



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



2025-3298

Officer Involved Critical Incident - 4134 Rush Blvd.,  
Youngstown, OH 44512, Mahoning County

**Investigative Activity:** Personnel File/ Training File Review  
**Involves:** [REDACTED] (S)  
**Activity Date:** 10/31/2025  
**Activity Location:** BCI – Richfield 4055 Highlander Parkway, Ohio, 44286  
**Authoring Agent:** SA Darien Spann #158

**Narrative:**

On Friday, October 31, 2025, Ohio Bureau of Criminal Investigation (BCI) Special Agent (SA) Darien Spann (SA Spann) received the personnel file for [REDACTED] [REDACTED] from Howland Police Department (HPD) Sergeant Jose Morales. SA Spann reviewed the personnel file and noted the following:

**Personnel File:**

[REDACTED] began his employment with HPD in [REDACTED] and continued until [REDACTED] resigned, in good standing, from HPD in [REDACTED] and was then employed by Geauga County Sheriff's office in [REDACTED]. He then returned to HPD in [REDACTED]

**Basic Training:**

[REDACTED] attended and successfully completed the Ohio Peace Officer Training Academy (OPOTA) Basic training Academy [REDACTED] at Kent State University. [REDACTED] also took and passed the OPOTA certification examination on [REDACTED] [REDACTED] and was issued Peace Officer Certificate [REDACTED] by the Ohio Peace Officer Training Commission (OPOTC).

**Current Peace Officer Status:**

Based on the records received and reviewed from OPOTA, it is noted that [REDACTED] was a duly sworn and certified Ohio Peace officer at the time of the Officer Involved Critical Incident (OICI).

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Officer Involved Critical Incident - 4134 Rush Blvd.,  
Youngstown, OH 44512, Mahoning County

**Training File:**

██████████ has successfully completed numerous advanced training classes in law enforcement. The classes found to be most relevant to the investigation are as follows:

- Use of Force/Taser/Active Shooter- August 12<sup>th</sup>, 2024
- Crisis Mitigation – November 19<sup>th</sup>, 2024
- Glock Armorer – June 6<sup>th</sup>, 2024
- Active Threat Response – May 31<sup>st</sup>, 2024
- Red Dot Sight Pistol – April 24<sup>th</sup>, 2024
- Law Enforcement Firearms Requalification Program – April 26<sup>th</sup>, 2024
- Semi-Auto Pistol Instructor – April 14<sup>th</sup>, 2024
- BCI Lethal Use of Force and OIS Investigation – November 26<sup>th</sup>, 2023
- Ethics and Professionalism – September 19<sup>th</sup>, 2023
- Tactical Team Leader – March 7<sup>th</sup>, 2022
- Use of Deadly Force and Legal Guidelines – January 25<sup>th</sup>, 2022
- Advanced Pistol – September 9<sup>th</sup>, 2021
- Basic SWAT School – August 30<sup>th</sup>, 2021
- Practical Application of Force – August 9<sup>th</sup>, 2017

**Disciplinary Records:**

Based on the records received, ██████████ had no discipline related to use of force.

The personnel file was attached to this report. Please refer to the attachments for further details.

**References:**

None

**Attachments:**

1. ██████████ – Firearms Qualification Records
2. ██████████ – Personnel File
3. ██████████ – Training Records

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# MIKE DeWINE

★ OHIO ATTORNEY GENERAL ★



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

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

## RANGE PROFICIENCY RECORD: SEMI-AUTO PISTOL

NAME: [REDACTED] AGENCY: Howland Police  
WEAPON MAKE: Glock MODEL: 45 MOS 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: 3 NPA:        NF:        MISS:        OT:        ERF:       

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

PA: 3 NPA:        NF:        MISS:        OT:        ERF:       

STAGE 3A PA: 4 NPA:        NF:        MISS:        OT:        ERF:       

STAGE 3B PA: 4 NPA:        NF:        MISS:        OT:        ERF:       

STAGE 4 PA: 6 NPA:        NF:        MISS:        OT:        ERF:       

STAGE 5 PA: 3 NPA:        NF:        MISS:        OT:        ERF:       

STAGE 6 PA: 2 NPA:        NF:        MISS:        OT:        ERF:       

SUB TOTALS: 25 MISS:        OT:        ERF:       

TOTAL: 25 (PASSING IS A MINIMUM OF 20)

DATE TESTED: 05/31/2025 PASSED: X FAILED:       

TESTED BY: Jeff Sescourka REQ#: 03902 EXP: 01/24/2027

# OPOTC STANDARD POLICE RIFLE/CARBINE QUALIFICATION COURSE

## Individual Qualification Record

|                         |             |                  |                 |             |                |               |            |              |
|-------------------------|-------------|------------------|-----------------|-------------|----------------|---------------|------------|--------------|
| <b>NAME:</b> [REDACTED] | <b>RNDS</b> | <b>MISS (-1)</b> | <b>MISS (0)</b> | <b>HITS</b> | <b>INITIAL</b> | <b>DEDUCT</b> | <b>RAW</b> | <b>SCORE</b> |
| <b>AGENCY:</b> Howland  | <b>20</b>   | <b>0</b>         | <b>0</b>        | <b>20</b>   | <b>20</b>      | <b>0</b>      | <b>20</b>  | <b>100</b>   |

| 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.<br><br>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.                                                                                                                                                                                                          |

|                                                        |                         |                                     |                                       |                                      |
|--------------------------------------------------------|-------------------------|-------------------------------------|---------------------------------------|--------------------------------------|
| <b>RIFLE/CARBINE MANUFACTURER:</b><br>Griffin Armament |                         |                                     | <b>COURSE FIRE:</b><br>OPOTC Standard |                                      |
| <b>MODEL:</b><br>MK2                                   | <b>CALIBER:</b><br>5.56 | <b>SERIAL NUMBER:</b><br>[REDACTED] | <b>SCORE:</b><br><b>100</b>           | <b>INSTRUCTOR:</b><br>Jeff Sescourka |

|                                      |                                             |                                             |
|--------------------------------------|---------------------------------------------|---------------------------------------------|
| <b>INSTRUCTOR:</b><br>Jeff Sescourka | <b>OPOTC INSTRUCTOR NUMBER:</b><br>REQ03902 | <b>DATE:</b><br>05/31/2025                  |
| <b>INSTRUCTOR SIGNATURE:</b>         |                                             | <b>AGENCY:</b><br>Howland Police Department |



# MIKE DEWINE

★ OHIO ATTORNEY GENERAL ★



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

P.O. Box 309  
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www.OhioAttorneyGeneral.gov

## RANGE PROFICIENCY RECORD: SHOTGUN

NAME: [REDACTED] AGENCY: Howland P.D.  
WEAPON MAKE: Mossberg MODEL: 500 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 A ZERO (0)

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

STAGE 1 PA: 2 NPA:      NF:      MISS:      OT:      ERF:     

STAGE 2 PA: 2 NPA:      NF:      MISS:      OT:      ERF:     

STAGE 3 PA: 2 NPA:      NF:      MISS:      OT:      ERF:     

OPTIONAL SLUG QUALIFICATION STAGE

STAGE 4 PA: 2 NPA:      NF:      MISS:      OT:      ERF:     

TOTAL: 8 PASSING SCORE – 100% HIT

DATE TESTED: 5/31/25 PASSED: X FAILED:     

TESTED BY: Jeff Sescourka REQ#: 03902 EXP: 01/24/2027

**BOARD OF TRUSTEES**

Rick G. Clark  
James J. LaPolla  
Matthew G. Vansuch

**Fiscal Officer**

Thomas Krispinsky

**Financial Office**

Vanessa Stroup

**Administrative Office**

TEL (330) 856-2340  
FAX (330) 856-3278

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**Planning Director**

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**Zoning Administrator**

Dan Morgan (330) 856-5223

January 2, 2024

[REDACTED]

I am writing this letter to commend you for your heroic service and dedication provided in the life saving efforts of a gunshot victim on January 1, 2024.

On January 1, 2024 at 0112 hours Howland Officers were dispatched to 2592 Elm Rd NE. in reference a shooting that just occurred in the Echo Lanes parking lot. Upon arrival [REDACTED] observed a gunshot victim lying in the parking lot behind DiLucia's Catering. [REDACTED] observed the victim to be bleeding heavily from his right leg and immediately began to examine the victim for any additional gunshot wounds. [REDACTED] determined the victim received one gunshot wound to his lower right leg, his jeans soaked in blood and a large amount of blood on his sock and in his shoe. [REDACTED] utilized his department issued tourniquet and applied it to the victim's upper right thigh in order to stop any further blood loss.

[REDACTED] you are to be commended for taking quick action and applying lifesaving measures to save your fellow man. If not for your heroic actions, the victim could have died from his injuries. You are to be commended for going above and beyond the call of duty by taking lifesaving measures while serving and protecting the citizens of Howland Township.

Respectfully,

  
Chief Nick Roberts

Cc: File

Cc: Asst. Chief Jeff Urso

**HOWLAND TOWNSHIP POLICE DEPARTMENT  
CONDITIONAL OFFER OF EMPLOYMENT**

Howland Township, a political subdivision of the State of Ohio, hereby offers employment to [REDACTED] candidate, for the position of full-time police officer of Howland Township. This offer is conditioned upon:

1. Candidate successfully completing the following examinations:
  - A. Drug testing;
  - B. Polygraph testing and/or voice stress analysis;
  - C. Physical examination; and
  - D. Psychological testing;
2. Candidate successfully passing a complete background investigation to the satisfaction of Howland Township, including, but not limited to, a BCI background check and investigation of prior employment;
3. Candidate having prior to the first paid day of employment:
  - A. Certification as a police officer in the State of Ohio;
  - B. Residency in the State of Ohio pursuant to Howland Township residency requirements; and
  - C. A valid Ohio driver's license;
4. Candidate successfully completing Howland Township Police Department's on-the-job training program and twelve-month probationary period; and
5. Candidate's agreement that, upon candidate's breach of any of the above terms and conditions, as determined at the sole discretion of Howland Township

Howland Township may withdraw this conditional offer of employment and terminate candidate's employment with the Howland Township Police Department, without consequence or liability to Howland Township.

In the event candidate withdraws acceptance of this conditional offer and/or voluntarily terminates his/her employment with the Howland Township Police Department during the twenty-four (24) month period beginning on the day following the signing of this conditional offer, candidate agrees to reimburse Howland Township the expenses, up to an amount of two-

thousand five hundred dollars (\$2,500.00), incurred by Howland Township on candidate's behalf.  
Such expenses shall include:

1. Expenses related to and concerning:
  - A. Drug testing;
  - B. Polygraph testing and/or voice stress analysis;
  - C. Physical examination;
  - E. Psychological testing; and
  - F. Background investigation; and
  - G. Uniforms and accessories

WHEREFORE, the undersigned have hereunto set their names on the dates appearing below their names.

[Redacted Signature]

Name

5/17/ [Redacted]  
Date

Howland Township

By: Nick Roberts  
Chief Nick Roberts  
Howland Township Police Department

5/17/20 [Redacted]  
Date

Resolution [REDACTED]

The Board of Trustees of Howland Township, Trumbull County, Ohio, met in Regular Session on [REDACTED] with the following members present:

Dr. James LaPolla, Matthew Vansuch

Matthew Vansuch moved for adoption of the following Resolution by the Howland Township Trustees:

Per the recommendation of Administrator Darlene St. George and Police Chief Nick Roberts, accept the resignation of [REDACTED] effective [REDACTED] for personal reasons. [REDACTED] last day of employment was [REDACTED]

Dr. James LaPolla seconded the motion to pass the Resolution and upon roll call, the vote resulted as follows:

  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Yea

Yea

Yea

Adopted: [REDACTED]

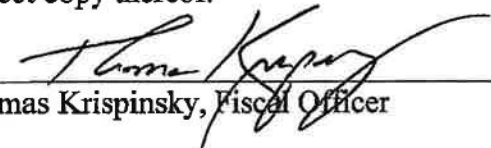
State of Ohio )

) ss:

CERTIFICATE OF THE FISCAL OFFICER

County of Trumbull )

I, Thomas Krispinsky, Fiscal Officer of the Board of Trustees of Howland Township, Trumbull County, Ohio in whose custody and control the files and records of such Board are required by the Laws of the State of Ohio to be kept, do hereby certify that the foregoing Resolution is taken and copied from the original resolution, and that the same is a true and correct copy thereof.

  
\_\_\_\_\_  
Thomas Krispinsky, Fiscal Officer

Date: [REDACTED]

EMPLOYEE SEVERANCE PAY CALCULATION  
POLICE - UNION

Employee: \_\_\_\_\_

SS #: \_\_\_\_\_

Address: \_\_\_\_\_

Last Day Worked: \_\_\_\_\_

Termination Date: \_\_\_\_\_

\*\*\*\*\*  
Total Accrued Sick Leave Hours (after 10 Yrs continuous service):

Total Hours N/A x 50% = Total Hours \_\_\_\_\_ (Max 720 Hours)  
x Current Rate of Pay ( \$ \_\_\_\_\_ /Hr)

\$ -0-

Total Vacation Days:

Total unused Vacation Hrs Earned - Year 2021/2022  
104 Hrs x \$ 27.69 /HR

\$ 2,879.76

Total accrued Vacation Hrs Earned - Year 2022/2023  
97.42 Hrs x \$ 27.69 /HR

\$ 2,697.56

Total Compensatory Time:

Total Unused Compensatory Time: 287.52 HRS x \$ 27.69 /HR

\$ 7,961.43

GRAND TOTAL SEVERANCE PACKAGE PAYOUT.....\$ 13,538.75

Approved and agreed upon that the above is correct:

Employee \_\_\_\_\_

(Signature)

Date 10/19/22

Department Head \_\_\_\_\_

(Signature)

Date 10/19/22

Administrator \_\_\_\_\_

(Signature)

Date 10/19/22



# Severance Pay Worksheet

Name

Hire Date

2021 Accrued Vacation for 2022

Unused hours 104

2022 Accrued Vacation for 2023

Last day worked

Per Union Contract

120 Available

| Hours Avail | Months in year | Hours earned per month | Divide by day | hours per Day |
|-------------|----------------|------------------------|---------------|---------------|
| 120         | 12             | 10.00                  | 30            | 0.33          |
| 120         | 12             | 10.00                  | 31            | 0.32          |
| 120         | 12             | 10.00                  | 28            | 0.36          |

|           |    |       |
|-----------|----|-------|
| January   | 31 | 10.00 |
| February  | 28 | 10.00 |
| March     | 31 | 10.00 |
| April     | 30 | 10.00 |
| May       | 31 | 10.00 |
| June      | 30 | 10.00 |
| July      | 31 | 10.00 |
| August    | 31 | 10.00 |
| September | 30 | 10.00 |
| October   | 23 | 7.42  |
| November  |    |       |
| December  |    |       |

**Total Hours Earned in 2021 for 2022 97.42**

| Accr'd / for year | Hours to be paid | Base rate of \$27.69 | Total Paid |
|-------------------|------------------|----------------------|------------|
| 2021/2022         | 104              | \$27.69              | \$2,879.76 |
| 2022/2023         | 97.42            | \$27.69              | \$2,697.56 |
|                   | 201.42           |                      |            |

Sick Leave - 50% of SL Hours

| Hours Available | x 50% Bal | Base Pay Rate | Total Paid |
|-----------------|-----------|---------------|------------|
| N/A             |           |               | \$0.00     |

Comp Time

| Hours Available | Rate    | Total Paid |
|-----------------|---------|------------|
| 287.52          | \$27.69 | \$7,961.43 |

**Total Severance Pay \$13,538.75**

## Vanessa Stroup

---

**From:** Nick Roberts  
**Sent:** Monday, [REDACTED] 1:14 PM  
**To:** Vanessa Stroup  
**Cc:** Jeff Urso  
**Subject:** [REDACTED] Severance

Vanessa,

[REDACTED] last day on the books for Howland Township will be [REDACTED] He put in for a comp day on the [REDACTED] and will begin his new employment on the [REDACTED] His total numbers for severance will be, Vacation Time: 104 hours / Compensation Time: 287.52 hours

Nick Roberts  
Chief of Police  
Howland Police Department  
Warren, Oh. 44484  
(330) 856-5555



[REDACTED]

Dear Chief Nick Roberts,

Please accept this letter as my formal resignation from my role as a Commissioned Howland Township Patrolman. My last day of employment will be [REDACTED]

I would like to take this opportunity to thank you for the knowledge and experience I have gained by working here. I am very grateful for the time I have spent on our team and the professional relationships I've built throughout the last five years. It's been a pleasure working for you, and I hope our paths will cross again in the future.

Sincerely,

[REDACTED]

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Robert M. Costello

**Financial Office**

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January 5, 2021

[REDACTED] and Officer Nicholas Brancaccio,

I am writing this letter to commend you for your heroic service and dedication provided in the life saving efforts of an opioid overdose victim on January 4, 2021.

On Monday, January 4, 2021 you were dispatched to 8033 E. Market St., Capri Motel, in reference to an unresponsive male slumped over in the front seat of his vehicle. Upon arrival [REDACTED] observed a male subject, later identified as Jordan Bell, unresponsive and turning blue inside of his vehicle. [REDACTED] immediately recognized that the male was possibly suffering from an opioid overdose. [REDACTED] retrieved his departmental issued Narcan and immediately administered one dose of the opioid reversal drug to the victim which had no effect. Officer Nicholas Brancaccio arrived on scene and assisted with [REDACTED] by removing the victim from his vehicle and lying him on the ground in a rescue position. Officer Nicholas Brancaccio retrieved his departmental issued Narcan and issued a second dose of the lifesaving medication. Moments later Jordan Bell began to regain consciousness. Howland EMS arrived on scene, took over lifesaving efforts and transported Jordan Bell to the hospital.

If not for [REDACTED] and Officer Nicholas Brancaccio's quick action Jordan Bell would have become another fatal statistic of the opioid epidemic. You are both to be commended for going above and beyond the call of duty by taking lifesaving measures while serving and protecting the citizens of Howland Township.

Sincerely,

  
Chief Nick Roberts

Cc: Asst. Chief Urso

Cc: file

**MEMO**

**HOWLAND POLICE DEPARTMENT**

169 Niles Cortland Rd N.E. Warren, Ohio 44484 330.856.5555

DATE: 03/03/2020

TO: Chief Roberts, Chief Urso, Sgt. Sescourka

FROM: [REDACTED]

REF: Damaged Equipment (Car 58)

\*\*\*\*\*

On 03/03/2020 officers were dispatched to a car vs. pedestrian (ref. # [REDACTED]) at Pizza Works on East Market Street. Upon arriving on scene Lt. Pugh (Howland Fire) requested I go to Capri Motel (Room 202) to contact the victim's husband. Lt. Pugh advised the victim would be getting transported to St. Joseph's Hospital and needed to contact her husband but did not have his number or a cell phone. I cleared the scene and marked out at Capri to make contact with the husband. The husband was advised of the situation and provided me with the victim's cell phone. I entered car [REDACTED] and began backing out of the lot. I did not see a parked vehicle and struck the parked S10 truck in the driver rear bumper with my passenger rear bumper causing minor damage. I contacted Sgt. Sescourka who requested I contact TC911 to send the county to my location to complete a private property crash. TC911 dispatched TCSO Unit #58. I also contacted Accord Occupational who advised he would meet at Howland Police Department. TCSO #58 arrived on scene and took information for private property crash report (Ref. TCSO # [REDACTED] & HOW # [REDACTED]). I uploaded photographs to digital case photo with the Howland report number.

[REDACTED]

# MEMO

## HOWLAND POLICE DEPARTMENT

169 Niles Cortland Rd N.E. Warren, Ohio 44484 330.856.5555

DATE: August 26, 2020

TO: All Officers

FROM: Assistant Chief Jeff Urso

REF: Rules and Regulations

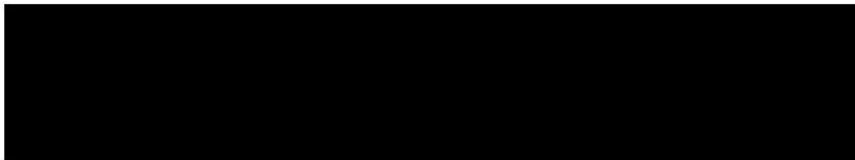
\*\*\*\*\*

As all of you are aware, we have operated out of two sources of rules and regulations, those being Rules and Regulations, and Policy and Procedure. The goal in recent years was to consolidate these two sources into one Policy and Procedure Manual.

I have been working toward this goal for some time. With the Ohio Collaborative initiative along with Policy and Procedure additions and modifications, we can now abandon the Rules and Regulations Manual that was created back in the 1980's.

We will continue to work with the Ohio Collaborative as new policy requirements will be forthcoming.

By signing this memo, you are attesting that you recognize that we are no longer operating out of the Rules and Regulations manual and will solely operate out of the Howland Police Department Policy and Procedure manual.





**Department of  
Public Safety**

Mike DeWine, Governor  
Jon Husted, Lt. Governor

Thomas J. Stickrath, Director  
Colonel Richard S. Fambro, Superintendent



July 12, 2020

Chief Nick Roberts  
Howland Township Police Department  
169 Niles Cortland Road  
Warren, OH 44484

Dear Chief Roberts,

On June 9, 2020, [REDACTED] contacted me for assistance with an unwanted persons disturbance call at the Avalon Inn Grand Resort. [REDACTED] quickly recognized indicators of criminal behavior beyond an unwanted persons call between four suspects at the Avalon Inn Grand Resort. [REDACTED] requested assistance in looking into the situation and possibly our department making a traffic stop. Although our units were unable to locate the suspect vehicle, I provided [REDACTED] investigation to Drug Enforcement Administration Special Agent John Fraser. [REDACTED] and I continued to work his investigative leads and were able to provide additional intelligence and investigation for SA Fraser. SA Fraser was able to link [REDACTED] investigation to a brand new lead he received on the same suspects a day later. On June 30, 2020, DEA Youngstown executed a search warrant on the suspect's residence and seized 31,151.99 grams of marijuana, 13,151.99 grams of THC wax, 1,934.9 grams of THC oil, 264 THC cartridges, various steroids, psychedelic mushrooms, various THC edibles, \$169,977.00 bulk United States currency, and seven firearms.

SA Fraser directly credited [REDACTED] report supplement as being the probable cause needed in order to acquire the search warrant of the suspect's residence. [REDACTED] ability to look beyond the call, stopped criminal activity and a large amount of illegal drugs from not only flooding Howland Township but multiple other states reaching as far as California. This is a perfect example of when law enforcement agencies partner, the criminal element cannot hide. [REDACTED] is an assist to your agency and I am proud to partner with him.

Sincerely,

Sergeant Erik A. Golias  
Assistant Post Commander Warren Post 78

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February 19, 2020

Officer Jordan Wert and [REDACTED]

I am writing this letter to commend you for your heroic service and dedication provided in the life saving efforts of an opioid overdose victim on February 18, 2020.

On Tuesday February 18, 2020 you were dispatched to 8033 E. Market St. in reference to an unresponsive male lying in the parking lot of the Capri Motel. Upon arrival Officers observed a male subject, later identified as John Salak, lying in the parking lot with his head inside of a vehicle with his feet and body lying on the outside of the vehicle. The male was unconscious and had blood coming from his mouth. Officer Jordan Wert and [REDACTED] immediately recognized that the male subject was possibly suffering from an opioid overdose. Officer Jordan Wert retrieved his departmental issued Narcan and immediately administered one dose of the opioid reversal drug to the victim. Howland EMS arrived on scene, took over lifesaving efforts and transported John Salak to the hospital.

If not for Officer Jordan Wert & [REDACTED] quick action John Salak would have become another fatal statistic of the opioid epidemic. You are both to be commended for going above and beyond the call of duty by taking lifesaving measures while serving and protecting the citizens of Howland Township.

Sincerely,

Chief Nick Roberts

Cc: Asst. Chief Urso

Cc: file



ADMINISTRATIVE

OFFENSE

VICTIM

|                                                        |                               |
|--------------------------------------------------------|-------------------------------|
| AGENCY NAME<br><b>TRUMBULL COUNTY SHERIFF'S OFFICE</b> |                               |
| CALL NUMBER                                            | OFFICE CODE<br><b>HOWLAND</b> |

|     |              |
|-----|--------------|
| TOB | <b>17:02</b> |
| TOA | <b>17:27</b> |
| TOC | <b>17:36</b> |

☒ INCIDENT (NON-CRIMINAL)  
☐ OFFENSE  
☐ SUPPLEMENT

Printed: 03-04-2020 20:44

## OHIO UNIFORM INCIDENT REPORT

| REPORT DATE/TIME |     |      |       | INCIDENT OCCURRED FROM |     |      |       | INCIDENT OCCURRED TO |     |      |       |
|------------------|-----|------|-------|------------------------|-----|------|-------|----------------------|-----|------|-------|
| MONTH            | DAY | YEAR | TIME  | MONTH                  | DAY | YEAR | TIME  | MONTH                | DAY | YEAR | TIME  |
| 03               | 03  | 2020 | 16:59 | 03                     | 03  | 2020 | 16:59 | 03                   | 03  | 2020 | 16:59 |

INCIDENT LOCATION (Street, Apt. City, State, Zip) **8033 EAST MARKET, WARREN, OH 44484**

| OFFENSE                   | OFFENSE CODE | AC | FBI & DOJ | WATERWAYS | LARCENY | CONT | TYPE CRIMINAL ACTIVITY                     |
|---------------------------|--------------|----|-----------|-----------|---------|------|--------------------------------------------|
| 1. PRIVATE PROPERTY CRASH | 1. PPC       |    |           |           |         |      | 1. 2. 3. (Enter up to three break offense) |
| 2.                        | 2.           |    |           |           |         |      | 1. 2. 3. B - Burg/Rec.                     |
| 3.                        | 3.           |    |           |           |         |      | 1. 2. 3. C - Carjacking/Int. Prob.         |
| 4.                        | 4.           |    |           |           |         |      | 1. 2. 3. D - Distributing/Smuggling        |
| 5.                        | 5.           |    |           |           |         |      | 1. 2. 3. E - Exploiting Children           |
|                           |              |    |           |           |         |      | 1. 2. 3. O - Operating/Managing/Ass.       |
|                           |              |    |           |           |         |      | 1. 2. 3. P - Possessing/Concealing         |
|                           |              |    |           |           |         |      | 1. 2. 3. T - Transport/Transmitting        |
|                           |              |    |           |           |         |      | 1. 2. 3. U - Using/Constructing            |

