROSS CENTER LINE OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION
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COLLISION WITH PERSON, VEHICLE OR OBJECT NOT FIXED 14 - PEDESTRIAN 15 - PEDALCYCLE 16 - RAILWAY VEHICLE (TRAIN, ENGINE) 17 - ANIMAL - FARM 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT 21 - PARKED MOTOR VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOVABLE OBJECT	COLLISION WITH FIXED OBJECT 25 - IMPACT ATTENUATOR/CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE 31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL BARRIER 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER 37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT/LUMINARIES SUPPORT 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT 43 - CURB 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT 50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL, BUILDING, TUNNEL 52 - OTHER FIXED OBJECT
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UNIT SPEED 30 <input checked="" type="checkbox"/> STATED <input type="checkbox"/> ESTIMATED	POSTED SPEED 35	TRAFFIC CONTROL 12 01 - NO CONTROLS 02 - STOP SIGN 03 - YIELD SIGN 04 - TRAFFIC SIGNAL 05 - TRAFFIC FLASHERS 06 - SCHOOL ZONE 07 - RAILROAD CROSSBUCKS 08 - RAILROAD FLASHERS 09 - RAILROAD GATES 10 - CONSTRUCTION BARRICADE 11 - PERSON (FLAGGER, OFFICER) 12 - PAVEMENT MARKINGS 13 - CROSSWALK LINES 14 - WALK/DON'T WALK 15 - OTHER 16 - NOT REPORTED	UNIT DIRECTION FROM 3 TO 4 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - UNKNOWN
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MOTORIST / NON-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER

76-0797-76

UNIT NUMBER 1	NAME: LAST, FIRST, MIDDLE Copeland, Melvin, A	DATE OF BIRTH 08/22/1955	AGE 60	GENDER M F - FEMALE M - MALE
ADDRESS, CITY, STATE, ZIP 221 3rd St. S. W., Canton, OH, 44702			CONTACT PHONE - INCLUDE AREA CODE 330-438-3100	
INJURIES 1	INJURED TAKEN BY 1	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 04
OL STATE OH	OPERATOR LICENSE NUMBER RR340618	OL CLASS 2	No <input type="checkbox"/> VALID DL M/C END <input type="checkbox"/>	CONDITION 1
OFFENSE CHARGED (<input type="checkbox"/> LOCAL CODE)		OFFENSE DESCRIPTION		ALCOHOL/DRUG SUSPECTED 1
CITATION NUMBER		HANDS-FREE DEVICE USED		DRIVER DISTRACTED BY 7
UNIT NUMBER 2	NAME: LAST, FIRST, MIDDLE Huber, Robert, Allen	DATE OF BIRTH 02/20/1984	AGE 32	GENDER M F - FEMALE M - MALE
ADDRESS, CITY, STATE, ZIP 221 3rd St. S. W., Canton, OH, 44702			CONTACT PHONE - INCLUDE AREA CODE 330-438-3100	
INJURIES 2	INJURED TAKEN BY 1	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 04
OL STATE OH	OPERATOR LICENSE NUMBER TW728389	OL CLASS 4	No <input type="checkbox"/> VALID DL M/C END <input type="checkbox"/>	CONDITION 1
OFFENSE CHARGED (<input type="checkbox"/> LOCAL CODE)		OFFENSE DESCRIPTION No person shall operate a motor vehicle...		ALCOHOL/DRUG SUSPECTED 1
CITATION NUMBER OHP761045041120161358		HANDS-FREE DEVICE USED		DRIVER DISTRACTED BY 1
INJURIES 1 - NO INJURY / NONE REPORTED 2 - POSSIBLE 3 - NON-INCAPACITATING 4 - INCAPACITATING 5 - FATAL	INJURED TAKEN BY 1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 4 - OTHER 9 - UNKNOWN	SAFETY EQUIPMENT USED 99 - UNKNOWN SAFETY EQUIPMENT		
SEATING POSITION 01 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) 02 - FRONT - MIDDLE 03 - FRONT - RIGHT SIDE 04 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) 05 - SECOND - MIDDLE 06 - SECOND - RIGHT SIDE 07 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) 08 - THIRD - MIDDLE 09 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION OF CAB (TRUCK) 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT SUCH AS A BUS, PICKUP WITH CAP)		MOTORIST 01 - NONE USED - VEHICLE OCCUPANT 02 - SHOULDER BELT ONLY USED 03 - LAP BELT ONLY USED 04 - SHOULDER AND LAP BELT ONLY USED		NON-MOTORIST 05 - CHILD RESTRAINT SYSTEM-FORWARD FACING 06 - CHILD RESTRAINT SYSTEM-REAR FACING 07 - BOOSTER SEAT 08 - HELMET USED 09 - NONE USED 10 - HELMET USED 11 - PROTECTIVE PADS USED (ELBOW, KNEE, ETC.) 12 - REFLECTIVE COATING 13 - LIGHTING 14 - OTHER
EJECTION 1 - NOT EJECTED 2 - TOTALLY EJECTED 3 - PARTIALLY EJECTED 4 - NOT APPLICABLE		TRAPPED 1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - EXTRICATED BY NON-MECHANICAL MEANS	OPERATOR LICENSE CLASS 1 - CLASS A 2 - CLASS B 3 - CLASS C 4 - REGULAR CLASS (OHIO IS "D") 5 - MC/MOPED ONLY	CONDITION 1 - APPARENTLY NORMAL 2 - PHYSICAL IMPAIRMENT 3 - EMOTIONAL (DEPRESSED, ANGRY, DISTURBED) 4 - ILLNESS
ALCOHOL TEST STATUS 1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN		ALCOHOL TEST TYPE 1 - NONE 2 - BLOOD 3 - URINE 4 - BREATH 5 - OTHER	DRUG TEST STATUS 1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN	DRUG TEST TYPE 1 - NONE 2 - BLOOD 3 - URINE 4 - OTHER
UNIT NUMBER	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER F - FEMALE M - MALE
ADDRESS, CITY, STATE, ZIP			CONTACT PHONE - INCLUDE AREA CODE	
INJURIES	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED
OL STATE	OPERATOR LICENSE NUMBER	OL CLASS	No <input type="checkbox"/> VALID DL M/C END <input type="checkbox"/>	CONDITION
OFFENSE CHARGED (<input type="checkbox"/> LOCAL CODE)		OFFENSE DESCRIPTION		ALCOHOL/DRUG SUSPECTED
CITATION NUMBER		HANDS-FREE DEVICE USED		DRIVER DISTRACTED BY
UNIT NUMBER	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER F - FEMALE M - MALE
ADDRESS, CITY, STATE, ZIP			CONTACT PHONE - INCLUDE AREA CODE	
INJURIES	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED
OL STATE	OPERATOR LICENSE NUMBER	OL CLASS	No <input type="checkbox"/> VALID DL M/C END <input type="checkbox"/>	CONDITION
OFFENSE CHARGED (<input type="checkbox"/> LOCAL CODE)		OFFENSE DESCRIPTION		ALCOHOL/DRUG SUSPECTED
CITATION NUMBER		HANDS-FREE DEVICE USED		DRIVER DISTRACTED BY

LOCAL REPORT NUMBER

76-0797-76

REPORTING AGENCY

Ohio State Highway Patrol

DATE OF CRASH

04/11/2016

IN COUNTY OF

Stark County

ACCIDENT LOCATION

172

NOTES

No measurements or large diagram. Both vehicles were moved for traffic and safety prior to my arrival.

No additional charges filed.

Unit 1 Distraction = Ambulance.

Unit 1 Damage = Rear bumper.

Unit 2 Damage = Front bumper, grill.

OFFICERS SIGNATURE

BADGE NO.

1045

LOCAL REPORT NUMBER 76-0797-76	REPORTING AGENCY STATE HIGHWAY PATROL	DATE OF CRASH M 04 D 11 Y 16
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, MELVIN COPELAND HEREBY MAKE THIS VOLUNTARY STATEMENT TO
PRINTED

TPR JUSTIN SMITH AT SCENE
OFFICER'S NAME LOCATION

I WAS TRAVELING 1000 BOLCK OF W TUSC.

I SAW AMBULANCE GOING E. BAST E. BOUND ON TUSC.

I SLOWED DOWN AND STRUCK FROM THE REAR BY A POLICE VEHICLE.

Q: WERE YOU INJURED? YES

Q: WERE YOU WEARING A SEAT BELT? YES

Q: WHICH LANE WERE YOU IN WHEN YOU WERE STRUCK? LEFT

Q: WHAT WERE THE ROAD AND WEATHER CONDITIONS? WET, DRIZZLE

Q: WERE YOU DISTRACTED BY ANYTHING? AMBULANCE

Q: CAN YOU ESTIMATE YOUR SPEED WHEN YOU WERE STRUCK? 3 MPH.

Q: HOW LONG HAD YOU BEEN IN THE LEFT LANE PRIOR TO BEING STRUCK? SINCE GREEN

221 3RD ST. N.W. POLICE

ADDRESS OF WITNESS

221 3RD ST SW, CANTON, OH. 44702

PHONE 330-438-3100

SIGNATURE OF WITNESS X Melvin A. Copeland

OFFICER'S SIGNATURE X TPR Justin Smith

LOCAL REPORT NUMBER 76-0797-76	REPORTING AGENCY STATE HIGHWAY PATROL	DATE OF CRASH M 04 D 11 Y 16
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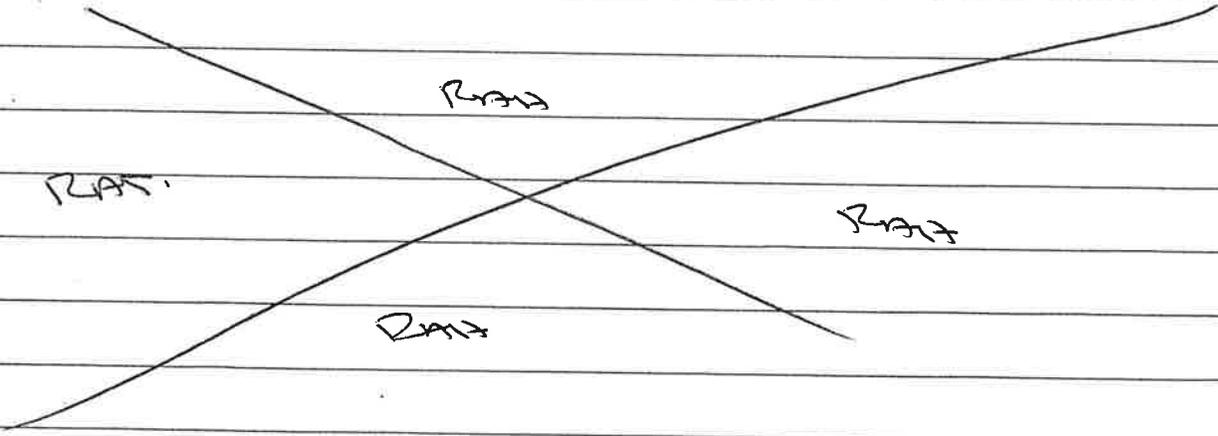
FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, **ROBERT HUBER** HEREBY MAKE THIS VOLUNTARY STATEMENT TO
PRINTED
TPR JUSTEN SMITH AT **SCENE**
OFFICER'S NAME LOCATION

(PAGE 1 OF 2)

WHILE TRAVELING WEST BOUND ON TUSCARAWAS ST WEST I WAS INVOLVED IN A MOTOR VEHICLE ACCIDENT NEAR NEWTON BUS NW. THE VEHICLE IN FRONT OF ME BRAKED SUDDENLY AND I WAS UNABLE TO STOP DUE TO THE WET ROAD CONDITIONS. I ~~SAID~~ SLID APP. 10 FT AND STRUCK THE VEHICLE IN FRONT OF ME.

I REALIZED THAT THE HEAVY BRAKING BY THE OTHER DRIVER WAS DUE TO AN UNREMARKABLE TRUCK WITH GLASS BOUND IN THE CENTER TURN LANE. DUE TO A SCHOOL BUS IN THE OUTSIDE LANE THE DRIVER WAS UNABLE TO MERGE ALL THE WAY OVER. I ATTEMPTED TO AVOID THE COLLISION BUT WAS UNABLE TO CORRECT MY ACTIONS.



ADDRESS OF WITNESS 221 3rd St SW Canton OH 44702	PHONE (330) 433-3100
SIGNATURE OF WITNESS X Robert Huber #196 (ced)	OFFICER'S SIGNATURE X TPR Justen Smith

LOCAL REPORT NUMBER 76-0797-76	REPORTING AGENCY STATE HIGHWAY PATROL	DATE OF CRASH M 04 D 11 Y 16
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, ROBERT HUBER PRINTED HEREBY MAKE THIS VOLUNTARY STATEMENT TO
TPR JUSTIN SMITH OFFICER'S NAME AT SCENE LOCATION
(PAGE 2 OF 2)

Q: WERE YOU INJURED? (A:) NO
Q: WERE YOU WEARING A SEAT BELT? (A:) YES
Q: WERE YOU WEARING A PROTECTIVE VEST? (A:) YES
Q: CAN YOU ESTIMATE YOUR SPEED WHEN YOU COLLIDED WITH THE OTHER VEHICLE? (A:) 25-30MPH
Q: CAN YOU ESTIMATE YOUR SPEED WHEN YOU BEGAN EVASIVE ACTION? (A:) 20MPH.
Q: WHAT WERE THE WEATHER CONDITIONS? (A:) RAINING (LIGHT)
Q: WHAT LANE DID THIS OCCUR IN? (A:) INSIDE LANE / WB.
Q: WERE YOU IN EMERGENCY RESPONSE? (A:) NO
Q: HOW LONG HAD YOU BEEN IN THE LANE? (A:) 3 BLOCKS
Q: HOW LONG HAD THE OTHER VEHICLE BEEN IN THE LANE? (A:) UNKNOWN
Q: WERE YOU DISTRACTED BY ANYTHING? (A:) NO.

ADDRESS OF WITNESS 223 3rd St SW Canton OH 44703	PHONE 330-433-3100
SIGNATURE OF WITNESS X <u>Robert Huber</u> (sp)	OFFICER'S SIGNATURE X <u>TPR JIK Smith</u>

- IMPORTANT

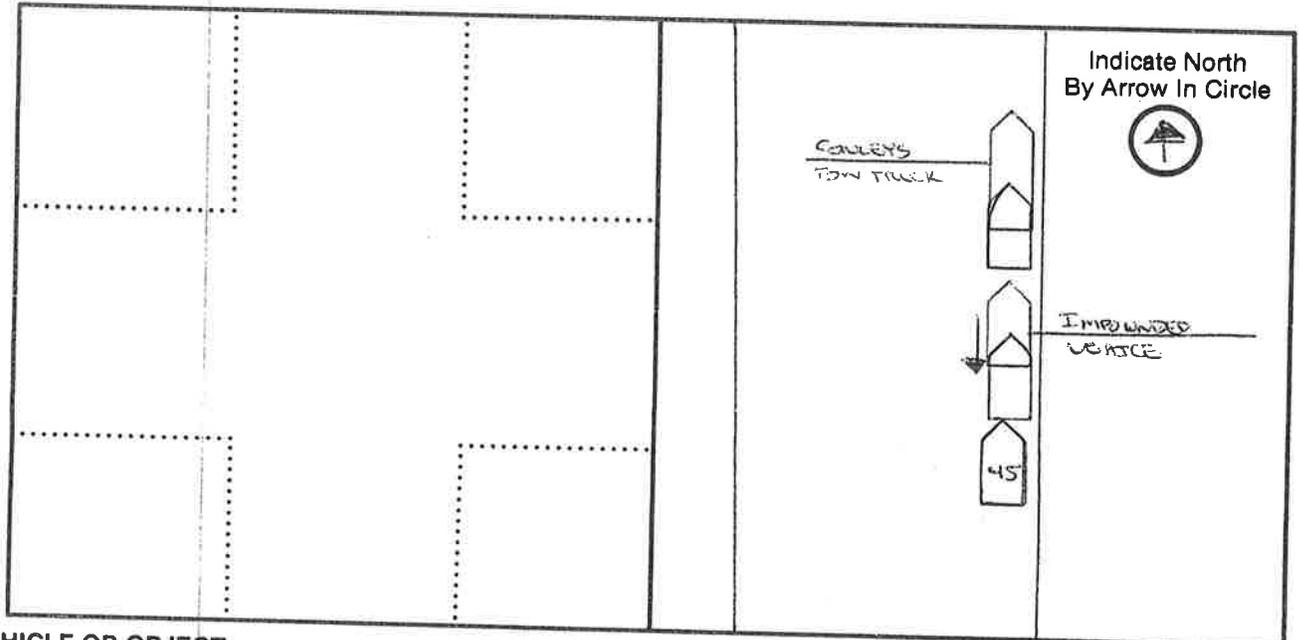
- 1. Promptly notify police of all accidents.
- 2. This report must be completed on day of accident
- 3. Failure to comply with these instructions will result in suspension.

**CITY OF CANTON
MOTOR VEHICLE
ACCIDENT REPORT**

DATE OF ACCIDENT 1-23-14 TIME 1850 PLACE 16700 BELK STARK AVE SW
 CITY VEHICLE: POLICE MOTORVEHICLE LICENSE NO. _____ VEHICLE NO. 45
 Name of Driver ROBERT HUBER Classif. or Rank PTL
 Type of Vehicle POLICE CRUISER Dept. C.P.D Div. PATROL
 City Employee Injured Yes NO Name _____ (if Yes make out Injury Report W.C 1)
 Name _____
 Parts of City Vehicle Damaged FRONT PUGS BAR / 17000

TELL EXACTLY WHAT HAPPENED (Print or Type) VEHICLE COLLIDED WITH ATTEMPTING TO PUT EMERGENCY VEHICLE INTO PARK BED. SOME TYPE OF EQUIPMENT MALFUNCTION CAUSED THE VEHICLE BEING FORCED TO BRAKE FREE ROLLING FORWARD INTO PARKED POLICE CRUISER

- 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:



OTHER VEHICLE OR OBJECT:
 License No. FD3315 Make CHRYSLER Year 1999 Model SEWING
 Extent of Damage MINOR DAMAGE TO LEFT SIDE OF REAR BUMPER
 Owner's Name LEONARD RIETZ Address 320 COMMONWEALTH AVE NE Phone _____
 Owner's Name _____ Address MARSHALL DR. 44616 Phone _____
 If not Motor Vehicle Describe Fully (Pedestrian - Fire Plug, etc.) _____

NAME AND ADDRESS OF OCCUPANTS OF OTHER VEHICLE:

Name	Address	Phone
Name	Address	Phone
Name	Address	Phone

WAS ANYONE INJURED: Yes No

Name	Address	Phone
Name	Address	Phone

- IMPORTANT -

**CITY OF CANTON
MOTOR VEHICLE
ACCIDENT REPORT**

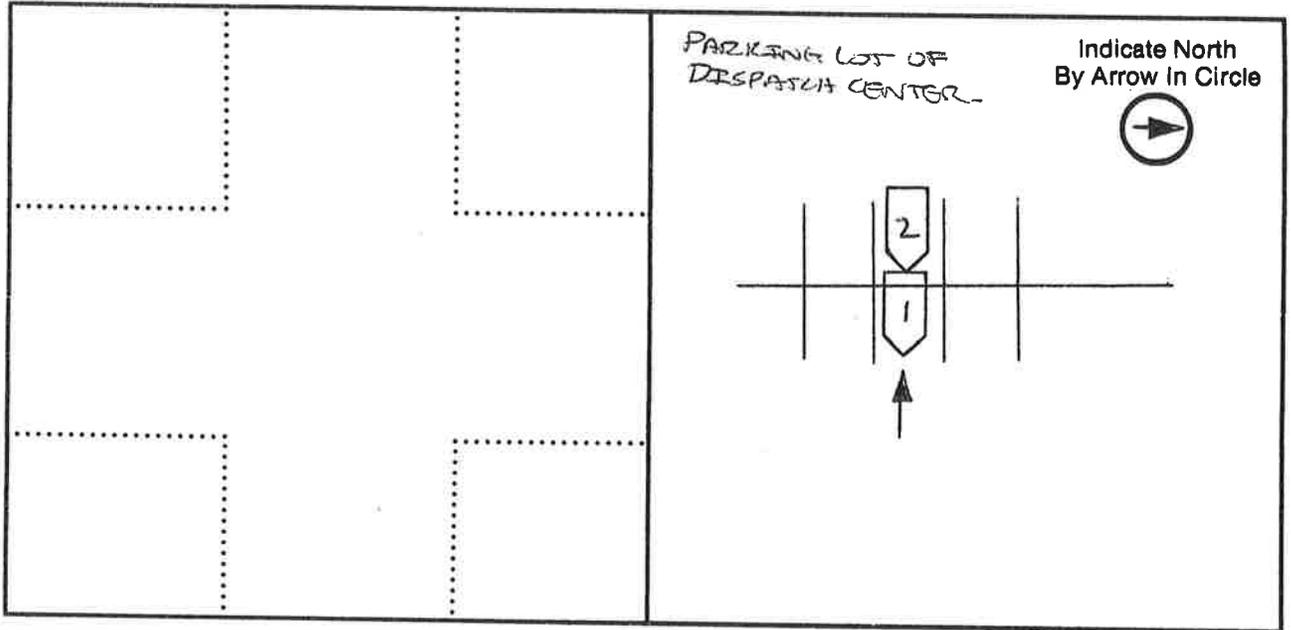
- 1. Promptly notify police of all accidents.
- 2. This report must be completed on day of accident
- 3. Failure to comply with these instructions will result in suspension.

DATE OF ACCIDENT 12-24-13 TIME 1341 PLACE 630 30th St NW
 CITY VEHICLE: POLICE CRUISER LICENSE NO. 58 VEHICLE NO. 58
 Name of Driver PR. R. HUDSON #196 Classif. or Rank PT.
 Type of Vehicle CITY EMPLOY Dept. POLICE Div. TRFD
 City Employee Injured Yes NO Name _____ (if Yes make out Injury Report W.C 1)
 Name _____
 Parts of City Vehicle Damaged LFT SIDE REAR BUMPER CRACKED.

TELL EXACTLY WHAT HAPPENED (Print or Type) WHILE BACKING UP CRUISER INTO SPOT I STRUCK THE VEHICLE PARKED TO THE REAR OF ME.

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. F01H301D Make FORD Year 2012 Model ESCAPE
 Extent of Damage MINOR PAINT SCRATCH ON FRONT BUMPER
 Owner's Name CHADDO, MARLENE A. Address 630 30th St NW Phone 330-649-5300
 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

Form #33
Canton Police Department
Inter-Office
Communications

CanCom
32

To: Chief B. Lawver

From: Sgt. J. Bosley

Date: 12/05/2013

RE: City Vehicle Accident (1319318)

This letter is to advise you that Ptl. R. Huber, while working an operation with SIU, was involved in a minor, two vehicle accident on 12/04/2013, at 1841 hours in the parking lot at 630 30th St NW (CanCom). While attempting to back out of a parking space in the lot, Ptl. Huber struck an unoccupied, parked vehicle, that being a 2012 Ford Escape (FOH8010) owned by Marlene Chipko, on the left front bumper causing minor damage to both vehicles. The cruiser sustained a crack to the left side of the rear bumper while unit #2 sustained minor scratches to the left side of the front bumper. The owner of unit #2 was advised and requested an accident report in the event that there is further damage which was unknown at the time. Attached is the private property accident report, a city accident report and Ptl. Huber's form 33. In addition, I photographed the damage to both vehicles at the time of report. I spoke with Ptl. Huber regarding the manner in which he operates city vehicles. As far as I am aware, Ptl. Huber has no prior incidents in regards to the operation of city vehicles. Ptl. Huber appears to be a very professional officer and has been helpful to our unit several times this past year. It is my recommendation that no further action be taken in regards to this incident. If you need anything else, please let me know.

Form #33
Canton Police Department
Inter-Office Communications

To: SGT. BOSLEY

From: PTL. R HUBER

Date: 12/04/13

RE: ACCIDENT

WHILE BACKING INTO A PARKING SPOT IN THE PARKING LOT OF THE DISPATCH CENTER I STRUCK THE VEHICLE BEHIND ME. THE VEHICLE OWNER IS DISPATCHER MARLENE CHIPKO. SHE WAS NOTIFIED OF THE ACCIDENT AND SGT. BOSLEY WHO AT THE TIME WAS AT THE CENTER RESPONDED FOR PHOTO'S. A CITY AND PRIVATE PROPERTY ACCIDENT REPORT WAS TAKEN AND SENT TO THE VICE OFFICE TO BE APPROVED BY SGT. BOSLEY. THE DAMAGE TO CAR 58 WAS A CRACK TO THE LEFT SIDE OF THE REAR BUMPER. THE DAMAGE TO MS. CHIPKO'S VEHICLE WAS SOME SCRATCHES TO THE PAINT ON THE RIGHT SIDE OF HER FRONT BUMPER.

