



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



2025-3711

Officer Involved Critical Incident - 1363 State Route 534
NW, Braceville Township, OH 44470, Trumbull County

Investigative Activity: Review of [REDACTED] Personnel and Training File
Involves: [REDACTED] (S)
Activity Date: 12/10/2025
Activity Location: BCI Boardman - 760 Boardman-Canfield Road, Boardman,
OH 44512
Authoring Agent: SA Joseph Lamping #184

Narrative:

On Monday, December 01, 2025, Ohio Bureau of Criminal Investigation (BCI) Special Agent (SA) Joe Lamping (SA Lamping) received training records from Trumbull County Sheriff's Office (TCSO) Major Douglas Bobovnyik for [REDACTED]. SA Lamping reviewed the training records and noted the following:

Range Qualifications Records

TCSO records indicate that [REDACTED] participated in firearms qualifications on August 11, 2025, for his Springfield Echelon pistol (serial number [REDACTED]) and on August 15, 2025, for a SD-556 (serial number is not fully legible on the qualification form). Both qualifications were completed successfully.

Personnel File

[REDACTED]'s personnel file contained a large amount of employer documents dealing with the application process, health care, equipment issuance, etc. No disciplinary records were in the file. Several letters of commendation for investigations that [REDACTED] was involved in from the Trumbull County Prosecutors Office were noted in his personnel file.

SA Lamping located a series of records from Myrtle Beach, South Carolina. The records are related to the arrest of [REDACTED] on [REDACTED]. A review of the reports indicates that [REDACTED] was arrested after allegedly assaulting the driver of a vehicle that struck his wife. The snippet below was taken from the Myrtle Beach Police report:

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UPON ARRIVAL THE I/O OBSERVED A FEMALE ON THE GROUND BEHIND THE VICTIMS VEHICLE WHO STATED SHE WAS INJURED. THE I/O REQUESTED EMS AND PROCEED TO MAKE CONTACT WITH THE VICTIM (OPERATOR OF THE VEHICLE). THE VICTIM WAS LYING BESIDE THE DRIVERS DOOR ON THE GROUND AND APPEARED TO BE SEMI-CONSCIOUS. AFTER GAINING SOME COMPOSURE THE VICTIM STATED HE WAS BACKING HIS VEHICLE UP TO GET A PARKING SPACE WHEN THE FEMALE RAN TOWARDS THE ROAD. THE VICTIM STEPPED OUT TO CHECK ON THE FEMALE AND WAS ASSAULTED BY THE OFFENDER. THE I/O LOCATED THE OFFENDER WHO STATED HIS WIFE WAS STRUCK BY THE VEHICLE. THE OFFENDER STATED THE OFFENDER BACKED UP INTO HIS WIFE ON PURPOSE AND THEN EXITED HIS VEHICLE IN AN ATTEMPT TO ASSAULT THE OFFENDER.

THE I/O REVIEWED VIDEO SURVEILLANCE FROM THE BUDGET INN WHICH HAS A CAMERA MOUNTED ON THEIR BUILDING POINTING TO THE EXACT LOCATION WHERE THE TRAFFIC ACCIDENT OCCURRED. UPON REVIEW OF THE FOOTAGE, THE I/O COULD CLEARLY SEE THE OFFENDER AND HIS FAMILY EXIT THE EAST SIDE OF THE BAYVIEW PARKING GARAGE HEADING EAST TOWARDS FLAGG ST. THE VICTIMS VEHICLE CAN BE SEEN HEADING SOUTH BOUND ON FLAGG ST, PASSING THE OFFENDER AND HIS FAMILY WHO ARE STILL UP ON THE SIDEWALK. THERE DID NOT APPEAR TO BE ANY PRIOR CONFRONTATION OR CONTACT BETWEEN THE VICTIM AND THE OFFENDER OR HIS FAMILY AS THE VICTIM PASSED. AS THE OFFENDER AND HIS FAMILY ENTER THE ROADWAY TO CROSS THE STREET, THE VICTIMS CAR SUDDENLY APPEARS AGAIN TRAVELING IN REVERSE NORTH BOUND AND STRIKES THE OFFENDERS WIFE AND COMES TO A SUDDEN STOP. THE OFFENDER AND HIS FAMILY DID NOT AT ANYTIME APPEAR TO BE RUNNING OUT INTO THE STREET AS STATED BY THE VICTIM.

AT THIS TIME THE FOOTAGE SHOWS THE OFFENDER REACT TO HIS WIFE BEING STRUCK BY KICKING THE PASSENGER SIDE OF THE VEHICLE SEVERAL TIMES. THE VICTIM EXITS HIS VEHICLE BUT DOES NOT APPEAR TO BE ACTING DISORDERLY. THE OFFENDERS SON BEGINS TO PULL ON THE VICTIM AT WHICH TIME THE OFFENDER RUNS AROUND TO THE DRIVERS SIDE OF THE VEHICLE AND BEGINS TO PUNCH THE VICTIM IN THE HEAD AND FACE NUMEROUS TIMES. THE VICTIM FALLS TO THE GROUND AND THE OFFENDER CONTINUES TO ASSAULT THE VICTIM.

THE I/O DID OBSERVE SEVERAL BUMPS AND BRUISES ON THE VICTIMS FACE AND HEAD. PHOTOS OF THE VICTIMS INJURIES WERE OBTAINED BY THE I/O AND PLACED INTO THE RECORDINGS FILE FOLDER. CRIME SCENE OFFICER MATTESON RESPONDED TO THE SCENE AND OBTAINED A COPY OF THE SURVEILLANCE FOOTAGE FROM THE BUDGET INN. A WRITTEN STATEMENT WAS OBTAINED FROM THE VICTIM AND PLACED INTO THE RECORDS

The report indicated that [REDACTED] was arrested for, "assault third degree." No related TCSO discipline for this incident was observed in [REDACTED]'s personnel file.

Ohio Peace Officer Training Academy/Commission Records

In addition to the records received from the TCSO, SA Lamping also obtained the Ohio Peace Officer Training Commission (OPOTC) and Ohio Peace Officer Training Academy (OPOTA) records pertaining to [REDACTED].

Basic Training

[REDACTED] attended the Kent State University Police Academy from [REDACTED] [REDACTED] successfully completed his OPOTA exam on [REDACTED]

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Advanced Training

██████████ has attended an assortment of advanced training. A complete list of the trainings is provided in the attached files. However, only the trainings deemed most pertinent to this investigation are listed below:

- Critical Thinking in Use of Force Situation – October 2025
- BCI lethal Use of Force and OIS Investigations – October 2025
- Use of Force – 2025 – September 2025
- Active Shooter Response (Patrol) – June 2025
- Use of Deadly Force and Legal Guidelines – November 2024
- Responding to Mental Health Issues – October 2024
- Crisis Mitigation an Ohio Model – September 2024
- Effective Communications and Safe Interactions with Persons in Crisis – December 2023
- BCI Lethal Use of Force and OIS Investigations – October 2023
- BCI Lethal Use of Force and OIS Investigations – September 2022
- Judgmental Firearms Simulator – September 2015
- Judgmental Firearms Simulator – September 2014
- De-escalating Mental Health Crises – June 2011

Employment History

██████████ has been employed with the Trumbull County Sheriff's Office in various statuses since ██████████. The list below reflects his status with TCSO at various times:

- Special Deputy – ██████████
- Reserve Deputy – ██████████
- Full-time Deputy – ██████████

██████████ also held a reserve commission with the Mahoning County Sheriff's Office from ██████████. He resigned in good standing from the agency.

Current Peace Officer Status

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

The training documents received from the TCSO and OPOTA/OPOTC were attached to this report. Please refer to the attachments for further details.

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References:

None

Attachments:

1. Firearms Qualifications - [REDACTED]
2. Personnel File - [REDACTED]
3. Training Records - [REDACTED]
4. OPOTA Records - [REDACTED]

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OHIO PEACE OFFICER TRAINING ACADEMY
RANGE PROFICIENCY RECORD: SEMI AUTO PISTOL

NAME: [REDACTED] AGENCY: TLSU

WEAPON MAKE: Springfield MODEL: 2 Chelon SERIAL # [REDACTED]

HITS IN THE PREFERRED AREA (PA) COUNT AS A PLUS ONE (+1)

HITS IN THE NON-PREFERRED AREA (NPA), BUT INSIDE OF THE TARGET OUTLINE ARE A ZERO (0)

ROUNDS NOT FIRED (NF) ARE ZERO (0)

HITS OUTSIDE OF THE TARGET OUTLINE (MISS), OFF OF THE TARGET (MISS), OR FIRED OVER THE TIME LIMIT (OT) ARE A MINUS 1 (-1), EXTRA ROUNDS FIRED (ERF) ARE MINUS 1 (-1).

STAGE 1 PA: _____ NPA: _____ NF: _____ MISS: _____ OT: _____ ERF: _____

STAGE 2 2 HITS IN THE PREFERRED AREA, ONE HIT IN THE HEAD OR HIP

PA: _____ NPA: _____ NF: _____ MISS: _____ OT: _____ ERF: _____

STAGE 3A PA: _____ NPA: _____ NF: _____ MISS: _____ OT: _____ ERF: _____

STAGE 3B PA: _____ NPA: _____ NF: _____ MISS: _____ OT: _____ ERF: _____

STAGE 4 PA: _____ NPA: _____ NF: _____ MISS: _____ OT: _____ ERF: _____

STAGE 5 PA: _____ NPA: _____ NF: _____ MISS: _____ OT: _____ ERF: _____

STAGE 6 PA: _____ NPA: _____ NF: _____ MISS: _____ OT: _____ ERF: _____

SUB TOTALS: _____ MISS: _____ OT: _____ ERF: _____

TOTAL: 25 (PASSING IS A MINIMUM OF 20)

DATE TESTED: 8-11-25 PASSED: X FAILED: _____

TESTED BY: [Signature] REQ#: 09950 EXP: 2/27

Revised 26/September/2011

OPOTC STANDARD POLICE RIFLE/CARBINE QUALIFICATION COURSE

Individual Qualification Record

AGENCY: TCSO	RNDS	MISS (-1)	MISS (0)	HITS	INITIAL	DEDUCT	RAW	SCORE

STAGE	RANGE	RNDS	TIME	PROCEDURE
1	15 Ft	3	4.0 sec	On signal, engage the target preferred area three rounds.
2	20 Ft	3	5.0 sec	On signal, engage the target head oval three rounds.
3	30 Ft	3	6.0 sec	On signal, engage the target preferred area two rounds, and one round to the target head oval.
4	50 Ft	2	5.0 sec	Non-dominant index: on signal engage the target preferred area two rounds.
5	75 Ft	1	1.5 sec	On signal, engage the target preferred area one round.
6	75 Ft	5	12 sec	Prep rifle/carbine, one round in the chamber and one round in the magazine, and one reserve magazine loaded to capacity. On signal, engage the target preferred area two rounds, assume a kneeling shooting position, reload, and engage the target preferred area three rounds.
7	150 Ft	3	10 sec	On signal, assume prone position engage the target preferred area three rounds.

RIFLE/CARBINE MANUFACTURER:			COURSE OF FIRE: OPOTC	
MODEL: SD-556 223 Rem-UMC	CALIBER: 556	SERIAL NUMBER: [REDACTED]	SCORE: 19	INSTRUCTOR: my

INSTRUCTOR: Y. Mance	OPOTC INSTRUCTOR NUMBER: 05806	DATE: 8-15-25
INSTRUCTOR SIGNATURE: [Signature]	AGENCY: TCSO	

OHIO PEACE OFFICER TRAINING ACADEMY

EFFECTIVE DATE: JANUARY 1, 2014

Appointment of Deputy Sheriff

Commission

Revised Code, Secs. 311.04; 325.17

The State of Ohio, Trumbull County, ss.

To all to Whom these Presents Shall Come, Greetings:

KNOW YOU, That by virtue of the authority vested in me by the Laws of the State of Ohio, and reposing special trust and confidence in _____, I do hereby appoint _____ (subject to removal,) hereby authorizing and empowering him to execute and discharge all and singular the duties appertaining to said office.

Witness my signature and seal of office this 2nd day of _____

Paul Morse

Sheriff of Trumbull County, Ohio



DAVE YOST
OHIO ATTORNEY GENERAL



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

NOTICE OF PEACE OFFICER APPOINTMENT

Check Box if: ☒ Correction to Record ☐ Name Change ☐ OSHP Trooper to Peace Officer
(OSHP certificate must be attached)

- Within ten days of the appointment or status change, or promotion to Chief, submit one copy of this form either by email SF400@ohioattorneygeneral.gov, fax, or mail.
- Type or print legibly and complete all blanks. Officer and Agency email addresses need to be entered to receive training determinations.
- Submit pages 1 and 2 when an officer is newly-appointed to your agency, or has previously left the agency and returns.
- Submit only page 1 when an officer continues to be appointed by your agency, but has a change from one status, as listed in Box 15, to a different status, or is promoted to Chief.
- 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) (First) (Middle)	2. Social Security Number (last 5 only)
3. Previous Name(s) or Alias (Last) (First) (Middle)		n/a	n/a
4. Birth date (mm/dd/yyyy)	5. Officer's Individual Email Address		6. Phone Number
7. Home Mailing Address (#/Street/PO Box) (City) (State) (Zip Code) (County Name)			
8. Basic Training Academy (Only complete if this is the officer's first appointment or OSP)	(Academy Name)	(Academy Number)	(Dates of Training)

AGENCY INFORMATION		9. Agency Name	
10. Reporting Authority's Email Address		11. Agency Phone Number	
sovillan@co.trumbull.oh.us		330-675-2508	
12. Agency Mailing Address (#/Street/PO Box)		(City)	(Zip Code) (County Name)
150 High St. NW		Warren	44481 Trumbull

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

ATTESTATION OF REPORTING AUTHORITY		I have carefully read this document and fully understand its contents and I sign it of my own free will and volition. I attest that the information provided on this document is true and correct and is based on my personal knowledge or inquiry. I further understand and acknowledge that submission of falsified records is a criminal violation.	
17. Signature of Reporting Authority	18. Printed Name and Title	19. Date	
	Major Tony Villanueva	9 / 14 / 22	
20. Signature of Witness	21. Printed Name (First, Middle, Last)	22. Date	
	Lt. Brian R. Kaintz	9 / 14 / 22	



DAVE YOST
OHIO ATTORNEY GENERAL



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3. Previous Name(s) or Alias (Last) (First) (Middle)			n/a	n/a
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7. Home Mailing Address (#/Street/PO Box)	(City)	(State)	(Zip Code)	(County Name)
8. Basic Training Academy (Only complete if this is the officer's first appointment or OSP)	(Academy Name)	(Academy Number)	(Dates of Training)	

AGENCY INFORMATION		9. Agency Name	
10. Reporting Authority's Email Address		11. Agency Phone Number	
sovillan@co.trumbull.oh.us		330-675-2508	
12. Agency Mailing Address (#/Street/PO Box)		(City)	(Zip Code) (County Name)
150 High St. NW		Warren	44481 Trumbull

APPOINTMENT INFORMATION (Complete Date, Status and ORC)			13. New Appointment Date	14. Status Change Date
15. Select New Status ☒ Full-Time ☐ Part-Time ☐ Auxiliary ☐ Reserve ☐ Special ☐ Seasonal			For the purpose of this form full-time means those in active pay status (including those on vacation, sick, bereavement, personal or administrative leave, on compensatory time or holidays) receiving compensation and benefits for 40 hours in a work week or 80 hours in a 14-day period.	
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☐ Village Full-Time/Part-Time/Special (737.16)	☐ Village Auxiliary/Reserve (737.161)	☐ Village Chief (737.15)		
☐ Township Police Officer (505.49)	☐ Township Constable (509.01)	☐ Other Chief - List ORC/Charter		
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	Major Tony Villanueva	9, 14, 22	
20. Signature of Witness	21. Printed Name (First, Middle, Last)	22. Date	
	Lt. Brian R. Kaintz	9, 14, 22	

TRUMBULL COUNTY SHERIFF'S OFFICE

INTEROFFICE MEMORANDUM

TO:

FROM: LESLIE A. STREDNEY

SUBJECT: POLICY AND PRODEDURES

DATE:

CC: FILE

A COPY OF THE SHERIFF'S POLICY AND PROCEDURES HAS BEEN ISSUED TO YOU ON THIS DATE. PLEASE SIGN BELOW ACKNOWLEDGING THAT YOU DID RECEIVE THIS.

BY SIGNING THIS FORM YOU AGREE WITHIN THE NEXT 7 TO 10 DAYS TO READ YOUR POLICY AND PROCEDURE BOOKLET. IF YOU HAVE ANY QUESTIONS THAT MAY NEED ANSWERED CONCERNING THIS BOOKLET, PLEASE CONTACT YOUR SUPERVISOR.

LESLIE A. STREDNEY

.....
I HAVE RECEIVED THE POLICY AND PROCEDURES THAT WERE
ISSUED TO ME ON 7-27-2008
(DATE)

PRINT NAME

SIGNATURE

**Trumbull County Sheriffs Office
Trumbull County Adult Justice Center**

OATH OF OFFICE

All facility employees will, before exercising any type of jail officer powers are required to take the following oath of office:

*I do solemnly swear / affirm that I, [REDACTED],
preserve, protect, and defend the Constitution of the United States of
America and of the State of Ohio; that I will in all respects observe the
provisions of the policies & procedures and directives of the Trumbull
County Sheriffs Office; I will well and truly perform the duties of the office
of Corrections Officer, and will to the utmost of my skill and ability,
endeavor to promote the interest of this facility, and maintain a high
degree of professionalism while protecting the lives and welfare of the
inmates entrusted to my care by Trumbull County, without fear, favor, or
affection. So help me God.*

Trumbull County Adult Justice Center

RECEIPT FOR POLICY & PROCEDURES MANUAL

I, [REDACTED] hereby acknowledge receipt for one (1) copy of the Trumbull County Adult Justice Center Policy & Procedures Manual.

It is understood that this manual is entrusted to me for safekeeping, study, and compliance. I will use my best effort to study, learn, and comply with the instructions contained. The updating, maintenance, and safe storage of this manual are my responsibility.

I understand this manual contains *restricted law enforcement data*, and that the release of its contents to anyone not having an official need to know may place the operation of this facility in jeopardy, and could adversely affect those who work and are incarcerated here as well. This information will not be released or distributed to individuals outside of the facility other than by those authorized to do so pursuant to a valid records request or otherwise pursuant to the direction of the Sheriff.

I will retain this manual in my possession or safekeeping, and will not allow it to be copied or reproduced in any manner. Further, I will immediately report to the Chief Of Operations any attempt made by those outside of the facility to borrow, acquire a copy, view, or use this manual.

I affirm my commitment to honor this agreement this 21 day of Sept, 2008.

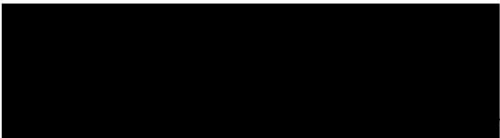
[REDACTED]
Printed name

[REDACTED]
Printed name of Witness

Richard A. Nichols
Witness' Signature

TRUMBULL COUNTY SHERIFF'S HARASSMENT POLICY

I, , have received a copy of the Trumbull County Sheriff's Harassment Policy and has read its contents.

Employee:  Date: 6-26, 2009

Supervisor:  Date: 6-28, 2009

.....

I, , as of the date of my signature below do not have DIRECT KNOWLEDGE of any employee with the Trumbull County Sheriff's Office being harassed by a co-worker OR harassing others on the job.

Employee:  Date: 6-26, 2009

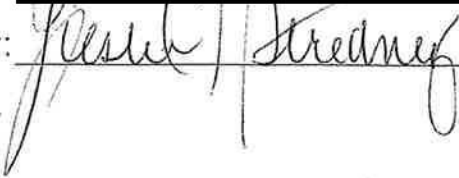
Supervisor:  Date: 6-26, 2009

TRUMBULL COUNTY SHERIFF'S OFFICE
HARASSMENT POLICY

TRUMBULL COUNTY SHERIFF'S HARASSMENT POLICY

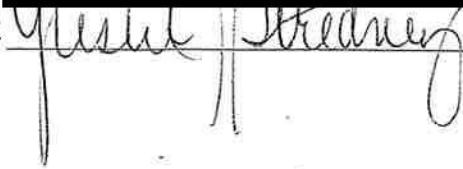
I, , have received a copy of the Trumbull County Sheriff's Harassment Policy and have read its contents.

