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

2025-2243
Officer Involved Critical Incident - 3013 Mohawk Street, Middletown, Ohio 45044 (L)

Investigative Activity:	Records Received, Review of Records
Involves:	[redacted] (S)
Date of Activity:	07/24/2025
Activity Location:	Bureau of Criminal Investigation Main Office - Business - 1560 State Route 56 SW, London, OH 43140
Author:	SA Steven Seitzman

Narrative:

On Monday, July 21, 2025, Ohio Bureau of Criminal Investigation Special Agent Steven Seitzman received the personnel file for Middletown Police [redacted]. SA Seitzman reviewed the file and noted that it consisted of application and onboarding paperwork typical of a new police officer. The records reflected that [redacted] was appointed as a Middletown police officer on [redacted]. There were no records related to commendations or discipline.

The personnel file is attached to this investigative report for further review.

References:

No references.

Attachments:

Attachment # 01: [redacted] Personnel File

This document is the property of the Ohio Bureau of Criminal Investigation and is confidential in nature. Neither the document nor its contents are to be disseminated outside your agency except as provided by law - a statute, an administrative rule, or any rule of procedure.

 Approved By SAS Kevin Barbeau on 07/25/2025

Work Order (200's PBO)

Date of Orde [redacted] Effective Date [redacted]

Name [redacted] Title Patrol Officer

- [x] Appointment
- [ ] Promotion
- [ ] Demotion
- [ ] Classification Change
- [ ] Retirement
- [ ] Resignation
- [ ] Dismissal
- [ ] Transfer (From _____)
- [ ] Shift Pay – WTP & WWTP Operators Hrly Rate $_____
- [ ] Disability Retirement
- [x] Full Time
- [ ] Part-Time
- [ ] Raise
- [ ] Health Insurance
- [ ] Beneficiary
- [ ] Other _____

Department Police Division Uniform Patrol Dept. #0923

SS Numbe [redacted] Budget Account 100.224.51110

Employee # [redacted] Range P01 Step A Hourly Rate $31.18880 Bwkly Rate $2495.10385

Replacing Elizabeth Stewart Initiated By Rachel Koontz

ADDITIONAL COMMENTS Annual $64,872.70

Personnel

02/06/2024	Council Approved
☑	Official Letter
☑	Physical (Approved)
922120	OBES
4C	EEOC
☑	Classified
☐	Unclassified
☑	Orientation
☑	Oath of Office
☑	I-9 Form
☑	Recorded in Sage
☑	Entered in BenXpress
☐	COBRA
☐	Retirement Letter
☐	Resignation Letter
☐	Exit Interview
03/25/2024	Health Insurance Start/End Date
	20 hours PTO Start Date
7 days	Remaining PTO hours given at 90 Days

Finance

☑	W-4 and IT 4 Tax Forms
☑	SSA-1945 Form
☑	Direct Deposit
☐	OPERS (copy)
☑	OP&F (original)
☑	Non-Resident Tax Form

Insurance

Health Insurance

12 Option AFSCME Waive Coverage

EE EE/Spouse EE/Child(ren) Family

$61.09 Per Pay (24 / 48)

Insurance

Vision Buy-Up

$Base Per Pay (24)

Dental Buy-Up

$Base Per Pay (24)

City Paid Life $50,000.00

Additional Life Insurance

Employee

Amount $_____ DOB _____

$_____ Per Month

Spouse

Amount $_____ DOB _____

$_____ Per Month

Child(ren)

Amount $_____ Per Month $_____

FSA (Health)

Amount $_____ Per Pay $_____

FSA (Dependent Care)

Amount $_____ Per Pay $_____

HSA

Amount $_____ Per Pay $_____

Critical Illness/Cancer

$_____ Per Pay

Accident

$_____ Per Pay

Hospital Indemnity $_____ Per Pay

Short Term Disability

$_____ Per Pay

HUMAN RESOURCES

[redacted]

9:00am

January 16, 2024

TO: Paul Lolli, City Manager

FROM: Megan Ellis, Human Resources Manager

SUBJECT: APPOINTMENT – PATROL OFFICER

We are recommending the conditional appointment of [redacted] to the position of Patrol Officer in the Department of Public Safety, Division of Police. [redacted] was selected from the eligibility list as a result of Civil Service testing procedures. He will fill the vacancy created by the resignation of Elizabeth Stewart.

[redacted] will be assigned to Range PO1, Step A, which provides a salary of $2,495.10 bi-weekly, $64,872.70 annually. The appointment is conditional on the candidate passing the required medical evaluation.

c: Amy Schenck, Clerk of Council
Eric Crank, Interim Chief of Police
Human Resources
Finance (Payroll)
file

ccmtg 2/6/2024

HUMAN RESOURCES

January 16, 2024

TO: Paul Lolli, City Manager

FROM: Megan Ellis, Human Resources Manager

SUBJECT: **APPOINTMENT – PATROL OFFICER**

We are recommending the conditional appointment of [redacted] to the position of Patrol Officer in the Department of Public Safety, Division of Police. [redacted] was selected from the eligibility list as a result of Civil Service testing procedures. He will fill the vacancy created by the resignation of Elizabeth Stewart.

[redacted] will be assigned to Range PO1, Step A, which provides a salary of $2,495.10 bi-weekly, $64,872.70 annually. The appointment is conditional on the candidate passing the required medical evaluation.

c: Amy Schenck, Clerk of Council
Eric Crank, Interim Chief of Police
Human Resources
Finance (Payroll)
file

comtg 2/6/2024

DEPARTMENT OF PUBLIC SAFETY

Division of Police

January 16, 2024

TO: Megan Ellis, Human Resources Specialist/Civil Service Secretary

FROM: Eric Crank, Interim Chief of Police

SUBJECT: Appointment of Police Officer

I would like to recommend that [redacted] be appointed to the position of Police Officer in the Division of Police at the next City Council meeting scheduled for [redacted] Mr. [redacted] will fill the vacancy created by the resignation of Elizabeth Stewart. He was selected from the eligibility list as a result of Civil Service testing procedures.

If you need any additional information, please don't hesitate to contact my office.

Eric Crank
Interim Chief of Police

January 16, 2024

City of Middletown Police Department

Dear [redacted]

We are pleased to offer you a conditional appointment to the position of Police Officer with the City of Middletown, Division of Police. Your conditional appointment will require approval from City Council and will be placed on the [redacted] Council Agenda.

This conditional offer is contingent upon you successfully passing the medical polygraph, medical exam, drug screen, background, and psychological exam.

Please feel free to contact me if you have any questions. If you have any questions regarding benefits, please contact Chelsea Spurlock, Human Resources Specialist, 513-425-7706.

Please indicate your acceptance of our offer by signing below and returning one copy of the letter with your original signature by [redacted]

Sincerely,

Eric Crank
Interim Police Chief

I have read and understood the provisions of this offer of employment, and I accept the above conditional job offer with The City of Middletown Division of Police.

Date: _____

Signature: _____

MIDDLETOWN

January 16, 2024

City of Middletown Police Department

Dear [redacted]

We are pleased to offer you a conditional appointment to the position of Police Officer with the City of Middletown, Division of Police. Your conditional appointment will require approval from City Council and will be placed on the [redacted] Council Agenda.

This conditional offer is contingent upon you successfully passing the medical polygraph, medical exam, drug screen, background, and psychological exam.

Please feel free to contact me if you have any questions. If you have any questions regarding benefits, please contact Chelsea Spurlock, Human Resources Specialist, 513-425-7706.

Please indicate your acceptance of our offer by signing below and returning one copy of the letter with your original signature by [redacted]

Sincerely,

Eric W. Crank

Eric Crank
Interim Police Chief

I have read and understood the provisions of this offer of employment, and I accept the above conditional job offer with The City of Middletown Division of Police.

Date: 02/08/24

Signature: [redacted]

DEPARTMENT OF PUBLIC SAFETY

Division of Police

January 16, 2024

TO: Megan Ellis, Human Resources Specialist/Civil Service Secretary

FROM: Eric Crank, Interim Chief of Police

SUBJECT: Appointment of Police Officer

I would like to recommend that [redacted] be appointed to the position of Police Officer in the Division of Police at the next City Council meeting scheduled for February 6, 2024. Mr. [redacted] will fill the vacancy created by the retirement of Thomas McIntosh. He was selected from the eligibility list as a result of Civil Service testing procedures.

If you need any additional information, please don't hesitate to contact my office.

Eric Crank
Interim Chief of Police

January 16, 2024

City of Middletown Police Department

Dear [redacted]

We are pleased to offer you a conditional appointment to the position of Police Officer with the City of Middletown, Division of Police. Your conditional appointment will require approval from City Council and will be placed on the [redacted] Council Agenda.

This conditional offer is contingent upon you successfully passing the medical polygraph, medical exam, drug screen, background, and psychological exam.

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Please indicate your acceptance of our offer by signing below and returning one copy of the letter with your original signature by [redacted]

Sincerely,

Eric Crank
Interim Police Chief

I have read and understood the provisions of this offer of employment, and I accept the above conditional job offer with The City of Middletown Division of Police.

Date: _____

Signature: _____

CITY OF MIDDLETOWN
CIVIL SERVICE COMMISSION

ELIGIBLE LIST

For the classification of: PATROL OFFICER

Written Exam Date: 12-06-23
Physical Ability Test Date: 12-06-23

Expiration Date: 12-20-24
Extended to:

Date Certified: 12-21-23

	FINAL SCORE	ELIGIBLE'S NAME	APPOINTMENT DATE
1	88.02	BATTLE, TIANT L	
2	86.72	BEMIS, JUSTIN P	
3	76.90	BENNETT, KEVIN A	
4	85.25	BRAUN, MICHAEL I	
5	80.63	[redacted]	
6	74.31	DANIELS, TRAVIS MJ	
7	79.37	FAIRBANKS, DOUGLAS R	
8	71.27	GRIFFIN, JORDAN T	
9	84.86	HARNER, CHARLES P	
10	73.11	JONES, CHRISTOPHER M	
11	80.31	LEMBERG, DAVID	
12	77.06	SAVAGE, JONATHAN C	

Spurlock, Chelsea

From: Clark, Vanessa
Sent: Tuesday, January 16, 2024 11:35 AM
To: Ellis, Megan; Spurlock, Chelsea; Koontz, Rachel
Cc: Crank, Eric; Tipton, Malcolm
Subject: New Police Officers
Attachments: appointment letter [redacted] doc; appointment letter Griffin.doc; [redacted] Conditional Offer.doc; Griffin Conditional Offer.doc

Hello All,

Please see the attached appointment letters & conditional offers for [redacted] & Jordan Griffin. [redacted] has already graduated the police academy and will be ready to begin employment after all of the pre-employment testing. Jordan will be attending the academy this June or July on the GI Bill. He will not technically start here as a Cadet until he begins training.

Please let me know if you have any questions. Thanks!