LOCATION OF OFFENSE (Enter up to 10)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                        |                     |                                                                    |                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                            |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|---------------------|--------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. 2. 3. 4. 5. 6. 7. 8. 9. 10.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 12 Jail/Prison<br>13 Parking Garage<br>14 Other Public Access Building | 59 Daycare Facility | 60 Other Retail Store<br>61 Factory/Mfg Plant<br>62 Other Building | OTHER<br>63 Abandoned/<br>64 Condemned Structure<br>65 Arena/Stadium<br>66 Cargo Container<br>67 Dock/Warf/Frigid<br>68 Model Terminal<br>69 Farm Facility<br>70 Gambling Facility<br>71 Car Wash/Track<br>72 Military Installation<br>73 Shelter/Allegation/<br>74 Homeless<br>75 Tribal Lands<br>76 Other | SUSPECTED OF USING<br><input type="checkbox"/> A ALCOHOL<br><input type="checkbox"/> D DRUGS<br><input type="checkbox"/> C COMPUTER EQUIPMENT<br><input type="checkbox"/> N NOT APPLICABLE |
| RESIDENTIAL STRUCTURE<br>01 Single Family Home<br>02 Multiple Dwelling<br>03 Residential Facility<br>04 Other Residential<br>05 Garage/Bed<br>PUBLIC ACCESS BLDGS.<br>06 Transit Facility<br>07 Government Office<br>08 School<br>09 College<br>67 Library<br>10 Church<br>11 Hospital                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                        |                     |                                                                    |                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                            |
| COMMERCIAL LOCATIONS<br>15 Auto Shop<br>16 Financial Institution<br>17 Barber/Beauty Shop<br>18 Hotel/Motel<br>19 Dry Cleaning/Laundry<br>20 Professional Office<br>21 Doctor's Office<br>22 Other Business Office<br>23 Amusement Center<br>24 Rental Storage Facility<br>25 Other Commercial Service<br>65 ATM Machine Separate from Bank                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                        |                     |                                                                    |                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                            |
| RETAIL<br>26 Bar<br>27 Buy/Sell Trade Shop<br>28 Restaurant<br>29 Gas Station<br>30 Auto Sales Lot<br>31 Jewelry Store<br>32 Clothing Store<br>33 Drugstore<br>34 Liquor Store<br>35 Shopping Mall<br>36 Sporting Goods<br>37 Grocery/Supermarket<br>38 Variety/Convenience<br>39 Department Store                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                        |                     |                                                                    |                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                            |
| OUTSIDE<br>40 Yard<br>41 Construction Site<br>42 Lake/Amusement<br>43 Field/Woods<br>44 Street<br>45 Parking Lot<br>46 Park/Paved Road<br>47 Cemetery<br>48 Public Transit Vehicle<br>49 Other Outside Location<br>50 Camp/Campground<br>51 Rest Area                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                        |                     |                                                                    |                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                            |
| METHOD OF ENTRY<br><input type="checkbox"/> FORCE<br><input type="checkbox"/> NO FORCE<br>METHOD OF ENTRY - MOTOR VEHICLE THEFT<br><input type="checkbox"/> 01 MOTOR RUNNING KEYS IN CAR<br><input type="checkbox"/> 02 UNLOCKED<br><input type="checkbox"/> 03 DUPLICATE KEY USED<br><input type="checkbox"/> 04 WINDOW BROKEN<br><input type="checkbox"/> 05 TOWED<br><input type="checkbox"/> 06 HOT WIRE<br><input type="checkbox"/> 07 SUN/JIM COAT HANGER<br><input type="checkbox"/> 08 TUMBLERS REMOVED<br><input type="checkbox"/> 09 COLUMN PEELED<br><input type="checkbox"/> 10 IGNITION PEELED<br>METHOD OF ENTRY - BURGLARY & E<br>ENTRY EXIT ENTRY EXIT ENTRY EXIT<br><input type="checkbox"/> 1. BASEMENT <input type="checkbox"/> <input type="checkbox"/> 1. DOOR <input type="checkbox"/> <input type="checkbox"/> 1. FRONT <input type="checkbox"/> <input type="checkbox"/><br><input type="checkbox"/> 2. 1st FLOOR <input type="checkbox"/> <input type="checkbox"/> 2. WINDOW <input type="checkbox"/> <input type="checkbox"/> 2. SIDE <input type="checkbox"/> <input type="checkbox"/><br><input type="checkbox"/> 3. 2nd FLOOR <input type="checkbox"/> <input type="checkbox"/> 3. GARAGE <input type="checkbox"/> <input type="checkbox"/> 3. REAR <input type="checkbox"/> <input type="checkbox"/><br><input type="checkbox"/> 4. OTHER <input type="checkbox"/> <input type="checkbox"/> 4. SKYLIGHT <input type="checkbox"/> <input type="checkbox"/> 4. ROOF <input type="checkbox"/> <input type="checkbox"/><br><input type="checkbox"/> 5. OTHER <input type="checkbox"/> <input type="checkbox"/> 5. OTHER <input type="checkbox"/> <input type="checkbox"/><br>CARGO THEFT<br><input type="checkbox"/> Y <input type="checkbox"/> N |                                                                        |                     |                                                                    |                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                            |

|                                                                                                                                                                                                                                                         |                 |                                                                                                                                                                                                                                                                                                                                                                                                                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| NO. 1                                                                                                                                                                                                                                                   | TOTAL VICTIMS 1 | VICTIM TYPE<br><input checked="" type="checkbox"/> INDIVIDUAL<br><input type="checkbox"/> BUSINESS<br><input type="checkbox"/> FINANCIAL INSTITUTION<br><input type="checkbox"/> GOVERNMENT<br><input type="checkbox"/> POLICE OFFICER (ON THE LINE OF DUTY)<br><input type="checkbox"/> RELIGIOUS ORGANIZATION<br><input type="checkbox"/> SOCIETY<br><input type="checkbox"/> UNKNOWN<br><input type="checkbox"/> OTHER |
| NAME (Last, First, Middle) <b>MOODY, ANTHONY TROY</b>                                                                                                                                                                                                   |                 |                                                                                                                                                                                                                                                                                                                                                                                                                           |
| ADDRESS (Street, Apt, City, State, Zip) <b>215 ALBERT ST NE, WARREN, OH 44483</b>                                                                                                                                                                       |                 |                                                                                                                                                                                                                                                                                                                                                                                                                           |
| EMPLOYER NAME AND ADDRESS (Street, Apt, City, State, Zip)                                                                                                                                                                                               |                 |                                                                                                                                                                                                                                                                                                                                                                                                                           |
| AGE DOB <b>21 11-18-1998</b>                                                                                                                                                                                                                            | SEX <b>M</b>    | RACE <input checked="" type="checkbox"/> W <input type="checkbox"/> B <input type="checkbox"/> A <input type="checkbox"/> O<br>HEIGHT <b>507</b> WEIGHT <b>190</b> HAIR <b>BLN</b> EYES <b>GRN</b>                                                                                                                                                                                                                        |
| OCCUPATION                                                                                                                                                                                                                                              |                 |                                                                                                                                                                                                                                                                                                                                                                                                                           |
| RESIDENT STATUS<br><input type="checkbox"/> RESIDENT <input type="checkbox"/> TRANSIT <input type="checkbox"/> MILITARY <input type="checkbox"/> OTHER<br><input type="checkbox"/> VICTIM INJURED <input type="checkbox"/> IF INJURED DESCRIBE INJURIES |                 |                                                                                                                                                                                                                                                                                                                                                                                                                           |
| AGG. ASSAULT/HOMICIDE CR.                                                                                                                                                                                                                               |                 |                                                                                                                                                                                                                                                                                                                                                                                                                           |
| VICTIM/SUSPECT RELATIONSHIP<br>0 1 2 3 4 5                                                                                                                                                                                                              |                 |                                                                                                                                                                                                                                                                                                                                                                                                                           |
| VICTIM/OFFENSE LINK                                                                                                                                                                                                                                     |                 |                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Investigative unit/office that the information on this report is accurate and true                                                                                                                                                                      |                 |                                                                                                                                                                                                                                                                                                                                                                                                                           |
| DATE                                                                                                                                                                                                                                                    |                 |                                                                                                                                                                                                                                                                                                                                                                                                                           |

|                      |                                                                      |
|----------------------|----------------------------------------------------------------------|
| METHODS OF OPERATION | CARGO THEFT<br><input type="checkbox"/> Y <input type="checkbox"/> N |
|----------------------|----------------------------------------------------------------------|

|       |                 |                                                                                                                                                                                                                                                                                                                                                                                                                           |
|-------|-----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| NO. 1 | TOTAL VICTIMS 1 | VICTIM TYPE<br><input checked="" type="checkbox"/> INDIVIDUAL<br><input type="checkbox"/> BUSINESS<br><input type="checkbox"/> FINANCIAL INSTITUTION<br><input type="checkbox"/> GOVERNMENT<br><input type="checkbox"/> POLICE OFFICER (ON THE LINE OF DUTY)<br><input type="checkbox"/> RELIGIOUS ORGANIZATION<br><input type="checkbox"/> SOCIETY<br><input type="checkbox"/> UNKNOWN<br><input type="checkbox"/> OTHER |
|-------|-----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                            |       |
|----------------------------|-------|
| NAME (Last, First, Middle) | PHONE |
| <b>MOODY, ANTHONY TROY</b> |       |

|                                           |       |
|-------------------------------------------|-------|
| ADDRESS (Street, Apt, City, State, Zip)   | PHONE |
| <b>215 ALBERT ST NE, WARREN, OH 44483</b> |       |

|                                                           |
|-----------------------------------------------------------|
| EMPLOYER NAME AND ADDRESS (Street, Apt, City, State, Zip) |
|                                                           |

|                              |              |                                                                                                                             |                   |                   |                 |                 |
|------------------------------|--------------|-----------------------------------------------------------------------------------------------------------------------------|-------------------|-------------------|-----------------|-----------------|
| AGE DOB <b>21 11-18-1998</b> | SEX <b>M</b> | RACE <input checked="" type="checkbox"/> W <input type="checkbox"/> B <input type="checkbox"/> A <input type="checkbox"/> O | HEIGHT <b>507</b> | WEIGHT <b>190</b> | HAIR <b>BLN</b> | EYES <b>GRN</b> |
|------------------------------|--------------|-----------------------------------------------------------------------------------------------------------------------------|-------------------|-------------------|-----------------|-----------------|

|            |                                                                                                                                                                                                                                                         |
|------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| OCCUPATION | RESIDENT STATUS<br><input type="checkbox"/> RESIDENT <input type="checkbox"/> TRANSIT <input type="checkbox"/> MILITARY <input type="checkbox"/> OTHER<br><input type="checkbox"/> VICTIM INJURED <input type="checkbox"/> IF INJURED DESCRIBE INJURIES |
|------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                           |                                            |                     |
|---------------------------|--------------------------------------------|---------------------|
| AGG. ASSAULT/HOMICIDE CR. | VICTIM/SUSPECT RELATIONSHIP<br>0 1 2 3 4 5 | VICTIM/OFFENSE LINK |
|---------------------------|--------------------------------------------|---------------------|

|                                                                                    |      |
|------------------------------------------------------------------------------------|------|
| Investigative unit/office that the information on this report is accurate and true | DATE |
|------------------------------------------------------------------------------------|------|

|                      |              |                   |
|----------------------|--------------|-------------------|
| REPORTING OFFICER    | BADGE NO.    | DATE              |
| <b>BALL, DEP JON</b> | <b>07678</b> | <b>03-03-2020</b> |

|                   |           |      |
|-------------------|-----------|------|
| APPROVING OFFICER | BADGE NO. | DATE |
|                   |           |      |

|                                    |                              |
|------------------------------------|------------------------------|
| <input type="checkbox"/> FOLLOW UP | Invest. follow-up assignment |
|------------------------------------|------------------------------|

|                        |                                                                                      |                                                                                    |                                                                                  |                                                                                                 |                                                                                  |
|------------------------|--------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| ADDITIONAL SUPPLEMENTS | <input type="checkbox"/> VICTIM WITNESS<br><input type="checkbox"/> SUSPECT/ARRESTEE | <input type="checkbox"/> PROPERTY<br><input checked="" type="checkbox"/> NARRATIVE | <input type="checkbox"/> STATEMENTS<br><input checked="" type="checkbox"/> OTHER | FORM RECEIVED BY:<br><input type="checkbox"/> INVESTIGATION<br><input type="checkbox"/> RECORDS | <input type="checkbox"/> INTELLIGENCE<br><input type="checkbox"/> SPECIAL COPIES |
|------------------------|--------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|

INCIDENT NUMBER 20-02696

# INCIDENT REPORT - PART 2

IDENT NUMBER

|                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                |                                                                          |                                                                      |                                                                                                                                                                  |
|-----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|----------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>OFFENSE</b>  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>PRIVATE PROPERTY CRASH</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                | <b>INCIDENT DATE/TIME</b><br>03-03-2020 16:59                            |                                                                      |                                                                                                                                                                  |
| <b>REPORTER</b> | <b>NO.</b><br>1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>NAME (Last, First, Middle)</b><br>MOODY, ANTHONY TROY                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                |                                                                          | <b>*AGE / D.O.B.</b>                                                 |                                                                                                                                                                  |
|                 | <b>ADDRESS (Street, Apt, City, State, Zip)</b><br>215 ALBERT ST NE, WARREN, OH 44483                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                |                                                                          | <b>PHONE</b>                                                         |                                                                                                                                                                  |
|                 | <b>EMPLOYER NAME AND ADDRESS (Street, Apt, City, State, Zip)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                |                                                                          | <b>PHONE</b>                                                         |                                                                                                                                                                  |
|                 | <input type="checkbox"/> STATEMENTS OBTAINED <b>TYPE</b> <input type="checkbox"/> WRITTEN <input type="checkbox"/> ORAL <input type="checkbox"/> TAPED <input type="checkbox"/> OTHER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                |                                                                          |                                                                      |                                                                                                                                                                  |
| <b>VEHICLE</b>  | <b>CHECK CATEGORIES</b> <input type="checkbox"/> STOLEN <input type="checkbox"/> RECOVERED <input type="checkbox"/> IMPOUNDED <input type="checkbox"/> RECEIVED <input type="checkbox"/> SUSPECT'S VEHICLE <input type="checkbox"/> VICTIM'S VEHICLE <input type="checkbox"/> BATTERY USE <input type="checkbox"/> ABANDONED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                |                                                                          |                                                                      |                                                                                                                                                                  |
|                 | <b>NO.</b><br>1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input checked="" type="checkbox"/> DAMAGE TO VEHICLE<br><input type="checkbox"/> THEFT FROM VEHICLE                                                                                                                                                                                                                                                                                                                                                                                                           | <b>UC</b>                                                                                                                                                      | <b>US</b>                                                                | <b>LY</b>                                                            | <b>LIT</b>                                                                                                                                                       |
|                 | <b>VIN/NOAN</b><br>1FM5K8ABXLGA72135                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                |                                                                          | <b>VALUE</b><br>\$                                                   |                                                                                                                                                                  |
|                 | <b>VYR</b><br>2020                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>VMA</b><br>FORD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>VMO</b><br>XPL                                                                                                                                              | <b>VST</b><br>4D                                                         | <b>VCO TOP BOTTOM</b><br>MUL                                         | <input type="checkbox"/> VEHICLE LOCKED <input type="checkbox"/> KEYS IN VEHICLE <input type="checkbox"/> HOLD VEHICLE <input type="checkbox"/> RELEASE CONTENTS |
|                 | <b>VEHICLE ASSOC (W/SUSPECT #)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>VEHICLE ASSOC (W/VICTIM #)</b>                                                                                                                              |                                                                          | <input type="checkbox"/> VEHICLE TOWED <b>TOWED BY:</b>              |                                                                                                                                                                  |
|                 | <b>OWNERSHIP VERIFIED BY:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> TAG RECEIPT <input type="checkbox"/> TITLE                                                                                            |                                                                          | <input type="checkbox"/> BILL OF SALE <input type="checkbox"/> OTHER |                                                                                                                                                                  |
|                 | <b>STOLEN MOTOR VEHICLE ONLY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>NO. STOLEN</b><br>0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>AREA STOLEN:</b><br><input type="checkbox"/> RESID. <input type="checkbox"/> BUSINESS <input type="checkbox"/> RURAL                                        |                                                                          | <b>ADDITIONAL DESCRIPTION</b>                                        |                                                                                                                                                                  |
|                 | <b>AUTO INSURANCE NAME (Company) ADDRESS (Street, City, State, Zip)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                |                                                                          |                                                                      |                                                                                                                                                                  |
|                 | <b>PHONE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                |                                                                          |                                                                      |                                                                                                                                                                  |
|                 | <b>MOTOR VEHICLE RECOVERY ONLY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>NO. RECOVERED</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>DATE RECOVERED</b>                                                                                                                                          | <input type="checkbox"/> STOLEN IN YOUR JURISDICTION<br>WHERE RECOVERED? |                                                                      |                                                                                                                                                                  |
| <b>PROPERTY</b> | <b>TYPE PROPERTY LOSS</b><br>(Enter Code & Qty)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1 NONE    2 BURNED    3 COUNTERFEITED/FORGED    4 DESTROYED/DAMAGED AND DANGEROUS    5 STOLEN/ETC.    6 SEIZED    7 RECOVERED    8 UNKNOWN    9 PHOTO EVIDENCE |                                                                          | <b>TOTAL VALUE</b>                                                   |                                                                                                                                                                  |
|                 | <b>LOSS CODE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>QUANTITY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>DESCRIPTION</b>                                                                                                                                             |                                                                          | <b>COLOR</b>                                                         |                                                                                                                                                                  |
|                 | <b>VICT. NO.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>VEH. NO.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>MAKE/BRAND</b>                                                                                                                                              |                                                                          | <b>MODEL</b>                                                         |                                                                                                                                                                  |
|                 | <b>SERIAL NUMBER</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>NCIC NUMBER</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                | <b>OTHER NUMBER</b>                                                      |                                                                      |                                                                                                                                                                  |
|                 | <b>LOSS CODE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>QUANTITY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>DESCRIPTION</b>                                                                                                                                             |                                                                          | <b>COLOR</b>                                                         |                                                                                                                                                                  |
|                 | <b>VICT. NO.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>VEH. NO.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>MAKE/BRAND</b>                                                                                                                                              |                                                                          | <b>MODEL</b>                                                         |                                                                                                                                                                  |
|                 | <b>SERIAL NUMBER</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>NCIC NUMBER</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                | <b>OTHER NUMBER</b>                                                      |                                                                      |                                                                                                                                                                  |
|                 | <b>LOSS CODE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>QUANTITY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>DESCRIPTION</b>                                                                                                                                             |                                                                          | <b>COLOR</b>                                                         |                                                                                                                                                                  |
|                 | <b>VICT. NO.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>VEH. NO.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>MAKE/BRAND</b>                                                                                                                                              |                                                                          | <b>MODEL</b>                                                         |                                                                                                                                                                  |
|                 | <b>SERIAL NUMBER</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>NCIC NUMBER</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                | <b>OTHER NUMBER</b>                                                      |                                                                      |                                                                                                                                                                  |
|                 | <b>PROPERTY CODES:</b><br>EXCHANGE MEDS: 01 Jewelry, 02 Cash, 03 Credit/Debit Card, 04 Negotiable Instruments, 05 Other Exchange Meds<br>DOCUMENTS: 06 Non-Negotiable Instruments, 07 Personal Papers, 08 Document of Personal or Business, 09 Other Documents<br>VALUABLES: 10 Jewelry/Rings/Watch, 11 Art Objects, Antiques<br>PERSONAL EFFECTS: 12 Clothing, 13 Personal Effects/Watch, 14 Other Personal Effects, 15 Household Items<br>EQUIPMENT: 16 Diagnostic Equip., 17 Computing Equip., 18 Computer Hardware/Soft., 19 Office Equipment, 20 Stereo/TV Equipment, 21 Recorders/Audio Vis., 22 Sports Equipment<br>PHOTOGRAPHIC EQUIPMENT: 23 Camera/Flashlight, 24 Film, 25 Photographic Equipment, 26 Video Equipment, 27 Audio Equipment, 28 Other Equipment<br>MUSICAL INSTRUMENTS: 29 Musical Instruments, 30 Portable Electronic Equip., 31 Musical Instruments, 32 Other Musical Instruments<br>CONSUMABLE ITEMS: 33 Alcohol, 34 Drugs/Narcotics, 35 Consumable Goods, 36 Chemicals, 37 Gases, 38 Explosives, 39 Fuel, 40 Aerosols<br>VEHICLES: 41 Aircraft, 42 Automobiles, 43 Bicycles, 44 Boats, 45 Trucks, 46 Trailers, 47 Motorcycles, 48 Other Motor Veh., 49 Other Motor Veh., 50 Other Motor Veh.<br>WEAPONS: 51 Firearms, 52 Other Weapons, 53 Firearms Accessories<br>STRUCTURES: 54 Single Occupancy, 55 Other Dwellings, 56 Commercial Bldg., 57 Industrial Bldg., 58 Public Comm., 59 Storage, 60 Other Structures<br>OTHER: 61 Mechanical, 62 Other Property, 63 Pending Inventory, 64 Security-Materials, 65 Radio, Non-Process |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                |                                                                          |                                                                      |                                                                                                                                                                  |
|                 | <b>NARRATIVE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <p>On March 3, 2020 at 1659 hours Trumbull County 911 advised Howland Township Police Department was requesting a report for private property crash in the parking lot of the Capri Motel.</p> <p>Upon arrival, I met with [REDACTED] who explained that while he was turning around in the parking lot he backed up into a parked green Chevrolet S-10 causing minor damage to the rear of his patrol car.</p> <p>The owner of the S-10 was not on scene but was made aware of the incident by [REDACTED]</p> |                                                                                                                                                                |                                                                          |                                                                      |                                                                                                                                                                  |

# ADDITIONAL PERSONS SUPPLEMENT

IDENT NUMBER [REDACTED]

|                     |  |                        |  |                    |  |
|---------------------|--|------------------------|--|--------------------|--|
| VICTIM              |  | OFFENSE                |  | INCIDENT DATE/TIME |  |
| MOODY, ANTHONY TROY |  | PRIVATE PROPERTY CRASH |  | 03-03-2020 16:59   |  |

|        |                                                                                                                                                                                   |                            |                                                                     |      |                       |
|--------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------------------------------------------------|------|-----------------------|
| PERSON | NO.                                                                                                                                                                               | NAME (Last, First, Middle) |                                                                     |      | NAME TYPE             |
|        | 1                                                                                                                                                                                 | [REDACTED]                 |                                                                     |      | D - DRIVER OF VEHICLE |
|        | GENDER                                                                                                                                                                            | [REDACTED]                 |                                                                     | RACE | [REDACTED]            |
|        | ADDRESS (Street, Apt, City, State, Zip)                                                                                                                                           |                            | 169 MILES CORTLAND ROAD, WARREN, OH 44484                           |      | PHONE                 |
|        | EMPLOYER NAME AND ADDRESS (Street, Apt, City, State, Zip)                                                                                                                         |                            | HOWLAND TOWNSHIP POLICE D 169 MILES CORTLAND ROAD, WARREN, OH 44484 |      | PHONE                 |
|        | <input type="checkbox"/> STATEMENTS OBTAINED    TYPE <input type="checkbox"/> WRITTEN <input type="checkbox"/> ORAL <input type="checkbox"/> TAPED <input type="checkbox"/> OTHER |                            |                                                                     |      |                       |

|        |                                                                                                                                                                                   |                            |            |      |            |
|--------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|------------|------|------------|
| PERSON | NO.                                                                                                                                                                               | NAME (Last, First, Middle) |            |      | NAME TYPE  |
|        | GENDER                                                                                                                                                                            | [REDACTED]                 |            | RACE | [REDACTED] |
|        | ADDRESS (Street, Apt, City, State, Zip)                                                                                                                                           |                            | [REDACTED] |      | PHONE      |
|        | EMPLOYER NAME AND ADDRESS (Street, Apt, City, State, Zip)                                                                                                                         |                            | [REDACTED] |      | PHONE      |
|        | <input type="checkbox"/> STATEMENTS OBTAINED    TYPE <input type="checkbox"/> WRITTEN <input type="checkbox"/> ORAL <input type="checkbox"/> TAPED <input type="checkbox"/> OTHER |                            |            |      |            |

|        |                                                                                                                                                                                   |                            |            |      |            |
|--------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|------------|------|------------|
| PERSON | NO.                                                                                                                                                                               | NAME (Last, First, Middle) |            |      | NAME TYPE  |
|        | GENDER                                                                                                                                                                            | [REDACTED]                 |            | RACE | [REDACTED] |
|        | ADDRESS (Street, Apt, City, State, Zip)                                                                                                                                           |                            | [REDACTED] |      | PHONE      |
|        | EMPLOYER NAME AND ADDRESS (Street, Apt, City, State, Zip)                                                                                                                         |                            | [REDACTED] |      | PHONE      |
|        | <input type="checkbox"/> STATEMENTS OBTAINED    TYPE <input type="checkbox"/> WRITTEN <input type="checkbox"/> ORAL <input type="checkbox"/> TAPED <input type="checkbox"/> OTHER |                            |            |      |            |

|        |                                                                                                                                                                                   |                            |            |      |            |
|--------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|------------|------|------------|
| PERSON | NO.                                                                                                                                                                               | NAME (Last, First, Middle) |            |      | NAME TYPE  |
|        | GENDER                                                                                                                                                                            | [REDACTED]                 |            | RACE | [REDACTED] |
|        | ADDRESS (Street, Apt, City, State, Zip)                                                                                                                                           |                            | [REDACTED] |      | PHONE      |
|        | EMPLOYER NAME AND ADDRESS (Street, Apt, City, State, Zip)                                                                                                                         |                            | [REDACTED] |      | PHONE      |
|        | <input type="checkbox"/> STATEMENTS OBTAINED    TYPE <input type="checkbox"/> WRITTEN <input type="checkbox"/> ORAL <input type="checkbox"/> TAPED <input type="checkbox"/> OTHER |                            |            |      |            |

|        |                                                                                                                                                                                   |                            |            |      |            |
|--------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|------------|------|------------|
| PERSON | NO.                                                                                                                                                                               | NAME (Last, First, Middle) |            |      | NAME TYPE  |
|        | GENDER                                                                                                                                                                            | [REDACTED]                 |            | RACE | [REDACTED] |
|        | ADDRESS (Street, Apt, City, State, Zip)                                                                                                                                           |                            | [REDACTED] |      | PHONE      |
|        | EMPLOYER NAME AND ADDRESS (Street, Apt, City, State, Zip)                                                                                                                         |                            | [REDACTED] |      | PHONE      |
|        | <input type="checkbox"/> STATEMENTS OBTAINED    TYPE <input type="checkbox"/> WRITTEN <input type="checkbox"/> ORAL <input type="checkbox"/> TAPED <input type="checkbox"/> OTHER |                            |            |      |            |

|        |                                                                                                                                                                                   |                            |            |      |            |
|--------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|------------|------|------------|
| PERSON | NO.                                                                                                                                                                               | NAME (Last, First, Middle) |            |      | NAME TYPE  |
|        | GENDER                                                                                                                                                                            | [REDACTED]                 |            | RACE | [REDACTED] |
|        | ADDRESS (Street, Apt, City, State, Zip)                                                                                                                                           |                            | [REDACTED] |      | PHONE      |
|        | EMPLOYER NAME AND ADDRESS (Street, Apt, City, State, Zip)                                                                                                                         |                            | [REDACTED] |      | PHONE      |
|        | <input type="checkbox"/> STATEMENTS OBTAINED    TYPE <input type="checkbox"/> WRITTEN <input type="checkbox"/> ORAL <input type="checkbox"/> TAPED <input type="checkbox"/> OTHER |                            |            |      |            |

|        |                                                                                                                                                                                   |                            |            |      |            |
|--------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|------------|------|------------|
| PERSON | NO.                                                                                                                                                                               | NAME (Last, First, Middle) |            |      | NAME TYPE  |
|        | GENDER                                                                                                                                                                            | [REDACTED]                 |            | RACE | [REDACTED] |
|        | ADDRESS (Street, Apt, City, State, Zip)                                                                                                                                           |                            | [REDACTED] |      | PHONE      |
|        | EMPLOYER NAME AND ADDRESS (Street, Apt, City, State, Zip)                                                                                                                         |                            | [REDACTED] |      | PHONE      |
|        | <input type="checkbox"/> STATEMENTS OBTAINED    TYPE <input type="checkbox"/> WRITTEN <input type="checkbox"/> ORAL <input type="checkbox"/> TAPED <input type="checkbox"/> OTHER |                            |            |      |            |

|                                     |  |  |  |           |            |
|-------------------------------------|--|--|--|-----------|------------|
| REPORTING OFFICER/ARRESTING OFFICER |  |  |  | BADGE NO. | DATE       |
| BALL, DEP JON                       |  |  |  | 87670     | 03-03-2020 |
| APPROVING OFFICER                   |  |  |  | BADGE NO. | DATE       |
|                                     |  |  |  |           |            |