Employee:  Date: 9-22, 2008

Supervisor:  Date: 9-24, 08

I, , as of the date of my signature below do not have DIRECT KNOWLEDGE of any employee with the Trumbull County Sheriff's Office being

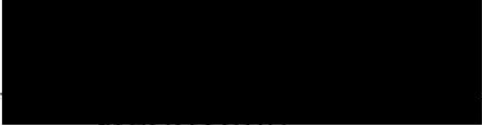
Employee:  Date: 9-22, 2008

Supervisor:  Date: 9-24, 08

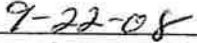
EMPLOYEE SIGN-OFF SHEET

I,  have read the copy of the Trumbull County Drug and Alcohol Free Workplace Policy provided to me and I am fully aware of all of its contents.

Acknowledging my awareness and understanding of the Policy, I hereby sign my name to this document.




DEPARTMENT


DATE

Consequences for Violating this Agreement

I understand that violation of this Agreement may result in:

- Disciplinary action up to and including termination of my employment with Trumbull County and/or suspension, restriction or loss of privileges in accordance with Trumbull County policies.
- Potential personal, civil and criminal penalties.

I agree that my obligations under this Agreement regarding client information and organizational information will continue after the conclusion of my employment with Trumbull County.

I have read the above Agreement and agree to comply with all its terms as a condition of my employment with Trumbull County.

Signature: 

Date: 9-22-08

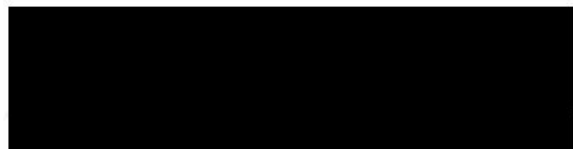
Printed Name: 

Department: Therapy

I was given the OMB No. 1210-0149 form on this
2 day of OCT, 2013.



Printed Name



Signature

10-2-13
Signature Date



TRUMBULL COUNTY HUMAN RESOURCES DEPARTMENT

COMMISSIONERS

MAURO CANTALANESSA
FRANK S. FUDA
DANIEL E. POLIVKA

160 HIGH STREET, N.W.
WARREN, OHIO 44481

TELEPHONE: (330) 675-2460, (330) 675-2589; FAX: (330) 675-6646; TTY: (800) 750-0750
E-MAIL: HR@CO.TRUMBULL.OH.US

TRUMBULL COUNTY LIFE INSURANCE

Each eligible employee is covered in the amount of \$35,000.00 while maintaining full-time status.

The complete Certificate of Coverage, including reduced retirement coverage and conversion rights, may be viewed and copied by visiting the Human Resources Department website: www.humanresources.co.trumbull.oh.

*_*_*_*_*_*_*_*_*_*_*_*_*_*_*_*

I, _____, have received notification of my Life
(Print name)

Insurance coverage through Trumbull County. I further acknowledge that I have been advised of access availability to view the Certificate of Coverage.



11-25-15
Date

Trumbull County Human Resources Life Insurance

Group Number

Employer

Trumbull County Commissioners

File

Initial

Mo

Date of Birth

Day

Year

Address and Street

Male

Female

Married

Single

Effective Date

Relationship

Date Emp

Month

Department and

Address

Call Given Names)

01-11-09

Date

IBM USER SECURITY PROFILE

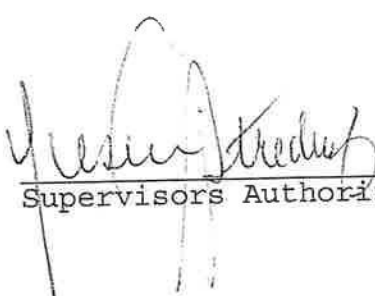
personnel
file

User Name

Circle: >A= to give user Authority to an Appl
-OR-
>R= to remove Authority from an Appli

- A R - Accounting Displays
- A R - Accounting Breakdown
- A R - Building Inspection
- A R - Child Support
- A R - Contracts
- A R - Dog Warden
- A R - Encumbrance
- A R - Fixed Assets
- A R - In-REM Real Estate
- A R - Manufactured Homes
- A R - Payroll
- A R - Personal Property
- A R - Sanitary Engineers
- A R - Time Management
- A R - TIP Real Estate Payments
- A R - Water and Sewer
- A R - FTP or PDF Access

please
give him
security AS
TAG profile


Supervisors Authorization

10/4/2012

NETWORK AUTHORIZATION

Please complete this profile for new employees, employees changing positions OR those leaving employment.
Please forward to Data Processing.

Name: _____

Please print or type. (Fill in same as your Payroll Name)

Circle: 'A' to give user Authority to an Application.

-OR-

'R' to remove Authority from an Application.

- A R - Courtview 2000
- A R - Courtview
- A R - Demandstar - Online RFP Posting
- A R - Disaster Recovery
- A R - E-mail/IBM Lotus Notes
- A R - Haines Street Directory
- A R - Highway - County Engineers
- A R - IBM ***Also complete additional profile information on appropriate form with approval signature.**
- A R - IJIS - Data Warehouse
- A R - Internet access IP: 192.168.____.____
- A R - Jail Management System
- A R - Legal Research(Premise) Ohio Revised Code, etc.
- A R - Main Domain
- A R - Ohio Jurisprudence (Law Desk)
- A R - Ohio Jury Instructions
- A R - Real Estate
- A R - Recorder's system ***Access via the intranet**
- A R - Soil & Water conservation - TCSWCDSERV
- A R - Trumbull County Board of Alcohol, Drug & Mental Health
- A R - Windows Password
- A R - Word & Office Directory

*please
give him
TAG security
Profile*

[Signature]
Supervisor's Signature

10/4/12
Date



Trumbull County Sheriff's Office

Sheriff Thomas L. Altieri

*150 High Street NW
Warren, Ohio 44481*

*Telephone 330-675-2508
Administration Fax 330-675-7041
Road Division Fax 330-675-2507*

[REDACTED]

Please be advised that you are being assigned to the TAG Division of the Trumbull County Sheriff's Office. This assignment will begin on [REDACTED]. Please turn in any pertinent equipment and ready your vehicle prior to the move. Deputy Rick Tackett will be receiving your equipment, therefore make the appropriate arrangements with him.

Please report to Lt. Jeff Orr, who will be your direct supervisor. It has been a pleasure to have you under my command. I sincerely appreciate your contributions to the Uniform Road Division and wish you all safe highways in your next assignment.

Fraternally,

A handwritten signature in cursive script, appearing to read "Harold Firster".

Harold Firster, Captain
Uniform Division

3-7-2012

First Assistant
CHRISTOPHER D. BECKER

Chief-Civil Division
WILLIAM J. DANSO

Chief-Criminal Division
CHARLES L. MORROW

Chief-Appellate Division
LUWAYNE ANNOS

Chief-Juvenile Division
STANLEY A. ELKINS

Investigators
GARY S. HETZEL
ROY ANNE RUDOLPH



DENNIS WATKINS

Trumbull County Prosecuting Attorney

4th FLOOR ADMINISTRATION BUILDING
160 HIGH STREET N.W. • WARREN, OHIO 44481-1092
PHONE: 330-675-2426 • FAX: 330-675-2431
Prosecutor@co.trumbull.oh.us

Civil Division
JAMES M. BRUTZ
LYNN B. GRIFFITH, III
JASON M. TOTH

Criminal Division
GINA BUCCINO ARNAUT
MICHAEL A. BURNETT
DEENA L. DeVICO

Child Assault Division
DIANE L. BARBER, CHIEF
GABRIEL M. WILDMAN

Child Support Division
DAVID E. BOKER, CHIEF
JAMES F. LEWIS

Sheriff Thomas Altieri
Trumbull County Sheriff's Office
150 High Street
Warren, Ohio 44481

October 30, 2014

Re :State v. Joseph Stiver

Dear Sheriff Altieri;

Please accept this letter as a letter of general commendation for the work performed by members of your department assigned to the T.A.G. Law Enforcement Task Force, and in particular, Captain Jeff Orr, Detective Fred Raines, Detective Dave Hoover and [REDACTED]. More specifically these officers along with other members of TAG, and the Bazetta Township Police Department uncovered a nationwide steroid distribution ring headquartered in Trumbull County Ohio.

As a result of their investigative efforts and outstanding field work, this illegal steroids operation was dismantled. The head of the organization, Joseph Stiver, a 22 year old college student, was convicted of several counts of trafficking in drugs, possession of drugs, tampering with evidence and identity fraud in connection therewith. In spite of the fact that he did not have any record, the Judge sentence Mr. Stiver to 12 months in a state penal institution.. Furthermore, Mr. Stiver, as part of the plea agreement, agreed to forfeit a long laundry list of property, including electronics, clothing, jewelry, and in excess of \$190,000.00 in U.S. currency.

As such, your department and the above-mentioned individuals deserve praise for their professionalism and investigative efforts.

Sincerely,


Charles L. Morrow
Chief-Criminal Division

First Assistant
CHRISTOPHER D. BECKER

Chief - Civil Division
WILLIAM J. DANSO

Chief - Criminal Division
CHARLES L. MORROW

Chief - Appellate Division
LUWAYNE ANNOS

Chief - Juvenile Division
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GABRIEL M. WILDMAN

Child Support Division
MATTHEW J. BLAIR
JAMES F. LEWIS

Sheriff Thomas Altieri

Trumbull County Sheriff

150 High St NW

Warren, Ohio 44481

RE: Operation Little "D" Town [REDACTED]

Dear Sheriff Altieri:

I would like to take this opportunity to thank your office for the hard work put forth by Det. Jarrett of the TAG Task Force regarding the above referenced investigation. As the Assistant Prosecutor handling all forty-two (42) of the State cases indicted as a part of this investigation, I appreciate both the time and effort that [REDACTED] put forth in this investigation.

This investigation required a great deal of time, expertise, and patience before it could be presented to the Grand Jury. It was apparent to me that he, like many involved in law enforcement, carry a large workload. He did an excellent job balancing the demands of this case while not losing sight of the other drug activity that was still taking place in this county. He played a major role putting the case together and preparing it for prosecution. I appreciate all the time and effort that he put into this case.

As the prosecutor handling the TAG cases it is always a pleasure to work with your department. Since drug activity plays a major role in this community, [REDACTED] time, expertise, and assistance is invaluable. Please pass along my appreciation and again thank you for your office's assistance.

Sincerely,

Gina Buccino Arnaut

Assistant Trumbull County Pros.



TRUMBULL COUNTY HUMAN RESOURCES DEPARTMENT

COMMISSIONERS

MAURO CANTALAMESSA
FRANK S. FUDA
DANIEL E. POLIVKA

160 HIGH STREET, N.W.
WARREN, OHIO 44481

TELEPHONE: (330) 675-2460, (330) 675-2589; FAX: (330) 675-6646; TTY: (800) 750-0750

E-MAIL: HR@CO.TRUMBULL.OH.US

Sick and Vacation Benefits Conversion Form

I, [REDACTED], wish to convert my vacation and/or sick leave hours to paid wages, as allowable under County Policy, in January 2015 for the year 2014.

Amount of Sick Hours to be converted: 119.92

Amount of Vacation Hours to be converted: _____

[REDACTED]

1-23-14
Date

[Signature]
Witness David Hoover

1/23/15
Date

NOTE: Maximum hours allowed to convert for 2014 is 120 Sick and 240 Vacation

Copies: Payroll
Employer
Human Resources

Memorandum



To: New Applicant
From: Trumbull County Sheriff's Personnel Office
Date:
Re: Application for employment

Thank you for your interest in working for the Trumbull County Sheriff's Office.

Attached you will find our application for employment.

Please take your time in completing this application in its entirety. All of the information we ask for is very important to us. We can not accept your application if it is incomplete. We can not accept your application if it is not notarized. Your application must be an original (duplicate copies will not be accepted).

After your application is completed and notarized, please **MAIL** your application to

Trumbull County Sheriff's Office
150 High Street NW
Warren, Ohio 44481
Attention Personnel Office

Again, I thank you for your interest.

Leslie A. Stredney
Personnel Director



RICHARD CORDRAY
OHIO ATTORNEY GENERAL

REQUEST FOR ACCESS TO OHLEG

First: [REDACTED] Middle: [REDACTED] Last: [REDACTED]
SSN: [REDACTED] Date of Birth: [REDACTED]
*Email: [REDACTED] CO. TRUMBULL, OH, US

*Confirmation and instructions will be sent via email. If email is unavailable, please list fax number: _____

Agency Name: Trumbull County Sheriff's Office
Thomas L. Altieri, Sheriff
Agency Address: 150 High Street NW
Warren, Ohio 44481

Agency Phone No.: 330 675-2508
Agency ORI: OH0780000

Terms and Conditions

The undersigned is hereby requesting user access to the investigative tools within the Ohio Law Enforcement Gateway (OHLEG) established by the Attorney General of the State of Ohio. Participation in OHLEG is voluntary. The undersigned agrees that all information from this site is for law enforcement purposes ONLY. Any dissemination to the public is strictly prohibited. The Social Security Number (SSN) is required and used solely for the purpose of maintaining user authentication. SSNs will not be disclosed to individuals or agencies except in accordance with state and federal law, and policy of the Attorney General of the State of Ohio. Requests that are made without SSN or an authorizing signature will not be processed.

[Signature]
Requestor's Signature

8-30-10
Date

Thomas L. Altieri
Chief, Sheriff, or Supervisor Printed Name

[Signature]
Chief, Sheriff, or Supervisor Signature

8-31-10
Date

For Office Use Only:

Entered by: _____
Date: _____



Ohio Law Enforcement Gateway

BCI & I
1560 St. Rte. 56, SW
London, OH 43140
Telephone: (866) 406-4534
Facsimile: (740) 845-2021
www.ag.state.oh.us

filed 8/31/10 AM

INVESTIGATIVE REQUEST FOR EMPLOYMENT
DATA AND SUPERVISOR INFORMATION
U.S. GOVERNMENT USE ONLY

UNITED STATES OFFICE OF PERSONNEL MANAGEMENT
FEDERAL INVESTIGATIONS PROCESSING CENTER
PO BOX 618
BOYERS, PA 16018-0618

~~MULTIPLE INQUIRIES MAY BE RECEIVED DUE TO SUBJECT-SUPPLIED INFORMATION.~~

ATTN: PERSONNEL OFFICE
TRUMBULL COUNTY SHERIFF'S OFFICE
150 HIGH ST
WARREN OH 44483

INSTRUCTIONS: Your name has been provided by the person identified below to assist in completing a background investigation to help us determine this person's suitability for employment or security clearance. To help us make this determination, we ask that you complete all items on the back of this form and return the form in the enclosed envelope.

We send a separate inquiry to the personnel office and each supervisor shown on the person's application; therefore please do not forward this for completion by someone else.

PRIVACY ACT INFORMATION: This investigative inquiry is in full compliance with the Privacy Act of 1974 and other laws protecting the civil rights of the person we are investigating. The information you provide, including your identity, will be disclosed to the person being investigated and other federal agencies, at this person's request. In compliance with Title 5 Code of Federal Regulations, Part 736.102(c), if you have significant information which you feel unable to furnish without a promise that your identity will be kept confidential, please indicate this in writing on the reverse and only provide your contact information. Providing additional information on this form will void your request for confidentiality.

CERTIFICATION: The person we are investigating has given written consent for this investigative inquiry. We keep that consent on file. If a copy is required in order to complete this form, please indicate this requirement in writing on the reverse.

Completion of this form as soon as possible will help this person and the agency perform their duties in a more timely and efficient manner.

CASE NUMBER: [REDACTED] CASE TYPE: 63 ITEM NUMBER: 001 ITEM TYPE: EMPL-01

FULL NAME (LAST, FIRST, MIDDLE)
[REDACTED]

OTHER NAMES USED

DATE OF BIRTH

SOCIAL SECURITY NUMBER

POSITION REQUIRING INVESTIGATION

TASK FORCE OFFICER/VOL

PLACE OF BIRTH

CLAIMED EMPLOYMENT

FROM

TO

POSITION

NAME OF SUPERVISOR

ACTUAL JOB LOCATION (IF DIFFERENT THAN ABOVE ADDRESS)

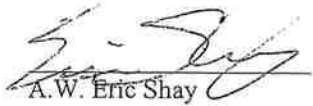
Memorandum

To: [REDACTED] Matt McBride, and Rose O'Brien
CC: Chief Guarino, Leslie Stredney, A.W.'s Lester, O'Brien, Solarz, and Buch
From: A.W. Eric Shay
Date: 9/23/2009
Re: Change of Schedule

Effective Sunday, September 27, 2009 the following schedule changes will be in effect:

[REDACTED] will report to [REDACTED] shift with [REDACTED] as days off.
McBride – will report to [REDACTED] shift with [REDACTED] as days off.
O'Brien- will report to [REDACTED] shift with [REDACTED] as days off.

If you have any questions regarding this change contact myself.


A.W. Eric Shay

PHYSICAL EXAM FORM

Patient Name

AGE

BIRTH DATE

ADDRESS

HOME TELEPHONE NO.

SEX

MALE

FEMALE

HEALTH HISTORY

OPERATIONS OR SURGERIES, PLEASE LIST TYPE AND YEAR PERFORMED

IS THIS PATIENT NOW UNDER THE CARE OF A PHYSICIAN OR TAKING ANY MEDICATION?.....Y
DOES THIS PATIENT HAVE ANY KNOWN ALLERGIES TO MEDICATION?.....Y N
DOES THIS PATIENT WEAR GLASSES OR CONTACT LENSES?.....Y N
GIVE DATE OF LAST EYE EXAM.....Y
IF YES PLEASE SPECIFY.....Y

PLEASE ANSWER THE FOLLOWING QUESTIONS:

HAVE YOU EVER HAD: (Circle Y for yes or N for no)

Alcoholism
Anemia
Arthritis
Bursitis
Cancer
Concussion
Diabetes
Eczema
Emphysema

Y N
Y N
Y N
Y N
Y N
Y N
Y N
Y N
Y N

Epilepsy
Headaches
Heart Murmur
Heart Disease
Hepatitis
High Blood Pressure
Jaundice
Kidney Stones
Meningitis

Y N
Y N
Y N
Y N
Y N
Y N
Y N
Y N
Y N

Pancreatitis
Nerve problem
Pneumonia
Polio
Rheumatic Fever
Tuberculosis
Ulcers
Smoker

Y N
Y N
Y N
Y N
Y N
Y N
Y N
Y N

PLEASE EXPLAIN ANY OTHER PROBLEMS THAT YOU MAY HAVE NOT MENTIONED ABOVE

FORM

PATIENT'S NAME

HEIGHT

WEIGHT

BP

PULSE

RADIOLOGICAL DATA

ABNORMAL PHYSICAL FINDINGS:

Optional Tests

Urinalysis
Albumin
Sugar
Micro

Blood Count
(For Females)
HGB
Gr
Hct

SHOULD THERE BE ANY LIMITATIONS PLACED ON PATIENT?.....Y N
RECOMMENDATIONS:

I Certify that I have on this date examined this patient and that, on the basis of the examination requested, I find that the patient is in good physical health. (NOTE EXCEPTIONS ABOVE)

PHYSICIAN'S SIGNATURE

PHYSICIAN'S TELEPHONE NO.

DATE 09/22/08

PHILIP P. MALVASI, D.O.
1011 Youngstown-Warren Rd.
NILES, OHIO 44446-4620
330-544-5600

All 9 Panel
Dat T.C.S.
WHL

PHYSICAL EXAM FORM

Patient Name

AGE BIRTH DATE

ADDRESS

CITY

STATE

HOME TEL

SEX MALE

FEMALE

HEALTH HISTORY

OPERATIONS OR SURGERIES, PLEASE LIST TYPE AND YEAR PERFORMED

IS THIS PATIENT NOW UNDER THE CARE OF A PHYSICIAN OR TAKING ANY MEDICATION? Y N
DOES THIS PATIENT HAVE ANY KNOWN ALLERGIES TO MEDICATIONS? Y N
DOES THIS PATIENT WEAR GLASSES OR CONTACT LENSES? Y N
GIVE DATE OF LAST EYE EXAM
IF YES PLEASE SPECIFY

PLEASE ANSWER THE FOLLOWING QUESTIONS:

HAVE YOU EVER HAD: (Circle Y for yes or N for no)

Alcoholism	Y	N	Epilepsy	Y	N	Pancreatitis	Y	N
Anemia	Y	N	Headaches	Y	N	Nerve problem	Y	N
Arthritis	Y	N	Heart Murmur	Y	N	Pneumonia	Y	N
Auritis	Y	N	Heart Disease	Y	N	Polio	Y	N
Cancer	Y	N	Hepatitis	Y	N	Rheumatic Fever	Y	N
Concussion	Y	N	High Blood Pressure	Y	N	Tuberculosis	Y	N
Diabetes	Y	N	Jaundice	Y	N	Ulcers	Y	N
Eczema	Y	N	Kidney Stones	Y	N	Smoker	Y	N
Emphysema	Y	N	Meningitis	Y	N			

PLEASE EXPLAIN ANY OTHER PROBLEMS THAT YOU MAY HAVE NOT MENTIONED ABOVE

PATIENT'S NAME

WEIGHT

WEIGHT

BP

PULSE

RADIOLOGICAL DATA

ABNORMAL PHYSICAL FINDINGS:

Optional Tests

Urinalysis

Albumin

Sugar

Micro

Blood Count

(For Females)

HGB

Or

Hct

SHOULD THERE BE ANY LIMITATIONS PLACED ON PATIENT? Y N

RECOMMENDATIONS:

I Certify that I have on this date examined this patient and that, on the basis of the examination requested, I find that the patient is in good physical health. (NOTE EXCEPTIONS ABOVE)

PHYSICIAN'S SIGNATURE

PHYSICIAN'S TELEPHONE NO.