Vanessa

Vanessa Clark | Administrative Assistant
City of Middletown — Division of Police
1 Donham Plaza
Middletown, Ohio 45042-1932
(513) 425-7756 Office
(513) 425-7755 Fax

Written communications to and from public officials or public employees, including e-mails, are subject to the Ohio Public Records Act, and in most cases must be made available to any person, including the media, upon request. E-mail, which qualifies as a public record, will be released, unless it clearly falls under a specific exemption in the state law.

Spurlock, Chelsea

From: Clark, Vanessa
Sent: Tuesday, January 16, 2024 3:40 PM
To: Spurlock, Chelsea; Ellis, Megan
Cc: Crank, Eric; Tipton, Malcolm
Subject: RE: New Police Officers

[redacted] will start at Step A, he has already graduated the academy & took his State test.

From: Spurlock, Chelsea <chelseas@cityofmiddletown.org>
Sent: Tuesday, January 16, 2024 3:30 PM
To: Clark, Vanessa <vanessag@cityofmiddletown.org>; Ellis, Megan <megane@cityofmiddletown.org>
Cc: Crank, Eric <ericc@cityofmiddletown.org>; Tipton, Malcolm <malcolmt@cityofmiddletown.org>
Subject: RE: New Police Officers

Are both of these candidates starting at Cadet pay or just Jordan Griffin? Is [redacted] starting at Patrol Step A?

From: Clark, Vanessa <vanessag@cityofmiddletown.org>
Sent: Tuesday, January 16, 2024 11:35 AM
To: Ellis, Megan <megane@cityofmiddletown.org>; Spurlock, Chelsea <chelseas@cityofmiddletown.org>; Koontz, Rachel <rachelk@cityofmiddletown.org>
Cc: Crank, Eric <ericc@cityofmiddletown.org>; Tipton, Malcolm <malcolmt@cityofmiddletown.org>
Subject: New Police Officers

Hello All,

Please see the attached appointment letters & conditional offers for [redacted] & Jordan Griffin. [redacted] has already graduated the police academy and will be ready to begin employment after all of the pre-employment testing. Jordan will be attending the academy this June or July on the GI Bill. He will not technically start here as a Cadet until he begins training.

Please let me know if you have any questions. Thanks!

Vanessa

Vanessa Clark | Administrative Assistant
City of Middletown — Division of Police
1 Donham Plaza
Middletown, Ohio 45042-1932
(513) 425-7756 Office
(513) 425-7755 Fax

[redacted]

Application for Employment

CITY OF MIDDLETOWN One Donham Plaza Middletown, Ohio 45042
Tel: (513) 425-7934 Fax: (513) 425-7929

80.63
W p:pass

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, disability, marital status, veteran status, sexual orientation, or any other legally protected status.

(PLEASE PRINT)

Position applied for Police officer Date of application 11 / 30 / 23

Referral Source [X] Advertisement [ ] Job Line [ ] Relative [ ] Employment Agency
[ ] Walk-in [ ] Employee [ ] Friend [ ] Other

Name of source (if applicable) _____

Do you have any relatives currently employed by the City of Middletown? Yes [ ] No [X] (Must answer)
If yes, who is employee? _____ What is your relationship to employee? _____

Name [redacted] LAST FIRST MIDDLE

Address [redacted] STREET CITY STATE ZIP CODE

Telephone # [redacted] Mobile/Other Phone # (___) _____

Social Security # [redacted] E-Mail [redacted]

SEE ATTACHED JOB ANNOUNCEMENT. Please indicate if you qualify, with respect to age, for the position for which you are applying. Yes, I do qualify [X]; No, I do not qualify [ ].

Have you worked for the City of Middletown before? Yes [ ] No [X]

Are you legally eligible for employment in the U.S.A.? Yes [X] No [ ]
(Proof of citizenship or immigration status will be required upon employment.)

Type of employment desired [X] Full-Time [ ] Part-time [ ] Temporary [ ] Seasonal [ ] Educational Co-Op

On what date would you be available for work? As soon as possible

MILITARY SERVICE RECORD

Have you served on active duty in the U.S. Armed Forces? [X] Yes [ ] No

Dates of Duty [redacted] Mo. Yr. Mo. Yr.

Have you served in combat? [ ] Yes [X] No Dates of Duty ___/___ to ___/___ Mo. Yr. Mo. Yr.

Please attach copy 4 of Form DD214

Employment History

Provide the following information from your past and current employers, assignments or volunteer activities, starting with the most recent. Explain any gaps in employment in the comments section below.

PRESENT/MOST RECENT EMPLOYER US Army TELEPHONE ( )

ADDRESS Tacoma WA Joint Base Lewis-Mcchord

DATES EMPLOYED FROM [redacted]

JOB TITLE 11C Mortarman

IMMEDIATE SUPERVISOR AND TITLE Staff Sergeant Geoffry Maggay

REASON FOR LEAVING Medical

MAY WE CONTACT FOR REFERENCE YES [X] NO [ ] LATER (if selected) [ ]

SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES

Training Soldiers and being accountable for them

PREVIOUS EMPLOYER TELEPHONE ( )

ADDRESS

DATES EMPLOYED FROM_____ TO_____

JOB TITLE

IMMEDIATE SUPERVISOR AND TITLE

REASON FOR LEAVING

MAY WE CONTACT FOR REFERENCE YES [ ] NO [ ] LATER [ ]

SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES

PREVIOUS EMPLOYER TELEPHONE ( )

ADDRESS

DATES EMPLOYED FROM_____ TO_____

JOB TITLE

IMMEDIATE SUPERVISOR AND TITLE

REASON FOR LEAVING

MAY WE CONTACT FOR REFERENCE YES [ ] NO [ ] LATER [ ]

SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES

COMMENTS including explanation of any gaps in employment [redacted] Police Academy.

SKILLS AND QUALIFICATIONS - Summarize any special training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying.

Lots of Army infantry training, Graduated Army Non commissioned officer Academy. OPOTA.

Educational Background

1) List last three (3) schools attended, starting with most recent. 2) List number of years completed. 3) Indicate degree or diploma earned, if any. 4) List Major field of study. 5) List Minor field of study (if applicable).

SCHOOL	YEARS COMPLETED	DEGREE DIPLOMA	MAJOR	MINOR
Hamilton High School	4	High School Diploma		

References

List name and telephone number of three business/work references that are not related to you and are not previous supervisors. If not applicable, list three personal references who are not related to you.

NAME	TELEPHONE	YEARS KNOWN
Jason Pruitt	[redacted]	2
Daniel Eiden		2
Chris Sutter		15

Additional information

List professional, trade, business, or civic associations and any offices held.
Exclude memberships which would reveal race, color, religion, sex, national origin, age, disability, marital status, sexual orientation, gender identity, or any other legally protected status.

ORGANIZATION	OFFICES HELD

List special accomplishments, publications, awards, etc.
Exclude memberships which would reveal race, color, religion, sex, national origin, age, disability, marital status, sexual orientation, gender identity, or any other legally protected status.

List any additional information that you would like for us to consider.

APPLICANT'S CERTIFICATION AND AGREEMENT

I certify the facts set forth in the Application for Employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements on this application shall be considered sufficient cause for dismissal. The City of Middletown is hereby authorized to make any investigation of the information provided in this application.

I understand that, if employed, I may be required to work additional or less hours at other than my current assignment as the needs of the organization require, and that my employment is subject to complying with those rules, regulations, and conditions as established by management.

I understand that a physical examination, including drug screening, may be required for some positions and may be required during my employment to assure my physical ability to perform the essential job duties associated with my job. The cost of such an examination will be borne by the City.

I agree to conform to all existing and future policies and procedures of the City of Middletown, and that the City reserves the right to change wages, hours, and working conditions as deemed necessary. I understand that the Policy and Procedures Manual is available to me to read.

I understand that if I am employed I must provide, by my first day of employment, appropriate documentation of my eligibility to work in the United States, in compliance with the Immigration Reform and Control Act. I also understand that if I fail to provide the documentation required by this law by my first day of employment, I will not be allowed to begin work, and the offer of employment may be rescinded.

I understand that no employee is authorized to offer me employment, promise me salary increases, change of position, advancement, or any other advantages except those officially announced by the City of Middletown.

Applicant's Signature [redacted] Date 11/30/23

MIDDLETOWN

OATH OF OFFICE

I, [redacted], do solemnly swear that I will support the Constitution and laws of the United States and of the State of Ohio, and the Charter and Ordinances of the City of Middletown; that I will not make or authorize expenditures of public money other than for adequate consideration and efficient service; and that I will in all respects faithfully discharge the duties of my employment or office for the City of Middletown, Butler/Warren Counties, Ohio.

[redacted]
Signature

Patrol Officer
Position

State of Ohio
County of Butler, ss:

Sworn to and subscribed before me this [redacted], [redacted].

MEGAN ELLIS, NOTARY PUBLIC
COMM. EXP. 02/2[illegible]/2021
STATE OF [illegible]

Megan Ellis
Notary Public

My Commission Expires 2/21/2027

Officer Name (Last)	(First)	(Middle)	SSN (last 5 only)
[redacted]	[redacted]	[redacted]	[redacted]

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.

[redacted]
Signature of Appointee

Signature of Appointing Authority

Paul Lolli
Name of Appointing Authority (Typed or Printed Legibly)

City Manager
Title of Appointing Authority (Typed or Printed Legibly)

OHIO PEACE OFFICER APPOINTMENT HISTORY

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

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

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

DAVE YOST
OHIO ATTORNEY GENERAL

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

NOTICE OF PEACE OFFICER APPOINTMENT

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

1. Within ten days of the appointment or status change, or promotion to Chief, submit one copy of this form either by email SF400@ohioattorneygeneral.gov, fax, or mail.
2. Type or print legibly and complete all blanks. Officer and Agency email addresses need to be entered to receive training determinations.
3. Submit pages 1 and 2 when an officer is newly-appointed to your agency, or has previously left the agency and returns.
4. Submit only page 1 when an officer continues to be appointed by your agency, but has a change from one status, as listed in Box 15, to a different status, or is promoted to Chief.
5. Enter any necessary information for a Correction to Record, submitting all affected pages, and attach a letter explaining the requested change.