# VEHICLE SUPPLEMENT

ARRESTING AGENCY  
TRUMBULL COUNTY SHERIFF'S OFFICE

IDENT NUMBER

|                                                                                                                                                                                                                                                                                                                       |  |                                                                                           |  |                                                                                                                                                                                                                            |               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|
| VICTIM<br><b>MOODY, ANTHONY TROY</b>                                                                                                                                                                                                                                                                                  |  | OFFENSE<br><b>PRIVATE PROPERTY CRASH</b>                                                  |  | INCIDENT DATE/TIME<br><b>03-03-2020 16:59</b>                                                                                                                                                                              |               |
| CHECK CATEGORIES: <input type="checkbox"/> STOLEN <input type="checkbox"/> RECOVERED <input type="checkbox"/> IMPOUNDED <input type="checkbox"/> RECEIVED <input type="checkbox"/> SUSPECT'S VEHICLE <input type="checkbox"/> VICTIM'S VEHICLE <input type="checkbox"/> NAUHT. USE <input type="checkbox"/> ABANDONED |  |                                                                                           |  |                                                                                                                                                                                                                            |               |
| NO. <b>2</b>                                                                                                                                                                                                                                                                                                          |  | <input type="checkbox"/> DAMAGE TO VEHICLE<br><input type="checkbox"/> THEFT FROM VEHICLE |  | LIC <b>K337321</b> US <b>OH</b> LY <b>2020</b> LIT <b></b> VIN/LOAN <b>1GCCS19X4X8207757</b> VALUE \$ <b></b>                                                                                                              |               |
| VYR <b>1999</b> VMA <b>CHEV</b>                                                                                                                                                                                                                                                                                       |  | VMO <b>S2E</b> VST <b>PK</b>                                                              |  | VCO TOP <b></b> BOTTOM <b>GRN</b> <input type="checkbox"/> VEHICLE LOCKED <input type="checkbox"/> KEYS IN VEHICLE <input type="checkbox"/> HOLD VEHICLE <input type="checkbox"/> RELEASE CONTENTS                         |               |
| VEHICLE ASSOC W/ SUSPECT # <b></b>                                                                                                                                                                                                                                                                                    |  | VEHICLE ASSOC W/ VICTIM # <b></b>                                                         |  | <input type="checkbox"/> VEHICLE TOWED    TOWED BY <b></b> OWNERSHIP VERIFIED BY: <input type="checkbox"/> TAG RECEIPT <input type="checkbox"/> TITLE <input type="checkbox"/> BILL OF SALE <input type="checkbox"/> OTHER |               |
| STOLEN MOTOR VEHICLE ONLY <b></b>                                                                                                                                                                                                                                                                                     |  | NO. STOLEN <b>0</b>                                                                       |  | AREA STOLEN: <input type="checkbox"/> RESID. <input type="checkbox"/> BUSINESS <input type="checkbox"/> RURAL    ADDITIONAL DESCRIPTION <b></b>                                                                            |               |
| AUTO INSURANCE NAME (Company) ADDRESS (Street, City, State, Zip) <b></b>                                                                                                                                                                                                                                              |  |                                                                                           |  |                                                                                                                                                                                                                            | PHONE <b></b> |
| MOTOR VEHICLE RECOVERY ONLY <b></b>                                                                                                                                                                                                                                                                                   |  | NO. RECOVERED <b></b> DATE RECOVERED <b></b>                                              |  | <input type="checkbox"/> STOLEN IN YOUR JURISDICTION    WHERE RECOVERED? <b></b>                                                                                                                                           |               |

|                                                                                                                                                                                                                                                                                                                       |  |                                                                                           |  |                                                                                                                                                                                                                            |               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|
| CHECK CATEGORIES: <input type="checkbox"/> STOLEN <input type="checkbox"/> RECOVERED <input type="checkbox"/> IMPOUNDED <input type="checkbox"/> RECEIVED <input type="checkbox"/> SUSPECT'S VEHICLE <input type="checkbox"/> VICTIM'S VEHICLE <input type="checkbox"/> NAUHT. USE <input type="checkbox"/> ABANDONED |  |                                                                                           |  |                                                                                                                                                                                                                            |               |
| NO. <b></b>                                                                                                                                                                                                                                                                                                           |  | <input type="checkbox"/> DAMAGE TO VEHICLE<br><input type="checkbox"/> THEFT FROM VEHICLE |  | LIC <b></b> US <b></b> LY <b></b> LIT <b></b> VIN/LOAN <b></b> VALUE <b></b>                                                                                                                                               |               |
| VYR <b></b> VMA <b></b>                                                                                                                                                                                                                                                                                               |  | VMO <b></b> VST <b></b>                                                                   |  | VCO TOP <b></b> BOTTOM <b></b> <input type="checkbox"/> VEHICLE LOCKED <input type="checkbox"/> KEYS IN VEHICLE <input type="checkbox"/> HOLD VEHICLE <input type="checkbox"/> RELEASE CONTENTS                            |               |
| VEHICLE ASSOC W/ SUSPECT # <b></b>                                                                                                                                                                                                                                                                                    |  | VEHICLE ASSOC W/ VICTIM # <b></b>                                                         |  | <input type="checkbox"/> VEHICLE TOWED    TOWED BY <b></b> OWNERSHIP VERIFIED BY: <input type="checkbox"/> TAG RECEIPT <input type="checkbox"/> TITLE <input type="checkbox"/> BILL OF SALE <input type="checkbox"/> OTHER |               |
| STOLEN MOTOR VEHICLE ONLY <b></b>                                                                                                                                                                                                                                                                                     |  | NO. STOLEN <b></b>                                                                        |  | AREA STOLEN: <input type="checkbox"/> RESID. <input type="checkbox"/> BUSINESS <input type="checkbox"/> RURAL    ADDITIONAL DESCRIPTION <b></b>                                                                            |               |
| AUTO INSURANCE NAME (Company) ADDRESS (Street, City, State, Zip) <b></b>                                                                                                                                                                                                                                              |  |                                                                                           |  |                                                                                                                                                                                                                            | PHONE <b></b> |
| MOTOR VEHICLE RECOVERY ONLY <b></b>                                                                                                                                                                                                                                                                                   |  | NO. RECOVERED <b></b> DATE RECOVERED <b></b>                                              |  | <input type="checkbox"/> STOLEN IN YOUR JURISDICTION    WHERE RECOVERED? <b></b>                                                                                                                                           |               |

|                                                                                                                                                                                                                                                                                                                       |  |                                                                                           |  |                                                                                                                                                                                                                            |               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|
| CHECK CATEGORIES: <input type="checkbox"/> STOLEN <input type="checkbox"/> RECOVERED <input type="checkbox"/> IMPOUNDED <input type="checkbox"/> RECEIVED <input type="checkbox"/> SUSPECT'S VEHICLE <input type="checkbox"/> VICTIM'S VEHICLE <input type="checkbox"/> NAUHT. USE <input type="checkbox"/> ABANDONED |  |                                                                                           |  |                                                                                                                                                                                                                            |               |
| NO. <b></b>                                                                                                                                                                                                                                                                                                           |  | <input type="checkbox"/> DAMAGE TO VEHICLE<br><input type="checkbox"/> THEFT FROM VEHICLE |  | LIC <b></b> US <b></b> LY <b></b> LIT <b></b> VIN/LOAN <b></b> VALUE <b></b>                                                                                                                                               |               |
| VYR <b></b> VMA <b></b>                                                                                                                                                                                                                                                                                               |  | VMO <b></b> VST <b></b>                                                                   |  | VCO TOP <b></b> BOTTOM <b></b> <input type="checkbox"/> VEHICLE LOCKED <input type="checkbox"/> KEYS IN VEHICLE <input type="checkbox"/> HOLD VEHICLE <input type="checkbox"/> RELEASE CONTENTS                            |               |
| VEHICLE ASSOC W/ SUSPECT # <b></b>                                                                                                                                                                                                                                                                                    |  | VEHICLE ASSOC W/ VICTIM # <b></b>                                                         |  | <input type="checkbox"/> VEHICLE TOWED    TOWED BY <b></b> OWNERSHIP VERIFIED BY: <input type="checkbox"/> TAG RECEIPT <input type="checkbox"/> TITLE <input type="checkbox"/> BILL OF SALE <input type="checkbox"/> OTHER |               |
| STOLEN MOTOR VEHICLE ONLY <b></b>                                                                                                                                                                                                                                                                                     |  | NO. STOLEN <b></b>                                                                        |  | AREA STOLEN: <input type="checkbox"/> RESID. <input type="checkbox"/> BUSINESS <input type="checkbox"/> RURAL    ADDITIONAL DESCRIPTION <b></b>                                                                            |               |
| AUTO INSURANCE NAME (Company) ADDRESS (Street, City, State, Zip) <b></b>                                                                                                                                                                                                                                              |  |                                                                                           |  |                                                                                                                                                                                                                            | PHONE <b></b> |
| MOTOR VEHICLE RECOVERY ONLY <b></b>                                                                                                                                                                                                                                                                                   |  | NO. RECOVERED <b></b> DATE RECOVERED <b></b>                                              |  | <input type="checkbox"/> STOLEN IN YOUR JURISDICTION    WHERE RECOVERED? <b></b>                                                                                                                                           |               |

|                                                                                                                                                                                                                                                                                                                       |  |                                                                                           |  |                                                                                                                                                                                                                            |               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|
| CHECK CATEGORIES: <input type="checkbox"/> STOLEN <input type="checkbox"/> RECOVERED <input type="checkbox"/> IMPOUNDED <input type="checkbox"/> RECEIVED <input type="checkbox"/> SUSPECT'S VEHICLE <input type="checkbox"/> VICTIM'S VEHICLE <input type="checkbox"/> NAUHT. USE <input type="checkbox"/> ABANDONED |  |                                                                                           |  |                                                                                                                                                                                                                            |               |
| NO. <b></b>                                                                                                                                                                                                                                                                                                           |  | <input type="checkbox"/> DAMAGE TO VEHICLE<br><input type="checkbox"/> THEFT FROM VEHICLE |  | LIC <b></b> US <b></b> LY <b></b> LIT <b></b> VIN/LOAN <b></b> VALUE <b></b>                                                                                                                                               |               |
| VYR <b></b> VMA <b></b>                                                                                                                                                                                                                                                                                               |  | VMO <b></b> VST <b></b>                                                                   |  | VCO TOP <b></b> BOTTOM <b></b> <input type="checkbox"/> VEHICLE LOCKED <input type="checkbox"/> KEYS IN VEHICLE <input type="checkbox"/> HOLD VEHICLE <input type="checkbox"/> RELEASE CONTENTS                            |               |
| VEHICLE ASSOC W/ SUSPECT # <b></b>                                                                                                                                                                                                                                                                                    |  | VEHICLE ASSOC W/ VICTIM # <b></b>                                                         |  | <input type="checkbox"/> VEHICLE TOWED    TOWED BY <b></b> OWNERSHIP VERIFIED BY: <input type="checkbox"/> TAG RECEIPT <input type="checkbox"/> TITLE <input type="checkbox"/> BILL OF SALE <input type="checkbox"/> OTHER |               |
| STOLEN MOTOR VEHICLE ONLY <b></b>                                                                                                                                                                                                                                                                                     |  | NO. STOLEN <b></b>                                                                        |  | AREA STOLEN: <input type="checkbox"/> RESID. <input type="checkbox"/> BUSINESS <input type="checkbox"/> RURAL    ADDITIONAL DESCRIPTION <b></b>                                                                            |               |
| AUTO INSURANCE NAME (Company) ADDRESS (Street, City, State, Zip) <b></b>                                                                                                                                                                                                                                              |  |                                                                                           |  |                                                                                                                                                                                                                            | PHONE <b></b> |
| MOTOR VEHICLE RECOVERY ONLY <b></b>                                                                                                                                                                                                                                                                                   |  | NO. RECOVERED <b></b> DATE RECOVERED <b></b>                                              |  | <input type="checkbox"/> STOLEN IN YOUR JURISDICTION    WHERE RECOVERED? <b></b>                                                                                                                                           |               |

|                                                             |  |  |                           |                           |
|-------------------------------------------------------------|--|--|---------------------------|---------------------------|
| REPORTING OFFICER/ARRESTING OFFICER<br><b>BALL, DEP JON</b> |  |  | BADGE NO.<br><b>07670</b> | DATE<br><b>03-03-2020</b> |
| APPROVING OFFICER <b></b>                                   |  |  | BADGE NO. <b></b>         | DATE <b></b>              |

# IMAGE SUPPLEMENT

DENT NUMBER

VICTIM

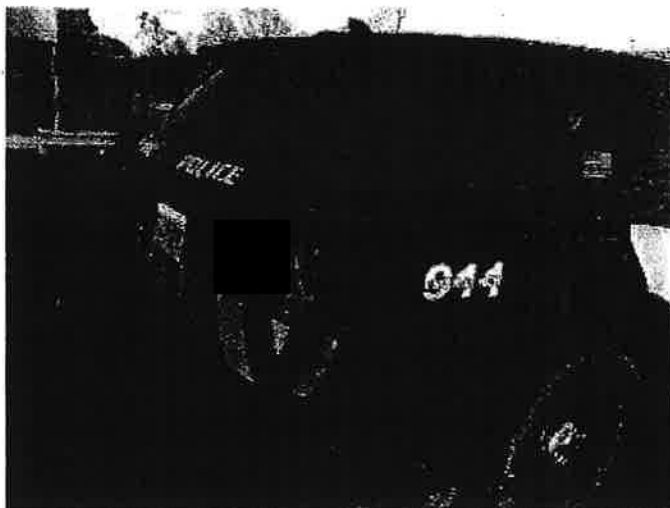
MOODY, ANTHONY TROY

OFFENSE

PRIVATE PROPERTY CRASH

INCIDENT DATE/TIME

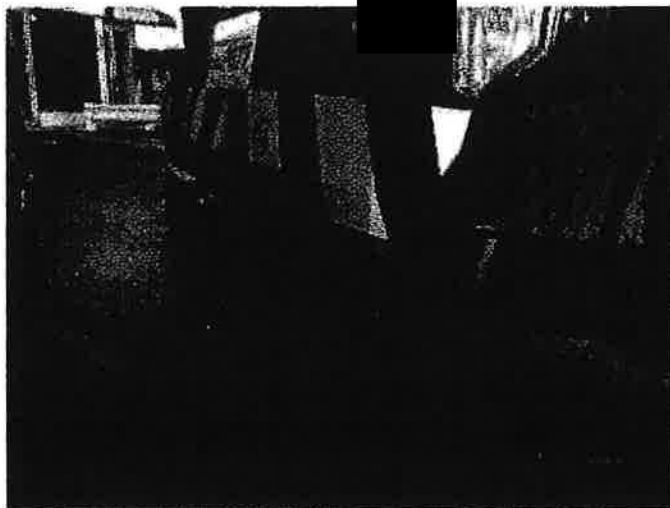
03-03-2020 16:59



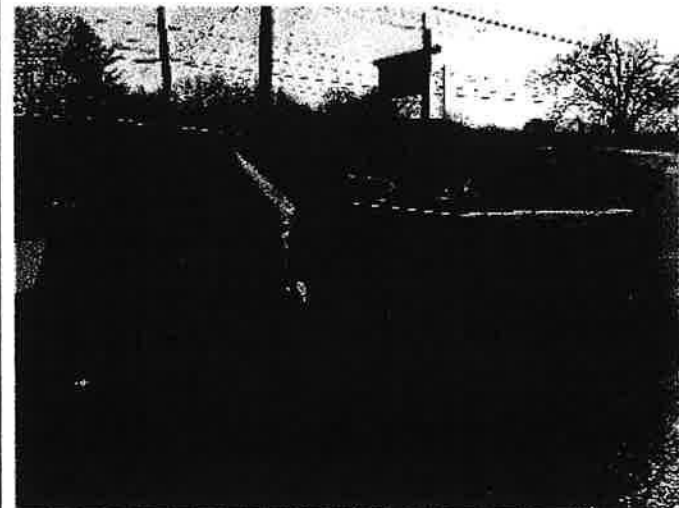
IMG\_4713.jpg



IMG\_4703.jpg



IMG\_4707.jpg



IMG\_4715.jpg

# IMAGE SUPPLEMENT

VICTIM

MOODY, ANTHONY TROY

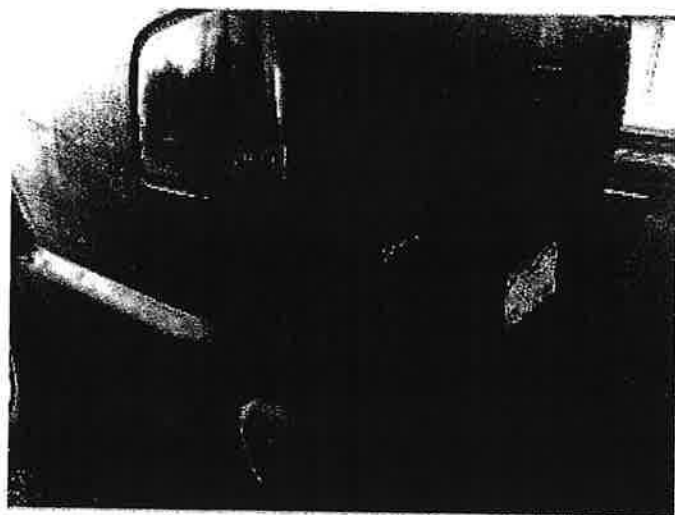
OFFENSE

PRIVATE PROPERTY CRASH

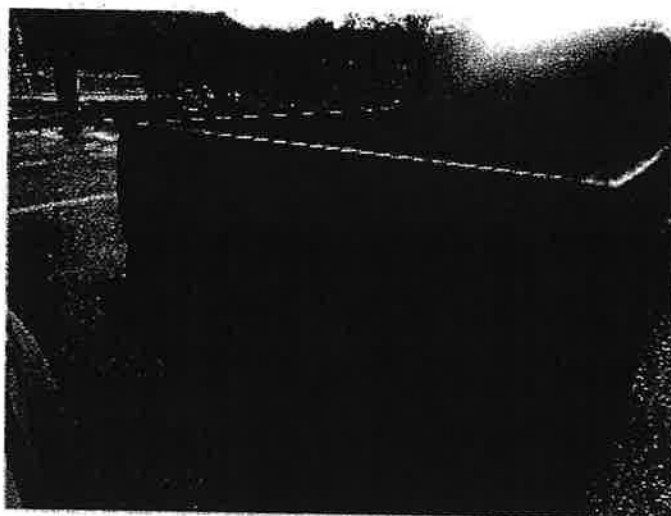
INCIDENT NUMBER

INCIDENT DATE/TIME

03-03-2020 16:59



IMG\_4706.jpg



IMG\_4704.jpg

**MEDTOX**  
LABORATORIES, INC.402 W County Rd D  
St. Paul, MN 55112

STEP 1

To be completed by **COLLECTOR**  
or **EMPLOYER REPRESENTATIVE**

Account #

A. Employer Name, Address, I.D. No.

RECORD OCCUPATIONAL HEALTH SERVICES  
HOWLAND TWP. POLICE  
10000 PL 30000  
CIRAPOL OH 44020

B. MRO Name, Address, Phone and Fax No.

LAB ACCESSION NO.

Account #

Donor I.D.

Donor Name

C. (Last, First)

Donor  
Daytime  
Phone

3305537488

D. Reason for Test

☐ Pre-employment☐ Random☐ Reasonable Suspicion/Cause☐ Return To Duty☐ Follow-up☒ Post Accident☐ Other (Specify)

E. Collection Site Name

Collector  
Phone No.Collector  
Fax No.

F. Test(s)

Ordered

**STEP 2: COMPLETED BY COLLECTOR**Read specimen temperature within 4 minutes. Is temperature  
between 90° and 100° F? ☒ Yes ☐ No, Enter Remark

Specimen Collection:

☒ Split☐ Single☐ None Provided (Enter Remark)☐ Observed (Enter Remark)

14008

REMARKS

**STEP 3:** Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5 on Copy 2 (MRO Copy)**STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY**

I certify that the specimen given to me by the donor identified in the certification section on Copy 2 of this form was collected, labeled, sealed and released to the Delivery Service noted in accordance with applicable requirements.

X Stephen J. Sideropolis

Signature of Collector

STEPHEN J. SIDEROPOLIS

(PRINT) Collector's Name (First, MI, Last)

Time of  
Collection

05:57

☐ AM ☒ PMDate  
(Mo./Day/Yr.)

03/03/2020

**SPECIMEN BOTTLE(S) RELEASED TO:**

Name of Delivery Service Transferring Specimen to Lab

☒ FedEx☐ Local Courier☐ Other**STEP 5: COMPLETED BY DONOR**

I certify that I provided my urine specimen to the collector; that I have not adulterated it in any manner; each specimen bottle used was sealed with a tamper-evident seal and the information provided on this form and on the label affixed to each specimen bottle is correct.

X

Signature of Donor

(PRINT) Donor's Name (First, MI, Last)

Date (Mo. / Day / Yr.)

3/3/20

Daytime Phone No. ( )

Evening Phone No.

Date of Birth

Should the results of the laboratory tests for the specimen identified by this form be confirmed positive, the Medical Review Officer may contact you to ask about prescriptions and over-the-counter medications you may have taken. Therefore, you may want to make a list of those medications for your own records. THIS LIST IS NOT NECESSARY. If you choose to make a list, do so either on a separate piece of paper or on the back of your copy (Copy 5). — DO NOT PROVIDE THIS INFORMATION ON THE BACK OF ANY OTHER COPY OF THE FORM. TAKE COPY 5 WITH YOU.

# Alcohol Testing Form (Non-DOT)

(The instructions for completing this form are on the back of Copy 3)

AFTER HHS  
SERVICE CALL

## Step 1: TO BE COMPLETED BY ALCOHOL TECHNICIAN

A: Employee Name [REDACTED]  
(Print) (First, M.I., Last)  
B: SSN or Employee ID No. [REDACTED]  
C: Employer Name HOWLAND TWP. POLICE  
Street 169 NILES CORTLAND RD.  
City, State, Zip HOWLAND, OHIO 44484  
DER Name and Telephone No. DARLENE ST. GEORGE (330) 856-6464  
DER Name DER Phone Number  
D: Reason for Test: ☐ Random ☐ Reasonable Susp ☒ Post-Accident ☐ Return to Duty ☐ Follow-up ☐ Pre-employment

Print Screening Results Here or  
Affix with Tamper Evident Tape

000

## STEP 2: TO BE COMPLETED BY EMPLOYEE

I certify that I am about to submit to alcohol testing and that the identifying information provided on the form is true and correct.

Signature of Employee

3 13 20  
Date Month Day Year

Print Confirmation Results Here or  
Affix with Tamper Evident Tape

## STEP 3: TO BE COMPLETED BY ALCOHOL TECHNICIAN

(If the technician conducting the screening test is not the same technician who will be conducting the confirmation test, each technician must complete their own form.) I certify that I have conducted alcohol testing on the above named individual and that I am qualified to operate the testing device(s) identified, and that the results are as recorded.

TECHNICIAN: ☒ BAT ☐ STT DEVICE: ☐ SALIVA ☒ BREATH\* 15-Minute Wait: ☐ Yes ☐ No

SCREENING TEST: (For BREATH DEVICE\* write in the space below only if the testing device is not designed to print.)

| Test # | Testing Device Name | Device Serial # OR Lot # & Exp Date | Activation Time | Reading Time | Result |
|--------|---------------------|-------------------------------------|-----------------|--------------|--------|
| 823    | LIFELoc             | 13470014                            | 5:51 PM         | 5:52 PM      | .000   |

CONFIRMATION TEST: Results MUST be affixed to each copy of this form or printed directly onto the form.

REMARKS:

Print Additional Results Here or  
Affix With Tamper Evident Tape

A. O. H. S. 1793 ELM RD. NE.  
Alcohol Technician's Company Company Street Address  
STEPHEN J. SIDEROPOLIS Warren, OH 44483 (330) 372-4660  
(PRINT) Alcohol Technician's Name (First, M.I., Last) Company City, State, Zip Phone Number  
Stephen J. Sideropolis 3 13 20  
Signature of Alcohol Technician Date Month Day Year

## STEP 4: TO BE COMPLETED BY EMPLOYEE IF TEST RESULTS ARE POSITIVE.

I certify that I have submitted to the alcohol test, the results of which are accurately recorded on this form. I understand that I must not drive, perform safety-sensitive duties, or operate heavy equipment because the results are positive.

Signature of Employee

1 1  
Date Month Day Year



# VACATION CARRY-OVER FORM

Employees

Employee: [REDACTED]

Date of Request: 12/3/19

In accordance with the contract, the above employee may carry over a maximum of one (1) week of unused vacation.

Maximum vacation accumulation may not exceed one (1) year vacation earned plus one (1) week carry over.

Current Year (2019) Vacation:

|                                 |           |            |
|---------------------------------|-----------|------------|
| Earned                          | <u>80</u> | days/hours |
| Carried Over from Previous Year | <u>40</u> | days/hours |
| Taken                           | <u>80</u> | days/hours |
| Unused                          | <u>40</u> | days/hours |

Approved vacation to be carried over to 2020 (year): 40 days/hours

Following year (2020) Vacation:

|                |            |            |
|----------------|------------|------------|
| Earned         | <u>80</u>  | days/hours |
| Carry Over     | <u>40</u>  | days/hours |
| Total Vacation | <u>120</u> | days/hours |

Date: \_\_\_\_\_

Department Head

Date: \_\_\_\_\_

Trustee or Administrator

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Dan Morgan (330) 856-5223

September 19, 2019

Sergeant Jeff Sescourka and [REDACTED]

I am writing this letter to commend you for your heroic service and dedication provided in the life saving efforts of an opioid overdose victim on September 18, 2019.

On Wednesday September 18, 2019 you were dispatched to the area of Bay Hill and St. Andrews for a suspicious vehicle. Upon arrival, Sgt. Jeff Sescourka and [REDACTED] located the vehicle which was occupied by a female who was slumped over the wheel. Sgt. Sescourka observed the doors to the vehicle were locked and immediately used his lock-out tools in order to gain access to the victim to render first aid. Once Sgt. Sescourka and [REDACTED] gained access to the victim they recognized she was experiencing symptoms of an opioid overdose. [REDACTED] retrieved his departmental issued Narcan and gave one 4 milligram dose to the victim. Moments later the victim later identified as Jamie Wireman regained consciousness. The Howland Fire Department arrived on scene and continued treatment while transporting the victim to the hospital.

You are both to be commended for going above and beyond the call of duty by taking lifesaving measures while serving and protecting the citizens of Howland Township. If not for your quick actions, Jamie Wireman would have become another fatal statistic of the opioid epidemic.

Sincerely,

Chief Nick Roberts

Cc: Asst. Chief Urso

Cc: file

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May 17, 2019

Officer Jordan Wert, [REDACTED] Officer Adam Rios, Officer Carmen Altobelli,

I am writing this letter to commend you on your unselfish dedication and teamwork during the apprehension of an Aggravated Robbery Suspect who robbed the True North gas station at gunpoint before fleeing.

On Tuesday May 14, 2019 at approximately 1532 hours Howland Officers were dispatched and responded to 4230 East Market St. after the Trumbull County 911 Center received a call by a female employee who stated that the business had been robbed at gunpoint.

Officer Jordan Wert and Officer Adam Rios arrived on scene and spoke with the victim who stated that a white male wearing a ski mask and gloves entered the store, walked directly up to the counter, pulled out a gun and pointed the gun directly in her face before demanding the money from the cash register. The victim complied with the gunman before he fled the business in a white pick-up truck.

Officer Jordan Wert and Officer Adam Rios secured the crime scene, obtained descriptive information on the suspect, suspect vehicle and relayed same to the responding officers. Officer Jordan Wert and Officer Adam Rios processed the crime scene and obtained witness statements.

[REDACTED] was in the area of East Market and Niles Cortland Rd. when the call for the Aggravated Robbery was reported by the 911 Center. [REDACTED] immediately began checking the area for the suspect and suspect vehicle. While checking the area [REDACTED] received radio traffic that the suspect vehicle was located by Officer Eric Bowker on SR 11 south of SR 82. [REDACTED] responded to Officer Eric Bowker's location and assisted his fellow officers after the suspect was in custody.

Officer Carmen Altobelli also responded to SR 11 in order to assist his fellow officers with the apprehension of this dangerous suspect.

Howland Township Government Offices: 205 Niles Cortland Rd. N.E. Warren, Ohio 44484

Howland Public Works Dept.: 3600 North River Rd. N.E. Warren, Ohio 44484

Howland Police / Fire Offices: 169 Niles Cortland Rd. N.E. Warren, Ohio 44484

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Each one of you played an integral part in bringing this case to a successful resolve. You are to be commended for your apprehension of this Aggravated Robbery Suspect. Not only did he commit this despicable crime, it was later determined this was the same suspect who fired several rounds into the University at Larchmont placing numerous innocent lives in danger. Your quick response and actions that day to assist your fellow officers went above and beyond the call of duty. The Howland Community, True North employees and patrons, the owners and patrons of University at Larchmont and the City of Warren can rest easy knowing that this violent felon is now behind bars where he belongs. Your actions personify the professionalism and image of this department and all who serve within it.

Sincerely,

Chief Nick Roberts

Cc: Asst. Chief Urso

Cc: file

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May 13, 2019

[REDACTED] & Officer Nicholas Brancaccio,

I am writing this letter to commend you for your heroic service and dedication provided in the life saving efforts of an opioid overdose victim on May 12, 2019.

On Sunday May 12, 2019 you were dispatched to 2851 Larchmont Ave. in reference to a female subject who was suffering from a possible opioid overdose. [REDACTED] and Officer Nicholas Brancaccio arrived on scene and observed a female subject, later identified as Kristina Root, was unconscious; not breathing and her lips were blue. [REDACTED] and Officer Brancaccio recognized that the female subject was possibly suffering an opioid overdose. [REDACTED] immediately administered one dose of the opioid reversal drug Narcan. The female subject then began taking shallow breaths and regained consciousness. Howland EMS arrived on scene and took over lifesaving efforts.

If not for [REDACTED] and Officer Nicholas Brancaccio's quick action, Kristina Root would have become another fatal statistic of the opioid epidemic. You are both to be commended for going above and beyond the call of duty by taking lifesaving measures while serving and protecting the citizens of Howland Township.

Sincerely,

  
Chief Nick Roberts

Cc: Asst. Chief Urso

Cc: file

MEMO

HOWLAND POLICE DEPARTMENT

169 Niles Cortland Rd N.E. Warren, Ohio 44484 330.856.5555

DATE: January 8, 2019

TO: Sgt. Sescourka, Assistant Chief Urso

FROM: [REDACTED]

REF: Damaged Equipment

\*\*\*\*\*

On January 7, 2018, I, [REDACTED] was clearing a call on Mines Road. While backing out of the dark driveway I did not see a tree with a plastic motion sensor on it. My rear passenger side quarter panel sustained a scratch from the motion detector. It appears the damage may be able to be buffed out.

Thank you,

[REDACTED]

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August 9, 2018

Officer Bryan Butto, Officer Carmen Altobelli & [REDACTED]

I am writing this letter to commend you for your heroic service and dedication provided in the life saving efforts of an opioid overdose victim on August 7, 2018.

On Tuesday August 7, 2018 Officer Bryan Butto stopped a motor vehicle for vehicle infractions and also obtained information that the registered owner of the vehicle had outstanding warrants for his arrest. As Officer Butto was getting out of his patrol vehicle he observed the driver of the vehicle immediately exit and state that he was trying to get his friend to the hospital. While Officer Butto was securing the driver in the rear of his patrol vehicle, [REDACTED] arrived on scene and was apprised of the situation. Both Officers approached the vehicle and observed the front seat passenger to be unconscious and turning blue. Both officers recognized that the male subject was suffering from an opioid overdose. Officer Butto administered one dose of the opioid reversal drug Naloxone which did not have any effect on the victim. Officer Peterson retrieved his Naloxone and administered a second dose which was also ineffective. Officer Carmen Altobelli arrived on scene and provided the victim, later identified as Mark Neroni, with a third dose of Naloxone in which the victim began to breathe and regain consciousness. Howland EMS arrived on scene and transported the overdose victim to the hospital.

If not for Officer Bryn Butto, [REDACTED] and Officer Carmen Altobelli, Mark Neroni would have become another fatal statistic of the opioid epidemic. You are all to be commended for going above and beyond the call of duty by taking lifesaving measures while serving and protecting the citizens of Howland Township.