DATE 09/22/08

PHILIP P. MALVASI, D.O.
1011 West downtown-Warren Rd.
NILES, OHIO 44446-4620
330-544-5600

TRUMBULL COUNTY SHERIFF'S OFFICE

Memo

To: ALL INVOLVED DEPUTIES, CORRECTIONAL STAFF & DISPATCHERS

From: CHIEF DONALD GUARINO

Date: August 17, 2009

Re: COMMENDATION

I would like to commend all personnel involved in the recent warrant sweep. With your hard work and dedication 35 people were arrested and processed, thus resulting in a very successful sweep.

Thank you again for your deep dedication to the law enforcement profession. We hope to do this again in the near future.



Chief Donald Guarino

TRUMBULL COUNTY SHERIFF'S OFFICE PERSONNEL EVALUATION

Date: 3-14-11

Employee Name [REDACTED]

Current Division Assigned:

Road

Job Title:

Road Deputy

Purpose of this Employees Evaluation:

To take a personal inventory, to pin-point weaknesses, strengths and to outline and agree upon a practical improvement program. Periodically conducted, these evaluations will provide a history of development and progress.

INSTRUCTIONS:

Listed on the following pages are a number of traits, abilities and characteristics that are important for success in Law Enforcement.

Circle the number over the descriptive phrase, which most nearly describes the person being rated. This is the only acceptable way to perform this evaluation. Each number has a "worth" value for rating purpose.

Carefully evaluate each of the qualities separately.

Two common mistakes in rating are:

- A tendency to rate nearly everyone as "average" on every trait instead of being more critical in judgment. The rater should use the ends of the scale as well as the middle and etc.
- The "Halo Effect" ie. A tendency to rate the same individual "excellent" on every trait or "poor" on every trait on the overall picture one has of the person being rated. However, each person has **strong** and **weak** points and these should be indicated on the rating scale.

ACCURACY & QUALITY of work is the standard performance reflected by work that is thorough, organized and requires few revisions. Employee effectively completes assignments, **paperwork, reports** and **follow-up(s)** without the need to have reminders to do so.

0	1	2	3	4	5	6	7	8	9	10
Needs to be done frequently		Often requires revisions to be completed		Usually accurate; makes only average number of mistakes		Well done with no revision usually required		Work is always complete & accurate without revision		

JOB KNOWLEDGE is the standard performance demonstrated by a Deputy's understanding and use of the current laws, rules, techniques and procedures essential to performing assigned duties

0	1	2	3	4	5	6	7	8	9	10
Displays lack of knowledge of duties and protocols		Displays questionable knowledge of duties and protocols		Meets standards		Displays acceptable knowledge of duties and protocols		Thoroughly familiar with duties and protocols		

RELIABILITY & DEPENDABILITY (Consider the amount of supervision required & job performance regarding timely completion and follow-up.).

0	1	2	3	4	5	6	7	8	9	10
Not dependable – needs constant supervision		Needs supervision to complete assignments in a timely manner		Meets standards		Carries out assignments with minimal supervision		Dependable in all assignments		

INITIATIVE and INNOVATION is the standard performance reflected when the employee willingly accepts special assignments, generally promotes new ideas and techniques, responds to challenges and independently recommends actions to improve the efficiency of the operations for the Trumbull County Sheriff's Office. The employee sees assignments through to completion without prompting.

0	1	2	3	4	5	6	7	8	9	10
Must be repeatedly told to complete functions		Does only what is necessary & acceptable.		Meets standards		Resourceful and fulfills tasks as assigned		Seeks additional job related tasks and training.		

TECHNICAL SKILLS is the standard performance reflected by the employee's consistent use of appropriate technical procedures in both training and real life situations.

0	1	2	3	4	5	6	7	8	9	10
Consistently fails to Meet performance Standards		Frequently fails to Meet performance Standards		Meets standards		Frequently exceeds Performance Standards		Consistently far Exceeds performance Standards.		

COMMUNICATION and PUBLIC RELATIONS is the standard performance for the degree of respect, cooperation and helpfulness in regard to interactions with Trumbull County residents and other members of the community.

0	1	2	3	4	5	6	7	8	9	10
Frequently is not respectful, cooperative or helpful to Trumbull County residents & members of the community.		Often is not respectful, cooperative or helpful to Trumbull County residents & members of the community.		Meets standards		Usually respectful, cooperative & helpful to Trumbull County residents & members of the community.		Is always respectful, cooperative & helpful to Trumbull County residents and members of the community.		

STABILITY is the standard performance which occurs when the employee must withstand pressure and to remain calm in crisis situations.

0	1	2	3	4	5	6	7	8	9	10
Goes "to pieces" under pressure, is "jumpy" & nervous.		Occasionally "blows up" under pressure, is easily irritated.		Meets standards			Has above average tolerance for pressure situations & remains calm.		Is exceptional when performing under pressure situations	

WORKING RELATIONSHIP WITH OTHER EMPLOYEES is the standard performance reflected by a positive approach to assigned goals and duties. The employee demonstrates the ability to work effectively and courteously with supervisors, other deputies, civilian co-workers and other law enforcement personnel.

0	1	2	3	4	5	6	7	8	9	10
Negative influence on other employees		Difficult to work with		Meets standards			Good self-control easy to work with		Positive influence on other employees	

ATTITUDE TOWARD SUPERVISORS is the standard performance reflected by cooperation with supervisors and the ability to accept direction and constructive criticism.

0	1	2	3	4	5	6	7	8	9	10
Usually disrespectful and discourteous and does not accept direction and criticism well.		Often disrespectful & discourteous & often does not accept direction and constructive criticism well		Meets standards			Usually respectful & courteous and takes direction and constructive criticism well		Always respectful & courteous & takes direction and constructive criticism well	

ADHERENCE TO SHERIFF'S POLICIES AND PROCEDURES is the standard performance reflected by compliance with policies and procedures regarding safety, security, harassment-free environment and other policies and procedures.

0	1	2	3	4	5	6	7	8	9	10
Frequently disregards the Sheriff's policies and procedures.		Often disregards the Sheriff's policies and procedures		Meets standards			Usually follows the Sheriff's policy and procedures		Always follows the Sheriff's policy and procedures	

ATTENDANCE is faithfulness in coming to work daily and conforming to work hours.

0	1	2	3	4	5	6	7	8	9	10
Often absent without good excuse and/or frequently reports for work late		Lax in attendance and/or reporting for work on time		Usually present and on time			Very prompt, regular in attendance.		Always arrives earlier than required and has excellent attendance record	

PERSONAL APPEARANCE is the personal impression an individual makes on others. (Consider cleanliness, grooming, neatness and appropriateness of dress on the job.)

0	1	2	3	4	5	6	7	8	9	10
Very untidy, generally does not meet the standards for clothing & personal appearance.		Sometimes untidy & careless about personal appearance		Generally neat & satisfactory personal appearance			Careful about personal appearance, good taste in dress		Unusually well groomed very neat excellent taste in dress	

PHYSICAL FITNESS is the ability to work consistently and with only moderate fatigue. (Consider physical alertness and energy.)

0	1	2	3	4	5	6	7	8	9	10
Tires easily Is weak & frail		Frequently tires & is slow		Meets physical & energy job requirements		Energetic Seldom tires		Excellent health, no fatigue.		

EMPLOYEE’S COMMENTS:

Supervision Narrative of Individual. This narrative should be tailored specifically for this employee and should include any criticisms or observations which can be used to help guide the employee and enhance his work performance and relationship with his peers and the Trumbull County Sheriff's Office.

See Attached Report

Memorandum

To: Captain Firster
CC:
From: Sgt Hyde
Date: 3/14/2011
Re: Evaluation Deputy Jarrette

██████████ has been assigned to the ██████████ shift working since coming out of the jail approximately ██████████ for being relatively young and new has caught on real quick. He is very dependable and reliable. He is not afraid to answer calls or take on any other assignment when asked. ██████████ works real with others and is respected by his peers.

Since being a young officer he is still learning and is not hesitant to ask for help. He is willing to learn and has a good attitude. Probably his main weakness at this time is his inexperience.

██████████ has the attitude and initiative to become a good officer with the Trumbull County Sheriffs Department. ██████████ is not only an asset to this department, but to law enforcement in general.

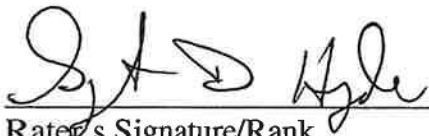
Thank You


Sgt Donald Hyde

CONFIDENTIAL

_____

3-14-11
Date

_____
Rater's Signature/Rank

Date

Sheriff's Signature

Date

***Signature indicates that the employee has seen and discussed this evaluation with a supervisor and has been given an opportunity to add comments.
Agreement with its content is not necessarily implied.**

hire date: [REDACTED]

Trumbull County Adult Justice Center
Employee review (30) 60 90 Annual

EMPLOYEE: [REDACTED]

DEPARTMENT: TCSO

JOB CLASSIFICATION: C/D

DATE OF REVIEW: 11-11-08

PERFORMANCE RATING

1. Quality of Reports (Consider the quality of reports produced.)

- | | | |
|---|---|--|
| ☐ Outstanding | | Complete and professional without revision. |
| ☐ Very Good | } | Well done with no revision usually required. |
| ☐ Good | | |
| ☐ Fair | } | Often requires revisions to be completed. |
| ☐ Poor | | |
| ☐ Unsatisfactory | | Needs to be redone frequently. |

Comments/Recommendations:

No Reports Available to Evaluate.

2. Productivity (Consider quantity of accepted work which meets Department standards.)

- | | | |
|--|---|--|
| ☐ Outstanding | | Always exceeds acceptable quantity of work. |
| ☐ Very Good | } | Often meets acceptable quantity of work. |
| ☒ Good | | |
| ☐ Fair | } | Sometimes fails to meet acceptable quantity of Work. |
| ☐ Poor | | |
| ☐ Unsatisfactory | | Often fails to meet acceptable quantity of work. |

Comments/Recommendations: GOOD BUT WOULD LIKE TO SEE HIM BE MORE OF A "GO-GETTER".

3. Knowledge of Job (Consider the knowledge of job.)

- | | | |
|--|---|--|
| ☐ Outstanding | | Thoroughly familiar with duties and protocols. |
| ☐ Very Good | } | Displays acceptable knowledge of duties and protocols. |
| ☐ Good | | |
| ☒ Fair | } | Displays questionable knowledge of duties and protocols. |
| ☐ Poor | | |
| ☐ Unsatisfactory | | Displays lack of knowledge of duties and protocols. |

Comments/Recommendations: BRINGS LE EXPERIENCE BUT KNOWLEDGE
LIMITED AS FAR AS TAIL OPERATIONS GO. ONLY 30 DAYS
ON THE JOB AND DOES SEEM TO CATCH ON QUICKLY.

4. Job Aptitude on Graphic Panel and Floor Pod Control (Skill and degree on which panel buttons are activated and pod control functions are carried out.)

- | | | |
|--|---|--|
| ☐ Outstanding | | Displays high degree of skill. |
| ☐ Very Good | } | Displays acceptable degree of skill. |
| ☒ Good | | |
| ☐ Fair | } | Displays minimally degree of skill. |
| ☐ Poor | | |
| ☐ Unsatisfactory | | Displays unacceptable degree of skill. |

Comments/Recommendations: _____

5. Job Aptitude on Commander and Central Control (Skill and degree on which commander buttons are activated and central control functions are carried out.)

- | | | |
|--|---|--|
| ☐ Outstanding | | Displays high degree of skill. |
| ☐ Very Good | } | Displays acceptable degree of skill. |
| ☐ Good | | |
| ☒ Fair | } | Displays minimally degree of skill. |
| ☐ Poor | | |
| ☐ Unsatisfactory | | Displays unacceptable degree of skill. |

Comments/Recommendations: SHOULD BE FINE HERE WITH A
LITTLE MORE EXPERIENCE. MAY EVEN EXCELL.

6. Job Aptitude in Intake and pre-Intake functions (Skill and degree on which intake and pre-intake functions are carried out. Examples. Property, pre-screen, booking, release, finger printing.)

- | | | |
|--|---|--|
| ☐ Outstanding | | Displays high degree of skill. |
| ☐ Very Good | } | Displays acceptable degree of skill. |
| ☒ Good | | |
| ☐ Fair | } | Displays minimally degree of skill. |
| ☐ Poor | | |
| ☐ Unsatisfactory | | Displays unacceptable degree of skill. |

Comments/Recommendations: HAS THE CORE FUNCTIONS DOWN
QUICKLY.

7. Reliability and Dependability (Consider the amount of supervision required and job performance regarding timely completion and follow-up.)

- | | | |
|---|---|---|
| ☐ Outstanding | | Dependable in all assignments. |
| ☒ Very Good | } | Carries out assignments with minimal supervision. |
| ☐ Good | | |
| ☐ Fair | } | Needs supervision to complete assignments in a timely manner. |
| ☐ Poor | | |
| ☐ Unsatisfactory | | Not dependable – needs constant supervision. |

Comments/Recommendation:

8. Stability (Is the ability to withstand pressure and to remain calm in crisis situations.)

- | | | |
|---|---|---|
| ☐ Outstanding | | Is exceptional when performing under pressure situations. |
| ☒ Very Good | } | Has above average tolerance for pressure situations and remains calm. |
| ☐ Good | | |
| ☐ Fair | } | Occasionally "blows up" under pressure, is easily irritated. |
| ☐ Poor | | |
| ☐ Unsatisfactory | | Goes "to pieces" under pressure, is "jumpy" and nervous. |

Comments/Recommendations: VERY CALM AND MILD TEMPERED THUS FAR.

9. Attendance (Consider overall attendance records and punctuality.)

- | | | |
|---|---|---|
| ☒ Outstanding | | Always follows attendance policies and never calls off sick. |
| ☐ Very Good | } | Usually follows attendance policies and is infrequently off sick (less than two days per year). |
| ☐ Good | | |
| ☐ Fair | } | Usually follows attendance policies and occasionally off sick (between six and nine days per year). |
| ☐ Poor | | |
| ☐ Unsatisfactory | | Usually follows attendance policies and is frequently off sick (ten or more days per year). |

Comments/Recommendations:

10. Appearance (Consider clothing and personal appearance.)

- | | | |
|---|---|--|
| ☐ Outstanding | | Exceeds Department standard for clothing and personal appearance |
| ☒ Very Good | } | Meets Department standards for clothing and personal appearance. |
| ☐ Good | | |
| ☐ Fair | } | Needs to be reminded of Department standards for clothing and personal appearance. |
| ☐ Poor | | |
| ☐ Unsatisfactory | | Generally does not meet Department standards for clothing and personal appearance. |

Comments/Recommendations: _____

11. Initiative (Consider initiative in performing job.)

- | | | |
|--|---|--|
| ☐ Outstanding | | Seeks additional job-related tasks and training. |
| ☐ Very Good | } | Resourceful and fulfills tasks as assigned. |
| ☒ Good | | |
| ☐ Fair | } | Does only what is necessary and acceptable. |
| ☐ Poor | | |
| ☐ Unsatisfactory | | Must be repeatedly told to complete functions. |

Comments/Recommendations:

SEEMS CONSCIENTIOUS ABOUT UNDERSTANDING WHAT
IS EXPECTED OF HIM.

12. I.P.C. Skills with Inmates (Consider the ability to interact with inmates in a strictly professional manner.)

- | | | |
|---|---|--|
| ☐ Outstanding | | Always has professional interaction with inmates. |
| ☒ Very Good | } | Usually has professional interaction with inmates. |
| ☐ Good | | |
| ☐ Fair | } | Rarely has professional interaction with inmates. |
| ☐ Poor | | |
| ☐ Unsatisfactory | | Never has professional interaction with inmates. |

Comments/Recommendations: _____

13. Working Relationship with Other Employees (Consider willingness to work with and help others and cooperate with fellow employees.)

- | | | |
|--|---|--|
| ☐ Outstanding | | Positive influence on other employees. |
| ☐ Very Good | } | Good self-control, easy to work with. |
| ☒ Good | | |
| ☐ Fair | } | Difficult to work with. |
| ☐ Poor | | |
| ☐ Unsatisfactory | | Negative influence on other employees. |

Comments/Recommendations: _____

14. Attitude Toward Supervisors (Consider cooperation with supervisors and ability to accept direction and constructive criticism.)

- | | | |
|---|---|---|
| ☐ Outstanding | | Always respectful and courteous and takes direction and constructive criticism well. |
| ☒ Very Good | } | Usually respectful and courteous and takes direction and constructive criticism well. |
| ☐ Good | | |
| ☐ Fair | } | Often disrespectful and discourteous and often does not accept direction and constructive criticism well. |
| ☐ Poor | | |
| ☐ Unsatisfactory | | Usually disrespectful and discourteous and does not accept direction and constructive criticism well. |

Comments/Recommendations: _____

15. Adherence to County and Department Policies and Procedures *(Consider compliance with policies and procedures regarding safety, security, harassment-free environment and other policies and procedures.)*

- | | | |
|--|---|--|
| ☐ Outstanding | | Always follows County and Department policies and procedures. |
| ☐ Very Good | } | Usually follows County and Department policies and procedures. |
| ☒ Good | | |
| ☐ Fair | } | Often disregards County and Department policies and procedures. |
| ☐ Poor | | |
| ☐ Unsatisfactory | | Frequently disregards County and Department policies and procedures. |

Comments/Recommendations: _____

16. Relationship with Community *(Consider the degree of respect, cooperation and helpfulness in regard to interactions with Trumbull County residents and other members of the community.)*

- | | | |
|---|---|---|
| ☐ Outstanding | | Is always respectful, cooperative and helpful to Trumbull County residents and members of the community. |
| ☒ Very Good | } | Usually respectful, cooperative and helpful to Trumbull County residents and members of the community. |
| ☐ Good | | |
| ☐ Fair | } | Often is not respectful, cooperative or helpful to Trumbull County residents and members of the community. |
| ☐ Poor | | |
| ☐ Unsatisfactory | | Frequently is not respectful, cooperative or helpful to Trumbull County residents and members of the community. |

Comments/Recommendations: _____

OVERALL PERFORMANCE RATING

☐ Outstanding ☐ Very Good ☒ Good ☐ Fair ☐ Poor ☐ Unsatisfactory

Supervisor's comments on overall performance:

With only 30 days on the job, it is very difficult to assess any employee but he seems to be headed in the right direction and there has been no indication that he will not do very well.

Specific steps employee must take to improve performance within specified time period:

Signature of Evaluator:


U. O'Brien

Date:

11/11/08

Employee's

Comments:

Employee's Signature: _____

Date: _____

Date reviewed with Employee: _____

Scheduled date for re-evaluation, if necessary:

Date: _____



**Bureau of Workers'
Compensation**

30 W. Spring St.
Columbus OH 43215-2256

Governor **Mike DeWine**
Administrator/CEO **Stephanie McCloud**

www.bwc.ohio.gov
1-800-644-6292

01/27/2022
Date Mailed

COPY

TRUMBULL COUNTY
160 HIGH ST NW FL 5
WARREN OH 44481-1005

Below is a copy of the letter sent to:

Injured worker:

Claim number:

Injury date:

Claim type:

Employer's name: TRUMBULL COUNTY

Policy number: 37800001-0

Manual number: 9430-000

The claim has been **previously allowed** for the following medical condition(s):

Description

Body Location

Part of Body

The administrator finds the injured worker filed an Application for the Determination of Percent of Permanent Partial Impairment or Increase in Percent of Permanent Partial Impairment (C-92) on 08/09/2021. The Ohio Bureau of Workers' Compensation (BWC) has made the following decision:

The injured worker is not entitled to an increase in percent of permanent partial impairment award.