OFFICER INFORMATION

1. Name (Last)	(First)	(Middle)	2. Social Security Number (last 5 only)
[redacted]	[redacted]	[redacted]	[redacted]

3. Previous Name(s) or Alias (Last)	(First)	(Middle)

4. Birth date (mm/dd/yyyy)	5. Officer's Individual Email Address	6. Phone Number
09/17/2001	[redacted]@cityofmiddletown.org	[redacted]

7. Home Mailing Address (#/Street/PO Box)	(City)	(State)	(Zip Code)	(County Name)
[redacted]	Middletown	OH	45042	

8. Basic Training Academy (Only complete if this is the officer's first appointment or OSP)	(Academy Name)	(Academy Number)	(Dates of Training)
	Butler Tech Police Academy		[redacted]

AGENCY INFORMATION

9. Agency Name	
Middletown Police Dept.	

10. Reporting Authority's Email Address	11. Agency Phone Number
vanessac@cityofmiddletown.org	513-425-7756

12. Agency Mailing Address (#/Street/PO Box)	(City)	(Zip Code)	(County Name)
One Donham Plaza	Middletown	45042	Butler

APPOINTMENT INFORMATION (*Complete Date, Status and ORC*)

13. New Appointment Date	14. Status Change Date
03 / 25 / 2024	/ /

15. Select New Status ✓ Full-Time ___ Part-Time ___ Auxiliary ___ Reserve ___ Special ___ Seasonal

For the purpose of this form, full-time means those in active pay status (including those on vacation, sick, bereavement, personal or administrative leave; on compensatory time or holidays) receiving compensation and benefits for 40 hours in a work week or 80 hours in a 14-day period.

16. Select New ORC

✓ City Full-Time/Part-Time (737.02)	___ City Auxiliary/Reserve/Special (737.051)	___ City Chief (737.02)
___ Village Full-Time/Part-Time/Special (737.16)	___ Village Auxiliary/Reserve (737.161)	___ Village Chief (737.15)
___ Township Police Officer (505.49)	___ Township Constable (509.01)	___ Other Chief - List ORC/Charter ___
___ Other - List ORC/Charter ___	___ Deputy Sheriff (311.04)	___ Sheriff (311.01)

ATTESTATION OF REPORTING AUTHORITY

I have carefully read this document and fully understand its contents and I sign it of my own free will and volition. I attest that the information provided on this document is true and correct and is based on my personal knowledge or inquiry. I further understand and acknowledge that submission of falsified records is a criminal violation.

17. Signature of Reporting Authority	18. Printed Name and Title	19. Date
Eric Crank	Eric Crank, Interim Chief of Police	03 / 25 / 2024
20. Signature of Witness	**21. Printed Name (First, Middle, Last)**	**22. Date**
Vanessa Nicole Clark	Vanessa Nicole Clark	03 / 25 / 2024

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

Form **W-4**

Department of the Treasury
Internal Revenue Service

Employee's Withholding Certificate

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.
Give Form W-4 to your employer.
Your withholding is subject to review by the IRS.

OMB No. 1545-0074

2024

Step 1: Enter Personal Information

(a) First name and middle initial [redacted] Last name [redacted]

(b) Social security number [redacted]

Address [redacted]

City or town, state, and ZIP code [redacted]

Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov.

(c) ☑ Single or Married filing separately
☐ Married filing jointly or Qualifying surviving spouse
☐ Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, and when to use the estimator at *www.irs.gov/W4App*.

Step 2: Multiple Jobs or Spouse Works

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do only one of the following.

(a) Use the estimator at *www.irs.gov/W4App* for most accurate withholding for this step (and Steps 3–4). If you or your spouse have self-employment income, use this option; or

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; or

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate . . . . . ☐

Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

Step 3: Claim Dependent and Other Credits

If your total income will be $200,000 or less ($400,000 or less if married filing jointly):

Multiply the number of qualifying children under age 17 by $2,000 $ _____

Multiply the number of other dependents by $500 . . . . . $ _____

Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here . . . . . 3 $ 2000

Step 4 (optional): Other Adjustments

(a) **Other income (not from jobs).** If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income . . . . . 4(a) $

(b) **Deductions.** If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here . . . . . 4(b) $

(c) **Extra withholding.** Enter any additional tax you want withheld each pay period . . 4(c) $

Step 5: Sign Here

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

[redacted] Date [redacted]

Employee's signature (This form is not valid unless you sign it.)

Employers Only

Employer's name and address
City of Middletown
One Donham Plaza
Middletown Ohio 45042

First date of employment [redacted]

Employer identification number (EIN)

For Privacy Act and Paperwork Reduction Act Notice, see page 3.

Cat. No. 10220Q

Form W-4 (2024)

Step 2(b)—Multiple Jobs Worksheet *(Keep for your records.)*

If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on only ONE Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job. To be accurate, submit a new Form W-4 for all other jobs if you have not updated your withholding since 2019.

Note: If more than one job has annual wages of more than $120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at *www.irs.gov/W4App*.

1 **Two jobs.** If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, skip to line 3 . . . . . 1 $ _____

2 **Three jobs.** If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.

a Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a . . . . . 2a $ _____

b Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b . . . . . 2b $ _____

c Add the amounts from lines 2a and 2b and enter the result on line 2c . . . . . 2c $ _____

3 Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc. . . . . 3 _____

4 **Divide** the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in **Step 4(c)** of Form W-4 for the highest paying job (along with any other additional amount you want withheld) . . . . . 4 $ _____

Step 4(b)—Deductions Worksheet *(Keep for your records.)*

1 Enter an estimate of your 2024 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to $10,000), and medical expenses in excess of 7.5% of your income . . . . . 1 $ _____

2 Enter:
- $29,200 if you're married filing jointly or a qualifying surviving spouse
- $21,900 if you're head of household
- $14,600 if you're single or married filing separately

. . . . . 2 $ _____

3 If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-" . . . . . 3 $ _____

4 Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information . . . . 4 $ _____

5 Add lines 3 and 4. Enter the result here and in Step 4(b) of Form W-4 . . . . . 5 $ _____

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

Form W-4 (2024)

Married Filing Jointly or Qualifying Surviving Spouse

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	$0 - 9,999	$10,000 - 19,999	$20,000 - 29,999	$30,000 - 39,999	$40,000 - 49,999	$50,000 - 59,999	$60,000 - 69,999	$70,000 - 79,999	$80,000 - 89,999	$90,000 - 99,999	$100,000 - 109,999	$110,000 - 120,000
$0 - 9,999	$0	$0	$780	$850	$940	$1,020	$1,020	$1,020	$1,020	$1,020	$1,020	$1,370
$10,000 - 19,999	0	780	1,780	1,940	2,140	2,220	2,220	2,220	2,220	2,220	2,570	3,570
$20,000 - 29,999	780	1,780	2,870	3,140	3,340	3,420	3,420	3,420	3,420	3,770	4,770	5,770
$30,000 - 39,999	850	1,940	3,140	3,410	3,610	3,690	3,690	3,690	4,040	5,040	6,040	7,040
$40,000 - 49,999	940	2,140	3,340	3,610	3,810	3,890	3,890	4,240	5,240	6,240	7,240	8,240
$50,000 - 59,999	1,020	2,220	3,420	3,690	3,890	3,970	4,320	5,320	6,320	7,320	8,320	9,320
$60,000 - 69,999	1,020	2,220	3,420	3,690	3,890	4,320	5,320	6,320	7,320	8,320	9,320	10,320
$70,000 - 79,999	1,020	2,220	3,420	3,690	4,240	5,320	6,320	7,320	8,320	9,320	10,320	11,320
$80,000 - 99,999	1,020	2,220	3,620	4,890	6,090	7,170	8,170	9,170	10,170	11,170	12,170	13,170
$100,000 - 149,999	1,870	4,070	6,270	7,540	8,740	9,820	10,820	11,820	12,830	14,030	15,230	16,430
$150,000 - 239,999	1,960	4,360	6,760	8,230	9,630	10,910	12,110	13,310	14,510	15,710	16,910	18,110
$240,000 - 259,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,790	16,990	18,190
$260,000 - 279,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,790	16,990	18,190
$280,000 - 299,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,790	16,990	18,380
$300,000 - 319,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,980	17,980	19,980
$320,000 - 364,999	2,040	4,440	6,840	8,310	9,710	11,280	13,280	15,280	17,280	19,280	21,280	23,280
$365,000 - 524,999	2,720	6,010	9,510	12,080	14,580	16,950	19,250	21,550	23,850	26,150	28,450	30,750
$525,000 and over	3,140	6,840	10,540	13,310	16,010	18,590	21,090	23,590	26,090	28,590	31,090	33,590

Single or Married Filing Separately

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	$0 - 9,999	$10,000 - 19,999	$20,000 - 29,999	$30,000 - 39,999	$40,000 - 49,999	$50,000 - 59,999	$60,000 - 69,999	$70,000 - 79,999	$80,000 - 89,999	$90,000 - 99,999	$100,000 - 109,999	$110,000 - 120,000
$0 - 9,999	$240	$870	$1,020	$1,020	$1,020	$1,540	$1,870	$1,870	$1,870	$1,870	$1,910	$2,040
$10,000 - 19,999	870	1,680	1,830	1,830	2,350	3,350	3,680	3,680	3,680	3,720	3,920	4,050
$20,000 - 29,999	1,020	1,830	1,980	2,510	3,510	4,510	4,830	4,830	4,870	5,070	5,270	5,400
$30,000 - 39,999	1,020	1,830	2,510	3,510	4,510	5,510	5,830	5,870	6,070	6,270	6,470	6,600
$40,000 - 59,999	1,390	3,200	4,360	5,360	6,360	7,370	7,890	8,090	8,290	8,490	8,690	8,820
$60,000 - 79,999	1,870	3,680	4,830	5,840	7,040	8,240	8,770	8,970	9,170	9,370	9,570	9,700
$80,000 - 99,999	1,870	3,690	5,040	6,240	7,440	8,640	9,170	9,370	9,570	9,770	9,970	10,810
$100,000 - 124,999	2,040	4,050	5,400	6,600	7,800	9,000	9,530	9,730	10,180	11,180	12,180	13,120
$125,000 - 149,999	2,040	4,050	5,400	6,600	7,800	9,000	10,180	11,180	12,180	13,180	14,180	15,310
$150,000 - 174,999	2,040	4,050	5,400	6,860	8,860	10,860	12,180	13,180	14,230	15,530	16,830	18,060
$175,000 - 199,999	2,040	4,710	6,860	8,860	10,860	12,860	14,380	15,680	16,980	18,280	19,580	20,810
$200,000 - 249,999	2,720	5,610	8,060	10,360	12,660	14,960	16,590	17,890	19,190	20,490	21,790	23,020
$250,000 - 399,999	2,970	6,080	8,540	10,840	13,140	15,440	17,060	18,360	19,660	20,960	22,260	23,500
$400,000 - 449,999	2,970	6,080	8,540	10,840	13,140	15,440	17,060	18,360	19,660	20,960	22,260	23,500
$450,000 and over	3,140	6,450	9,110	11,610	14,110	16,610	18,430	19,930	21,430	22,930	24,430	25,870