Sincerely,

Chief Nick Roberts

Cc: Asst. Chief Urso

Cc: file



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July 2, 2018

Sgt. Jeff Sescourka, Officer Carmen Altobelli, Officer Jordan Wert, [REDACTED]  
Detective Sean Stephens, Detective Jeff Edmundson,

I am writing this letter to commend you on your unselfish dedication and teamwork during the apprehension of a three Aggravated Robbery Suspects who robbed a female at gunpoint and shot her before fleeing.

On Friday June 22, 2018 at approximately 1831 hours Howland Officers were dispatched and responded to 225 Shaffer Dr. after the Trumbull County 911 Center received a call that a female had been shot with a firearm behind the residence.

Sgt. Sescourka and [REDACTED] arrived on scene and located the victim in the driveway who sustained a gunshot wound to her leg. The victim told Sgt. Sescourka she was robbed by three black males and one of the black males shot her before all three fled on foot. The victim was familiar with one of the suspects and provided his name to Sgt. Sescourka. Sgt. Sescourka immediately requested additional officers, mutual aid and OSP K-9 in order to set up a perimeter to search for the suspects.

Officer Altobelli and Officer Wert held the perimeter while [REDACTED] began to track the suspects with the OSP K9 Unit which led them to the rear of the Capri Motel. Detective Edmundson went to the front office and gave the suspect's name to the manager who confirmed that the suspect was staying at the motel. Officers responded to the room where the suspect was registered and all three suspects were taken into custody.

Detective Stephens and Detective Edmundson processed the crime scene and the suspect's motel room which produced fruits of the crime.

Each one of you played an integral part in bringing this case to a successful resolve. You are to be commended for your apprehension of three Aggravated Robbery Suspects who shot their victim after committing a robbery and placed many innocent lives in danger. Your quick

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response and actions that day to assist your fellow officers went above and beyond the call of duty. Your actions personify the professionalism and image of this department and all who serve within it.

Sincerely,

Chief Nick Roberts

Cc: Asst. Chief Urso

Cc: file

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July 1, 2018

Vivian,

As of July 1, 2018 [REDACTED] has successfully completed his 12 month probationary period and will now receive 100% of patrolman's hourly rate.

According to the Howland Township Police Contract, Article 31 – Compensation – Section 3, [REDACTED] is entitled to 100% of patrolman's hourly rate.

Section 3: New Hires will start at 85% of the patrolman's currently hourly rate. At completion of training (minimum 2 months), the new hire will receive 90% of the patrolman's current hourly rate upon completion of a successful review by the Chief of Police and at 12 months will receive 100% of patrolman's current hourly rate.

Respectfully,

Nick Roberts  
Chief of Police

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September 18, 2017

Vivian,

As of September 18, 2017 [REDACTED] has completed his field training and has been released to patrol Howland Township as a solo officer.

According to the Howland Township Police Contract, Article 31-Compensation-Section 3, [REDACTED] is entitled to 90% of patrolman's current hourly rate.

Section 3: New hires will start at 85% of the patrolman's current hourly rate. At completion of training (minimum of 2 months), the new hire will receive 90% of patrolman's current hourly rate upon completion of a successful review by the Police Chief and at 12 months will receive 100% of patrolman's current hourly rate

Respectfully,

Nick Roberts  
Chief of Police

# MEMO

## HOWLAND POLICE DEPARTMENT

169 Niles Cortland Rd N.E. Warren, Ohio 44484 330.856.5555

DATE: 06-20-18

TO: Asst. Chief Urso

FROM: Sgt. Sescourka

REF: [REDACTED]

\*\*\*\*\*

I would like to commend [REDACTED] for a job well done on a call for service on 06-13-18 (Report # [REDACTED] [REDACTED] and I were dispatched to assist an elderly male and his grandson who were lost in the swamp area somewhere in the vicinity of Howland Township Park. TC 911 remained in communication with the grandson while [REDACTED] and I began checking different areas of the swamp in an attempt to determine their exact location. We were updated by TC 911 that these individuals were surrounded by water and could not move at all, but could see flashlights and hear emergency vehicle air horns. Furthermore, and to complicate matters, it became dark just after we arrived on scene. [REDACTED] and HFD were able to locate the two lost individuals several hundred feet away from the end of the walking path (Boardwalk). [REDACTED] then communicated with me and TC 911 their location. As I made my way to [REDACTED] location, he did not hesitate to enter the thick vegetation and extreme environment to render aid and recover the lost hikers on his own. [REDACTED] led the two lost hikers back to the boardwalk and awaiting Howland medics. I am extremely proud of the way [REDACTED] did not hesitate to get to the lost hikers while putting his personal safety aside and having to overcome the harsh environmental terrain. The actions of [REDACTED] turned this potential serious situation into a happy ending for a grandfather and his grandson.

V/R



Jeff Sescourka  
Sergeant,  
HPD

Date: June 13, 2018

To: Assistant Chief James Sapp

From: Lt. James Williamson

Re: Incident 181769 (Lost Persons in the Woods)

Just a brief memo regarding a job extremely well done by several HFD members. [REDACTED]

[REDACTED] and TC911 Dispatcher James Richmond.

Around 2120 HFD was dispatched for lost people in the woods around the Howland Township Park. Ray Pace, Joe Danko responded in Medic 30 and I responded in Rescue 30. Jim Richmond provided phenomenal directions and either he or a call taker remained in contact with the lost parties. With our radio not working well in the woods Jim recommended switching to state fire and was able to keep in contact with us. Jim Richmond did a tremendous job on this incident with direction and updated information.

Ray Pace and Joe Danko managed to make contact with the persons quickly based on 911 directions. Neither Ray nor Joe hesitated for a minute to enter the wooded area and find the lost individuals quickly. Ray remained at an observation point on the foot bridge while Joe entered the swampy area with [REDACTED]. Between Rays direction and [REDACTED] walking further into the swampy area. The parties were located and assisted out of the woods. This incident was a great success due to the team work by HFD, HPD and 911. Side note [REDACTED] has a light on his lapel which helped the lost people find him as well as Ray and I keeping an eye on his location. Feel free to contact me if you would like any other information.

Professionally,

Lt. James Williamson  
Howland Township Fire

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March 6, 2018

Officer Carmen Altobelli, [REDACTED] and Officer Jordan Wert,

I am writing this letter to commend you for your heroic service and dedication provided in the life saving efforts of an opioid overdose victim on March 3, 2018.

On Saturday March 3, 2018 you were dispatched to 135 Highland Terrace Blvd., Holiday Inn Express, for an unresponsive female who was experiencing a possible opioid overdose. Upon arrival, Officer Carmen Altobelli, [REDACTED] and Officer Jordan Wert located the victim who was lying motionless on the floor. Officer's recognized the victim was experiencing symptoms of an opioid overdose and observed the victim was gasping for air and not responding to sternum rubs. Officer Carmen Altobelli retrieved his departmental issued Narcan and gave one 4 milligram dose to the victim. Officer Altobelli observed the victim was not responding or regaining consciousness. [REDACTED] retrieved his departmental issued Naloxone and administered another one 4 milligram dose to the victim. After the second dose of Narcan the victim regained consciousness. The Howland Fire Department arrived on scene and continued treatment while transporting the victim to the hospital.

You are to be commended for going above and beyond the call of duty by taking lifesaving measures while serving and protecting the citizens of Howland Township. If not for your quick actions, the victim would have become another fatal statistic of the opioid epidemic.

Sincerely,

  
Chief Nick Roberts

Cc: Asst. Chief Urso

Cc: file



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January 29, 2018

[REDACTED]

I am writing this letter to commend you for your heroic service and dedication provided in the life saving efforts of an opioid overdose victim on January 26, 2018.

On Friday January 26, 2018 you were dispatched to 2136 Elm Rd in reference to two suspicious males inside the Mayfair Laundromat. Upon arrival [REDACTED] located a witness who told him the two males were banging their heads off the laundry machines and then left the Laundromat walking toward Dairy Queen. [REDACTED] observed the two male subjects sitting on a bench behind Dairy Queen and noticed that one of the male subjects was slumped over and unconscious. [REDACTED] immediately recognized that the male subject was possibly suffering an opioid overdose [REDACTED] placed the male subject, later identified as Evan Hall, into the rescue position and administered one dose of the opioid reversal drug Naloxone. Howland EMS arrived on scene and took over lifesaving efforts. Howland EMS then transported Evan to Trumbull Memorial Hospital.

If not for [REDACTED] quick action, Evan Hall would have become another fatal statistic of the opioid epidemic. You are to be commended for going above and beyond the call of duty by taking lifesaving measures while serving and protecting the citizens of Howland Township.

Sincerely,

  
Chief Nick Roberts

Cc: Asst. Chief Urso

Cc: file

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**Fiscal Officer**

Robert M. Costello

**Financial Office**

Vivian McDowell

**Administrative Office**

TEL (330) 856-2340  
FAX (330) 856-3278

**ADMINISTRATOR**

Darlene M. St George

**Fire Chief**

James T Pantalone (330) 856-5022

**Police Chief**

Nick Roberts (330) 856-5555

**Public Works Director**

David L. McCann (330) 856-4037

**Planning Director**

Kim Mascarella (330) 856-3461

**Zoning Administrator**

Peter Ross (330) 856-5223

Your heroic actions not only kept you and innocent citizens safe but also thwarted another possible armed robbery in the Giant Eagle Plaza. Howland residents and victims of the Niles robbery can rest easy knowing that you removed an armed and dangerous suspect from our streets.

Sincerely,

Chief Nick Roberts

Cc: Asst. Chief Urso

Cc: file

**BOARD OF TRUSTEES**

Rick G. Clark  
James J. LaPolla  
Matthew G. Vansuch

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January 2, 2018

Officer Carmen Altobelli, [REDACTED] Officer Jordan Wert,

I am writing this letter to commend you for your quick actions and heroic service while taking an armed robbery suspect into custody on December 23, 2017.

On Saturday December 23, 2017 you were dispatched to the area of 8200 East Market St., Howland Giant Eagle, in reference to a suspicious person and vehicle that matched the description of an armed robbery suspect who had just committed an armed robbery in the City of Niles.

Upon arrival, Officer Carmen Altobelli, [REDACTED] and Officer Jordan Wert located the suspicious vehicle that was occupied by the armed robbery suspect. While approaching the vehicle officers observed the suspect recline his seat while reaching for the center console. Officers Carmen Altobelli, [REDACTED] and Jordan Wert immediately drew their weapons while giving the driver verbal commands to show his hands. The suspect complied with officer commands and placed his hands in the air. Officer Carmen Altobelli approached the driver side of the vehicle while [REDACTED] and Jordan Wert remained in a cover position to make sure the suspect did not make any sudden movements or attempts to retrieve a weapon or firearm. Officer Carmen Altobelli was able to secure the suspect in handcuffs without further incident.

Officer Carmen Altobelli, [REDACTED] and Officer Jordan Wert, are to be commended for going above and beyond the call of duty by taking an armed robbery suspect into custody without incident. You worked together as a team by using good tactics and strategic maneuvering while approaching an armed and dangerous suspect. If not for your quick actions you certainly could have been seriously injured or killed by this armed robbery suspect.

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September 25, 2017

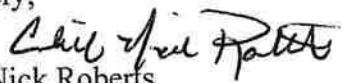
Officer Carmen Altobelli and [REDACTED]

I am writing this letter to commend you for your heroic service and dedication provided in the life saving efforts of an opioid overdose victim on September 23, 2017.

On Saturday September 23, 2017 you were dispatched to 2000 Rosegarden, Howland Township Park, for an unresponsive female who was experiencing a possible opioid overdose. Upon arrival, Officer Carmen Altobelli and [REDACTED] located the victim who was motionless sitting in the driver seat of her vehicle and a small child sleeping in the rear seat of the vehicle. Officer's Carmen Altobelli and [REDACTED] recognized the victim was experiencing symptoms of an opioid overdose and observed the victim was not breathing and turning blue in the face. [REDACTED] retrieved his departmental issued Naloxone and administered the 4 milligram dose to the victim. Officer Carmen Altobelli recognized that the victim was not responding to the first dose of Naloxone and quickly administered a second dose and placed the victim into the recovery position. The Howland Fire Department arrived on scene and continued treatment while transporting the victim to the hospital.

You are both to be commended for going above and beyond the call of duty by taking lifesaving measures while serving and protecting the citizens of Howland Township. If not for your quick actions, this child would have to grow up without knowing his mother. We can only hope she accepts the help she needs so she can provide for her child. Your actions personify the professionalism and image of this department and all who serve within it.

Sincerely,

  
Chief Nick Roberts

Cc: Asst. Chief Urso

Cc: file

**MEMO**

**HOWLAND POLICE DEPARTMENT**

169 Niles Cortland Rd N.E. Warren, Ohio 44484 330.856.5555

DATE: 09-15-17

TO: Chief Nicholas Roberts

FROM: Ptl. Jeffrey Spatar

REF: [REDACTED]

\*\*\*\*\*

Chief Roberts,

On several occasions I have had the opportunity to ride with and observe patrol officer [REDACTED] in the performance of his duties. [REDACTED] has displayed his knowledge of Howland Police procedures and policies and his knowledge of Ohio criminal and motor vehicle laws. [REDACTED] makes sound decisions and shows tact and fairness with people he comes in contact with. As [REDACTED] field training officer I believe [REDACTED] is of good morale character and with further experience, will continue to enhance his skills and knowledge of the position.

**MEMO**

**HOWLAND POLICE DEPARTMENT**

169 Niles Cortland Rd N.E. Warren, Ohio 44484 330.856.5555

DATE: 9-14-17

TO: Chief Roberts & Asst. Chief Urso

FROM: Ptl. Altobelli

REF: [REDACTED]

\*\*\*\*\*

Chief Roberts & Asst. Chief Urso,

I had the opportunity to observe [REDACTED] for several weeks as his Field Training Officer. During this time, [REDACTED] has shown proficiency in Ohio criminal and traffic laws. In addition to reviewing the Policy & Procedure handbook, we answered a variety of calls for service. At all times, [REDACTED] was compassionate and respectful with every person we encountered. I believe [REDACTED] is ready to move on from the training program, and will be an asset to the Howland Township Police Department. Please let me know if you have any questions.

Respectfully submitted,  
Ptl. Altobelli

## Nick Roberts

---

**From:** Jon Coleman  
**Sent:** Friday, September 15, 2017 3:27 AM  
**To:** Nick Roberts  
**Subject:** [REDACTED]

Chief,

This memo is in regards to the field training of [REDACTED] with which he was scheduled with me September 6<sup>th</sup> through September 10<sup>th</sup>. During this time frame, myself and [REDACTED] responded to a variety of calls and conducted a couple of traffic stops. I felt that [REDACTED] is well on his way to becoming a very good young officer. He exhibited an eagerness to learn and was not afraid to take charge on calls once on scene. In particular I was impressed with how he handled an opioid overdose call in the early morning hours of September 7, 2017. I feel that he will be a great asset to this department and feel that he is ready to proceed as a single unit responding to calls for service.

Ptl. J. Coleman (FTO)



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Peter Ross (330) 856-5223

September 07, 2017

Officer Jonathan Coleman and [REDACTED]

I am writing this letter to commend you for your heroic service and dedication provided in the life saving efforts of an opioid overdose victim on September 07, 2017.

On Thursday September 07, 2017 you were dispatched to the intersection of North Rd and Reeves Rd. for a vehicle that had been sitting at the intersection for close to a half hour. Upon arrival Officer Coleman and [REDACTED] observed the vehicle to be running and a female in the driver seat slumped over the wheel. Officer Coleman and [REDACTED] observed the doors to the vehicle were locked and made several attempts to wake the female. [REDACTED] stated that he observed the female's lips were blue and she was not breathing. Fearing the female was experiencing a possible opioid overdose; Officer Coleman retrieved his ASP Baton from his duty belt and busted out the passenger side window of the vehicle. Officer Coleman placed the vehicle in park and then turned the vehicle off. Officer Coleman and [REDACTED] pulled the female from the vehicle and placed her on the ground in the rescue position. Officers administered two 4 milligram doses of Naloxone to the victim and within minutes she began to breathe and regain consciousness. The victim was then transported to the hospital for follow up treatment.

Officer Coleman and [REDACTED] you are to be commended for going above and beyond the call of duty by taking lifesaving measures while serving and protecting the citizens of Howland Township. Your actions personify the professionalism and image of this department and all who serve within it.

Sincerely,

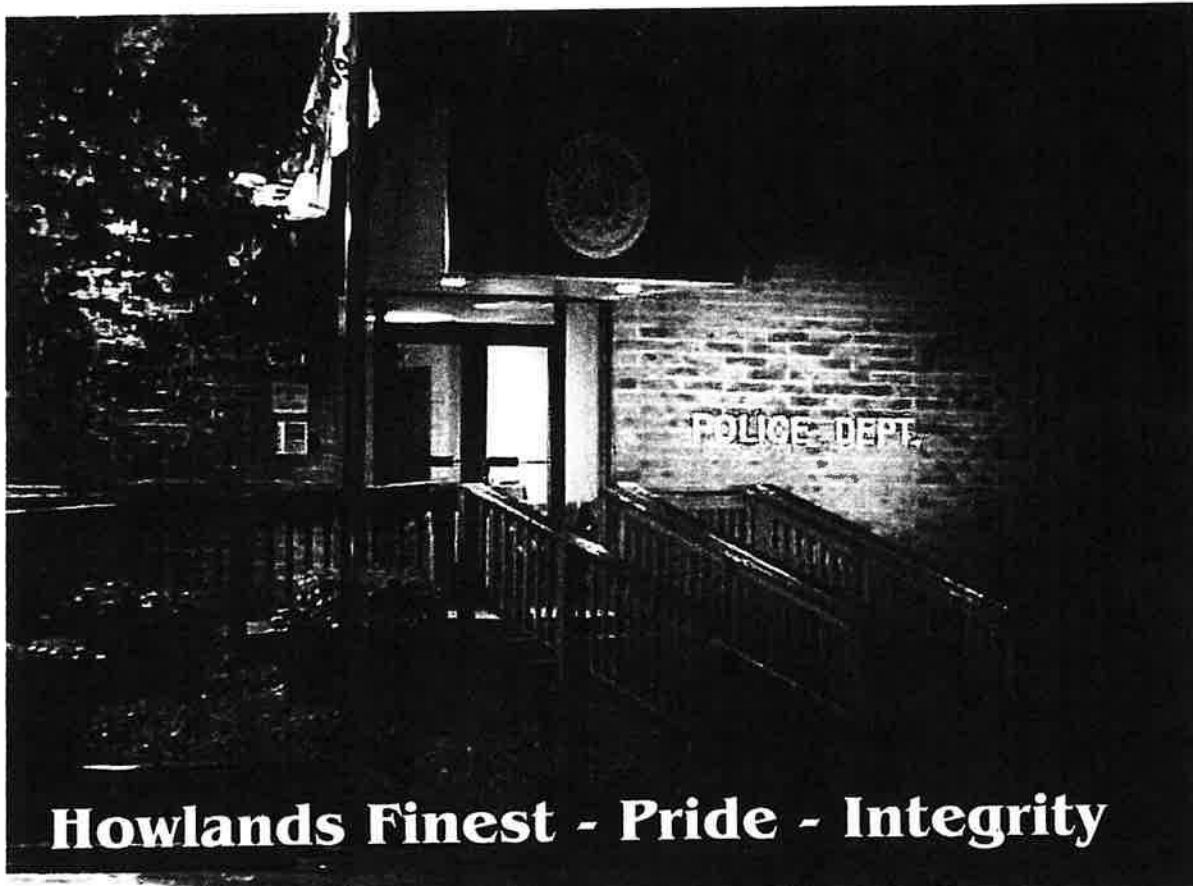
  
Chief Nick Roberts

Cc: Asst. Chief Urso

Cc: file

# HOWLAND POLICE DEPARTMENT

169 Niles Cortland Rd NE, Howland, Ohio 44484  
PHONE: 330-856-5555 FAX: 330-856-5075



**Howlands Finest - Pride - Integrity**

## APPLICATION QUESTIONNAIRE FORM



Application # \_\_\_\_\_  
Date Issued: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Date Returned: \_\_\_\_/\_\_\_\_/\_\_\_\_



# **POLICE DEPARTMENT HOWLAND TOWNSHIP**

## **INDEX OF APPLICATION**

**The Howland Township is An Equal Opportunity Employer**

Application Guidelines

Do not complete  
Pages 5, 7, or 9 at this time

Authorization for Release of Information

Applicant Instructions for Employment

Application Questionnaire

### Section/ Description

1. Personal Data
2. Marital Status
3. Relatives
4. References
5. Employment Information
6. Education
7. Employment History
8. Military Information
9. Reserve Officer Information
10. Driving Record
11. Criminal History
12. Indebtedness Financial Status
13. Miscellaneous
14. Supplement Sheets
15. Certification
16. Police Officer Background & Experience Evaluation

# **POLICE DEPARTMENT HOWLAND TOWNSHIP**

## **APPLICATION GUIDELINES**

### **I. PURPOSE**

To obtain information from Patrol Officer candidates / applicants and to assist the polygraph and/or voice stress analysis, psychological, drug testing, and medical examiner in conducting a pre-employment polygraph and/or voice stress analysis, psychological, drug testing, and medical examinations, as well as assist the background investigator in completing the background investigation.

### **II. USE**

The information obtained from the Employment Questionnaire will be used to determine if the applicant meets specified requirements for the position being sought. The Howland Police Department Office Administrative Staff will provide the questionnaire to Patrol candidates / applicants. The applicant must print all answers to the questionnaire legibly in black ink.

### **III. THE FORM**

Prior to giving the Application Questionnaire to the applicant, the applicant must present a current Resume' to the Howland Police Department. The date the Application Questionnaire is issued will be placed on the appropriate line on the cover of the Application Questionnaire. The applicant must complete and return the Application Questionnaire to the Office of Howland Police Department *within 15 days of issuance*. Upon return of the completed questionnaire, the applicant may be scheduled for fingerprinting, photographing, and an interview. If the applicant does not wish to participate in a polygraph and/or stress analysis, psychological, drug testing and medical examinations, he/she may withdraw this application by signing the appropriate caption on the front page of the questionnaire.

### **IV. DISPOSITION**

Receipt of your application will be acknowledged in writing, within thirty (30) calendar days. Applicants will be advised in the letter that they will be notified should they be considered for employment. Applications are kept on file for a period of one (1) year. If no consideration for employment for a candidate takes place during the year on file, the application is destroyed and another application must be submitted for consideration. The Application Questionnaire will become part of the background investigation. If a background investigation is not completed, the Application Questionnaire will be kept on file as per department policy within the Administrative Division.

**HOWLAND TOWNSHIP  
POLICE DEPARTMENT**  
**BACKGROUND INVESTIGATION CONSENT FORM**

I, [REDACTED], authorize the Howland Township Police Department and/or their designee(s), Howland Twp Police Dept, to make an independent investigation of my background, criminal, and/or police records.

The intent of this authorization is to give my full consent for the full and complete disclosure of certain documents and records, including, but not limited to, records of education institutions; records of financial or credit institutions; records of commercial or retail credit agencies, including credit reports and/or ratings; past employment and pre-employment records, including background reports, polygraph and/or voice stress analysis examinations, efficiency ratings, performance evaluations, attendance records, investigator files, disciplinary records, complaints filed against me, salary records, and data contained within the application of employment; military service records; real and personal property tax records, and other financial statements and records wherever filed; records of arrest, criminal, and/or traffic offenses, including records relative to any trial proceedings; the results of past polygraph and/or voice stress analysis examinations; records of civil complaints made against me, including records relative to any trial proceedings and records and recollections of attorneys at law, or other counsel, whether representing me or another person in a case in which I presently have, or previously had, an interest, including any files which are deemed to be confidential, expunged, or sealed pursuant to R.C. 2953.33.

I agree that the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of completing a background investigation, which may provide pertinent data to the Howland Township Police Department for its consideration in determining my suitability for employment. It is my specific intent to provide access to information, however personal or confidential it may be, including, but not limited to, the sources of information specifically identified herein.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the Howland Township Police Department, and will not be returned to me.

I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, and all amendments and revisions thereto, with regard to access and disclosure of records, and I waive those rights, with the understanding that the information furnished will be used by the Howland Township Police Department in conjunction with employment procedures.

I understand that should information of a serious criminal nature be revealed as a result of this background investigation, such information may be disclosed to all proper authorities.

I, for myself, successors, assigns, heirs, executors, and administrators, hereby release, hold harmless, and forever discharge Howland Township and the Howland Township Police Department, and any person or entity that provides information pursuant to this authorization, from any and all liabilities, claims, lawsuits, damages, losses and expenses, including reasonable attorney's fees, which I, my successors, assigns, heirs, executors, or administrators have now or may ever have resulting from, out of, or in connection with the information obtained from, but not limited to, any and all of the above referenced sources.

I agree that a photocopy, facsimile, or other electronic reproduction of this form will be valid as an original thereof, even though the said photocopy, facsimile, or other electronic reproduction does not contain an original writing of my signature or witness thereof.

I understand that this background investigation requires that I notify the Howland Township Police Department relative to any change of my name, address, phone number, marital status, or other personal information. The following is my true and complete legal name and all information is true and correct to the best of my knowledge:

[Redacted]  
Full Name (Printed)

n/a  
Maiden Name or Other Names Used

[Redacted] two months  
Present Home Address (City, State, Zip) How Long?

[Redacted] four years 5 months  
Former Home Address (City, State, Zip) How Long?  
(Please provide 5 years of address history. Use back of page if necessary)

[Redacted] Ohio  
Date of Birth Social Security Number Driver's License No. & State

[Redacted] 2-21-17  
Signature Date

SWORN and duly SUBSCRIBED before me, a Notary Public, according to law, by the above named applicant this 21 day of February, 2017 at 1330, County of Franklin, State of Ohio.

Notary Public DONALD A. BISHOP, JR.  
State of Ohio  
My Commission Expires 1-31-2021  
4



# HOWLAND TOWNSHIP POLICE DEPARTMENT

## POST-OFFER/PRE-EMPLOYMENT EXAMINATIONS CONSENT FORM

I, [REDACTED], do voluntarily consent to post-offer/pre-employment medical, psychological, drug screen, and polygraph and/or voice stress analysis examinations conducted at the request of the Howland Township Police Department ("Department"). I understand that the offer of employment I have received is conditioned upon the successful completion of the aforementioned examinations. Additionally, I understand that, if I cannot perform essential job functions relative to the position I have been offered, even with reasonable accommodation, I will not be employed. Further, I understand that I will receive copies of written reports pertaining to the noted examinations and evaluations of my ability to perform essential job functions. In response to the noted written evaluations, I will be offered the opportunity to provide additional information. I understand that I may ask questions of the examiners concerning any portion of the noted examinations, and that I may stop the examinations at any time. However, if I do not complete the noted examinations, I understand that the offer of employment will be withdrawn, as the Department will not have been able to determine whether I can perform essential job functions, even with reasonable accommodation.

I have had the opportunity to ask a representative of the Department about these examinations, and any questions I had have been completely and satisfactorily answered.

I understand that the cost of the examinations will be paid by the Department.

I consent to the release of the results of the preceding examinations to the Department, as well as consent to the release to the Department of all of my medical records, as evidenced by my signature on any attached HIPAA authorization forms.

I represent that I am in good physical and mental condition, and I know of no physical or mental ailment or condition that may be impaired by the noted examinations.

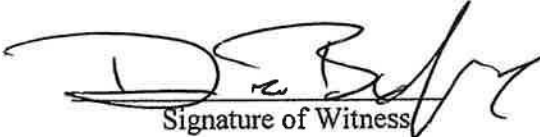
I, for myself, successors, assigns, heirs, executors, and administrators, hereby release, hold harmless, and forever discharge the Department, Howland Township, and \_\_\_\_\_ (Examiners), and/or \_\_\_\_\_ (Testing laboratory) from any and all claims, liabilities, lawsuits, damages, losses, and expenses, including reasonable attorney's fees, which I, my successors, assigns, heirs, executors, or administrators have now or may ever have resulting directly, indirectly, or remotely from, out of, or in connection with the: (1) examinations to be conducted by the above-named examiners and/or the above-named laboratory; (2) the diagnosis or results of the examinations; and (3) the use of any diagnosis or results.



I agree that a photocopy, facsimile, or other electronic reproduction of this form will be valid as an original thereof, even though the said photocopy, facsimile, or other electronic reproduction does not contain an original writing of my signature or witness thereof.

\_\_\_\_\_  
Signature of Conditional  
Employee

\_\_\_\_\_  
Printed Name

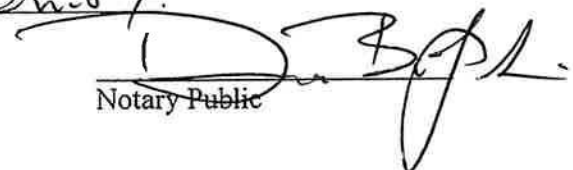
  
Signature of Witness

Donald A Bishop  
Printed Name

Date 2-21-17

2-21-17  
Date

SWORN and duly SUBSCRIBED before me, a Notary Public, according to law, by the  
above named applicant this 21 day of February, 2017 at 1330,  
County of Trumbull, State of Ohio.