The decision is based on:

Type of report

Report Date

Provider name

BWC Exam

01/19/2022

ELIZABETH MEASE, MD

THE C92A EXAM CAN BE VIEWED ONLINE

Ohio law requires that BWC allow the injured worker or employer 20 days from the receipt of this order to file an objection. If the injured worker and employer agree with this decision, the 20-day objection period may be waived. Both parties may submit a signed waiver of appeal to BWC. The Request for

KENT STATE
UNIVERSITY
TRUMBULL



March 15, [REDACTED]

RE: [REDACTED]

SS# [REDACTED]

TO WHOM IT MAY CONCERN:

This is to verify that the above referenced took and passed the Ohio Peace Officer Certification Examination in Richfield, OH, on [REDACTED] scored 85.5% on the Exam.

If any further verification is required, please do not hesitate to contact me.

Best Regards,

A handwritten signature in cursive script, appearing to read "Carol R. Gregory".

Carol R. Gregory, Ph.D.

Director

Public Safety Training & Research



OBJECTIVE

To obtain a entry level position in law enforcement

EDUCATION

Kent State University
Ohio Basic Police Academy



Warren G. Harding High School, Warren, OH
Trumbull County Joint Vocational School, Warren, OH
Received GED:



EMPLOYMENT EXPERIENCE

National Industrial Lumber Company, North Jackson, OH
Title: Laborer
Duties: Pulling and preparing orders to be shipped



Kraftmaid, Middlefield, OH
Title: Laborer
Duties: Installing bearing plates on spinning shelves



Comprehensive Logistics, Austintown, OH
Title: dock loader/Towmotor Operator
Duties: Gathering loads for trucks; loading trucks also keeping inventory on shipping dock



SPECIAL INTRESTS

Weight training, running, shooting, building lowrider cars and going to car shows

CERTIFICATES AND AWARDS

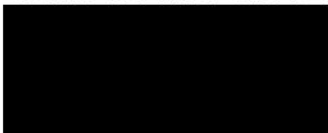
First Responders Responsibilities at a Crime Scene Certificate	03/12/07
Ohio Basic Peace Officer Training Certificate	03/09/07
Strategies & Tactics of Patrol Stops Basic Certification	01/29/07
Basic CPR & Automated External Defibrillation Program	12/08/06
FEMA Introduction to the Incident Command System (IS-00100)	08/15/06
FEMA ICS for Single Resources and Initial Action Incidents (IS-00200)	08/15/06
FEMA National Incident Management System (NIMS, IS -00700)	08/15/06
FEMA National Response Plan (NRP, IS-00800)	08/15/06

REFERENCES FOR:



LT. Gary Vingle- Warren City Police Dept, Detective Division
141 South Street
Warren, OH 44483
(330) 841-2656

David W. Wert- Ravenna Police Dept, Patrolman



MR. Garry L. Galloway
3269 Tod Avenue
Warren, OH 44485



Work- Autobody Frame Repair

Steven E. Schneider- Jackson TWP. Police Dept, Patrolman





Trumbull County Sheriff's Office
Sheriff Thomas L. Altieri

150 High Street
Warren, OH 44481
(330) 675-2508

Application for Employment

The Trumbull County Sheriff's Office is an Equal Opportunity Employer. We consider applicants for all positions without regard to race, color, national origin, sex, age, disability, marital status, religion, or any other legally protected status.

NOTICE: The following additional documents must be attached to this application:

1. A copy of your social security card
2. A copy of OPOTA Peace Officer Certificate (if applying for sworn position)
3. A copy of Corrections Certificate (if applying for Corrections)
4. One completed fingerprint card
5. College transcripts and/or copies of certification of other advanced training

POSITION APPLIED FOR: (Number in order of preference)

- | | |
|--|--|
| ☒ Full Time Sworn Officer (Deputy) | ☐ Corrections Officer |
| ☐ Clerk/Typist | ☐ Reserve Officer |
| ☐ Cook | ☐ Mounted Officer |
| ☐ Maintenance | |

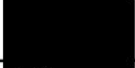
Today's Date: 3-21-2008

Instructions

This application must be printed legibly in ink. Do not Type. All questions must be answered. **Applications which are not complete, or completed improperly, will not be considered.** If space provided is not sufficient for complete answers or you wish to furnish additional information, attach sheets of the same size as this application, and number answers to correspond with questions.

Personal History

1. Full Name

  
Last Name First Middle

2. Other: List all other names you have used, including the circumstances and time periods you used them. (For example: maiden name, former name(s), alias (es), or nickname(s).

Name	Circumstances	Dates From Mo./Yr.	Dates To Mo./Yr.

3. Are you a United States Citizen? (X) Yes () No

4. Social Security Number



5. Do you have or have you ever applied for a passport? () Yes (X) No

Passport Number _____

6. Have you ever taken a polygraph test? () Yes (X) No

If yes what were results of polygraph test? _____

7. Have you ever been sued in Civil Court? () Yes (X) No

Case Number _____

8. Have you ever been convicted of a crime? Yes Sec PAGE 14

Education/ Training

1.

High School Name/Address	Did You Graduate?
WARREN G. HARDING	NO GED

2.

*College/University	From	To	CreditHours Earned	Did You Graduate?	Type of Degree

*Attach diploma or official transcript from last institution of higher education attended.

Major _____ Minor _____

3. Other Schools (Trade, Vocational, Business, or Military):

Name/Address	From	To	Credit Hours Earned	Area of Study	Did You Graduate?	Type of Certificate

4. Describe any awards, honors, citations, positions held in school organizations, and any other special recognition you received while attending school:

DNA

5. Indicate any foreign language you can

Speak DNA

Read DNA

Write DNA

6. Indicate any law enforcement education/training: See Attached

pages

7. Did you receive a certificate for this training? (X) Yes () No

Certificate Number [REDACTED]

Name of Academy or School Kent State Basic Police Academy

Address of Academy or School 7377 Mahoning Ave. Warren OH

8. Describe any special abilities, Interests, and hobbies.

Weight lifting, Shooting, Building Lowrider cars

9. Indicate any type of special license such as pilot, radio operator, etc., showing licensing authority, where the license was first issued, and date current license expires (except vehicle operator's license)

DNA

10. Indicate any special skills you possess and equipment you can use which may related to law enforcement work. (example; two way radio communications, breathalyzer, speed detection equipment, firearms):

DNA

11. Typing Speed _____ Shorthand Speed _____

12. Have you used computers or computer terminals in your prior or current position?

() Yes

(X) No

If yes, list programs, software used:

13. Are you willing to work Nights? ☒ Yes ☐ No
- Evenings? ☒ Yes ☐ No
- Weekends? ☒ Yes ☐ No

Employment History

1. List chronologically all employment beginning with present employment, including summer and part-time employment while attending school. All time must be accounted for. If unemployed for a period, set forth dates of unemployment.

Name & Address of Employer	From	To	Salary	Job Responsibilities	Reason for Leaving
Name Trumbull County S.O.			ReServe	enforcing laws	currently Employed
Address 150 High ST					
City, State, Zip Warren OH 44481					
Area Code & Phone No. (330) 675-2508					
Name VISTA window co.			\$9.00 hr	DRIVER	currently Employed
Address 3850 Elm Rd					
City, State, Zip Warren OH 44483					
Area Code & Phone NO. (330) 359-4700					
Name Custom Packing & Inspecting			\$7.00 hr	LABORER	Employed BY VISTA.
Address 5232 Tod Ave					
City, State, Zip Warren OH 44485					
Area Code & Phone NO. (330) 399-8961					
Name National Industrial Lumber Co.			\$9.50 hr	Shipping	Down sized
Address 489 Rosemont Rd.					
City, State, Zip North Jackson, OH 44451					
Area Code & Phone NO. (330) 538-3386					

2. Have you ever been dismissed or asked to resign or had any disciplinary action taken against you from any employment or position you have held?

(X) Yes () No

3. Have you ever applied to or performed paid or unpaid services for a law enforcement agency not listed as an employer? (X) Yes () No If yes, please provide name of agency and date of application or service.

RAVENNA Police Dept. [REDACTED]

5. Do you own a business, or are you a partner or corporate officer in a business or organization not listed previously as a current or former employer?

() Yes (X) No If yes, Please provide name and address of business, corporation, or organization and describe your relationship or position.

Residences

1. Actual places of residence for past 10 years – list chronologically all addresses, including residences while at school and in military. For college on campus residences, give dormitory name, city and state. If residences in military service cannot be shown as street addresses, indicate complete military unit designation and location by city and state. If post office box, give location of post office.

From	To	Street Address	City	County	State
[REDACTED]					OH
					OH
					OH

Driving History

1. Are you a licensed Ohio automobile operator? ☒ Yes ☐ No

Do you have a Commercial Driver's license? ☐ Yes ☒ No

License Number: [REDACTED]

Expiration Date: [REDACTED] Restrictions: None

2. Do you hold or have you ever held an automobile operator's license or commercial Driver's License (CDL) in another state? ☐ Yes ☒ No

If yes, please provide state(s), name used, and approximate dates license(s) was/were held:

3. Have you ever been denied issuance of a license or have you ever had a license suspended or revoked? ☒ Yes ☐ No

If yes list from what State and reason

License was suspended in 1975 for paying a
speeding ticket late in Kentucky.

Military History

1. Have you ever served on active duty in the Armed Forces of the United States?

() Yes (X) No Branch of Service: _____

Highest Rank: _____ Serial Number: _____

Duty Dates: From: _____ To: _____ From: _____ To: _____

From: _____ to: _____ From: _____ To: _____

2. Date of Discharge: _____

3. Form of Discharge: _____

3. Are you now or have you ever been a member of a reserve unit or the National Guard? () Yes (X) No

4. If yes, state branch of service, name and location of your unit and whether you attend drills, meetings, or camps:

5. Was any type of disciplinary action taken against you in the service?

() Yes (X) No

If yes, please provide: Date: _____ Place: _____

Nature of Offense: _____

Action Taken: _____

Business Interests & Licenses

1. Do you or have you ever owned any stock or interest in any firm, partnership or corporation dealing wholly or partly in the sale or distribution of alcoholic beverages?

() Yes (X) No

2. Are you now issued or have you ever been issued a license to engage in a business or profession?

() Yes (X) No

3. Was license ever cancelled, suspended, or revoked? () Yes (X) No

If yes to question #1, #2, or #3, please provide details:

Personal References & Acquaintances

1. Personal References: Give three (3) references (not relatives, former or present employers, fellow employees, or school teachers) who are responsible adults of reputable standing in their communities, such as property owners, business or professional men or women, who have known you for the past five (5) years. If retired, give former occupation.

Name	Street Address	City, State	Occupation	Years Known	Phone
[REDACTED]					
[REDACTED]					
[REDACTED]					

--	--	--	--	--	--

2. Social Acquaintances: Give three (3) social acquaintances who have known you well for the past five (5) years.

Name	Street Address	City, State	Occupation	Years Known	Phone
LT. Gary Vingle	[REDACTED]	Warren OH	Detective	21	[REDACTED]
DAVID W. WERT			Police officer	6	
Garry Galloway			Auto body	20	
	3269 Tod Ave.				

3. Are you acquainted with any members of the Trumbull County Sheriff's Office? If so, list name (s) and your relationship to each.

DAVID - Good Friend. Thurston Windbush - Good Friend

Organization Membership

1. List all clubs of which you are or have been a member. Please exclude the Name of any club or organization which may reveal your membership in a protected group including race, color, religion, sex, national origin, handicap, age, or ancestry.

Name	City & State	Former	Present (list position held & describe activity

2. Are you now or have you ever been a member of any foreign or domestic organization, association, movement, group, or combination of persons which has adopted, or shows a policy of advocating or approving the commission of acts of force or violence to deny other persons their rights under the Constitution of the United States, or which seeks to alter the form of government of the United States by unconstitutional means ?

() Yes (X) No

3. Have you ever made a financial or other material contribution to any organization of the type described in question # 2 above ?

() Yes (X) No

4. At the time of your membership, participation, or contribution, did you know of any unlawful aims of the organization ? () Yes (X) No

5. Did you intend to promote any unlawful aims of the organization?
() Yes (X) No If yes to question # 2, # 3, # 4, or # 5, explain,
including the name of the organization and its location.

Applicant's Certification

I understand that my appointment will be contingent upon the results of a complete background investigation. I am aware that any omission, falsification, misstatement, or misrepresentation will be the basis for my disqualification as an applicant or my dismissal from the Sheriff's Office. I agree to the conditions and certify that all statements made by me on this application are true and complete, to the best of my knowledge. I also understand that I will be fingerprinted. I understand that this employment application shall become the property of the Trumbull County Sheriff's Office and that it and the information received in response to the background examination are public records.

I also understand that I may be required to furnish the Sheriff's Office with a copy of my Income Tax Return for the year preceding this application and for each year during my employment or appointment.

I further understand and agree that my employment or appointment will be contingent upon the results of a complete drug test.

I understand that the use of drugs or alcohol is not permitted during work time, whether paid or unpaid, in the areas, including vehicles, where work is performed by employees or appointees.

I understand that my continued employment or appointment may be contingent upon the results of medical or psychological examinations that I may be required to take during the term of employment or appointment and the maintenance of personal physical fitness, to the degree necessary, to perform satisfactorily the duties of my position or assignment with the Trumbull County Sheriff's Office.

I understand the following types of information will be collected: employment and educational histories; medical, military, insurance, credit and financial information, motor vehicle and police records; information about your abilities, family, character, lifestyle, and organization memberships, and information about any current drug use via drug testing. Information will be obtained by letter, by telephone, and by personal interview with both primary and secondary sources. This information is used as one element for appointment decisions.

I authorize any of the persons or organizations referenced in this application to furnish information, personal or otherwise regarding my ability and fitness for employment or appointment with the Sheriff's Office and I relieve all such parties from any and all liability for any damage that might result from furnishing such information to the Sheriff's Office.

I agree to conform to the rules, regulations, and orders of the Sheriff's Office and acknowledge that these rules, regulations, and orders may be changed, interpreted, withdrawn, or added to by the Sheriff's Office, at its discretion, at any time and without any prior notice to me.

Subscribed and sworn to me according to the law by the above named applicant on this 18
day of MARCH, 2008.


Randa A. Lantz
Notary Public

Comm. expires 10-18-2010

This page has been left blank for your use to provide additional information.
indicate page number and question number.

Page 3 - Ques 8. WAS CHarged with Resisting Arrest And
menacing in 2000

Name:



Social Security Number:



Confidential Employee History

1. Applicant's Current Address :

Address	Street Name	Apartment Number	
City	County	State	Zip Code

Mailing Address if different from above

Telephone Number

2. Spouse's Name and Address (if different) :

Name	Social Security Number		
Address			
City	County	State	Zip Code

3. Children's Name and Ages : (Voluntary)

Name	Age	Address (if Different)

4. Former Spouse(s) Name and Address:

Name _____

Address _____

City _____

County _____

State _____

Zip Code _____

5. Can you perform the essential functions of the job duties set forth in the job description for which you applied, either with or without reasonable accommodation ? ☒ Yes ☐ No
6. For job descriptions which include testing or examination, can you take the test examination either with or without a reasonable accommodation ? ☒ Yes ☐ No
7. Do you now, or have you possessed, supplied, or sold any narcotic or controlled substance such as, but not limited to, marijuana, hashish, cocaine, LSD, amphetamines, heroin, steroid or any drug of a similar nature ? ☐ Yes ☒ No

If yes, please complete the following:

- a. Drug : _____
- b. Circumstances : _____
- c. Number of times possessed/supplied/sold : _____
- d. First time possessed/supplied/sold : _____
- e. Last time possessed/supplied/sold : _____
8. Do you currently use any narcotic or controlled substance, such as those listed in paragraph 7 or have you used such a narcotic or controlled substance within the last year? ☐ Yes ☒ No

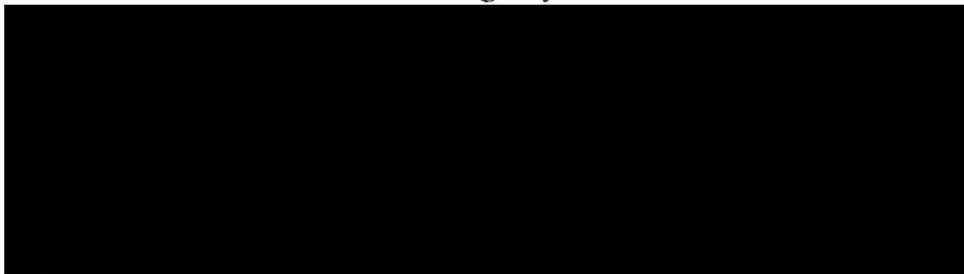
9. Please provide name and address of next of kin or other person to be contacted in case of emergency:



Home Phone

Business Phone

10. Please provide the name and address of your personal or family physician to be contacted in case of emergency:



Code

Business Phone

Notice

All applicants are subject to a medical examination as well as drug screening. Only applicants that pass the above listed testing will be considered for employment.

Notice

If you need a question further answered or further information on completing this application, contact:

Trumbull County Sheriff's Office

Personnel Director
150 High Street
Warren, Ohio 44481

(330) 675-2508

Applicant Activity Log – For Office Use Only

Date	By Whom	Description

For Office Use Only

() High School Diploma
 () Discharge-DD214
 () SS Card
 () Drivers License

() Ohio Driver's License
 () Notarized Authorization
 () License or Certification
 () References/ Employers

() Complete addresses info
 () Citizenship Certification
 () Name Changes or Alias



Trumbull County Sheriff's Office

Sheriff Thomas L. Altieri

150 High Street
Warren, OH 44481
(330) 675-2508

Application for Employment

The Trumbull County Sheriff's Office is an Equal Opportunity Employer. We consider applicants for all positions without regard to race, color, national origin, sex, age, disability, marital status, religion, or any other legally protected status.

NOTICE: The following additional documents must be attached to this application:

1. A copy of your social security card
2. A copy of OPOTA Peace Officer Certificate (if applying for sworn position)
3. A copy of Corrections Certificate (if applying for Corrections)
4. College transcripts and/or copies of certification of other advanced training

POSITION APPLIED FOR: (Number in order of preference)

- | | |
|--|-------------------------|
| (2) Full Time Sworn Officer (Deputy) | () Corrections Officer |
| () Clerk/Typist | (1) Reserve Officer |
| () Cook | () Mounted Officer |
| () Maintenance | |

Today's Date: 03-24-2007

Instructions

This application must be printed legibly in ink. Do not Type. All questions must be answered. **Applications which are not complete, or completed improperly, will not be considered.** If space provided is not sufficient for complete answers or you wish to furnish additional information, attach sheets of the same size as this application, and number answers to correspond with questions.

Personal History

1. Full Name

  
Last Name First Middle

2. Other: List all other names you have used, including the circumstances and time periods you used them. (For example: maiden name, former name(s), alias (es), or nickname(s).

Name	Circumstances	Dates From Mo./Yr.	Dates To Mo./Yr.
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A

3. Are you a United States Citizen? (X) Yes () No

3. Other Schools (Trade, Vocational, Business, or Military):

Name/Address	From	To	Credit Hours Earned	Area of Study	Did You Graduate?	Type of Certificate
N/A	N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A	N/A

4. Describe any awards, honors, citations, positions held in school organizations, and any other special recognition you received while attending school:

N/A

5. Indicate any foreign language you can

Speak N/A

Read N/A

Write N/A

6. Indicate any law enforcement education/training: Kent State BASIC

Police Academy OETA Certificate

7. Did you receive a certificate for this training? (X) Yes () No

Certificate Number _____

Name of Academy or School Kent State BASIC Police Academy

Address of Academy or School 4314 Mahoning Ave. Warren, OH

4. Social Security Number [REDACTED]

5. Do you have or have you ever applied for a passport? () Yes (X) No
Passport Number _____

6. Have you ever taken a polygraph test? () Yes (X) No
If yes what were results of polygraph test? N/A

7. Have you ever been sued in Civil Court? () Yes (X) No
Case Number N/A

Education/ Training

1.

High School Name/Address	Did You Graduate?
WARREN G. Harding 860 Elm Rd	No (G.E.-d).
N/A	
N/A	

2.

*College/University	From	To	CreditHours Earned	Did You Graduate?	Type of Degree
N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A

*Attach diploma or official transcript from last institution of higher education attended.

Major N/A Minor N/A

8. Describe any special abilities, Interests, and hobbies.

SPECIAL Interest include Weight Training, Running
Shooting And Customizing Cars

9. Indicate any type of special license such as pilot, radio operator, etc., showing licensing authority, where the license was first issued, and date current license expires (except vehicle operator's license)

N/A

10. Indicate any special skills you possess and equipment you can use which may related to law enforcement work. (example; two way radio communications, breathalyzer, speed detection equipment, firearms):

AdAP, BASIC CPR, ASP Baton And OC Training

11. Typing Speed N/A Shorthand Speed N/A

12. Have you used computers or computer terminals in your prior or current position?

() Yes

(X) No

If yes, list programs, software used:

N/A

13. Are you willing to work Nights? (X) Yes () No
- Evenings? (X) Yes () No
- Weekends? (X) Yes () No

Employment History

1. List chronologically all employment **beginning with present employment**, including summer and part-time employment while attending school. All time must be accounted for. If unemployed for a period, set forth dates of unemployment.