Head of Household

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	$0 - 9,999	$10,000 - 19,999	$20,000 - 29,999	$30,000 - 39,999	$40,000 - 49,999	$50,000 - 59,999	$60,000 - 69,999	$70,000 - 79,999	$80,000 - 89,999	$90,000 - 99,999	$100,000 - 109,999	$110,000 - 120,000
$0 - 9,999	$0	$510	$850	$1,020	$1,020	$1,020	$1,020	$1,220	$1,870	$1,870	$1,870	$1,960
$10,000 - 19,999	510	1,510	2,020	2,220	2,220	2,220	2,420	3,420	4,070	4,070	4,160	4,360
$20,000 - 29,999	850	2,020	2,560	2,760	2,760	2,960	3,960	4,960	5,610	5,700	5,900	6,100
$30,000 - 39,999	1,020	2,220	2,760	2,960	3,160	4,160	5,160	6,160	6,900	7,100	7,300	7,500
$40,000 - 59,999	1,020	2,220	2,810	4,010	5,010	6,010	7,070	8,270	9,120	9,320	9,520	9,720
$60,000 - 79,999	1,070	3,270	4,810	6,010	7,070	8,270	9,470	10,670	11,520	11,720	11,920	12,120
$80,000 - 99,999	1,870	4,070	5,670	7,070	8,270	9,470	10,670	11,870	12,720	12,920	13,120	13,450
$100,000 - 124,999	2,020	4,420	6,160	7,560	8,760	9,960	11,160	12,360	13,210	13,860	14,860	15,880
$125,000 - 149,999	2,040	4,440	6,180	7,580	8,780	9,980	11,250	13,250	14,900	15,900	16,900	17,900
$150,000 - 174,999	2,040	4,440	6,180	7,580	9,250	11,250	13,250	15,250	16,900	18,030	19,330	20,630
$175,000 - 199,999	2,040	4,510	7,050	9,250	11,250	13,250	15,250	17,530	19,480	20,780	22,080	23,380
$200,000 - 249,999	2,720	5,920	8,620	11,120	13,420	15,720	18,020	20,320	22,270	23,570	24,870	26,170
$250,000 - 449,999	2,970	6,470	9,310	11,810	14,110	16,410	18,710	21,010	22,960	24,260	25,560	26,860
$450,000 and over	3,140	6,840	9,880	12,580	15,080	17,580	20,080	22,580	24,730	26,230	27,730	29,230

As of 12/7/20 this new version of the IT 4 combines and replaces the following forms: IT 4 (previous version), IT 4NR, IT 4 MIL, and IT MIL SP.

Ohio | Department of Taxation

IT 4
Rev. 12/20

Employee's Withholding Exemption Certificate

Submit form IT 4 to your employer on or before the start date of employment so your employer will withhold and remit Ohio income tax from your compensation. If applicable, your employer will also withhold school district income tax. You must file an updated IT 4 when any of the information listed below changes (including your marital status or number of dependents). You should contact your employer for instructions on how to complete an updated IT 4. Your employer may require you to complete this form electronically.

Section I: Personal Information

Employee Name: [redacted]	Employee SSN: [redacted]
Address, city, state, ZIP code: [redacted]	
School district of residence (See *The Finder* at tax.ohio.gov): [redacted]	School district number (#####):

Section II: Claiming Withholding Exemptions

1. Enter "0" if you are a dependent on another individual's Ohio return; otherwise enter "1" 1
2. Enter "0" if single or if your spouse files a separate Ohio return; otherwise enter "1" .....
3. Number of dependents .....
4. Total withholding exemptions (sum of line 1, 2, and 3) .....
5. Additional Ohio income tax withholding per pay period (optional) ..... $

Section III: Withholding Waiver

I am not subject to Ohio or school district income tax withholding because (check all that apply):

- ☐ I am a full-year resident of Indiana, Kentucky, Michigan, Pennsylvania, or West Virginia.
- ☐ I am a resident military servicemember who is stationed outside Ohio on active duty military orders.
- ☐ I am a nonresident military servicemember who is stationed in Ohio due to military orders.
- ☐ I am a nonresident civilian spouse of a military servicemember and I am present in Ohio solely due to my spouse's military orders.
- ☐ I am exempt from Ohio withholding under R.C. 5747.06(A)(1) through (6).

Section IV: Signature (required)

Under penalties of perjury, I declare that, to the best of my knowledge and belief, the information is true, correct and complete.

Signature [redacted] Date [redacted]

As of 12/7/20 this new version of the IT 4 combines and replaces the following forms: IT 4 (previous version), IT 4NR, IT 4 MIL, and IT MIL SP.

IT 4 Instructions

Most individuals are subject to Ohio income tax on their wages, salaries, or other compensation. To ensure this tax is paid, employers maintaining an office or transacting business in Ohio must withhold Ohio income tax, and school district income tax if applicable, from each individual who is an employee.

Such employees who are subject to Ohio income tax (and school district income tax, if applicable) should complete sections I, II, and IV of the IT 4 to have their employer withhold the appropriate Ohio taxes from their compensation. If the employee does not complete the IT 4 and return it to his/her employer, the employer:

- Will withhold Ohio tax based on the employee claiming zero exemptions, and
- Will not withhold school district income tax, even if the employee lives in a taxing school district.

An individual may be subject to an interest penalty for underpayment of estimated taxes (on form IT/SD 2210) based on under-withholding.

Certain employees may be exempt from Ohio withholding because their income is not subject to Ohio tax. Such employees should complete sections I, III, and IV of the IT 4 only.

The IT 4 does not need to be filed with the Department of Taxation. Your employer must maintain a copy as part of its records.

R.C. 5747.06(A) and Ohio Adm.Code 5703-7-10.

Section I

Enter the four-digit school district number of your primary address. If you do not know your school district of residence or its school district number, use *The Finder* at tax.ohio.gov. You can also verify your school district by contacting your county auditor or county board of elections.

If you move during the tax year, complete an updated IT 4 immediately reflecting your new address and/ or school district of residence.

Section II

Line 1: If you can be claimed on someone else's Ohio income tax return as a dependent, then you are to enter "0" on this line. Everyone else may enter "1".

Line 2: If you are single, enter "0" on this line. If you are married and you and your spouse file separate Ohio income tax returns as "Married filing Separately" then enter "0" on this line.

Line 3: You are allowed one exemption for each dependent. Your dependents for Ohio income tax purposes are the same as your dependents for federal income tax purposes. See R.C. 5747.01(O).

Line 5: If you expect to owe more Ohio income tax than the amount withheld from your compensation, you can request that your employer withhold an additional amount of Ohio income tax. This amount should be reported in whole dollars.

Note: If you do not request additional withholding from your compensation, you may need to make estimated income tax payments using form IT 1040ES or estimated school district income tax payments using the SD 100ES. Individuals who commonly owe more in Ohio income taxes than what is withheld from their compensation include:

- Spouses who file a joint Ohio income tax return and both report income, and
- Individuals who have multiple jobs, all of which are subject to Ohio withholding.

Section III

This section is for individuals whose income is deductible or excludable from Ohio income tax, and thus employer withholding is not required. Such employee should check the appropriate box to indicate which exemption applies to him/her. Checking the box will cause your employer to not withhold Ohio income tax and/or school district income tax. The exemptions include:

- Reciprocity Exemption: If you are a resident of Indiana, Kentucky, Pennsylvania, Michigan or West Virginia and you work in Ohio, you do not owe Ohio income tax on your compensation. Instead, you should have your employer withhold income tax for your resident state. R.C. 5747.05(A)(2).
- Resident Military Servicemember Exemption: If you are an Ohio resident and a member of the United States Army, Air Force, Navy, Marine Corps, or Coast Guard (or the reserve components of these branches of the military) or a member of the National Guard, you do not owe Ohio income tax or school district income tax on your active duty military pay and allowances received while stationed outside of Ohio.

This exemption does not apply to compensation for nonactive duty status or received while you are stationed in Ohio.

R.C. 5747.01(A)(21).

- Nonresident Military Servicemember Exemption: If you are a nonresident of Ohio and a member of the uniformed services (as defined in 10 U.S.C. §101), you do not owe Ohio income tax or school district income tax on your military pay and allowances.
- Nonresident Civilian Spouse of a Military Servicemember Exemption: If you are the civilian spouse of a military servicemember, your pay may be exempt from Ohio income tax and school district income tax if all of the following are true:
  - Your spouse is a nonresident of Ohio;
  - You and your spouse are residents of the same state;
  - Your spouse is stationed in Ohio on military orders; and
  - You are present in Ohio solely to be with your spouse.

You must provide a copy of the employee's spousal military identification card issued to the employee by the Department of Defense when completing the IT 4.

Note: For more information on taxation of military servicemembers and their civilian spouses, see 50a U.S.C. §571.

- Statutory Withholding Exemptions: Compensation earned in any of the following circumstances is not subject to Ohio income tax or school district income tax withholding:
  - Agricultural labor (as defined in 26 U.S.C. §3121(g));
  - Domestic service in a private home, local college club, or local chapter of a college fraternity or sorority;
  - Services performed by an employee who is regularly employed by an employer to perform such service if she or he earns less than $300 during a calendar quarter;
  - Newspaper or shopping news delivery or distribution directly to a consumer, performed by an individual under the age of 18;
  - Services performed for a foreign government or an international organization; and
  - Services performed outside the employer's trade or business if paid in any medium other than cash.

*These exemptions are not common.

Note: While the employer is not required to withhold on these amounts, the income is still subject to Ohio income tax and school district income tax (if applicable). As such, you may need to make estimated income tax payments using form IT 1040ES and/or estimated school district income tax payments using form SD 100ES.

See R.C. 5747.06(A)(1) through (6).

Non-Middletown Residents
(Municipal Tax Information)

Date: [redacted]

Employee Name: [redacted]

Street Address: [redacted]

City/State/Zip: [redacted]

Do you live in a city that has a municipal tax rate higher than 2.00%? If so please enter the name of the city below.

[redacted]

CITY OF MIDDLETOWN
DIRECT DEPOSIT AUTHORIZATION FORM

Employee Name [redacted]

Please complete the appropriate fields:
I authorize the City of Middletown to direct deposit my net check into:

Bank Name [redacted]
Type of Account: checking ✓ savings _____
Routing Number [redacted]
Account Number [redacted]

I would also like to have a fixed dollar amount deducted and deposited directly into the following other accounts at:

Bank Name _____
Type of Account: checking _____ savings _____
Routing Number _____
Account Number _____
$Amount _____

Bank Name _____
Type of Account: checking _____ savings _____
Routing Number _____
Account Number _____
$Amount _____

Bank Name _____

Type of Account: checking _____ savings _____

Routing Number _____

Account Number _____

$Amount _____

By signing below, I specifically, authorize the direct deposits listed on the prior page. I further acknowledge and authorize that my account(s) may be charged to withdraw any funds that may have been credited in error by the City of Middletown.

Further, I understand that my funds may not be available in my account at the same as they would be without the Direct Deposit option and that the City of Middletown will not cover overdraft fees of any type charged to me by my Bank.

The City of Middletown will only provide Direct Deposit to an account that is in the Employee's name or an account that the Employee has full deposit and withdrawal access to.