  
Notary Public

  
DONALD A. BISHOP, Notary Public  
State of Ohio  
My Commission Expires 1-31-2021

# HOWLAND TOWNSHIP POLICE DEPARTMENT

## HIPAA AUTHORIZATION FORM

TO: \_\_\_\_\_

I hereby authorize the use or disclosure of protected health information about me as described below:

1. The following specific person or class of persons or facility is authorized to make the requested use or disclosure: \_\_\_\_\_

2. The following person or class of persons may receive disclosure of protected health information about me:

His/her/its name is: \_\_\_\_\_

His/her/its address is: \_\_\_\_\_

3. The specific information that should be disclosed is:

\_\_\_\_\_  
\_\_\_\_\_

4. I understand that the information used or disclosed may be subject to re-disclosure by the person or class of persons or facility receiving it, and would then no longer be protected by federal privacy regulations.

5. I may revoke this authorization by notifying \_\_\_\_\_  
\_\_\_\_\_ in writing of my desire to revoke it. However, I understand that any action already taken in reliance on this authorization cannot be reversed, and my revocation will not affect those actions. I understand that the medical provider to whom this authorization is furnished may not condition its treatment of me on whether or not I sign the authorization.

6. This authorization expires on \_\_\_\_\_, 200\_\_, OR upon occurrence of the following event that relates to me or to the purpose of the intended use or disclosure of information about me: \_\_\_\_\_

THIS FORM MUST BE FULLY COMPLETED BEFORE SIGNING.

Signature of Individual,  
(The person about whom the information relates)

Date of Individual's Signature,

Date of Birth or Social Security Number

# POLICE DEPARTMENT HOWLAND TOWNSHIP

## AUTHORIZATION FOR RELEASE OF INFORMATION

I, [REDACTED] do hereby authorize the Veterans Administration, U.S. Navy, Army, Air Force, Marine Corps, Coast Guard, Medical Doctors, Insurance Companies, State and Federal Tax Bureaus, and the Credit Bureaus to furnish the Howland Police Department of Trumbull County, Ohio, with any and all available information regarding me in order that he may determine my suitability for police work.

I authorize the Howland Police Department of Trumbull County, Ohio to make inquiry of my present and past employers regarding my character, integrity, and reputation. Exceptions, if any:

**Exceptions:** *(Make note if you do not wish your present employer contacted and why.)*

Date: 2-21-17

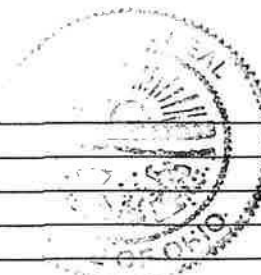
[REDACTED]  
Applicant

Sworn to before me and Subscribed in my presence this 21<sup>st</sup> day of February, 20 17.

(Notary Seal)

  
Notary Public

COMMENTS:

  
DONALD A. BISHOP, SR., Notary Public  
State of Ohio  
My Commission Expires 1-31-2021

# POLICE DEPARTMENT HOWLAND TOWNSHIP

## INSTRUCTIONS

*It is important to read these instructions carefully before completing this Questionnaire*

You must be complete and truthful in ALL your answers. All answers that you give in this application are subject to verification. Any failure to report completely or any untruthful answers may subject you to rejection as an employee. All Information will be considered confidential to the extent that this information is excluded from disclosure under state and federal law. The information provided will be used to assist the Howland Police Department determination of the qualifications of the applicant.

The answers to this questionnaire are subject to verification by polygraph, 'lie detector,' and/or voice stress analysis, interviews, psychological testing, drug screen, and a complete background investigation.

Hand PRINT your answers in black ink. Do not leave any questions blank. If a question does not apply to you, write "DNA" Your answers must be legible. If additional space is needed to explain an answer, please use the continuation sheets provided and reference the specific question number and letter.

Be aware that your spelling, grammar, and neatness will be considered part of your personal attributes involved in the selection process. Also, your dress, speech, and manner will be scrutinized during all phases of the background investigation process and will be similarly considered.

If you are applying to become a Howland Police Officer you are required to make known to us any criminal record you have that has been expunged or legally sealed.

*I wish to withdraw from consideration for the position of \_\_\_\_\_ with the Howland Police Department.*

Date: \_\_\_\_\_

Applicant Signature \_\_\_\_\_

Please sign and date, only if you are withdrawing your request for employment.

APPLICANT NAME: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Position Applied for: \_\_\_\_\_

Date Questionnaire Issued: \_\_\_\_\_ Date Returned: \_\_\_\_\_

# POLICE DEPARTMENT HOWLAND TOWNSHIP

## Application Questionnaire

### 1. PERSONAL DATA

NAME: [REDACTED] Last First Middle Jr., II, etc.

ADDRESS: [REDACTED] Street Address Apt. Number  
[REDACTED] Ohio [REDACTED] City State Zip Code

TELEPHONE: ( ) n/a (330) 824-2500 [REDACTED] Home Work Cell

Social Security Number: [REDACTED] Date of Birth [REDACTED]

Place of Birth: [REDACTED] U.S. Citizen (X) Yes ( ) No

List any other names that you have used: n/a

How long have you lived at the above address: 0 Years 2 Months

(Second Address, if applicable, (i.e. College, Military, etc.)

ADDRESS: n/a Street Address Apt. Number

City State Zip Code

How long have you lived at the above address: Years Months

### PREVIOUS ADDRESSES:

| Street Numbers | City       | State | From Mo/Yr | To Mo/Yr      |
|----------------|------------|-------|------------|---------------|
| [REDACTED]     | [REDACTED] | Ohio  | July 2012  | December 2016 |
| [REDACTED]     | [REDACTED] | Ohio  | March 2000 | July 2012     |
| [REDACTED]     | [REDACTED] | Ohio  | March 1999 | March 2000    |
| [REDACTED]     | [REDACTED] | Ohio  | March 1998 | March 1999    |
| [REDACTED]     | [REDACTED] | Ohio  | Birth      | March 1998    |

(Use Additional Sheets If Necessary)

# **POLICE DEPARTMENT HOWLAND TOWNSHIP**

## **Application Questionnaire**

### **PERSONAL DATA- continued**

**Are you aware of any information about yourself or anyone with whom you have been closely associated (including relatives and roommates) that tends to reflect unfavorably on your reputation, morals, character, abilities or loyalty to the United States?**

☐ Yes      ☒ No

**Do you understand that all prospective employees will be required to submit to a urinalysis test for drug abuse prior to employment?**

☒ Yes      ☐ No

*If sufficient space is not available on this form, please continue on a separate sheet of paper  
(Please make sure to note your name, social security number and the question)*

# POLICE DEPARTMENT HOWLAND TOWNSHIP

## Application Questionnaire

### 2. MARITAL STATUS

Are you (check one): ☐ Married ☐ Separated ☐ Divorced ☐ Widowed ☒ Single

Spouse's Maiden Name: n/a Spouse's Date of Birth \_\_\_\_\_  
Spouse's SSN \_\_\_\_\_

If previously married disposition of former marriage: n/a  
Ex-Spouse Name: \_\_\_\_\_ DOB \_\_\_\_\_  
Address: \_\_\_\_\_ Phone \_\_\_\_\_

Name and Address of Spouse's Employer, if any:

n/a

Have you ever been separated from your spouse due to marital problems: ☐ Yes ☐ No  
If yes, please explain:

n/a

Are you now supporting all dependents that you are required to support: ☒ Yes ☐ No

Are you paying alimony or child support: ☐ Yes ☒ No  
If yes, how much: \_\_\_\_\_ Estimated date for termination of payment: \_\_\_\_\_

Have you ever been sued for alimony or child support: ☐ Yes ☒ No

Are you in arrears or have your wages been garnished for  
back child support or alimony payments: ☐ Yes ☒ No

What does your spouse think of you becoming an employee of this department:

n/a

Any additional information: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



# POLICE DEPARTMENT HOWLAND TOWNSHIP

## Application Questionnaire

### 3. RELATIVES

**Father's Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Occupation:** \_\_\_\_\_  
**Birthdate:** \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Maiden Name:** \_\_\_\_\_  
**Occupation:** Computer Pharmacy Tech.  
**Birthdate:** \_\_\_\_\_

**Do you have any children**      ( ) Yes    (X) No

*(If yes, please state the following, whether or not residing with you):*

| Son/Daughter | Complete Name & Address | Birthdate | Relationship |
|--------------|-------------------------|-----------|--------------|
|              |                         |           |              |
|              |                         |           |              |
|              |                         |           |              |
|              |                         |           |              |

**Do you have any serious problems with relatives or in-laws.**      ( ) Yes    (X) No  
**If yes, please explain:** \_\_\_\_\_  
 \_\_\_\_\_

**Do you have any members of your family, close relatives or in-laws that are now or have been previously employed by this department:** No  
*If yes, please state:*

| Complete Name & Address | Relationship |
|-------------------------|--------------|
|                         |              |
|                         |              |

**Have you any members of your family, close relatives or in-laws of you or your spouses ever been arrested, convicted or imprisoned: If yes, please explain** ( ) Yes    (X) No

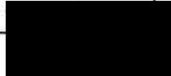
**Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_  
**Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_  
**Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_

# POLICE DEPARTMENT HOWLAND TOWNSHIP

## Application Questionnaire

### 4. REFERENCES

List three (3) references (NOT relatives, former employees or neighbors) who are responsible adults, and who have known you well during the past five years:

|                                    |                                                     |                                                                                       |                                                                                                       |
|------------------------------------|-----------------------------------------------------|---------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| Name<br><b>Mark Reese</b>          |                                                     | Residence or Business Address (Number & Street)<br><b>2810 Mahan Denman Road</b>      |                                                                                                       |
| How Long Known?<br><b>23 Years</b> | Occupation<br><b>Police Officer</b>                 | City State Zip<br><b>Bristolville, Ohio, 44402</b>                                    | Phone Number<br>   |
| <b>Reference 2</b>                 |                                                     |                                                                                       |                                                                                                       |
| Name<br><b>George Ebling</b>       |                                                     | Residence or Business Address (Number & Street)<br><b>1456 Salt Springs Road</b>      |                                                                                                       |
| How Long Known?<br><b>23 Years</b> | Occupation<br><b>Police Officer</b>                 | City State Zip<br><b>Warren Ohio 44481</b>                                            | Phone Number<br> |
| <b>Reference 3</b>                 |                                                     |                                                                                       |                                                                                                       |
| Name<br><b>Travis Eastham</b>      |                                                     | Residence or Business Address (Number & Street)<br><b>3540 Austintown Warren Road</b> |                                                                                                       |
| How Long Known?<br><b>23 Years</b> | Occupation<br><b>UAW Worker (GM)<br/>Fire Chief</b> | City State Zip<br><b>Mineral Ridge Ohio 44440</b>                                     | Phone Number<br> |

# POLICE DEPARTMENT HOWLAND TOWNSHIP

## Application Questionnaire

### 5. EMPLOYMENT INFORMATION

Begin with your present or last employment and list in order your complete work history in chronological order. Include all full-time, part-time employment(s) and military service, auxiliary and volunteer (Use additional sheets of paper, if necessary)

EMPLOYER Name: Lordstown Village Maintenance Phone: 330-824-2500  
1491 Salt Springs Road Warren Ohio 44481  
Address City State Zip

Date Hired: [REDACTED] Date Left: [REDACTED] Title/Position: Laborer

Reason for Leaving: n/a

Immediate Supervisor: Martin Nelder Last Salary: \$34,000

Ever Disciplined for any Reason: ( ) Yes (X) No How Many Times: \_\_\_\_\_

Type of Discipline: n/a

Late for Work: (X) Yes ( ) No How many times: 4 times

EMPLOYER Name: Warren Township Police Phone: 330-898-5501  
3765 West Market Street Leavittsburg Ohio 44430  
Address City State Zip

Date Hired: [REDACTED] Date Left: [REDACTED] Title/Position: Patrolman

Reason for Leaving: n/a

Immediate Supervisor: Chief Don Bishop Last Salary: \$10.50/hr

Ever Disciplined for any Reason: ( ) Yes (X) No How Many Times: \_\_\_\_\_

Type of Discipline: n/a

Explain: \_\_\_\_\_

Late for Work: ( ) Yes (X) No How many times: \_\_\_\_\_

# POLICE DEPARTMENT HOWLAND TOWNSHIP

## Application Questionnaire

### 5. EMPLOYMENT INFORMATION (Continue)

EMPLOYER Name: Lordstown Fire Department Phone: 330-824-2321  
1595 Salt Springs Road Warren Ohio 44481  
Address City State Zip

Date Hired: [REDACTED] Date Left: [REDACTED] Title/Position: Firefighter

Reason for Leaving: Pursue Career in Law Enforcement

Immediate Supervisor: Chief Travis Eastham Last Salary: \$11.35/hr

Ever Disciplined for any Reason: ( ) Yes (X) No How Many Times: \_\_\_\_\_

Type of Discipline: n/a

Explain: \_\_\_\_\_

Late for Work: ( ) Yes (X) No How many times: \_\_\_\_\_

EMPLOYER Name: Pennsylvania Tool Sales Services Phone: 330-758-0845  
625 Bev Road Youngstown Ohio 44512  
Address City State Zip

Date Hired: [REDACTED] Date Left: [REDACTED] Title/Position: Driver

Reason for Leaving: Better Job Opportunity

Immediate Supervisor: Edward Patrick Last Salary: \$12.00/hr

Ever Disciplined for any Reason: ( ) Yes (X) No How Many Times: \_\_\_\_\_

Type of Discipline: n/a

Explain: \_\_\_\_\_

Late for Work: ( ) Yes (X) No How many times: \_\_\_\_\_

Has any organization investigated, interviewed, tested, or subjected you to a polygraph examination? If yes, indicate the name of the agency, the date, and they type of pre-screening method. (X) Yes ( ) No

Agency: Ohio State Highway Patrol  
Date: 2-23-2015 Pre-screening method: Verbal Questionnaire

Employment Information (Continue)

Employer: Lordstown Dental Clinic Phone: 330-824-2321  
Address: 947 Hallock Young Road, Warren, Ohio 44481  
Hired: [REDACTED] Left: [REDACTED] Title: Lab Technician  
Immediate Supervisor: Andrew Biddle Last Salary: \$11.00/hr  
Ever disciplined for any reason: No  
Late For work? No

Employer: Hollister Phone: 330-729-9164  
Address: 7401 Market Street, Youngstown, Ohio 44512  
Hired: [REDACTED] Left: [REDACTED] Title: Sales Associate  
Immediate Supervisor: Brittany Delahunty Last Salary: \$8.50/hr  
Ever disciplined for any reason: Yes for refusing orders.  
Late For work? No

Employer: United Parcel Service Phone: 330-726-1120  
Address: 95 Karago Avenue, Youngstown, Ohio 44512  
Hired: [REDACTED] Left: [REDACTED] Title: Preloader  
Immediate Supervisor: n/a (In between supervisors) Last Salary: \$9.00/hr  
Ever disciplined for any reason: No  
Late For work? No

Employer: JCPenny Phone: 330-758-6451  
Address: 7401 Market Street, Youngstown, Ohio 44512  
Hired: [REDACTED] Left: [REDACTED] Title: Sales Associate  
Immediate Supervisor: Steven Weeden Last Salary: \$8.25/hr  
Ever disciplined for any reason: No  
Late For work? No

## Application Questionnaire

**HIGH SCHOOL ATTENDED:**

**HIGHEST GRADE COMPLETED:** 12 **Graduated:** (☒) Yes ( ) No If yes year

**OTHER EQUIVALENCY CERTIFICATE:** \_\_\_\_\_ **Year Obtained:** \_\_\_\_\_

**Dates Attended**

n/a

**YEAR GRADUATED:** \_\_\_\_\_ **Credit Hours:** \_\_\_\_\_ **DEGREE:** \_\_\_\_\_

MAJOR SUBJECT(s): \_\_\_\_\_

Kent State Trumbull 4314 Mahoning Ave Warren Ohio  
Police Academy Attended Address City/State

City/State

**Graduated/Year**

**ANY OTHER EDUCATION OR SPECIAL SCHOOLING RECEIVED (Excluding Military):**

# POLICE DEPARTMENT HOWLAND TOWNSHIP

## Application Questionnaire

### 7. EMPLOYMENT HISTORY

Have you ever applied for a position with any government agency, police or fire department(s): ☒ Yes ☐ No

| Department | Position Applied For | Hired (Yes/No/Pending) |
|------------|----------------------|------------------------|
|------------|----------------------|------------------------|

|                           |               |     |
|---------------------------|---------------|-----|
| Warren Township Police    | Patrolman     | Yes |
| Lordstown Fire Department | Firefighter   | Yes |
| Ohio State Highway Patrol | Trooper Cadet | No  |

Do you have experience with shift work: ☒ Yes ☐ No

Do you object to being assigned to afternoon or midnight shift: ☐ Yes ☒ No

Do you object to working frequent weekends and/or overtime: ☐ Yes ☒ No

Do you object to wearing a uniform to work: ☐ Yes ☒ No

Have you ever been terminated, dismissed or asked to resign ☒ Yes ☐ No

from any employment: If yes, explain:

Have been previously employed by a cousin at dental clinic, he was upset he had spent time training me for the job and that I wanted to pursue a career in Law Enforcement

Have you ever received any police training: ☒ Yes ☐ No

| Type of Training               | When | Where                  |
|--------------------------------|------|------------------------|
| FTO Training (on job training) |      | Warren Township Police |
|                                |      |                        |
|                                |      |                        |
|                                |      |                        |

Have you ever received unemployment compensation or other federal, state, or local benefits or assistance: ☒ Yes ☐ No

If yes, explain:

| Type of Assistance | Name of Agency                         | Date |
|--------------------|----------------------------------------|------|
| Unemployment       | Ohio Department Jobs & Family Services |      |
|                    |                                        |      |
|                    |                                        |      |



# POLICE DEPARTMENT HOWLAND TOWNSHIP

## Application Questionnaire

### 8. MILITARY INFORMATION

#### Your Selective Service Record:

Are you a male born after December 31, 1959?

(X) Yes ( ) No

If "Yes" have you registered with the Selective Service System?

(X) Yes ( ) No

If "Yes" provide your registration number

If "No" show the reason for your legal exemption

Have you ever served in the Military: ( ) Yes (X) No Branch: \_\_\_\_\_

Dates Served From: \_\_\_\_\_ To: \_\_\_\_\_

Highest Rank Held: \_\_\_\_\_ Specialty: \_\_\_\_\_

Date of Discharge: \_\_\_\_\_ Type: \_\_\_\_\_

Are you now, or have you ever been a member of the US Reserves or National Guard:

( ) Yes (X) No If yes, unit and location: \_\_\_\_\_

Were you ever overseas: ( ) Yes ( ) No

Were you ever AWOL: ( ) Yes ( ) No

How Many Times: \_\_\_\_\_

Ever given non-jurisdictional punishment (Article 15): ( ) Yes ( ) No

How Many Times: \_\_\_\_\_

Ever Reduced in Rank: ( ) Yes ( ) No

Ever Received a Court Martial: ( ) Yes ( ) No

Ever Spend Time in a Brig or Stockade: ( ) Yes ( ) No

Did you ever convert or sell any government property: ( ) Yes ( ) No

If you have had no military service, please explain: \_\_\_\_\_

ATTACH A COPY OF YOUR DD-214

# POLICE DEPARTMENT HOWLAND TOWNSHIP

## Application Questionnaire

### 9. RESERVE OFFICER INFORMATION

Do you hold a reserve officer status with any law enforcement agency:    ☐ Yes   ☒ No

If yes, please provide the following:

| LAW ENFORCEMENT<br>AGENCY | COMMISSION DATE | STATUS |
|---------------------------|-----------------|--------|
|                           |                 |        |
|                           |                 |        |
|                           |                 |        |
|                           |                 |        |

Have you ever been denied a commission status with any law enforcement agency:

☐ Yes   ☒ No

If yes, please explain:

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# POLICE DEPARTMENT HOWLAND TOWNSHIP

## Application Questionnaire

| 10. DRIVING RECORD                                                                                                                                                                             |                      |                             |                     |             |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|-----------------------------|---------------------|-------------|
| Do you have a valid driver's license: (X) Yes ( ) No                                                                                                                                           |                      |                             | Status <u>Valid</u> |             |
| License Number: <span style="background-color: black; color: black;">[REDACTED]</span>                                                                                                         |                      | Any Restrictions <u>E:O</u> |                     |             |
| How long have you been a licensed driver: <u>7 years</u>                                                                                                                                       |                      |                             |                     |             |
| Approximately how many miles do you drive each year: <u>35,000</u>                                                                                                                             |                      |                             |                     |             |
| Have you ever had your license suspended:                                                                                                                                                      |                      |                             | ( ) Yes (X) No      |             |
| If yes, explain: _____                                                                                                                                                                         |                      |                             |                     |             |
| Do you have liability/property damage insurance on vehicles owned by you: (X) Yes ( ) No                                                                                                       |                      |                             |                     |             |
| Have you ever had your insurance cancelled:                                                                                                                                                    |                      |                             | ( ) Yes (X) No      |             |
| If yes, explain: _____                                                                                                                                                                         |                      |                             |                     |             |
| List all accidents you were involved in as the driver. Include the dates, agency which investigated, if you were issued a citation and if there were injuries. List unreported accidents also. |                      |                             |                     |             |
| Date of Accident                                                                                                                                                                               | Investigating Agency | Citation                    | Injuries            |             |
| <span style="background-color: black; color: black;">[REDACTED]</span>                                                                                                                         | OSHP                 | No                          | Minor               |             |
|                                                                                                                                                                                                | Poland Township      | No                          | None                |             |
|                                                                                                                                                                                                |                      |                             |                     |             |
|                                                                                                                                                                                                |                      |                             |                     |             |
|                                                                                                                                                                                                |                      |                             |                     |             |
|                                                                                                                                                                                                |                      |                             |                     |             |
| List all traffic violations, convictions and bond forfeitures:                                                                                                                                 |                      |                             |                     |             |
| Date                                                                                                                                                                                           | Place of Arrest      | Offense                     | Issuing Agency      | Amount Owed |
|                                                                                                                                                                                                |                      |                             |                     |             |
|                                                                                                                                                                                                |                      |                             |                     |             |
|                                                                                                                                                                                                |                      |                             |                     |             |
|                                                                                                                                                                                                |                      |                             |                     |             |
| Have you ever been sentenced to a driver improvement school:                                                                                                                                   |                      |                             | ( ) Yes (X) No      |             |
| If yes, explain when and where: _____                                                                                                                                                          |                      |                             |                     |             |
|                                                                                                                                                                                                |                      |                             |                     |             |

# POLICE DEPARTMENT HOWLAND TOWNSHIP

## Application Questionnaire

### 11. CRIMINAL HISTORY

Have you ever committed, participated or conspired to commit any of the following serious crimes:

|              |           |              |           |
|--------------|-----------|--------------|-----------|
| Murder       | <u>No</u> | Arson        | <u>No</u> |
| Larceny      | <u>No</u> | Manslaughter | <u>No</u> |
| Robbery      | <u>No</u> | Burglary     | <u>No</u> |
| Drug Offense | <u>No</u> | Other        | <u>No</u> |

Sex Offenses:

|                     |           |              |           |
|---------------------|-----------|--------------|-----------|
| Rape                | <u>No</u> | Sodomy       | <u>No</u> |
| Assault             | <u>No</u> | Prostitution | <u>No</u> |
| Pandering Obscenity | <u>No</u> |              |           |

EXPLAIN:

Have you ever been convicted of any crime other than traffic: ( ) Yes (X) No  
Explain: \_\_\_\_\_

Have you ever been arrested or sent to a Juvenile Court: ( ) Yes (X) No  
Explain: \_\_\_\_\_

As a juvenile, did you ever report to a Juvenile Officer: ( ) Yes (X) No  
Were you ever expelled or suspended from school: (X) Yes ( ) No  
Have you ever been summoned or ordered to appear in any court as a witness or accused:  
( ) Yes (X) No Explain: \_\_\_\_\_

Have you ever paid anyone to engage in a sexual activity: ( ) Yes (X) No  
Explain: \_\_\_\_\_

How many times have you been convicted of a criminal offense (include misdemeanors, felonies and military):

| Nature of Offense | When (Mo/Yr) | Location | Disposition |
|-------------------|--------------|----------|-------------|
|                   |              |          |             |
|                   |              |          |             |
|                   |              |          |             |
|                   |              |          |             |

**POLICE DEPARTMENT  
HOWLAND TOWNSHIP**

**Application Questionnaire**

**11. CRIMINAL HISTORY (Continued)**

**Have you ever worked for an illegal gambling operation:** ☐ Yes ☒ No  
**Explain:** \_\_\_\_\_

**Have you ever used another person's money to gamble without their knowledge:**  
☐ Yes ☒ No **How much:** \_\_\_\_\_ **When:** \_\_\_\_\_

**Do you have any gambling debts at this time:** ☐ Yes ☒ No **How much:** \_\_\_\_\_

**Have you ever borrowed money to gamble:** ☐ Yes ☒ No **How much:** \_\_\_\_\_

**Have you ever worked for a gambling operation or booked any bets:** ☐ Yes ☒ No  
**If yes, explain:** \_\_\_\_\_

**Have you ever been involved in any type of situation for which someone could blackmail you:**  
☐ Yes ☒ No **Explain:** \_\_\_\_\_

# POLICE DEPARTMENT HOWLAND TOWNSHIP

## Application Questionnaire

| 12. INDEBTEDNESS & FINANCIAL STATUS                |                                                                                                                                                                      |                                                                                                   |            |
|----------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|------------|
| Are you:                                           | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> Other: _____ | Buying <u>Own</u> a Home<br>Renting<br>Living with Another<br>Living with Parents<br>Other: _____ |            |
| Are you the co-maker on a loan for another person: |                                                                                                                                                                      | ( ) Yes (X) No                                                                                    |            |
| Explain: _____                                     |                                                                                                                                                                      |                                                                                                   |            |
| Have you ever been taken to court over a debt:     |                                                                                                                                                                      | ( ) Yes (X) No                                                                                    |            |
| Explain: _____                                     |                                                                                                                                                                      |                                                                                                   |            |
| Do you owe money to any of the following:          |                                                                                                                                                                      |                                                                                                   |            |
|                                                    | Yes/No                                                                                                                                                               | Amount Owed                                                                                       | Times Late |
| Home Loan                                          | Yes                                                                                                                                                                  |                                                                                                   |            |
| Personal Loan                                      | No                                                                                                                                                                   |                                                                                                   |            |
| Auto Loan                                          | Yes                                                                                                                                                                  |                                                                                                   |            |
| Credit Union                                       | No                                                                                                                                                                   |                                                                                                   |            |
| Past/Present Fellow Worker                         | No                                                                                                                                                                   |                                                                                                   |            |
| Past/Present Employers                             | No                                                                                                                                                                   |                                                                                                   |            |
| Internal Revenue Service                           | No                                                                                                                                                                   |                                                                                                   |            |
| Back Taxes (any entity)                            | No                                                                                                                                                                   |                                                                                                   |            |
| Alimony                                            | No                                                                                                                                                                   |                                                                                                   |            |
| Gasoline Credit Card                               | No                                                                                                                                                                   |                                                                                                   |            |
| Household Furnishings                              | No                                                                                                                                                                   |                                                                                                   |            |
| Back Rent                                          | No                                                                                                                                                                   |                                                                                                   |            |
| Financial Institution                              | No                                                                                                                                                                   |                                                                                                   |            |
| Clothing                                           | No                                                                                                                                                                   |                                                                                                   |            |
| Student Loan                                       | No                                                                                                                                                                   |                                                                                                   |            |
| In-Laws                                            | No                                                                                                                                                                   |                                                                                                   |            |
| Parents                                            | No                                                                                                                                                                   |                                                                                                   |            |
| Court Judgments                                    | No                                                                                                                                                                   |                                                                                                   |            |
| Charge Accounts                                    | No                                                                                                                                                                   |                                                                                                   |            |
| Union Dues                                         | No                                                                                                                                                                   |                                                                                                   |            |
| Employment Agency                                  | No                                                                                                                                                                   |                                                                                                   |            |
| Child Support                                      | No                                                                                                                                                                   |                                                                                                   |            |
| Rent                                               | No                                                                                                                                                                   |                                                                                                   |            |
| Any Other Debts Not Listed                         | No                                                                                                                                                                   |                                                                                                   |            |

# POLICE DEPARTMENT HOWLAND TOWNSHIP

## Application Questionnaire

### 12. INDEBTEDNESS & FINANCIAL STATUS (Continued)

Have you ever had a debt turned over to a collection agency: ( ) Yes (X) No  
Explain: \_\_\_\_\_

Are any creditors pressing you for a payment: ( ) Yes (X) No

Have you ever declared or filed bankruptcy: ( ) Yes (X) No  
When: \_\_\_\_\_ Where: \_\_\_\_\_

Have you ever had anything repossessed: ( ) Yes (X) No  
What: \_\_\_\_\_ When: \_\_\_\_\_

Have your wages ever been attached or garnished: ( ) Yes (X) No  
Explain: \_\_\_\_\_

Do you have any civil action pending: ( ) Yes (X) No  
Explain: \_\_\_\_\_

Have you ever been a defendant in a small claims or other court: ( ) Yes (X) No  
Explain: \_\_\_\_\_

Have you declared delinquent in child support payments: ( ) Yes (X) No  
Explain: \_\_\_\_\_

Have you ever been evicted from any dwelling: ( ) Yes (X) No  
Explain: \_\_\_\_\_

Have you ever received a settlement in payment for damages, injury, libel, etc. either with-  
out court action: ( ) Yes (X) No  
Explain: \_\_\_\_\_

Have you ever been refused credit: ( ) Yes (X) No  
Explain: \_\_\_\_\_

Did you ever knowingly write a check with insufficient funds: ( ) Yes (X) No  
How many times: \_\_\_\_\_ Explain: \_\_\_\_\_

Do you have a checking account: ( ) Yes (X) No Account Number: \_\_\_\_\_  
Institution Name: \_\_\_\_\_

Do you have a savings account: (X) Yes ( ) No Account Number: \_\_\_\_\_  
Institution Name: \_\_\_\_\_



# **POLICE DEPARTMENT HOWLAND TOWNSHIP**

## **Application Questionnaire**

### **12. INDEBTEDNESS & FINANCIAL STATUS (Continued)**

**Are you currently delinquent or have you ever been in default on any student loan?**

**( ) Yes (X) No Explain:** \_\_\_\_\_

**Are you current on all federal, state, and local tax debts (including individual and employer tax debts that apply to you?)**

**(X) Yes ( ) No**

**Do you have income from sources other than your salary and your spouse's salary?**

**( ) Yes (X) No If yes, specify the source and amount** \_\_\_\_\_

# POLICE DEPARTMENT HOWLAND TOWNSHIP

## Application Questionnaire

### 13. MISCELLANEOUS

If the necessity arose for you to shoot a human being in the course of your duties as an Officer, would you have any reluctance to do so: ( ) Yes (X) No

If yes, explain: \_\_\_\_\_

Have the police ever been called to your home for any reason: ( ) Yes (X) No

If yes, explain: \_\_\_\_\_

Do you have any problem controlling your temper: ( ) Yes (X) No

Have you ever traveled outside the United States: (X) Yes ( ) No

If yes, what countries: Canada

Do you own any business or commercial property: ( ) Yes (X) No

If yes, what countries: \_\_\_\_\_

If employed by Howland Township, do you have or anticipate any income other than your salary: ( ) Yes (X) No

If yes, amount and source: \_\_\_\_\_

Other than a driver's license, do you possess any permit or license issued by a unit of the government: (X) Yes ( ) No

Do you possess any other licenses or certifications (e.g. Nurse, Emergency Technician, Real Estate, etc.)? If yes, provide the information requested below. (X) Yes ( ) No

License Type: First Aid, CPR, AED Issuing Entity: American Heart Association

Also indicate on a separate sheet of paper if any complaints or grievances were ever filed against you.