PTL. R HUBER #196

CRASH REPORT
76-0797-76 04/11/16

LOCATION OF CRASH
COUNTY STARIC CITY/TOWN
ROAD TUSCARAWAS ST W

DRIVER 1
NAME MELVIN COPELAND PHONE (330)316-7867
ADDRESS
CITY, STATE ZIP
INSURANCE COMPANY TRAVELERS
POLICY HGAV381078672011 PHONE

DRIVER 2
NAME ROBERT HUBER PHONE
ADDRESS
CITY, STATE ZIP
INSURANCE COMPANY
POLICY PHONE

DRIVER 3
NAME PHONE
ADDRESS
CITY, STATE ZIP
INSURANCE COMPANY
POLICY PHONE

**Form #33
Canton Police Department
Inter-Office
Communications**

To: Capt. J. Angelo

From: Lt. L. Broucker

Date: Tuesday, January 05, 2016

RE: Officer Huber Accident 16-00300

On 01/5/16 at approx. 1330 hours I was contacted by dispatch advising me that Officer Huber was involved in a private property crash at the service center.

I spoke with Officer Huber on CPD2 and he advised he was looking at his MDT and when he looked up he struck one of the poles that attach to the electric gate at the service center.

I did respond to the scene and took photos of the damage to the gate and the vehicle.

A private property accident report and a city accident report were taken. Dan Fetrow at the service center called the street department to have them pull the pole back into place and said he would advise us if it needed any further repairs. At this time he felt that they would just be able to pull it back into place.

Lt. L. Broucker

✓

**Form #33
Canton Police Department
Inter-Office
Communications**

To : LT. Broucker #15

From: PTL. R. HUBER #196

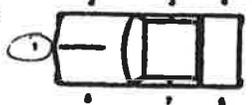
**Re: PRIVATE PROPERTY CRUSIER ACCIDENT
IR #1600300**

On 01/05/2016 at approximately 1325 while pulling out of the service center I was involved in a single vehicle crash in car #57. I briefly looked down at my cruiser screen to look at RMS and in that brief amount of time my cruiser collided with the gate support pole at the north side entrance to the service center. This action caused damage to the front hood, push bar, and bumper portion of car 57. I immediately notified Cancom and advised them to contact supervision.

I returned to headquarters where I completed a private property crash report as well as a City of Canton accident report.

Ptl. R. Huber #196

PRIVATE PROPERTY ACCIDENT REPORT

LOCATION OF ACCIDENT 2436 30th St NE, Canton OH							DATE 1-25-16	TIME 1325
REPORT TAKEN <input checked="" type="checkbox"/> AT STATION <input type="checkbox"/> AT SCENE	NO. OF VEH PEDESTRIANS INVOLVED 1	ACCIDENT SEVERITY (CHECK MOST SEVERE) <input type="checkbox"/> INJURY <input checked="" type="checkbox"/> PROPERTY DAMAGE ONLY			COMBINED VEH/PROP LOSS <input checked="" type="checkbox"/> OVER \$180 <input type="checkbox"/> UNDER \$180	HIT SKIP	<input type="checkbox"/> SOLVED <input type="checkbox"/> UNSOLVED	
A UNIT NO. 1	NO. OF OCCUPANTS 1	OPERATING <input checked="" type="checkbox"/>	PARKED <input type="checkbox"/>	DRIVERLESS <input type="checkbox"/>	HIT & RUN <input type="checkbox"/>	NON-CONTACT <input type="checkbox"/>	INSURANCE CO. OR AGENT	
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) P.L. ROYER HUBER #196				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 221 3rd St SW Canton OH 44703				
PHONE NO. (330) 649-5300	BIRTH DATE M 2 D 20 Y 84	AGE 31	SEX M	SOCIAL SECURITY NO. [REDACTED]	STATE OH	DRIVER'S LICENSE NO. [REDACTED]	OCCUPATION POLICE OFFICER	
OWNER (IF SAME AS DRIVER, WRITE SAME) CITY CANTON				ADDRESS 221 3rd St SW Canton				
PHONE (330) 649-5300								
VEH YR	MAKE CIVIC	MODEL EMPANA	COLOR BLK	STYLE LTD	STATE OH	LICENSE PLATE NO. H 57	TOWING SERVICE	VEH/PEP DIR FROM 5 TO N
19 CIRCLE DAMAGE AREAS 		8 TOP 10 UNDERCAR 11 LOAD 12 TRAILER	DAMAGE SEVERITY <input type="checkbox"/> NON-FUNCTIONAL <input checked="" type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING	DAMAGE SCALE <input type="checkbox"/> NONE <input checked="" type="checkbox"/> MODERATE <input type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY	VEHICLE DISPOSITION <input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE	
B UNIT NO.	NO. OF OCCUPANTS	OPERATING	PARKED	DRIVERLESS	HIT & RUN	NON-CONTACT	INSURANCE CO. OR AGENT	
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI)				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)				
PHONE NO.	BIRTH DATE	AGE	SEX	SOCIAL SECURITY NO.	STATE	DRIVER'S LICENSE NO.	OCCUPATION	
OWNER (IF SAME AS DRIVER, WRITE SAME)				ADDRESS				
PHONE								
VEH YR	MAKE	MODEL	COLOR	STYLE	STATE	LICENSE PLATE NO.	TOWING SERVICE	VEH/PEP DIR FROM TO
19 CIRCLE DAMAGE AREAS 		8 TOP 10 UNDERCAR 11 LOAD 12 TRAILER	DAMAGE SEVERITY <input type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING	DAMAGE SCALE <input type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY	VEHICLE DISPOSITION <input type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE	

REMARKS

UNIT 1 WHILE TRAVELING NORTH BOUND OUT OF SERVICE CENTER STRUCK
A POLE AS THE MAIN GATE.

(Include brief description, any pertinent information including driver error if any)

P.L. Royer Huber
OFFICER (S)

#196
I.D. (S)

SUPERVISOR APPROVING

The Financial Responsibility Law requires the owner or operator of a motor vehicle that is involved in an accident causing injury, death, or damage to property of any one person in excess of \$400 to make a report within 30 days to the State of Ohio, Bureau of Motor Vehicles, Safety Responsibility Division, Columbus, Ohio 43216. Failure to do so may result in loss of your Drivers License.

Do not use this form for fatal or very serious injury accidents, or for accidents involving City of Canton vehicles

White Copy - (RECORDS) • Canary Copy - (DRIVER UNIT #1) • Pink Copy - (DRIVER UNIT #2)

**CITY OF CANTON
MOTOR VEHICLE
ACCIDENT REPORT**

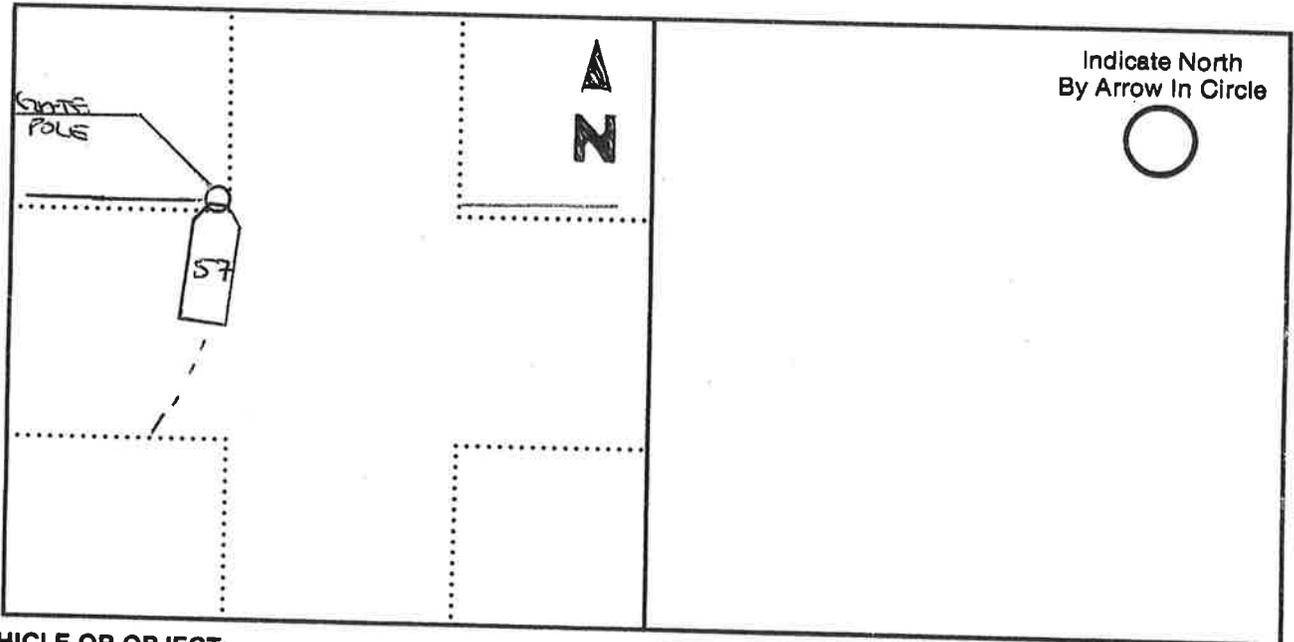
1. Promptly notify police of all accidents.
2. This report must be completed on day of accident
3. Failure to comply with these instructions will result in suspension.

DATE OF ACCIDENT 21-05-16 TIME 1325 PLACE 2436 30th St NG.
 CITY VEHICLE: #57 LICENSE NO. #H 57 VEHICLE NO. #57
 Name of Driver PR. ROBERT THURSON Classif. or Rank PR.
 Type of Vehicle POLICE CONVEYOR Dept. FRANSEEC POLICE Div. TRAFFIC
 City Employee Injured Yes NO Name _____ (if Yes make out Injury Report W.C 1)
 Name _____
 Parts of City Vehicle Damaged _____

TELL EXACTLY WHAT HAPPENED (Print or Type) _____
WHILE EXERCISING THE SCAVENGE ROUTE FOR CAR #57 I BRIEFLY LOOKED
DOWN AT MY CONVEYOR MTD. WHILE THIS OCCURED I STRUCK A
POLE WHICH SUPPORTED THE MAIN GATE.

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:



OTHER VEHICLE OR OBJECT:

License No. _____ Make _____ Year _____ Model _____
 Extent of Damage GATE SUPPORT POLE - BENT AT 90 DEGREE ANGLE

Owner's Name _____ Address _____ 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 _____
 Name _____ Address _____ Phone _____
 Name _____ Address _____ Phone _____
WAS ANYONE INJURED: Yes No _____
 Name _____ Address _____ Phone _____
 Name _____ Address _____ Phone _____
 Name _____ Address _____ Phone _____

**CITY OF CANTON
MOTOR VEHICLE
ACCIDENT REPORT**

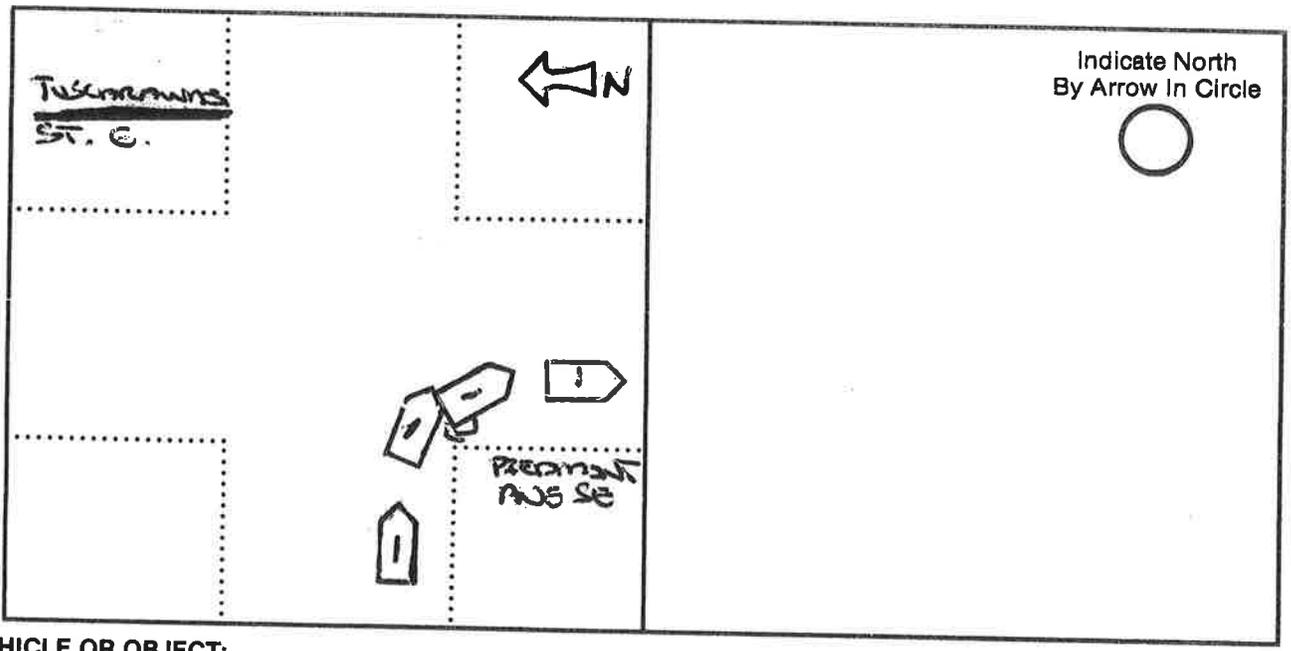
1. Promptly notify police of all accidents.
2. This report must be completed on day of accident
3. Failure to comply with these instructions will result in suspension.

DATE OF ACCIDENT 04-08-15 TIME 1431 PLACE TUSCRAWNS ST / PIERMONT AVE SE
 CITY VEHICLE: Blue Cavalier LICENSE NO. 49 VEHICLE NO. 49
 Name of Driver Robert Huber Classif. or Rank PT
 Type of Vehicle CITY CARPOOL Dept. CANTON PD Div. Patrol
 City Employee Injured Yes NO Name _____ (if Yes make out Injury Report W.C 1)
 Parts of City Vehicle Damaged RIGHT REAR FEND

TELL EXACTLY WHAT HAPPENED (Print or Type) WHILE TRAVELING EAST BOUND ON TUSCRAWNS ST WEST EAST, I TURNED SOUTH ONTO PIERMONT AVE. WHILE DOING SO MY RIGHT REAR FEND STRUCK A POT HOLE CAUSING DAMAGE.

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:



OTHER VEHICLE OR OBJECT:

License No. _____ Make _____ Year _____ Model _____
 Extent of Damage _____

Owner's Name _____ Address _____ 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 _____
 Name _____ Address _____ Phone _____
 Name _____ Address _____ Phone _____

WAS ANYONE INJURED: Yes No

Name _____ Address _____ Phone _____
 Name _____ Address _____ Phone _____

Perry Township Police
Accident Information
622 Genoa Rd. SW
Massillon, Ohio 44646
Phone: 330-478-5121
Fax: 330-478-3504

Driver: Melissa Hummel

Address: 5174 Lima St SW
MASSILLON OH 44646

Phone: 330 844 0920

Owner: Chris Hummel

Insurance Co: State Farm

Officer: HENSE

Case #: 2021-08597

Please contact your insurance company to report the accident. You may obtain a copy of your report at the Perry Police Department; 8:00am to 4:00pm, Monday through Friday. Contact records regarding the fee for copies. If you have any further questions, please contact your agent or the Officer that took your report.



CANTON POLICE DEPARTMENT AWARD RECOGNITION REQUEST

TO : Capt. J. Gabbard #4
FROM : Sgt. J. Daniel #55
OFFICER IN QUESTION : **see summary
REPORT OR INCIDENT # : 2107377
DATE : 5/28/21

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

****Ofc. A. Little, Ofc. K. Foster, Ofc. S. Huber**

The above Officers responded to 1358 Linwood Ave SW in response to a 911 call from Candace Johnson. Johnson stated people were trying to kill her and were in her house. When Officers arrived they observed her in an upstairs window holding a child. She refused to let the Officers in the house, stating someone was inside trying to kill her. I arrived on scene and we decided to make entry due to concerns about the safety of the children. Ofc. Little entered the residence through a first floor window (we removed a portable air conditioner from the window). Ofc. Little let the other Officers in, and as we proceeded upstairs screaming could be heard from an upstairs bedroom. Ofc. Huber immediately forced entry into the bedroom and saw Johnson throw her 2yoa son from the window, then attempt to throw her 4yoa son out of the window. The Officers were able to subdue her before she could throw the second child and had to wrestle with her to get her restrained. Their quick actions undoubtedly saved the 4yoa from potential serious injury or death (the 2yoa suffered a lacerated liver from his fall). They were also able to bring Johnson under control without any harm to her. For these actions I believe they should be awarded a Certificate of Commendation.

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

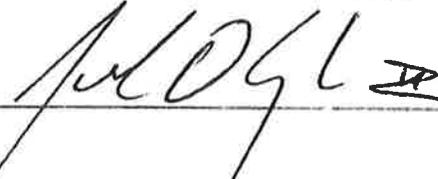
- Fallen Officer Tribute
- Lifesaver Award
- Policeman of the Year Award
- Excellent Police Duty Award
- Special Training
- Certification of Commendation
- Officer of the Month
- Citizen Commendation

First Endorsement:

Commanding Officer: 
 Approved
 Disapproved

Comments:

Second Endorsement:

Chief of Police or Honors Committee: 
 Approved
 Disapproved

Comments:

CANTON POLICE



Incident Number

Investigative Report

Title / Subject: DOMESTIC/FEL ASSAULT

21-07377

1358 #2 Linwood Ave SW

Suspect: Candace Johnson

Victim: Connor Johnson/Ethan Behringer

Other: Carl Behringer/Pamela Behringer

On 05/28/2021 officers were dispatched to the listed address reference Johnson calling in and stating that someone was trying to kill her. Johnson also stated that CPS was trying to kill her and come through her door. Johnson advised she had two juveniles a 5 year old and a 2 year old.

Upon officer Foster and my arrival, we attempted to make contact at the front of the residence with negative results. I walked to the rear of the residence to see if there was a back door. As I rounded the corner, I observed an air conditioner unit laying on the ground and an open window above it on the second floor. I shined my flashlight on the window and Johnson appeared holding a male juvenile in front of her. I told Johnson that the police were here and to come open the door. Johnson said that someone was in the house and trying to kill her. I told her my partner was out front and she needed to come let us in. Officer Foster came to the back of the residence and Johnson said that we were corrupt and shut the window. I started to get concerned for the welfare of the children and called for a supervisor and a unit with a ram in case we needed to breach the door.

I had Cancom call Johnson back and try to get her on the phone with negative results. Sgt Daniels arrived on scene and as he was looking in the window to the rear of the residence the air conditioner unit in that window fell out. I was able to crawl through the window and let Foster and Sgt Daniels in the back door and let in officer Huber, who had arrived on scene, through the front door. As we started to clear the house moving upstairs we heard children screaming. We went up stairs and observed a locked door where the screaming was coming from. Officer Huber forced entry and as we entered, we observed Johnson attempting to through Ethan Behringer out of the second story window. Officer Foster and I grabbed Ethan and took him away from Johnson and handed him to Huber. We placed Johnson in handcuffs. Sgt Daniels looked out the window and observed Johnson's youngest son, Later identified as Connor Johnson, on the ground where Johnson had thrown him out the window.

CFD arrived and transported the two boys to Aultman hospital.

Johnson became uncooperative and unresponsive. We had to carry her down stairs and outside where CFD brought a litter which we placed Johnson on. Johnson was transported to Aultman by CFD.

CPS arrived as well as Carl and Pamela Behringer, the children's grandparents. CPS placed the children in their custody, Connor however was taken to Akron children's hospital for observation.

Johnson continued to be uncooperative and unresponsive but was medically cleared from Aultman and officer Foster and I transported her to the Stark County Jail.

A DVA was completed. Body camera recordings were tagged.

A. Little #227

By: PTL ADAM LITTLE

Badge# 227

Date: 05/28/2021 Time: 08:20:12 No. 001 Page #: 1

Reviewing Supervisor: _____

Date: _____

CANTON POLICE



Incident Number

Investigative Report

Title / Subject: DOMESTIC VIOLENCE

21-07377

Candace Johnson- ARA
Connor Johnson- Victim
Ethan Behringer- Victim
1358 Linwood Ave Sw Apt B
Child Endangering

Officers were dispatched to 1358 Linwood Ave Sw Apt B in reference to Miss Johnson calling in and stating that CPS was breaking into her apartment and was hurting her and taking her two kids. When officers arrived, I began knocking on the door to her apartment. There was no answer at the door. Other officers went to the rear of the residence, where they made contact with Miss Johnson through an open window. She yelled to the officer and showed him the child and then shut the window and locked it.

Officers called for a supervisor and another car. When those units arrived, we went through an open window. As we entered the first floor, we could hear movement above us coming from the second floor. Officers went up the steps and found a locked door at the top of the steps. Officers then heard what sounded like a child screaming. Officers then kicked the locked door in. As we entered the room, I could see Miss Johnson holding a child near an open window. I began thinking as I was moving towards her that there were two children in the house. I began scanning the area and was unable to locate the second child. I then began to realize that Miss Johnson had intentions of throwing the child in her arms out the window. This led me to believe that she had thrown the other child out of the window already.

I began pulling Miss Johnson's right arm away from the child so she could not get her near the window. I was able to get her face down and hold her right arm behind her back while other officers got the child from her other arm. After the child was removed from the situation, I was able to place Miss Johnson in handcuffs and I held her down until other officers could check on the child that had been thrown out the two story window.

I brought Candace to her feet and handed her off to other officers. I then began talking to the child and found his name to be Ethan. I picked him up and carried him to the back of the sgt's police car until medics arrived. The entire time I held him, he was shaking uncontrollably. He was visibly shaken up and scared and stated he saw his mom throw his brother out the window. He also stated that she tried to throw him out of the window. The children were transported to Aultman Hospital by medics. The youngest child that had been thrown out the window was transported to Akron Childrens Hospital for observation. CPS was contacted and refused to come to the scene at first, but after some persuasion they showed up and gave custody of the children to the grandparents. Miss Johnson was transported to the Stark County jail.

Keith Foster 178

By: PTL KEITH FOSTER

Badge# 178

Date: 05/28/2021 Time: 08:17:42 No. 001 Page #: 1

Reviewing Supervisor: _____

Date: _____



CANTON POLICE DEPARTMENT AWARD RECOGNITION REQUEST

TO: Captain D. Davis
FROM: Sgt. R. Smith
OFFICER IN QUESTION: Patrolman R. Huber #196
REPORT OR INCIDENT #: 1806867/201800028237
DATE: 6/4/18

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 6/4/18 Officer R. Huber along with his partner D. Szaniszlo were dispatched to 1115 Ardmore Ave SW regarding a sex offense which had occurred between a fifteen year old brother and his six year old sister. Per Cancom the father was reported to be in a very agitated state wanting the son immediately removed from the residence. Upon arrival it became obvious to officers that the mother was resistant to having her daughter evaluated at the hospital and conflicted regarding charges on her son. By the time DB was contacted and Detective Mongold arrived, the father had calmed down and the mother had agreed to take her daughter to Akron Children's Hospital.

After viewing Huber's BWC and Speaking with Ptl. Szaniszlo it was learned that Ptl. Huber's conduct and handling the call was above and beyond appropriate and tailored to the sensitive emotions presented by the parents during contact. Officer Huber not only was able to decrease the agitation level of the father, but transition the mother from a place of uncertainty and resistance regarding actions to be taken to cooperation and proceeding with the necessary steps to get her daughter properly cared for. Huber consistently displayed an attitude of empathy and professionalism throughout the call. According to Officer Szaniszlo his partner's multitasking assisted in keeping both officers focused on what needed to be done, ultimately leading to the arrest of the 15yr old, and the 6yr old being treated at Akron Children's Hospital.

I feel these officers should be commended, and specifically Officer Huber for bringing a potentially volatile situation to a place of resolve.

Handwritten signature: R.E. Smith #47

LIST ALL WITNESSES AVAILABLE

Table with 3 columns: Name, Address, Phone Number. Rows include Sgt. Robert E. Smith #47 and Ptl. Daniel Szaniszlo.

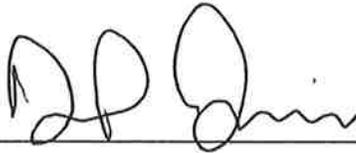


Recommended Award(s)

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
 - Certificate of Commendation
-
- Officer of the Month
 - Citizen Commendation

First Endorsement:

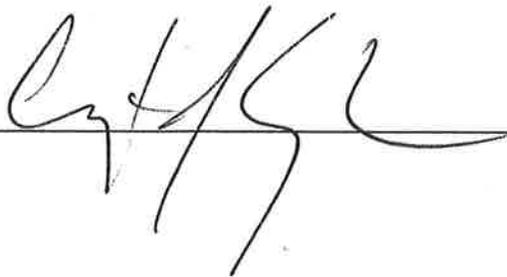


Commanding Officer: _____

- Approved
- Disapproved

Comments:

Second Endorsement:



Chief of Police or Honors Committee: _____

- Approved
- Disapproved

Comments:



CANTON POLICE DEPARTMENT AWARD RECOGNITION REQUEST

TO: Lt. L. Broucker # 15

FROM: Sgt. E. Risner # 43

REPORT #: 2013-19788

DATE: 12/19/2013

Officer's Cited: Ptl. J. Coates, Ptl. R. Huber, Ptl. W. Watkins, Ptl. A. Ankrom, Ptl. T. Pellegrino, Ptl. S. Dendinger, Ptl. S. Jones, Ptl. B. Jeffries, Ptl. S. Jackupca, Ptl. J. Tanner, Ptl. G. Strain, Det. W. Guthrie.