[redacted] [redacted]

Employee Signature Date

Please attach a voided check to this form for verification of account numbers.

MIDDLETOWN

2024 Confirmation Statement

[redacted]

Plan Period: 01/01/2024 - 12/31/2024
Birth Date: 09/17/2001
Hire Date: [redacted]

	Deduction
Medical Effective: 03/25/2024-12/31/2024	
You elected Plan 12 PPO, Employee coverage.	$61.09
Health Savings Account Effective: 03/25/2024-12/31/2024	
You are not eligible to contribute to this account.	$0.00
Health Care FSA Effective: 04/01/2024-12/31/2024	
You have elected not to contribute to this account.	$0.00
Dental Effective: 03/25/2024-12/31/2024	
You elected Base Plan (Partial Dental Cost (Elected MED)), Employee coverage.	$0.00
Vision Effective: 03/25/2024-12/31/2024	
You elected Exam Plus Plan (Partial Vision Cost (Elected MED)), Employee coverage.	$0.00
Company Provided Life and AD&D Effective: 03/25/2024-12/31/2024	
You elected $50,000.	$0.00
Optional Employee Life Effective: 04/01/2024-12/31/2024	
You elected Waive Coverage.	$0.00
Optional Spouse Life Effective: 04/01/2024-12/31/2024	
You elected Waive Coverage.	$0.00
Optional Child(ren) Life Effective: 04/01/2024-12/31/2024	
You elected Waive Coverage.	$0.00
Short Term Disability Effective: 04/01/2024-12/31/2024	
You elected Waive Coverage.	$0.00
Dependent Care FSA Effective: 04/01/2024-12/31/2024	
Please Note: your participation in either the Health Care or Dependent Care Reimbursement account(s) requires you to pay a single $4.50 per month administration fee for both accounts, you will not be charged an additional $4.50 if you contribute to both accounts. If you enrolled in the PPO 3 medical option, you do not have to pay the monthly fee.	$0.00
Accident Effective: 03/25/2024-12/31/2024	
You elected Waive Coverage.	$0.00
Hospital Indemnity Effective: 04/30/2024-12/31/2024	
You elected Waive Coverage.	$0.00
Critical Illness Effective: 04/01/2024-12/31/2024.	
You elected Waive Coverage.	$0.00
Spouse Critical Illness Effective: 04/01/2024-12/31/2024	
You elected Waive Coverage.	$0.00
Child(ren) Critical Illness Effective: 03/25/2024-12/31/2024	
You elected Waive Coverage.	$0.00

ADDING IT ALL UP

Total Spent will be subtracted from each paycheck during the year (assuming any pending evidence of insurability is approved).

Total Spent **$61.09**

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Dependents

Name	DOB	Relationship	Medical Effective	Dental Effective	Vision Effective

Beneficiaries

Benefit: Company Provided Life and AD&D

Designation	Type	Name	Relationship	Share
Primary	Individual	[redacted]	Father	100%

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MIDDLETOWN

FAX TRANSMISSION

CITY OF MIDDLETOWN
Human Resources
Phone: 513-425-7706
Fax: 513-425-7929

To:	Kim Penn	**From:**	Rachel Koontz, Human Resources
Fax:	614-628-1777	**Date:**	04/2/2024
Phone:		**Pages:**	33
Re:	[redacted]	**CC:**	

Attached is the Pre-employment Physical Requirements. The Personal History Record will be sent by our Finance Dept. once they have certified it.

Thank you,
Rachel Koontz

CITY OF MIDDLETOWN
Human Resources Division
1 Donham Plaza, 2nd Floor
Middletown, OH 45042
megane@cityofmiddletown.org

Ohio Police & Fire Pension Fund
140 East Town Street
Columbus, OH 43215
Phone: 1-888-864-8363
www.op-f.org

EMPLOYER CERTIFICATION OF MEMBER ENROLLMENT

To be completed by an authorized employer representative

Ohio Revised Code 742.01 sets forth the eligibility requirements for individuals who are required to become a member of Ohio Police & Fire Pension Fund (OP&F). Before enrolling in OP&F, the employer should review the eligibility requirements and confirm that the individual meets these requirements for OP&F membership. If the individual meets the requirements, the employer must complete this form to begin the process of enrollment in OP&F. OP&F reserves the right to reject membership or service credit at a later date as information becomes available.

This form must be completed and submitted to OP&F no later than the last day of the month following the month wages are paid to the member.

Please include a copy of the appointment letter confirming full-time status for the member. In addition, for police officers, please submit a copy of the Ohio Peace Officers Training Commission Notice of Peace Officer Appointment form (SF400). For firefighters, please submit a copy of the certificate earned upon completion of the requisite firefighter training course.

This form must be completed and filed with OP&F for each new employee who is hired as a full-time police officer or firefighter in a position qualifying for enrollment in OP&F. This form must also be completed for employees who are rehired, reinstated, returning from lay-off, or re-employed retirees. For members who are reinstated by agreement or by order of a court or arbitrator, the employer must also submit a copy of the agreement or court order.

In addition to this form, Ohio law requires an employer to cause prospective members to undergo a physical examination in the form established by OP&F prior to his or her employment and, with limited exceptions, timely file the required documentation with OP&F. Otherwise, penalties and interest may be imposed against the employer. This Pre-Employment Physical (PEP) must be performed no later than the end of business on the employee's first day of full-time employment and no earlier than nine months prior to the employee's first day of full-time employment. A PEP may not be required for some returning or transferring members; however, the employer should contact OP&F to make this determination. OP&F's PEP requirements and forms are available at op-f.org/employers/employerforms.

Also, please note that employers are required to have employees hired in positions not covered by Social Security complete Social Security form SSA-1945 and submit a copy to OP&F.

Section A: Employee information

Name: First, MI, Last, suffix (Jr, III, etc.) [redacted]

☑ Police officer
☐ Firefighter

Social Security number [redacted]

Section B: Employer information

Employer:

Employer Code

Street Address / Post office box

City, State, ZIP code

Employer phone	Fax	Email address

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Section C: Certification of membership eligibility

In order to assist OP&F in determining the employee's eligibility for OP&F membership, please complete this section. OP&F reserves the right to reject membership or service credit at a later date as information becomes available.

Employment Status, check one of the following:

☐ New full-time ☐ Rehired ☐ Transfer from another OP&F-covered position

☐ Return from lay-off ☐ Re-employed retiree ☐ Reinstated (attach copy of court order or arbitration)

OP&F Membership Eligibility, check one of the following:

☐ **Full-time Police officer** Ohio Revised Code Section 742.01(A)(2)

OP&F membership is required for a full-time police officer who is employed by a municipal corporation, which includes any of the following:

- Any person who receives an original appointment as a full-time regular police officer in a police department of a municipal corporation from a duly-established civil service eligible list or pursuant to Ohio Revised Code (ORC) Section 124.411;
- Any person who is appointed pursuant to ORC Section 737.15 or 737.16 as a full-time regular police officer and is paid solely out of public funds of the employed municipal corporation; or
- Any person who commences employment on or after September 16, 1998, as a full-time police officer with a police department in a position in which the person is required to satisfactorily complete a peace officer training course in compliance with ORC Section 109.77.

Please submit a copy of the OPOTC Notice of Peace Officer Appointment (SF400).

☐ **Full-time Firefighter** Ohio Revised Code Section 742.01(B)(2)

OP&F membership is required for a full-time firefighter who is employed by a fire department of the state, instrumentality of the state, or of a municipal corporation, township, joint fire district or other political subdivision in a position in which he or she is required to satisfactorily complete, or to have satisfactorily completed, a firefighter training course approved under former ORC Section 3303.07 or Section 4765.55, or conducted under ORC Section 3737.33.

Please submit a copy of the certificate earned upon completion of the requisite training course.

_____ (month/day/year) Date employee began or will begin working for pay as a full-time police officer or firefighter (use current start date). **Please attach a copy of the appointment letter confirming full-time status for the member.**

_____ (pay rate) Member's initial hourly or yearly salary rate (please specify)

_____ (A, B, C or D) Payroll reporting pick-up plan (A, B, C or D) that the member contributions will be submitted on the *Report of Retirement Deductions*.

Pay frequency, (check one):

☐ Weekly ☐ Bi-weekly *(every two weeks)* ☐ Semi-monthly *(twice per month)* ☐ Monthly

Section D: Employer Certification

I hereby certify that the employee named in Section A of this form meets the eligibility criteria for the Ohio Police & Fire Pension Fund as provided by law and that all the statements made herein are true and correct to the best of my knowledge.

Signature of authorized employer representative ▶	Date of signature
Print name	Title

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Ohio Police & Fire Pension Fund
140 East Town Street
Columbus, OH 43215
Phone: 1-888-864-8363
www.op-f.org

MEMBER INFORMATION FORM

To be completed by the OP&F member

Please complete this form and return it to OP&F within 30 days. If you have any questions, please contact OP&F Customer Service at 1-888-864-8363.

Section A: Personal information

Name: First, MI, Last, suffix (Jr, III, etc.) [redacted]

☑ Male ☐ Female

Social Security number [redacted]

Street Address / Post office box [redacted]

Date of Birth 09 / 17 / 2001

City, State, ZIP code [redacted]

Phone [redacted]

Alternate phone

Email address [redacted]@cityofmiddletown.org

Marital status: ☑ Single ☐ Married ☐ Divorced

Marriage/Divorce date

Section B: Dependent information

Spouse

Name

Gender: ☐ Male ☐ Female

Marriage date

Social Security number

Birth date

Dependent children: List unmarried, dependent children (up to age 22) and incapacitated children (any age)

Name First, MI, Last, suffix (Jr. III, etc.)	Social Security number	Birth date	Gender	Relationship	Disabled/ Incapacitated
			☐ Male ☐ Female	☐ Natural child ☐ Adopted ☐ Step-child	☐
			☐ Male ☐ Female	☐ Natural child ☐ Adopted ☐ Step-child	☐
			☐ Male ☐ Female	☐ Natural child ☐ Adopted ☐ Step-child	☐
			☐ Male ☐ Female	☐ Natural child ☐ Adopted ☐ Step-child	☐
			☐ Male ☐ Female	☐ Natural child ☐ Adopted ☐ Step-child	☐
			☐ Male ☐ Female	☐ Natural child ☐ Adopted ☐ Step-child	☐

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Section C: Mutiple Ohio retirement system membership

List your status with the Ohio retirement systems below. Check all that apply

☑ Member has no association with an Ohio retirement system, other than OP&F

	Currently receiving service or disability benefits	Currently contributing	Contributed prior to OP&F membership	Received a refund of contributions	Contributions were for full-time employment	Dates of full-time employment prior to OP&F membership, or, if currently receiving retirement benefits, list retirement date
Ohio Highway Patrol Retirement System (HPRS)	☐	☐	☐	☐	☐	
Ohio Public Employees Retirement System (OPERS)	☐	☐	☐	☐	☐	
State Teachers Retirement System of Ohio (STRS)	☐	☐	☐	☐	☐	
Ohio School Employees Retirement System (SERS)	☐	☐	☐	☐	☐	
Cincinnati Retirement System (CRS)	☐	☐	☐	☐	☐	

Section D: Out-of-state, federal or military employment information

☐ Yes ☑ No Have you ever been employed full-time by an out-of-state public employer or as a civil employee of the federal government? If yes, please provide your employer's name, address, date of hire and termination date:

☑ Yes ☐ No Do you have previous active duty service in the Armed Forces?
If yes, please provide your branch and dates of service:
Army [redacted]

Section E: Employee signature and acknowledgement

I state that the information contained in this form is complete and true to the best of my knowledge and belief.