Do you have any skills, personal interests or hobbies, which would be useful in the position, you are seeking: (X) Yes ( ) No

If yes, explain: Personal Interest of removing impaired drivers from roads due to loss of good friend to OVI in High School.

# POLICE DEPARTMENT HOWLAND TOWNSHIP

## Application Questionnaire

### 13. MISCELLANEOUS (Continued)

List all organizations, clubs and social groups of which you are now, or have been a member and position held:

Helping Hands in High School - Aide to special needs students  
Fellowship Christian Athletes - no position  
National Rifle Association - member  
Fraternal Order of Police - member

How much advance notice (i.e., number of weeks) would you need to report to work at Howland Police Department? Number of weeks: two

In the last 7 years have you consulted with a mental health professional (psychiatrist, psychologist, counselor, etc.) or have you consulted with another health care provider about a mental health related condition? ( ) Yes (X) No

If yes, provide the dates of treatment and the name and address of the therapist or doctor below, unless the consultation(s) involved only marital, family, or grief counseling, not related to violence by you.

| Date | Name/Address of Therapist or Doctor | State | Zip code |
|------|-------------------------------------|-------|----------|
|------|-------------------------------------|-------|----------|

The following questions pertain to the illegal use of drugs or drug activity. You are required to answer the questions fully and truthfully, and your failure to do so could be grounds for an adverse employment decision or action against you, but neither your truthful responses nor information derived from your responses will be used as evidence against you in any subsequent criminal proceeding.

Since the age of 16 or in the last 7 years, whichever is shorter, have you illegally used any controlled substance, for example, marijuana, cocaine, crack cocaine, hashish, narcotics (opium, morphine, codeine, heroin, etc.), amphetamines, depressants (barbiturates, methaqualone, tranquilizers, etc.), hallucinogenic (LSD, PCP, etc.) or prescription drugs? (X) Yes ( ) No

### Application Questionnaire

Have you ever used a controlled substance as a law enforcement officer, prosecutor, or courtroom official; while possessing a security clearance; or while in a position directly and immediately affecting the public safety? ( ) Yes (x) No

( ) Yes (~~X~~) No

| Date      | Controlled substance/prescription drug used | # of times used |
|-----------|---------------------------------------------|-----------------|
| Dec. 2010 | Marijuana                                   | 1               |

( ) Yes (X) No

| Date | Name/Address of Therapist or Doctor | State | Zip code |
|------|-------------------------------------|-------|----------|
|------|-------------------------------------|-------|----------|

### Application Questionnaire

Use this sheet if you need additional room to explain or further add to your answers to a specific question. Place the Section and question in the column at the left, to correspond to the information you are adding.

[illegible]

### Application Questionnaire

Use this sheet if you need additional room to explain or further add to your answers to a specific question. Place the Section and question in the column at the left, to correspond to the information you are adding.

[illegible]

# POLICE DEPARTMENT HOWLAND TOWNSHIP

## Application Questionnaire

### 15. CERTIFICATION

I hereby certify that the statements contained in this questionnaire are true and correct to the best of my knowledge, and that there are no willful misrepresentations, omissions, or falsifications in the preceding statements and answers. I am fully aware that, if an investigation reveals misrepresentations, omissions, or falsifications in any documents I submit or statements I make as part of this application questionnaire or background investigation, my application may be rejected and I may be disqualified from employment with the Howland Township Police Department. Additionally, I understand that, in the event I am offered employment by and accept employment with the Howland Township Police Department, any application questionnaire misrepresentations, omissions, or falsifications, which are revealed in any subsequent investigation, shall be just cause for immediate dismissal. Further, I realize that any falsehoods may subject me to prosecution under R.C. 2921.13.

I understand that this application questionnaire requires that I inform the Howland Township Police Department relative to any change of my name, address, phone number, marital status, or other information contained in this application questionnaire.

For and in consideration of the Howland Township Police Department's acceptance and processing of this application for employment, I agree to hold Howland Township, the Howland Township Police Department, and their agents and employees harmless from any and all claims and liabilities associated with this application for employment, or in any way related to the decision whether or not to employ me with the Howland Township Police Department.

DATE: 2-21- [REDACTED]

[REDACTED]  
Signature of Applicant

SWORN and duly SUBSCRIBED before me, A Notary Public, according to law, by the above named applicant this 21 day of February, 2021 at 1330,  
County of Trembule, State of Ohio.

[REDACTED]  
Notary Public



DONALD A. BISHOP, SR., Notary Public  
State of Ohio  
My Commission Expires 1-31-2021

# **POLICE DEPARTMENT HOWLAND TOWNSHIP**

## **Police Officer Background and Experience Evaluation**

Please indicate what, in your background and experience, best illustrates the below listed statements. Please use a word processing program to type your responses. Your responses do not need to be lengthy, and are limited to a single page. Your responses will also be evaluated for proper spelling, grammar, clarity, etcetera. Feel free to use situations within or outside your career. For each of the responses, indicate a name and contact information for an individual who can verify your response. Do not use the same situation for more than one statement.

Use the following format when responding to the statements

- Situation – what was going on, who was involved, etc.
- Behavior – what exactly did you do, what did others do, etc.
- Outcome – how did things turn out, what was the result, etc.

### **Sample Response**

#### **Statement - Taking initiative to solve a problem**

Situation – Members of the police department were unhappy about their current uniform.

Behavior – I took it upon myself to research new uniform options. I got permission from the Chief of Police for several officers to wear and test several different styles of uniforms. After a week of testing, the officers voted on the uniform that they liked best. I calculated the cost of outfitting the department with the new uniforms and presented my findings to the Chief of Police for review.

Outcome – The Chief of Police agreed to the uniform changes and the officers were outfitted with the new uniforms.

Person who can verify- Chief Joe Smith

Contact Info- [REDACTED]



# Statements

1. Accepting responsibility and obligation
2. Treating people fairly
3. De-escalating a volatile situation
4. Communicating effectively under stress
5. Maintaining physical fitness (describe activities and frequency, do not use "SBO" format)
6. Problem solving
7. Thinking on your feet
8. Accepting responsibility for your mistakes
9. Handling stress
10. Doing the right thing
11. Making an un-popular decision

### **Statement - Accepting responsibility and obligation**

Situation – Having my boss or foreman call me out to plow roads in the middle of the night for overtime.

Behavior – When I receive that unexpected phone call, I still come out to work, even though it is not mandatory. Often times, the phone call comes when I am running on little to no sleep. There has been occasions, where all I wanted to do was catch up on sleep, but I still come to plow the roads. I do not come into work for the overtime because of the pay, but for the fact that when I got hired I agreed to maintain the roadways as part of my job description. I do not only have an obligation to the residence of Lordstown to do my job, but I also have an obligation to my coworkers to help do my fair share of work.

Outcome – The roadways in Lordstown are known for being in remarkable condition regardless of the weather. When I fulfill my obligation to my coworkers, it prevents a single person from being overworked.

Person who can verify- Martin Nelder

Contact information-



### **Statement -Treating people fairly**

Situation – Officers were dispatched to a report of a vehicle in the ditch.

Behavior – Upon arrival, officers made contact with a male, who advised he was visiting from out of town and had been using his father's truck. He then stated, that as he attempted to turn his vehicle, it began to slide on the icy roadways. He stated that due to the fact he was from the south, he had very little experience with driving in the snow or on ice. He informed officers that he attempted to avoid the ditch by hitting the throttle. He stated that once he did that his truck had spun out and went into the ditch. I observed how icy the roadways were and surveyed the scene for damage. Upon further investigation, I could tell there was no damage done to the vehicle.

Outcome – I advised the driver that he would be getting a verbal warning for failure to control his vehicle. I also informed him that his lack of driving experience in adverse weather and also the road conditions were my factors in my decision.

Person who can verify- Patrolman Anthony Demyan

Contact information-



### **Statement - De-escalating a volatile situation**

**Situation** –Being dispatched to a call of an armed suicidal male who was highly intoxicated

**Behavior** –Upon my arrival, I began speaking with the subject and advised him why officers were dispatched to his house. I then asked the subject if he had recently made any suicidal statements to anyone within the last few hours. The subject then advised me that he did make statements towards a nurse via telephone. He then told my partner and me that he had to take his wife of thirty-seven years off of life support, and that once he received the call of her last breath, he was going to end his own life with a gun that was sitting inside of the house on the couch. I then explained to the subject, since he had made statements that were suicidal in nature that he would have to go to the hospital for a physiological evaluation. Then with no other words being exchanged, the subject attempted to re-enter the residence by quickly reaching for the door. I quickly broke the man's grip from the door and advised him, that due to a firearm located inside of the residence, he would not be permitted to reenter the residence, and that if he needed any personal belongings, I would retrieve them for him. The subject became even more enraged at this, and insisted that we have no right treating him in such a manner and that we needed to show him respect. I advised the subject that there was no issue with respect and explained to him that I was not allowing him to go back inside of his house due solely upon the fact that I know there is a weapon inside, and I will not put the safety of officers or the safety of the fire department personnel at risk. Next the subject began to yell at officers and insist that we do not know what it feels like to have our hearts ripped from our chest. He advised again, he no longer wanted to live and that officers needed to just leave him be with the memories of his wife. I advised the male again, he needed to go to the hospital. At this point, he began reaching for the door again and advised that he was not going for the gun that he just wanted to go back in. I again denied his entry, at which point he began to boast to officers that he used to shoot competitively in cowboy shooting events and that he had won multiple sharp shooter awards. After a few moments of silent tension between officers and the man I then instructed the subject to head over towards the squad to get warm because he had previously stated he was cold. I asked the subject if he wanted any belongings inside of the house and told him I would be more than happy to grab them for him and lock up the residence.

**Outcome** –I explained to him that the reasoning for a physiological evaluation was due to his suicidal statements in the presence of officers. Next, I advised the man that my partner and I meant no disrespect towards him, but we needed to do our job and this was part of it. After simply explaining to the man what was happening, and by listening to him almost vent to officers the man decided to ride in the back of the squad and promised officers he would not cause any further disturbances.

**Person who can verify-** Patrolman James Johnson

**Contact info-** 

### **Statement - Communicating effectively under stress**

Situation –Officers were dispatched to an armed robbery in progress at a local convenient store.

Behavior – Upon our arrival on scene, officers began to clear the convenient store. While clearing the store, officers made contact with the store clerk, who advised the suspect had left around 5 minutes ago. As I began to gather more information from the clerk, he began to hyperventilate. As this was happening, I quickly grabbed a water and began to calm the man down, by reassuring him that he is safe now. I explained to him, how pertinent it was to gather information quickly in order to send out a BOLO for the suspect. After a few minutes of reassurance, the man began to describe exactly what had occurred and also advised the security system was in the back. Officers then advised dispatch to inform Chief Bishop of what had occurred.

Outcome – I was able to get a description from the clerk and send out a BOLO to all surrounding departments. As Chief Bishop arrived on scene, I was able to login to the security system and began reviewing footage of the incident.

Person who can verify- Patrolman William Fowler

Contact information-



### **Statement - Maintaining physical fitness**

I am able to stay in good physical condition due to my current place of employment. While working at the maintenance department, we do many different jobs that include but are not limited to; shoveling snow, shoveling mulch, digging ditches, digging graves, loading/unloading materials, rebuilding drainage systems, cutting up trees, patching pot holes in roadways, and weed whacking roadway signs throughout the village. A majority of these duties deal with repetitive motion and often, are completed in adverse weather conditions. Outside of work, I have also recently started going to the gym and working out with friends. I believe that working out regularly and taking care of your body helps in all aspects of life. Also, I have been in contact with a few local martial arts gyms and have been looking to get involved with them once the snow season comes to an end.

Person who can verify- Cameron Gearhart

Contact information-



### **Statement -Problem Solving**

**Situation** –Before we installed pipe on a job at the maintenance department, we first had to completely wrap the pipe in a protective cloth barrier to prevent roots from penetrating the pipe walls. However, the process we were initially using was incredibly time consuming and caused the guys installing the pipe to wait on us.

**Behavior** –After measuring out the length of the cloth and then using safety wire to wrap around the pipe and hold the cloth on, I realized that there had to be a way to cut down the process and speed the job up. After switching from using a utility knife to cut the cloth and safety wire to help hold the cloth to the pipe, I came up with a simple solution. I decided it would be easier to use a pair of scissors that you could prevent from digging in the ground and dulling the blade and also, use a staple gun to simple staple the fabric around the outside of the pipe.

**Outcome** -My coworkers, who were installing the pipe, no longer had to wait on us, but now had a surplus of pipe. The surplus allowed more free hands to help with other smaller projects on the job site. This not only sped up the process, but it also saved us from wasting material. When you used the safety wire, you had to almost double wrap the pipe, because the safety wire would still allow the cloth to bunch up in areas and leave the pipe exposed in other areas. Whereas when you used staples, it ensured the whole pipe was covered evenly and you could use half of the cloth material.

**Person who can verify-** Martin Nelder

**Contact information-** 

### **Statement - Thinking on your feet**

**Situation** –Male fleeing scene of a domestic suspected of throwing narcotics out of the window

**Behavior** – Officers received a call of a domestic in progress on the side of the road. Upon officers arrival, a male, who was standing at the driver's door of a vehicle being operated by a female, quickly ran to his vehicle. Once the male entered his vehicle, he shifts it in gear and proceeds to leave the scene. Our Sergeant, then follows the fleeing male for a brief pursuit, ending roughly a quarter mile up the road, in a gas station parking lot. When officers spoke to the male, he advised that he just wanted to get away from his girlfriend after an argument. However, [REDACTED] noticed the male threw something from the vehicle. Officers then went into further investigation of the contents of the bundle and discovered what appeared to be narcotics. After advising the male that the bundle would be tested for DNA and charges will be filled and officers cleared the scene. After a brief conversation of the call, I realized that the male threw the bundle out of the window right in front of a newly built car wash. I advised [REDACTED] of my observation along with making a note of the very impressive security system had been installed. Therefore, I believed the camera would be able to show the bundle being thrown from the vehicle and landing in the parking lot of the car wash.

**Outcome** – Officers then, reached out to the owner of the car wash and requested to view his security system. As officers began to review footage, it was determined that Sergeant Peterson had be correct about his observation. As the vehicle passed the car wash, you can see a white bundle of suspected narcotics being thrown from the vehicle just as the driver pulls into an adjacent gas station.

**Person who can verify-** Patrolman Michael Lowery

**Contact information-** [REDACTED]



### **Statement - Accepting responsibility for your mistakes**

Situation – Telling the truth even though I knew there was going to be a punishment.

Behavior – My senior year of high school, a fellow class mate and I were horse playing after class. During the course of our rough housing, he said an inappropriate comment and the teacher heard. The teacher then sent him down to the principal's office. While down there, my class mate did not say what had occurred or who had done what. The principal then began pulling people in the office, who were present when this had happened. While in the principal's office, he began to tell me what he thought had occurred, which was not accurate. I then advised the principal, what had actually occurred to which he was very surprised.

Outcome – Even though I knew the principal did not know what happened, I still came clean. I advised the principal that my friend had made the comment as a reaction to horse playing. As a result of telling the truth, I received one day of in school suspension for horse playing. Even though I received a punishment, I still did no regret owning up to my mistake and taking responsibility for my action.

Person who can verify- Kristopher Studer

Contact information-



### **Statement - Handling stress**

Situation – When I sense my stress level is rising, I remain calm and also find the most effective way to alleviate the pressure.

Behavior – When it comes to finding outlets to dealing with stress, I have a method. I first try and speak with close friends and family about things that are causing me to feel overwhelmed. If I am still feeling overwhelmed, I move to finding a physical outlet. Often times this includes building furniture, going hunting, or going fishing. However, I have also found that by working out it helps with keeping stress levels down.

Outcome – When I speak with people, I feel it builds your relationship with them. It shows people that you trust them with your problems and respect their opinions of things. I have also found, that by finding physical outlets, such as building furniture, it gives you a sense of pride and accomplishment. Witnessing the process of a piece of rough cut wood, being turned into a piece of furniture, is such a satisfying achievement. By doing this, I found, is the most effective way to turn negative stress into a positive feeling of accomplishment and hard work.

Person who can verify- Ben Fannin

Contact information-

### **Statement - Doing the right thing**

Situation –I decided to resign from my position at the fire department.

Behavior – At the time I made the decision, I had just been given a commission at the Warren Township Police Department. The reason I decided to do so, was to devote more time to my career in law enforcement. I did think it would be fair for to hold a spot on the fire department roster, and not show up, when there were people on a waiting list to join. These people were able to dedicate the time and manpower that would help and not hinder as I would do. I had just recently started fire school and had to make the decision, before it was too late to resign from the class. I spoke with my fire chief first, then with the lead instructor and advised I would be resigning from my position. I then advised the chief that I would pay for any expenses, from the class, so the village would not have to pay.

Outcome –I spoke with the lead instructor, who advised, I would only be charged the price of the book. I was also able to free up another spot on the roster, so a person who had the time and skills that would help.

Person who can verify- Chief Travis Eastham

Contact information-



### **Statement - Making un-popular decision**

Situation – I had to make the decision between my health and playing football my senior year.

Behavior – From the age of five years old, I had played football every year. I began playing football for Canfield Little Cardinals and had always loved playing. My eighth grade year, while playing Howland, I had suffered a double concussion. I had to sit out the next couple games and was devastated. Football had been my way of life from a very young age, and I rarely missed a game. Then, my junior year, I began to have more health issues due to my many years of playing. After coming back from having pneumonia, I played in my first game of the season. While playing Howland, I tackled another player and my helmet broke. My head smashed off of the turf, and I suffered another concussion. Once again, I had to sit out a few more games, as a part of concussion protocol. After I went and spoke to my doctor, he advised that the NFL was doing studies and were discovering that concussions were having long term effects on mental health. My doctor advised that I really need to start considering taking a step away from football, and start thinking about my personal safety. I thought about a life without football, a life without playing with guys I considered brothers of mine, and I was crushed. I thought of how slim the odds were that I would suffer another concussion over the course of another year and a half and I liked my odds. Then, within the first few practices back, I was hit hard enough to lose consciousness and knew what was coming. I went to my doctor, and he suggested I sit the rest of the season out and give my body time to heal. I agreed and stood on the sidelines for the remainder of the season. Then, the day before my senior year started, I went to the doctors to get my paperwork signed off. I will always remember the feeling I had while waiting in the sitting room. Something to me felt like I was about to receive some bad news. I spoke with the doctor, at which point, he advised that he believes it would be best to end my football career, due to medical discoveries being linked to concussions. After speaking with friends, who were mostly teammates, they all advised to just tough it out one more year. I spoke with coaches, who also advised the same thing and stated that it's what I worked towards my entire career, was playing senior year. I continued to weigh my options and were going through the pros and cons of finishing my career or calling it quits.

Outcome – I decided to end my career playing football. My decision was based upon concerns of personal mental health. I lost a few friends over this decision, but this decision may have been one of the most important ones of my life.

Person who can verify-

Contact information



**DAVE YOST**  
OHIO ATTORNEY GENERAL



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

## NOTICE OF PEACE OFFICER SEPARATION FROM SERVICE

Complete all blanks. Type or print legibly. Enter N/A if not applicable.  
Please email (SF400@ohioattorneygeneral.gov), fax, or mail this document within ten days of the separation.

|                            |                                                                                   |                                     |
|----------------------------|-----------------------------------------------------------------------------------|-------------------------------------|
| <b>OFFICER INFORMATION</b> | 1. Name (Last) (First) (Middle)                                                   | 2. Social Security Number           |
|                            | [REDACTED]                                                                        | [REDACTED]                          |
|                            | 3. Previous Name(s) or Alias (Last) (First) (Middle)                              |                                     |
|                            | 4. Birth date (mm/dd/yyyy)                                                        | 5. Officer's Personal Email Address |
|                            | [REDACTED]                                                                        | @gmail.com                          |
|                            | 6. Home Mailing Address (#/Street/PO Box) (City) (State) (Zip Code) (County Name) |                                     |
|                            |                                                                                   | Ohio Trumbull                       |

|                           |                                                                                      |
|---------------------------|--------------------------------------------------------------------------------------|
| <b>AGENCY INFORMATION</b> | 7. Agency Name                                                                       |
|                           | Howland Township Police Department                                                   |
|                           | 8. Law Enforcement Agency Administrator's Email Address                              |
|                           | jeff.urso@howlandtownship.org                                                        |
|                           | 9. Agency Phone Number                                                               |
|                           | 330.856.5555                                                                         |
|                           | 10. Agency Mailing Address (#/Street/PO Box) (City) (State) (Zip Code) (County Name) |
|                           | 169 Niles Cortland Rd NE Warren Ohio 44484 Trumbull                                  |

|                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                  |                                                                                            |                                                             |                                                                           |                                                                         |                                                                               |                                                                    |                                                            |                                                                           |                                                                                                             |                                |                                                                                                      |
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| <b>SEPARATION INFORMATION</b>                                                                               | 11. Appointment Date (mm/dd/yyyy)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 12. Separation Date (mm/dd/yyyy) |                                                                                            |                                                             |                                                                           |                                                                         |                                                                               |                                                                    |                                                            |                                                                           |                                                                                                             |                                |                                                                                                      |
|                                                                                                             | [REDACTED]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | [REDACTED]                       |                                                                                            |                                                             |                                                                           |                                                                         |                                                                               |                                                                    |                                                            |                                                                           |                                                                                                             |                                |                                                                                                      |
|                                                                                                             | 13. Reason for Separation (check appropriate box)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                  |                                                                                            |                                                             |                                                                           |                                                                         |                                                                               |                                                                    |                                                            |                                                                           |                                                                                                             |                                |                                                                                                      |
|                                                                                                             | <table border="0"><tr><td><input checked="" type="checkbox"/> Resignation – In Good Standing (No Pending Discipline)</td><td><input type="checkbox"/> Retirement – Disability Retirement</td></tr><tr><td><input type="checkbox"/> Resignation – Resignation in lieu of Termination</td><td><input type="checkbox"/> Retirement – Retirement in lieu of Termination</td></tr><tr><td><input type="checkbox"/> Resignation – Other (Mandatory Explanation required)</td><td><input type="checkbox"/> Retirement – Under Criminal Investigation</td></tr><tr><td><input type="checkbox"/> Resignation – Under Investigation</td><td><input type="checkbox"/> Retirement – Service Retirement in Good Standing</td></tr><tr><td><input type="checkbox"/> Separation from service or termination for any other reason (please explain below)</td><td><input type="checkbox"/> Death</td></tr><tr><td><input type="checkbox"/> Misdemeanor guilty plea with a surrender certificate (please explain below)</td><td><input type="checkbox"/> Felony Conviction (please explain below)</td></tr></table> |                                  | <input checked="" type="checkbox"/> Resignation – In Good Standing (No Pending Discipline) | <input type="checkbox"/> Retirement – Disability Retirement | <input type="checkbox"/> Resignation – Resignation in lieu of Termination | <input type="checkbox"/> Retirement – Retirement in lieu of Termination | <input type="checkbox"/> Resignation – Other (Mandatory Explanation required) | <input type="checkbox"/> Retirement – Under Criminal Investigation | <input type="checkbox"/> Resignation – Under Investigation | <input type="checkbox"/> Retirement – Service Retirement in Good Standing | <input type="checkbox"/> Separation from service or termination for any other reason (please explain below) | <input type="checkbox"/> Death | <input type="checkbox"/> Misdemeanor guilty plea with a surrender certificate (please explain below) |
| <input checked="" type="checkbox"/> Resignation – In Good Standing (No Pending Discipline)                  | <input type="checkbox"/> Retirement – Disability Retirement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                  |                                                                                            |                                                             |                                                                           |                                                                         |                                                                               |                                                                    |                                                            |                                                                           |                                                                                                             |                                |                                                                                                      |
| <input type="checkbox"/> Resignation – Resignation in lieu of Termination                                   | <input type="checkbox"/> Retirement – Retirement in lieu of Termination                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                  |                                                                                            |                                                             |                                                                           |                                                                         |                                                                               |                                                                    |                                                            |                                                                           |                                                                                                             |                                |                                                                                                      |
| <input type="checkbox"/> Resignation – Other (Mandatory Explanation required)                               | <input type="checkbox"/> Retirement – Under Criminal Investigation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                  |                                                                                            |                                                             |                                                                           |                                                                         |                                                                               |                                                                    |                                                            |                                                                           |                                                                                                             |                                |                                                                                                      |
| <input type="checkbox"/> Resignation – Under Investigation                                                  | <input type="checkbox"/> Retirement – Service Retirement in Good Standing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                  |                                                                                            |                                                             |                                                                           |                                                                         |                                                                               |                                                                    |                                                            |                                                                           |                                                                                                             |                                |                                                                                                      |
| <input type="checkbox"/> Separation from service or termination for any other reason (please explain below) | <input type="checkbox"/> Death                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                  |                                                                                            |                                                             |                                                                           |                                                                         |                                                                               |                                                                    |                                                            |                                                                           |                                                                                                             |                                |                                                                                                      |
| <input type="checkbox"/> Misdemeanor guilty plea with a surrender certificate (please explain below)        | <input type="checkbox"/> Felony Conviction (please explain below)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                  |                                                                                            |                                                             |                                                                           |                                                                         |                                                                               |                                                                    |                                                            |                                                                           |                                                                                                             |                                |                                                                                                      |
| Explanation, if applicable: _____                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                  |                                                                                            |                                                             |                                                                           |                                                                         |                                                                               |                                                                    |                                                            |                                                                           |                                                                                                             |                                |                                                                                                      |
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|                                                                                                                           |                                |            |
|---------------------------------------------------------------------------------------------------------------------------|--------------------------------|------------|
| <b>ATTESTATION OF LAW ENFORCEMENT AGENCY ADMINISTRATOR</b>                                                                |                                |            |
| I attest that the information provided on this form is true and correct and is based on my personal knowledge or inquiry. |                                |            |
| 14. Signature of Law Enforcement Agency Administrator                                                                     | 15. Name and Title             | 16. Date   |
|                                                                                                                           | Nick Roberts / Chief of Police | 10/21/2022 |

Emil  
10/21/22



**MIKE DeWINE**  
★ OHIO ATTORNEY GENERAL ★



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

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

## NOTICE OF PEACE OFFICER APPOINTMENT

Check Box if: ☐ Correction to Record ☐ Name Change

- Within ten days of the appointment or status change, or promotion to Chief, submit one copy of this form either by email, fax or mail.
- Type or print legibly and complete all blanks. Enter N/A if not applicable.
- 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.