Name & Address of Employer	From	To	Salary	Job Responsibilities	Reason for Leaving
Name National Industrial Lumber			\$9.50hr	pulling orders	Currently Employed
Address 489 Rosemont					
City, State, Zip North Jackson - OH 44451					
Area Code & Phone No. (330) 538-3386					
Name Kraft Maid					
Address 15535 South State Ave.			\$7.45hr	material Handler	Laid off
City, State, Zip Middlefield, OH 44062					
Area Code & Phone No. (440) 632-5333					
Name Comprehensive Logistics			\$8.60	Driver	Employed by Kraft Maid
Address 365 Victoria Road					
City, State, Zip Austintown, OH 44515					
Area Code & Phone No.					
Name J.A. McMahon			\$10.00hr	Crew Leader	Fired
Address 679 Grant St.					
City, State, Zip Niles, OH 44446					
Area Code & Phone No. (330) 652-2588					

2. Have you ever been dismissed or asked to resign or had any disciplinary action taken against you from any employment or position you have held?

(X) Yes () No

3. Have you ever applied to or performed paid or unpaid services for a law enforcement agency not listed as an employer? () Yes (X) No If yes, please provide name of agency and date of application or service.

N/A

5. Do you own a business, or are you a partner or corporate officer in a business or organization not listed previously as a current or former employer?

() Yes (X) No If yes, Please provide name and address of business, corporation, or organization and describe your relationship or position.

N/A

Residences

1. Actual places of residence for past 10 years – list chronologically all addresses, including residences while at school and in military. For college on campus residences, give dormitory name, city and state. If residences in military service cannot be shown as street addresses, indicate complete military unit designation and location by city and state. If post office box, give location of post office.

From	To	Street Address	City	County	State
					OH
N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A

Driving History

1. Are you a licensed Ohio automobile operator? ☒ Yes ☐ No

Do you have a Commercial Driver's license? ☐ Yes ☒ No

License Number: [REDACTED]

Expiration Date: [REDACTED] Restrictions: None

2. Do you hold or have you ever held an automobile operator's license or commercial Driver's License (CDL) in another state? ☐ Yes ☒ No

If yes, please provide state(s), name used, and approximate dates license(s) was/were held:

N/A
N/A
N/A

3. Have you ever been denied issuance of a license or have you ever had a license suspended or revoked? ☒ Yes ☐ No

If yes list from what State and reason

License were Suspended BY Kentucky for A speeding
Ticket that I paid But For some reason my License
were suspended, I contacted Kentucky and they fixed the
Problem.

Military History

1. Have you ever served on active duty in the Armed Forces of the United States?

() Yes (X) No Branch of Service: N/A

Highest Rank: N/A Serial Number: N/A

Duty Dates: From: N/A To: N/A From: N/A To: N/A

From: N/A to: N/A From: N/A To: N/A

2. Date of Discharge: N/A

3. Form of Discharge: N/A

3. Are you now or have you ever been a member of a reserve unit or the National Guard? () Yes (X) No

4. If yes, state branch of service, name and location of your unit and whether you attend drills, meetings, or camps:

N/A

N/A

N/A

5. Was any type of disciplinary action taken against you in the service?

() Yes (X) No

If yes, please provide: Date: N/A Place: N/A

Nature of Offense: N/A

Action Taken: N/A

Business Interests & Licenses

1. Do you or have you ever owned any stock or interest in any firm, partnership or corporation dealing wholly or partly in the sale or distribution of alcoholic beverages?

() Yes (☒) No

2. Are you now issued or have you ever been issued a license to engage in a business or profession?

() Yes (☒) No

3. Was license ever cancelled, suspended, or revoked? () Yes (☒) No

If yes to question #1, #2, or #3, please provide details:

N/A

N/A

N/A

Personal References & Acquaintances

1. Personal References: Give three (3) references (not relatives, former or present employers, fellow employees, or school teachers) who are responsible adults of reputable standing in their communities, such as property owners, business or professional men or women, who have known you for the past five (5) years. If retired, give former occupation.

Name	Street Address	City, State	Occupation	Years Known	Phone
DAVID W. WERT			Police officer	6 yrs	
LT. GARY VINGE			Detective	25 yrs	
STEVEN E. SCHNEIDER			Police officer	5 yrs	

2. Social Acquaintances: Give three (3) social acquaintances who have known you well for the past five (5) years.

Name	Street Address	City, State	Occupation	Years Known	Phone
Jason L. Galloway	2307 Central Parkway	Warren OH	Plastic Factory	21 yrs	
Thurston Windbush	802 Belva Ave	Warren OH	Security Guard	6 yrs	

3. Are you acquainted with any members of the Trumbull County Sheriff's Office? If so, list name (s) and your relationship to each.

ReServe Officer Thurston Windbush Friend

Organization Membership

1. List all clubs of which you are or have been a member. Please exclude the Name of any club or organization which may reveal your membership in a protected group including race, color, religion, sex, national origin, handicap, age, or ancestry.

Name	City & State	Former	Present (list position held & describe activity
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A

2. Are you now or have you ever been a member of any foreign or domestic organization, association, movement, group, or combination of persons which has adopted, or shows a policy of advocating or approving the commission of acts of force or violence to deny other persons their rights under the Constitution of the United States, or which seeks to alter the form of government of the United States by unconstitutional means ?

() Yes (X) No

3. Have you ever made a financial or other material contribution to any organization of the type described in question # 2 above ?

() Yes (X) No

4. At the time of your membership, participation, or contribution, did you know of any unlawful aims of the organization ? () Yes (X) No

5. Did you intend to promote any unlawful aims of the organization?
() Yes (X) No If yes to question # 2, # 3, # 4, or # 5, explain,
including the name of the organization and its location.

N/A

N/A

N/A

Applicant's Certification

I understand that my appointment will be contingent upon the results of a complete background investigation. I am aware that any omission, falsification, misstatement, or misrepresentation will be the basis for my disqualification as an applicant or my dismissal from the Sheriff's Office. I agree to the conditions and certify that all statements made by me on this application are true and complete, to the best of my knowledge. I also understand that I will be fingerprinted. I understand that this employment application shall become the property of the Trumbull County Sheriff's Office and that it and the information received in response to the background examination are public records.

I also understand that I may be required to furnish the Sheriff's Office with a copy of my Income Tax Return for the year preceding this application and for each year during my employment or appointment.

I further understand and agree that my employment or appointment will be contingent upon the results of a complete drug test.

I understand that the use of drugs or alcohol is not permitted during work time, whether paid or unpaid, in the areas, including vehicles, where work is performed by employees or appointees.

I understand that my continued employment or appointment may be contingent upon the results of medical or psychological examinations that I may be required to take during the term of employment or appointment and the maintenance of personal physical fitness, to the degree necessary, to perform satisfactorily the duties of my position or assignment with the Trumbull County Sheriff's Office.

I understand the following types of information will be collected: employment and educational histories; medical, military, insurance, credit and financial information, motor vehicle and police records; information about your abilities, family, character, lifestyle, and organization memberships, and information about any current drug use via drug testing. Information will be obtained by letter, by telephone, and by personal interview with both primary and secondary sources. This information is used as one element for appointment decisions.

I authorize any of the persons or organizations referenced in this application to furnish information, personal or otherwise regarding my ability and fitness for employment or appointment with the Sheriff's Office and I relieve all such parties from any and all liability for any damage that might result from furnishing such information to the Sheriff's Office.

I agree to conform to the rules, regulations, and orders of the Sheriff's Office and acknowledge that these rules, regulations, and orders may be changed, interpreted, withdrawn, or added to by the Sheriff's Office, at its discretion, at any time and without any prior notice to me.

Subscribed and sworn to me according to the law by the above named applicant on this 26th
day of March, 2007.


Melissa E. Fields
Notary Public



MELISSA E FIELDS
Notary Public, State of Ohio
My Commission Expires
7 / 11 / 10

This page has been left blank for your use to provide additional information.
indicate page number and question number.

Employment History Question #2: I was fired from —
J.A. McMAHON in [REDACTED] for unknown reason, I
was called in the office and was told I was a problem
and was asked to leave.

Name: [REDACTED]

Social Security Number: [REDACTED]

Confidential Employee History

1. Applicant's Current Address :

[REDACTED]

2. Spouse's Name and Address (if different):

Name N/A Social Security Number _____

Address N/A

City N/A County _____ State _____ Zip Code _____

3. Children's Name and Ages : (Voluntary)

Name	Age	Address (if Different)

4. Former Spouse(s) Name and Address:

Name N/A

Address N/A

City N/A County N/A State N/A Zip Code N/A

5. Can you perform the essential functions of the job duties set forth in the job description for which you applied, either with or without reasonable accommodation ? ☒ Yes ☐ No

6. For job descriptions which include testing or examination, can you take the test examination either with or without a reasonable accommodation ? ☒ Yes ☐ No

7. Do you now, or have you possessed, supplied, or sold any narcotic or controlled substance such as, but not limited to, marijuana, hashish, cocaine, LSD, amphetamines, heroin, steroid or any drug of a similar nature ? ☐ Yes ☒ No

If yes, please complete the following:

- a. Drug : N/A
- b. Circumstances : N/A
- c. Number of times possessed/supplied/sold : N/A
- d. First time possessed/supplied/sold : N/A
- e. Last time possessed/supplied/sold : N/A

8. Do you currently use any narcotic or controlled substance, such as those listed in paragraph 7 or have you used such a narcotic or controlled substance within the last year? ☐ Yes ☒ No

9. Please provide name and address of next of kin or other person to be contacted in case of emergency:

[Redacted area for next of kin information]

10. Please provide the name and address of your personal or family physician to be contacted in case of emergency:

[Redacted area for physician information]

Business Phone

Notice

All applicants are subject to a medical examination as well as drug screening. Only applicants that pass the above listed testing will be considered for employment.

Notice

If you need a question further answered or further information on completing this application, contact:

Trumbull County Sheriff's Office

Personnel Director
150 High Street
Warren, Ohio 44481

(330) 675-2508

Applicant Activity Log – For Office Use Only

Date	By Whom	Description

For Office Use Only

- | | | |
|--|---|--|
| ☐ High School Diploma | ☐ Ohio Driver's License | ☐ Complete addresses info |
| ☐ Discharge-DD214 | ☐ Notarized Authorization | ☐ Citizenship Certification |
| ☐ SS Card | ☐ License or Certification | ☐ Name Changes or Alias |
| ☐ Drivers License | ☐ References/ Employers | |

APPLICANTS NAME



DATE:

4/2/08

What is your work experience up to this point?

RESERVE DED.
DRIVER FOR VISTA WINDOWS

What do you do in your spare time?

Do you have any specific talents that relate to this line of work?

CARWASH COACHING

What community activities are you involved in?

Do you have any problems with working off shifts or working weekends or Holidays?

Yes

☒ No

Possibly

Do you have any problems working with or dealing with minorities?

Yes

☒ No

Possibly

Do you now, or have you ever held a commission with any department?

☒ Yes

No

Where: TCSO

When:

Do you have your Corrections School?

2/1/0

When did you attend?

Where did you rank in your class?

out of how many?

Did you attend college?

Yes

No

Where did you attend college?

NONE

Did you earn a degree?

Yes

No

What degree did you earn?

N/A

What was your grade point average?

Have you ever worked in Law Enforcement? RESERVE TISO

Why do you want to become a corrections officer? LE. DEPT.

What do you feel the duties are as a corrections officer? Control

How do you feel about working with inmates? ok

How do you feel about possibly being involved in a physical altercation with a prisoner? ok

On a scale of 1 - 10 how do you rate yourself on multitasking? 4/7

How would you rate your ability to solve problems in the jail settings? 8

How would you rate your ability to handle stressful situations?

¹⁻¹⁰ 7. (EVEN TEMPERED)
RACIAL BITHETS THROWN @ HIM BY AN ARRESTEE. NO RESPONSE.

What are your long term goals with your career?

RETIREMENT. LONG TERM. ROAD IS NOT A PRIORITY.

How do you feel the Sheriff's Office would benefit from your employment?

LOYALTY. ATTENDANCE.
RARELY CALLS OFF. MOTIVATED. WILLING TO LEARN + EARN.

Do you have any questions?

RETIREMENT PLAN?

Poor-----Excellent

Overall Appearance

1 2 3 4 5

Attitude

1 2 3 4 5

MY COMMENTS ON THIS INTERVIEW AND APPLICANT

PRESENTLY RES. ROAD DEP.

MY OVERALL RATING FOR THIS APPLICANT

POOR-----EXCELLIENT

1 2 3 4 5

Signature:



APPLICANTS NAME



DATE:

4 / 3 / 08

What is your work experience up to this point?

O.K.

What do you do in your spare time?

Exercise

Do you have any specific talents that relate to this line of work?

Knowledge of Law
Enforcement

What community activities are you involved in?

Baseball

Do you have any problems with working off shifts or working weekends or Holidays?

Yes

☒ No

Possibly

Do you have any problems working with or dealing with minorities?

Yes

☒ No

Possibly

Do you now, or have you ever held a commission with any department?

☒ Yes

No

Where:

TCSO

When:



Do you have your Corrections School?

No

When did you attend?

Where did you rank in your class?

out of how many?

Did you attend college?

Yes

No

Where did you attend college? _____

Did you earn a degree?

Yes

No

What degree did you earn? _____

What was your grade point average? _____

Have you ever worked in Law Enforcement? _____

TCSO

Why do you want to become a corrections officer? Steady Job.

What do you feel the duties are as a corrections officer? Good Maintaining Control
+ Order

How do you feel about working with inmates? good

How do you feel about possibly being involved in a physical altercation with a prisoner? good

On a scale of 1 - 10 how do you rate yourself on multitasking? 6-7 work.

How would you rate your ability to solve problems in the jail settings? 8

How would you rate your ability to handle stressful situations? 7

What are your long term goals with your career? Stable Job.

How do you feel the Sheriff's Office would benefit from your employment? Loyalty,
Willing to Learn

Do you have any questions?

ASKED QUESTIONS

Poor-----Excellent

Overall Appearance

1 2 3 (4) 5

Attitude

1 2 3 (4) 5

MY COMMENTS ON THIS INTERVIEW AND APPLICANT

+ Size

+ KNOWS ~~how~~ what to expect

+ Kinda Bland

+ Unmotivated

MY OVERALL RATING FOR THIS APPLICANT

POOR-----EXCELLIENT

1 2 (3) + (4) 5

Signature: _____

[Handwritten Signature]

APPLICANTS NAME



DATE:

9-17-08

What is your work experience up to this point?

14 MONTHS

What do you do in your spare time?

CRS.

Do you have any specific talents that relate to this line of work?

RESERVE SITS

What community activities are you involved in?

Do you have any problems with working off shifts or working weekends or Holidays?

Yes

☒ No

Possibly

Do you have any problems working with or dealing with minorities?

Yes

☒ No

Possibly

Do you now, or have you ever held a commission with any department?

☒ Yes

No

Where:

TC50

When:

Do you have your Corrections School?

N/P

When did you attend?

Where did you rank in your class?

out of how many?

Did you attend college?

Yes

No

Where did you attend college? _____

Did you earn a degree?

Yes

No

What degree did you earn? _____

What was your grade point average? _____

Have you ever worked in Law Enforcement? _____

Why do you want to become a corrections officer? _____

stability /

What do you feel the duties are as a corrections officer? _____

Basic / Knowledge

How do you feel about working with inmates? _____

good

How do you feel about possibly being involved in a physical altercation with a prisoner? _____

good

On a scale of 1 - 10 how do you rate yourself on multitasking? _____

10 / -

How would you rate your ability to solve problems in the jail settings? _____

8

How would you rate your ability to handle stressful situations? 9 works out to

What are your long term goals with your career?

How do you feel the Sheriff's Office would benefit from your employment? Doesn't call off
Motivated -

Do you have any questions?

OK-

Poor-----Excellent

Overall Appearance

1 2 3 4 (5)

Attitude

1 2 3 (4) 5

.....
MY COMMENTS ON THIS INTERVIEW AND APPLICANT

MY OVERALL RATING FOR THIS APPLICANT

POOR-----EXCELLIENT

1 2 3 (4) 5

Signature: Eric J. [Signature]

APPLICANTS NAME



DATE:

9/17/00

What is your work experience up to this point?

What do you do in your spare time?

Do you have any specific talents that relate to this line of work?

What community activities are you involved in?

Do you have any problems with working off shifts or working weekends or Holidays?

Yes

☒ No

Possibly

Do you have any problems working with or dealing with minorities?

Yes

☒ No

Possibly

Do you now, or have you ever held a commission with any department?

☒ Yes

No

Where:

TCSO

When:

Do you have your Corrections School?

NOT YET.

When did you attend?

Where did you rank in your class?

out of how many?

Did you attend college?

Yes

☒ No

Where did you attend college? _____

Did you earn a degree?

Yes

☒ No

What degree did you earn? _____

What was your grade point average? _____

Have you ever worked in Law Enforcement? TCSO RESERVE - 18 mos.

Why do you want to become a corrections officer? _____

What do you feel the duties are as a corrections officer? _____

How do you feel about working with inmates? _____

How do you feel about possibly being involved in a physical altercation with a prisoner? _____

AWARE OF POTENTIAL.

On a scale of 1 - 10 how do you rate yourself on multitasking? 6-7.

How would you rate your ability to solve problems in the jail settings? 8.

How would you rate your ability to handle stressful situations? 9. GYM!

What are your long term goals with your career? CAREER

How do you feel the Sheriff's Office would benefit from your employment? MOTIVATED. EAGER TO LEARN. ~~(NO CALL OFF.~~
3 X'S 0 PRESENT. RB.)

Do you have any questions?

Poor-----Excellent

Overall Appearance

1 2 3 4 5
SHIRT & TIE

Attitude

1 2 3 4 5

MY COMMENTS ON THIS INTERVIEW AND APPLICANT

2nd INTERVIEW.

I LIKE HIM.

MY OVERALL RATING FOR THIS APPLICANT

POOR-----EXCELLIENT

1 2 3 4 5

Signature:

OB AW

APPLICANTS NAME



DATE:

9/17/08

What is your work experience up to this point?

1-YEAR-ON the Road
Ri-Deputy.

What do you do in your spare time?

WORK OUT - have duties w/ family

Do you have any specific talents that relate to this line of work?

RESERVE Deputy

What community activities are you involved in?

Do you have any problems with working off shifts or working weekends or Holidays?

Yes

☒ No

Possibly

Do you have any problems working with or dealing with minorities?

Yes

☒ No

Possibly

Do you now, or have you ever held a commission with any department?

☒ Yes

No

Where:

TC'so

When:

Active

Do you have your Corrections School?

No

When did you attend?

Kent State Police Acad.

Where did you rank in your class?

out of how many?

Did you attend college?

Yes

☒ No

Where did you attend college? _____

Did you earn a degree?

Yes

☒ No

What degree did you earn? _____

What was your grade point average? _____

Have you ever worked in Law Enforcement? _____

First Time

Why do you want to become a corrections officer? _____

Need a high paying job.

What do you feel the duties are as a corrections officer? _____

How do you feel about working with inmates? _____

with anyone

EASY GOING, ABLE to work

How do you feel about possibly being involved in a physical altercation with a prisoner? _____

To work with inmates.

Ability

On a scale of 1 - 10 how do you rate yourself on multitasking? _____

6-7

How would you rate your ability to solve problems in the jail settings? _____

8

How would you rate your ability to handle stressful situations? 9 - worth out to
RELIEVE STRESS. ~~6.5~~

What are your long term goals with your career? RESERVE

How do you feel the Sheriff's Office would benefit from your employment? Don't Call off
WILLING TO LEARN, ~~AND MORE~~

Do you have any questions?

Poor-----Excellent

Overall Appearance

1 2 3 4 (5)

Attitude

1 2 3 (4) 5

.....
MY COMMENTS ON THIS INTERVIEW AND APPLICANT

Good Job! Needs to be employed.

MY OVERALL RATING FOR THIS APPLICANT

POOR-----EXCELLIENT

1 2 3 4 (5)

Signature: Michael Howard

APPLICANTS NAME



DATE: 4-2-08

What is your work experience up to this point?

Body Shop, Truck Driver

What do you do in your spare time?

Work-out

Do you have any specific talents that relate to this line of work?

Law Enforcement

What community activities are you involved in?

Coach baseball

Do you have any problems with working off shifts or working weekends or Holidays?

Yes

☒ No

Possibly

Do you have any problems working with or dealing with minorities?

Yes

☒ No

Possibly

Do you now, or have you ever held a commission with any department?

☒ Yes

No

Where: TCSO

When:



(ACADEMY)

Do you have your Corrections School? NO

When did you attend?

Where did you rank in your class?

out of how many?

Did you attend college?

Yes

No

Where did you attend college? _____

Did you earn a degree?

Yes

No

What degree did you earn? _____

What was your grade point average? _____

Have you ever worked in Law Enforcement?

YES - TCSO

Why do you want to become a corrections officer?

Good, Steady Job

What do you feel the duties are as a corrections officer?

Maintain control and order of the jail

How do you feel about working with inmates?

No problem

How do you feel about possibly being involved in a physical altercation with a prisoner?

some exp.

On a scale of 1 - 10 how do you rate yourself on multitasking?

6-7

How would you rate your ability to solve problems in the jail settings?

8

think like others think

How would you rate your ability to handle stressful situations? (7) Professional

What are your long term goals with your career? Retirement,

good, stable job

How do you feel the Sheriff's Office would benefit from your employment? Loyalty,
never calls off, motivated, any shift, overtime

Do you have any questions?

Poor-----Excellent

Overall Appearance

1 2 3 4 5

Attitude

1 2 3 4 5

.....

MY COMMENTS ON THIS INTERVIEW AND APPLICANT

Some experience.

looking for long term work

MY OVERALL RATING FOR THIS APPLICANT

POOR-----EXCELLIENT

1 2 3 4 5

Signature: W. O'Brien

APPLICANTS NAME



DATE:

4/2/08

What is your work experience up to this point?

BODY SHOP (5 yrs.), VISTA (TRUCK-DRIVER)

What do you do in your spare time?

WORK-OUT

Do you have any specific talents that relate to this line of work?

Gen Knowly. L.E.

What community activities are you involved in?

TAUGHT BASE BALL,

Do you have any problems with working off shifts or working weekends or Holidays?

Yes

☒ No

Possibly

Do you have any problems working with or dealing with minorities?

Yes

☒ No

Possibly

Do you now, or have you ever held a commission with any department?

☒ Yes

No

Where:



ACADEMY

When:

Do you have your Corrections School?

NO

When did you attend?

Where did you rank in your class?

out of how many?

Did you attend college?

Yes

No

Where did you attend college? _____

Did you earn a degree?

Yes

No

What degree did you earn? _____

What was your grade point average? _____

Have you ever worked in Law Enforcement? NO

Why do you want to become a corrections officer? STEADY JOB,

What do you feel the duties are as a corrections officer? MAINTAIN THE

Control + Order of Jail.

How do you feel about working with inmates? NO PROBLEM.

STANDOFF / CAMPGROUND.

How do you feel about possibly being involved in a physical altercation with a prisoner? _____

NO PROBLEM. LIGHTLY TESTED THIS FAR.

On a scale of 1 - 10 how do you rate yourself on multitasking? 6 or 7 Honestly

TRUCKING INDUSTRY

How would you rate your ability to solve problems in the jail settings? 8

How would you rate your ability to handle stressful situations?

7

Good Temp

USE OF "N" WORD.

What are your long term goals with your career? HAVE A GOOD CAP

How do you feel the Sheriff's Office would benefit from your employment?

Loyalty - Don't Call off a lot

MOTIVATED TO LEARN

FLEXIBLE

Do you have any questions?

Pension ?

Poor-----Excellent

Overall Appearance

1 2 3 4 5

Attitude

1 2 3 4 5

.....
MY COMMENTS ON THIS INTERVIEW AND APPLICANT

MY OVERALL RATING FOR THIS APPLICANT

POOR-----EXCELLIENT

1 2 3 4 5

Signature: _____

[Handwritten Signature]

APPLICANTS NAME



DATE:

4/2/07

What is your work experience up to this point?

body shop

currently Vista Windows (truck driver)

What do you do in your spare time?

work out & hang out @ home.

Do you have any specific talents that relate to this line of work?

General knowledge

of law enforcement

What community activities are you involved in?

use to coach

baseball

Do you have any problems with working off shifts or working weekends or Holidays?

Yes

☒ No

Possibly

Do you have any problems working with or dealing with minorities?

Yes

☒ No

Possibly

Do you now, or have you ever held a commission with any department?

☒ Yes

No

Where:

Trumbull

When:



Do you have your Corrections School?

No

When did you attend?

n/a

Where did you rank in your class?

out of how many?

Did you attend college?

Yes

No

Where did you attend college? _____

Did you earn a degree?

Yes

No

What degree did you earn? _____

What was your grade point average? _____

N/A

Have you ever worked in Law Enforcement? _____

reserve

Why do you want to become a corrections officer? _____

Good job & in the field of law enforcement.

What do you feel the duties are as a corrections officer? _____

Maintain control of the jail.

How do you feel about working with inmates? _____

No problem w/ it.

How do you feel about possibly being involved in a physical altercation with a prisoner? _____

Stand off w/ a guy w/ a shotgun. No problem

On a scale of 1 - 10 how do you rate yourself on multitasking? _____

6-7 track mileage, locations etc

How would you rate your ability to solve problems in the jail settings? _____

8- Reserve duties

How would you rate your ability to handle stressful situations? 7 - has good temper.

work as a reserve all duties are stressful

What are your long term goals with your career? Jak to retire from

this job would be good.

How do you feel the Sheriff's Office would benefit from your employment?

Age off. Wants to learn, helps lots of training etc. Javal doesn't

Do you have any questions?

Poor-----Excellent

Overall Appearance

1 2 3 4 5

Attitude

1 2 3 4 5

MY COMMENTS ON THIS INTERVIEW AND APPLICANT

currently a Reserve,
dressed nice but ~~not~~ pressed shirt

MY OVERALL RATING FOR THIS APPLICANT

POOR-----EXCELLIENT

1 2 3 4 5

Signature:

Reserve

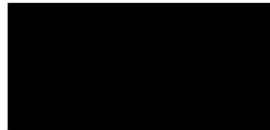


**Myrtle Beach Municipal Court
1101 Oak Street
Myrtle Beach, SC 29577**

Phone: 843-918-1356
Fax: 843-918-1446

Record Check Disposition:

Name:



Date of Birth:

Social Security #:

XXX-XX-XXXX

Date of Arrest:



Disposition Date:

Citation Number:

Charge:

Assault & Battery 3rd Degree

Disposition:

Nolle Prosequi

**Kathleen Walsh
Ministerial Recorder**

October 16, 2014

Leslie Stredney

From: Tag Ohio
Sent: Monday, March 21, 2016 2:52 PM
To: Leslie Stredney
Subject: Re: Ohio Attorney General's Office is now accepting applications for the 2016-2017 Drug Use Prevention Grant

10/16/2014 13:58 8439181446



Myrtle Beach M
1101 Oal
Myrtle Beacl

Phone: 843.
Fax: 843.

Record Check Disposition:

Name:

Date of Birth:

Social Security #:

XXX-XX-XXXX

Date of Birth:

INCIDENT DATA

Location of Incident
501 Flagg St, Myrtle Beach SC 29577-

Case#	[REDACTED]
Date / Time	[REDACTED] 15:15 Sat
Last Known Secure	[REDACTED] 13:12 Sat
At Found	[REDACTED] 13:12 Sat

#1	Crime Incident(s) <i>Assault / Simple Assault</i> <i>13B</i>	(Com) M	Weapon / Tools <i>Hands, personal Weapons</i>			Activity N
			Entry	Exit	Security	
#2	Crime Incident	()	Weapon / Tools			Activity
			Entry	Exit	Security	
#3	Crime Incident	()	Weapon / Tools			Activity
			Entry	Exit	Security	

MO

# of Victims		1		Type: INDIVIDUAL		Injury: Apparent Minor Injury					
V1	Victim/Business Name (Last, First, Middle) SANTILLIAN, ISRAEL VALENCIA				Victim of Crime # I.	DOB 11/22/1985 Age 28	Race W	Sex M	Relationship To Offender 1ST	Resident Status	Military Branch/Status
Home Address 1090 INGLEWOOD DR, Louisburg, NC 27549-										Home Phone [REDACTED]	
Employer Name/Address							Business Phone		Mobile Phone		
VYR	Make	Model	Style	Color	Lic/Lis		VIN				

OTHERS INVOLVED

CODES: V - Victim (Denote V2, V3) O = Owner (if other than victim) R = Reporting Person (if other than victim)											
Type:		Injury:									
Code	Name (Last, First, Middle)	Victim of Crime #	DOB Age	Race	Sex	Relationship To Offender	Resident Status	Military Branch/Status			
Home Address							Home Phone				
Employer Name/Address					Business Phone			Mobile Phone			
Type:		Injury:									
Code	Name (Last, First, Middle)	Victim of Crime #	DOB Age	Race	Sex	Relationship To Offender	Resident Status	Military Branch/Status			
Home Address							Home Phone				
Employer Name/Address					Business Phone			Mobile Phone			

PROPERTY

[illegible]

Officer/ID#	REGINA, W. (7794)	
Invest ID#	REGINA, W. (7794)	Supervisor GARRETT, J. (9018)

Status	Complainant Signature	Case Status Active	Case Disposition:	Page 1
--------	-----------------------	-----------------------	-------------------	--------

10:28

Page 2

Case#

Status Codes 1 = None 2 = Burned 3 = Counterfeit / Forged 4 = Damaged / Vandalized 5 = Recovered 6 = Seized 7 = Stolen 8 = Unknown

[illegible]

Assisting Officers

Suspect Hate / Bias Motivated:

Page 2

NARRATIVE

UPON ARRIVAL THE I/O OBSERVED A FEMALE ON THE GROUND BEHIND THE VICTIMS VEHICLE WHO STATED SHE WAS INJURED. THE I/O REQUESTED EMS AND PROCEED TO MAKE CONTACT WITH THE VICTIM (OPERATOR OF THE VEHICLE). THE VICTIM WAS LYING BESIDE THE DRIVERS DOOR ON THE GROUND AND APPEARED TO BE SEMI-CONSCIOUS. AFTER GAINING SOME COMPOSURE THE VICTIM STATED HE WAS BACKING HIS VEHICLE UP TO GET A PARKING SPACE WHEN THE FEMALE RAN TOWARDS THE ROAD. THE VICTIM STEPPED OUT TO CHECK ON THE FEMALE AND WAS ASSAULTED BY THE OFFENDER. THE I/O LOCATED THE OFFENDER WHO STATED HIS WIFE WAS STRUCK BY THE VEHICLE. THE OFFENDER STATED THE OFFENDER BACKED UP INTO HIS WIFE ON PURPOSE AND THEN EXITED HIS VEHICLE IN AN ATTEMPT TO ASSAULT THE OFFENDER.

THE I/O REVIEWED VIDEO SURVEILLANCE FROM THE BUDGET INN WHICH HAS A CAMERA MOUNTED ON THEIR BUILDING POINTING TO THE EXACT LOCATION WHERE THE TRAFFIC ACCIDENT OCCURRED. UPON REVIEW OF THE FOOTAGE, THE I/O COULD CLEARLY SEE THE OFFENDER AND HIS FAMILY EXIT THE EAST SIDE OF THE BAYVIEW PARKING GARAGE HEADING EAST TOWARDS FLAGG ST. THE VICTIMS VEHICLE CAN BE SEEN HEADING SOUTH BOUND ON FLAGG ST, PASSING THE OFFENDER AND HIS FAMILY WHO ARE STILL UP ON THE SIDEWALK. THERE DID NOT APPEAR TO BE ANY PRIOR CONFRONTATION OR CONTACT BETWEEN THE VICTIM AND THE OFFENDER OR HIS FAMILY AS THE VICTIM PASSED. AS THE OFFENDER AND HIS FAMILY ENTER THE ROADWAY TO CROSS THE STREET, THE VICTIMS CAR SUDDENLY APPEARS AGAIN TRAVELING IN REVERSE NORTH BOUND AND STRIKES THE OFFENDERS WIFE AND COMES TO A SUDDEN STOP. THE OFFENDER AND HIS FAMILY DID NOT AT ANYTIME APPEAR TO BE RUNNING OUT INTO THE STREET AS STATED BY THE VICTIM.

AT THIS TIME THE FOOTAGE SHOWS THE OFFENDER REACT TO HIS WIFE BEING STRUCK BY KICKING THE PASSENGER SIDE OF THE VEHICLE SEVERAL TIMES. THE VICTIM EXITS HIS VEHICLE BUT DOES NOT APPEAR TO BE ACTING DISORDERLY. THE OFFENDERS SON BEGINS TO PULL ON THE VICTIM AT WHICH TIME THE OFFENDER RUNS AROUND TO THE DRIVERS SIDE OF THE VEHICLE AND BEGINS TO PUNCH THE VICTIM IN THE HEAD AND FACE NUMEROUS TIMES. THE VICTIM FALLS TO THE GROUND AND THE OFFENDER CONTINUES TO ASSAULT THE VICTIM.

THE I/O DID OBSERVE SEVERAL BUMPS AND BRUISES ON THE VICTIMS FACE AND HEAD. PHOTOS OF THE VICTIMS INJURIES WERE OBTAINED BY THE I/O AND PLACED INTO THE RECORDINGS FILE FOLDER. CRIME SCENE OFFICER MATTESON RESPONDED TO THE SCENE AND OBTAINED A COPY OF THE SURVEILLANCE FOOTAGE FROM THE BUDGET INN. A WRITTEN STATEMENT WAS OBTAINED FROM THE VICTIM AND PLACED INTO THE RECORDS

INCIDENT/INVESTIGATION REPORT

Narr. (cont.) OCA: [REDACTED]

Myrtle Beach Police Department

Page 3

BASKET. CPL. GARRETT WAS NOTIFIED AND ON SCENE. PFC. DEPAULA WAS ALSO ON SCENE AND COMPLETED A TRAFFIC REPORT (# [REDACTED]).

BASED ON THE VIDEO SURVEILLANCE FOOTAGE, VICTIMS STATEMENTS AND THE VICTIMS VISIBLE INJURIES THERE WAS PROBABLE CAUSE TO BELIEVE THE OFFENDER COMMITTED ASSAULT THIRD DEGREE AND WAS ARRESTED ON SCENE.

Incident Report Suspect List

Myrtle Beach Police Department

OCA: [REDACTED]

1	Name (Last, First, Middle)						Also Known As				Home Address			
	[REDACTED]										[REDACTED]			
	Business Address													
DOB		Age	Race	Sex	Eth	Hgt	Wgt	Hair	Eye	Skin	Driver's License / State.			
[REDACTED]											[REDACTED]			
Scars, Marks, Tattoos, or other distinguishing features														
Reported Suspect Detail			Suspect Age			Race	Sex	Eth	Height		Weight		SSN	
Weapon, Type		Feature		Make		Model			Color		Caliber		Dir of Travel	
													Mode of Travel	
Veh Yr/Make/Model			Drs	Style		Color			Lic/St			VIN		
Notes										Physical Char				

SOUTH CAROLINA DPS/OHS & DMV USE ONLY										Page # 1 Of 1										SOUTH CAROLINA TRAFFIC COLLISION REPORT FORM										# Of Units 02										Amended - Attach Copy of Original Report										Notified 1314										Arrived 1338									
Date		Time of Collision		County		1-Interstate 2-US Primary 3-SC Primary		4-Secondary 5-County 6-PP		Collision Location (Rt. # / Name) 5 / FLAGG ST										Main Line 2-Alternate 5-Spur		6-Connection 7-Business		Miles:		Dir. N E S W		In Near City or Town of: MYRTLE BEACH																																									
Lane # / Dir.		Distance Offset		Direction		1-Interstate 2-US Primary 3-SC Primary		4-Secondary 5-County 6-Other		Base Intersection (Rt. # / Name) From 208 / 5TH AVE N										Main Line 2-Alternate 5-Spur		6-Connection 7-Business 9-Other		GPS COORDINATES 00 00' 00.00" DEGREES MINUTES SECONDS																																													
# 1 2 3		.01		S W						Second Intersection (Rt. # / Name) Toward 166 / 6TH AVE N										Main Line 2-Alternate 5-Spur		6-Connection 7-Business 9-Other		Latitude 33 41 17.81 Longitude 78 53 03.06																																													
R.R. Id.		From		To		1-Interstate 2-US Primary 3-SC Primary		4-Secondary 5-County 6-Other																																																													
		Ramp Only		Entrance Exit																																																																	
F-352823										Driver/Pedestrian's Full Name SANTILLIAN ISRAEL VALENCIA										F-352926										Driver/Pedestrian's Full Name																																							
Unit #		Sex		Race		Street				Unit #										Sex		Race		Street																																													
01		M		H		109 INGLEWOOD DR				02																																																											
#Occ		Birth Date		City, State, & Zip						#Occ										Birth Date		City, State, & Zip																																															
3		11-22-1985		LOUISBURG NC 27549						1																																																											
State		Driver's License #		Class		Insurance Company				State										Driver's License #		Class		Insurance Company																																													
NC				C		TITAN																																																															
Year		Body		Vehicle Make		VIN #				Year										Body		Vehicle Make		VIN #																																													
2014		4S		LEXS		JTHBF1D20E5034456																																																															
State		Year		License Plate #		Owner's D.L. #				State										Year		License Plate #		Owner's D.L. #																																													
NC		2014		CHL3484		NONE																																																															
Home Telephone		Owner's Full Name								Home Telephone										Owner's Full Name																																																	
		SANTILLIAN ISRAEL VALENCIA																																																																			
Bus. Telephone		Street								Bus. Telephone										Street																																																	
()		PO BOX 406								()																																																											
Contributed To Collision		City, State, & Zip								Contributed To Collision										City, State, & Zip																																																	
Yes No		CASTALIA NC 27816								Yes No																																																											
Estimated Speed		Speed Limit		C.D.L. Req: Yes No		T/B S Req: Yes No		Alc/Drg Info (see back): Yes No		Estimated Speed										Speed Limit		C.D.L. Req: Yes No		T/B S Req: Yes No		Alc/Drg Info (see back): Yes No																																											
10		25		Summons #		Code		Summons #														Summons #		Code		Summons #		Code																																									
Driver/Pedestrian's Full Name										State										Year		License Plate #		Owner's D.L. #																																													
Unit # Sex Race Street										Home Telephone												Owner's Full Name																																															
#Occ Birth Date City, State, & Zip										Bus. Telephone												Street																																															
State Driver's License # Class Insurance Company										Contributed To Collision										City, State, & Zip																																																	
Year Body Vehicle Make VIN #										Yes No																																																											
Dir. of Travel: Unit 1: (N) S E W Unit 2: N S (E) W Unit 3: N S E W										Estimated Speed										Speed Limit		C.D.L. Req: Yes No		T/B S Req: Yes No		Alc/Drg Info (see back): Yes No																																											
										Summons #										Code		Summons #		Code		Towed By		Yes No																																									
Unit 1 Dam.										Unit 2 Dam.										Unit 3 Dam.										Prop. Dam. 1										Prop. Dam. 2																													
\$0										\$0										\$										\$										\$																													
Property Owner/Witness:										Property Owner/Witness:																																																											
Address										Address																																																											
State Zip: Phone																																																																					

[illegible]

Mail FR-10 to: SC Department of Motor Vehicles Office of Financial Responsibility (803) 896-5000 PO Box 1498, Blythewood, SC 29016				SOUTH CAROLINA DEPARTMENT OF MOTOR VEHICLES FR-10 (REV. 11/2011) NOTICE OF REQUIREMENT				Submit Electronically: Agents or Company Representatives can submit your insurance information at WWW.SC-ALIR.COM													
Date	Time	County	1-Interstate 2-US Primary 3-SC Primary		4-Secondary 5-County 6-PP	Collision Location (Rt. # / Name)		0-Main line 1-Alternate 2-Spur	6-Connection 7-Business	Miles:	Dir. N E S W	☒ Near City or Town of:									
	1312	26				5 / FLAGG ST						MYRTLE BEACH									
To Vehicle Owner/Operator																					
Failure to return this form to the Department of Motor Vehicles within 15 days from the date of the collision could result in the suspension of your driver license and registration privileges pursuant to South Carolina Code of Laws 56-9-351 and 56-10-530.																					
F-352823				Driver/Pedestrian's Full Name SANTILLIAN ISRAEL VALENCIA				F-352926				Driver/Pedestrian's Full Name HIPPLE SONYA									
Unit #	Sex	Race	Street/R.F.D.		City, State, & Zip		State		Year	Body	Vehicle Make	VIN #	Owner's D.L. #								
01	M	H	109 INGLEWOOD DR		LOUISBURG NC 27549		NC		2014	4S	LEXS	JTHBF1D20E5034456	NONE								
State				Driver's License #		Insurance Company:		State				Driver's License #		Insurance Company:							
NC						C TITAN		State													
Year				Vehicle Make		VIN #		Year				Vehicle Make		VIN #							
2014				4S LEXS		JTHBF1D20E5034456		Year													
State				License Plate #		Owner's D.L. #		State				License Plate #		Owner's D.L. #							
NC				2014 CHL3464		NONE		State													
Home Telephone				Owner's Full Name		Street/R.F.D.		City, State, & Zip		Home Telephone				Owner's Full Name							
				SANTILLIAN ISRAEL VALENCIA		PO BOX 406		CASTALIA NC 27816													
Bus. Telephone				City, State, & Zip		Contributed To Collision		Yes No		Bus. Telephone				City, State, & Zip							
				CASTALIA NC 27816		Yes No															
Driver/Pedestrian's Full Name														State		Year		License Plate #		Owner's D.L. #	
Unit # Sex Race Street/R.F.D.														Home Telephone		Owner's Full Name		Bus. Telephone		Street/R.F.D.	
#Occ Birth Date City, State, & Zip														Contributed To Collision		Yes No		City, State, & Zip			
State Driver's License # Insurance Company:														Accident Insurance Information for Unit # 02		Company Name		Area Code/Phone Number			
Year Body Vehicle Make VIN #														Agency Name		Policy Number					
All Units Insurance Information (to be completed by Investigating Officer)														Accident Insurance Information for Unit # 01		Company Name		Area Code/Phone Number			
Company Name TITAN														Agency Name		Policy Number					
Agency Name														Accident Insurance Information for Unit #		Company Name		Area Code/Phone Number			
														Agency Name		Policy Number					
Automobile Liability Insurance Information														Notice of Requirement Accepted		Signature		Y N Refused to Affix Signature?			
																		Y N Vehicle Subject to Registration in SC?			
To Be Completed Below or Entered at WWW.SC-ALIR.COM By Insurance Company representative. This form should not be mailed to DMV if Insurance Information has been submitted electronically														The information as contained herein is based solely upon my knowledge and belief as a representative of the above Insurance company and no warranty of liability is imputed into the above mentioned Insurance as I have listed herein		Signature		Title			
Reference to Unit #: _____, I here by affirm that to the best of my knowledge the vehicle described above was insured by the below stated Insurance company on the date of the collision.														Beginning Date:		Ending Date:		Policy Holder:			
Insurance Company														Policy #:		NAIC# (Assigned by S.C. Dept. of Ins.)		Bus. Telephone			
Notice: Failure to have this form completed by your insurance broker, agent, or representative and returned to the South Carolina Department of Public Safety within 15 days may result in suspension of your driving and/or registration privileges														Form FR-10 Not Issued: Section 56-10-520		No FR-10 Issued to Operator/ Owner of Unit #:		Summons issued to:			
If any of the below are applicable, Disregard the above portion.														Check here if a Form SR-23, Fleet policy of 25 or more vehicles is on file with the Department covering the vehicle		Check here if a certificate of self-insurance has been issued by the Department covering the vehicle and indicate the certificate number: SI - _____		Check here if liability insurance was not in effect to comply with South Carolina statutory			
														Signature		Date		Summons Number:			
														Investigating Officer's Name		Rank		Internal Agency Code			
DEPAULA, W														PFC		7909		2806			
														Reviewer's Name		Rank		14-016035			



This is to certify that



has successfully completed the Ohio LEADS testing on

February 9, 2024

by completing the following exam:

Inquiry Test

This certificate is good through

February 9, 2026



This is to certify that



has successfully completed the Ohio LEADS testing on

February 9, 2024

by completing the following exam:

Security and Privacy - General User

This certificate is good through

February 9, 2025

Emergency Management Institute



FEMA

This Certificate of Achievement is to acknowledge that



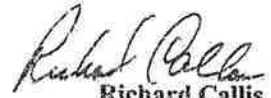
has reaffirmed a dedication to serve in times of crisis through continued professional development and completion of this course:

IS-00200

ICS for Single Resources and
Initial Action Incidents

Issued this 15th Day of August, 2006

0.3 CEU


Richard Callis
Acting Superintendent
Emergency Management Institute

FEMA Form 16-31, October 05

Emergency Management Institute



FEMA

This Certificate of Achievement is to acknowledge that



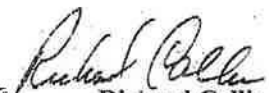
has reaffirmed a dedication to serve in times of crisis through continued professional development and completion of this course:

IS-00100

Introduction to the Incident Command System,
(ICS 100)

Issued this 15th Day of August, 2006

0.3 CEU


Richard Callis
Acting Superintendent
Emergency Management Institute

FEMA Form 16-31, October 05

DIVISION OF STATE FIRE MARSHAL

OHIO FIRE ACADEMY

CERTIFICATE OF TRAINING

Is awarded to:



In recognition of completion of the

HazMat & WMD Awareness - 6 hrs

1746-2007-407

01/30/2007-01/31/2007



Michael P. Bell
Michael P. Bell
State Fire Marshal



B. Frank Conway
B. Frank Conway
Superintendent

Emergency Management Institute



FEMA

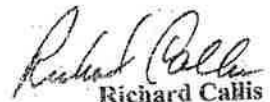
This Certificate of Achievement is to acknowledge that

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

IS-00800

National Response Plan (NRP), an Introduction

Issued this 15th Day of August, 2006


Richard Callis
Acting Superintendent
Emergency Management Institute

FEMA Form 16-31, October 05

0.3 CEU

Emergency Management Institute



FEMA

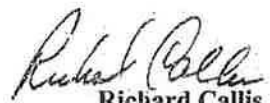
This Certificate of Achievement is to acknowledge that

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

IS-00700

National Incident Management System
(NIMS) an Introduction

Issued this 15th Day of August, 2006

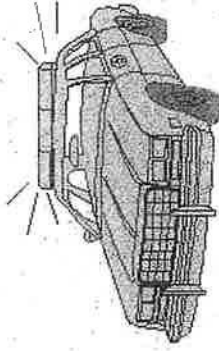

Richard Callis
Acting Superintendent
Emergency Management Institute

FEMA Form 16-31, October 05

0.3 CEU



S.T.O.P.S.



This is to certify that



has completed 20 hours of instruction in

Strategies & Tactics of Patrol Stops BASIC CERTIFICATION

held at

Kent State University (BPA)

awarded this **29th** day of **January 2007**.

Robert D. Magnuson
Robert D. Magnuson
DIRECTOR OF L.E.T.S.I.

Mark J. Dyer
Instructor

expires: 1 year

**HEARTSAVER
AED**

American Heart
Association



Fighting Heart Disease and Stroke

[REDACTED]
has successfully completed the national cognitive and skills evaluations
in accordance with the curriculum of the American Heart Association for
the Heartsaver Automated External Defibrillation Program.

12/06
Issue Date

12/08
Recommended Renewal Date

OHIO PEACE OFFICER TRAINING COMMISSION HANDGUN PROFICIENCY TESTING RECORD

STUDENT NAME: [REDACTED]
LAST NAME, FIRST NAME, M.I.

APPOINTING AGENCY: TRUMBULL COUNTY S.O. CHECK OPEN ENROLLMENT

HANDGUN MAKE: Glock MODEL: 22 CALIBRE: 40

SPO	ACTIVITY / TECHNIQUE	MINIMUM % REQUIREMENT	TEST #1 P / F	TEST #2 P / F
4-1-1	UNLOADING THE DOUBLE ACTION REVOLVER	100%	P	
4-1-2	LOWERING THE HAMMER ON THE DOUBLE ACTION REVOLVER	100%	P	
4-1-3	UNLOADING THE SEMI-AUTO PISTOL	100%	P	
4-3-1	SIGHT SHOOTING AT 50 FEET	80%	P	
4-4-1	HIP SHOOTING	100%	P	
4-4-2	HIGH-POINT SHOOTING - STRONG / WEAK HAND	80%	P	
4-5-1	MULTIPLE TARGETS	80%	P	
4-6-1	LOW LEVEL LIGHT	80%	P	
4-6-2	FLASHLIGHT TECHNIQUES	80%	P	P
4-7-1	PROTECTIVE COVER	80%	P	
4-8-1	MOVE AND SHOOT	80%	P	

ENTER "P" OR "F" IN TEST #1 OR #2
DO NOT ENTER PERCENTAGE

CERTIFYING INSTRUCTOR(S) SIGNATURE(S) & OPOTC INSTRUCTOR #:

Robert J. Altier
INSTRUCTOR SIGNATURE ROBERT J. ALTIER

OPOTC #: BAS05380

Donald M. Begeot
INSTRUCTOR SIGNATURE DONALD M. BEGEOT

OPOTC #: BAS07742

Robert T. Carlson
INSTRUCTOR SIGNATURE ROBERT T. CARLSON

OPOTC #: BAS01605

SCHOOL NAME: KENT STATE UNIVERSITY BPA SCHOOL NO.: [REDACTED]

COMMANDER / ADMINISTRATOR SIGNATURE:

DATE: 9/22/07

Robert J. Altier
Robert J. Altier BAS14279

**OHIO PEACE OFFICER TRAINING COMMISSION
SHOTGUN PROFICIENCY TESTING RECORD**

STUDENT NAME: [REDACTED]
LAST NAME, FIRST NAME, M.I.

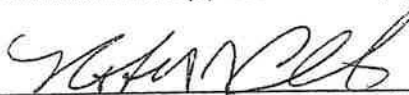
APPOINTING AGENCY: TRUMBULL COUNTY S.O. CHECK OPEN ENROLLMENT

SHOTGUN MAKE: F-N MODEL: TAC Police CALIBRE: 12

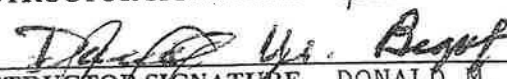
SPO	ACTIVITY / TECHNIQUE	MINIMUM % REQUIREMENT	TEST #1 P / F	TEST #2 P / F
4-9-1	LOADING THE SHOTGUN	100%	P	
4-9-2	CHARGING THE SHOTGUN	100%	P	
4-9-3	UNLOADING THE SHOTGUN	100%	P	
4-9-4	SIGHT SHOOTING AT 50 FEET	100%	P	
4-9-5	MULTIPLE TARGETS	100%	P	
4-9-6	LOW LEVEL LIGHT	100%	P	
4-9-7	PROTECTIVE COVER	100%	P	
4-9-8	MOVE AND SHOOT FORWARD / BACKWARD	100%	P	
4-9-9	MOVE AND SHOOT LEFT / RIGHT	100%	P	

ENTER "P" OR "F" IN TEST #1 OR #2
DO NOT ENTER PERCENTAGE

CERTIFYING INSTRUCTOR(S) SIGNATURE(S) & OPOTC INSTRUCTOR #:


INSTRUCTOR SIGNATURE ROBERT J. ALTIER

OPOTC #: BAS05380

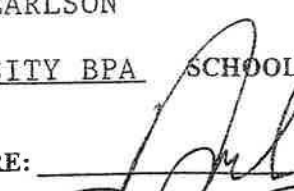

INSTRUCTOR SIGNATURE DONALD M. BEGEOT

OPOTC #: BAS07742


INSTRUCTOR SIGNATURE ROBERT T. CARLSON

OPOTC #: BAS01605

SCHOOL NAME: KENT STATE UNIVERSITY BPA SCHOOL NO.: [REDACTED]

COMMANDER / ADMINISTRATOR SIGNATURE: 

DATE: 2-22-07

Robert J. Altier BAS 147A

CERTIFICATE OF COMPLETION

This is to certify that



Has successfully completed

A 3 hour training seminar on the subject of

First Responders Responsibilities at a Crime Scene

Held at the Fowler Township Fire Department

On

3/12/2007

Instructor(s): Jeff Koehn and Pete Pizzulo

Fowler Fire Chief: _____

Fowler Chief of Police: _____

A handwritten signature in cursive script, likely belonging to the Fowler Chief of Police.

Certificate of Training
Kent State University

Ohio Basic Police Academy
Warren, Ohio

This certifies that



has satisfactorily completed 24 hours of instruction in

Defensive Driving Tactics

Awarded at Warren, Ohio this 9th day of March AD 2007

Sidney G. McLean 0329

Range Commander

David W. West B.F.C.073

Academy Commander

Kent State University Trumbull
Ohio Basic Police Academy
BAS 06-053



Certificate of Training

Kent State University

Public Safety Training & Research
Warren, Ohio

This certifies that



has satisfactorily completed 3 hours of continuing professional education in

Weapon Retention

Awarded at Warren, Ohio this 9th day of October AD 2007

Mark J. Durbin OPOTC6735
Instructor/Presenter

Catherine L. Hieley
Program Coordinator



Kent State University Trumbull
Ohio Basic Police Academy



Certificate of Training

Kent State University

Public Safety Training & Research
Warren, Ohio

This certifies that



has satisfactorily completed 5 hours of continuing professional education in

Elder Abuse

Awarded at Warren, Ohio *this* 24th *day of* September *AD* 2007

Mary G. Wilson, M.A.

Instructor/Presenter

Catherine Kieley

Program Coordinator



Kent State University Trumbull
Ohio Basic Police Academy





This is to certify that



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

Responding to Human Trafficking

Completed on: 09/04/2012

Completed in: 0:57:50



Homeland Security Investigations Task Force Officer Course Certificate of Completion

Presented to:



September 20, 2022

**In recognition of your completion of the
HSI Task Force Officer Training Course**

**Score: 73.3%
22 / 30**



OHIO PEACE OFFICER TRAINING COMMISSION

AND

THE OFFICE OF THE ATTORNEY GENERAL

This is to certify that



has completed the Ohio

Peace Officer Basic Training Program

Conducted by

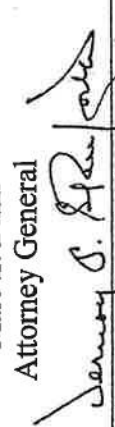
Kent State University Basic Police Academy

Awarded on

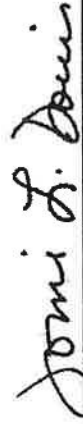




Marc E. Dann
Attorney General



Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission



Tom L. Doaris, Interim Executive Director
Ohio Peace Officer Training Commission





School Commander





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

This is to certify that



have completed the

Special Purpose Canine Unit Evaluation

for the following specialties:

Tracking, Article Search, Cocaine, Heroin, Methamphetamines and their derivatives

Awarded On
March 28, 2022


Dave Yost
Attorney General


Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission




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

Certificate #: 
RENEWAL DUE DATE: 3/28/23



CERTIFICATE OF COMPLETION

AWARDED TO



IN RECOGNITION OF YOUR SUCCESSFUL COMPLETION OF
DEFENSIVE DRIVING BASICS

1 HOUR OF TRAINING

CERTIFICATE ISSUED FEB 14, 2019

A handwritten signature in cursive script, appearing to read "Starlet Franz".

Starlet Franz
Training Coordinator





CERTIFICATE OF COMPLETION

AWARDED TO



IN RECOGNITION OF YOUR SUCCESSFUL COMPLETION OF
SEXUAL HARASSMENT IN THE WORKPLACE
COURSE # 18-PRAE-F3-1397

1 HOUR OF TRAINING

CERTIFICATE ISSUED FEB 14, 2019

Starlet Franz
Training Coordinator





CERTIFICATE OF COMPLETION

AWARDED TO



IN RECOGNITION OF YOUR SUCCESSFUL COMPLETION OF
COMPUTER SECURITY BASICS

1 HOUR OF TRAINING

CERTIFICATE ISSUED FEB 14, 2019

A handwritten signature in cursive script, appearing to read "Starlet Franz".

Starlet Franz
Training Coordinator





This is to certify that



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

Financial Exploitation of Seniors

Completed on: 12/9/2015 11:56:07 PM



This is to certify that



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

Crime Victim's Rights Introduction

Completed on: 11/16/2015 2:05:46 PM



This is to certify that



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

Crimes Against Children

Completed on: 12/9/2015 10:48:20 PM



This is to certify that



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

***Responding to Sexual Assault Module
1 - Realities Myths and
Misconceptions***

Completed on: 11/16/2015 2:26:16 PM



This is to certify that



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

***Responding to Sexual Assault Module
2 - Initial Response and
Understanding Trauma***

Completed on: 11/16/2015 2:38:51 PM



This is to certify that



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

Responding To Sexual Assault Module 3 - Report Writing

Completed on: 11/16/2015 2:45:49 PM



This is to certify that



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

Responding To Sexual Assault Module 4 - Evidence Collection

Completed on: 11/17/2015 2:19:28 PM



This is to certify that



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

Victims with Special Needs

Completed on: 12/10/2015 9:10:11 PM



This is to certify that



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

Finding Words

Completed on: 11/12/2014 3:20:59 PM



This is to certify that



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

Narcan eLearning Course

Completed on: 12/1/2014 11:13:48 AM

CERTIFICATE of ATTENDANCE

Presented To



This 9th day of October, 2014 for attending;

"Internet Profiling & Intelligence Gathering"	4 Hrs	"Pseudoephedrine Tracking/IMPLEX"	4 Hrs
"State & Federal Prosecution in Narcotics Invest"	4 Hrs	"Managing Risk in Narcotic Investigations"	4 Hrs


Dennis J. Lowe
President




George R. Romano
Vice President



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

This is to certify that



has participated in the advanced training course

44-002-14-29: Judgmental Firearms Simulator

at the Ohio Peace Officer Training Academy given

September 30 - October 2, 2014

Mike DeWine

Mike DeWine
Attorney General

Vernon P. Stanford

Vernon P. Stanford, Chairperson
Ohio Peace Officer Training Commission

Mary E. Davis

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



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

This is to certify that



has participated in the advanced training course

66-002-14-29: Judgmental Driving Simulator

at the Ohio Peace Officer Training Academy given

September 30 - October 2, 2014

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

CERTIFICATE OF COMPLETION

THIS IS TO CERTIFY THAT



HAS COMPLETED

OARRS FOR LAW ENFORCEMENT

A FIVE (5) HOUR TRAINING COURSE PROVIDED BY

THE OHIO STATE BOARD OF PHARMACY & THE OHIO OFFICE OF CRIMINAL JUSTICE SERVICES



AUGUST 26, 2014





This is to certify that



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

Companion Animal Encounters

Completed on: 1/8/2019 2:58:24 PM



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

This is to certify that



has participated in the advanced training course
22-002-16-02: Advanced Building Clearing
at the Ohio Peace Officer Training Academy given

January 26 - 28, 2016

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

NAARC

OHIO NARCOTICS ASSOCIATION REGIONAL COORDINATING OFFICERS

CERTIFICATE of ATTENDANCE

Presented To



This 9th day of October, 2014 for attending;

"Internet Profiling & Intelligence Gathering"	4 Hrs	"Pseudoephedrine Tracking/IMPLEX"	4 Hrs
"State & Federal Prosecution in Narcotics Invest"	4 Hrs	"Managing Risk in Narcotic Investigations"	4 Hrs


Dennis J. Lowe
President


George R. Romano
Vice President





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

This is to certify that



has participated in the advanced training course

44-002-14-29: Judgmental Firearms Simulator

at the Ohio Peace Officer Training Academy given

September 30 - October 2, 2014

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

OHIO ATTORNEY GENERAL



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

This is to certify that



has participated in the advanced training course

66-002-14-29: Judgmental Driving Simulator

at the Ohio Peace Officer Training Academy given

September 30 - October 2, 2014

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

CERTIFICATE OF COMPLETION

THIS IS TO CERTIFY THAT



HAS COMPLETED

OARRS FOR LAW ENFORCEMENT

A FIVE (5) HOUR TRAINING COURSE PROVIDED BY

THE OHIO STATE BOARD OF PHARMACY & THE OHIO OFFICE OF CRIMINAL JUSTICE SERVICES



AUGUST 26, 2014



**TRUMBULL COUNTY
EMERGENCY MANAGEMENT AGENCY**

CERTIFICATE OF TRAINING

AWARDED TO



IN RECOGNITION OF PARTICIPATION IN
ACTIVE SHOOTER TRAINING

AT

THE EASTWOOD MALL COMPLEX

**APRIL 6, 2014
PRESENTED BY**

OSS INTERNATIONAL

WITH WMD FUNDS PROVIDED BY
THE DEPARTMENT OF HOMELAND SECURITY AND EMERGENCY MANAGEMENT

Chief Robert Hinton
COORDINATOR - CHIEF ROBERT HINTON
CITY OF NILES POLICE DEPARTMENT

April 6, 2014
DATE



This is to certify that



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

Finding Words

Completed on: 11/12/2014 3:20:59 PM



OHIO PEACE OFFICER TRAINING COMMISSION

AND

THE OFFICE OF THE ATTORNEY GENERAL

This is to certify that



has completed the Ohio

Full-Service Facility Corrections Officer Basic Training Program

Conducted by

Mahoning Sheriff's Office Local Corrections

Awarded on



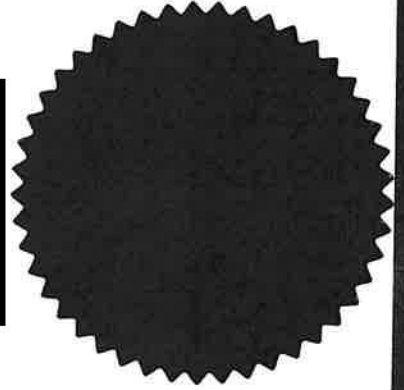

Richard Cordray
Attorney General


Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission



Ron Ferrell, Executive Director
Ohio Peace Officer Training Commission


[Redacted Name] Commander





TASER
INTERNATIONAL®

TASER® X26 CERTIFICATION

Certified User

This Certifies that

*is trained in the proper and safe use of the TASER® X26 Conducted Energy Weapon and has passed the requirements of the TASER X26 law enforcement and corrections training program under the supervision of a Certified Instructor.
Certification will expire one year from date of signature.*

In Witness Whereof, Certified Instructor

CHAD MCGARRY

_____ has certified the successful completion of the training requirements this day:

April 01, 2010

Certified Instructor:

Certified Instructor ID:

021016358921412871346C



This is to certify that



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

Fraud Against Seniors

Completed on: 10/31/2010

Completed in: 1:5:49

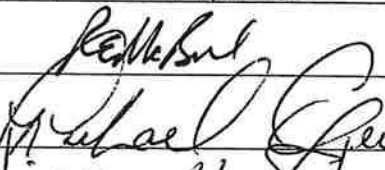
Positional Asphyxia

September 1, 2011

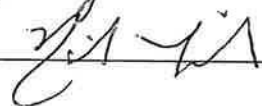
Please sign after you have read your email titled Positional Asphyxia.
Thank you.

By signing below, I affirm that I have read and fully understand the email sent to me covering the definition of Positional Asphyxia and also understand the explanation on how to prevent positional asphyxia.


Michael Green
Favorable


William H. Spowens
Valerie Foster
Bene A. Pura
Steve Schuker
Ken M. Con
Mike O
Anthony Z. Dubs Sr.



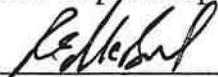

De Juanne Freeman


Excited Delirium

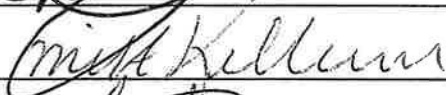
September 12, 2011

Please sign after you have read your email titled Positional Asphyxia.
Thank you.

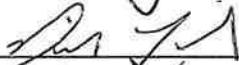
By signing below, I affirm that I have read and fully understand the email sent to me covering the definition of Positional Asphyxia and also understand the explanation on how to prevent positional asphyxia.



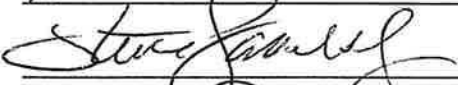
 Freeman

 Kellum

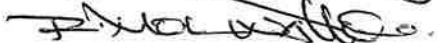
 Jones







 A. P. [Name]





This is to certify that



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

Awareness of Human Trafficking

Completed on: 09/04/2012

Completed in: 1:51:51

CERTIFICATE OF COMPLETION

This is to certify that



Has successfully completed

A 3 hour training seminar on the subject of

First Responders Responsibilities at a Crime Scene

Held at the Fowler Township Fire Department

On

3/12/2007

Instructor(s): Jeff Koehn and Pete Pizzulo

Fowler Fire Chief:

Fowler Chief of Police:

A handwritten signature in dark ink, appearing to read "M. J. P.", written over a horizontal line.



S.T.O.P.S.

This is to certify that



has completed 20 hours of instruction in

Strategies & Tactics of Patrol Stops BASIC CERTIFICATION

held at

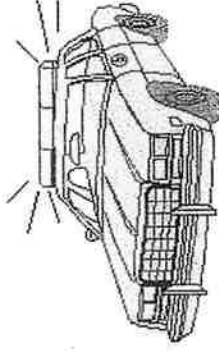
Kent State University (BPA)

awarded this **29th** day of **January 2007**.

Robert D. Magnuson
Robert D. Magnuson
DIRECTOR OF L.E.T.S.I.

Macl J. Dulin
Instructor

expires: 1 year



Emergency Management Institute



FEMA

This Certificate of Achievement is to acknowledge that

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

IS-00100
Introduction to the Incident Command System,
(ICS 100)

Issued this 15th Day of August, 2006


Richard Callis
Acting Superintendent
Emergency Management Institute

**HEARTSAVER
AED**

American Heart
Association
Fighting Heart Disease and Stroke



[REDACTED]
has successfully completed the national cognitive and skills evaluations
in accordance with the curriculum of the American Heart Association for
the Heartsaver Automated External Defibrillation Program.

12/06
Issue Date

12/08
Recommended Renewal Date

Emergency Management Institute



FEMA

This Certificate of Achievement is to acknowledge that

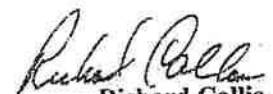
[REDACTED]
has reaffirmed a dedication to serve in times of crisis through continued
professional development and completion of this course:

IS-00200

ICS for Single Resources and
Initial Action Incidents

Issued this 15th Day of August, 2006

0.3 CEU


Richard Callis
Acting Superintendent
Emergency Management Institute

FEMA Form 16-31, October 05

Emergency Management Institute



FEMA

This Certificate of Achievement is to acknowledge that



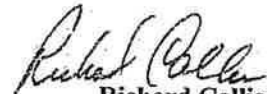
has reaffirmed a dedication to serve in times of crisis through continued professional development and completion of this course:

IS-00700

National Incident Management System
(NIMS) an Introduction

Issued this 15th Day of August, 2006

0.3 CEU


Richard Callis
Acting Superintendent
Emergency Management Institute

FEMA Form 16-31, October 05

Emergency Management Institute



FEMA

This Certificate of Achievement is to acknowledge that



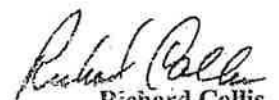
has reaffirmed a dedication to serve in times of crisis through continued professional development and completion of this course:

IS-00800

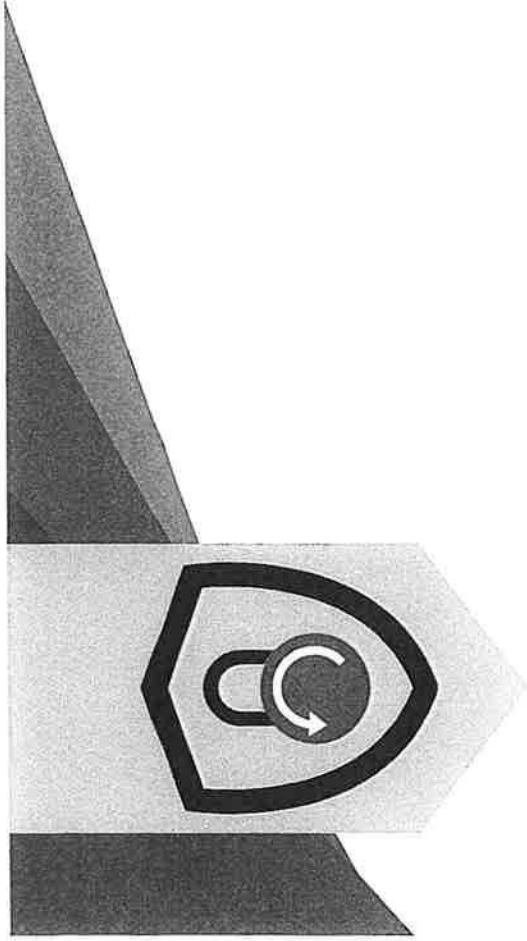
National Response Plan (NRP), an Introduction

Issued this 15th Day of August, 2006

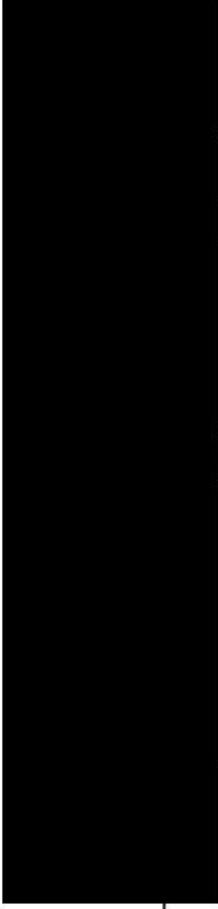
0.3 CEU


Richard Callis
Acting Superintendent
Emergency Management Institute

FEMA Form 16-31, October 05

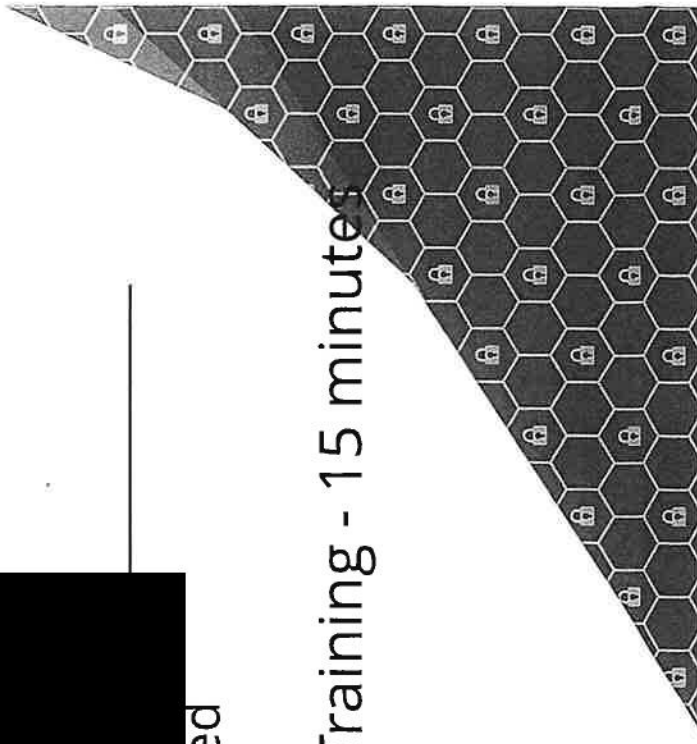


Certificate of Achievement

 has successfully completed

2023 Kevin Mitnick Security Awareness Training - 15 minutes

February 01, 2023





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

This is to certify that



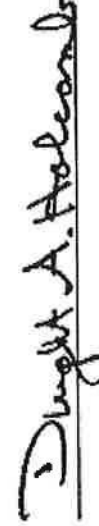
has successfully met the prescribed program requirements for

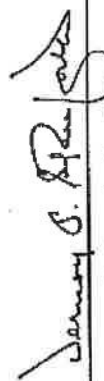
Communication

Disabilities

Date: September 22, 2022


Dave Yost
Attorney General


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


Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission



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

This is to certify that



has successfully met the prescribed program requirements for

CAT and Officer
Wellness

Date: September 22, 2022

Dave Yost
Dave Yost
Attorney General

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

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



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

This is to certify that



has successfully met the prescribed program requirements for

**Responding to Sexual
Assault**

Date: September 26, 2022

Dave Yost
Dave Yost
Attorney General

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

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



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

This is to certify that



has successfully met the prescribed program requirements for

BCI Lethal Use of Force
and OIS Investigations

Date: September 24, 2022

Dave Yost
Dave Yost
Attorney General

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

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



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

This is to certify that



has successfully met the prescribed program requirements for

Vicarious Trauma

Date: September 24, 2022

Dave Yost
Dave Yost
Attorney General

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

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



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

This is to certify that

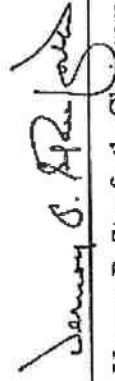


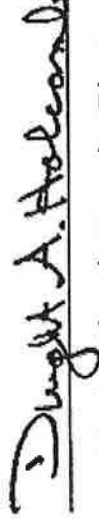
has successfully met the prescribed program requirements for

Ethics and
Professionalism

Date: September 24, 2022


Dave Yost
Attorney General


Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission


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

OHIO ATTORNEY GENERAL



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

This is to certify that



has successfully met the prescribed program requirements for

Community Diversity
and Procedural Justice

Date: September 24, 2022

Dave Yost
Dave Yost
Attorney General

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

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

CERTIFICATE OF ACHIEVEMENT

2019

AWARDED TO



HAS SUCCESSFULLY COMPLETED 4 HOURS OF

Domestic Violence

On the 13th day of May 2022




Major Daniel J. Mason

Instructor

Instructor Number: BAS20464



Office of Ohio Attorney General

Ohio Peace Officer Training Academy

Officer Record



OPOTA London Campus
1650 State Route 56 SW
P.O. Box 309
London, OH 43140
Phone: 740-845-2700

Trumbull County Sheriff's Office, ID:

Appointment History*

Agency	Employee Status	Start Date	End Date	Separation Reason
Mahoning County Sheriff's Office	Reserve			Resignation - In good standing (No Pending discipline)
Trumbull County Sheriff's Office	Full-time			
Trumbull County Sheriff's Office	Reserve			
Trumbull County Sheriff's Office	Special			

Basic Academy Records

School Number	School	Start Date	End Date	Exam Date	Certificate Number	Certificate Date	Appointed By	Appointed Date
	Mahoning Sheriff's Office Local Corrections							
	Kent State University						Trumbull County Sheriff's Office	

Advanced Certifications

Certification Date	Certification	Officer Number	Officer
No Records Found			

OPOTA Advanced Training Records**

Course Title	Start Date	End Date
Active Shooter Response (Patrol)	10/21/2025	10/22/2025
Policing in the 21st Century	6/21/2016	6/21/2016
Advanced Building Clearing	1/26/2016	1/28/2016
Judgmental Firearms Simulator	9/1/2015	9/3/2015
Judgmental Driving Simulator	9/1/2015	9/3/2015
Judgmental Firearms Simulator	9/30/2014	10/2/2014
Judgmental Driving Simulator	9/30/2014	10/2/2014

LMS Training Records

Date Completed	Course Title	Officer Number	Officer
10/9/2025	Arrest, Search, and Seizure - 2025		
10/5/2025	Victims' Rights - Marsy's Law - 2025		
10/5/2025	Report Writing 2025		
10/4/2025	CAT and Officer Wellness - 2025		
10/4/2025	Vicarious Trauma		
10/4/2025	Critical Thinking in Use of Force Situations		
10/4/2025	BCI Lethal Use of Force and OIS Investigations		
10/4/2025	Sierah's Law		
10/4/2025	Safe at Home		
9/28/2025	Missing Child		
9/28/2025	Distracted Driving		
9/28/2025	Ohio School Threat Assessment		
9/26/2025	Victims' Rights - Marsy's Law - 2025		
9/25/2025	Use of Force - 2025		
9/25/2025	Ethics Law - 2025		

Date Completed	Course Title	Officer Number	Officer
9/25/2025	Arrest, Search, and Seizure - 2025		
9/25/2025	Legal Updates 2025		
11/17/2024	Responding to Sexual Assault		
11/17/2024	Use of Deadly Force and Legal Guidelines		
11/17/2024	Officer Wellness Seminar		
11/16/2024	Ohio School Threat Assessment		
11/15/2024	CAT and Officer Wellness		
11/15/2024	Arrest, Search, and Seizure 2023		
11/14/2024	Ethics and Professionalism		
11/14/2024	Domestic Violence Legal Updates		
11/10/2024	Community Diversity and Procedural Justice		
11/10/2024	Ohio Public Records Law		
11/8/2024	Redefining the Role of Law Enforcement in School Safety		
10/24/2024	Dementia and Related Disorders		
10/20/2024	Veterans In Crisis		
10/18/2024	Public Records - 2024		
10/6/2024	Public Records - 2024		
10/3/2024	Crime Gun Evidence		
10/3/2024	Victims' Rights - Marsy's Law		
10/3/2024	Responding to Mental Health Issues		
10/2/2024	NIBIN Overview		
9/27/2024	Legal Updates 2024		
9/27/2024	Crisis Mitigation - An Ohio Model		
12/12/2023	Diversity and Cultural Competency for Law Enforcement		

Date Completed	Course Title	Officer Number	Officer
12/12/2023	Officer Wellness Seminar		
12/9/2023	Community Diversity and Procedural Justice		
12/3/2023	Effective Communication and Safe Interaction with Persons in Crisis		
12/1/2023	Use of Body-Worn Cameras		
10/20/2023	BCI Lethal Use of Force and OIS Investigations		
10/19/2023	Ohio Public Records Law		
10/12/2023	Responding to Sexual Assault		
9/29/2023	Response to Mass Violence and Mass Protest Seminar		
9/24/2023	Part 3 - Legal Updates 2023		
9/24/2023	Part 2 - Legal Updates 2023		
9/23/2023	Part 1 - Legal Updates 2023		
9/21/2023	Part 1 - Legal Updates 2023		
9/20/2023	Ohio School Threat Assessment		
9/2/2023	Arrest, Search, and Seizure 2023		
9/26/2022	Responding to Sexual Assault		
9/24/2022	BCI Lethal Use of Force and OIS Investigations		
9/24/2022	Vicarious Trauma		
9/24/2022	Ethics and Professionalism		
9/24/2022	Community Diversity and Procedural Justice		
9/23/2022	Communication Disabilities		
9/23/2022	CAT and Officer Wellness		
9/21/2022	Officer Wellness Seminar		
1/9/2019	Companion Animal Encounters		
1/9/2019	Companion Animal Encounters		

Date Completed	Course Title	Officer Number	Officer
1/9/2019	Companion Animal Encounters		
1/9/2019	Companion Animal Encounters		
12/31/2017	04 Blue Courage Health and Wellness		
12/31/2017	03 Blue Courage Positive Psychology		
12/31/2017	02 Blue Courage The Nobility of Policing		
12/22/2017	01 Blue Courage Foundations		
12/7/2016	Awareness of Cultural Diversity		
12/7/2016	Street Smart Series: Heroin		
12/7/2016	OARRS for Law Enforcement		
12/6/2016	Human Trafficking 2016 Update		
12/11/2015	Victims with Special Needs		
12/10/2015	Financial Exploitation of Seniors		
12/10/2015	Crimes Against Children		
11/18/2015	Responding To Sexual Assault Module 4 - Evidence Collection		
11/17/2015	Responding To Sexual Assault Module 3 - Report Writing		
11/17/2015	Responding to Sexual Assault Module 2 - Initial Response and Understanding Trauma		
11/17/2015	Responding to Sexual Assault Module 1 - Realities Myths and Misconceptions		
11/17/2015	Crime Victim's Rights Introduction		
12/1/2014	Narcan eLearning Course		
11/13/2014	Finding Words		
9/4/2012	Awareness of Human Trafficking		
9/4/2012	Responding to Human Trafficking		
6/15/2011	DeEscalating Mental Health Crises		

Date Completed	Course Title	Officer Number	Officer
6/15/2011	Animal Encounters		
11/1/2010	Fraud Against Seniors		
10/20/2009	Location and Recovery		
10/20/2009	Electronic Evidence Gathering		
10/14/2008	Criminal Gang Awareness		
10/8/2008	Interviewing the Crime Victim		
10/8/2008	The Role of the Crime Victim Advocate		
10/7/2008	Automobile Searches		
10/7/2008	The Science of Victimology		
10/4/2008	Death Notification		
10/4/2008	Bridging the Gap		

Canine Training Records

Canine School	Certificate Date	Canine Unit	Certificate Type	Specialty	Renewal Date

Canine School	Certificate Date	Canine Unit	Certificate Type	Specialty	Renewal Date

***The appointment records listed above reflect the appointed and separation information reported to OPOTC pursuant to section 109.761 of the Revised Code. Neither OPOTC, nor its staff, has independent knowledge of the information contained in these records.**

****The advanced training records listed above reflect ONLY THOSE trainings the peace officer scheduled through OPOTA. Records reflecting advanced training conducted by the peace officer's agency, or conducted by another organization, are not maintained by OPOTC. Requests for any such records should be directed to the peace officer's employing agency or the organization who conducted the training.**

*****Officer separation reasons are displayed only for separations that occurred on 7/1/2021 or later. For separations prior to 7/1/2021 this information may be obtained by submitting a public records request through the OPOTA Public Records Portal under "Request other records".**