Signature ▶ [redacted] Date of signature [redacted]

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Social Security Administration

Statement Concerning Your Employment in a Job Not Covered by Social Security

Employee Name [redacted] Employee ID# [redacted]

Employer Name City of Middletown Employer ID# 31-6000139

Your earnings from this job are not covered under Social Security. When you retire, or if you become disabled, you may receive a pension based on earnings from this job. If you do, and you are also entitled to a benefit from Social Security based on either your own work or the work of your husband or wife, or former husband or wife, your pension may affect the amount of the Social Security benefit you receive. Your Medicare benefits, however, will not be affected. Under the Social Security law, there are two ways your Social Security benefit amount may be affected.

Windfall Elimination Provision

Under the Windfall Elimination Provision, your Social Security retirement or disability benefit is figured using a modified formula when you are also entitled to a pension from a job where you did not pay Social Security tax. As a result, you will receive a lower Social Security benefit than if you were not entitled to a pension from this job. For example, if you are age 62 in 2013, the maximum monthly reduction in your Social Security benefit as a result of this provision is $395.50. This amount is updated annually. This provision reduces, but does not totally eliminate, your Social Security benefit. For additional information, please refer to Social Security Publication, "Windfall Elimination Provision."

Government Pension Offset Provision

Under the Government Pension Offset Provision, any Social Security spouse or widow(er) benefit to which you become entitled will be offset if you also receive a Federal, State or local government pension based on work where you did not pay Social Security tax. The offset reduces the amount of your Social Security spouse or widow(er) benefit by two-thirds of the amount of your pension.

For example, if you get a monthly pension of $600 based on earnings that are not covered under Social Security, two-thirds of that amount, $400, is used to offset your Social Security spouse or widow(er) benefit. If you are eligible for a $500 widow(er) benefit, you will receive $100 per month from Social Security ($500 - $400=$100). Even if your pension is high enough to totally offset your spouse or widow(er) Social Security benefit, you are still eligible for Medicare at age 65. For additional information, please refer to Social Security Publication, "Government Pension Offset."

For More Information

Social Security publications and additional information, including information about exceptions to each provision, are available at www.socialsecurity.gov. You may also call toll free 1-800-772-1213, or for the deaf or hard of hearing call the TTY number 1-800-325-0778, or contact your local Social Security office.

I certify that I have received Form SSA-1945 that contains information about the possible effects of the Windfall Elimination Provision and the Government Pension Offset Provision on my potential future Social Security Benefits.

Signature of Employee [redacted] Date [redacted]

Form SSA-1945 (01-2013)
Destroy Prior Editions

Employee Orientation Checklist

Employee Name [redacted]

Department/Division Police Date [redacted]

	The following items are to be discussed with the new employee at in-processing	Discussed	Sign up Employee
1	Form I-9, Employment Eligibility Verification	RK	
2	OPERS Personal History Record	RK	
3	OP&F Fund Personal History Record	RK	
4	Not Covered by Social Security Form (SSA-1945)	RK	
5	Federal Withholding Form (W-4)	RK	
6	State of Ohio Tax Form (IT 4)	RK	
7	Non-Middletown Resident Municipal Tax Form	RK	
8	Direct Deposit Authorization Form	RK	
9	Emergency Contact Form	RK	
10	Fraud Reporting Information	RK	
11	Compensatory Time Off	RK	
12	CDL Previous Employer Request Form	RK	
13	Employees' Association Voluntary Contribution Form	RK	
14	Beneficiary Designation/Change Form	RK	
15	Oath of Office	RK	
16	Health Insurance Enrollment Documents (Medical, Dental, Vision)	RK	
17	Health Insurance Marketplace Coverage Packet	RK	
18	Spouse's Employer Statement of Coverage	RK	
19	Spousal Waiver Acknowledgement Form	RK	
20	FMLA Leave (Family and Medical Leave)	RK	
21	General Notice of COBRA	RK	
22	Holiday List	RK	
23	Deferred Compensation Summaries	RK	
24	Compensation/Benefits Summary Sheet	RK	
	• Salary		
	• Probationary Period		
	• Classified/Unclassified		
	• Exempt/Non-Exempt		
	• Health Insurance		
	• Life Insurance		
	• OPERS of Ohio/OP&F Fund Account		
	• Holidays		
	• Sick Leave		
	• Injury Leave		
	• Funeral Leave		
	• Vacation / PTO Leave		
	• Clothing and Equipment Maintenance Allowance		
	• Employee Assistance Program (EAP)		
	• Deferred Compensation Program		
	• Miscellaneous Benefits		
25	Transit Drug & Alcohol Policy		

	The following items are to be discussed with the new employee at in-processing	Discussed	Sign up Employee
	City of Middletown Policies and Procedures	RK	
26	▪ CDL Policy	RK	
27	▪ CDL Drug & Alcohol Policy	RK	
28	▪ Ohio Ethics Law & Related Statutes	RK	
29	▪ Ethics & Conflict of Interest Policy	RK	
30	▪ Information Systems Policy	RK	
31	▪ Vehicle/Equip Accident Reporting Procedure	RK	
32	▪ Harassment Policy	RK	
33	▪ Drug-Free Workplace Policy	RK	
34	▪ On-the-Job Injury	RK	
35	▪ Workplace Violence and Firearms	RK	
	Videos	RK	
	▪ Ethics	RK	
	▪ Harassment	RK	
	▪ Defensive Driving	RK	
	Intranet	RK	
	▪ Online Forms	RK	
	▪ Service Award Program	RK	
	▪ Employee Policies & Procedures	RK	
36	Parking Facilities	RK	
37	United Way	RK	
38	Employee ID Card	RK	
39	Health Insurance Plan Selections Health Insurance Option: Coverage Level: Dental Plan: Vision: Other (FSA/HSA etc…):		
40	Position Description		
41	Letter of Understanding (where applicable) regarding specific job requirements to be obtained within a certain timeframe.	-	

In-Processed by: (Please initial) RK

I acknowledge that during my in-processing the above information has been discussed with me and I received information on each of the policies. I understand that the City implemented these policies in the best interest of all concerned and that as a City employee I am obligated to follow these policies. I also acknowledge that I have viewed the required videos during the in-processing; and received a copy of my position description.

Employee Signature [redacted] Date

To be placed in employees' permanent file.

[redacted]

Acknowledgement of receipt of Auditor of State Fraud Reporting System information

Pursuant to Ohio Revised Code §117.103(B)(1), a public office shall provide information about the Ohio fraud-reporting system and the means of reporting fraud to each new employee upon employment with the public office.

Each new employee has thirty clays after beginning employment to confirm receipt of this information.

By signing below, you are acknowledging the City of Middletown provided you information about the fraud-reporting system as described by Ohio Revised Code §117.103(A), and that you read and understand the information provided. You are also acknowledging you have received and read the information regarding Ohio Revised Code §124.341 and the protections you are provided as a classified or unclassified employee if you use the fraud reporting system.

[redacted], have read the information provided by my employer regarding the fraud-reporting system operated by the Ohio Auditor of State's office. I further state that the undersigned signature acknowledges receipt of this information.

[redacted] Patrol officer Police

PRINT NAME, TITLE, AND DEPARTMENT

[redacted]

SIGNATURE

[redacted]

DATE

Spousal Waiver

Employees hired 1/1/2017 or after are subject to Spousal Waiver.

If you are a full time employee with the City of Middletown and elect health insurance, your spouse is eligible to be covered on the City's health insurance plan IF they are not eligible for health insurance through their own employer. A spousal waiver form is required to be completed upon hire and annually thereafter to attest that your spouse is or is not eligible for the City's health insurance plan.

Your spouse's eligibility can change throughout the year if they gain or lose eligibility through their own employer. When this change happens, employees are required to bring proof of the change to the City's Human Resources Division's attention within 30 days of the effective date.

This spousal waiver does not affect other dependent's (example: children) eligibility on the City's health insurance plan.

I have read and understand the spousal waiver policy.

[redacted] _____

Printed Name

[redacted] _____

Signature

[redacted] _____

Date

2019 City of Middletown Spouse's Employer Statement of Coverage

Who must complete this form? Any employee whose spouse will be covered under City of Middletown's Group Health Plan. Employees will be required to complete/return this form annually if your spouse is going to continue coverage as a dependent on your Group Health Plan.

City of Middletown Employee Information (Please Print Clearly):

City of Middletown Employee Name: _____

City of Middletown Employee Social Security Number: _____

Spouse Name ("Spouse"): _____

Spouse Company Name ("Company"): _____

If spouse is unemployed, write "Unemployed" in Spouse Company Name line and sign and date below.

To Be Filled Out by Spouse's Employer Representative:

I, _____ ("Representative") do hereby acknowledge that the above
Print Company Representative Name

spouse is currently an employee of _____ ("Company").
Print Company Name

Our Company currently (select ONLY one situation):

____ **A.** does not offer any employer sponsored healthcare plan at this time.

____ **B.** offers an employer sponsored healthcare plan but the above named Employee does not qualify to participate in plan.