|                                                                                             |                                       |                                 |                  |                           |
|---------------------------------------------------------------------------------------------|---------------------------------------|---------------------------------|------------------|---------------------------|
| <b>OFFICER INFORMATION</b>                                                                  |                                       | 1. Name (Last) (First) (Middle) |                  | 2. Social Security Number |
| 3. Previous Name(s) or Alias (Last) (First) (Middle)                                        |                                       |                                 |                  |                           |
| 4. Birth date (mm/dd/yyyy)                                                                  | 5. Officer's Individual Email Address |                                 | 6. Phone Number  |                           |
|                                                                                             |                                       |                                 |                  |                           |
| 7. Home Mailing Address (#/Street/PO Box) (City) (State) (Zip Code) (County Name)           |                                       | Trumbull                        |                  |                           |
| 8. Basic Training Academy (Only complete if this is the officer's first appointment or OSP) |                                       | (Academy Name)                  | (Academy Number) | (Dates of Training)       |

|                                                                              |  |                                    |  |  |
|------------------------------------------------------------------------------|--|------------------------------------|--|--|
| <b>AGENCY INFORMATION</b>                                                    |  | 9. Agency Name                     |  |  |
|                                                                              |  | Howland Township Police Department |  |  |
| 10. Reporting Authority's Email Address                                      |  | 11. Agency Phone Number            |  |  |
| jeff.urso@howlandtownship.org                                                |  | (330) 856-5555                     |  |  |
| 12. Agency Mailing Address (#/Street/PO Box) (City) (Zip Code) (County Name) |  |                                    |  |  |
| 169 Niles Cortland Rd NE                                                     |  | WARREN 44484 Trumbull              |  |  |

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

|                                           |                                        |                                                                                                                                                                                                                                                                                                                                                        |  |
|-------------------------------------------|----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>ATTESTATION OF REPORTING AUTHORITY</b> |                                        | 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                                                                                                                                                                                                                                                                                                                                               |  |
| Jeffrey R. Urso                           | Jeffrey R. Urso Asst. Chief of Police  | 6 / 21 / 2017                                                                                                                                                                                                                                                                                                                                          |  |
| 20. Signature of Witness                  | 21. Printed Name (First, Middle, Last) | 22. Date                                                                                                                                                                                                                                                                                                                                               |  |
| Nick L. Roberts                           | Nick L. Roberts                        | 6 / 21 / 2017                                                                                                                                                                                                                                                                                                                                          |  |

Officer Name (Last)

(First)

(Middle)

Social Security Number

**23. OATH OF OFFICE**

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



*Chief Mike Rolst*  
Signature of Appointing Authority

*Nick Roberts*  
Name of Appointing Authority (Typed or Printed Legibly)

*Chief of Police*  
Title of Appointing Authority (Typed or Printed Legibly)

**OHIO PEACE OFFICER APPOINTMENT HISTORY**

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

24. Appointed By (Agency Name and County):

**WARREN Township Police Dept.**

25. From(mm/dd/yyyy):

To(mm/dd/yyyy):

26. Appointment Status (Check Appropriate Box)

☐ Full-Time☒ Part-Time☐ Auxiliary☐ Reserve☐ Special☐ Seasonal

27. Appointed By (Agency Name and County):

28. From(mm/dd/yyyy):

To(mm/dd/yyyy):

29. Appointment Status (Check Appropriate Box)

☐ Full-Time☐ Part-Time☐ Auxiliary☐ Reserve☐ Special☐ Seasonal

30. Appointed By (Agency Name and County):

31. From(mm/dd/yyyy):

To(mm/dd/yyyy):

32. Appointment Status (Check Appropriate Box)

☐ Full-Time☐ Part-Time☐ Auxiliary☐ Reserve☐ Special☐ Seasonal

33. Appointed By (Agency Name and County):

34. From(mm/dd/yyyy):

To(mm/dd/yyyy):

35. Appointment Status (Check Appropriate Box)

☐ Full-Time☐ Part-Time☐ Auxiliary☐ Reserve☐ Special☐ Seasonal

36. Appointed By (Agency Name and County):

37. From(mm/dd/yyyy):

To(mm/dd/yyyy):

38. Appointment Status (Check Appropriate Box)

☐ Full-Time☐ Part-Time☐ Auxiliary☐ Reserve☐ Special☐ Seasonal

39. Appointed By (Agency Name and County):

40. From(mm/dd/yyyy):

To(mm/dd/yyyy):

41. Appointment Status (Check Appropriate Box)

☐ Full-Time☐ Part-Time☐ Auxiliary☐ Reserve☐ Special☐ Seasonal

## Yearly Policy & Procedure Review

Howland Township Police Department

Submitted By: [REDACTED]

Date/Time Submitted: Jun 28, 2021 at 15:10

### Read & Sign Yearly Review

Officer: [REDACTED]

Howland Police Policy & Procedures: #101 through #208 \*

Officer Signature:

[REDACTED]

Date: Jun 28, 2021 \*

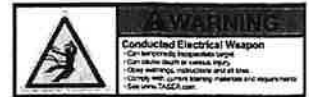
I have Reviewed, Read & Understand ALL of Howland Township's Police Policy & Procedures:



I have Successfully completed the required multiple choice testing, orally with my Supervisor and/or OIC via Roll-Call Training:







TASER International, Inc. (TASER) conducted electrical weapon (CEW) training courses are physically strenuous and there is a risk of personal injury. **BEFORE any TASER CEW training or CEW exposure, all persons MUST read the most current TASER CEW warnings and read and sign this form.** This document incorporates all current TASER CEW warnings by reference. This document is effective **January 23, 2015**, and supersedes all prior revisions.

## IMPORTANT SAFETY AND HEALTH INFORMATION

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

## TRAINING CEW EXPOSURES

**Voluntary.** TASER does not require a CEW exposure as a condition for Instructor or User Certification. It is up to each agency to determine whether its instructors and users experience a CEW exposure as part of training. If CEW exposures are performed, they must be limited to a single exposure not exceeding 5 seconds and performed in accordance with TASER's guidelines and by a Certified TASER Instructor.<sup>1</sup>

**Probe Deployments to Back Only.** Cartridge deployed probes must be to the back of the torso or back of the legs only.

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

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

## SAFETY INFORMATION: CEW RISKS AND RISK AVOIDANCE

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

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

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

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

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

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

**Physiologic and Metabolic Effects.** CEW use causes physiologic and/or metabolic effects that may increase the risk of death or serious injury. These effects include changes in blood chemistry, blood pressure, respiration, heart rate and rhythm, and adrenaline and stress hormones, among others. In human studies of electrical

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

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

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

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

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

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

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

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

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

## SAFETY INFORMATION: INJURY OR INFECTION

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

**WARNING: Probe or Electrode Injury, Puncture, Scarring, or Infection Hazard.** CEW use may cause a permanent mark, burn, scar, puncture, or other skin or tissue damage. Infection could result in death or serious injury. Scarring risk may be increased when using a CEW in drive-stun mode. Increased skin irritation, abrasion, mark, burning, or scarring may occur with a CEW with multiple cartridge bays when used in drive-stun or three-point deployment modes.

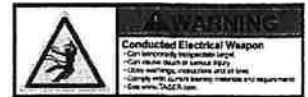
**WARNING: Penetration Injury.** The TASER probe has a small dart point which may cause a penetration injury to a blood vessel or internal organ, including lung, bone, or nerve. The probe or dart point (which may detach or break) can puncture or become embedded into a bone, organ, or tissue, which may require immediate

<sup>1</sup> A Certified TASER Instructor is not a TASER agent, but maintains a current TASER instructor certification and complies with TASER's most current training requirements, materials and license agreement.

Representations inconsistent with this document made by any Certified TASER Instructor are expressly disclaimed.



## Instructor and User: Warnings, Risks & Release Agreement



medical care, surgical removal, or may result in scarring, infection, or other serious injury.

### SAFETY INFORMATION: CEW DEPLOYMENT AND USE

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

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

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

### SAFETY INFORMATION: CEW EFFECTIVENESS

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

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

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

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

### SAFETY INFORMATION: GENERAL PRECAUTIONS

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

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

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

\*\*\*\*\*

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

Please check all boxes that apply:

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

### LIABILITY & RELEASE AGREEMENT

In consideration of, and as a condition precedent to, the use of TASER copyrighted training materials and participation in the training course; I acknowledge and agree as follows:

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

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

**I accept the Risks.** Understanding the Risks, I assume all Risks inherent in CEW training and the CEW exposure (unless I opted out of the CEW exposure as indicated on this form), whether known or unknown, foreseen or unforeseen.

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

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

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

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

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

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

Date 11-7-17 Signed [Signature]

Printed Name [Signature]

Agency Howland Police Department

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

# LEADS



This is to certify that



has successfully completed the Ohio LEADS testing on

**October 05, 2025**

by completing the following exam:

**Security and Privacy - General User**

This certificate is good through

**October 05, 2026**



# OHIO ATTORNEY GENERAL - RECOGNITION OF COMPLETION AWARD

*This certificate of completion is awarded to*



has completed the Ohio Attorney General's online training course

OHLEG Security  
Training Course

*Dave Yost*

DAVE YOST, OHIO ATTORNEY GENERAL

March 08, 2025



DAVE YOST  
OHIO ATTORNEY GENERAL



**DAVE YOST**

OHIO ATTORNEY GENERAL

## **Bureau Of Criminal Investigations Ohio Law Enforcement Gateway Agency/User Agreement**

### **User Acknowledgment**

I acknowledge that I am responsible for reading and understanding the OHLEG Security Policies. I acknowledge and agree that I will utilize this information exclusively for the administration of criminal justice for the official purposes of my agency. Access to OHLEG is a privilege subject to termination. Data accessed through OHLEG is continuously subject to limitations on use and dissemination and is not to be sold, transmitted, or disseminated to any unauthorized person. To protect the system from unauthorized use and to ensure that the system is functioning properly, individuals using this computer system are subject to having all of their activities monitored, recorded, and audited. Anyone using this system expressly consents to such monitoring and is advised that any evidence of possible abuse or criminal activity will be provided to appropriate officials. Unauthorized attempts to upload or change information, or otherwise cause damage to this service, are strictly prohibited. I acknowledge that any unauthorized access or misuse of the law enforcement information or data on this site is prohibited by Revised Code section 2913.04, and constitutes a fifth degree felony. I further acknowledge that any failure to abide by the conditions and restrictions in the user agreement and in the OHLEG Rules and Regulations will result in a loss of my privileges of access to this tool. The law enforcement data maintained by BCI on the OHLEG site is provided at and subject to the discretion of BCI. BCIs grant of access to OHLEG confers upon me no process or other rights in maintaining such access. I ACKNOWLEDGE THAT I HAVE READ THE CURRENT VERSION OF THE OHLEG RULES AND REGULATIONS AND WATCHED THE REQUIRED SECURITY TRAINING VIDEO, AVAILABLE ON THE OHLEG SITE.

Printed Name \_\_\_\_\_

Date: 3/7/25

Signature: \_\_\_\_\_

OAI/ORI #: OH0781200

Agency Name: Howland Police

### **Agency Acknowledgment**

I acknowledge that I am responsible for reading and understanding the OHLEG Security Policies. I also state that I am responsible for the users that are assigned to my charge and will adhere to these directives and that failure to do so may constitute a security violation resulting in denial of access to BCI/OHLEG information resources as well as other products and services provided by the AGO. I agree to cooperate with any OHLEG investigation and provide whatever information may be necessary for an OHLEG administrative review. I acknowledge and agree that I will utilize this information exclusively for the administration of criminal justice for the official purposes of my agency. Access to OHLEG is a privilege subject to termination. Data accessed through OHLEG is continuously subject to limitations on use and dissemination and is not to be sold, transmitted, or disseminated to any unauthorized person. To protect the system



**DAVE YOST**  
OHIO ATTORNEY GENERAL

## **Bureau Of Criminal Investigations Ohio Law Enforcement Gateway Agency/User Agreement**

from unauthorized use and to ensure that the system is functioning properly, individuals using this computer system are subject to having all of their activities monitored, recorded, and audited. Anyone using this system expressly consents to such monitoring and is advised that any evidence of possible abuse or criminal activity will be provided to appropriate officials. Unauthorized attempts to upload or change information, or otherwise cause damage to this service, are strictly prohibited. I acknowledge that any unauthorized access or misuse of the law enforcement information or data on this site is prohibited by Revised Code section 2913.04, and constitutes a fifth degree felony. I further acknowledge that any failure to abide by the conditions and restrictions in the user agreement and in the OHLEG Rules and Regulations will result in a loss of my privileges of access to this tool. The law enforcement data maintained by BCI on the OHLEG site is provided at and subject to the discretion of BCI. BCIs grant of access to OHLEG confers upon me no process or other rights in maintaining such access. I ACKNOWLEDGE THAT I HAVE READ THE CURRENT VERSION OF THE OHLEG RULES AND REGULATIONS AND WATCHED THE REQUIRED SECURITY TRAINING VIDEO, AVAILABLE ON THE OHLEG SITE.

CEO Printed Name: Nick Roberts Date: 3-2-25  
Title: CHIEF OF POLICE  
CEO Signature: Nick Roberts OAI/ORI #: OH 0781200

# HOWLAND POLICE DEPARTMENT

THIS IS TO CERTIFY THAT

[REDACTED]

Has successfully completed the

## 2024 In-Service Training Use of Force/Taser/Active Shooter

HELD AT THE HOWLAND POLICE DEPT ON August 12th, 2024

UNDER THE SPONSORSHIP OF THE HOWLAND TOWNSHIP POLICE DEPARTMENT

[REDACTED]

*Mark Brancaccio*

INSTRUCTOR

[REDACTED] /Sescourka/Brancaccio/Coleman

*Nick Roberts*

POLICE CHIEF

NICK ROBERTS



## TASER X2 & X26P OPERATOR CERTIFICATION / ANNUAL RECERTIFICATION FORM

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

Select the TASER Energy Weapon certified on: ☐ X2 ☒ X26P

Name

Agency: Howland Police

Email:

@gmail Phone: 330-856-5555

Address/State/Zip: 169 Niles Cortland Road, Warren O-1 44124

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

Student Signature: (Required)

### TASER INSTRUCTOR USE

The instructor is required to verify that the applicant successfully completed all TASER Energy Weapon Operator Recertification requirements (initial below).

SB Review current Annual Operator Recertification Course PowerPoint Presentation(s) and Training Bulletins (if applicable).

SB Demonstrate safe handling during loading and unloading, proper finger positioning, and aiming and deploying at the preferred target area.

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

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

Utilize the ARC switch to reenergize deployed probes. (X2)

I hereby certify that the above-named applicant has satisfactorily completed all components of the TASER X2/X26P Operator Annual Recertification training program and is hereby recertified as an operator of this system on the specified angle(s) for one year.

Attested by Certifying Instructor:

Steven Greene  
(Print Name)

[Signature]  
(Signature)

Date: 09/12/24

Location of Training: Howland PO

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





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

This is to certify that



has successfully met the prescribed program requirements for

**CPT 2024 - Responding to Mental Health Issues**

**December 02, 2024**

  
Dave Yost  
Ohio Attorney General

  
Vernon P. Stanforth, Chairperson  
Ohio Peace Officer Training Commission

  
Thomas Quinlan, Executive Director  
Ohio Peace Officer Training Commission

2 hours



## CERTIFICATE OF ATTENDANCE

Presented to:



The above named attended a 4 hour training on:

**THURSDAY, NOVEMBER 21, 2024**

**BEHAVIORAL THREAT ASSESSMENT:  
PREVENTING TARGETED VIOLENCE  
IN SCHOOLS AND THE COMMUNITY**

**BEHAVIORAL THREAT ASSESSMENT: PREVENTING TARGETED  
VIOLENCE IN SCHOOLS AND THE COMMUNITY**  
was coordinated by U.S. Secret Service Cleveland Field Office  
and National Threat Assessment Center.



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

This is to certify that  
[REDACTED]  
has successfully met the prescribed program requirements for

## 2024 CPT - Crisis Mitigation

November 19, 2024

Dave Yost  
Dave Yost  
Ohio Attorney General

Thomas Quinlan  
Thomas Quinlan, Executive Director  
Ohio Peace Officer Training Commission

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

2 hours



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

This is to certify that  
[REDACTED]  
has successfully met the prescribed program requirements for

2024 CPT - Victims' Rights - Marsy's Law

October 18, 2024

Dave Yost  
Dave Yost  
Ohio Attorney General

Thomas Quinlan  
Thomas Quinlan, 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

**2024 CPT - NIBIN Overview Course**

**October 03, 2024**

  
Dave Yost  
Ohio Attorney General

  
Vernon P. Stanforth, Chairman  
Ohio Peace Officer Training Commission

  
Thomas Quinlan, Executive Director  
Ohio Peace Officer Training Commission



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

This is to certify that



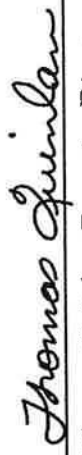
has successfully met the prescribed program requirements for

## Ohio School Threat Assessment Course

August 05, 2024

  
Dave Yost  
Ohio Attorney General

  
Vernon P. Stanforth, Chairperson  
Ohio Peace Officer Training Commission

  
Thomas Quinlan, Executive Director  
Ohio Peace Officer Training Commission

3 hours



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

This is to certify that



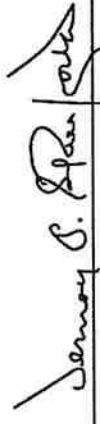
has successfully met the prescribed program requirements for

**Legal Updates 2024**

**August 05, 2024**

  
Dave Yost  
Ohio Attorney General

  
Thomas Quinlan, Executive Director  
Ohio Peace Officer Training Commission

  
Vernon P. Stanforth, Chairman  
Ohio Peace Officer Training Commission



# CERTIFICATE of ATTENDANCE

THIS ACKNOWLEDGES THAT



HAS PARTICIPATED IN THE 3.5-HOUR COURSE  
(11/06/2024)

## LEGAL UPDATES

Presented by:

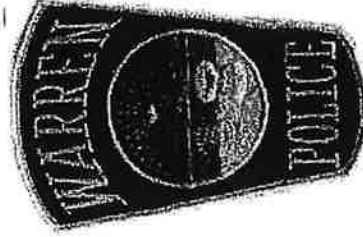
City of Warren Municipal Prosecutor  
Attorney Traci Timko



x

A handwritten signature in black ink, appearing to read "Eric J. Merkel".

SIGNED, *Eric J. Merkel*, Chief of Police  
**Warren Police Department**



# LEADS



This is to certify that



has successfully completed the Ohio LEADS testing on

October 19, 2024

by completing the following exam:

Inquiry Test

This certificate is good through

October 19, 2026

# LEADS



This is to certify that



has successfully completed the Ohio LEADS testing on

October 19, 2024

by completing the following exam:

Security and Privacy - General User

This certificate is good through

October 19, 2025



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

This is to certify that



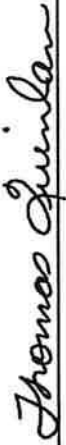
has successfully met the prescribed program requirements for

**2024 CPT - Victims' Rights - Marsy's Law**

**October 18, 2024**

  
Dave Yost  
Ohio Attorney General

  
Vernon P. Stanforth, Chairperson  
Ohio Peace Officer Training Commission

  
Thomas Quinlan, Executive Director  
Ohio Peace Officer Training Commission



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

This is to certify that



has successfully met the prescribed program requirements for

**2024 CPT - NIBIN Overview Course**

**October 03, 2024**

  
Dave Yost  
Ohio Attorney General

  
Vernon P. Stanforth, Chairperson  
Ohio Peace Officer Training Commission

  
Thomas Quinlan, Executive Director  
Ohio Peace Officer Training Commission



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

This is to certify that



has successfully met the prescribed program requirements for

**2024 CPT - NIBIN Overview Course**

**October 03, 2024**

  
Dave Yost  
Ohio Attorney General

  
Vernon P. Stanforth, Chairperson  
Ohio Peace Officer Training Commission

  
Thomas Quinlan, Executive Director  
Ohio Peace Officer Training Commission





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

This is to certify that



has successfully met the prescribed program requirements for

## Ohio School Threat Assessment Course

August 05, 2024

  
Dave Yost  
Ohio Attorney General

  
Vernon P. Stanforth, Chairperson  
Ohio Peace Officer Training Commission

  
Thomas Quinlan, Executive Director  
Ohio Peace Officer Training Commission

3 hours





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

This is to certify that



has successfully met the prescribed program requirements for

**Legal Updates 2024**

**August 05, 2024**

  
Dave Yost  
Ohio Attorney General

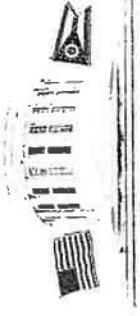
  
Vernon P. Stanforth, Chairperson  
Ohio Peace Officer Training Commission

  
Thomas Quinlan, Executive Director  
Ohio Peace Officer Training Commission

2 hours



THE STATE OF OHIO



KEITH FABER  
OHIO AUDITOR OF STATE

# The Ohio Auditor of State's Office

certifies that



has successfully completed  
Fraud Reporting and Training

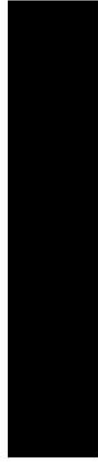
July 02, 2024

A handwritten signature in cursive script, reading "Keith Faber", written over a horizontal line.

Keith Faber  
Ohio Auditor of State

# GLOCK CERTIFICATE

Armorer's Course - 8 Hrs



has participated and successfully completed the GLOCK Armorer's Course  
6/6/2024



Joseph Parent III  
Director of Training

Valid until 6/6/2027

GLOCK Certified Armorer



# OHIO TACTICAL OFFICERS ASSOCIATION

THIS CERTIFIES THAT

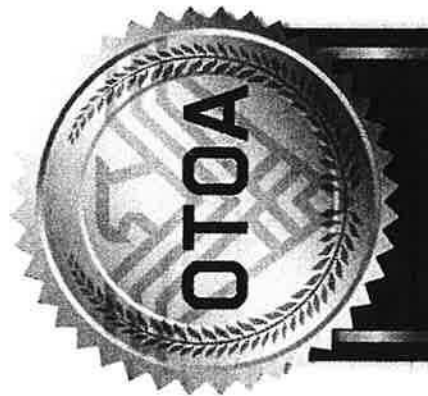


HAS SUCCESSFULLY COMPLETED THE ADVANCED TRAINING COURSE INDICATED BELOW

Active Threat Response - Train The Trainer

May 31, 2024

Patrick Fiorilli  
Executive Director



Terry Graham  
President

OTOA



# OHIO TACTICAL OFFICERS ASSOCIATION

THIS CERTIFIES THAT



HAS SUCCESSFULLY COMPLETED THE ADVANCED TRAINING COURSE INDICATED BELOW

Ohio Active Threat Response - User Course 16hrs. CPT general hours - 24CPT038

May 29, 2024

*P. Fiorilli*

Patrick Fiorilli  
Executive Director



*Terry Graham*

Terry Graham  
President



OHIO TACTICAL OFFICERS ASSOCIATION  
THIS CERTIFIES THAT



HAS SUCCESSFULLY COMPLETED THE ADVANCED TRAINING COURSE INDICATED BELOW

Red Dot Sight Pistol - Train the Trainer

April 24, 2024

*P. Fiorilli*

Patrick Fiorilli  
Executive Director



*Terry Graham*

Terry Graham  
President



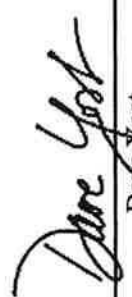
OHIO PEACE OFFICER TRAINING COMMISSION  
&  
THE OFFICE OF THE ATTORNEY GENERAL

This is to certify that



is an Instructor in the Ohio  
Law Enforcement Firearms Qualification Program

Issued On  
April 26, 2024

  
Dave Yost  
Attorney General

  
Vernon P. Stanforth, Chairperson  
Ohio Peace Officer Training Commission



  
Thomas Quinlan, Executive Director  
Ohio Peace Officer Training Commission

Instructor Number:   
Renewal Required By: 4/26/2027



OHIO PEACE OFFICER TRAINING COMMISSION

In-Service Firearms Qualification Curriculum

|                 |                 |                      |                      |                  |
|-----------------|-----------------|----------------------|----------------------|------------------|
| NAME [REDACTED] | DOB: [REDACTED] | CERT NO.: [REDACTED] | EXP. DATE: 4/26/2027 | COUNTY: Trumbull |
| Requal          | 4/26/2024       |                      |                      |                  |
| REQ 01—02       | Semiauto Pistol |                      |                      |                  |



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

This is to certify that



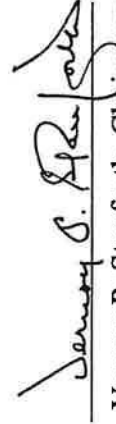
has successfully completed the advanced training course

**54-022-24-01: Semi-Auto Pistol Instructor**

at the Ohio Peace Officer Training Academy given

**March 04 - 08, 2024**

  
Dave Xost  
Attorney General

  
Vernon P. Stanforth, Chairperson  
Ohio Peace Officer Training Commission



Thomas Quinlan, Executive Director  
Ohio Peace Officer Training Commission  
DATE CERTIFICATE PRINTED: April 14, 2024



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

This is to certify that

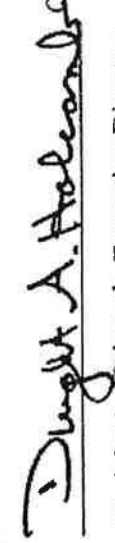


has successfully met the prescribed program requirements for

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

Date: November 26, 2023

  
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

**Human Trafficking**

Date: November 26, 2023

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

Effective  
Communication and  
Safe Interaction With  
Persons in Crisis

Dave Yost  
Dave Yost  
Attorney General

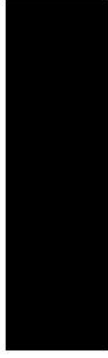
Dwight A. Holcomb  
Dwight A. Holcomb, Executive Director  
Ohio Peace Officer Training Commission

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



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

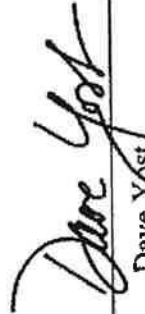
This is to certify that

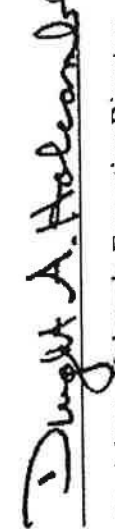


has successfully met the prescribed program requirements for

**Vicarious Trauma**

Date: October 30, 2023

  
Dave Yost  
Attorney General

  
Dwight A. Holcomb  
Ohio Peace Officer Training Commission

  
Vernon P. Stanforth, Chairperson  
Ohio Peace Officer Training Commission

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



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

This is to certify that



has successfully met the prescribed program requirements for

**CAT and Officer  
Wellness**

Date: October 30, 2023

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

## Legal Updates - Part 2

Date: October 16, 2023

Dave Yost  
Dave Yost  
Attorney General

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

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



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

This is to certify that



has successfully met the prescribed program requirements for

## Legal Updates 2023 - Part 3

Date: October 16, 2023

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

## Officer Wellness Seminar

Date: October 16, 2023

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

2 hrs



# 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: October 06, 2023

  
Dave Yost  
Attorney General

  
Vernon P. Stanforth, Chairperson  
Ohio Peace Officer Training Commission

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



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

This is to certify that



has successfully met the prescribed program requirements for

## Concealed Firearm Carry Changes

Date: October 05, 2023

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

**Hazing**

Date: September 19, 2023

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

.25 hrs



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

This is to certify that



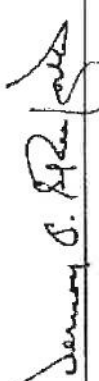
has successfully met the prescribed program requirements for

## Use of Restraints

Date: September 19, 2023

  
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

**Ethics and  
Professionalism**

Date: September 19, 2023

  
Dave Yost  
Attorney General

  
Vernon P. Stanforth, Chairperson  
Ohio Peace Officer Training Commission

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

1 hr



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

This is to certify that



has successfully met the prescribed program requirements for

## Legal Updates 2023 - Part 1

Date: September 19, 2023

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

**Arrest, Search, and  
Seizure 2023**

March 18, 2023

Date: \_\_\_\_\_

  
Dave Yost  
Attorney General

  
Vernon P. Stanforth, Chairperson  
Ohio Peace Officer Training Commission

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



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

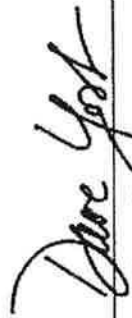
This is to certify that

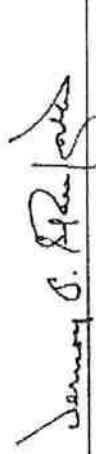


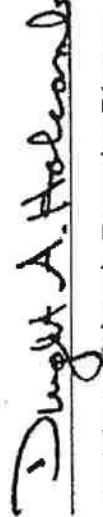
has successfully met the prescribed program requirements for

## Ohio School Threat Assessment

Date: April 17, 2023

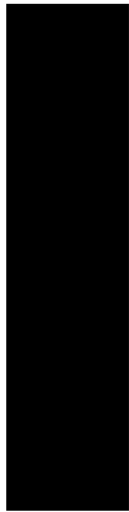
  
Dave Yost  
Attorney General

  
Vernon P. Stanforth, Chairperson  
Ohio Peace Officer Training Commission

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

# HOWLAND POLICE DEPARTMENT

THIS IS TO CERTIFY THAT



Has successfully completed the

## 2023 In-Service Training Use of Force/Taser/Active Threat/Subject Control

HELD AT THE HOWLAND POLICE DEPT ON August 2nd, 2023

UNDER THE SPONSORSHIP OF THE HOWLAND TOWNSHIP POLICE DEPARTMENT

  
INSTRUCTOR  
Brancaccio/Wert

  
POLICE CHIEF  
NICK ROBERTS

**TASER Training Version 22**

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

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

Effective: June 22, 2020

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

Name: [REDACTED] Agency: Howland Police  
Email: Howlandtownship.org Phone: 330-856-5555  
Address/State/Zip: [REDACTED]

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

Student Signature: (Required) [REDACTED]

**TASER Instructor Use Only**

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

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

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

Attested by Certifying Instructor: JORDAN WERT (Print Name) [Signature] (Signature)  
Date: 7/25/22 Location of Training: Howland PD

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

PowerPoint is a trademark of Microsoft Corporation.