(X) Supplement

On the evening of Friday, 12/13/2013 at approximately 1808 hours, Can Comm received a call of shots fired and two subjects down at 643 Alan Page Dr SE Apt # 12. Det. Guthrie, working an extra duty, uniform assignment at the housing development indicated that he was in route to the location while units from the patrol shift began converging on the area. As the units arrived, Det. Guthrie immediately moved to the location of the victims while the patrol units assembled and methodically cleared and made safe the remainder of the structure. Upon reaching the third floor of the building, Ptl. A. Ankrom who also serves as a SWAT medic, began to administer aid to the wounded subject lying in the hallway of the building. After determining the area was safe, the officers escorted CFD medics into the structure to render aid to both fatally wounded subjects. As the investigation proceeded, officers began a canvass of the remaining apartments and exterior of the complex in an effort to develop additional information and witnesses, to assist members of the investigative division who were responding to the scene. In conclusion, the officers performed exceptionally throughout the extremely chaotic and dangerous incident. The carnage and aftermath of the scene were one of the most severe I have witnessed, in my nearly twenty one years of service. The actions and service rendered by the officers reflect positively on the department and the patrol division.

Sgt. E. Risner #43

LIST ALL WITNESSES AVAILABLE

Table with 3 columns: Name, Address, Phone Number. The first row contains 'None' under the Name column.

✓

- 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
- Certificate of Commendation
- Officer of the Month
- Citizen Commendation

First Endorsement:

Commanding Officer: Lt. J. Broucher¹⁵

- Approved
- Disapproved

Comments:

Although I WAS not working this evening I have been told by multiple people what a great job the guys did in this very stressful situation.
*Excellent work

Second Endorsement:

Chief of Police or Honors Committee: [Signature]

- Approved
- Disapproved

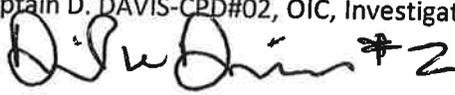
Comments:

[Empty comment box with four lines]

(CADET - PTL K. HUBER)
CPD # 196
E/PID

CANTON POLICE DEPARTMENT
Special Weapons And Tactics Team
(SWAT Cooperative)

To: City of Canton Police Chief Bruce LAWVER-CPD#01


Via: Captain D. DAVIS-CPD#02, OIC, Investigations Division


From: Sergeant C. SALER-CPD#37, Canton Regional SWAT Cooperative-
Commander

Subject: Annual Awards and Recognition List; SWAT 2013

Date: 06 DEC 2013

Sirs:

As directed here is the list:

Ratings Advancements:

DR D. STEPHENS-CPD#TEMS-1 (Operator)

MDC N. ABRAMSON-CPD#MDC-1 (Operator)

PTL C. SCHLIMM-MAG#09 (Operator)

PTL W. HAINES-MV#32 (Operator)

PTL M. MIDDLETON-CAR#06 (Senior Operator)

SGT J. KAMPFER-CCSO#13 (Senior Operator)

PTL A. ANKROM-CPD#204 (Senior Operator)

PTL F. RANALLI-CPD#294 (Senior Operator)

PTL G. PREMIER-CPD#258 (Senior Operator)

PTL S. SCHILLING-CPD#217 (Master Operator)

PTL Z. TAYLOR-CPD#269 (Master Operator)

PTL T. PELLEGRINO-CPD#188 (Master Operator)

Certificate of Appreciation:

Mrs. Cynthia ANNEN (Stark County EMS Board)

Canton Regional SWAT Cooperative: SWAT Eagle Service Award (Voted on by the Team.):

"For courage and professionalism during Hostage Negotiations and Rescue." (28 JUL 2013)

Stark County Deputy Sheriff-Sergeant Harry HAINES

Massillon Police Department:

Captain Paul Covert

Lieutenant J. GREENFIELD

Sergeant Brian MUNTEAN

Patrol Officer Jessica HARTING

Patrol Officer Josh EDWARDS

Patrol Officer Jolina BOYER

Patrol Officer Kervin BROWN

Patrol Officer Dave McCONNELL

Excellent Police Duty: "For preparing, and staging equipment while under the direction of an Emergency Response SWAT Element for the Hostage Rescue and performing well above the Cadet level. (28 JUL 2013)

Cadet-PTL M. KALABON-CPD#200

Cadet-PTL R. HUBER-CPD#196

Excellent Police Duty: "For the professional response in the setting of an after immediate action crime scene perimeter, and the subsequent securing of all evidence to include suspect escort awaiting turn over to the investigating agency." (28 JUL 2013)

S/O Josh BARABASCH-CF#28

OPR John BARABASCH-CF#14

OPR-LT R. RISHER-MAG#03

OPR J. BLANC-SCSO#39

OPR G. PREMIER-CPD#258

OPR F. RANALLI-CPD#294

SR/OPR G. GILMORE-CPD#191

SR/OPR S. SCHILLING-CPD#217

M/O J. MONGOLD-CPD#201

Canton Police Department Medal of Honor:

And

Canton Police Department Life Saving Award:

"On 28 July 2013 while at great risk to your own life you demonstrated bravery and professionalism without hesitation during a successful Emergency Hostage Rescue. Your exemplary actions reflected

honorably upon yourself, the Canton Regional SWAT Cooperative, and the Canton Police Department.”

Team Leader-Master Operator Donald MILLER-CPD#298

Senior Operator Travis PELLEGRINO-CPD#188

Operator B. SHACKLE-CPD#210

Respectfully Submitted,

C. Saler

Sergeant C. SALER-CPD#37

- Purple Shield
- Fallen Officer Tribute
- Lifesaver Award
- Policeman of the Year Award
- Excellent Police Duty Award
- Special Training
Certificate 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:

1703404

Date Today, 04:53:41 AM EDT
From jhc882@aol.com
To joshua.coates@cantonohio.gov



This is a thumbnail of an image attachment.



John Coffy ▶ Stark Co. Ohio Crime Watch & Information Page

3 hrs · Canton, OH ·

Must read,First I want to give a huge thank you to the Canton Police Department . My wife and I probably owe them our lives. I was on an app called offer up and found a 2010 Chevy Impala for 3,000.00 or best offer. The seller agreed to bring the car to Canton . My wife and I got in the car with the 2 men that showed up and got on 77 for a short test drive. As soon as we got off 77 At the 13th street exit and turned left. The noice lit up the car.Mv wife nullled over. The officer

came up and said, The license plates were expired and asked who owned the car. The man in back with me said it was his. The officer took him out I heard noise on my side of the car and up came another officer with his gun drawn. Very scary an officer then took me out handcuffed me and put me in a cruiser as well as the other 2 guys that we're supposedly selling the car. At this point I started having chest pain the police officer took me to Aultman hospital. Long story short It was a stolen car with the wrong license plates on it and the guys had a loaded ready to go handgun. Thank God and the Canton Police for stopping something very bad from happening. Please be careful buying on line. Again I want to give praise to the officer's involved. They were very nice and professional to. THANK YOU



 102

20 Comments 1 Share

 Like

 Comment



Text (1 KB)

Sent from my iPhone

[Delete](#) [Reply](#) [Forward](#) [Redirect](#) [Edit as New](#) [View Thread](#) [Blacklist](#) [Whitelist](#) [Save as](#) [Headers](#)

Attachments

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**CANTON POLICE DEPARTMENT
AWARD RECOGNITION REQUEST**

TO : Capt. Gabbard
FROM : Det. Scott Jones #157
OFFICER IN QUESTION : Ptl. Robert Huber #196
REPORT OR INCIDENT # : 2010725
DATE : 08/23/2020

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 August 23, 2020, Ptl. Robert Huber was on routine patrol in the area of the 1500 blk of Stark Ave SW, when he observed a male parked on the side of the road with no lights on slumped over in his vehicle. Ptl. Huber exited his vehicle and attempted to wake the male up by pounding on the window. After receiving no response Ptl. Huber looked through the window to investigate further and determined that the male was suffering from an apparent drug overdose. Ptl. Huber opened the car door and pulled the male, later identified as Justin Rush, from the vehicle and laid him on his back in the roadway. Ptl. Huber called for assistance from the shift and began life saving measures to attempt to revive the male. Ptl. Huber gave several sternum rubs, chest compressions and multiple doses of narcan to the male and after several minutes of executing these life saving measures, the male regained consciousness. Officers were never called to the scene to help Justin during his overdose. Instead Ptl. Huber conducting patrol in the neighborhood was vigilant and spotted Justin suffering from an overdose. I beleive that if Ptl. Huber would not have located Justin when he did, and based on the amount of Narcan administered, Justin would surely have died in his vehicle. Ptl. Huber continues to be an exemplary officer at the Canton Police Department and goes above and beyond the call of duty to protect the citizens of this community.

LIST ALL WITNESSES AVAILABLE

Name	Address	Phone No.
Det. Scott Jones	221 3rd St SW	
Ptl. Garret Marino	221 3rd St SW	
Ptl. David Jatich	221 3rd St SW	
Ptl. Michael Brown	221 3rd St 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 D. Davis

FROM: Sgt. M. Talkington #31

OFFICERS IN QUESTION: Detectives Szaniszló, Braswell, Officers McKinney, Abatangelo, Angelo, Huber, & Crime Analysis / LPR Operators Ofc. Solly & Ofc. Dreussi.

REPORT OR INCIDENT: Master Report Numbers 21-02486 & 21-02884

DATE: March 05th, 2021

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* (X) Supplement

Between January 01st 2021 and March 01st, 2021 there were 169 reports made for criminal damaging and thefts from vehicles throughout the city. Crime Analysis / LPR Operators Ofc. Solly & Ofc. Dreussi continually updated BOLO's reference these incidents to include areas, suspect vehicles and possible suspects.

On **February 28th** Officers McKinney and Abatangelo made contact with Jose Bower-Lara in his vehicle in the area of the same crime as the BOLO series. They followed up that night to speak with Bower-Lara's parents while trying to talk to him again which revealed to officers that Bower-Lara lied about going to work. Detectives Braswell and Szaniszló were assigned new cases of criminal damaging and thefts. Crime Analysis / LPR Operators Ofc. Solly & Ofc. Dreussi updated BOLO to include Jose Bower-Lara as a suspect along with his vehicle.

On **March 01st** Officer Angelo and Huber, observed the vehicle listed in the BOLO issued for Jose Bower-Lara as wanted for questioning after his vehicle pinged at 12th and Gibbs at an LPR camera.

Bower-Lara was brought to the DB and interviewed by Detectives Szaniszló and Braswell.

On **March 02nd**, Detectives Szaniszló and Braswell were able to locate a second suspect, Christopher Mckeown and arrested him on outstanding warrants. Mckeown was transported to the DB where he waived his constitutional rights and provided detectives with a statement where he gave information in reference to the vehicle break ins and stolen property.

On **March 03rd** detectives began following up on the information they were given by Mckeown and made contact with Mckeown's uncle Joseph Harsh. Harsh stated that he was aware that Mckeown and Bower were stealing but was unaware of windows being broken. Harsh gave detectives several items such as social security cards many of which were victim's who had made reports. Harsh further stated that Mckeown and Bower had thrown property into the creek behind the residence.

Harsh showed detectives where the items were tossed and they located several cell phones, & ID Cards.

Warrants were filed (Grand Theft F4) with assistance by the prosecutor's office in reference to continuous course of conduct 169 reported incidents from 1-1-21 thru current. Due to statements provided by Christopher Mckeown, Joseph Harsh and a recovered cell phone incident.

Both suspects have been arrested and are currently in the Stark County Jail with \$100,000 cash or surety bonds.

LIST ALL WITNESSES AVAILABLE

Name	Address	Phone Number

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
- Certificate of Commendation
- Officer of the Month
- Citizen Commendation

First Endorsement:

Commanding Officer: _____



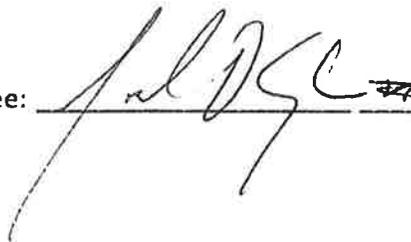
- Approved
- Disapproved

Comments:

This IS A prime example OF multiple bureaus working for the common goal OF Apprehending this group OF suspects. Intelligence sharing AND the synergy displayed, by all involved resolved A crime spree THAT involved all parts OF the City. Outstanding work by All mentioned.

Second Endorsement:

Chief of Police or Honors Committee: _____



- Approved
- Disapproved

Comments:



Mike DeWine
Ohio Attorney General



February 28, 2011

Robert A. Huber
[REDACTED]
Wooster OH 44691

Re: Kent State University #BAS 10-080
Date of Completion: 2/16/2011

Dear Mr. Huber:

This letter is to verify that you have successfully completed peace officer basic training requirements and the peace officer certification examination. The date of completion of your basic academy is the date you passed the peace officer basic training examination.

If within one year of the date of completion you are appointed as a peace officer, a certificate of completion will be awarded provided no additional training requirements have been mandated by the legislature. If you receive an appointment more than one year but less than two years after the date of completion, you will be required to complete an OPOTC-approved refresher course and exam and any training requirements mandated by the legislature. If you receive an appointment more than two years after the date of completion, you must repeat the entire peace officer basic training course. **In all cases, you may not perform the functions of a peace officer until you have been awarded a certificate of completion.**

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

If you or your prospective employer have further questions, please contact us at the number listed below for the London campus.

Sincerely,

Mary C. Broyles
Certification Officer

cc: Ricky Neal, School Commander
School File

MCB/sls

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: ROBERT HUBER Agency: CANTON PD
Email: ROBERT.HUBER@CANTON.ORG Phone: (330) 649-5800
Address/State/Zip: 221 3rd St SW CANTON OH 44702

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: [Signature] (Print Name) [Signature] (Signature)

Date: 9/09/21 Location of Training: Canton PD Training Academy

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



This is to certify that

ROBERT HUBER

has successfully completed the Ohio LEADS testing on

June 25, 2019

by completing the following exam:

FQO w/CCH

This certificate is good through

June 25, 2021

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: ROBERT A HUBER

Sign: PR. R. Huber #196 Date: 11-29-17



This is to certify that

ROBERT HUBER

has successfully completed the Ohio LEADS testing on

June 21, 2017

by completing the following exam:

FQO w/CCH

This certificate is good through

June 21, 2019

HEARTSAVER CPR AED

Heartsaver®
CPR AED



PEEL
HERE

Lisa Broucker

The above individual has successfully completed the objectives and skills evaluations in accordance with the curriculum of the AHA Heartsaver CPR AED Program. Optional completed modules are those **NOT** marked out:

Child CPR AED Infant CPR Exam
5/12/2017 5/2019
Issue Date Recommended Renewal Date

HEARTSAVER CPR AED

Training Center Name SCPP OH03324 TC ID #
TC 2600 6th St. SW
Info Canton OH 44710 330-363-0150

Course Location Canton, Ohio

Instructor Name Jill Guiffre TCF 09140276464 Inst. ID #

Holder's Signature

© 2015 American Heart Association Tampering with this card will alter its appearance. 15-1810

Strike through the modules **NOT** completed.
This card contains unique security features to protect against forgery.

15-1810 2/16

HEARTSAVER CPR AED

Heartsaver®
CPR AED



PEEL
HERE

Perry Thomas

The above individual has successfully completed the objectives and skills evaluations in accordance with the curriculum of the AHA Heartsaver CPR AED Program. Optional completed modules are those **NOT** marked out:

Child CPR AED Infant CPR Exam
5/12/2017 5/2019
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15-1810 2/16

HEARTSAVER CPR AED

Heartsaver®
CPR AED



PEEL
HERE

Robert Huber

The above individual has successfully completed the objectives and skills evaluations in accordance with the curriculum of the AHA Heartsaver CPR AED Program. Optional completed modules are those **NOT** marked out:

Child CPR AED Infant CPR Exam
5/12/2017 5/2019
Issue Date Recommended Renewal Date

HEARTSAVER CPR AED

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15-1810 2/16

CANTON POLICE DEPARTMENT CERTIFICATE OF TRAINING 2017 In-Service



Presented To: ROBERT A. HUBER

- 6.0 hours: Trauma-Informed Policing, Presenter: Sgt. M. Kandel, OPOTA Mandate
- 2.0 hours: Use of Force Review and Test, Presenter: Training Staff
- 8.0 hours: Application of Force (Scenario Based Training), 4.0 hours OPOTA Mandate, (NOTE: This was made an 8.0 hour class). Presenters: Training Staff
- 4.0 hours: Taser Certification, Presenters: Training Staff
- 4.0 hours: Officer and Community Wellness – BLUE COURAGE, 4.0 hours OPOTA Mandate, Presenters: Sgt. M. Kandel, Trainer D. Fitzgerald
- 2.5 hours: Legal Update – Lethality Training, 2.0 hours OPOTA Mandate, Presenters: Stark County Prosecutors Office, Canton Municipal Prosecutors Office
- .5 hours: Narcan Re-Certification, Training Staff
- 4.0 hours: First Aid / CPR Re-Cert, Presenters: Aultman Hospital Instructors
- 6.0 hours: Firearms (Handgun / Shotgun), Presenter: Training Staff
- 1.0 hours: E-Citations, TAC - NIBRS Update, R. Flaherety
- 1.0 hours: Easy Street Traffic Report Drawings, Presenter: R. Kinlow
- 1.0 hours: Overdose Response / Reporting: Presenter: Lt. John Gabbard

Dates of Attendance: MAY 8 - 12, 2017

Lt. G. Boudreaux

Confirmed as Attending by: Lt. Greg Boudreaux, Training Bureau Commander
Canton Police Department

2017 In-Service Sign-In – Canton Police Department

C

NAME (Print): ROBERT A. HUBER Badge No. #196

Signature: R. Huber #196

Date: Monday, 05/08, 2017

1. 0800 – 1430: Trauma-Informed Policing (Initial): RAH
2. 1430 – 1600: Use of Force Review and Test: RAH

Training Comm. or Designee Confirming Attendance: _____

Date: Tuesday, 05/09, 2017

1. 0800 – 1200: Application of Force: RAH
2. 1230 – 1600: Baton (Initial): RAH

Training Comm. or Designee Confirming Attendance: _____

Date: Wednesday, 05/10, 2017

1. 0800 – 1130: Taser (Initial): RAH
2. 1200 – 1600: Blue Courage (Initial): RAH

Training Comm. or Designee Confirming Attendance: _____

Date: Thursday, 05/11, 2017

1. 0800 – 1030: Legal Update, Lethality Training (Initial): RAH
2. 1030 – 1100: Narcan Re-Cert (Initial): RAH
3. 1130 – 1600: Firearms (Initial): RAH

Training Comm. or Designee Confirming Attendance: _____

Date: Friday, 05/12, 2016

1. 0800 – 1200: American Red Cross: (Initial): RAH
2. 1300 – 1400: Lt. Gabbard (Initial): RAH
3. 1400 – 1500: Kinlow (Initial): RAH
4. 1500 – 1600: (Initial): RAH

Training Comm. or Designee Confirming Attendance: _____

Trauma-Informed Policing

Certificate of Completion is hereby granted to:

ROBERT HUBER

In recognition of successful completion of 6 hrs CPT training conducted at the
Canton, Ohio Police Department

MAY 8, 2017



A handwritten signature in black ink, appearing to read "Mark J Kandel".

Instructor Mark J Kandel
Canton Police Training

Application of Force



Certificate of Completion is hereby granted to:

ROBERT A. HUBER

In recognition of successful completion of 8.0hrs CPT training conducted at the Canton, Ohio Police Department

MAY 9, 2017


Instructor Mark J Kandel
Canton Police Training




Instructor David Fitzgerald
Canton Police Training

Instructor / Confirmed as attending by Lt. G. Boudreaux,
Training Bureau Commander, Canton, Ohio Police Department

#12

ZKIC LEE

-5

2017 CANTON POLICE DEPARTMENT - TRAINING

USE OF FORCE POLICY TEST - ANSWER SHEET

NAME: ROBERTS HUBER

BADGE NO: 196

DATE: 05/03/17

Question	Answer
1	True
2	False
3	True
4	C
5	D
6	D
7 A	C
8	D
9 B	A
10	B
11	C
12	C
13	A
14 B	A
15	B
16	D
17	D
18	False

Question	Answer
19	True
20	False
21	B
22	A
23	True
24 A, B	A
25	A
26 C	A
27	A
28	B
29	C
30	A
31	D
32	A
33	B

Canton Police Department - 2017 In-Service

Class: Application of Force – Scenario-Based Training

Student Name (PRINT): Robert Huber Badge No. 196

STUDENT PERFORMANCE ASSESSMENT SCALE

Description	Rating Scale	Instructor Rating:
Not Acceptable	Actions are not consistent with legal standard, creates serious risk, or did not perform or exercised extremely poor judgment	1 - 3
Least desirable	Actions generally acceptable but creates identifiable risk	4 - 5
Acceptable	Actions are consistent with training but not most effective method or tactic	6 - 7
Desirable	Actions demonstrate sound and effective tactics	8 - 9 - 10

SCENARIO NO. 15 Location: Classroom Gun Range X

Unqualified-Fail			Qualified				Highly Qualified		
1	2	3	4	5	6	<u>7</u>	8	9	10

(Pass) Fail

NOTE: Good Communication!
IMPROVE VERBALIZATION / SITUATIONAL AWARENESS

SCENARIO NO. 16 Location: Classroom Gun Range X

Unqualified-Fail			Qualified				Highly Qualified		
1	2	3	4	5	6	<u>7</u>	8	9	10

(Pass) Fail

NOTE: Good Communication
IMPROVE WEAPONS TACTICS Good Shots

SCENARIO NO. 12 Location: Classroom Gun Range

Unqualified-Fail			Qualified				Highly Qualified		
1	2	3	<u>4</u>	5	6	7	8	9	10

(Pass) Fail

NOTE: Can't get everyone down for no reason

SCENARIO NO. 14 Location: Classroom Gun Range

Unqualified-Fail			Qualified				Highly Qualified		
1	2	3	4	5	<u>6</u>	7	8	9	10

(Pass) Fail

NOTE: Watch communication
came off as confusing

SCENARIO NO. Location: Classroom Gun Range

Unqualified-Fail			Qualified				Highly Qualified		
1	2	3	4	5	6	7	8	9	10

Pass Fail

NOTE: _____

SCENARIO NO. Location: Classroom Gun Range

Unqualified-Fail			Qualified				Highly Qualified		
1	2	3	4	5	6	7	8	9	10

Pass Fail

NOTE: _____

INSTRUCTOR GENERAL COMMENTS (Required for "Unqualified" Rankings):

2- Told subject to come to him stopped him, and immediately had him come forward to stop him again.

Student Signature: DR. Huber #192 Date: 05-09-17

Instructor Signature: [Signature] Date: 5-9-2017



Blue Courage

The Heart and Mind of the Guardian

Certificate of Completion is hereby granted to:

ROBERT HUBER

In recognition of successful completion of 4 hrs CPT training
conducted at the Canton, Ohio Police Department

MAY 10, 2017



Instructor Mark J Kandel
Canton Police Training



Instructor David Fitzgerald
Canton Police Training



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: PARTRAMA Name: ROBERT HUBER

Agency: CANTON POLICE DEPT. Email: robert.huber@CANTONPOLICEDEPT.GOV

Phone: (330)439-3100

Address/State/Zip: 221 3rd ST SW
CANTON OH 44702

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: 45 out of 50 for the X26, X26P, X2, and X3 (90% minimum)
out of 45 for the M26 (90% minimum)

- Review entire Version 20 End-Use Certification Course PowerPoint Presentation(s)
- Demonstrates safe handling of CEW and cartridges and proper finger positions for safe handling, aiming, and firing.
- Safely control TASER CEW adequately when commanded "Arm - Spark - Safe" at random.
- Demonstrate the ability to safely load and unload the TASER CEW under stress.
- Remove and reinstall battery in TASER CEW correctly.
- Deploy a minimum of 2 live cartridges, placing both probes in preferred target zones.
- (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: ERIC STANBRO [Signature]
(Print Name) (Signature)

Date: 05/10/17 Location of Training: CANTON PD TRAINING CENTER

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

M26, X2, X26, and X26P are trademarks of TASER International, Inc., and TASER, X3, and the 'Bolt within Circle' logo are trademarks of TASER International, Inc., registered in the US and other countries. For more information, visit www.TASER.com/legal. All rights reserved. © 2015 TASER International, Inc.