____ **C.** offers an employer sponsored healthcare plan and the above named Spouse currently **does not** participate in that plan.
I understand that the above named Spouse will be eligible to elect coverage during open enrollment. Plan information is as follows:

Healthcare Insurance Carrier's Name: _____

Date of Open Enrollment: _____

I do hereby attest that the above information is complete and accurate to the best of my knowledge:

	Spouse's Company Representative	City of Middletown Employee	Employee's Spouse
Signature:	_____	_____	_____
Date:	_____	_____	_____

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

This is to certify that

[redacted]

has completed the Ohio
Peace Officer Basic Training Program
Conducted by
Butler Tech Peace Officer Training Academy

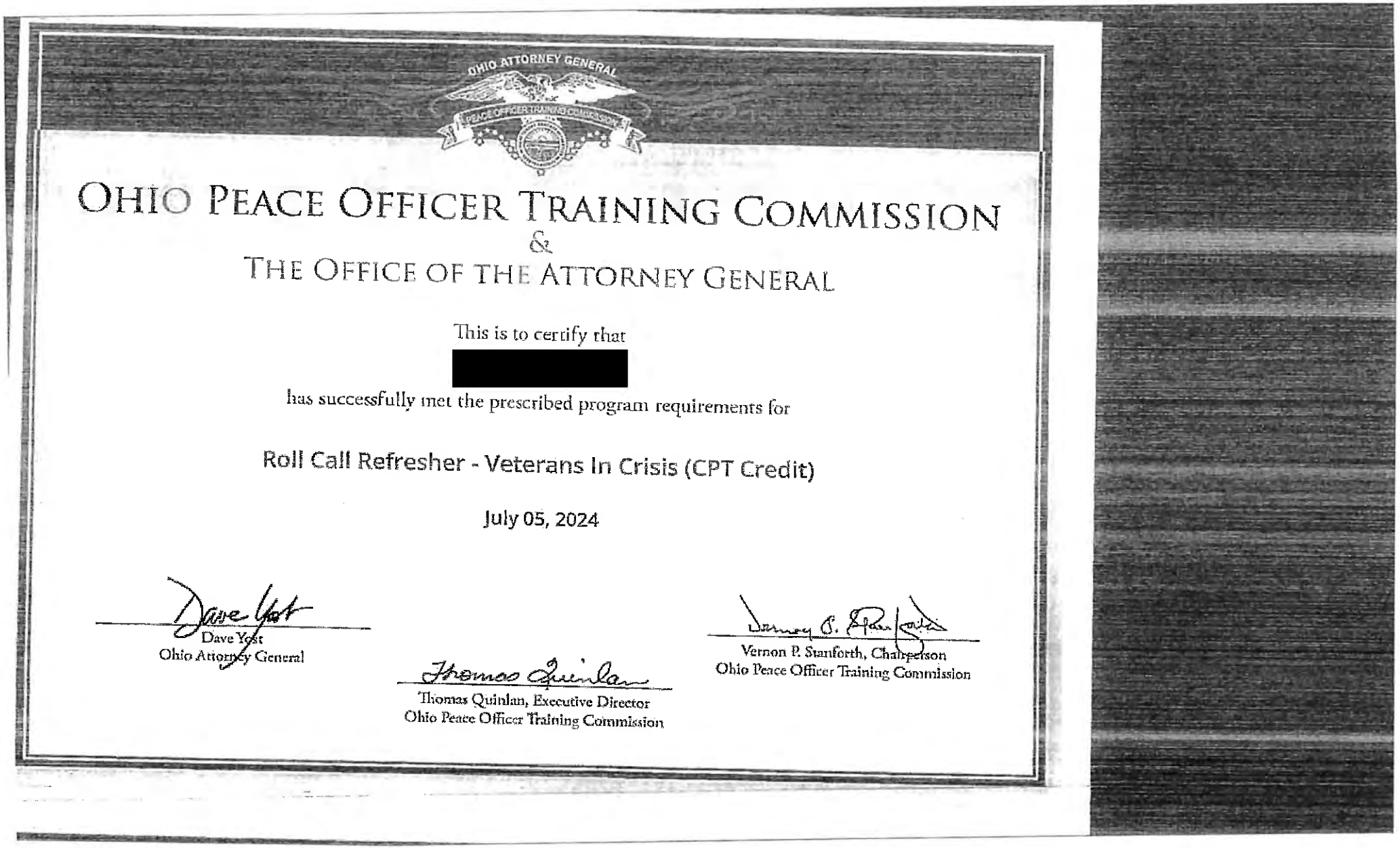
Awarded On
July 08, 2024

Dave Yost
Attorney General

Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission

Thomas Quinlan, Executive Director
Ohio Peace Officer Training Commission

Certificate # 240696
School # BAS23-043



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

Roll Call Refresher - Veterans In Crisis (CPT Credit)

July 05, 2024

Dave Yost
Ohio Attorney General

Thomas Quinlan, 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

[redacted]

has successfully met the prescribed program requirements for

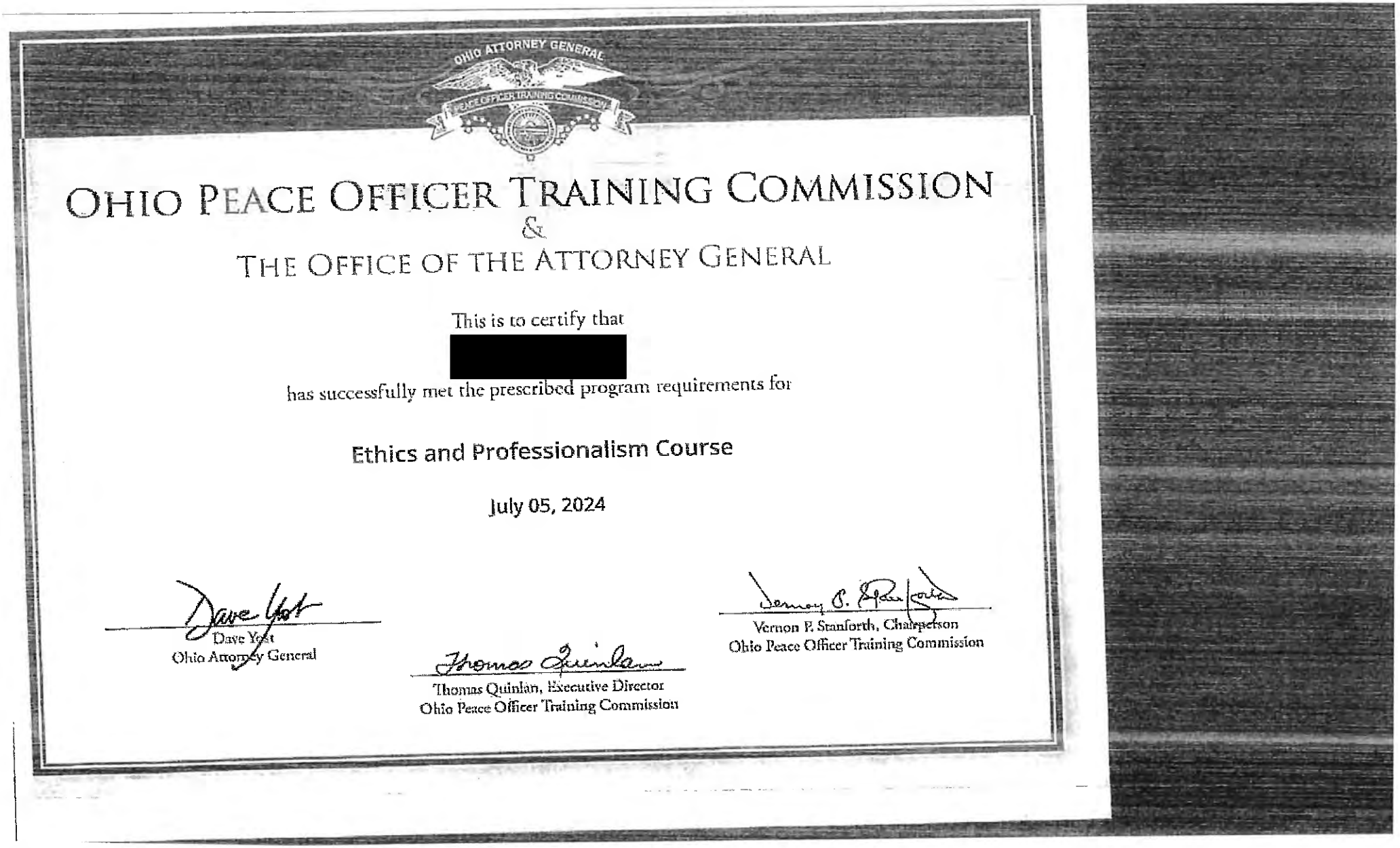
2024 CPT - NIBIN Overview Course

July 05, 2024

Dave Yost
Ohio Attorney General

Thomas Quinlan, 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

[redacted]

has successfully met the prescribed program requirements for

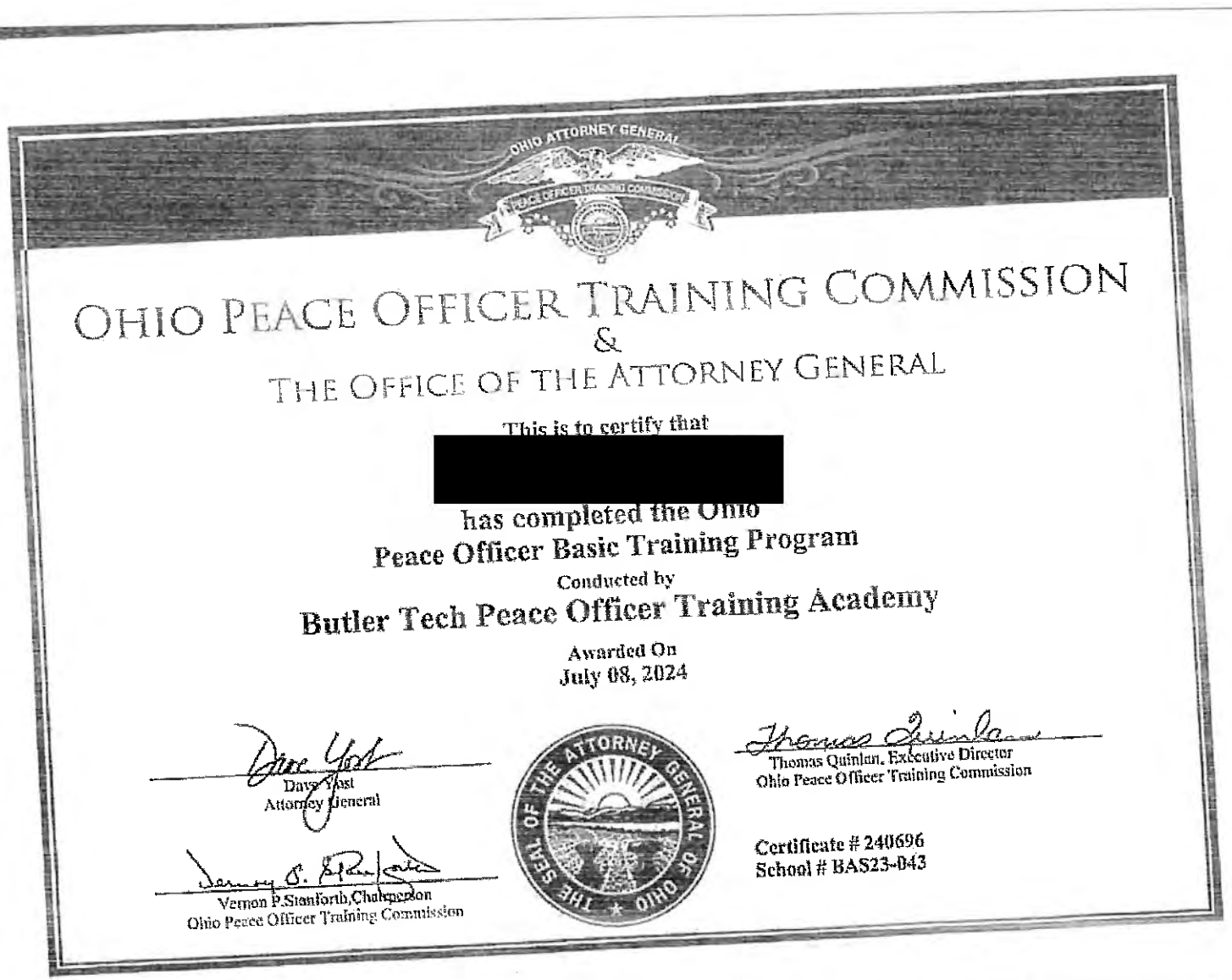
Ethics and Professionalism Course

July 05, 2024

Dave Yost
Ohio Attorney General

Thomas Quinlan, Executive Director
Ohio Peace Officer Training Commission

Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission



OHIO ATTORNEY GENERAL

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

This is to certify that

[redacted]

has completed the Ohio
Peace Officer Basic Training Program
Conducted by
Butler Tech Peace Officer Training Academy