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

This is to certify that



has successfully met the prescribed program requirements for

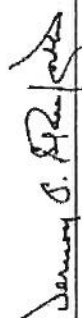
**Objective**

**Reasonableness**

**Date:** September 12, 2022

  
Dave Yost  
Attorney General

  
Dwight A. Holcomb  
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

**Hate Crimes**

Date: September 12, 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

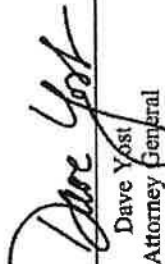
This is to certify that



has successfully met the prescribed program requirements for

**Biological Evidence  
Collection for Sexual**

**Date:** August 3, 2022

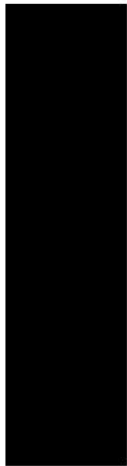
  
Dave Yost  
Attorney General

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

  
Vernon P. Stanforth, Chairperson  
Ohio Peace Officer Training Commission

# HOWLAND POLICE DEPARTMENT

THIS IS TO CERTIFY THAT



Has successfully completed the

## 2022 In-Service Training Use of Force/Taser/Active Shooter

HELD AT THE HOWLAND POLICE DEPT ON July 19<sup>th</sup> 2022

UNDER THE SPONSORSHIP OF THE HOWLAND TOWNSHIP POLICE DEPARTMENT

  
  
INSTRUCTOR

Sescourka/Brancaccio/Coleman/Wert

  
POLICE CHIEF  
NICK ROBERTS

# CERTIFICATE OF ATTENDANCE

This is to certify that



Has attended

Identifying Criminal Vehicles and Occupants

June 3rd 2022

Rob Ferreiro

Presenter

A handwritten signature in black ink, appearing to read 'DB', written over a horizontal line.

Dennis Benigno  
Founder



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

This is to certify that

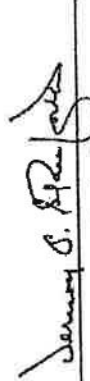


has successfully met the prescribed program requirements for

Medical Marijuana

Date: August 10, 2022

  
Dave Yost  
Attorney General

  
Dwight A. Holcomb  
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

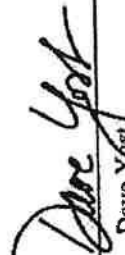
This is to certify that



has successfully met the prescribed program requirements for

## Concealed Firearm Carry Changes

Date: August 10, 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

Ohio Forfeiture Laws

Date: August 10, 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

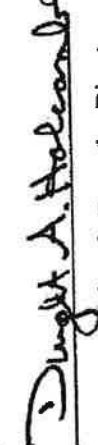


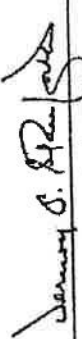
has successfully met the prescribed program requirements for

## Custodial Interrogation

Date: August 10, 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

**Communication  
Disabilities**

Date: August 09, 2022

  
Dave Yost  
Attorney General

  
Vernon P. Stanforth, Chairperson  
Ohio Peace Officer Training Commission

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



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

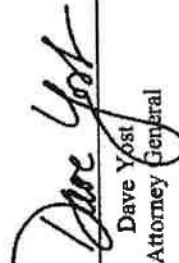
This is to certify that



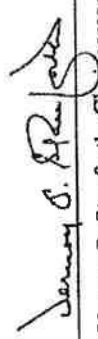
has successfully met the prescribed program requirements for

Vicarious Trauma

Date: August 09, 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

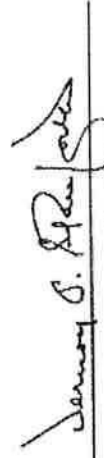


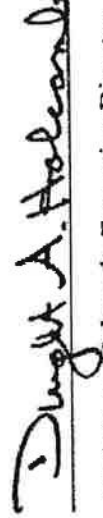
has successfully met the prescribed program requirements for

**Community Diversity  
and Procedural Justice**

Date: August 08, 2022

  
Dave Yost  
Attorney General

  
Vernon P. Stanforth, Chairperson  
Ohio Peace Officer Training Commission

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



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

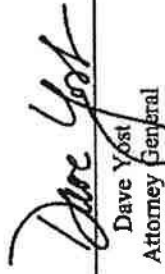
This is to certify that



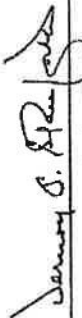
has successfully met the prescribed program requirements for

**Trauma and the Brain**

Date: April 05, 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



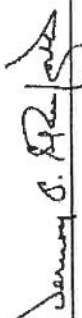
has successfully met the prescribed program requirements for

Responding to Sexual  
Assault

Date: April 05, 2022

  
Dave Yost  
Attorney General

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

  
Vernon P. Stanforth, Chairperson  
Ohio Peace Officer Training Commission



Is hereby awarded this certificate and .4 continuing education units  
for successfully completing the 4 hour

**Incident Response to Terrorist Bombings program  
Awareness Level Training Course**

**March 1, 2022  
NM180379**

*Joel Haley*  
Associate Director



# OHIO TACTICAL OFFICERS ASSOCIATION



has successfully completed the required course of study approved by the training cadre  
for the Ohio Tactical Officers Association, in the course listed below

**Tactical Team Leader March 7 - 9, 2022**

**03-07-2022 8:00 am**



Patrick Fiorilli  
Executive Director



# 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: January 25, 2022

Dave Yost  
Dave Yost  
Attorney General

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

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



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

This is to certify that



has successfully met the prescribed program requirements for

## Officer Wellness Seminar

Date: January 25, 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

1 hour



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

This is to certify that



has successfully met the prescribed program requirements for

## Use of Deadly Force and Legal Guidelines

Date: January 25, 2022

  
Dave Yost  
Attorney General

  
Vernon P. Stanforth, Chairperson  
Ohio Peace Officer Training Commission

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



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

This is to certify that



has successfully met the prescribed program requirements for

**Ethics and  
Professionalism**

Date: January 25, 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

### Crisis Intervention

Date: January 25, 2022

*Dave Yost*  
Dave Yost  
Attorney General

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

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



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

This is to certify that

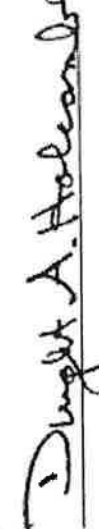


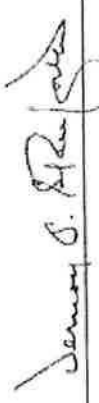
has successfully met the prescribed program requirements for

**Ohio Public Records Law**

Date: January 24, 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

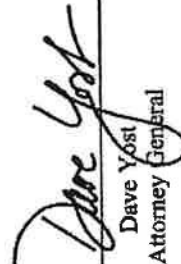
This is to certify that



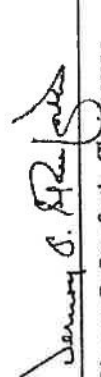
has successfully met the prescribed program requirements for

**New and Updated  
Criminal Charges**

Date: January 23, 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



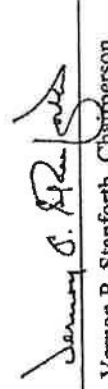
has successfully met the prescribed program requirements for

Hazing

Date: January 23, 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



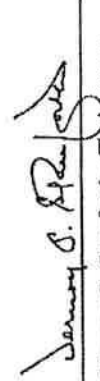
has successfully met the prescribed program requirements for

Domestic Violence Legal  
Updates

Date: January 23, 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 TACTICAL OFFICERS ASSOCIATION



THIS CERTIFICATE IS AWARDED TO

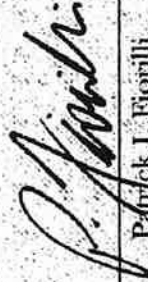


has successfully completed the required course of study approved by the training cadre  
for the Ohio Tactical Officers Association, in the course listed below

**Advanced Pistol - September 9 2021**

**09-09-2021 8:00 am**



  
Patrick J. Fiorilli  
Executive Director

Ohio Tactical Officers Association





# OHIO TACTICAL OFFICERS ASSOCIATION



THIS CERTIFICATE IS AWARDED TO



has successfully completed the required course of study approved by the training cadre  
for the Ohio Tactical Officers Association, in the course listed below

Basic SWAT School (40 Hours) August 30 - September 3, 2021

08-30-2021 8:00 am



  
Patrick J. Fiorilli  
Executive Director

Ohio Tactical Officers Association



# HOWLAND POLICE DEPARTMENT

THIS IS TO CERTIFY THAT



Has successfully completed the

## 2021 In-Service Training Use of Force/Taser/Active Shooter

HELD AT THE HOWLAND POLICE DEPT ON July 27th, 2021

UNDER THE SPONSORSHIP OF THE HOWLAND TOWNSHIP POLICE DEPARTMENT

  
INSTRUCTOR

Sescourka/Brancaccio/Coleman/Wert

  
POLICE/CHIEF  
NICK ROBERTS

# HOWLAND POLICE DEPARTMENT

THIS IS TO CERTIFY THAT



Has successfully completed the

## 2021 Legal Update

HELD AT THE HOWLAND POLICE DEPT ON April 8<sup>th</sup>, 2021

UNDER THE SPONSORSHIP OF THE HOWLAND TOWNSHIP POLICE DEPARTMENT

*Tracy Timko Sabu*  
INSTRUCTOR  
Tracy Timko-Sabu

*Nick Roberts*  
POLICE CHIEF  
NICK ROBERTS





**This is to certify that**



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

**Completed on: April 06, 2021**



INSTITUTE FOR THE **PREVENTION**  
OF IN-CUSTODY DEATHS, INC.

This is to certify



Successfully completed the IPICD

**Recognizing and  
Managing Abnormal Breathing: LEO**

on

**Feb-24-2021**

*John G. Peters, Jr., Ph.D.*

John G. Peters, Jr., Ph.D., CTC, CLS, President and Chief Learning Officer

# LEADS



This is to certify that



has successfully completed the Ohio LEADS testing on

October 19, 2020

by completing the following exam:

Inquiry Test

This certificate is good through

October 19, 2022



## CERTIFICATE OF COMPLETION

THIS CERTIFIES THAT



**Howland Police**

HAS SUCCESSFULLY COMPLETED THE

## TINT METER OPERATOR COURSE

A handwritten signature in black ink, appearing to read "Edward Marcin", positioned above a horizontal line.

Edward Marcin

**Completed**

**CEO Laser Labs**

**September 27, 2020**

# HOWLAND POLICE DEPARTMENT

THIS IS TO CERTIFY THAT



Has successfully completed the

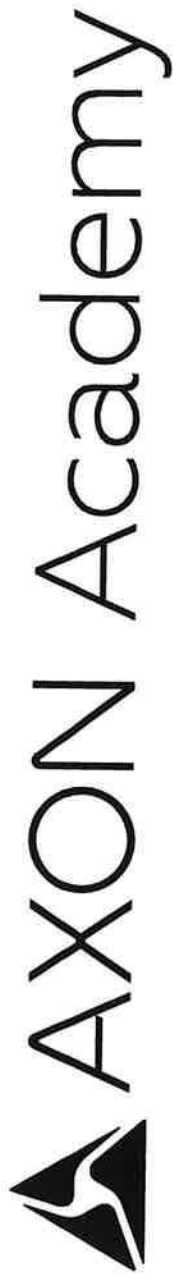
## **2020 In-Service Training Use of Force/Taser/ ASP/ Handcuffing/Active Shooter**

HELD AT THE HOWLAND POLICE DEPT ON August 18, 2020

UNDER THE SPONSORSHIP OF THE HOWLAND TOWNSHIP POLICE DEPARTMENT

  
INSTRUCTOR  
Sescourka/Barna/Coleman/Wert

  
POLICE CHIEF  
NICK ROBERTS



## CERTIFICATE OF COMPLETION

AWARDED TO



OF HOWLAND TOWNSHIP POLICE  
DEPARTMENT

IN RECOGNITION OF YOUR SUCCESSFUL COMPLETION OF  
TASER Conducted Energy Weapon X26P CEW  
V.22 USER RE-CERTIFICATION COURSE

TRAINING CERTIFICATE

ISSUED ON 8/18/2020  
ISSUED BY PATROLMAN JORDAN  
WERT



**TASER Training Version 22**

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

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

Effective: June 22, 2020

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

Name: [REDACTED] Agency: Howland Police  
Email: [REDACTED] Phone: 330-856-5555  
Address/State/Zip: 169 Niles - Cortland Road, Warren, OH 44484

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

Student Signature: (Required) [REDACTED]

**TASER Instructor Use Only**

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

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

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

Attested by Certifying Instructor: Jordan West (Print Name) [Signature] (Signature)

Date: 8/18/20 Location of Training: Howland PD

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

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# Certificate Of Achievement



Got a Score Of  
100/100 (100%)

On  
2019 Drug Free Safety Program  
Employee Education

*The Matrix Companies*

Sep 3, 2019



# HOWLAND POLICE DEPARTMENT

THIS IS TO CERTIFY THAT



Has successfully completed the

## **2019 In-Service Training Use of Force/Legal Update/Active Shooter**

HELD AT THE HOWLAND POLICE DEPT ON August 22, 2019

UNDER THE SPONSORSHIP OF THE HOWLAND TOWNSHIP POLICE DEPARTMENT

*Bill Barna*  
INSTRUCTOR

Bill Barna / TRACI TIMKO-SABAU

*Nick Roberts*  
POLICE CHIEF  
NICK ROBERTS

# CERTIFICATE OF COMPLETION



Department of  
Agriculture

The Ohio Department of Agriculture, Division of Enforcement recognizes



On the completion of Dogfighting Investigations Training  
4 hours

Presented on August 15, 2019

A handwritten signature in dark ink, appearing to read "David A. Hunt".

David Hunt, Chief  
Division of Enforcement  
Ohio Department of Agriculture

[TASER Training Version 21]

# **TASER® CEW (X26P/X2) User Transition Course Applicant Certification Form**

**PRINT LEGIBLY AND CLEARLY PLEASE!**

Which CEW were you certified on (Check all that apply): ☒ X26P ☐ X2

Name: [Redacted] Agency: Howland Police  
Email: [Redacted]@HowlandTownship.org Phone: [Redacted]  
Address/State/Zip: [Redacted]

## **TASER Instructor Use Only**

Instructor is required to verify that applicant has successfully completed all X26P/X2 CEW Transition Course requirements.  
\*\*This course alone does NOT fulfill the requirements for annual recertification\*\*

- ☒ Currently certified as a TASER CEW User
- ☒ Review current Annual User Recertification Course PowerPoint Presentation(s) & training bulletins (if applicable)
- ☒ Demonstrate safe handling of CEW to include:  
proper finger positioning, aiming and deploying at preferred target area and while loading / unloading
- ☒ Perform a proper warning ARC
- ☐ (X2 & X3) Utilize the ARC switch to re-energize deployed probes

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

Attested by Certifying Instructor: CARMEN ALTOBELLI [Signature]  
(Print Name) (Signature)

Date: 7-11-19 Location of Training: HOWLAND PD

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

# TASER® CEW User Applicant Certification Form Annual Recertification

PRINT LEGIBLY AND CLEARLY PLEASE!

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

Name: [Redacted] Agency: Howland Police  
Email: [Redacted] Phone: [Redacted]  
Address/State/Zip: \_\_\_\_\_

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

Student Signature: (Required) [Redacted]

## TASER Instructor Use Only

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

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

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

Attested by Certifying Instructor: CARMEN ALTOBELLI [Signature]  
(Print Name) (Signature)

Date: 7-11-19 Location of Training: HOWLAND PD

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

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# Certificate of Completion

This certifies that



has successfully completed the training  
program requirements for

## Grant Writing Training

Awarded on this **2nd** day of **April 2019**

Credit Hours **5.00**



# CERTIFICATE OF COMPLETION

This is to certify that



Has completed all training requirements as set forth in the

The Street Smart Cop/Pro-Active  
Patrol Tactics (2 Day Course)

**March 27 2019**

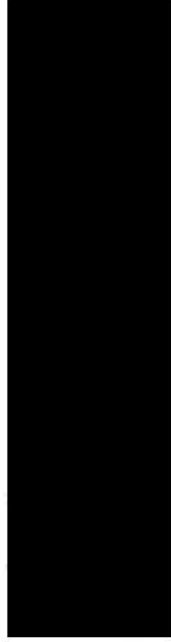
A handwritten signature in black ink, appearing to read 'DB', positioned above a horizontal line.

Dennis Benigno  
Founder, Instructor





*This is to certify that*



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

## ***OARRS for Law Enforcement***

*Completed on: 10/19/2018 4:24:04 PM*

# CERTIFICATE of ATTENDANCE

THIS ACKNOWLEDGES THAT



HAS PARTICIPATED IN THE 2018 LEGAL UPDATE  
TRAINING

**2018 LEGAL UPDATE**  
2018 Warren Police Department In-Service Training

Presented by:

Attorney Traci Sabau  
Assistant Law Director  
City of Warren Law Department

x *Traci Sabau*

SIGNED, Traci Sabau, Assistant Law Director  
City of Warren Law Department



# HOWLAND POLICE DEPARTMENT

THIS IS TO CERTIFY THAT



Has successfully completed the

## Annual In-Service Training

HELD AT THE HOWLAND POLICE DEPT ON August 23, 2018

UNDER THE SPONSORSHIP OF THE HOWLAND TOWNSHIP POLICE DEPARTMENT

*PO W.J. Barn*  
INSTRUCTOR  
W. Barna/J. Coleman/C. Altobelli

*Nick Roberts*  
POLICE CHIEF  
Nick Roberts

123 certificates



**TASER**  
TRAINING

TASER Training Version 20.2

## TASER® CEW User Applicant Certification Form Annual Recertification

PRINT LEGIBLY AND CLEARLY PLEASE!

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

Name: [Redacted] Agency: Howland Police  
Email: HowlandPolice@HowlandPolice.org Phone: [Redacted]  
Address/State/Zip: 169 Miles Cartland Road

By signing below, I hereby acknowledge receipt of TASER's Product Warnings. I understand that I must Read and understand these warnings [Redacted] CEW drills required by the certification Course.

Student Signature: (Require [Redacted])

### TASER Instructor Use Only

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

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

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

Attested by Certifying Instructor:

CARMEN ALTOBELLI  
(Print Name)

[Signature]  
(Signature)

Date: 8-23-18

Location of Training: HOWLAND PD

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

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# Certificate Of Achievement

Got a Score Of  
100/100 (100%)

On

2017 Drug Free Safety Program  
Employee Education

The Matrix Companies Apr 16, 2018





This is to certify that



has successfully completed the Ohio LEADS testing on

April 1, 2018

by completing the following exam:

Inquiry Test

This certificate is good through

April 1, 2020

# Certificate of Completion

This certifies that



has successfully completed the training  
program requirements for

## Criminal Patrol - Drug Interdiction

Awarded on this 9th day of January 2018





# HOWLAND POLICE DEPARTMENT

THIS IS TO CERTIFY THAT



Has successfully completed the

## Practical Application of Force

HELD AT THE HOWLAND POLICE DEPT ON August 9, 2017

UNDER THE SPONSORSHIP OF THE HOWLAND TOWNSHIP POLICE DEPARTMENT

  
INSTRUCTOR  
William Barna

  
POLICE CHIEF  
NICK ROBERTS



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

This is to certify that



has successfully completed the Webcast course

**Synthetic Opioids, Investigation, Handling and Safety Practices**

issued on

December 7th, 2017

*Mike DeWine*

Mike DeWine  
Ohio Attorney General

*Vernon P. Stanforth*

Vernon P. Stanforth, Chairman  
Ohio Peace Officer Training Commission



*Mary E. Davis*

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

# Calibre Press

This certificate is presented to:



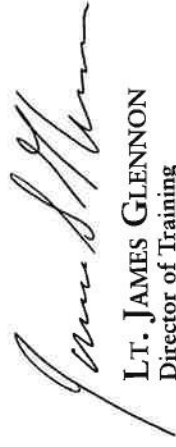
For successfully completing the course

## ***TNT: Tactics in Traffic***

Westlake, OH – November 28, 2017



8 hours of Instruction

  
LT. JAMES GLENNON  
Director of Training

**TASER**  
TRAINING ACADEMY



[TASER Training Version 20]

## TASER® CEW End-User Applicant Certification Form

PRINT LEGIBLY AND CLEARLY PLEASE!

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

Rank: Patrolman  
Name: [Redacted]  
Agency: Howland Police  
Email: Howlandtownship.org  
Phone: 330-856-5555  
Address/State/Zip: 169 Niles - Cortland Road Warren, OH

New Certification: ☒ Annual Recertification: ☐

### TASER Instructor Use Only

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

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

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

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

Attested by Certifying Instructor:

CARMEN ALVAREZ  
(Print Name)

(Signature)

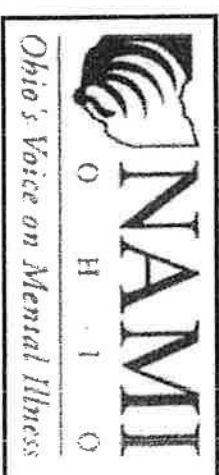
[Signature]

Date: 11-14-17  
Location of Training: HOWLAND TOWNSHIP PD

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



**C E R T I F I C A T E  
O F  
T R A I N I N G**



*Awarded to:*



*Howland Township Police Department*

*In Recognition of Successful Completion of  
Crisis Intervention Team Training  
October 4-5-6-12-13, 2017  
Warren, Ohio*



*April J. Caraway*  
April J. Caraway, Executive Director  
*John E. Myers*  
John E. Myers, Director of Planning and Evaluation



# TASER TRAINING ACADEMY

## TASER Conducted Electrical Weapon TASER Certified End User Certificate



*This certifies that the above named individual has completed the training required and has passed a written examination in the use of the TASER X26 / X26P Conducted Electrical Weapon. By accepting this User Certificate, the Student accepts the terms of the TASER Training Materials License Agreement, incorporated herein by reference, and agrees to be bound by its terms as a licensee of TASER International, Inc. This certification must be renewed annually.*

Instructor: Tony Villanueva Date 8-9-17



# Certificate of Training

Howland Police Department

has successfully completed the 16-hour

**Advanced Roadside Impaired Driving Enforcement**

August 24-25, 2017

Hubbard Township Police Department



Ohio DEC Program Coordinator  
*Tr. J. Galt*  
Ohio State Highway Patrol







*This is to certify that*



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

## *Narcane Learning Course*

*Completed on: 6/22/2017 12:19:29 PM*



*This is to certify that*



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

## ***02 Blue Courage The Nobility of Policing***

*Completed on: 5/14/2017 3:13:35 PM*





*This is to certify that*



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

## ***01 Blue Courage Foundations***

***Completed on: 5/14/2017 1:47:36 PM***





*This is to certify that*



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

# *2017 Legal Update: Civil Liability for Officers*

*Completed on: 5/14/2017 11:34:17 AM*





*This is to certify that*



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

***2017 Legal Update: Domestic  
Violence Refresher***

***Completed on: 5/14/2017 11:00:36 AM***





*This is to certify that*



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

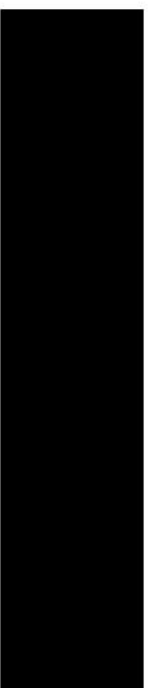
## *Consent to Search Part 2*

*Completed on: 5/14/2017 10:22:41 PM*





*This is to certify that*



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

***2017 Legal Update: Issues in  
Interrogations and Confessions***

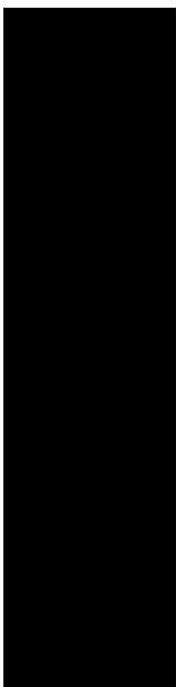
***Completed on: 5/14/2017 10:19:51 AM***







*This is to certify that*



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

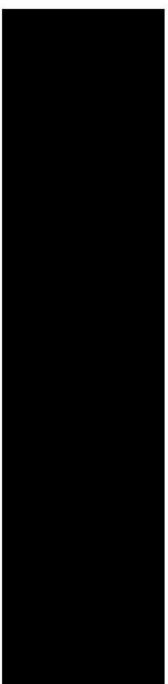
## *Consent to Search Part 1*

*Completed on: 5/14/2017 10:16:30 PM*





*This is to certify that*



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

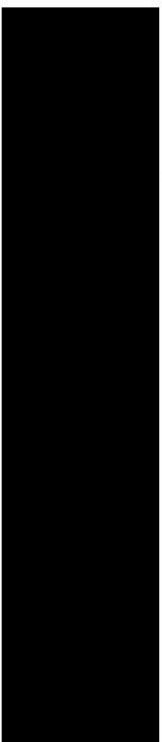
## *Automobile Inventory*

*Completed on: 5/14/2017 10:08:42 PM*





*This is to certify that*



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

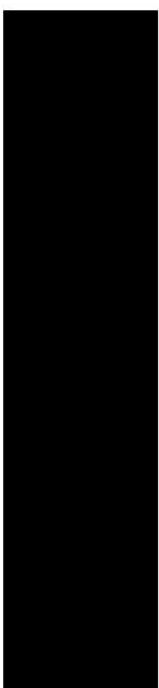
## ***2017 Legal Update: Search and Seizure Law***

*Completed on: 5/14/2017 8:17:59 AM*





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

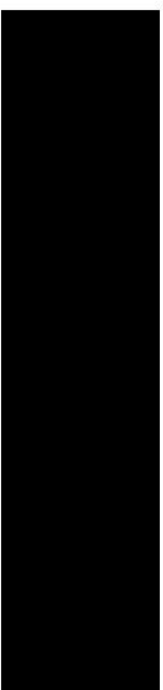
***Street Smart Series: Cocaine and Crack***

*Completed on: 5/14/2017 6:42:51 PM*





*This is to certify that*



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

***Street Smart Series: Concealment***

***Completed on: 5/14/2017 5:58:03 PM***







*This is to certify that*



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

***Street Smart Series: Heroin***

***Completed on: 5/14/2017 5:32:21 PM***





*This is to certify that*



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

***04 Blue Courage Health and Wellness***

***Completed on: 5/14/2017 5:02:32 PM***







*This is to certify that*



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

## ***03 Blue Courage Positive Psychology***

*Completed on: 5/14/2017 4:27:47 PM*





*This is to certify that*



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

***02 Blue Courage The Nobility of  
Policing***

*Completed on: 5/14/2017 3:13:35 PM*





# OHIO PEACE OFFICER TRAINING COMMISSION &

## THE OFFICE OF THE ATTORNEY GENERAL

This is to certify that



has successfully completed the Webcast course

### Trauma Informed Policing

issued on

May 23, 2017

  
Mike DeWine  
Ohio Attorney General

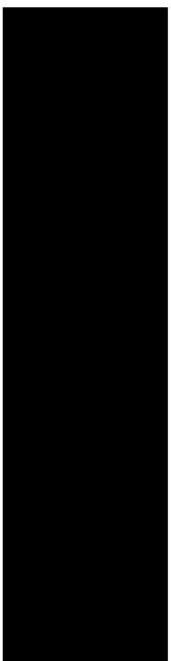
  
Vernon P. Stanforth, Chairman  
Ohio Peace Officer Training Commission



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



*This is to certify that*



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

## *Companion Animal Encounters*

*Completed on: 3/12/2017 4:44:26 PM*





*This is to certify that*



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

***Automobile Searches***

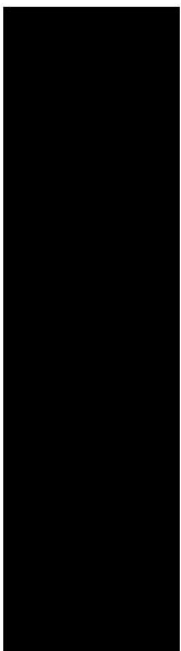
***Completed on: 9/18/2016 2:05:18 PM***







*This is to certify that*



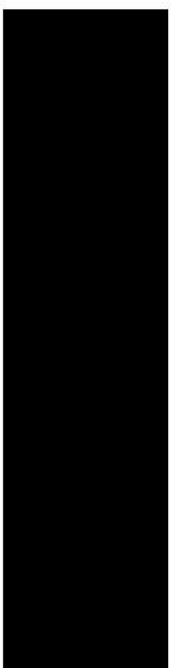
*has completed the Ohio Attorney General's online training course on*

# ***Operating a Vehicle Impaired (OVI) Statutory Review***

*Completed on: 9/16/2016 9:39:05 PM*



*This is to certify that*



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

## ***Human Trafficking 2016 Update***

*Completed on: 9/16/2016 8:25:11 PM*