HEARTSAVER CPR AED

HEARTSAVER CPR AED

Heartsaver®
CPR AED



Training Center Name Stark County Paramedic Program TC ID # OH03324
TC Info 2600 6th St. SW Canton, OH ZIP 44710 TC Phone 330-363-0150

Course Location CPD

Instructor Name Susan Bodnar 7070380016 Inst. ID #

Holder's Signature

© 2011 American Heart Association Tampering with this card will alter its appearance. 90-1813

~~Anthony Jackson~~

This card certifies that the above individual has successfully completed the objectives and skills evaluations in accordance with the curriculum of the AHA Heartsaver CPR AED Program. Optional completed modules are those **NOT** marked out:

Child CPR AED Infant CPR ~~Written test~~

5/07/2015
Issue Date

5/2017
Recommended Renewal Date

→
PEEL
HERE
→

Strike through the modules **NOT** completed.
This card contains unique security features to protect against forgery.

90-1813 3/11

HEARTSAVER CPR AED

HEARTSAVER CPR AED

Heartsaver®
CPR AED



Training Center Name Stark County Paramedic Program TC ID # OH03324
TC Info 2600 6th St. SW Canton, OH ZIP 44710 TC Phone 330-363-0150

Course Location CPD

Instructor Name Susan Bodnar 7070380016 Inst. ID #

Holder's Signature

© 2011 American Heart Association Tampering with this card will alter its appearance. 90-1813

Robert A. Huber

This card certifies that the above individual has successfully completed the objectives and skills evaluations in accordance with the curriculum of the AHA Heartsaver CPR AED Program. Optional completed modules are those **NOT** marked out:

Child CPR AED Infant CPR ~~Written test~~

5/07/2015
Issue Date

5/2017
Recommended Renewal Date

→
PEEL
HERE
→

Strike through the modules **NOT** completed.
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90-1813 3/11

HEARTSAVER CPR AED

HEARTSAVER CPR AED

Heartsaver®
CPR AED



Training Center Name Stark County Paramedic Program TC ID # OH03324
TC Info 2600 6th St. SW Canton, OH ZIP 44710 TC Phone 330-363-0150

Course Location CPD

Instructor Name Susan Bodnar 7070380016 Inst. ID #

Holder's Signature

© 2011 American Heart Association Tampering with this card will alter its appearance. 90-1813

Ryan K. Davis

This card certifies that the above individual has successfully completed the objectives and skills evaluations in accordance with the curriculum of the AHA Heartsaver CPR AED Program. Optional completed modules are those **NOT** marked out:

Child CPR AED Infant CPR ~~Written test~~

5/07/2015
Issue Date

5/2017
Recommended Renewal Date

→
PEEL
HERE
→

Strike through the modules **NOT** completed.
This card contains unique security features to protect against forgery.

90-1813 3/11



TASER International, Inc. (TASER) conducted electrical weapon (CEW) training courses are physically strenuous and there is a risk of personal injury. **BEFORE any TASER CEW training or CEW exposure, all persons 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 **March 1, 2013**, 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. TASER 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 TASER'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

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.

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.

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.

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

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.

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

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.

¹ A Certified TASER Instructor is not a TASER agent, but maintains a current TASER instructor certification and complies with TASER'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 & Indemnification Agreement



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 TASER's 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 disconnected, 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 TASER TRAINING OR CEW EXPOSURE, NOTIFY YOUR INSTRUCTOR AND DO NOT PARTICIPATE.

Please check all boxes that apply:

- I do not have injuries, physical or mental conditions that could be aggravated by TASER training or CEW exposure.
- I have pre-existing injuries or conditions that could be aggravated by TASER training or CEW exposure.
- I agree to participate in the training course but I do NOT volunteer or agree to be exposed to the electrical discharge of the CEW.

LIABILITY RELEASE & INDEMNIFICATION AGREEMENT

In consideration of, and as a condition precedent to, the use of TASER copyrighted training materials and participation in the training course; 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 TASER'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 participate in this TASER CEW training course.

TASER does not require a CEW Exposure. I understand that TASER does not recommend or require a CEW exposure as part of Instructor or User 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 CEW training and the CEW exposure (unless I opted out of the CEW exposure as indicated on this form), whether known or unknown, foreseen or unforeseen.

Release and hold harmless. I release and hold harmless TASER, 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 training.

I will fully indemnify (reimburse) all costs of Released Parties. I further agree that if I or anyone else files any claim against any Released Party arising out of my TASER CEW training in violation of this agreement, I will defend, indemnify and reimburse the Released Parties for any judgment, court costs, expenses, and reasonable expert and attorney fees regardless of who prevails.

Workers' Compensation Rights. This release does not waive any rights I may have under Workers' Compensation Laws. However, I waive any Workers' Compensation subrogation rights against the Released Parties and agree to defend and indemnify TASER against any and all claims that may be brought against it by my employer. 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 training (including any CEW exposure). I affirm that this is my entire agreement with TASER and I am not relying on any representation by my instructor or agency inconsistent with TASER's warnings and the Risks set forth in this document or in TASER's 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 & Indemnification 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 11-5-13 Signed PR. P. Huser #194

Printed Name ROBERT A. HUSER

Agency CANTON POLICE DEPT.

Mail, fax or email a copy of this completed form to TASER at:
17800 N. 85th St., Scottsdale, AZ 85255
Fax 480.905.2027 Email legal@taser.com

PTA J. McLaughlin-155

-0

100%



TASER

TRAINING ACADEMY

VERSION 19

TASER® Conducted Electrical Weapons (CEWs)

Part 2: X2 Certification Test

PRINT LEGIBLY AND CLEARLY PLEASE!

Name: ROBERT HUBER #196 New Cert Recert (circle one)

Agency: CANTON POLICE DEPARTMENT

Training Date: 11-05-13 Location: C.P.D TRAINING ACADEMY
1430 CHERRY AVE SE CANTON OH.

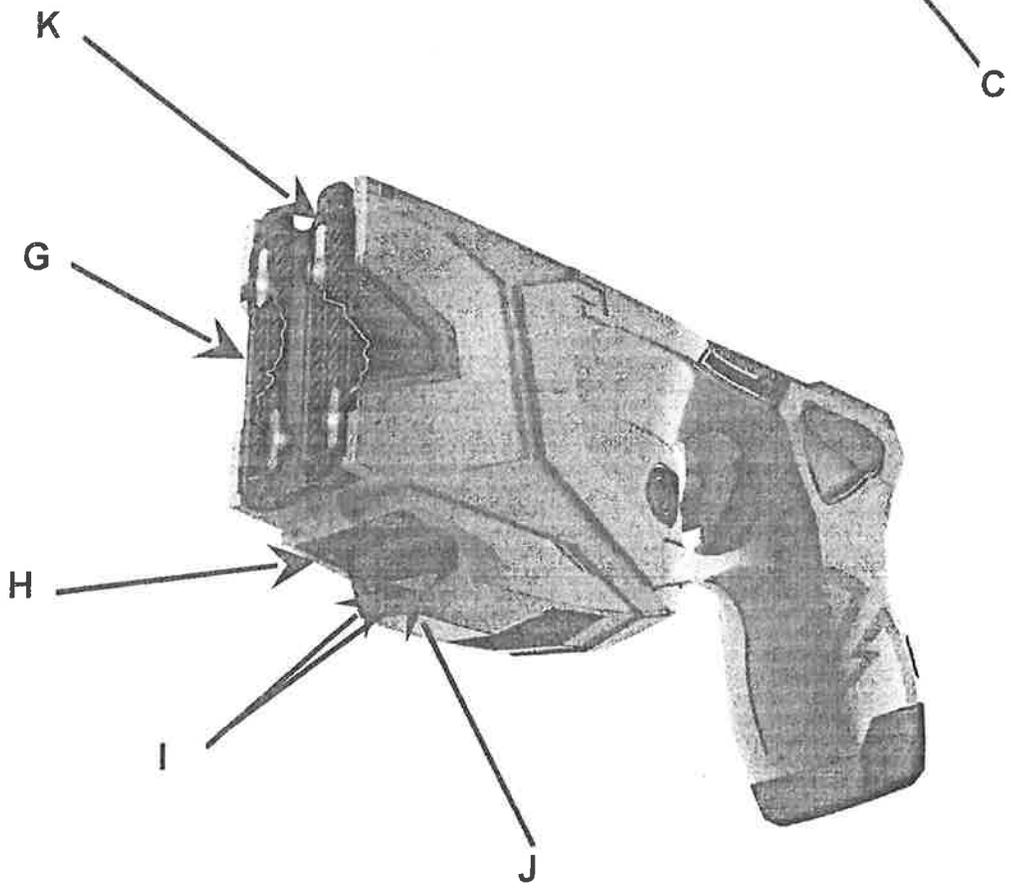
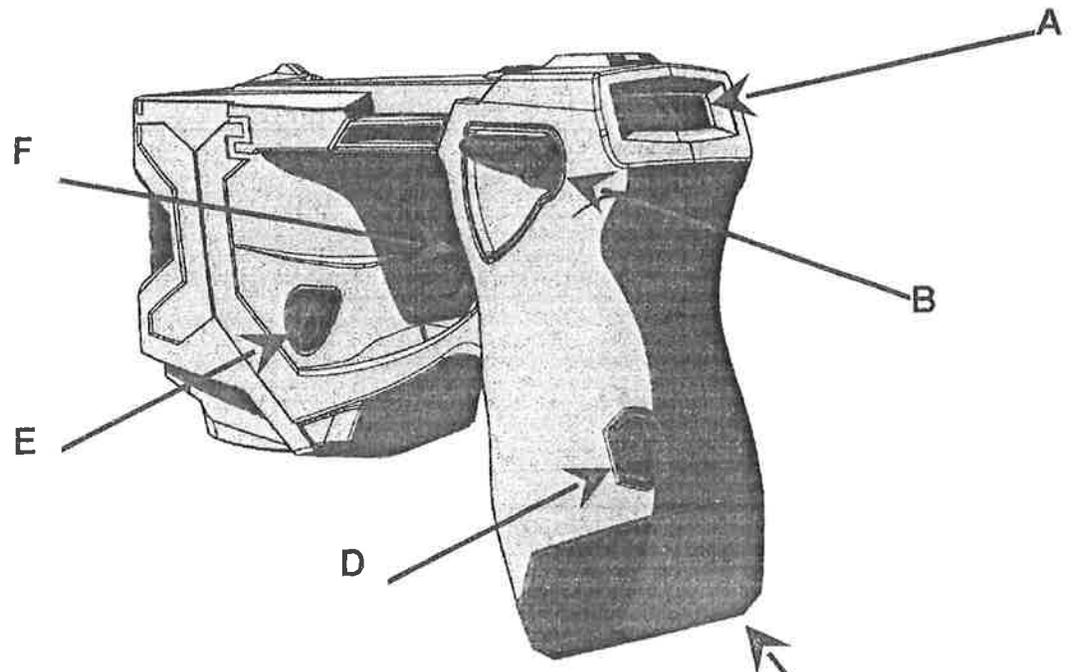
1. The ARC switch can be used to:
 - A. Initiate the warning arc
 - B. Toggle between cartridges
 - C. Re-energize deployed cartridges
 - D. All of the above

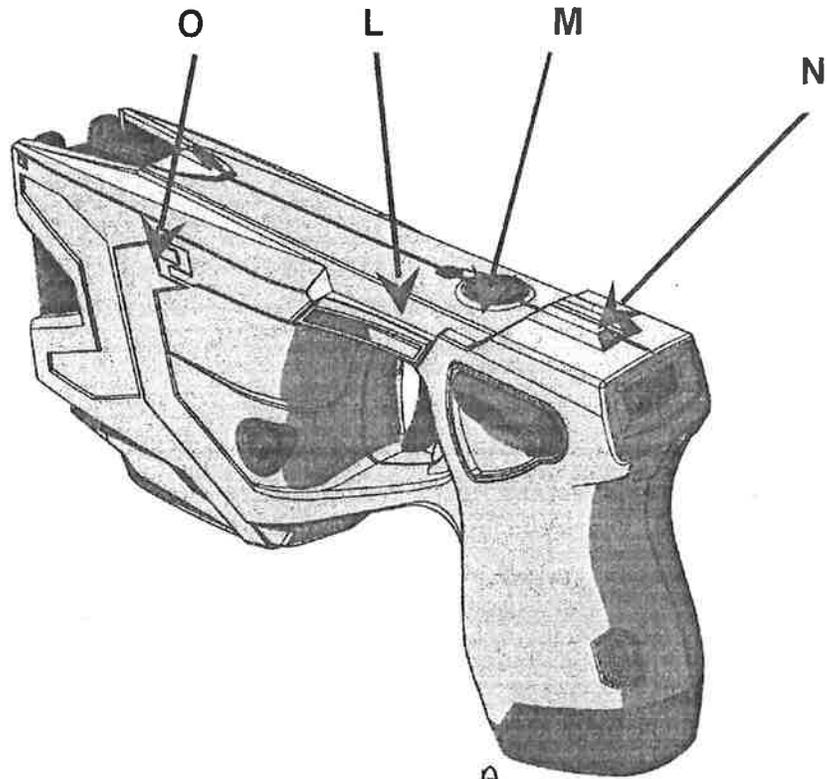
2. A warning arc can be displayed on the X2 without discharging loaded cartridges.
 - A. True
 - B. False

3. The Automatic-Shutdown Performance Power Magazine (APPM) automatically stops the TASER cycle after 5 seconds even if the trigger is held down.
 - A. True
 - B. False

4. An X2 set to semi-automatic mode will advance to the next live cartridge once a cartridge is deployed and the trigger is released. A second trigger pull will discharge the second cartridge.
 - A. True
 - B. False

5. If an X2 has a PPM, TPPM, or TASER Cam (without auto-shutdown) for a power source, and the trigger is held down beyond the 5-second cycle, the X2 will continue to cycle until the trigger is release or the batteries drain.
 - a. True
 - b. False





- | | | |
|-----|-----------------------------------|------------------|
| 6. | Central Information Display (CID) | <u> A </u> |
| 7. | Cartridge Bay #1 | <u> K </u> |
| 8. | Front Sight | <u> O </u> |
| 9. | Safety Switch | <u> B </u> |
| 10. | Cartridge Bay #2 | <u> G </u> |
| 11. | Power Accessory Interface | <u> L </u> |
| 12. | Trigger | <u> F </u> |
| 13. | Cartridge Eject Button | <u> H </u> |
| 14. | ARC Switch | <u> E </u> |
| 15. | Dual LASERs | <u> I </u> |
| 16. | Selector Switch | <u> M </u> |
| 17. | Performance Power Magazine (PPM) | <u> C </u> |
| 18. | LED Flashlight | <u> J </u> |
| 19. | Rear Sight | <u> N </u> |
| 20. | PPM Release Button | <u> D </u> |

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TASER

TRAINING ACADEMY

VERSION 19

TASER® Conducted Electrical Weapons (CEWs)

Part 1: User Certification Test

PRINT LEGIBLY AND CLEARLY PLEASE!

Name: ROBERT HUBER #196Agency: CANTON PD.Training Date: 01-14-14 Location: C.P.D TRAINING ACADEMY

1. According to the Version 19 TASER International, Inc. (TASER) training program, how long before presenting a user (or other) TASER Conducted Electrical Weapon (CEW) course is a CEW instructor required to check the TASER website to ensure he/she is using the most current version of the training and warning materials:
 - a) 6 months
 - b) 1 month
 - c) 1 week
 - d) 72 hours
2. In deploying a CEW the officer should:
 - a) Use the least number of CEW discharges to accomplish lawful objectives
 - b) Keep pulling the CEW trigger until the person submits
 - c) Hold the trigger back (continuous CEW discharge) as long as it takes until the person submits to the officer's commands
 - d) Use the CEW as a torture device to gain the person's complete compliance
3. When deploying or using a CEW sensitive CEW target areas of the body to be avoided when practicable or possible include:
 - a) Head
 - b) Throat
 - c) Chest/breast
 - d) Chest area near the heart
 - e) Genitals
 - f) Known pre-existing injury areas
 - g) All of the above

4. The preferred target areas (with the exception of sensitive CEW target areas) for CEW deployment are:
- a) Lower center mass (below chest or area of the heart) and legs for front shots
 - b) Below the neck area for back shots
 - c) Anywhere on the person's body
 - d) a and b
 - e) a and b (with the back being the most preferred area)
5. True/~~False~~ As with any use of force, the longer the CEW exposure the greater the potential cumulative physiologic or metabolic effects.
6. Officers should attempt to minimize the total or cumulative CEW exposure duration by:
- a) Using the window of opportunity
 - b) Cuffing under power
 - c) Observing the person during breaks in the CEW exposure
 - d) All of the above
7. When deploying probes to the front of a person's body, the CEW should generally be aimed:
- a) At the face
 - b) At the chest or area of the heart
 - c) So as to split the hemispheres (the beltline)
 - d) At the throat
 - e) At the head
8. The risk (or probability) of a CEW causing or contributing to a person's cardiac arrest is:
- a) Zero (to infinity)
 - b) Very high
 - c) High
 - d) Higher than the risk of death or serious injury from a firearm
 - e) Very low
9. True/~~False~~ Under the 4th Amendment to the U.S. Constitutional standard: in judging whether [an officer's] actions were reasonable, we must consider the risk of bodily harm that [the officer's] actions posed to [the person] in light of the [person's] threat to the public that [the officer] was trying to eliminate.
10. True/~~False~~ CEW use against a non-violent misdemeanor who appears to pose no immediate threat and who is given no warning is unconstitutional excessive force.
11. True/~~False~~ It is an excessive and unreasonable use of force for an officer to repeatedly administer electrical shocks with a CEW on a person who is no longer armed, has been brought to the ground, has been restrained physically by several other officers, and is no longer actively resisting arrest.
12. Experts have identified the following key factors related to CEW cardiac risks:
- a) Dart-to-heart ("DTH") distances
 - b) Amount of delivered electrical charge
 - c) Probe (or dart) anywhere on a person's body
 - d) A and B

13. As with any use of force tool or technique used by an officer:
- a) Any use of force has a risk of death or serious body harm
 - b) The lower the number of force applications to accomplish lawful objectives the better
 - c) Nothing works 100 percent of the time and contingencies should be considered.
 - d) The use of force must be in compliance with appropriate legal, policy, and training directives, standards, and requirements
 - e) All of the above
14. Factors courts may consider in determining the reasonableness of an officer's use of force include, but are not limited to;
- a) The availability of (less injurious) alternative methods of capturing, controlling, restraining, or subduing a person
 - b) What officers knew about the person's health, mental condition, or other relevant frailties
 - c) Whether officers warned the person that a certain type of force was about to be used, if possible
 - d) All of the above
15. If the person is not an immediate threat or a flight risk from a serious event, then, courts have stated that a CEW should not be used:
- a) When the person is passively resisting
 - b) When the person is actually or perceived to be mentally ill
 - c) Without the officer first attempting to use negotiation, commands, or physical skills
 - d) All of the above
16. The term (currently) used for describing the incapacitating effects of a CEW is;
- a) Electro-muscular disruption (EMD)
 - b) Electro-muscular incapacitation (EMI)
 - c) Neuro-muscular disruption (NMD)
 - d) Neuro-muscular incapacitation (NMI)
17. Deploying the CEW probes into the person, even at close or point blank range, is often a better option than a drive stun with the cartridge removed because;
- e) It allows the person deploying the CEW to disengage and still deliver some effects of the CEW
 - f) It allows the person deploying the CEW to drive stun away from the probes with the cartridge still attached and increase the effects if needed
 - g) A drive stun with a cartridge removed will usually result in more significant "signature" marks than a probe deployment
 - h) All of the above
18. A drive stun is sometimes not very effective because:
- a) It is usually difficult to maintain contact with a combative person
 - b) The spread of the contact points on the person is generally not large enough to cause NMI
 - c) A pressure point application on a combative person may be difficult to achieve
 - d) All of the above
19. True False The more electrode pairs on a CEW applied to a person during a drive stun the greater the foreseeable quantum of force.

20. During CEW voluntary exposures which of the following are required safety rules?
- a) Always use two spotters when volunteer is standing
 - b) Spotters must hold volunteers under the armpit to stabilize the shoulder and upper arm and avoid twisting their shoulder
 - c) The volunteer may be held up or carefully lowered to the ground
 - d) All of the above
21. The handheld electronic weapons manufactured by TASER are referred to as:
- a) Electronic Control Weapons
 - b) Shock devices
 - c) Conducted Electrical Weapons
 - d) Conducted Energy Weapons
22. When a violent person is incapacitated by the effects of the CEW and it is reasonably safe to do so, cover officer(s) should attempt to control/cuff the person under power. Doing so may;
- a) Reduce the need for additional cycles, exposure, or cumulative exposures
 - b) Reduce the likelihood the person will roll during the cycle
 - c) Reduce the potential of injury to the officer(s) while the person is incapacitated only during the cycle
 - d) All of the above
23. Why is a cartridge deployment, even at close range, often more desirable than a drive stun?
- a) Both probes make contact for the full 5 seconds.
 - b) Less chance of multiple "signature marks" on the person.
 - c) NMI can be achieved if a drive stun is applied over 12" from the darts.
 - d) All of the above
24. The standard CEW cycle if the trigger is pulled and released is:
- a) 10 seconds
 - b) 5 seconds
 - c) 4 seconds
 - d) The cycle always stops as soon as the trigger is released
25. A daily CEW spark test is recommended to:
- a) Verify the CEW is operating
 - b) Create muscle memory
 - c) Practice drawing and holstering the CEW
 - d) Teach proper CEW safety
26. When using spent TASER cartridges for drills, it is important to:
- a) Visually inspect each cartridge to verify there are no probes in it

- b) Visually inspect each cartridge to verify there are no wires in it
- c) Load the cartridge, point in a safe direction and discharge one cycle to ensure it is empty

d) All of the above

27. Courts have ruled that:

- a) The use of a CEW on a person involves the application of force
- b) Each CEW application involves an additional use of force
- c) Multiple CEW applications cannot be justified solely on the grounds that a person fails to comply with a command

d) All of the above

28. Activated CEWs can ignite:

- a) Gasoline and gasoline vapors
- b) Butane
- c) Some personal defense sprays
- d) Some hair sprays or gels

e) All of the above

29. Targeting the person's back is usually preferable because:

- a) The back of the body has larger muscles
- b) Reduced risk of hitting a sensitive body part
- c) Clothing usually fits tighter across the back
- d) Surprise factor

e) All of the above

30. Examples of persons who are at an elevated risk of secondary effects from a CEW exposure include:

- a) Running persons

- b) Persons in elevated positions
- c) Persons in a flammable environment
- d) All of the above

Joshua Tamer
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TASER

TRAINING ACADEMY

VERSION 19

TASER® Conducted Electrical Weapons (CEWs)

Part 2: X2 Certification Test

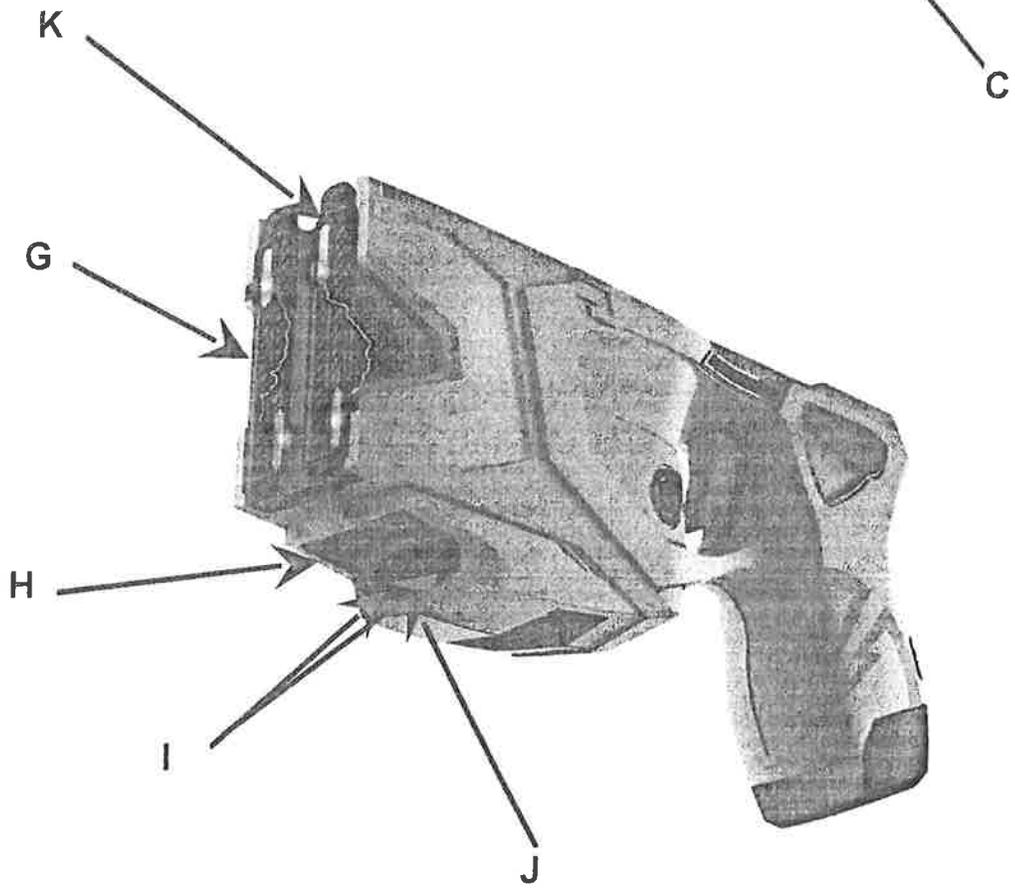
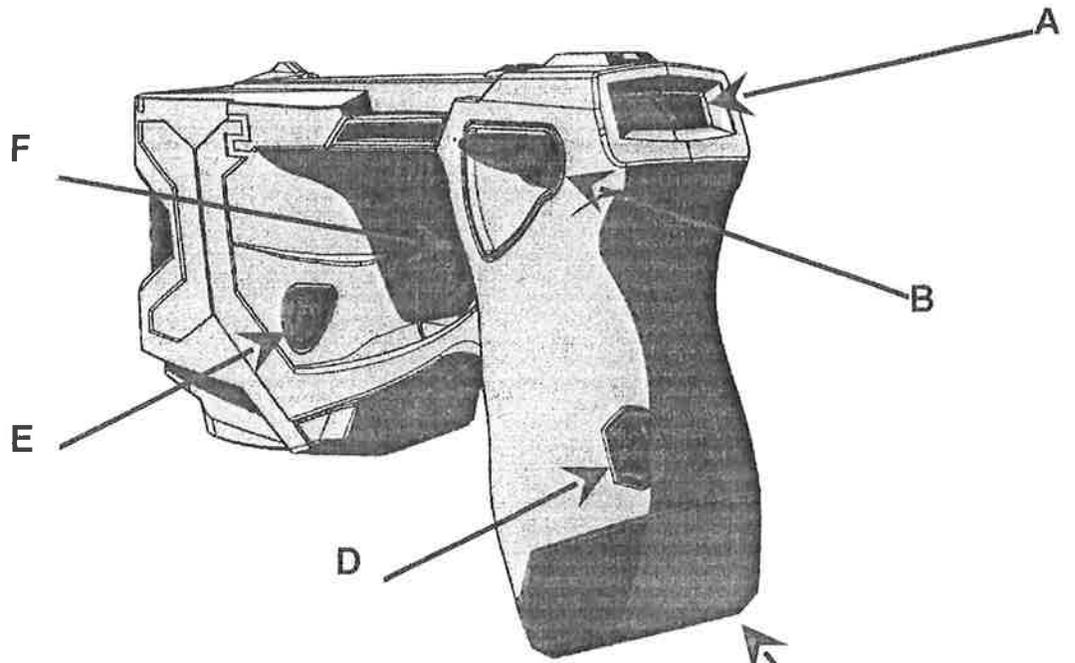
PRINT LEGIBLY AND CLEARLY PLEASE!

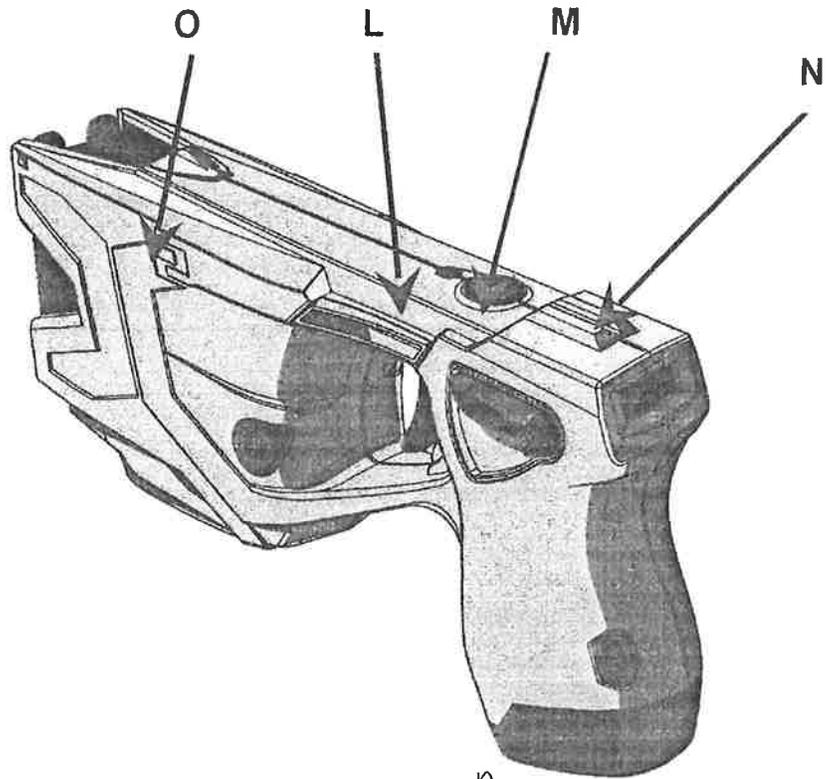
Name: ROBERT HUBER #196 New Cert Recert (circle one)

Agency: CANTON P.D.

Training Date: 01-11-14 Location: C.P.D. TRAINING ACADEMY

- The ARC switch can be used to:
 - Initiate the warning arc
 - Toggle between cartridges
 - Re-energize deployed cartridges
 - All of the above
- A warning arc can be displayed on the X2 without discharging loaded cartridges.
 - True
 - False
- The Automatic-Shutdown Performance Power Magazine (APPM) automatically stops the TASER cycle after 5 seconds even if the trigger is held down.
 - True
 - False
- An X2 set to semi-automatic mode will advance to the next live cartridge once a cartridge is deployed and the trigger is released. A second trigger pull will discharge the second cartridge.
 - True
 - False
- If an X2 has a PPM, TPPM, or TASER Cam (without auto-shutdown) for a power source, and the trigger is held down beyond the 5-second cycle, the X2 will continue to cycle until the trigger is release or the batteries drain.
 - True
 - False





- | | | |
|-----|-----------------------------------|----------------|
| 6. | Central Information Display (CID) | A |
| 7. | Cartridge Bay #1 | K |
| 8. | Front Sight | 8 O |
| 9. | Safety Switch | B |
| 10. | Cartridge Bay #2 | G |
| 11. | Power Accessory Interface | H L |
| 12. | Trigger | F |
| 13. | Cartridge Eject Button | H |
| 14. | ARC Switch | E |
| 15. | Dual LASERs | F |
| 16. | Selector Switch | A L |
| 17. | Performance Power Magazine (PPM) | C |
| 18. | LED Flashlight | J |
| 19. | Rear Sight | N |
| 20. | PPM Release Button | D |

Stationary Visual Speed Survey

(Visual Speeds Without The Use Of RADAR - Training Officer Must Verify Estimated Speed)

Student: HUBER ROBERT Date: 12/06/2010
 Agency: KENT STATE UNIVERSITY POLICE ACADEMY

#	Estimated Speed	Actual Speed	Difference +/-
1	20	27	7
2	21	24	3
3	15	17	2
4	25	22	3
5	19	21	2
6	17	19	2
7	23	26	3
8	27	26	1
9	20	22	2
10	15	16	1
11	21	20	1
12	27	28	1
13	26	24	2
14	23	22	1
15	23	25	2
16	23	25	2
17	23	26	2
18	24	27	3
19	22 26	26	0
20	20	24	4

Total the Difference 44
 Divide by 20

Average 2.2



FTO's Signature



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) HUBER	(First) ROBERT	(Middle) ALLEN	2. Social Security Number [REDACTED]
3. Alias (Last)		(First)	(Middle)		
4. Birth date (mm/dd/yyyy) 02/20/1984	5. Email Address			6. Phone Number [REDACTED]	
7. Home Mailing Address (#/Street/PO Box) [REDACTED]		(City) WOOSTER	(State) OH	(Zip Code) 44691	(County Name) WAYNE
8. Basic Training Academy (Only complete if this is the officer's first appointment or OSP)		(Academy Name)	(Academy Number)	(Dates of Training)	

AGENCY INFORMATION		9. Agency Name CANTON POLICE DEPARTMENT			
10. Agency Email Address			11. Agency Phone Number 330 - 438-4512		
12. Agency Mailing Address (#/Street/PO Box) 221 - 3RD ST., S.W.		(City) CANTON	(Zip Code) 44702	(County Name) STARK	

APPOINTMENT INFORMATION (Complete Date, Status and ORC)		13. New Appointment Date 04 / 19 / 2013	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 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 <i>[Signature]</i>	18. Name and Title Warren Price, Service Director SAFETY DIR.	19. Date 05 / 06 / 2013	
NOTARY			
Sworn to and subscribed before me this 6TH day of MAY, 2013 in the county of STARK, Ohio.			
<i>Kathryn Wise</i> Signature of Notary		My commission expires 11-01-2016	



Seal Here
Kathryn J. Wise
Notary Public, State of Ohio
My Commission Expires 11-01-20

Officer Name (Last) (First) (Middle) Social Security Number
 HUBER ROBERT ALLEN [REDACTED]

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.

X Robert Huber
 Signature of Appointee

[Signature]
 Signature of Appointing Authority

Warren Price
 Name of Appointing Authority (Typed or Printed Legibly)

Service Director / SAFETY DIR.
 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): SMITHVILLE POLICE - STARK COUNTY	22. From(mm/dd/yyyy): 09 / 01 / 2011	To(mm/dd/yyyy): 01 / 01 / 2012
23. Appointment Status (Check Appropriate Box) <input type="checkbox"/> Full-Time <input checked="" 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): WAYNE COUNTY SHERIFF'S OFFICE - WAYNE CO.	25. From(mm/dd/yyyy): 01 / 01 / 12	To(mm/dd/yyyy): 04 / 16 / 13
26. Appointment Status (Check Appropriate Box) <input checked="" type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Auxiliary <input type="checkbox"/> Reserve <input type="checkbox"/> Special <input type="checkbox"/> Seasonal		

27. Appointed By (Agency Name and County):	28. From(mm/dd/yyyy): / /	To(mm/dd/yyyy): / /
29. Appointment Status (Check Appropriate Box) <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Auxiliary <input type="checkbox"/> Reserve <input type="checkbox"/> Special <input type="checkbox"/> Seasonal		

30. Appointed By (Agency Name and County):	31. From(mm/dd/yyyy): / /	To(mm/dd/yyyy): / /
32. Appointment Status (Check Appropriate Box) <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Auxiliary <input type="checkbox"/> Reserve <input type="checkbox"/> Special <input type="checkbox"/> Seasonal		

33. Appointed By (Agency Name and County):	34. From(mm/dd/yyyy): / /	To(mm/dd/yyyy): / /
35. Appointment Status (Check Appropriate Box) <input 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		



MIKE DEWINE
★ OHIO ATTORNEY GENERAL ★



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

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

May 7, 2013

Chief Bruce Lawver
Canton Police Department
221 3rd Street SW
PO Box 24218
Canton, OH 44701

Re: Update Training Evaluation for Officer Robert Huber

Dear Chief Lawver:

This letter shall serve as notice that no update training is required.

This determination is based solely upon the information reported to the Commission, and does not relieve this officer or the appointing authority of any obligation to comply with the training requirements of O.A.C. 109:2-1-12. This determination does not relieve this officer of the annual firearms re-qualification and Continuing Professional Training requirements.

Should you have any questions or concerns regarding this determination, please feel free to contact me at the number provided below.

Sincerely,

Arienne M. Fauber
Certification Officer
Professional Standards Section

cc: Officer

AF/jw



Mike DeWine
Ohio Attorney General



February 28, 2011

Robert A. Huber

██████████
Wooster OH 44691

Re: Kent State University #BAS 10-080
Date of Completion: 2/16/2011

Dear Mr. Huber:

This letter is to verify that you have successfully completed peace officer basic training requirements and the peace officer certification examination. The date of completion of your basic academy is the date you passed the peace officer basic training examination.

If within one year of the date of completion you are appointed as a peace officer, a certificate of completion will be awarded provided no additional training requirements have been mandated by the legislature. If you receive an appointment more than one year but less than two years after the date of completion, you will be required to complete an OPOTC-approved refresher course and exam and any training requirements mandated by the legislature. If you receive an appointment more than two years after the date of completion, you must repeat the entire peace officer basic training course. **In all cases, you may not perform the functions of a peace officer until you have been awarded a certificate of completion.**

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

If you or your prospective employer have further questions, please contact us at the number listed below for the London campus.

Sincerely,

Mary C. Broyles
Certification Officer

cc: Ricky Neal, School Commander
School File

MCB/sls



TASER

TRAINING ACADEMY

VERSION 19

TASER® Conducted Electrical Weapons (CEWs)

Part 1: User Certification Test

PRINT LEGIBLY AND CLEARLY PLEASE!

Name: ROBERT A. HUBER

Agency: CANTON POLICE DEPARTMENT

Training Date: 05/16/13 Location: _____

1. According to the Version 19 TASER International, Inc. (TASER) training program, how long before presenting a user (or other) TASER Conducted Electrical Weapon (CEW) course is a CEW instructor required to check the TASER website to ensure he/she is using the most current version of the training and warning materials:
 - a) 6 months
 - b) 1 month
 - c) 1 week
 - d) 72 hours

2. In deploying a CEW the officer should:
 - a) Use the least number of CEW discharges to accomplish lawful objectives
 - b) Keep pulling the CEW trigger until the person submits
 - c) Hold the trigger back (continuous CEW discharge) as long as it takes until the person submits to the officer's commands
 - d) Use the CEW as a torture device to gain the person's complete compliance

3. When deploying or using a CEW sensitive CEW target areas of the body to be avoided when practicable or possible include:
 - a) Head
 - b) Throat
 - c) Chest/breast
 - d) Chest area near the heart
 - e) Genitals
 - f) Known pre-existing injury areas
 - g) All of the above

SGT. BROWN

4. The preferred target areas (with the exception of sensitive CEW target areas) for CEW deployment are:
 - a) Lower center mass (below chest or area of the heart) and legs for front shots
 - b) Below the neck area for back shots
 - c) Anywhere on the person's body
 - d) a and b
 - e) a and b (with the back being the most preferred area)
5. True/False As with any use of force, the longer the CEW exposure the greater the potential cumulative physiologic or metabolic effects.
6. Officers should attempt to minimize the total or cumulative CEW exposure duration by:
 - a) Using the window of opportunity
 - b) Cuffing under power
 - c) Observing the person during breaks in the CEW exposure
 - d) All of the above
7. When deploying probes to the front of a person's body, the CEW should generally be aimed:
 - a) At the face
 - b) At the chest or area of the heart
 - c) So as to split the hemispheres (the beltline)
 - d) At the throat
 - e) At the head
8. The risk (or probability) of a CEW causing or contributing to a person's cardiac arrest is:
 - a) Zero (to infinity)
 - b) Very high
 - c) High
 - d) Higher than the risk of death or serious injury from a firearm
 - e) Very low
9. True/False Under the 4th Amendment to the U.S. Constitutional standard: in judging whether [an officer's] actions were reasonable, we must consider the risk of bodily harm that [the officer's] actions posed to [the person] in light of the [person's] threat to the public that [the officer] was trying to eliminate.
10. True/False CEW use against a non-violent misdemeanant who appears to pose no immediate threat and who is given no warning is unconstitutional excessive force.
11. True/False It is an excessive and unreasonable use of force for an officer to repeatedly administer electrical shocks with a CEW on a person who is no longer armed, has been brought to the ground, has been restrained physically by several other officers, and is no longer actively resisting arrest.
12. Experts have identified the following key factors related to CEW cardiac risks:
 - a) Dart-to-heart ("DTH") distances
 - b) Amount of delivered electrical charge
 - c) Probe (or dart) anywhere on a person's body
 - d) A and B

13. As with any use of force tool or technique used by an officer:
- a) Any use of force has a risk of death or serious body harm
 - b) The lower the number of force applications to accomplish lawful objectives the better
 - c) Nothing works 100 percent of the time and contingencies should be considered.
 - d) The use of force must be in compliance with appropriate legal, policy, and training directives, standards, and requirements
 - e) All of the above
14. Factors courts may consider in determining the reasonableness of an officer's use of force include, but are not limited to;
- a) The availability of (less injurious) alternative methods of capturing, controlling, restraining, or subduing a person
 - b) What officers knew about the person's health, mental condition, or other relevant frailties
 - c) Whether officers warned the person that a certain type of force was about to be used, if possible
 - d) All of the above
15. If the person is not an immediate threat or a flight risk from a serious event, then, courts have stated that a CEW should not be used:
- a) When the person is passively resisting
 - b) When the person is actually or perceived to be mentally ill
 - c) Without the officer first attempting to use negotiation, commands, or physical skills
 - d) All of the above
16. The term (currently) used for describing the incapacitating effects of a CEW is;
- a) Electro-muscular disruption (EMD)
 - b) Electro-muscular incapacitation (EMI)
 - c) Neuro-muscular disruption (NMD)
 - d) Neuro-muscular incapacitation (NMI)
17. Deploying the CEW probes into the person, even at close or point blank range, is often a better option than a drive stun with the cartridge removed because;
- e) It allows the person deploying the CEW to disengage and still deliver some effects of the CEW
 - f) It allows the person deploying the CEW to drive stun away from the probes with the cartridge still attached and increase the effects if needed
 - g) A drive stun with a cartridge removed will usually result in more significant "signature" marks than a probe deployment
 - h) All of the above
18. A drive stun is sometimes not very effective because:
- a) It is usually difficult to maintain contact with a combative person
 - b) The spread of the contact points on the person is generally not large enough to cause NMI
 - c) A pressure point application on a combative person may be difficult to achieve
 - d) All of the above
19. True/False The more electrode pairs on a CEW applied to a person during a drive stun the greater the foreseeable quantum of force.

20. During CEW voluntary exposures which of the following are required safety rules?
- a) Always use two spotters when volunteer is standing
 - b) Spotters must hold volunteers under the armpit to stabilize the shoulder and upper arm and avoid twisting their shoulder
 - c) The volunteer may be held up or carefully lowered to the ground
 - d) All of the above
21. The handheld electronic weapons manufactured by TASER are referred to as:
- a) Electronic Control Weapons
 - b) Shock devices
 - c) Conducted Electrical Weapons
 - d) Conducted Energy Weapons
22. When a violent person is incapacitated by the effects of the CEW and it is reasonably safe to do so, cover officer(s) should attempt to control/cuff the person under power. Doing so may;
- a) Reduce the need for additional cycles, exposure, or cumulative exposures
 - b) Reduce the likelihood the person will roll during the cycle
 - c) Reduce the potential of injury to the officer(s) while the person is incapacitated only during the cycle
 - d) All of the above
23. Why is a cartridge deployment, even at close range, often more desirable than a drive stun?
- a) Both probes make contact for the full 5 seconds.
 - b) Less chance of multiple "signature marks" on the person.
 - c) NMI can be achieved if a drive stun is applied over 12" from the darts.
 - d) All of the above
24. The standard CEW cycle if the trigger is pulled and released is:
- a) 10 seconds
 - b) 5 seconds
 - c) 4 seconds
 - d) The cycle always stops as soon as the trigger is released
25. A daily CEW spark test is recommended to:
- a) Verify the CEW is operating
 - b) Create muscle memory
 - c) Practice drawing and holstering the CEW
 - d) Teach proper CEW safety
26. When using spent TASER cartridges for drills, it is important to:
- a) Visually inspect each cartridge to verify there are no probes in it

- b) Visually inspect each cartridge to verify there are no wires in it
- c) Load the cartridge, point in a safe direction and discharge one cycle to ensure it is empty

d) All of the above

27. Courts have ruled that:

- a) The use of a CEW on a person involves the application of force
- b) Each CEW application involves an additional use of force
- c) Multiple CEW applications cannot be justified solely on the grounds that a person fails to comply with a command

d) All of the above

28. Activated CEWs can ignite:

- a) Gasoline and gasoline vapors
- b) Butane
- c) Some personal defense sprays
- d) Some hair sprays or gels

e) All of the above

29. Targeting the person's back is usually preferable because:

- a) The back of the body has larger muscles
- b) Reduced risk of hitting a sensitive body part
- c) Clothing usually fits tighter across the back
- d) Surprise factor

e) All of the above

30. Examples of persons who are at an elevated risk of secondary effects from a CEW exposure include:

- a) Running persons

- b) Persons in elevated positions
- c) Persons in a flammable environment
- d) All of the above



TASER

TRAINING ACADEMY

VERSION 19

TASER® Conducted Electrical Weapons (CEWs)

Part 2: X26 Certification Test

PRINT LEGIBLY AND CLEARLY PLEASE!

Name: ROBERTS A. HUBER New Cert. Recert. (circle one)

Agency: CANTON P.D.

Training Date: 05/16/13 Location: _____

1. If the trigger on an X26 is held down beyond 5 seconds:
 - A. The electrical discharge will continue until the trigger is released
 - B. The electrical discharge will stop after 5 seconds regardless if the trigger is held down or not.
 - C. The electrical discharge will continue until the trigger is released and the safety switch is moved to the down (SAFE) position.
 - D. None of the above

2. With the safety switch of the X26 in the up (ARMED) position, a single trigger pull and release will initiate:
 - A. a 5 second cycle
 - B. a 10 second cycle
 - C. a 15 second cycle
 - D. short cycle that will stop as soon as the trigger is released

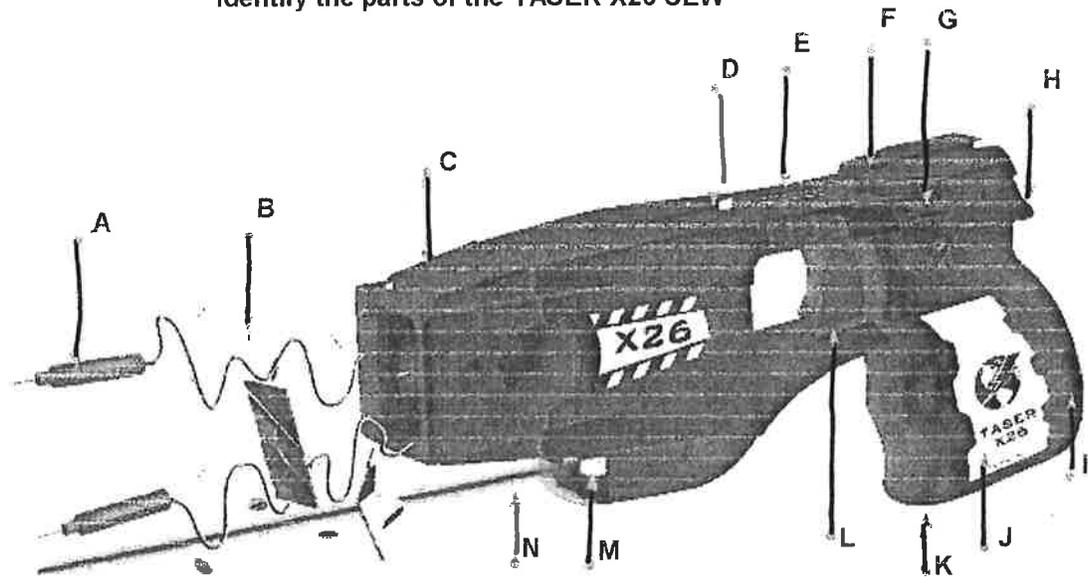
3. If the safety switch of the X26 is put in the down (SAFE) position during the discharge cycle:
 - A. The cycle will continue for 5 seconds
 - B. The cycle will stop immediately
 - C. The cycle will stop unless the trigger is held down
 - D. None of the above

4. If you see a "P" on the CID of an X26:
 - A. Immediately pull the DPM out
 - B. Turn on the CEW and spark test it
 - C. Pull the DPM out during the boot up sequence
 - D. Leave the X26 alone until it has completed the boot up sequence

5. The X26 data download records:
 - A. The date and time of discharge
 - B. The remaining battery strength
 - C. The duration of the discharge
 - D. The internal temperature of the X26
 - E. All of the above

6. 400 megahertz (MHz) radios can interfere with proper X26 operation:
- A. When they are in close proximity to each other
 - B. When the safety switch is in the up (ARMED) position
 - C. When the radio is keyed
 - D. All of the above

TASER® X26 CEW NOMENCLATURE
 Identify the parts of the TASER X26 CEW



- | | |
|---------------------------------------|----------------------|
| 7. Trigger | <u>L</u> |
| 8. Digital Power Magazine (DPM) | <u>BK</u> |
| 9. TASER Cartridge | <u>C</u> |
| 10. Front Sight | <u>D</u> |
| 11. Safety Switch | <u>G</u> |
| 12. DPM Release Button | <u>I</u> |
| 13. Stainless Steel Shock Plate | <u>J</u> |
| 14. Built-in LASER (pointing to beam) | <u>N</u> |
| 15. Central Information Display (CID) | <u>H</u> |
| 16. Probes | <u>A</u> |
| 17. Low Intensity Lights | <u>M</u> |
| 18. Serial Number Plate | <u>E</u> |
| 19. Illumination Selector Switch | <u>F</u> |
| 20. AFID Tags | <u>B</u> |



Mike DeWine
Ohio Attorney General



February 28, 2011

Robert A. Huber
4470 Ely Rd.
Wooster OH 44691

Re: Kent State University #BAS 10-080
Date of Completion: 2/16/2011

Dear Mr. Huber:

This letter is to verify that you have successfully completed peace officer basic training requirements and the peace officer certification examination. The date of completion of your basic academy is the date you passed the peace officer basic training examination.

If within one year of the date of completion you are appointed as a peace officer, a certificate of completion will be awarded provided no additional training requirements have been mandated by the legislature. If you receive an appointment more than one year but less than two years after the date of completion, you will be required to complete an OPOTC-approved refresher course and exam and any training requirements mandated by the legislature. If you receive an appointment more than two years after the date of completion, you must repeat the entire peace officer basic training course. **In all cases, you may not perform the functions of a peace officer until you have been awarded a certificate of completion.**

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

If you or your prospective employer have further questions, please contact us at the number listed below for the London campus.

Sincerely,

Mary C. Broyles
Certification Officer

cc: Ricky Neal, School Commander
School File

MCB/sls

Property Receipt

FIREARMS MANAGER Pro
by HY-TEK, Ltd.

5/8/2013

ISSUED TO: Officer Robert Huber, ID# (No Employee ID assigned)

ISSUED FROM: Training Academy

MAKE/MODEL	SERIAL	TYPE	CALIBER	OWNER
Glock 35	[REDACTED]	Pistol Semi-Auto	40 S&W	CPD Dept. Owned

NOTES AND ASSOCIATED ITEMS AS FOLLOWS:

+ 3 MAGS

Issued By:



Issued To:



Officer Robert Huber, ID# (No Emplc

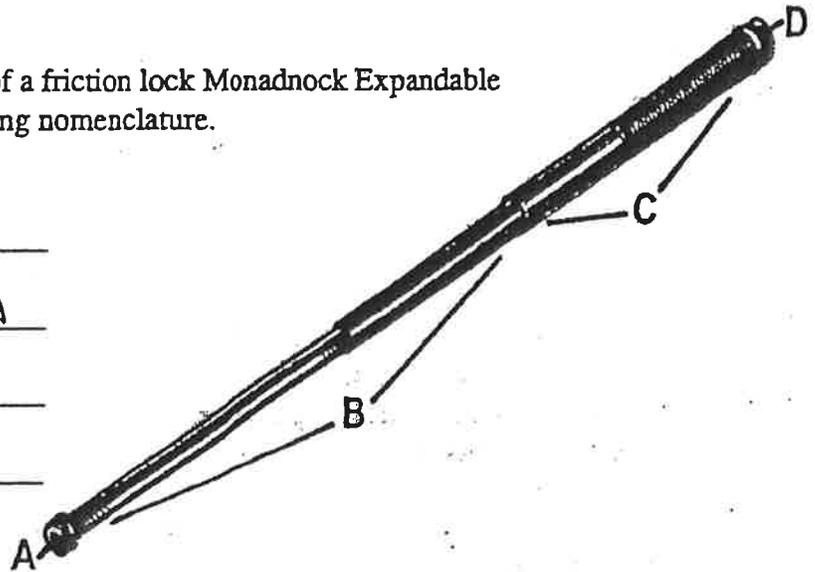
Monadnock Expandable Baton BASIC Certification Course
Written Test

Student's Name ROBERT HUBER Date 05/17/13

Complete the Following:

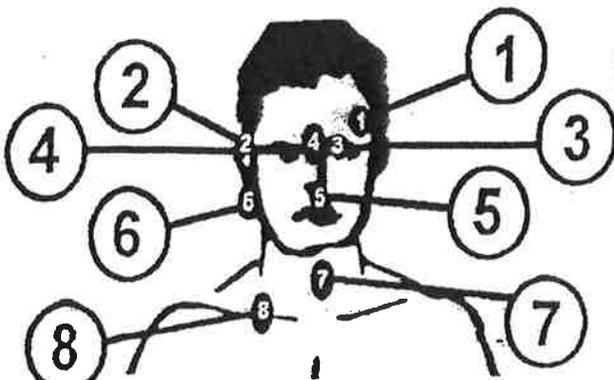
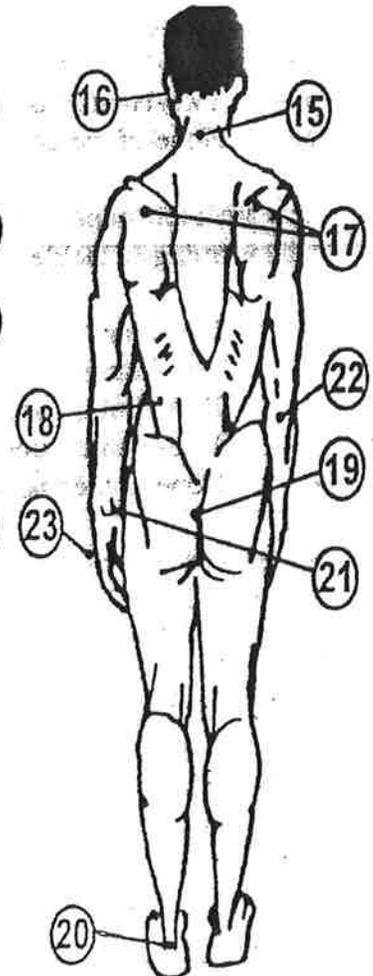
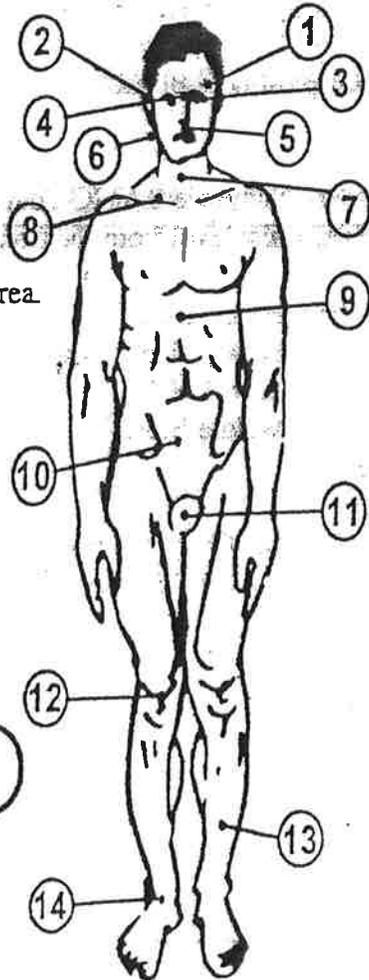
Using the letters noted on the diagram of a friction lock Monadnock Expandable Baton, match these letters to the following nomenclature.

- 1. Grip End D
- 2. Long End B A
- 3. Grip Portion C
- 4. Long Portion B



Match the following areas or points on the human body to its corresponding number noted on the diagrams below.

- Number
- 5. 8 Collarbone is a Yellow Area
- 6. 18 Kidney is a Red Area
- 7. 10 Lower Abdomen is a Green Area
- 8. 9 Solar Plexus is a Red Area
- 9. 22 Elbow is a Yellow Area when striking it.
- 10. 17 Shoulder Blades are a Yellow Area.



Monadnock Basic Course Certification

Date: 5/17/2013

Location: 1430 Cherry Ave SE

	Print Name	Signature	Address	Phone #
1	George Strain	<i>George Strain</i>		
2	Jon Eckelberg	<i>Jon Eckelberg</i>		
3	JAMES DREUSSI	<i>James Dreussi</i>		
4	Philip Johnson	<i>Phil Johnson</i>		
5	Joshua Tanner	<i>Josh Tanner</i>		
6	MIKE BUTTERWORTH	<i>Mike Butterworth</i>		
7	Michelle Kalabon	<i>Michelle Kalabon</i>		
8	Jason Slater	<i>Jason Slater</i>		
9	Jesse Gamba	<i>Jesse Gamba</i>		
10	Daniel Howard	<i>Daniel Howard</i>		
11	ANDREW MOORE	<i>Andrew Moore</i>		
12	ROBERT HUBER	<i>Robert Huber</i>		
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				

Instructor PTL D. Fitzgerald
Daniel Fitzgerald

Instructor Sgt. Mark Kandel



Volunteer Warnings, Risks, Liability Release and Covenant Not to Sue



injury.

Penetration Injury Care. Injury due to penetration of the probe or dart point into a blood vessel, organ, nerve, or bone may require medical attention. A probe, dart point, or barb embedded in a sensitive area such as the eye, the genital area, breast, neck, throat, or vascular structure may cause serious injury and may require special medical attention and further evaluation.

Probe Removal. Probe removal may cause injury. Leaving a probe in the body may result in pain or injury. In the case of embedment, organ or bone penetration, or probe, dart point, or barb detachment, immediate medical attention and possible surgical removal may be required.

Skin, Wound, or Infection Treatment. ECD use may cause a skin irritation, puncture wound, abrasion, mark, rash, burn, keloid or other scar which may require medical attention and may be permanent. As with any injury of this type, infection or tetanus and resulting complications may occur in some circumstances.

Biohazards. Utilize appropriate biohazard protocols and personal protective equipment including Body Substance Isolation procedures, gloves, masks, and washing of hands and exposed areas as necessary.

Untethered Discharged Probe. In probe deployment, it is possible that a discharged probe that does not impact a subject or target may become untethered from the wire and travel a significant distance. A loose, untethered probe can cause serious injury.

SAFETY INFORMATION: GENERAL PRECAUTIONS

Unintentional Deployment Hazard. Unintentional ECD activation could result in death or serious injury to the user, force recipient, and others.

Store in a Secure Location. Store ECDs, cartridges, and accessories in secure locations inaccessible to children and other unauthorized persons to prevent inappropriate use, which may result in death or serious injury to the user, other persons, or animals. ECDs and cartridges are weapons and are not toys.

Use of ECD's Safety. Always place the ECD safety switch in the down (SAFE) position when the ECD is not in use. Remember to place ECD safety switch in the up (ARMED) position when you intend to use the ECD.

Keep Body Parts away from Front of ECD or Cartridge. Keep your hands and body parts away from the front of the ECD and cartridge, unless instructed otherwise. A discharging ECD or cartridge could result in serious injury.

Avoid Static Electricity. Keep the cartridge away from sources of static electricity. Static electricity can cause the ECD or X26 or M26 cartridge to discharge unexpectedly, which could result in serious injury.

Beware of Electronic Equipment Interference. Interference from electronic transmission equipment in close proximity to the ECD could interfere with the proper operation of the ECD and cause the ECD to discharge. Keep the ECD at least several inches away from other electronic equipment. Place the ECD safety switch in the down (SAFE) position whenever it is immediately adjacent to electronic equipment (including transmitting radios and cell phones). Remember to place the ECD safety switch in the up (ARMED) position prior to attempting use.

Avoid Dropping ECD or Cartridge. If an ECD or cartridge is dropped or damaged it may unintentionally deploy or discharge, become inoperable, or fail to function, making it unsafe for continued use.

Hazardous Substances. The ECD contains components that contain chemicals known to the State of California and others to cause cancer and birth defects or other reproductive harm. Do not disassemble. Refer to your agency's Guidance for proper handling and disposal.

Please fill out the sections below. If you have a condition or pre-existing injury that would be aggravated by muscle contractions, physical exertion, or stress check the appropriate box and notify the Instructor prior to participating in the TASER ECD Exposure.

I have no injuries, physical or mental conditions that could be aggravated by muscle contractions, physical exertion, stress, or exposure to the electrical discharge of TASER ECDs.

I have the following pre-existing physical or mental conditions/injuries that could be aggravated by the TASER ECD Exposure:

I freely and voluntarily agree to be exposed to the electrical discharge of the TASER ECD under the following conditions:

LIABILITY RELEASE, COVENANT NOT TO SUE AND HOLD HARMLESS

In consideration of receiving information on the TASER products and a TASER ECD Exposure, I acknowledge and agree as follows:

1. I understand that a TASER ECD Exposure results in strong muscle contractions, physical exertion, and stress and involves the risk of physical or other injury. I acknowledge that I have read the above Warnings and Risks and current TASER ECD warnings and with full knowledge of such risks, I voluntarily agree to experience a TASER ECD Exposure and I assume all risks, whether known or unknown, foreseen or unforeseen, inherent in the TASER ECD Exposure.

2. Intending that this form be legally binding upon me, my heirs, executors, administrators, and assigns, I hereby waive, release, and forever discharge the instructor, the TASER distributor, my agency and employer, TASER and all of its agents, directors and employees of and from any and all claims, demands, rights and causes of action of whatsoever kind and nature, arising from, and by reason of any and all known and unknown physical and mental injuries and consequences thereof, whether foreseen or unforeseen, suffered by me from any TASER ECD Exposure. I specifically waive any statutory rights I may have regarding the release of known or unknown claims.

3. I further agree that neither I nor my heirs, estate, personal representative, nor any other person or entity will ever institute any action, litigation or suit at law or in equity against the instructor, the TASER distributor, my agency and employer, TASER and all of its agents, directors and employees for any damages, costs, loss or injury arising out of any and all activities related to and including any TASER ECD Exposure.

4. I further agree to indemnify and save harmless the instructor, the TASER distributor, my agency and employer, TASER and all of its agents, directors and employees from all liability, loss, costs and obligation of any and every kind on account of or arising out of any injuries or losses incurred by me, however occurring, arising out of any and all activities related to and including any TASER ECD Exposure.

5. In signing this form, I agree that I have read and understand this entire form; I affirm that I am competent to agree to, sign, and be bound by this form; I understand that it is a promise not to sue and a release and indemnity for all claims; I further understand that by signing this form I am giving up certain legal rights including the right to recover damages in case of injury; and I agree to abide by the terms and conditions of this form.

6. This release does not release any rights I may have under Workers' Compensation Laws. I waive any Workers' Compensation subrogation rights against TASER. I agree that any recoveries under Workers' Compensation Laws do not change, extend or enlarge the waivers and protections inherent in this agreement.

Date 05/17/15 Signed Robert A. Huber

Printed Name ROBERT A. HUBER

Address 1647 NORMANDY DR. WOODSTOCK, GA

Mail or fax a copy of this form to:
TASER International, 17800 N. 85th St., Scottsdale, AZ 85255, Fax: (480) 905-2027



OC Basic Course Certification

Date: 5/15/13

Location: Carson Police Dept.

	Print Name	Signature	Address	Phone #
1	Joshua Tamer	Joshua Tamer		
2	Michael Butterworth	Michael Butterworth		
3	Daniel Howard	Daniel Howard		
4	Michelle Kalabon	Michelle Kalabon		
5	Jon Eckelberry	Jon Eckelberry		
6	Jason Staten	Jason Staten		
7	ANDREW MOORE	Andrew Moore		
8	James Dreussi	James Dreussi		
9	ROBERT HUBER	Robert Huber		
10	Paul Johnson	Paul Johnson		
11	George Stain	George Stain		
12	Jesse Gambi	Jesse Gambi		
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				

Mark Kandel

Instructor Sgt. Mark Kandel

**Canton Police Dept.
OC Aerosol
Certification Test**

Name: ROBERT HUBERZ Location CANTON POLICE DEPT.

Date: 05/15/13 Instructor SGT. KANDEL

Score _____

Circle The Correct Answer (s)

1) The target area for OC aerosol projectors is/are which of the following?

- A) eyes, nose and mouth B) shoulder to shoulder
C) chin D) torso

2) What is the maximum range of the MK IV unit?

- A) 1 to 3 feet B) 3 to 6 feet
 C) 10 to 15 feet D) 20 to 25 feet

3) What is the first step in decontamination a suspect?

- A) Flush with large amounts of water, if available and situation permits.
B) Have suspect change contaminated clothing.
C) Check to see if suspect is wearing contact lens.
 D) Reassure the suspect that they are all right.

4) After a suspect has been contaminated, They must be observed by officer for a period of at least 20 minutes to check for any complications and also maintained in upright position?

- A) True B) False

- 5) You must be target specific in order for OC aerosol projectors to be most effective?
 A) True B) False
- 6) The minimum distance between the OC canister and the suspect's target area when you deploy the OC spray under normal circumstances is?
A) 6 feet B) 1 foot
 C) 3 feet D) 12 feet
- 7) When using an OC aerosol spray projector on a suspect becomes a possibility, you should warn the suspect that they are about to be sprayed.
 A) True B) False
- 8) The Canton Police universal phrase advising other officers that OC spray is about to be deployed is?
A) Gas Him B) Mark Four
C) Tear Gas D) Pepper Spray
- 9) Suspects contaminated with OC and are wearing contact lens must be taken to hospital?
 A) True B) False
- 10) Two ½ to 1 sec burst of OC are recommended under normal circumstances?
 A) True B) False

PERSONAL EXPOSURE RECORD

ROBERT HUBER

Date: 05 / 15 / 2013

Brand: FIRST DEFENSE

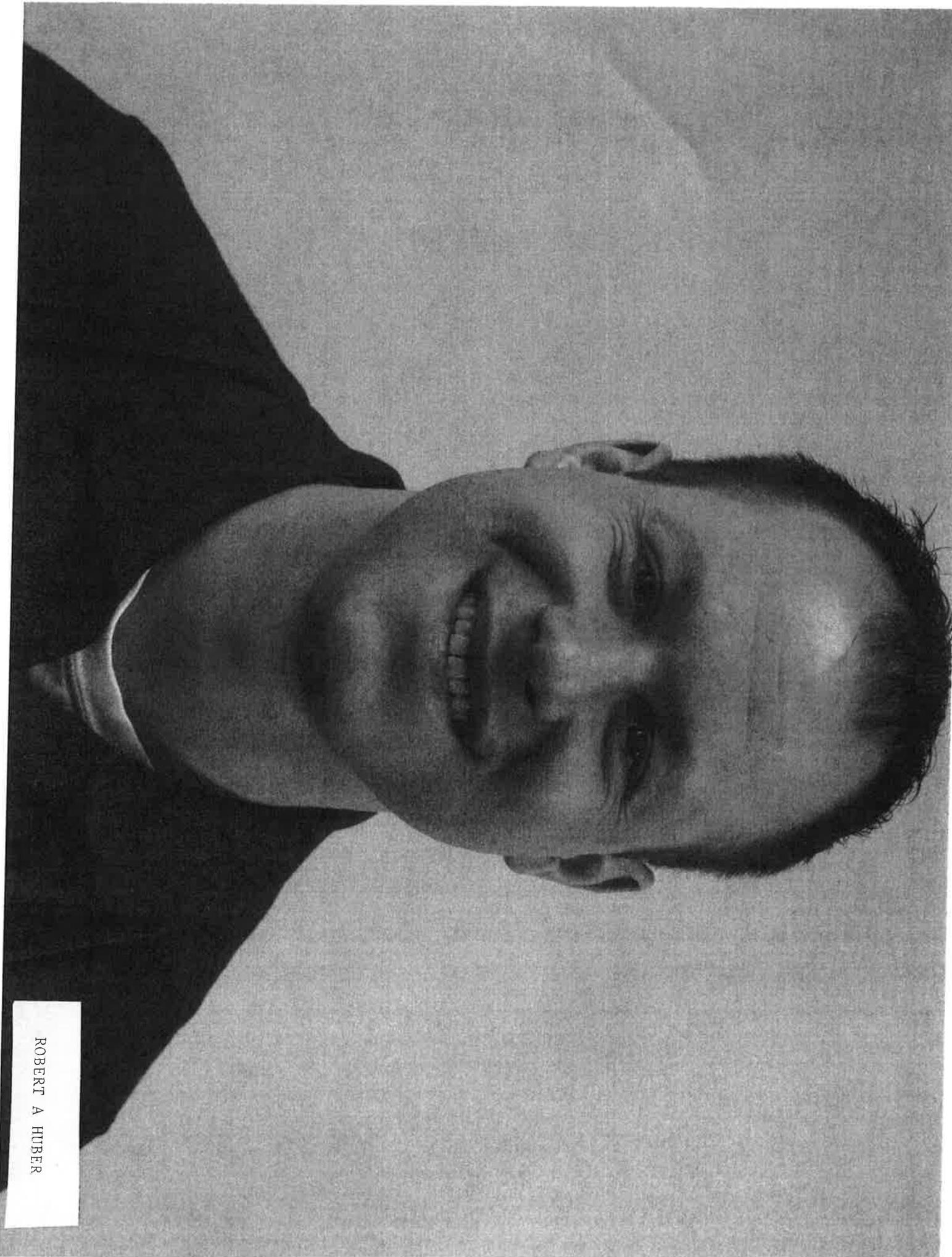
% OC Solution: 0.2%

% Capsaicin: 10%

SHU Level: 500,000

Delivery System: STREAM

Decom Time: 13:40 - 1:00 20 min



ROBERT A HUBER



MIKE DEWINE

★ OHIO ATTORNEY GENERAL ★



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

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

May 7, 2013

Chief Bruce Lawver
Canton Police Department
221 3rd Street SW
PO Box 24218
Canton, OH 44701

Re: Update Training Evaluation for Officer Robert Huber

Dear Chief Lawver:

This letter shall serve as notice that no update training is required.

This determination is based solely upon the information reported to the Commission, and does not relieve this officer or the appointing authority of any obligation to comply with the training requirements of O.A.C. 109:2-1-12. This determination does not relieve this officer of the annual firearms re-qualification and Continuing Professional Training requirements.

Should you have any questions or concerns regarding this determination, please feel free to contact me at the number provided below.

Sincerely,

Arienne M. Fauber
Certification Officer
Professional Standards Section

cc: Officer

AF/jw

CANTON POLICE DEPARTMENT

Polygraph Waiver

I _____, 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: *R. Huber*

Typed Name: *Roger Huber*

Time and Date: *01/29/13 1329*

Witnessed by:

Nichole Huber



This is to certify that

ROBERT HUBER

has successfully completed the Ohio LEADS testing on

May 3, 2013

by completing the following exam:

FQO w/CCH

This certificate is good through

May 3, 2015

LEXIPOL – ACKNOWLEDGEMENT OF RECEIPT

I ROBERT A. HUBER (Print Name) acknowledge that I have received a flash drive containing a copy of the policy and procedures as outlined below and I understand that I am responsible for reviewing, clarifying, learning, and following those policies as a condition of employment with the City of Canton and the Canton Police Department. If I violate any of those policies or procedures, I can be brought up on departmental charges that could be cause for disciplinary action up to including the termination of my employment.

Per the Policy Manual of the Canton Police Department (Lexipro):

106.4 MANUAL ACCEPTANCE

As a condition of employment, all employees are required to read and obtain necessary clarification of this department's policies. All employees are required to acknowledge that they have received a copy or have been provided access to the Policy Manual and understand they are responsible to read and become familiar with its contents.

Policies contained on Flash Drive:

- LEXIPRO: Containing the Policy Manual of the Canton Police Department
- Canton Police Department Rules and Regulations
- Coban In-Car Video Information
- City Work Rules and Executive Orders
- City Policies: Chapter 151, City Safety and Health Policy (08/10/04, 03/01/06), City Data Security Policy, Sexual Harassment Policy

I acknowledge the above and have received these policies on a flash drive as well as have access to them on the City Intranet system.

Signature:  Date: 05/22/13

Witness:  Date: 5-22-13

CERTIFICATE OF TRAINING CANTON POLICE DEPARTMENT 2015 IN-SERVICE



Presented to: Robert Huber

Canton Police Department

- Controlled Force – 4.0hrs (Fitzgerald / Miller)
- Canton Parks Update - .5hrs (Gordon)
- Body Camera – 2.0hrs (Angelo / Bosley)
- MS4 Storm Water – 1.0hrs (Boudreaux)
- NARCAN – 2.0hrs (Bodner / Wilkes / Pressley)
- Firearms Certification (Boudreaux / Kandel)
- Virtual Marksman – 2.0hrs (Pressley / Stanbro)
- Taser Certification – 4.0hrs (Brown / Kandel)
- Traffic Report Update - .5hrs (Kinlow)
- Baton Certification – 3.0hrs (Fitzgerald / Pressley)
- CPR / Defib / First-Aid 4.0hrs (Bodner / Wilkes)
- OHLEG - 1.0hrs (Brown / Silver)
- Domestic Violence Update 1.0hrs (Dave, Day)
- Legal Update – 1.5hrs. (Fitzsim., Lham., Aylward)
- Juvenile Update – 1.0hrs (Shaffer)
- Counterfeit Money - .5hrs (Guthrie)
- Conflict Management - 3.0hrs (Cusma, Miller)
- Marathon Oil .5hrs (Belinger)
- Meth Lab Awareness 1.0hrs (Miller)
- Procedural Justice 3.0hrs (Boudreaux)
- Tac Med Kit .5hrs (Boudreaux)

Confirmed as Attending by: Lt. Greg Boudreaux, Training Commander, Canton Police Department

Attendance scheduled for the week of 05/04/15 - 05/08/15



This is to certify that

ROBERT HUBER

has successfully completed the Ohio LEADS testing on

May 3, 2013

by completing the following exam:

FQO w/CCH

This certificate is good through

May 3, 2015



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

This is to certify that

Robert A. Huber

has successfully completed the advanced training course

55-507-15-03: ARIDE (Advanced Roadside Impaired Driving Enforcement)

at the Ohio Peace Officer Training Academy given

June 29 - 30, 2015


Mike DeWine
Attorney General


Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission


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



OHIO PEACE OFFICER TRAINING COMMISSION

THE OFFICE OF THE ATTORNEY GENERAL

This is to certify that

Robert A. Huber

has participated in the advanced training course

66-002-15-21: Judgmental Driving Simulator

at the Ohio Peace Officer Training Academy given

July 21 - 23, 2015

Mike DeWine
Attorney General

Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission

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



OHIO PEACE OFFICER TRAINING COMMISSION &

THE OFFICE OF THE ATTORNEY GENERAL

This is to certify that

Robert A. Huber

has participated in the advanced training course

44-002-15-21: Judgmental Firearms Simulator

at the Ohio Peace Officer Training Academy given

July 21 - 23, 2015

Mike DeWine

Mike DeWine
Attorney General

Vernon P. Stanforth

Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission

Mary E. Davis

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

Canton City Police Dept.

CONTINUING EDUCATION



Record of Completion Awarded To

HUBER, ROBERT

In Recognition Of Successful Completion In

CPR, AED, Self Aid/Buddy Aid

AND IS AWARDED A TOTAL OF 4 HOURS CONTINUING EDUCATION FOR THIS PROGRAM

Completed: JUNE 6TH 2013 - *NOTE ATTACHED TEST DATE*

Instructor:

Michael J. Abramson

EMS Coordinator:

AUX. CAPT. ABRAMSON

OPOTC Provider # BAS 07-00 cert # BAS 15558

State of Ohio Public Safety Division of EMS CE Provider # 1360





Red Diamond Uniform & Police Supply, Inc.

4437 Mahoning Ave.
 Youngstown, Ohio 44515
 330-270-9653 FAX 330-270-9654 Nationwide 1-800-852-1848

Federal ID 34-1889682

SALES ORDER

Order No. 128768
 Date Entered 4/24/13
 Entered By: CR

Ship Via	Requested Ship Date	Terms	Salesperson	Page 1 of 1
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UPS Ground 4/24/13 Visa Chris Reppy

SOLD TO:
 HUBER, ROBERT
 CANTON PD

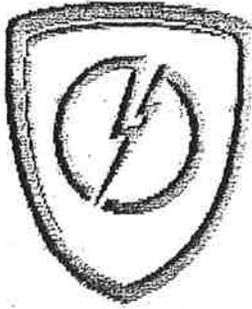
SHIP TO:
 SAME

Cust. No.	Phone No.	P.O. Number	Contact
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177648

Item No.	Description	Qty Ordered	Price	U/M	Amount
Z3314-3-15.5	Sz. 15.5 SS Dark Navy TexTrop Shirt W Zipper	2	39.99		79.98
Z314-3-16X34	16x34 Tex Trop Polyester Dk Navy LS ShirT W Zipper	1	42.99		42.99
E8875-34R	SIZE 34 REG TEX-TROP CARGO TROUSERS	2	53.99		107.98
	HEM 30				
P101-NV-7-1/4	Navy Winter 8pt. Hat, Velvet, Sz. 7-1/4	1	30.99		30.99
CPD-PS-3/8	SILVER 3/8" CPD W/PERIODS	1	9.49		9.49
P4917	SILVER PREMIER WHISTLE	1	3.99		3.99
P4911	Silver Snake Buttonhole Whistle Chain	1	4.99		4.99
169-S	3/8" NAMEPLATE, SILVER	1	11.99		11.99
7078-1	SIZE LARGE MIRAGE ULTRA	1	42.99		42.99
8783-1	SIZE LARGE ULTRA REVERSE	1	20.49		20.49
77-83-41B	STX Plain Dbl Mag Holder, Brass Snap, Fit 83	1	29.99		29.99
38-4-41	MK-3 Plain Leather Holder w/Nic Snap	1	23.99		23.99
90-2	SAFARILAND SINGLE CUFF CASE	1	25.99		25.99
65-4-2	Keeper, Plain Black, w/Chrome Snap (4 pak)	1	11.99		11.99
762-5-41	Safariland Plain Leather Radio Case	1	33.99		33.99
2-1481-6	Ka-Bar TDI Law Enforcement Knife, Serrated Edge	1	36.99		36.99
pr-4801	PEERLESS HINGED HANDCUFF, MODEL 801	1	38.99		38.99
6280-6832-412	LH Dual Retention Holster W/M3 Light Assy, STX Pla	1	94.99		94.99
NAME-STRIP	Cloth Name Strip	3	3.99		11.97
69210	Streamlight TLR1-S Tactical Weapons Light w/Strobe	1	104.99		104.99
X94256A	Canton Police Shoulder Patch	6	2.49		14.94
74102	STREAMLIGHT STRION CHARGER	1	24.99		24.99
P8005	EXPANSION HAT BAND, SILVER	1	8.49		8.49

Subtotal	818.18
Shipping	0.00
Sales Tax	55.23
Total	\$791.59



TASER TRAINING ACADEMY

TASER® CEW User Certification Form (rev. 4/13) PRINT LEGIBLY AND CLEARLY PLEASE!

Which device were you certified in (Check all that apply): X26/P X2

Rank: PL Name: ROBERTS HUBER

Agency: CANTON PD Email: ROBERTS.HUBER@CANTON.OTPA.GOV

Phone: (330) 433-3100 Fax: _____

Address/State/Zip: 221 BRD ST SW CANTON OH 44703

Number of test answers correct: 50 out of 50 (X26/P, X2)
(80% minimum = 36)

Instructor to initial that student has successfully completed the following practical application tests:

- KEB Demonstration of proper finger positions for aiming and firing.
- KEB Control TASER CEW adequately when commanded "Arm - Spark - Safe" at random.
- KEB Demonstrate the ability to load and unload the TASER CEW under stress.
- KEB Hit targets from various distances and place both probes in the preferred target zones
- KEB Utilize the ARC switch to re-energize deployed probes and to give a warning arc (X2 only)

I hereby certify that the above named applicant has passed the appropriate TASER Certification Test with a minimum score of 80% and has met the above criteria for sufficient knowledge and skills in the use of the TASER CEW system checked above and is hereby certified as a user of this system.

Attested by Certifying Instructor: Sgt. M. Kandel / Sgt. K. Brown
(Print Name)

Sgt. K. E. Brown
(Signature)

Date: 05-06-15 Location: Canton Police Training Academy _1430 Cherry Ave SE

Keep this Form for Department Training Records

Northeast Counterdrug Training Center

This is to recognize

ROBERT HUBER

*for successfully completing
the requirements of*

Introduction to Narco-Terrorism

(24 Hours)

Conducted at
Cleveland, Ohio

February 07-09, 2017



Max W. Furman, Jr.
Major, United States Army
Acting Commander, PA Counterdrug Joint Task Force

Anthony J. Gianforti
Lieutenant, United States Army
Commandant, Northeast Counterdrug Training Center

Certificate of Completion

This certifies that

Robert A. Huber

has successfully completed the training
program requirements for

Criminal Patrol Baseline Awareness

Awarded on this 3rd day of February 2017





TASER Training Version 20.2

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: ROBERT A. HUBER Agency: CANTON POLICE DEPT.
Email: ROBERT.HUBER@CANTONMA.POLICE.MA.GOV Phone: [REDACTED]
Address/State/Zip: 221 3RD ST SW CANTON MA 01902

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.

- MK Review current Annual User Recertification Course PowerPoint Presentation(s) & training bulletins (if applicable)
- MK Demonstrate safe handling of CEW to include: proper finger positioning, aiming and deploying at preferred target area and while loading / unloading
- MK Deploy a minimum of 2 live cartridges (for each weapon certification), placing both probes in preferred target zones
- MK Perform a proper warning ARC
- MK (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: MARCO KAVAZA [Signature]
(Print Name) (Signature)

Date: 04-23-18 Location of Training: 1430 CHEROKEE AVE SE CANTON OH.

**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.

Special

Office of

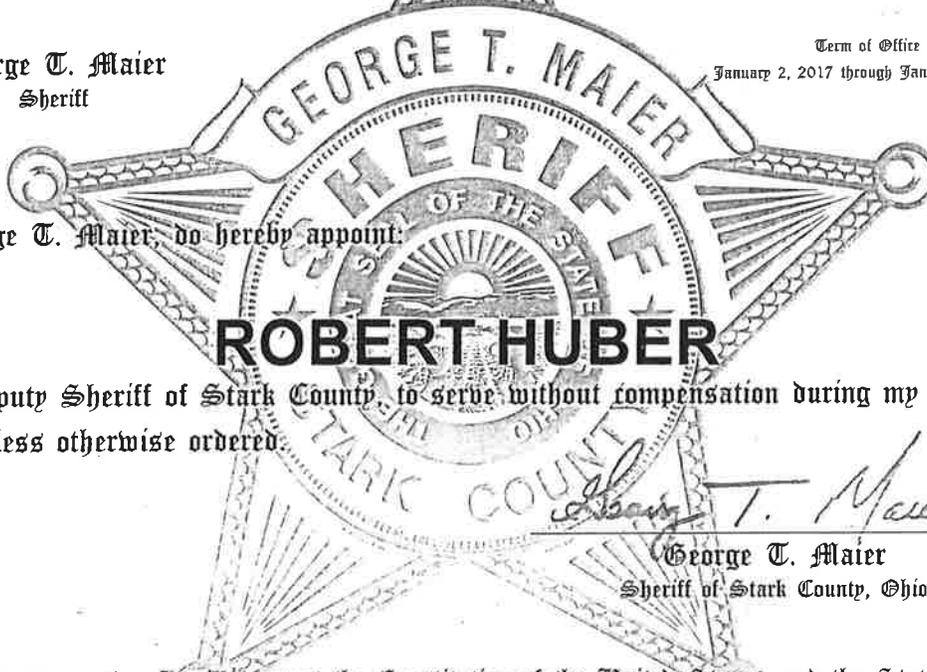
Special

Sheriff

Stark County, ss
State of Ohio

George T. Maier
Sheriff

Term of Office
January 2, 2017 through January 3, 2021



I, George T. Maier, do hereby appoint:

ROBERT HUBER

as a Deputy Sheriff of Stark County, to serve without compensation during my term of office unless otherwise ordered.

George T. Maier

George T. Maier
Sheriff of Stark County, Ohio

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

Robert Huber #196

Name

"This officer shall not be authorized to carry any firearms unless (s) he has successfully completed the guidelines as defined in Section 109.601(A)(1)(2) of the Ohio Revised Code!"

Canton Police Department

Address

Canton, Ohio 44702

City

State

Zip Code

Sworn to before me by the said Robert Huber

and by him subscribed in my presence, this 24

day of January 20 17

[Signature]

Notary Exp Jan 2, 2019

Title

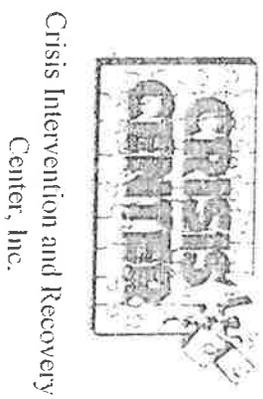
This "Special Deputy" Commission is valid only while working authorized Stark County OVI Task Force Sobriety Checkpoints & Saturation Patrols in Stark County.

This is to Certify that
Robert A. Huber
CANTON POLICE DEPARTMENT

Has Successfully Completed a 40-Hour Crisis Intervention Course of Instruction In
Dealing with Mental Illness

May 20, 2016

Carole Vesely, MA, LSW
Carole Vesely, MA, LSW, Training Coordinator
Crisis Intervention and Recovery Center, Inc.



Mental Health First Aid USA



OPOTA PCPT #16-047

MENTAL
HEALTH
FIRST AID

Certificate

Robert Huber

has completed the 8-hour course and is now certified in

Mental Health First Aid USA

And has been trained to provide initial help to people experiencing mental health problems such as depression, anxiety disorders, psychosis and substance use disorders.

This certification became effective on: **May 25, 2016**
Date

This certification expires on: **May 25, 2019**
Date

Michele Boone, PCC-S, CDCA

Instructor

Jeannie Cool, PCC-S

Instructor



**NATIONAL COUNCIL
FOR BEHAVIORAL HEALTH**
MENTAL HEALTH FIRST AID

Mental Health First Aid USA is coordinated by the National Council for Community Behavioral Healthcare, the Maryland Department of Health and Mental Hygiene, and the Missouri Department of Mental Health.





This is to certify that

Robert Huber

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

Use of Force, Liability and Standards

Completed on: 6/6/2016 9:53:10 PM



eOPOTA

CANTON POLICE DEPARTMENT CERTIFICATE OF TRAINING 2016 In-Service



Presented to: Robert Huber

- 1.5 hours: Human Trafficking, Presenter: Det. J. Mongold
- 2.0 hours: Constitutional Policing / Constitutional Use of Force, OPOTA PCPT 16-234, Presenters: Prosecutor M. Day, Lt. G. Boudreaux, Sgt. M. Kandel
- 4.0 hours: Community Police Relations (Implicit Bias / Procedural Justice) OPOTA PCPT 16-234, Presenters: Lt. G. Boudreaux, Sgt. M. Kandel
- 4.0 hours: Taser Certification, Presenters: Sgt. K. Brown, Sgt. M. Kandel, Trainer E. Stanbro
- 2.5 hours: Body Camera – Legal Considerations / Legal Update, Presenters: Atty. K. Alyward, Atty. J. Fitzsimmons, Atty. K. LHommedieu
- .5 hours: K-9 Refresher, Presenter: K-9 Trainer E. Stanbro
- 1.0 hours: Critical Injury First-Aid / NARCAN REFRESHER, Presenter: Sgt. M. Kandel
- 8.0 hours: Mental Health First-Aid OPOTA PCPT 16-047, Presenters: M. Boone, J. Cool
- 3.0 hours: Subject Control / Baton, Presenter: Presenters: Sgt. M. Kandel, Det. D. Fitzgerald
- 2.5 hours: High Risk Stops, Presenters: Sgt. M. Kandel, Trainer D. Miller
- 2.0 hours: Priorities Bureau, U.K. Use of Force, Presenter: Lt. J. Gabbard
- 3.5 hours: Report Writing – Legal Considerations, Presenters: Det. D. Fitzgerald, Prosecutor M. Day
- 5.5 hours: Firearms Qualifications, Presenters: Lt. G. Boudreaux, M. Kandel

Dates of Attendance: May 2 - 3, 2016, May 5 - 6, 2016, May 25, 2016



Confirmed as Attending by: Lt. Greg Boudreaux, Training Commander
Canton Police Department



This is to certify that

Robert Huber

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

Automobile Searches

Completed on: 4/4/2016 1:33:25 PM



60P01A



This is to certify that

Robert Huber

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

Consent to Search Part 1

Completed on: 4/4/2016 1:32:22 PM



This is to certify that

Robert Huber

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

Consent to Search Part 2

Completed on: 4/4/2016 1:53:29 PM



00P01A



This is to certify that

Robert Huber

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

Trooper Coates Killer Interview

Completed on: 4/3/2016 9:27:57 PM





This is to certify that

Robert Huber

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

Terrorism Awareness

Completed on: 4/3/2016 8:45:57 PM



agPOTA



This is to certify that

Robert Huber

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

Automobile Inventory

Completed on: 4/3/2016 8:53:22 PM



OPOTA



This is to certify that

Robert Huber

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

Human Trafficking 2016 Update

Completed on: 5/29/2016 2:19:06 PM



eOPOTA



This is to certify that

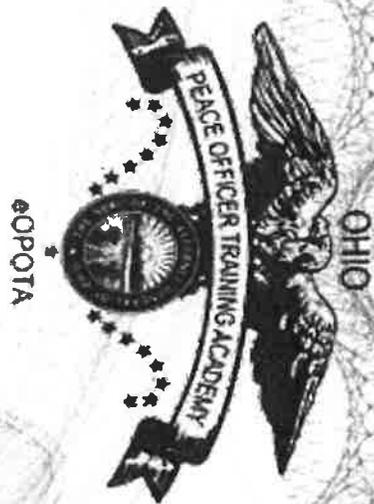
Robert Huber

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

Crisis Conflict Management

Completed on: 11/29/2016 9:33:13 PM





This is to certify that

Robert Huber

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

Companion Animal Encounters

Completed on: 3/8/2017 11:42:01 PM



This is to certify that

Robert Huber

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

Missing Persons

Completed on: 3/9/2017 12:03:25 AM





This is to certify that

Robert Huber

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

Awareness of Cultural Diversity

Completed on: 5/29/2016 11:50:37 PM



80P01A



This is to certify that

Robert Huber

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

Human Trafficking 2016 Update

Completed on: 5/29/2016 2:19:06 PM



QOPOTA



U.S. DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
TRAINING SCHOOL



THIS IS TO CERTIFY

ROBERT HUBER

ATTENDED AND SUCCESSFULLY COMPLETED

BASIC BREACHING COURSE
CAMP PERRY, OHIO
MAY 26, 2016 (8 HOURS)
CLEVELAND FBI

AND IS AWARDED THIS CERTIFICATE AS EVIDENCE OF
SATISFACTORY COMPLETION OF THE COURSE OF TRAINING

Stephen D. Anthony

STEPHEN D. ANTHONY
SPECIAL AGENT IN CHARGE
CLEVELAND FBI

MAY 26, 2016



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: Paramedic Name: Roberts Hunter

Agency: CANTON POLICE DEPT. Email: ROBERTS.HUNTER@CANTONPOLICE.COM

Phone: [REDACTED]

Address/State/Zip: 221 7th St SW
CANTON OH 44702

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)

- ES Review entire Version 20 End-Use Certification Course PowerPoint Presentation(s)
- ES Demonstrate safe handling of CEW and cartridges and proper finger positions for safe handling, aiming, and firing.
- ES Safely control TASER CEW adequately when commanded "Arm - Spark - Safe" at random.
- ES Demonstrate the ability to safely load and unload the TASER CEW under stress.
- ES Remove and reinstall battery in TASER CEW correctly.
- ES Deploy a minimum of 2 live cartridges, placing both probes in preferred target zones.
- ES (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: ERIC STANISKO [Signature]
(Print Name) (Signature)

Date: 05-03-16 Location of Training: TRAINING ACADEMY

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



This is to certify that

Robert Huber

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

Miranda Rights Part 2

Completed on: 6/5/2016 8:18:48 PM





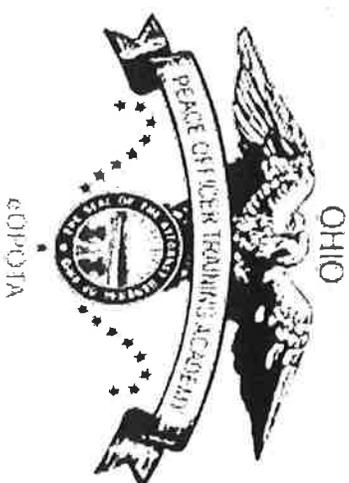
This is to certify that

Robert Huber

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

Miranda Rights Part 1

Completed on: 6/5/2016 8:09:33 PM





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

This is to certify that

Robert A. Huber

has successfully completed the advanced training course

55-485-15-02: Field Training Officer (FTO) Program (Ohio Model)

at the Ohio Peace Officer Training Academy given

September 28 - October 1, 2015



Mike DeWine
Attorney General



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



Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission



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

This is to certify that

Robert A. Huber

has successfully completed the advanced training course

53-687-15-01: Testifying in Court Boot Camp

at the Ohio Peace Officer Training Academy given

February 18 - 19, 2015



Mike DeWine
Attorney General



Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission



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



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

This is to certify that

Robert A. Huber

has successfully completed the advanced training course

03-415-15-01: Traffic Collision Investigation (Level I)

at the Ohio Peace Officer Training Academy given

March 2 - 13, 2015



Mike DeWine
Attorney General



Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission



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



This is to certify that

ROBERT HUBER

has successfully completed the Ohio LEADS testing on

June 17, 2015

by completing the following exam:

FQO w/CCH

This certificate is good through

June 17, 2017

June 17, 2017



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) HUBER	(First) ROBERT	(Middle) ALLEN	2. Social Security Number [REDACTED]
3. Alias (Last)		(First)	(Middle)		
4. Birth date (mm/dd/yyyy) 02/20/1984	5. Email Address			6. Phone Number [REDACTED]	
7. Home Mailing Address (#/Street/PO Box) [REDACTED]		(City) WOOSTER	(State) OH	(Zip Code) 44691	(County Name) WAYNE
8. Basic Training Academy (Only complete if this is the officer's first appointment or OSP)		(Academy Name)	(Academy Number)	(Dates of Training)	

AGENCY INFORMATION		9. Agency Name CANTON POLICE DEPARTMENT			
10. Agency Email Address			11. Agency Phone Number 330 - 438-4512		
12. Agency Mailing Address (#/Street/PO Box) 221 - 3RD ST., S.W.		(City) CANTON	(Zip Code) 44702	(County Name) STARK	

APPOINTMENT INFORMATION <i>(Complete Date, Status and ORC)</i>		13. New Appointment Date 04 / 19 / 2013	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 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 	18. Name and Title Warren Price, Service Director	19. Date 05 / 06 / 2013	
NOTARY			
Sworn to and subscribed before me this <u>6TH</u> day of <u>MAY</u> , 20 <u>13</u> in the county of <u>STARK</u> , Ohio.			
		My commission expires <u>11-01-2016</u>	
Signature of Notary		Seal Here	
		Kathryn J. Wise Notary Public, State of Ohio My Commission Expires 11-01-2016	

Officer Name (Last) (First) (Middle) Social Security Number
 HUBER ROBERT ALLEN [REDACTED]

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.

x Robert Huber
 Signature of Appointee
[Signature]
 Signature of Appointing Authority

Warren Price
 Name of Appointing Authority (Typed or Printed Legibly)
Service Director / SAFETY DIR.
 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): SMITHVILLE POLICE - STARK COUNTY	22. From(mm/dd/yyyy): 09 / 01 / 2011	To(mm/dd/yyyy): 01 / 01 / 2012
23. Appointment Status (Check Appropriate Box) <input type="checkbox"/> Full-Time <input checked="" 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): WAYNE COUNTY SHERIFF'A OFFICE - WAYNE CO.	25. From(mm/dd/yyyy): 01 / 01 / 12	To(mm/dd/yyyy): 04 / 16 / 13
26. Appointment Status (Check Appropriate Box) <input checked="" type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Auxiliary <input type="checkbox"/> Reserve <input type="checkbox"/> Special <input type="checkbox"/> Seasonal		

27. Appointed By (Agency Name and County):	28. From(mm/dd/yyyy): / /	To(mm/dd/yyyy): / /
29. Appointment Status (Check Appropriate Box) <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Auxiliary <input type="checkbox"/> Reserve <input type="checkbox"/> Special <input type="checkbox"/> Seasonal		

30. Appointed By (Agency Name and County):	31. From(mm/dd/yyyy): / /	To(mm/dd/yyyy): / /
32. Appointment Status (Check Appropriate Box) <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Auxiliary <input type="checkbox"/> Reserve <input type="checkbox"/> Special <input type="checkbox"/> Seasonal		

33. Appointed By (Agency Name and County):	34. From(mm/dd/yyyy): / /	To(mm/dd/yyyy): / /
35. Appointment Status (Check Appropriate Box) <input 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		

CERTIFICATE OF COMPLETION

This certificate is presented to:

ROBERT HUBER

POLICE & MINORITY RELATIONS COURSE

MAY 21, 2019



Derek M. Siegle

Derek M. Siegle, Executive Director
Ohio HIDTA

CERTIFICATE OF COMPLETION

This certificate is presented to:

ROBERT HUBER

ADVANCED SEARCH & SEIZURE COURSE

MAY 20, 2019



Derek M. Siegle

Derek M. Siegle, Executive Director
Ohio HIDTA

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: ROBERT A. HUBER Agency: CANTON PD
Email: ROBERT.HUBER@CANTONMA.POLICE.GOV Phone: [REDACTED]
Address/State/Zip: [REDACTED] MASSACHUSETTS 01946

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) Robert A. Huber #196

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: MICHAEL BRASWELL Michael Braswell
(Print Name) (Signature)

Date: 11-14-19 Location of Training: 430 WALNUT AVE NE

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

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This is to certify that

Robert Huber

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

Use of Force, Liability and Standards

Completed on: 6/6/2016 9:53:10 PM



eoPOTA



This is to certify that

Robert Huber

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

Use of Force, Liability and Standards

Completed on: 6/6/2016 9:53:10 PM



OHIO ATTORNEY GENERAL
RECOGNITION OF COMPLETION
AWARD

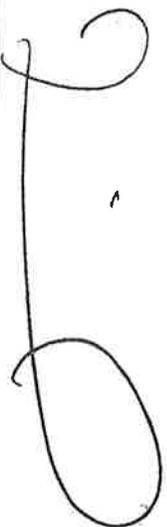
This certificate of completion is awarded to

robert huber

For successfully completing the Webcast course

OHLEG Security Training

Issued on
July 08, 2018
Expires in 2 years



TOM STICKRATH, BCI SUPERINTENDENT

* No CPT Hours
a321dabb277be924c520c99a025656e7c73c9aad





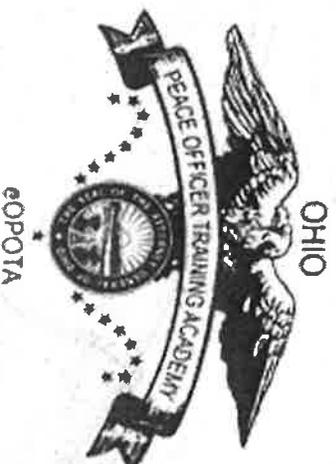
This is to certify that

Robert Huber

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

Domestic Violence Legal Updates

Completed on: May 29, 2020



**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: ROBERT HURSEL Agency: CANTON PD
 Email: ROBERT.HURSEL@CANTON.PD.MA.GOV Phone: (330) 649-5800
 Address/State/Zip: CANTON PD TRAINING CENTER

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) Pr R Hursel #196

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 [Signature]
 (Print Name) (Signature)

Date: 11/17/2020 Location of Training: CANTON PD

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

PowerPoint is a trademark of Microsoft Corporation.

Overdose Response, Easy Street Draw, E-Citations/TAC,CPR/FirstAid, Firearms, Narcan Re-cert,
Legal Updates (Lethality), Blue Courage, Application of Force, Trauma Informed Policing



Certificate of Completion is hereby granted to:
Robert Huber

In recognition of successful completion training conducted at the Canton, Ohio Police Department

2017


Instructor Mark J Kandel
Canton Police Training


Instructor / Confirmed as attending by Lt. G. Boudreaux,
Training Bureau Commander, Canton, Ohio Police Department

CANTON POLICE DEPARTMENT CERTIFICATE OF TRAINING 2018 Department In-Service



Presented to: Robert Huber

4.0 hours Taser Certification, Taser Scenarios, Presenters: Training Staff
1.0 hours Use of Force Review and Test (Scenario), Presenter: Training Staff
3.0 hours Policy Review: 446 – Body Camera, 340 – Conduct, 391 – Community Relations,
424 – Rapid Response, 388 – Off-Duty LE Actions, Presenters: Training Staff
4.0 hours: Legal Update – Marcy’s Law, DV Collaborative, Presenters: Stark County
Prosecutors Office, Canton Municipal Prosecutors Office
8.0 hours: Admin: TAC, New World, Time Books, Accident Reports, Presenters: Various
4.0 hours: Controlled Force, MACH: Team Arrests, Presenter: Sgt. Miller, Trainer Fitzgerald
8.0 hours: Crisis Intervention Training (Re-Fresher), Presenter: Carole Vesley
8.0 hours: Firearms (Handgun / Shotgun), Shooting Drills: Presenter: Training Staff

Dates of Attendance: April 23 - 27, 2018


A handwritten signature in cursive script, which appears to read "Lt. G. Boudreaux". The signature is written in black ink and is positioned above a horizontal line.

Confirmed as Attending by: Lt. Greg Boudreaux, Training Commander
Canton Police Department

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



Presented to: Robert Huber

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

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

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

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



**Presented to:
ROBERT HUBER**

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 "Lt. Lester Marino". The signature is fluid and cursive, written over a horizontal line.

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



This is to certify that

Robert Huber

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

Restraint or Confinement of a Pregnant Suspect

Completed on: April 09, 2021



This is to certify that

ROBERT HUBER

has successfully completed the Ohio LEADS testing on

July 3, 2021

by completing the following exam:

FQO w/CCH

This certificate is good through

July 3, 2023

U.S. Department of Justice



Bureau of Alcohol, Tobacco, Firearms and Explosives

This

CERTIFICATE OF COMPLETION

Is presented to

Robert A. Huber and Canine “Conan”

The aforementioned explosives detection canine team has successfully passed

NATIONAL ODOR RECOGNITION TESTING

*conducted by the Bureau of Alcohol, Tobacco, Firearms and Explosives’ (ATF)
National Canine Division.*

July 15, 2021

Jeffrey R. Powell
Chief, National Canine Division

Successful completion of NORT validates basic explosives odor recognition proficiency, which is one component of overall operational readiness. This canine team was not evaluated in operational environments for deployment.

**Canton Police Department
Bloodborne Pathogens Quiz**

Name ROBERT HUBER

Date 05/06/13

Instructor: Medic Nicholas L. Abramson

1. C If you are exposed to potentially infectious materials on the job, you may request a vaccine for which Bloodborne disease?

- A. HIV
- B. Syphilis
- C. Hepatitis B
- D. Brucellosis

2. D Which of the following materials could contain Bloodborne pathogens?

- A. Bloody saliva
 - B. Semen
 - C. Vaginal secretions
 - D. All of the above
-

3. F If you wear gloves when handling a person who is bleeding, it is not necessary to wash your hands afterwards.

- True
- False

4. E Bloodborne pathogens may enter your system through:

- A. Open cuts
- B. Skin abrasions
- C. Dermatitis
- D. Mucous membranes
- E. All of the above

5. T You should always treat all body fluids as if they are infectious and avoid direct skin contact with them.

- True
- False

19. Everyone who is infected with HBV will have symptoms.
True
False
20. Universal Precautions requires that you consider every person, all blood and most body fluids to be potentially infectious.
True
False
21. You can only get HBV and HIV through sexual contact or by sharing needles.
True
False
24. Blood, vomit or urine may contain bloodborne pathogens.
True
False
25. Hepatitis B is never life threatening.
True
False
26. There are only three bloodborne pathogens: HBV, HCV, and HIV
False
True
27. Other potentially infectious materials (OPIMs) include:
A. Saliva in dental procedures
B. Human cell and tissue cultures
C. Vaginal secretions
 D. All of the above
28. HBV may enter the body through:
A. Skin abrasions
B. Open cuts
C. Mucus membranes
 D. All of the above
30. HIV can enter the body only through broken skin
A. True B. False
31. HBV cannot be contracted by a splash with blood or other potentially infectious materials to the eyes and nose.
A. True B. False
39. The Bloodborne Pathogens Exposure Control Plan and officer is required by the Environmental Protection Agency.
 A. True B. False



**Canton Police Department
First Aid Final Exam
Instructor: Medic Nicholas L. Abramson**

Name ROBERT HUIZER

Date 05/06/13

5. What can you do to help if an officer is in shock?

- a) Give the victim some water
- b) Elevate the officer's legs/feet
- c) Cover the victim with a blanket to control body temperature
- d) Both b and c

7. Implied consent is obtained when a victim actively gives permission to treat.

- A. True B. False

11. The best way to protect yourself from possible liability when helping others is to always act on behalf of the victim.

- A. True B. False

12. Good Samaritan laws protect helpful citizens even if they make reasonable mistakes.

- A. True B. False

14. When a victim cannot express his wishes, there is an assumption that he would ask for help if he could.

- A. True B. False

15. What are some common burn complications?

- a. Infection
- b. dehydration
- c. hypothermia
- d. all of the above

26. Anaphylaxis is a severe full body allergic reaction that causes shortness of breath and shock symptoms

- A. True B. False

32) Which is not a symptom of heart attack?

- a) Chest pain.
- b) Red, hot or dry skin.
- c) Pale or bluish in color.
- d) Profuse sweating.

36) When giving care for uncontrolled external bleeding from one of the officers extremities due to a stabbing or gunshot, what should you do?

- a) Elevate the injury.
- b) Apply direct pressure to a pressure point.
- c) Apply a loose dressing.
- d) Apply a tourniquet.

40) When caring for an officer who has an object impaled in their eye, you should....

- a) Remove the object, flush with cool water, and transport to hospital.
- b) Immobilize the object by placing several dressings around it and securing it.
- c) Break object off where it sticks out, and use quick clot and bandage injury.
- d) None of the above.

41) When caring for an officer with a bloody nose you would not.....

- a) Apply an ice pack to the bridge of the nose.
- b) Apply pressure to upper lip just beneath nose.
- c) Have the victim sit with head tilted slightly backward while pinching the nostrils together.
- d) Have the victim sit with head tilted slightly forward while pinching the nostrils together.

43) Which symptoms would indicate that the officer has internal bleeding?

- a) Rapid weak pulse, Excessive thirst.
- b) Skin that feels cool or moist, or looks pale or bluish.
- c) Tender, swollen, bruised, or hard areas of his body, such as the abdomen.
- d) All of the above.

49) You should suspect that your partner has head and spine injury for....

- a) An incident involving a motor vehicle crash on the high way.
- b) Your partner is found unconscious for unknown reasons.
- c) A fall from the height greater than the officer's height.
- d) All of the above.

51) When caring for an officer who is allergic to bees and has just been stung, you should....

- a) Give them an injection with their Epi-pen.
- b) Apply a heat pack to ease pain.
- c) Apply a cold pack to stung area.
- d) Both a and c

52) Signs of an allergic reaction (anaphylaxis) to a bee sting are....

- a) Feeling of tightness in the chest and throat.
- b) Swelling of the face neck and tongue.
- c) Rash, dizziness, or confusion
- d) All of the above.

54) What symptoms are associated with heat exhaustion....

- a) Cool, moist, pale, or flushed skin.
- b) Rapid weak pulse.
- c) Rapid, shallow breathing.
- d) All of the above.

Huber, Robert

1/11/2022

Agency - Determination Date	Required	Due Date	Completion Date
Smithville Police Department - 09/16/2011	Oath approved/to be certified		
Canton Police Department - 04/26/2013	Update Returned		
Canton Police Department - 05/07/2013	No Training Required		
Wayne County Sheriff's Office - 01/06/2012	No Training Required		
Canton Police Department - 06/02/2015	CPT- Continuing Professional Training	12/31/2014	12/31/2014
Canton Police Department - 06/20/2016	CPT- Continuing Professional Training	12/31/2015	12/31/2015
Canton Police Department - 12/31/2016	CPT- Continuing Professional Training	12/31/2016	12/31/2016
Canton Police Department - 12/31/2017	CPT- Continuing Professional Training	12/31/2017	12/31/2017
Canton Police Department - 06/27/2012	Human Trafficking	12/31/2018	4/17/2017
Canton Police Department - 01/01/2017	Companion Animal Encounters	12/31/2018	4/17/2017

Huber, Robert Allen

1/11/2022

Officer Name	Agency Name	Start Date	Date Source Description	End Date	Date Source Description	Emp. Status
Huber, Robert Allen	Smithville Police Department	9/15/2011	Appointment	1/2/2012	Termination	Part-time
Huber, Robert Allen	Wayne County Sheriff's Office	1/2/2012	Appointment	4/16/2013	Update	Full-time
Huber, Robert Allen	Canton Police Department	4/19/2013	Appointment			Full-time

Date Completed	Course Title
4/4/2016	Automobile Inventory
4/4/2016	Automobile Searches
5/30/2016	Awareness of Cultural Diversity
10/21/2012	Awareness of Human Trafficking
3/9/2017	Companion Animal Encounters
4/4/2016	Consent to Search Part 1
4/4/2016	Consent to Search Part 2
5/18/2012	Criminal Gang Awareness
11/30/2016	Crisis Conflict Management
10/24/2012	DeEscalating Mental Health Crises
5/29/2020	Domestic Violence Legal Updates: Ohio Domestic Violence Laws
5/29/2020	Domestic Violence Legal Updates: Ohio Protection Order Laws
5/29/2020	Domestic Violence Legal Updates: Ohio Stalking Laws
5/19/2012	Ethics and Professionalism
11/20/2016	Evidence Collection and Preservation
5/29/2016	Human Trafficking 2016 Update
5/19/2012	Identity Theft
6/6/2016	Miranda Rights Part 1
6/6/2016	Miranda Rights Part 2
3/9/2017	Missing Persons
10/22/2012	Responding to Human Trafficking
4/10/2021	Restraint or Confinement of a Pregnant Suspect
5/19/2012	Rx Abuse: The Scope of the Problem
4/4/2016	Terrorism Awareness
10/16/2012	The Timothy McVeigh Stop
4/4/2016	Trooper Coates Killer Interview
10/16/2012	Trooper Coates Murder
6/7/2016	Use of Force, Liability and Standards

Huber, Robert Allen

1/11/2022

School Number	Facility Name	From Date	To Date	Exam Date	Certificate Number	Certificate Date	Agency Name
BAS10-080	Kent State University	9/8/2010	12/22/2010	2/16/2011	110925	9/15/2011	Smithville Police Department

Ohio Peace Officer Training Commission

Peace Officer Basic Training Audit Sheet



<p>1. Administration</p> <p>1. Introduction to Basic Training (7/31/03) 1 _____</p> <p>2. Role of the American Peace Officer (4/7/03) 3 _____</p> <p>3. Philo. & Prin. of the American Justice System (4/7/03) 3 _____</p> <p>4. The Crim. Justice System & Struc. of the Amer. Courts (4/7/03) 3 _____</p> <p>5. Ethics & Professionalism (4/7/03) 3 _____</p> <p>6. Community Policing (4/7/03) 4 _____</p> <p>7. Introduction to Report Writing* (4/7/03) 4 _____</p> <p style="text-align: right;"><u>21</u></p> <p>2. Legal</p> <p>1. General Provisions (2/1/06) 2 _____</p> <p>2. Ohio Revised Code (2/1/06)</p> <p style="padding-left: 20px;">A. Homicide, Assault, Menacing (2/1/06) 3 _____</p> <p style="padding-left: 20px;">B. Kidnapping, Extortion (2/1/06) 1 _____</p> <p style="padding-left: 20px;">C. Sexual Assault (2/1/06) 2 _____</p> <p style="padding-left: 20px;">D. Prostitution, Obscenity (2/1/06) 2 _____</p> <p style="padding-left: 20px;">E. Arson & Related Offenses (2/1/06) 2 _____</p> <p style="padding-left: 20px;">F. Robbery, Burglary, Trespass & Related Offenses (2/1/06) 2 _____</p> <p style="padding-left: 20px;">G. Theft, Fraud & Related Offenses (2/1/06) 3 _____</p> <p style="padding-left: 20px;">H. Gambling & Related Offenses (2/1/06) 2 _____</p> <p style="padding-left: 20px;">I. Liquor Control (2/1/06) 1 _____</p> <p style="padding-left: 20px;">J. Drug Offenses (2/1/06) 2 _____</p> <p style="padding-left: 20px;">K. Offenses Against Public Peace (2/1/06) 2 _____</p> <p style="padding-left: 20px;">L. Selected Offenses Against the Family (2/1/06) 1 _____</p> <p style="padding-left: 20px;">M. Offenses Against Justice and Public Administration (2/1/06) 3 _____</p> <p style="padding-left: 20px;">N. Conspiracy, Attempt, Complicity (2/1/06) 1 _____</p> <p style="padding-left: 20px;">O. Weapons (2/1/06) 1 _____</p> <p>3. Laws of Arrest* (2/1/06) 16 _____</p> <p>4. Search & Seizure* (2/1/06) 16 _____</p> <p>5. Legal Aspects of Interview & Interrogation* (2/1/06) 4 _____</p> <p>6. Civil Liability and Use of Force* (2/1/06) 6 _____</p> <p>7. Testifying in Court and Rules of Evidence (2/1/06) 5 _____</p> <p style="text-align: right;"><u>77</u></p> <p>3. Human Relations</p> <p>1. Communicating with the Public & the Media (4/7/03) 2 _____</p> <p>2. Interacting with the Special Needs Population (8/1/06) 16 _____</p> <p>3. Domestic Violence* (4/7/03) 15 _____</p> <p>4. Crisis Intervention* (1/1/06) 6 _____</p> <p>5. Child Abuse & Neglect* (4/7/03) 6 _____</p> <p>6. Missing Children Investigation* (4/7/03) 6 _____</p> <p>7. Juvenile Justice System (4/7/03) 6 _____</p> <p>8. Victims' Rights (4/7/03) 2 _____</p> <p>9. Crime Prevention (4/7/03) 6 _____</p> <p>10. Community Diversity* (11/01/08) 24 _____</p> <p>11. Missing Persons* (11/01/08) 2 _____</p> <p style="text-align: right;"><u>91</u></p> <p>4. Firearms</p> <p>1. Safety Procedures* (4/7/03) N/A _____</p> <p>2. Handgun and Related Equipment* (4/7/03) N/A _____</p> <p>3. Basic Fundamentals of Pistol Craft* (4/7/03) N/A _____</p> <p>4. One Hand Technique* (4/7/03) N/A _____</p> <p>5. Multiple Targets* (4/7/03) N/A _____</p> <p>6. Low-Level Light Conditions* (4/7/03) N/A _____</p> <p>7. Use of Protective Cover* (4/7/03) N/A _____</p> <p>8. Move and Shoot* (4/7/03) N/A _____</p> <p>9. Shotgun Training* (4/7/03) N/A _____</p> <p style="text-align: right;"><u>60</u></p> <p>5. Driving</p> <p>1. Non-Emergency Driving* (11/01/07) 2 _____</p> <p>2. Emergency Driving* (11/01/07) 2 _____</p> <p>3. Pursuit Driving* (11/01/07) 4 _____</p> <p>4. Practical Driving Events* (11/01/07) 16 _____</p> <p style="text-align: right;"><u>24</u></p> <p>6. Subject Control Techniques* (4/7/03) 60 _____</p> <p>7. First Aid* (4/7/03) 12 _____</p>	<p>8. Patrol</p> <p>1. Vehicle Patrol Techniques (4/7/03) 3 _____</p> <p>2. Foot Patrol (4/7/03) 1 _____</p> <p>3. Responding to Crimes in Progress (4/7/03) 2 _____</p> <p>4. Building Searches (4/7/03) 6 _____</p> <p>5. Stops & Approaches* (4/7/03) 20 _____</p> <p>6. Auto Theft & V.I.N. Reconstruction (4/7/03) 2 _____</p> <p>7. Gang Awareness (4/7/03) 4 _____</p> <p>8. Communications (4/7/03)</p> <p style="padding-left: 20px;">A. Radio Procedures (4/7/03) 1 _____</p> <p style="padding-left: 20px;">B. L.E.A.D.S. (4/7/03) 2 _____</p> <p>9. Prisoner Booking & Handling (7/31/03) 4 _____</p> <p>10. Report Writing* (4/7/03) 3 _____</p> <p style="text-align: right;"><u>48</u></p> <p>9. Civil Disorders</p> <p>1. Control of Nonvnt Crowds, Confront. Hostile Crowds (2/1/06) 3 _____</p> <p>2. Riot Formations (2/1/06) 3 _____</p> <p>3. Chemical Agents (2/1/06) 2 _____</p> <p style="text-align: right;"><u>8</u></p> <p>10. Traffic</p> <p>1. Introduction to Traffic (4/7/03) 1 _____</p> <p>2. Motor Vehicle Offenses (4/7/03) 8 _____</p> <p>3. Commercial Vehicle Offenses (4/7/03) 3 _____</p> <p>4. Traffic Crash Investigation (4/7/03) 15 _____</p> <p style="padding-left: 20px;">A. Traffic Crash Planning, Factors, and Events (1/1/06)</p> <p style="padding-left: 20px;">B. Traffic Crash Reporting Procedures (1/1/06)</p> <p style="padding-left: 20px;">C. Interviewing & Fact Gathering (4/7/03)</p> <p style="padding-left: 20px;">D. Diagramming & Template (4/7/03)</p> <p style="padding-left: 20px;">E. Collection of Evidence (4/7/03)</p> <p style="padding-left: 20px;">F. Vehicle Damage (4/7/03)</p> <p>5. Uniform Traffic Ticket (4/7/03) 1 _____</p> <p>6. Speed Enforcement (6/2/03) 5 _____</p> <p>7. Traffic Direction & Control (4/7/03) 1 _____</p> <p>8. Alcohol Detection, Apprehension, and Prosecution (4/7/03) 32 _____</p> <p>9. Exercise for Traffic Investigation (4/7/03) 6 _____</p> <p style="text-align: right;"><u>72</u></p> <p>11. Investigation</p> <p>1. Crime Scene Search (4/7/03) 4 _____</p> <p>2. Evidence Collection Techniques (4/7/03) 16 _____</p> <p>3. Crime Scene Sketching & Detailed Drawing (4/7/03) 4 _____</p> <p>4. Police Photography (4/7/03) 3 _____</p> <p>5. Tracing Stolen Property (4/7/03) 1 _____</p> <p>6. Arson Scene Investigation (4/7/03) 1 _____</p> <p>7. Controlled Substance & Drug Awareness (4/7/03) 2 _____</p> <p>8. Ohio Drug Laws (4/7/03) 2 _____</p> <p>9. Confidential Informants (4/7/03) 2 _____</p> <p>10. Observation, Perception, and Description (4/7/03) 2 _____</p> <p>11. Line-ups (4/7/03) 2 _____</p> <p>12. Gambling & Prostitution (4/7/03) 2 _____</p> <p>13. Liquor Control & Enforcement (4/7/03) 2 _____</p> <p>14. Surveillance (4/7/03) 2 _____</p> <p>15. Interview & Interrogation Techniques* (4/7/03) 4 _____</p> <p>16. Search Warrants* (2/1/04) 2 _____</p> <p>17. Investigative Report Writing* (4/7/03) 3 _____</p> <p>18. Meth & Clandestine Labs-Officer Safety and Awareness (11/1/07) 4 _____</p> <p style="text-align: right;"><u>58</u></p> <p>12. Physical Conditioning (1/13/09) 30 _____</p> <p>13. Homeland Security</p> <p>1. HAZMAT and WMD Awareness for the First Responder* (2/1/06) 8 _____</p> <p>2. Bombs and Explosives (2/1/06) 2 _____</p> <p>3. Terrorism Awareness (8/1/06) 5 _____</p> <p>4. Incident Command System (2/1/06) 2 _____</p> <p>5. National Incident Management System (NIMS) (1/1/09) 4 _____</p> <p style="text-align: right;"><u>21</u></p> <p style="text-align: right;">Total Hours 582 _____</p>
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* Denotes mandatory attendance

Effective 11/01/08

Huber, Robert

1/11/2022

Course	Title	From Date	To Date
03-415-15-01	Traffic Collision Investigation (Level I)	3/2/2015	3/13/2015
44-002-15-21	Judgmental Firearms Simulator	7/21/2015	7/23/2015
44-004-12-01	Judgmental Firearms Simulator	12/11/2012	12/14/2012
51-509-13-03	Computer Crime First Responder - 4 Hour	2/13/2013	2/13/2013
53-687-15-01	Testifying in Court	2/18/2015	2/19/2015
55-485-15-02	Field Training Officer (FTO) Program (Ohio Model)	9/28/2015	10/1/2015
55-507-15-03	ARIDE (Advanced Roadside Impaired Driving Enforcement)	6/29/2015	6/30/2015
66-002-15-21	Judgmental Driving Simulator	7/21/2015	7/23/2015

Huber, Robert Allen

1/11/2022

Exam Number	Exam Date	Certificate #	Certificate Date	Canine Unit Name	Canine Certificate Description	Canine Specialty Description	Renewal Date
K20-257	8/19/2020	111929	8/19/2020	Conan	Patrol Related	Criminal Apprehension, Canine Control and Canine Searches	8/19/2021
K20-258	8/19/2020	111936	8/19/2020	Conan	Special Purpose	Tracking, Article Search and Explosives	8/19/2021
K21-115	7/21/2021	113318	7/21/2021	Conan	Patrol Related	Criminal Apprehension, Canine Control and Canine Searches	8/19/2022
K21-116	7/21/2021	113326	7/21/2021	Conan	Special Purpose	Tracking, Article Search and Explosives	8/19/2022

Records from the Office of Professional Standards

OPS Number	Employee	Date	Allegation	Disposition
IA2018-08	Huber	5/16/2018	Processing Property and Evidence	Unfounded/No Action Taken
2019-0000150	Huber	4/30/2019	General Orders and Duties: Vehicle Inspections	Letter of Training
2019-0000312	Huber	10/31/2019	Vehicle Pursuits	Verbal Counseling
2020-0000243	Huber	9/24/2020	Reporting for Duty	Written Counseling
2021-0000091	Huber	5/1/2021	Operating Vehicles	Written Counseling
2021-0000293	Huber	12/18/2021	Use of Force	In Policy/No Action Taken



**CANTON POLICE
DEPARTMENT**

221 3RD ST. S.W. P.O. BOX 24218
CANTON, OHIO 44701
Phone: 330-438-4444 FAX: 330-489-3264

CHIEF BRUCE LAWVER



Office Of Internal Affairs

3rd Floor, Canton City Hall
Office Phone (330) 489-3377
Fax (330) 458-4048

November 9, 2017

Ref: I.A. Case 2017-11

Ptl. Robert Huber,

This letter is to inform you that the investigation of IA Case 2017-11 has been completed. The final determination of the administrative investigation by Internal Affairs to determine if you were in compliance with Canton Police Lexipol Policy #300.4 (Deadly Force Applications) on July 12, 2017 in regards to the shooting at 724 12th St NW is:

Exonerated

If you would like to see the entire investigation please contact the Office of Internal Affairs during normal business hours.

Sincerely,

Sgt.  #32

Sgt. D. Zartman #32
Canton Police Department
Office of Internal Affairs
330-438-4531