Awarded On
July 08, 2024

Dave Yost
Attorney General

Vernon P.Stanforth,Chairperson
Ohio Peace Officer Training Commission

THE SEAL OF THE ATTORNEY GENERAL OF OHIO

Thomas Quinlan, Executive Director
Ohio Peace Officer Training Commission

Certificate # 240696
School # BAS23-043

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

Human Trafficking Course

April 26, 2024

Dave Yost
Ohio Attorney General

Thomas Quinlan, 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

[redacted]

has successfully met the prescribed program requirements for

Crisis Intervention Course

April 26, 2024

Dave Yost
Ohio Attorney General

Thomas Quinlan, 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

[redacted]

has successfully met the prescribed program requirements for

Crisis Intervention Course

April 26, 2024

Dave Yost
Ohio Attorney General

Thomas Quinlan, 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

[redacted]

has successfully met the prescribed program requirements for

Impacting Narcotics in Ohio Course

April 26, 2024

Dave Yost
Ohio Attorney General

Thomas Quinlan, 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

[redacted]

has successfully met the prescribed program requirements for

Critical Thinking in Use of Force Situations Course

April 26, 2024

Dave Yost
Ohio Attorney General

Thomas Quinlan, 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

[redacted]

has successfully met the prescribed program requirements for

Use of Deadly Force and Legal Guidelines Course

April 25, 2024

Dave Yost
Ohio Attorney General

Thomas Quinlan, 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

[redacted]

has successfully met the prescribed program requirements for

Responding to Sexual Assault Course

May 09, 2024

Dave Yost
Ohio Attorney General

Thomas Quinlan, 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

[redacted]

has successfully met the prescribed program requirements for

Biological Evidence Collection for Sexual Assaults Course

May 09, 2024

Dave Yost
Ohio Attorney General

Thomas Quinlan, 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

[redacted]

has successfully met the prescribed program requirements for

BCI Lethal Use of Force and OIS Investigations Course

May 09, 2024

Dave Yost
Ohio Attorney General

Thomas Quinlan, 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

[redacted]

has successfully met the prescribed program requirements for

Roll Call Refresher - Veterans In Crisis (CPT Credit)

July 05, 2024

Dave Yost
Ohio Attorney General

Thomas Quinlan, 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

[redacted]

has successfully met the prescribed program requirements for

2024 CPT - NIBIN Overview Course

July 05, 2024

Dave Yost
Ohio Attorney General

Thomas Quinlan, 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

[redacted]

has successfully met the prescribed program requirements for

Ethics and Professionalism Course

July 05, 2024

Dave Yost
Ohio Attorney General

Thomas Quinlan, 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

[redacted]

has successfully met the prescribed program requirements for

2024 CPT - Victims' Rights - Marsy's Law

September 11, 2024

Dave Yost
Ohio Attorney General

Thomas Quinlan, 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

[redacted]

has successfully met the prescribed program requirements for

CPT 2024 - Responding to Mental Health Issues

September 11, 2024

Dave Yost
Ohio Attorney General

Thomas Quinlan, Executive Director
Ohio Peace Officer Training Commission

Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission



OHIO ATTORNEY GENERAL

PEACE OFFICER TRAINING COMMISSION

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

Legal Updates 2024

September 11, 2024

Dave Yost
Ohio Attorney General

Thomas Quinlan, Executive Director
Ohio Peace Officer Training Commission

Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission

OATH OF POLICE OFFICER

STATE OF OHIO, County of Butler/Warren:

I, [redacted], employed by the City of Middletown, Division of Police, do solemnly swear that I will support the Constitution and laws of the United States, the State of Ohio, and the Charter and Ordinances of the City of Middletown, Ohio; that I will in all respects faithfully discharge the duties of Police Officer of the City of Middletown, Ohio.

[redacted]

Sworn to before me and subscribed in my presence this [redacted] day of [redacted]

Notary Public

DAVE YOST
OHIO ATTORNEY GENERAL

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

NOTICE OF PEACE OFFICER APPOINTMENT

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

1. Within ten days of the appointment or status change, or promotion to Chief, submit one copy of this form either by email SF400@ohioattorneygeneral.gov, fax, or mail.
2. Type or print legibly and complete all blanks. Officer and Agency email addresses need to be entered to receive training determinations.
3. Submit pages 1 and 2 when an officer is newly-appointed to your agency, or has previously left the agency and returns.
4. Submit only page 1 when an officer continues to be appointed by your agency, but has a change from one status, as listed in Box 15, to a different status, or is promoted to Chief.
5. Enter any necessary information for a Correction to Record, submitting all affected pages, and attach a letter explaining the requested change.

OFFICER INFORMATION

1. Name (Last)	(First)	(Middle)	2. Social Security Number (last 5 only)
[redacted]	[redacted]	[redacted]	[redacted]

3. Previous Name(s) or Alias (Last)	(First)	(Middle)

4. Birth date (mm/dd/yyyy)	5. Officer's Individual Email Address	6. Phone Number
09/17/2001	[redacted]@cityofmiddletown.org	[redacted]

7. Home Mailing Address (#/Street/PO Box)	(City)	(State)	(Zip Code)	(County Name)
[redacted]	Middletown	OH	45042	

8. Basic Training Academy (Only complete if this is the officer's first appointment or OSP)	(Academy Name)	(Academy Number)	(Dates of Training)
	Butler Tech Police Academy		[redacted]

AGENCY INFORMATION

9. Agency Name	
Middletown Police Dept.	

10. Reporting Authority's Email Address	11. Agency Phone Number
vanessac@cityofmiddletown.org	513-425-7756

12. Agency Mailing Address (#/Street/PO Box)	(City)	(Zip Code)	(County Name)
One Donham Plaza	Middletown	45042	Butler

APPOINTMENT INFORMATION (Complete Date, Status and ORC)

13. New Appointment Date	14. Status Change Date
03 / 25 / 2024	/ /

15. Select New Status ✓ Full-Time ___ Part-Time ___ Auxiliary ___ Reserve ___ Special ___ Seasonal
For the purpose of this form, full-time means those in active pay status (including those on vacation, sick, bereavement, personal or administrative leave, on compensatory time or holidays) receiving compensation and benefits for 40 hours in a work week or 80 hours in a 14-day period.

16. Select New ORC

✓ City Full-Time/Part-Time (737.02)	___ City Auxiliary/Reserve/Special (737.051)	___ City Chief (737.02)
___ Village Full-Time/Part-Time/Special (737.16)	___ Village Auxiliary/Reserve (737.161)	___ Village Chief (737.15)
___ Township Police Officer (505.49)	___ Township Constable (509.01)	___ Other Chief - List ORC/Charter ___
___ Other - List ORC/Charter ___	___ Deputy Sheriff (311.04)	___ Sheriff (311.01)

ATTESTATION OF REPORTING AUTHORITY

I have carefully read this document and fully understand its contents and I sign it of my own free will and volition. I attest that the information provided on this document is true and correct and is based on my personal knowledge or inquiry. I further understand and acknowledge that submission of falsified records is a criminal violation.

17. Signature of Reporting Authority	18. Printed Name and Title	19. Date
Eric W. Crank	Eric Crank, Interim Chief of Police	03 / 25 / 2024
20. Signature of Witness	**21. Printed Name (First, Middle, Last)**	**22. Date**
Vanessa Nicole Clark	Vanessa Nicole Clark	03 / 25 / 2024

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

Officer Name (Last) [redacted] (First) [redacted] (Middle) [redacted] SSN (last 5 only) [redacted]

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.

[redacted]
Signature of Appointee

Paul Lolli
Name of Appointing Authority (Typed or Printed Legibly)

Paul Lolli
Signature of Appointing Authority

City Manager
Title of Appointing Authority (Typed or Printed Legibly)

OHIO PEACE OFFICER APPOINTMENT HISTORY

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

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

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

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

Responding to Sexual Assault Course

May 09, 2024

Dave Yost
Ohio Attorney General

Thomas Quinlan, 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

[redacted]

has successfully met the prescribed program requirements for

Biological Evidence Collection for Sexual Assaults Course

May 09, 2024

Dave Yost
Ohio Attorney General

Thomas Quinlan, Executive Director
Ohio Peace Officer Training Commission

Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission

OHIO ATTORNEY GENERAL

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

BCI Lethal Use of Force and OIS Investigations Course

May 09, 2024

Dave Yost
Ohio Attorney General

Thomas Quinlan, Executive Director
Ohio Peace Officer Training Commission

Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission

OHIO ATTORNEY GENERAL

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

Human Trafficking Course

April 26, 2024

Dave Yost
Ohio Attorney General

Thomas Quinlan, Executive Director
Ohio Peace Officer Training Commission

Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission

OHIO ATTORNEY GENERAL

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

Crisis Intervention Course

April 26, 2024

Dave Yost
Ohio Attorney General

Thomas Quinlan, Executive Director
Ohio Peace Officer Training Commission

Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission

OHIO ATTORNEY GENERAL
PEACE OFFICER TRAINING COMMISSION

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

Impacting Narcotics in Ohio Course

April 26, 2024

Dave Yost
Ohio Attorney General

Thomas Quinlan, Executive Director
Ohio Peace Officer Training Commission

Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission

OHIO ATTORNEY GENERAL
PEACE OFFICER TRAINING COMMISSION

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

Critical Thinking in Use of Force Situations Course

April 26, 2024

Dave Yost
Ohio Attorney General

Thomas Quinlan, Executive Director
Ohio Peace Officer Training Commission

Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission

OHIO ATTORNEY GENERAL

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

Use of Deadly Force and Legal Guidelines Course

April 25, 2024

Dave Yost
Ohio Attorney General

Thomas Quinlan, Executive Director
Ohio Peace Officer Training Commission

Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission