



# AKRON POLICE DEPARTMENT

This certificate is awarded to

**OFFICER** [REDACTED]

*YOU ARE TO BE COMMENDED FOR THE OUTSTANDING EFFORT AND LEADERSHIP YOU DISPLAYED AT THE SCENE OF A HOUSE FIRE ON NOVEMBER 18, 2021.*

*UPON ARRIVAL AT 2164 11<sup>TH</sup> ST. SW, YOU, ALONG WITH SEVERAL OTHER OFFICERS ACTED IMMEDIATELY TO RESCUE RESIDENTS FROM A ROOFTOP AS THE HOUSE WAS ON FIRE. AN 8-YEAR-OLD CHILD REMAINED IN THE HOUSE, AND UPON AFD RECOVERING THE CHILD FROM INSIDE THE HOUSE, YOU DROVE THE MED UNIT AS OFFICER DEVIN LANE RENDERED CPR DURING THE TRANSPORT TO AKRON CHILDREN'S HOSPITAL WHICH ALLOWED AFD TO CONTINUE LIFE-SAVING EFFORTS ON THE CHILD.*

*YOUR ACTIONS ON THIS CALL ARE A REFLECTION OF YOUR COMPASSION AND COMMITMENT THAT YOU SHOW ON EVERY ASPECT OF YOUR WORK. YOUR DEDICATION SERVED THE POLICE DEPARTMENT, AND THE CITIZENS OF AKRON, FOR THIS YOU ARE BEING RECOGNIZED FOR OUTSTANDING WORK.*

*Stephen L. Mylott*  
\_\_\_\_\_  
Chief of Police

*January 12, 2022*  
\_\_\_\_\_  
Date





DANIEL HARRIGAN, MAYOR

# CITY OF AKRON SETUP & CHANGE PERSONAL INFORMATION

As an Equal Employment Opportunity employer, the City of Akron follows all federal, state, and local laws, rules, and regulations that pertain to Equal Employment Opportunity. The information obtained will be kept confidential except as otherwise provided by law and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the state or federal government for civil rights enforcement. When used in a report to the state or federal government, the data will not identify any specific individual.

### Please complete entire form

Employee ID Number: [REDACTED] Social Security Number: [REDACTED]

First Name: [REDACTED] Middle Name: [REDACTED] Last Name: [REDACTED]

**\*If you have had a name change please submit a copy of your social security card with this form.**

Date of Birth: [REDACTED] Gender:  Male  Female

### Contact Information

Street Address: [REDACTED]

City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED]

E-mail address: [REDACTED]

Cell Phone Number: [REDACTED]

Home Phone Number: [REDACTED]

Please check your preferred method of contact below:  
 Phone  Mail  E-mail

### Personal Information

Marital Status:  
 Single  Divorced  
 Married  Widowed  
 Separated

Highest Education Level completed:  
 Less than HS graduate  2-year College Degree  Doctorate (Academic)  
 HS graduate or equivalent  Bachelor's Level Degree  Doctorate (Professional)  
 Some College  Some Graduate School  Post-Doctorate  
 Technical School  Master's Level Degree

### In case of emergency please contact:

First Name: [REDACTED] Last Name: [REDACTED] Phone Number: [REDACTED]

Street Address: [REDACTED]

City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED]

Relationship to Employee: [REDACTED]

I hereby certify that every statement I have made on this Setup & Change Personal Information form is true and complete. I understand that [REDACTED] provides grounds for dismissal.

Signature: [REDACTED]

Date: 3-14-20

Please submit completed original form to Department of Human Resources - Employee Records Office



DANIEL HARRIGAN, MAYOR

## CITY OF AKRON SETUP & CHANGE PERSONAL INFORMATION

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### Please complete entire form

Employee ID Number: [REDACTED] Social Security Number: [REDACTED]

First Name: [REDACTED] Middle Name: [REDACTED] Last Name: [REDACTED]

\*If you have had a name change please submit a copy of your social security card with this form. Date of Birth: [REDACTED] Gender: [REDACTED] Male Female

### Contact information

Street Address: [REDACTED]

City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED]

E-mail address: [REDACTED]

Cell Phone Number: [REDACTED] Home Phone Number: [REDACTED]

Please check your preferred method of contact below:  
 Phone  Mail  E-mail

### Personal Information

Marital Status:  Single  Divorced  Married  Widowed  Separated

Highest Education Level completed:  
 Less than HS graduate  HS graduate or equivalent  Some College  Technical School  
 2-year College Degree  Bachelor's Level Degree  Some Graduate School  Master's Level Degree  
 Doctorate (Academic)  Doctorate (Professional)  Post-Doctorate

### In case of emergency please contact:

First Name: [REDACTED] Last Name: [REDACTED] Phone Number: [REDACTED]

Street Address: [REDACTED]

City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED]

Relationship to Employee: [REDACTED]

I hereby certify that the information provided on this Change Personal Information form is true and complete. I understand that providing false information may result in disciplinary action or dismissal.

Signature: [REDACTED] Date: 12/18/2019

Please submit completed original form to Department of Human Resources - Employee Records Office

Revised 2/2017



DANIEL HARRIGAN, MAYOR

# CITY OF AKRON SETUP & CHANGE PERSONAL INFORMATION

RECEIVED  
AKRON POLICE DEPT.  
CHIEF OFFICE

2017 DEC 13 AM 8:06

As an Equal Employment Opportunity employer, the City of Akron follows all federal, state, and local laws, rules, and regulations that pertain to Equal Employment Opportunity. The information obtained will be kept confidential except as otherwise provided by law and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the state or federal government for civil rights enforcement. When used in a report to the state or federal government, the data will not identify any specific individual.

### Please complete entire form

Employee ID Number: [REDACTED] Social Security Number: [REDACTED]

First Name: [REDACTED] Middle Name: [REDACTED] Last Name: [REDACTED]

\*If you have had a name change please submit a copy of your social security card with this form. Date of Birth: [REDACTED] Gender:  Male  Female

### Contact Information

Street Address: [REDACTED]

City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED]

E-mail address: [REDACTED]

Cell Phone Number: [REDACTED]

Home Phone Number: [REDACTED]

Please check your preferred method of contact below:  
 Phone  Mail  E-mail

### Personal Information

Marital Status:  Single  Divorced  Married  Widowed  Separated

Highest Education Level completed:

<input type="checkbox"/> Less than HS graduate	<input type="checkbox"/> 2-year College Degree	<input type="checkbox"/> Doctorate (Academic)
<input type="checkbox"/> HS graduate or equivalent	<input type="checkbox"/> Bachelor's Level Degree	<input type="checkbox"/> Doctorate (Professional)
<input type="checkbox"/> Some College	<input type="checkbox"/> Some Graduate School	<input type="checkbox"/> Post-Doctorate
<input type="checkbox"/> Technical School	<input type="checkbox"/> Master's Level Degree	

### In case of emergency please contact:

First Name: [REDACTED] Last Name: [REDACTED] Phone Number: [REDACTED]

Street Address: [REDACTED]

City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED]

Relationship to Employee: [REDACTED]

I hereby certify that every statement I have made on this Setup & Change Personal Information form is true and complete. I understand that a false statement may be cause for dismissal.

Signature: [REDACTED] Date: 12/13/17

Please submit completed original form to Department of Human Resources - Employee Records Office

Revised 2/2017

EMPLOYEE ID NO.  
 [REDACTED]

RECEIVED  
 AKRON POLICE DEPT.  
 CHIEF'S OFFICE

**SETUP & CHANGE PERSONAL INFORMATION**

2016 MAY 10 AM 8:59

As an Equal Employment Opportunity employer, the City of Akron follows all federal, state, and local laws, rules, and regulations that pertain to Equal Employment Opportunity. The information obtained will be kept confidential except as otherwise provided by law and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the state or federal government for civil rights enforcement. When used in a report to the state or federal government, the data will not identify any specific individual.

Social Security Number	Last Name	First Name	Middle Name
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

New Social Security Number (if applicable)	New Last Name	New First Name	New Middle Name

Street Address	City and State	Zip Code
[REDACTED]	[REDACTED]	[REDACTED]

Resident (Circle response below)	Phone Number (complete the information below)	Marital Status (Circle response below)	Birth Date	Gender (Circle response below)
Yes	CELL: [REDACTED] HOME: [REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

Education (Circle response below)		
B-Less Than HS Graduate	F-2- Year College Degree	J-Doctorate (Academic)
C-HS Graduate or Equivalent	G-Bachelor's Level Degree	K-Doctorate (Professional)
D-Some College	H-Some Graduate School	L-Post-Doctorate
E-Technical School	I-Master's Level Degree	

Emergency Contact Information				
Title	Last Name	First Name	Middle Name	Street Address
MR. MRS. MS.	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

City and State	Phone Number	Relationship Code	
[REDACTED]	[REDACTED]	1 Spouse 2 Child	3 Parent 4 Guardian 5 Other

I hereby certify that every statement I have made on this Setup & Change Personal Information form is true and complete. I understand that any false or incomplete answer may be grounds for dismissal.

SIGNATURE [REDACTED]

DATE 5/4/2016

CITY OF AKRON SAFETY COMMUNICATIONS  
CELL PHONE/PAGER PAGING AGREEMENT

Members of the City of Akron Safety Forces may now opt to have notification pages sent to their personal cell phones as well as their pagers. This county-wide system is an effort to deploy personnel and/or specialized units for emergency services only. The Daily Bulletin will be sent via a distribution list.

The following information and signed agreement must be received by Safetyforces Information Systems in order to receive the notifications on cellular devices. If you do not want to receive notifications sign and return without listing any groups.

NAME: [REDACTED] PAYROLL ID NO.: [REDACTED]

AGENCY/ASSIGNMENT: APD/ \_\_\_\_\_

CELL PHONE/PAGER NUMBER (OR HOME MAIL ADDRESS YOU WOULD LIKE PAGED ON) \_\_\_\_\_

(alpha pagers require us to know the provider)

CIRCLE ALL NOTIFICATION GROUPS APPLICABLE TO YOU (If a special unit is not listed, please mark it next to "Other"):

Accident Reconstruction	BAC	Bus Driver	Canine
CART	Chaplain	Chief's Office	Chief's Office Staff
CISD	CIT	CLC Officers	CLET
Daily Bulletin	Domestic Response	EMA	<u>Extra Jobs</u>
FOP Executive Board	Gang	GVRT	Honor Guard
Major/Persons Crimes	NRT	PIO	Investigative Sub-Division
Reserve Officer	SWAT	SWAT Negotiators	Services Sub-Division
Uniform/Traffic	Uniform/Patrol – Platoon	①, 2, 3, 4 or 5	
Office of Professional Standards and Accountability	Other: _____		

I, [REDACTED], UNDERSTAND THAT I MUST ASSUME RESPONSIBILITY FOR ALL CHARGES FROM MY CELLULAR CARRIER FOR ANY TEXT MESSAGING GENERATED BY THE SPECIAL OPERATIONS RESPONSE TEAM DISPATCH CENTER (i.e. Safety Communications).

MEMBER'S SIGNATURE: [REDACTED]

SUPERVISOR'S SIGNATURE: [Signature] #1062

DATE: 9 Nov 15

Return completed form with signatures to the Chief's Office.

Please note: If you "opt out" of the notification pages and are needed for any reason, you will still be contacted via phone. "Opting out" does not mean that you will not be called to report to duty. See Akron Police Department Rules and Regulations 1100.01, 1100.05, 1100.06a and 1100.06b.

Rev: 04/28/2014

RECEIVED  
AKRON POLICE DEPT.  
CHIEF'S OFFICE  
2015 NOV 10 AM 11:47



EMPLOYEE ID NO.

### SETUP & CHANGE PERSONAL INFORMATION

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RECEIVED  
AKRON  
CHILDREN'S  
JAN 15 2016

Social Security Number	Last Name	First Name	Middle Name
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

New Social Security Number (if applicable)	New Last Name	New First Name	New Middle Name

Street Address	City and State	Zip Code
[REDACTED]	[REDACTED]	[REDACTED]

Resident (Circle response below)	Phone Number (complete the information below)	Marital Status (Circle response below)	Birth Date	Gender (Circle response below)
<input checked="" type="radio"/> Yes <input type="radio"/> No	CELL: [REDACTED] HOME: [REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

Education (Circle response below)		
<input checked="" type="radio"/> B-Less Than HS Graduate <input type="radio"/> C-HS Graduate or Equivalent <input type="radio"/> D-Some College <input type="radio"/> E-Technical School	<input type="radio"/> F-2- Year College Degree <input type="radio"/> G-Bachelor's Level Degree <input type="radio"/> H-Some Graduate School <input type="radio"/> I-Master's Level Degree	<input type="radio"/> J-Doctorate (Academic) <input type="radio"/> K-Doctorate (Professional) <input type="radio"/> L-Post-Doctorate

Emergency Contact Information				
Title	Last Name	First Name	Middle Name	Street Address
<input checked="" type="radio"/> MR. <input type="radio"/> MRS. <input type="radio"/> MS.	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

City and State	Phone Number	Relationship Code
[REDACTED]	[REDACTED]	1 Spouse 2 Child 3 Parent 4 Guardian 5 Other

I hereby certify that every statement I have made on this Setup & Change Personal Information form is true and complete. I understand that any false or incomplete answer may be grounds for dismissal.

SIGNATURE: [REDACTED]

DATE 15 JAN 2016

EMPLOYEE ACKNOWLEDGMENT

This procedure may be amended or revised as the need arises. Users will be provided with copies of amendments and revisions.

This policy is not intended to, and does not grant, any contractual rights.

I have read the above policy on the use of computer resources and agree to abide by it. I understand that violation of any of the above policies may result in disciplinary actions.

**I have read the City of Akron Safety Division Computer Network's computer resources procedure. I am fully aware of the policies and agree to abide by those policies.**

[Redacted Signature]

[Redacted ID Number]

*I.D. No.*

17 - FEB - 2015

*Date*



*This is to certify that*



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

*Companion Animal Encounters*

*Completed on: 11/23/2016 10:50:42 PM*

This is to Certify that



Has Successfully Completed the 14 Hour Course of Instruction  
Attended from 4/18/2016 to 4/19/2016

## 2016 In-Service

**Constitutional Use of Force, Defensive Tactics, Body Worn Cameras, Nuisance Calls, Human Trafficking, Heroin Investigations, Drug Enforcement Issues & Techniques, De-Escalation, Mobile Field Force**



Handwritten signature of James D. Nice in black ink.

**James D. Nice**  
Chief of Police

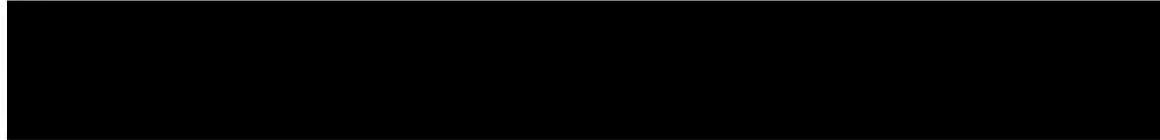
Handwritten signature of Lt. Michael Yohe in black ink.

**Lt. Michael Yohe**  
Director of Training

A horizontal line with two short vertical bars at the end, serving as a signature line for the instructor.

--  
Instructor

This is to Certify that



Has Successfully Completed the 14 Hour Course of Instruction  
Attended from 10/12/2015 to 10/13/2015

## 2015 In-Service

**Vicarious Trauma, Critical Incident Response, Range Do's & Don'ts, CCW/Language Line/Ease@Work, Procedural Justice, Rules & Regulations Update, CPR & AED, Domestic Violence, Use of Force, Defensive Tactics**



Handwritten signature of James D. Nice in cursive script.

James D. Nice  
Chief of Police

Handwritten signature of Sgt. Jeff R. Mullins in cursive script.

Sgt. Jeff R. Mullins  
Director of Training

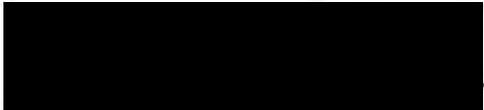
--

Instructor

[print this page](#)  
[close this window to return](#)

**Acknowledgement of  
SEXUAL HARASSMENT AWARENESS (SHA) TRAINING  
Computer Based Training**

I acknowledge that on Friday, March 06, 2015, I completed the City's SEXUAL HARASSMENT AWARENESS (SHA) TRAINING Computer Based Training.



Signature



Please print your name

POLICE OFFICERS

Title

PUBLIC SAFETY / POLICE

Department/Division

6 MARCH 2015

Date

# Emergency Management Institute



## FEMA

This Certificate of Achievement is to acknowledge that



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

**IS-00100.LEb**  
**Introduction to the Incident Command System**  
**(ICS 100) for Law Enforcement**

*Issued this 18th Day of March, 2011*



0.3 IACET CEU

A handwritten signature in cursive script, reading "Vilma Schifano Milmo".

Vilma Schifano Milmo  
Superintendent (Acting)  
Emergency Management Institute

# Emergency Management Institute



## FEMA

This Certificate of Achievement is to acknowledge that



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

**IS-00200.b**  
**ICS for Single Resources and**  
**Initial Action Incident, ICS-200**

*Issued this 7th Day of March, 2011*



0.3 IACET CEU

A handwritten signature in cursive script, reading "Vilma Schifano Milmo".

Vilma Schifano Milmo  
Superintendent (Acting)  
Emergency Management Institute

# Emergency Management Institute



## FEMA

This Certificate of Achievement is to acknowledge that



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

**IS-00700.a**

**National Incident Management System (NIMS)**

**An Introduction**

*Issued this 7th Day of March, 2011*



0.3 IACET CEU

A handwritten signature in cursive script, reading "Vilma Schifano Milmo".

Vilma Schifano Milmo  
Superintendent (Acting)  
Emergency Management Institute

**CITY OF AKRON, OHIO****DEPARTMENT****CHIEF'S ORDER****CHIEF'S OFFICE****2015-CO-13  
September 16, 2015****ORDER**

The following officers are ordered to work the Road Runner Akron Marathon Saturday, September 26, 2015:

1424	BRANDENBURG, ANTHONY	1381	ELAM, CARL	1331	ROUSE, DAVID
1422	KING, BRANDON	1380	SHMIGAL JR.,TIMOTHY	1330	BERDYSZ, JEFFREY
1421	BARNES, PAUL	1378	HARRISON, MICHAEL	1324	DEITRICK, MICHAEL
1420	SAUNIER, J. DEVLIN	1374	HARDING, MARK	1323	CARSON, CHRISTOPHER
1419	WHITMIRE, MATTHEW	1373	CRANSTON, ASHLEY	1322	SAMS, JASON
1417	LOWE, AMBER	1371	HAY, JOSEPH	1321	DISALVO, MICHAEL
1416	CAMPBELL, ADAM	1370	BOWER, ANTHONY	1320	MORRIS, WALTER
1412	TINNEY, FELICIA	1369	SOSENKO, JEREMY	1319	TURNURE, JOHN
1411	GUILMETTE, ADAM	1368	FANGMANN, JACOB	1315	MILSTEAD, NATHANIEL
1410	PASTERNAK, MICHAEL	1367	JACKSON, DERRICK	1314	REICHMANIS, ERIK
1409	BRUVARNY III, MICHAEL	1365	PFOUTS, MATTHEW	1313	REED, DREW
1408	BAKER, AMANDA	1364	RYBKA, KEVIN	1309	NEMETH, JOSEPH
1406	CULVER, WILLIAM	1363	MCDOWELL, RYAN	1305	LEPA, CHRISTOPHER
1405	INGERSOLL, DANIEL	1362	MATHEWS, TREVA	1304	NORTHUP, MARK
1404	SCHWAN, CHRISTOPHER	1361	TALCOTT, BRETT	1303	KUZNIK, RICHARD
1403	LYTLE, WALLACE	1360	RILEY, TRUMAINE	1300	TERSIGNI, VINCENT
1402	WESTLAKE, RYAN	1359	WOLFE, SARAH	1299	MILLER, ROBERT
1401	VARI, STEPHEN	1357	MOSS, ANDREW	1298	BELACIC, JASON
1400	BOWMAN, ANDREW	1356	MUSTER, MARCUS	1297	MOENICH, GREGORY
1399	SCHWARTING, CARL	1355	SEBASTIAN, MICHAEL	1296	HILL, PAUL
1398	ABER, THOMAS	1354	MANZO, NICK	1295	HILEMAN, JR., DAVID
1397	STERLING, CHRISTOPHER	1353	WHITE, DAVID	1289	LEADBETTER, JAMES
1396	SMITH, RYAN	1352	JOYCE, GREGORY	1288	MILES, MICHAEL
1395	HUDNALL, THOMAS	1349	D'ANNUNZIO JR., DANNY	1286	TAYLOR, SEAN
1393	BECK, JASON	1348	PARR JR., THOMAS	1283	MURPHY JR., MICHAEL
1392	WOODIN, JOSEPH	1347	MYERS, SCOTT	1281	MORGAN, JON
1391	SHAFFER, KYLE	1346	FARWELL, RICHARD	1279	CRAFT, JAMES
1390	LANE, DEVIN	1345	PETIT III, LOUIS	1277	KOUBEK, MICHAEL
1389	COLLINS, BRANDON	1344	WALTER, KYLE	1276	BODNAR, JOSEPH
1388	FREED, ASHLEY	1343	CUNNINGHAM, KYLE	1271	URDIALES, BENJAMIN
1387	WILLIAMS, KIMBERLY	1342	TASSONE, NATALIE	1267	DONEY JR., RICHARD
1386	CLAYTOR, AMITA	1338	DAVIS JR., STANLEY	1266	MEECH, TROY
1385	TIETZE, JOSHUA	1336	SMITH, JOSEPH	1265	HADBAVNY, JAMES
1384	LUCEY, BRIAN	1334	CHETTO, SHAWN	1264	MORRIS, JUSTIN
		1333	STUMP, TODD	1261	BICKETT, DANIEL

**CITY OF AKRON, OHIO****DEPARTMENT**  
**CHIEF'S OFFICE****CHIEF'S ORDER**  
**2015-CO-09**  
**June 29, 2015****ORDER**

The following sergeants and officers are ordered to report for the Rib, White & Blue Festival on Saturday, July 4, 2015, and remain until the conclusion of the event. Instructions about roll call will be announced in a future Chief's Order.

**Sergeants:**

S-89 1185 Dugan, Patrick      S-88 1324 Garrett, Gary      S-82 1124 Yurick, Vince

**Officers:**

[REDACTED]	1398	Aber, Thomas	1369	Sosenko, Jeremy	
1425	Nan, Samnang	1391	Shaffer, Kyle	1367	Jackson, Derrick
1423	Hunt, Timothy	1387	Williams, Kimberly	1350	DiFrancesco, Michael
1422	King, Brandon	1381	Elam, Carl	1344	Walter, Kyle
1420	Saunier, J. Devlin	1377	Zelenka, David	1343	Cunningham, Kyle
1415	McPherson, Ryan	1373	Cranston, Ashley	1342	Tassone, Natalie
1414	Forsch, Christy	1370	Bower, Anthony	1339	Fendenheim, Erik
1409	Bruvarny III, Michael				

Personnel must wear their white dress uniform and summer uniform hat at all times as well as their full duty leather, ballistic vest and fully charged flashlight.



**James D. Nice**  
**Chief of Police**

**CITY OF AKRON, OHIO****DEPARTMENT**  
**CHIEF'S OFFICE****CHIEF'S DIRECTIVE**  
**2015-CD-23**  
**March 20, 2015****DIRECTIVE**

Upon receiving their Oath of Office on Friday, March 27, 2015 at 1:00 p.m. in City Council Chambers, the following seven (7) officers are transferred from the Services Sub-Division to the Uniform Sub-Division effective Monday, March 30, 2015:

<u>NAME</u>	<u>I.D.</u>	<u>BADGE</u>	<u>ASSIGNMENT</u>
Barnes, Paul	1421	431	Platoon #1
Brandenburg, Anthony	1424	434	Platoon #1
Hunt, Timothy	1423	483	Platoon #5
King, Brandon	1422	392	Platoon #5
Nan, Samnang	1425	425	Platoon #5
Saunier, J. Devlin	1420	480	Platoon #4
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

All Akron Police personnel are welcome to attend the Oath of Office ceremony.



James D. Nice  
Chief of Police

**CITY OF AKRON, OHIO**

**DEPARTMENT**

**CHIEF'S DIRECTIVE**

**CHIEF'S OFFICE**

**2022-CD-34**

**March 24, 2022**

**DIRECTIVE**

**National Police Week is May 11 through 16, 2022, and the City of Akron, along with Akron FOP Lodge 7, will be sending the below listed Honor Guard members to represent the Akron Police Department to pay respect to those officers who made the ultimate sacrifice. The dates of travel will be from May 13<sup>th</sup> through the 16<sup>th</sup>. Shift Commanders, please mark your respective details accordingly by placing these members on a Special Detail.**

**Sergeant Utomhin Okoh 1413**

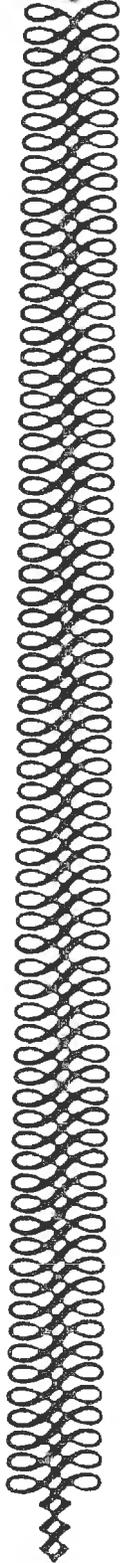
**Officer Charles Artis 1135**

**Officer Patrick Mazzei 1327**

**[REDACTED]**

*Stephen L. Mylett*

**Stephen L. Mylett**



I, [REDACTED] DO SOLEMNLY PLEDGE

UPON MY HONOR THAT I WILL UPHOLD AND SUPPORT THE CONSTITUTION OF THE UNITED STATES AND THE LAWS THEREOF, THE CONSTITUTION OF THE STATE OF OHIO AND THE LAWS THEREOF, THE CHARTER AND ORDINANCES OF THE CITY OF AKRON AND THE RULES AND REGULATIONS OF THE AKRON POLICE DEPARTMENT, AND THAT I WILL FAITHFULLY, HONESTLY AND IMPARTIALLY DISCHARGE AND PERFORM THE DUTIES OF A POLICE OFFICER TO THE BEST OF MY ABILITY.

I DO SO PLEDGE.

[REDACTED]

Signature

AFFIRMED BEFORE ME AND SUBSCRIBED IN MY PRESENCE  
THIS 27<sup>TH</sup> DAY OF MARCH, 2015.

  
DONALD L. PLUSQUELLIC, MAYOR

\*Gary's appointment with the Akron Police Department began on 02/09/2015 but he was not sworn in as a police officer until 03/27/2015.



# MIKE DEWINE

★ OHIO ATTORNEY GENERAL ★



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

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

## NOTICE OF PEACE OFFICER APPOINTMENT

1. Within ten days of the appointment or status change, submit one copy of this form either by email, fax or mail.
2. Type or print legibly and complete all blanks. Enter N/A if not applicable.
3. Submit pages 1 and 2 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.
5. Enter any necessary information for a Correction to Record, submitting all affected pages, and attach a letter explaining the requested change.

<b>OFFICER INFORMATION</b>		1. Name (Last) (First) (Middle)	2. Social Security Number
3. Alias (Last) (First) (Middle)		N/A	
4. Birth date (mm/dd/yyyy)	5. Email Address	6. Phone Number	
7. Home Mailing Address (#/Street/PO Box) (City) (State) (Zip Code) (County Name)			
8. Basic Training Academy (Academy Name) (Academy Number) (Dates of Training)	Kent State University Police Academy BAS-14-085		09/08/2014-01/17/2015

<b>AGENCY INFORMATION</b>		9. Agency Name Akron Police Department	
10. Agency Email Address MLong@akronohio.gov (contact person)		11. Agency Phone Number 330-375-2244	
12. Agency Mailing Address (#/Street/PO Box) (City) (Zip Code) (County Name)		217 South High Street Akron 44308 Summit	

<b>APPOINTMENT INFORMATION</b> (Complete Date, Status and ORC)		13. New Appointment Date *03/27 / 2015	14. Status Change Date / /
15. Select New Status <input checked="" type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Auxiliary <input type="checkbox"/> Reserve <input type="checkbox"/> Special <input type="checkbox"/> Seasonal			
16. Select New ORC			
<input checked="" type="checkbox"/> City Full-Time/Part-Time (737.02)	<input type="checkbox"/> City Auxiliary/Reserve/Special (737.051)	<input type="checkbox"/> City Chief (737.02)	
<input type="checkbox"/> Village Full-Time/Part-Time/Special (737.16)	<input type="checkbox"/> Village Auxiliary/Reserve (737.161)	<input type="checkbox"/> Village Chief (737.15)	
<input type="checkbox"/> Township Police Officer (505.49)	<input type="checkbox"/> Township Constable (509.01)	<input type="checkbox"/> Other Chief - List ORC/Charter	
<input type="checkbox"/> Other - List ORC/Charter	<input type="checkbox"/> Deputy Sheriff (311.04)	<input type="checkbox"/> Sheriff (311.01)	

<b>ATTESTATION OF REPORTING AUTHORITY</b>		I attest that the information provided on this form is true and correct and is based on my personal knowledge or inquiry.	
17. Signature of Reporting Authority <i>James D. Nice</i>	18. Name and Title James D. Nice, Chief of Police	19. Date 03 / 27 / 2015	
<b>NOTARY</b>			
Sworn to and subscribed before me this <u>27th</u> day of <u>March</u> , 20 <u>15</u> in the county of <u>Summit</u> , Ohio.			
<i>Marlene E. Long</i> Signature of Notary		My commission expires <u>April 18, 2017</u> .	

Officer Name (Last) (First) (Middle) Social Security Number  
 White, Jr. Gary Eugene 611-44-1405

**20. OATH OF OFFICE**

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

  
 \_\_\_\_\_  
 Name of Appointing Authority (Typed or Printed Legibly)

Donald L. Plusquellic  
 \_\_\_\_\_  
 Name of Appointing Authority (Typed or Printed Legibly)  
 Mayor, City of Akron  
 \_\_\_\_\_  
 Title of Appointing Authority (Typed or Printed Legibly)

**OHIO PEACE OFFICER APPOINTMENT HISTORY**

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

21. Appointed By (Agency Name and County): Akron Police Department Summit	22. From(mm/dd/yyyy): *03/27/2014	To(mm/dd/yyyy): / /
23. Appointment Status (Check Appropriate Box) <input checked="" type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Auxiliary <input type="checkbox"/> Reserve <input type="checkbox"/> Special <input type="checkbox"/> Seasonal		

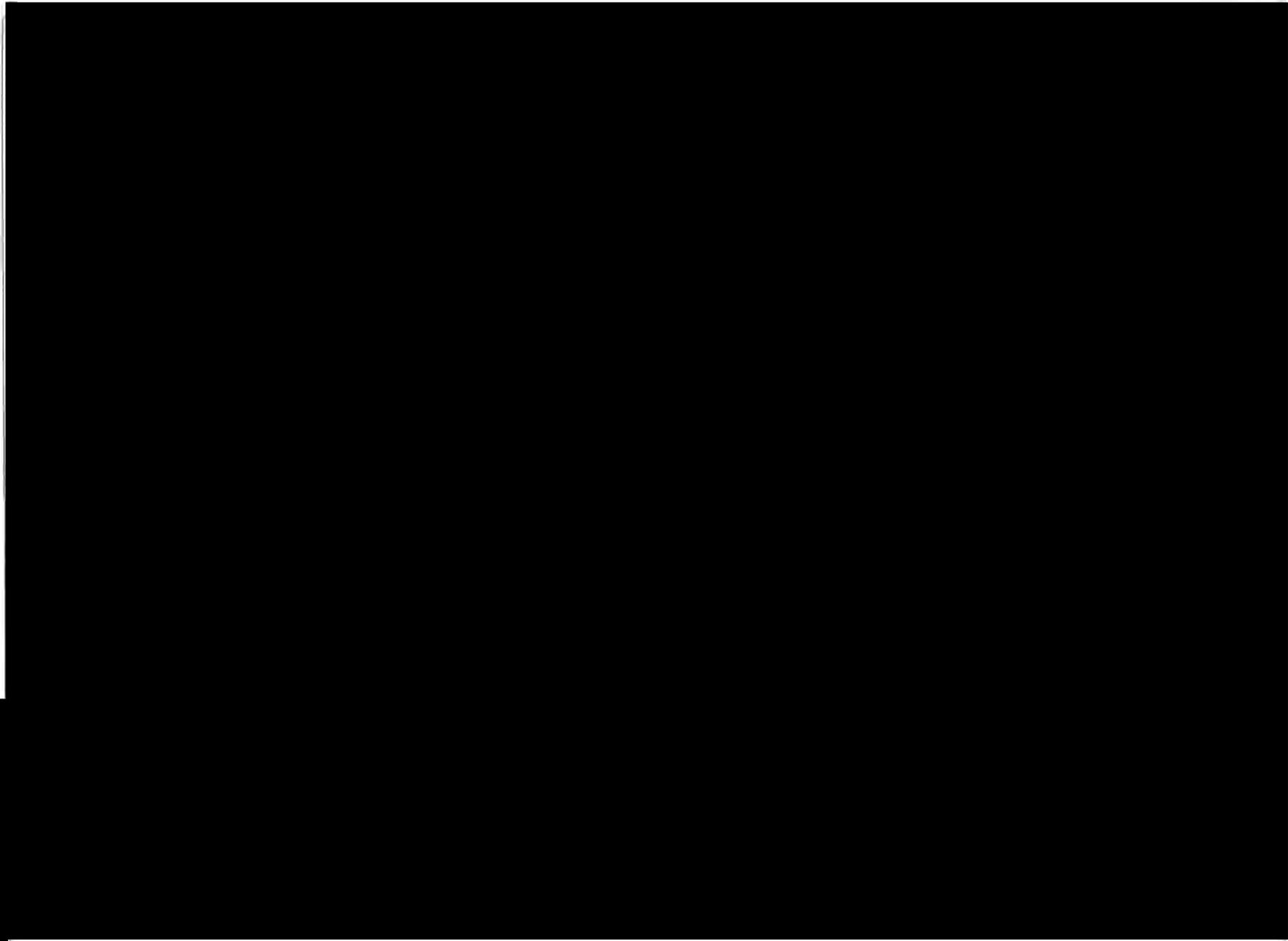
24. Appointed By (Agency Name and County):	25. From(mm/dd/yyyy): / /	To(mm/dd/yyyy): / /
26. Appointment Status (Check Appropriate Box) <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Auxiliary <input type="checkbox"/> Reserve <input type="checkbox"/> Special <input type="checkbox"/> Seasonal		

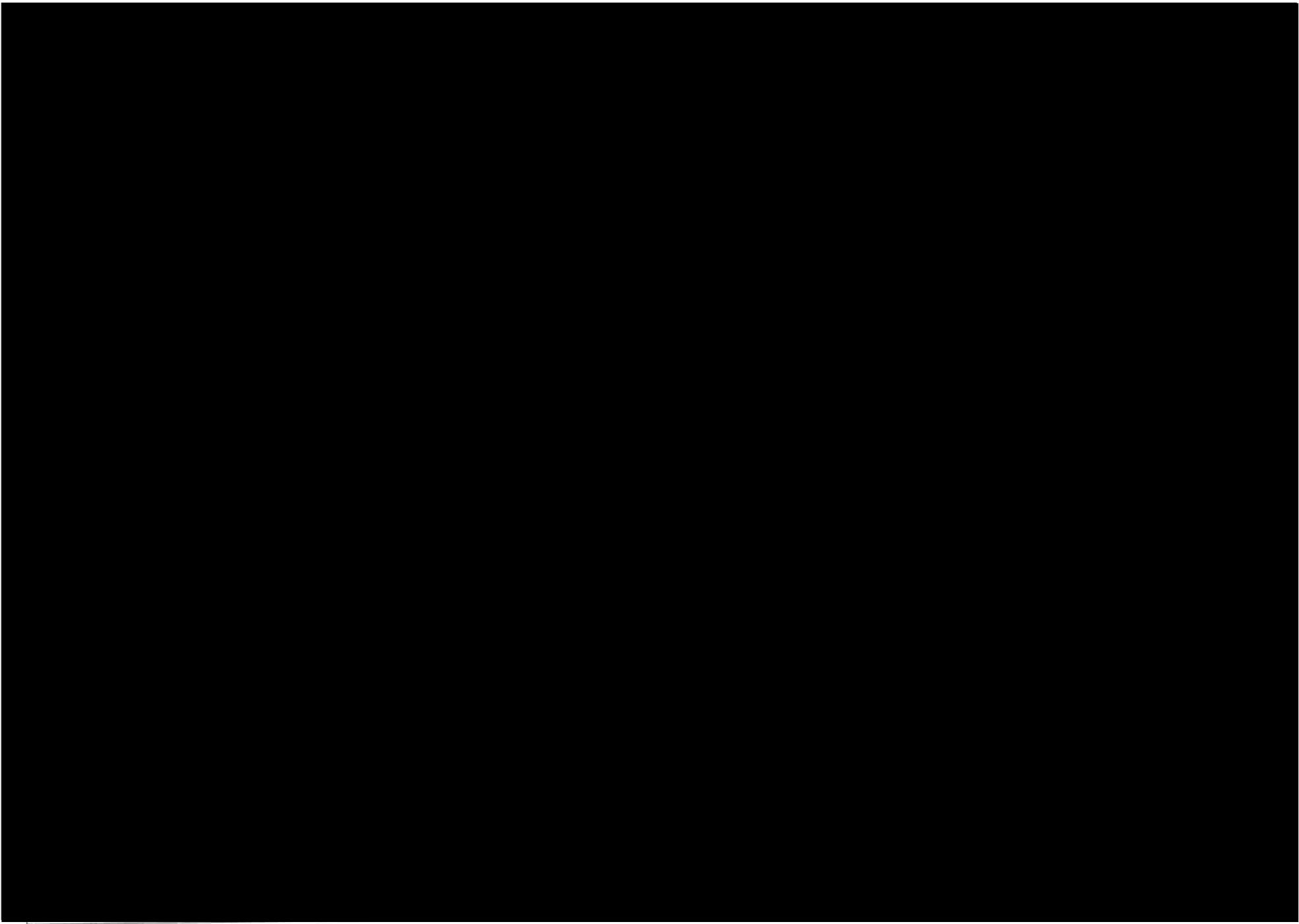
27. Appointed By (Agency Name and County):	28. From(mm/dd/yyyy): / /	To(mm/dd/yyyy): / /
29. Appointment Status (Check Appropriate Box) <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Auxiliary <input type="checkbox"/> Reserve <input type="checkbox"/> Special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

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

33. Appointed By (Agency Name and County):	34. From(mm/dd/yyyy): / /	To(mm/dd/yyyy): / /
35. Appointment Status (Check Appropriate Box) <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Auxiliary <input type="checkbox"/> Reserve <input type="checkbox"/> Special <input type="checkbox"/> Seasonal		

36. Appointed By (Agency Name and County):	37. From(mm/dd/yyyy): / /	To(mm/dd/yyyy): / /
38. Appointment Status (Check Appropriate Box) <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Auxiliary <input type="checkbox"/> Reserve <input type="checkbox"/> Special <input type="checkbox"/> Seasonal		





## BOWLING, BROTHERHOOD AT PJ&E EVENT AT STONEHEDGE

Normally, on a warm weekend evening in May, time is spent at the baseball field or the backyard barbeque. But for over 130 Akron residents and a dozen Akron Police Department representatives, it was bowling that provided the backdrop for an evening of fun and fellowship.

The unique event was part of the Peace, Justice & Equality Committee's ongoing mission to bring together the community's youth and law enforcement members at a facility where they can share common ground and hopefully, from that experience, foster understanding. On May 15th, Stonehedge Entertainment Center on Akron's North Hill offered that site.

"In September of last year, we held a basketball event at East Community Learning Center," said Keysha Myers, who co-chairs the PJ&E Committee with Ken Jones. "The event was a success. We drew over 200 people, but we looked for a way for everyone to participate and bowling seemed to provide that opportunity."

The PJ&E Committee found a willing partner at Stonehedge. The venue offered 20 lanes of open bowling for three hours and the PJ&E Committee set about the task of getting out the word. The committee cobbled together a list of 40 names of youth who contacted the committee to indicate they would attend. Not bad. Myers and committee member Brittany Neal pitched the idea to local law enforcement. Then, the night of the event, 6pm rolled around, and a crowd began to roll in, and they kept coming. By the time everyone checked in, signed the PJ&E Peace Pledge, got their bowling shoes and found a suitable bowling ball, over 100 kids hit the lanes. For many of the younger ones, it was their first time bowling. It didn't matter. Nor did their score. They were having a ball, no pun intended.



Akron Police Department  
Det. Gary Shadie provides  
some instruction.



Akron Police Lt. Roger Erwin awards  
his trophy for high score to 11 year  
old Reggie Boyer, who rolled a 148.

So were the police officers. Capt. Sylvia Trundle moved to different lanes to interact with the kids. Detective Gary Shadie provided lessons and a lot of encouragement for the little ones trying to heave the ball down the lane. Prizes were given out if bowlers knocked down a certain amount of pins. During the 7pm hour, the bowler with the highest score received an actual bowling pin with the PJ&E logo applied to it.

The high score was rolled by Lieutenant Roger Erwin with an impressive game of 232. He immediately awarded the prize to 11-year old Reggie Boyer, who was pretty impressive himself, rolling a 148.

An announcement was made explaining what just happened: "That's what this event is about, that gesture by Roger Erwin." The rest of the assembled bowlers agreed, stopping their own activity to acknowledge Lt. Erwin and Reggie and giving them a round of applause.

Joining Lt. Erwin, Det. Shadie and Capt. Trundle were the following Akron Police Department officers: Ofc. Paul Barnes, Ofc. Rodney Brock, Det. Clay Cozart, Ofc. James Conley, Ofc. Michael Gould, Sgt. Brian Harding, Ofc. Michael Kulick, Det. Tony Sutton and [REDACTED]

"Words can't describe how grateful we are to the police officers who took time out of their schedules to contribute to the success of this event," said Myers. "Their presence made all the difference."



Capt. Sylvia Trundle with  
some of the youngest bowlers  
who were at the PJ&E  
bowling event.

Making a difference is the goal of the Peace, Justice & Equality Committee. To learn more about PJ&E, you are encouraged to contact committee representatives at [PJE@cpcourt.summitoh.net](mailto:PJE@cpcourt.summitoh.net) or go to the PJ&E Facebook page at [www.facebook.com/peacejusticeequality](http://www.facebook.com/peacejusticeequality).





# AKRON POLICE DEPARTMENT

This Citation is awarded to

**OFFICER** [REDACTED]

in recognition of *YOUR ACTIONS ON February 26, 2019 AT STATE ROUTE 8 AND PORTAGE TRAIL*

*CHIEF JACK DAVIS OF CUYAHOGA FALLS PD SENT A LETTER RECOGNIZING YOU FOR YOUR ACTIONS IN PROVIDING MEDICAL ASSISTANCE AT THE SCENE OF A CRASH. YOU WERE SENT TO INVESTIGATE A CRASH CAUSED BY A DRIVER OPERATING NORTHBOUND IN THE SOUTHBOUND LANE. YOU AND YOUR PARTNER LOCATED THE CRASH OUT OF OUR JURISDICTION BUT STOPPED TO PROVIDE AID. SHLANNE MCKINSTRY HAD A SEVERE GASH ON HER LEG. YOU STOPPED THE BLEEDING BY APPLYING A TOURNIQUETT. THE VICTIM WILL HAVE A CHANCE FOR A MORE SUCCESSFUL RECOVERY AS A RESULT. YOU AND YOUR PARTNER RESPONDED APPROPRIATLEY, ACTED DECISIVELY, AND REPRESENTED OUR DEPARTMENT WELL.*

*YOU ARE A CREDIT TO YOURSELF, YOUR UNIT AND THE AKRON POLICE DEPARTMENT. ON BEHALF OF THE UNIFORM SUB-DIVISION, THANK YOU AND CONGRATULATIONS ON A JOB WELL DONE.*

*Major Mike Goy*  
Sub-Division Commander

*3/13/19*  
Date

September 1, 2017

2017 SEP 11 PM 2:50

Akron Police Department  
217 S. High Street  
Akron, Ohio 44308

RE: Exemplary Service of Officer [REDACTED] and Officer French

Dear Sir or Madam:

On August 27, 2017, I had to facilitate a court ordered custody exchange in Akron, Ohio.

I reside in New Jersey, and have temporary custody of my two grandchildren. We are in a custody dispute with the children's biological father, who resides in Princeton, Indiana. The half way point between is the Dunkin Donuts on East Market Street in Akron, Ohio.

The court order stated I was to meet the biological father at the Dunkin Donuts on East Market Street in Akron at approximately 1pm on Sunday, August 27, 2017. I arrived at 12:37pm. I happened upon Officer [REDACTED] and Officer French in the parking lot upon my arrival. I explained why I was there and what was to happen, and the reason I was asking for a police escort for the exchange, but I didn't have an exact time of the exchange as the biological father kept delaying his arrival time.

I waited in the parking lot until 4:12 pm when the biological father finally arrived with my grandchildren. During that time period while I was waiting, both Officer French and Officer [REDACTED] checked on me in the parking lot multiple times on their rounds. It just so happened that as the biological father arrived, Officer French was pulling into the parking lot and was able to provide a police escort for the exchange.

I wanted to commend both officers on their exemplary performance. I believe they went above and beyond in their duty to ensure my safety. Both officers were extremely professional and sensitive to my situation.

I was only able to personally thank Officer French, but I am also extremely grateful to Officer White for what he did for me.

Sincerely,



Jennifer Assante  
25 Mountain View Drive  
Andover, NJ 07821  
201.317.8405

OFFICER [REDACTED]  
THANKS FOR HANDLING  
SO PERSONALLY & SO WELL.  
THIS TYPE OF SERVICE MAKES  
OUR COMMUNITY A BETTER PLACE.  
Chief Bay

AKRON POLICE DEPARTMENT  
217 S. High St.  
AKRON, OH 44308

Great guys job  
Chief Nick  
File: 28  
CARS  
BEN URDIALES

To Whom it May Concern,

Recently I accepted a job offer at the Horseshoe Casino, in Cleveland Ohio. I commute from Canton and have to be at work by 3:30 am. On Sat April 4 (the day before Easter), while on my way to work I got a blow out on a tire that was just purchased Feb 10, 2015. I was completely devastated & literally didn't know what to do. I could've called somebody from Massillon/Canton to come help, however, given the time (approx. 2:40 am) it may have taken quite a while for help to arrive. Luckily, [redacted] & Ben, Car # 5, arrived and helped me. They were both very kind and certainly went above and beyond the normal job description. Please extend my sincere appreciation for not only assisting me in a challenging situation but also for their kindness & positive attitude it means more than they may know.

Sincerely,  
Kateri COPP

**CITY OF AKRON, OHIO**

**DEPARTMENT  
CHIEF'S OFFICE**

**CHIEF'S DIRECTIVE  
2021-CD-41  
May 11, 2021**

**DIRECTIVE**

**Effective Monday, May 24, 2021, the following officer is to return to his regular duty assignment:**

**Officer [REDACTED]**



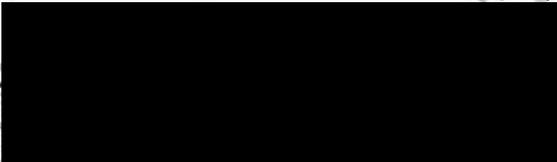
**Jesse Leeser  
Acting Chief of Police**



**AKRON POLICE DEPARTMENT**

**SPECIAL WEAPONS AND TACTICS**

**This certificate is awarded to:**

Officer 

**for successful completion of the  
Akron Police Department's 80 Hour SWAT Basic Course**

1975

**MAY 17<sup>TH</sup> - 28<sup>TH</sup>, 2021**

*Capt. Michael Yohe*

**CAPT. MICHAEL YOHE  
SWAT COMMANDER**

EMPLOYEE NAME [REDACTED]	DIVISION Police Uniformed	CLASS TITLE Police Officer
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EVALUATION FROM 4/1/19 TO 9/30/19	MERIT INCREASE DATE 2/9/19	RETURN ORIGINAL TO PERSONNEL DEPARTMENT BY 10/31/19
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**PLEASE USE #2 PENCIL**

EMPLOYEE ID	1	0 1 2 3 4 5 6 7 8 9	TYPE OF EVALUATION	EVALUATOR 1 ID	1	0 1 2 3 4 5 6 7 8 9
	8	0 1 2 3 4 5 6 7 8 9			8	0 1 2 3 4 5 6 7 8 9
	8	0 1 2 3 4 5 6 7 8 9			8	0 1 2 3 4 5 6 7 8 9
	2	0 1 2 3 4 5 6 7 8 9			2	0 1 2 3 4 5 6 7 8 9
	2	0 1 2 3 4 5 6 7 8 9			2	0 1 2 3 4 5 6 7 8 9

ITEMS	MO: 1 2 3 4 5 6 7 8 9 10 11 12	FACTORS	YR: 0 1 2 3 4 5 6 7 8 9
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<b>1. MARK PERFORMANCE, IN ITEMS WHICH ARE JOB-RELATED, WITH:</b> <input checked="" type="checkbox"/> = STRONG <input checked="" type="checkbox"/> = STANDARD <input type="checkbox"/> = WEAK	<b>2. LINE OUT ITEMS WHICH ARE NOT JOB-RELATED</b> <input type="checkbox"/> JUDGEMENT <input type="checkbox"/> WRITTEN EXPRESSION <input type="checkbox"/> ORAL EXPRESSION	<b>3. EVALUATE PERFORMANCE BY BLACKENING IN BOX WITH A #2 PENCIL. DO NOT ERASE. IF A CORRECTION IS NECESSARY OBTAIN A NEW FORM FROM THE PERSONNEL DEPARTMENT.</b>	60 = UNSATISFACTORY 70 = IMPROVEMENT NEEDED 80 = SATISFACTORY 90 = VERY GOOD 95 = OUTSTANDING															
<input checked="" type="checkbox"/> ACCURACY <input checked="" type="checkbox"/> THOROUGHNESS <input checked="" type="checkbox"/> NEATNESS OF WORK PRODUCT	<input type="checkbox"/> AMOUNT OF WORK ACCOMPLISHED <input type="checkbox"/> COMPLETION OF WORK ON SCHEDULE	<b>QUALITY OF WORK</b> EVALUATOR 1 EVALUATOR 2	<table border="1"> <tr><td>60</td><td>70</td><td>80</td><td>90</td><td>95</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table>	60	70	80	90	95	<input type="checkbox"/>									
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>														
<input checked="" type="checkbox"/> DILIGENCE, EFFORT <input type="checkbox"/> COMPLIANCE WITH INSTRUCTIONS OR OBJECTIVES <input type="checkbox"/> OBSERVANCE OF WORK RULES, SAFETY	<input type="checkbox"/> INITIATIVE <input type="checkbox"/> CARE OF EQUIPMENT, MATERIAL <input type="checkbox"/> ORGANIZATION OF WORK	<b>WORK HABITS</b> EVALUATOR 1 EVALUATOR 2	<table border="1"> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table>	<input type="checkbox"/>														
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<input checked="" type="checkbox"/> CONDUCT & COOPERATION WITH SUPERVISION <input checked="" type="checkbox"/> CONDUCT & COOPERATION WITH CO-WORKERS	<input type="checkbox"/> CONDUCT WITH PUBLIC <input type="checkbox"/> PERSONAL APPEARANCE & CARE	<b>RELATIONSHIP WITH OTHERS</b> EVALUATOR 1 EVALUATOR 2	<table border="1"> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table>	<input type="checkbox"/>														
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<input type="checkbox"/> PLANNING, ORGANIZING, ASSIGNING <input type="checkbox"/> TRAINING & INSTRUCTING <input type="checkbox"/> DISCIPLINARY CONTROL	<input type="checkbox"/> EVALUATING PERFORMANCE <input type="checkbox"/> FAIRNESS, IMPARTIALITY, LEADERSHIP	<b>SUPERVISORY SKILLS</b> (LEAVE BLANK IF NOT APPLICABLE) EVALUATOR 1 EVALUATOR 2	<table border="1"> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table>	<input type="checkbox"/>														
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>														
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>														

**4. COMMENT** HERE ABOUT STRENGTHS OR ITEMS WHICH NEED IMPROVEMENT. ITEMS WHICH ARE JOB-RELATED TO THIS EMPLOYEE BUT ARE NOT LISTED ON THE FORM MAY BE ENTERED HERE. EVALUATIONS OF 60, 70, OR 95 MUST BE SUBSTANTIATED IN WRITING. INITIAL OR SIGN YOUR COMMENTS.

Officer [REDACTED] is a very active officer who handled 1239 calls for service with 356 of those calls being proactive stops.

Officer [REDACTED] is highly knowledgeable about the problem areas in his districts and who the known criminals are. Officer [REDACTED] maintains a constant presence in these high crime areas to improve the quality of life for the community. Capt. Gilbride of the University of Akron sent an email commending his professionalism and initiative to assist them with a sudden death of a student. Officer [REDACTED] had one call off this grading period. Nothing to follow. DM JM

**5. SIGNATURE OF EVALUATOR** THIS REPORT IS BASED ON MY OBSERVATION AND/OR KNOWLEDGE. IT REPRESENTS MY BEST JUDGEMENT OF THE EMPLOYEE'S PERFORMANCE.

EVALUATOR 1 SIGNATURE: [Signature] EMPLOYEE ID #: 16158 DATE: 10/16/19 EVALUATOR 2 SIGNATURE: [Signature] EMPLOYEE ID #: 12044 DATE: 10-22-19

**6. REVIEWER:** I APPROVE THIS REPORT IN TERMS OF PROCEDURE, CONTENT AND EQUITABILITY:

SIGNATURE OF REVIEWER: [Signature] EMPLOYEE ID #: 11802 DATE: 10/23/19

TO BE USED ONLY UPON SUCCESSFUL COMPLETION OF PROBATION PERIOD: THIS IS TO CERTIFY THAT THIS EMPLOYEE SHOULD ACHIEVE PERMANENT STATUS ON:  
 ORIGINAL APPOINTMENT  PROMOTION

SIGNATURE OF DEPARTMENT HEAD OR AUTHORIZED REPRESENTATIVE: [REDACTED] DATE: [REDACTED]

**7. REPORT DISCUSSION**

REPORT DISCUSSED WITH EMPLOYEE BY:  
 SIGNATURE: [Signature] AND DATE: 10/23/19

TO THE EMPLOYEE: YOUR SIGNATURE SHOWS THAT YOU HAVE RECEIVED A COPY OF THE REPORT AND THAT THE EVALUATION WAS DISCUSSED WITH YOU; IT DOES NOT MEAN YOU AGREE.

EMPLOYEE NAME [REDACTED]

DIVISION Police Uniformed

CLASS TITLE Police Officer

EVALUATION FROM 10/1/18 TO 3/31/19

MERIT INCREASE DATE 2/9/19

RETURN ORIGINAL TO PERSONNEL DEPARTMENT BY 4/30/19

PLEASE USE #2 PENCIL

EMPLOYEE ID grid with numbers 1-9 and checkboxes.

TYPE OF EVALUATION table with columns: STD, EMPLOY PROBATION, SEASON TEMP, PROM TRANSFER.

EVALUATOR ID grid with numbers 1-9 and checkboxes.

ITEMS MO: 1-12 FACTORS YR: 0-9

Main evaluation table with columns for items, factors, and scores (60-95).

4. COMMENT HERE ABOUT STRENGTHS OR ITEMS WHICH NEED IMPROVEMENT. ITEMS WHICH ARE JOB-RELATED TO THIS EMPLOYEE BUT ARE NOT LISTED ON THE FORM MAY BE ENTERED HERE.

Officer [REDACTED] is a highly active officer who answered 1022 calls for service with 300 of those being proactive stops. Office [REDACTED] can be depended upon to answer his calls for service appropriately with professionalism and courtesy. Officer [REDACTED] was given a commendation for assisting Cuyahoga Falls Police. He aided DB in identifying a suspect in B&E of Dollar General. The Mayor's office received a letter of appreciation from a citizen for Officer [REDACTED] providing great customer service at the Civic Theater. The Chief recognized Officer [REDACTED] for this service. He had no call offs this grading period. Nothing to follow.

5. SIGNATURE OF EVALUATOR THIS REPORT IS BASED ON MY OBSERVATION AND/OR KNOWLEDGE. IT REPRESENTS MY BEST JUDGEMENT OF THE EMPLOYEE'S PERFORMANCE.

6. REVIEWER: I APPROVE THIS REPORT IN TERMS OF PROCEDURE, CONTENT AND EQUITABILITY. TO BE USED ONLY UPON SUCCESSFUL COMPLETION OF PROBATION PERIOD.

7. REPORT DISCUSSION REPORT DISCUSSED WITH EMPLOYEE BY SIGNATURE AND DATE TO THE EMPLOYEE: YOUR SIGNATURE SHOWS THAT YOU HAVE RECEIVED A COPY OF THE REPORT AND THAT THE EVALUATION WAS DISCUSSED WITH YOU; IT DOES NOT MEAN YOU AGREE.

# EMPLOYEE PERFORMANCE EVALUATION REPORT

EMPLOYEE NAME  
[REDACTED]

DIVISION  
Police Uniformed

CLASS TITLE  
Police Officer

EVALUATION FROM 4/1/18 TO 9/30/18

MERIT INCREASE DATE 2/9/19

RETURN ORIGINAL TO PERSONNEL DEPARTMENT BY 10/31/18

PLEASE USE #2 PENCIL

EMPLOYEE ID	1	0	1	2	3	4	5	6	7	8	9
	8	0	1	2	3	4	5	6	7	8	9
	8	0	1	2	3	4	5	6	7	8	9
	2	0	1	2	3	4	5	6	7	8	9
	2	0	1	2	3	4	5	6	7	8	9

TYPE OF EVALUATION			
STD	EMPLOY PROBATION	SEASON TEMP	PROM TRANSFER
INTERIM	45 DAY	45 DAY	45 DAY
6-MONTH	90 DAY	90 DAY	90 DAY
	180 DAY	FINAL	
	270 DAY		

EVALUATOR ID	1	0	1	2	3	4	5	6	7	8	9
	7	0	1	2	3	4	5	6	7	8	9
	4	0	1	2	3	4	5	6	7	8	9
	7	0	1	2	3	4	5	6	7	8	9
	8	0	1	2	3	4	5	6	7	8	9

ITEMS MO: 1 2 3 4 5 6 7 8 9 10 11 12 FACTORS YR: 0 1 2 3 4 5 6 7 8 9

1. MARK PERFORMANCE, IN ITEMS WHICH ARE JOB-RELATED, WITH:  
 = STRONG  
 = STANDARD  
 = WEAK

2. LINE OUT ITEMS WHICH ARE NOT JOB-RELATED

3. EVALUATE PERFORMANCE BY BLACKENING IN BOX WITH A #2 PENCIL. DO NOT ERASE. IF A CORRECTION IS NECESSARY OBTAIN A NEW FORM FROM THE PERSONNEL DEPARTMENT.

60 = UNSATISFACTORY  
 70 = IMPROVEMENT NEEDED  
 80 = SATISFACTORY  
 90 = VERY GOOD  
 95 = OUTSTANDING

			60	70	80	90	95	
<input checked="" type="checkbox"/> ACCURACY	<input checked="" type="checkbox"/> JUDGEMENT	QUALITY OF WORK	EVALUATOR 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> THOROUGHNESS	<input checked="" type="checkbox"/> WRITTEN EXPRESSION	QUALITY OF WORK	EVALUATOR 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> NEATNESS OF WORK PRODUCT	<input checked="" type="checkbox"/> ORAL EXPRESSION	QUANTITY OF WORK	EVALUATOR 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> AMOUNT OF WORK ACCOMPLISHED		QUANTITY OF WORK	EVALUATOR 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> COMPLETION OF WORK ON SCHEDULE		ATTENDANCE	EVALUATOR 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> ADHERENCE TO WORKING HOURS	<input checked="" type="checkbox"/> AVAILABILITY AS REFLECTED BY FREQUENCY OF ABSENCE	ATTENDANCE	EVALUATOR 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> DEPENDABILITY AS REFLECTED BY FREQUENCY OF ABSENCE		WORK HABITS	EVALUATOR 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> DILIGENCE, EFFORT	<input checked="" type="checkbox"/> INITIATIVE	WORK HABITS	EVALUATOR 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> COMPLIANCE WITH INSTRUCTIONS OR OBJECTIVES	<input checked="" type="checkbox"/> CARE OF EQUIPMENT, MATERIAL	RELATIONSHIP WITH OTHERS	EVALUATOR 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> OBSERVANCE OF WORK RULES, SAFETY	<input checked="" type="checkbox"/> ORGANIZATION OF WORK	RELATIONSHIP WITH OTHERS	EVALUATOR 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> CONDUCT & COOPERATION WITH SUPERVISION	<input checked="" type="checkbox"/> CONDUCT WITH PUBLIC	SUPERVISORY SKILLS (LEAVE BLANK IF NOT APPLICABLE)	EVALUATOR 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> CONDUCT & COOPERATION WITH CO-WORKERS	<input checked="" type="checkbox"/> PERSONAL APPEARANCE & CARE	SUPERVISORY SKILLS (LEAVE BLANK IF NOT APPLICABLE)	EVALUATOR 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> PLANNING, ORGANIZING, ASSIGNING	<input type="checkbox"/> EVALUATING PERFORMANCE							
<input type="checkbox"/> TRAINING & INSTRUCTING	<input type="checkbox"/> FAIRNESS, IMPARTIALITY, LEADERSHIP							
<input type="checkbox"/> DISCIPLINARY CONTROL								

4. COMMENT HERE ABOUT STRENGTHS OR ITEMS WHICH NEED IMPROVEMENT. ITEMS WHICH ARE JOB-RELATED TO THIS EMPLOYEE BUT ARE NOT LISTED ON THE FORM MAY BE ENTERED HERE. EVALUATIONS OF 60, 70, OR 95 MUST BE SUBSTANTIATED IN WRITING. INITIAL OR SIGN YOUR COMMENTS.

Office [REDACTED] a very pro-active police officer on Platoon 1. He has handled 1,281 calls for service this grading period, 70 of which involved a gun. Officer [REDACTED] has done 90 reports and 48 FI cards this grading period. On September 3, he made a traffic stop on a vehicle which resulted in a gun being found search incident to tow, while doing an inventory of the motor. Officer [REDACTED] is always researching, trying to keep up with the problem areas in his districts and knowing who the known criminals are in the city of Akron. Officer [REDACTED] had one call off this grading period. NOTHING TO FOLLOW - 1329 BTM

5. SIGNATURE OF EVALUATOR THIS REPORT IS BASED ON MY OBSERVATION AND/OR KNOWLEDGE. IT REPRESENTS MY BEST JUDGEMENT OF THE EMPLOYEE'S PERFORMANCE.

EVALUATOR 1 SIGNATURE [Signature] EMPLOYEE ID # 117170 DATE 10/17/18  
 EVALUATOR 2 SIGNATURE [Signature] EMPLOYEE ID # 12041 DATE 10-22-18

6. REVIEWER: I APPROVE THIS REPORT IN TERMS OF PROCEDURE, CONTENT AND EQUITABILITY. SIGNATURE OF REVIEWER [Signature] EMPLOYEE ID # 11800 DATE 10/24/18

TO BE USED ONLY UPON SUCCESSFUL COMPLETION OF PROBATION PERIOD: THIS IS TO CERTIFY THAT THIS EMPLOYEE SHOULD ACHIEVE PERMANENT STATUS ON  ORIGINAL APPOINTMENT  PROMOTION

SIGNATURE OF DEPARTMENT HEAD OR AUTHORIZED REPRESENTATIVE [Signature] DATE 10-26-18

7. REPORT DISCUSSION REPORT DISCUSSED WITH EMPLOYEE BY: SIGNATURE AND DATE [Signature] 10-26-18

TO THE EMPLOYEE: YOUR SIGNATURE SHOWS THAT YOU HAVE RECEIVED A COPY OF THE REPORT AND THAT THE EVALUATION WAS DISCUSSED WITH YOU; IT DOES NOT MEAN YOU AGREE.

EMPLOYEE NAME [REDACTED]	DIVISION Police Uniformed	CLASS TITLE Police Officer
EVALUATION FROM 10/1/17 TO 9/30/18	MERIT INCREASE DATE 2/8/19	RETURN ORIGINAL TO PERSONNEL DEPARTMENT BY 4/20/18

PLEASE USE #2 PENCIL

E	1	0	1	2	3	4	5	6	7	8	9
M	1	0	1	2	3	4	5	6	7	8	9
P	1	0	1	2	3	4	5	6	7	8	9
L	1	0	1	2	3	4	5	6	7	8	9
O	1	0	1	2	3	4	5	6	7	8	9
Y	1	0	1	2	3	4	5	6	7	8	9
E	1	0	1	2	3	4	5	6	7	8	9
I	1	0	1	2	3	4	5	6	7	8	9
D	1	0	1	2	3	4	5	6	7	8	9

TYPE OF EVALUATION			
STD	EMPLOY PROBATION	SEASON TEMP	PROM TRANSFER
INTERIM	45 DAY	45 DAY	45 DAY
6-MONTH	90 DAY	90 DAY	90 DAY
	180 DAY	FINAL	
	270 DAY		

E	1	0	1	2	3	4	5	6	7	8	9
V	1	0	1	2	3	4	5	6	7	8	9
A	1	0	1	2	3	4	5	6	7	8	9
L	1	0	1	2	3	4	5	6	7	8	9
I	1	0	1	2	3	4	5	6	7	8	9
D	1	0	1	2	3	4	5	6	7	8	9

ITEMS MO: 1 2 3 4 5 6 7 8 9 10 11 12      FACTORS YR: 0 1 2 3 4 5 6 7 8 9

1. MARK PERFORMANCE, IN ITEMS WHICH ARE JOB-RELATED, WITH:  
 + = STRONG  
 ✓ = STANDARD  
 □ = WEAK

2. LINE OUT ITEMS WHICH ARE NOT JOB-RELATED

3. EVALUATE PERFORMANCE BY BLACKENING IN BOX WITH A #2 PENCIL. DO NOT ERASE. IF A CORRECTION IS NECESSARY OBTAIN A NEW FORM FROM THE PERSONNEL DEPARTMENT.

60 = UNSATISFACTORY  
 70 = IMPROVEMENT NEEDED  
 80 = SATISFACTORY  
 90 = VERY GOOD  
 95 = OUTSTANDING

			60	70	80	90	95
<input checked="" type="checkbox"/> ACCURACY	<input checked="" type="checkbox"/> JUDGEMENT	QUALITY OF WORK	EVALUATOR 1				
<input checked="" type="checkbox"/> THOROUGHNESS	<input checked="" type="checkbox"/> WRITTEN EXPRESSION	QUALITY OF WORK	EVALUATOR 2				
<input checked="" type="checkbox"/> NEATNESS OF WORK PRODUCT	<input checked="" type="checkbox"/> ORAL EXPRESSION	QUANTITY OF WORK	EVALUATOR 1				
<input checked="" type="checkbox"/> AMOUNT OF WORK ACCOMPLISHED		QUANTITY OF WORK	EVALUATOR 2				
<input checked="" type="checkbox"/> COMPLETION OF WORK ON SCHEDULE		ATTENDANCE	EVALUATOR 1				
<input checked="" type="checkbox"/> ADHERENCE TO WORKING HOURS	<input checked="" type="checkbox"/> AVAILABILITY AS REFLECTED BY AMOUNT OF TIME ABSENT	ATTENDANCE	EVALUATOR 2				
<input checked="" type="checkbox"/> DEPENDABILITY AS REFLECTED BY FREQUENCY OF ABSENCE		WORK HABITS	EVALUATOR 1				
<input checked="" type="checkbox"/> DILIGENCE, EFFORT	<input checked="" type="checkbox"/> INITIATIVE	WORK HABITS	EVALUATOR 2				
<input checked="" type="checkbox"/> COMPLIANCE WITH INSTRUCTIONS OR OBJECTIVES	<input checked="" type="checkbox"/> CARE OF EQUIPMENT, MATERIAL	RELATIONSHIP WITH OTHERS	EVALUATOR 1				
<input checked="" type="checkbox"/> OBSERVANCE OF WORK RULES, SAFETY	<input checked="" type="checkbox"/> ORGANIZATION OF WORK	RELATIONSHIP WITH OTHERS	EVALUATOR 2				
<input checked="" type="checkbox"/> CONDUCT & COOPERATION WITH SUPERVISION	<input checked="" type="checkbox"/> CONDUCT WITH PUBLIC	SUPERVISORY SKILLS	EVALUATOR 1				
<input checked="" type="checkbox"/> CONDUCT & COOPERATION WITH CO-WORKERS	<input checked="" type="checkbox"/> PERSONAL APPEARANCE & CARE	SUPERVISORY SKILLS	EVALUATOR 2				
<input type="checkbox"/> PLANNING, ORGANIZING, ASSIGNING	<input type="checkbox"/> EVALUATING PERFORMANCE	(LEAVE BLANK IF NOT APPLICABLE)					
<input type="checkbox"/> TRAINING & INSTRUCTING	<input type="checkbox"/> FAIRNESS, IMPARTIALITY, LEADERSHIP						
<input type="checkbox"/> DISCIPLINARY CONTROL							

4. COMMENT HERE ABOUT STRENGTHS OR ITEMS WHICH NEED IMPROVEMENT. ITEMS WHICH ARE JOB-RELATED TO THIS EMPLOYEE BUT ARE NOT LISTED ON THE FORM MAY BE ENTERED HERE. EVALUATIONS OF 60, 70, OR 95 MUST BE SUBSTANTIATED IN WRITING. INITIAL OR SIGN YOUR COMMENTS.

Officer [REDACTED] is a very proactive officer who is highly knowledgeable about the problems that exist in his districts. For example, on one occasion Officer [REDACTED] identified known criminals and was able to prevent them from stealing cars in the Ellet area and on a second occasion he helped Auto Theft in identifying three criminals in a stolen credit card/auto theft case. Officer [REDACTED] answered 1099 calls for service, where 287 of them were self-initiated traffic stops or suspicious person stops, and completed 94 reports. Officer [REDACTED] continues to show a consistent presence in the high crime areas, such as 26 E. Tallmadge Ave, where the owner wrote a thank you letter for his hard work. Officer [REDACTED] did not have any call offs.

5. SIGNATURE OF EVALUATOR

THIS REPORT IS BASED ON MY OBSERVATION AND/OR KNOWLEDGE. IT REPRESENTS MY BEST JUDGEMENT OF THE EMPLOYEE'S PERFORMANCE.

EVALUATOR 1 SIGNATURE: [Signature]      EMPLOYEE ID #: 1158      DATE: 4-4-18      EVALUATOR 2 SIGNATURE: [Signature]      EMPLOYEE ID #: 12061      DATE: 4-17-18

6. REVIEWER: I APPROVE THIS REPORT IN TERMS OF PROCEDURE, CONTENT AND EQUITABILITY:

SIGNATURE OF REVIEWER: [Signature]      EMPLOYEE ID #: 11800      DATE: 4/16/18

TO BE USED ONLY UPON SUCCESSFUL COMPLETION OF PROBATION PERIOD: THIS IS TO CERTIFY THAT THIS EMPLOYEE SHOULD ACHIEVE PERMANENT STATUS ON  
 ORIGINAL APPOINTMENT     PROMOTION

SIGNATURE OF DEPARTMENT HEAD OR AUTHORIZED REPRESENTATIVE: [Signature]      DATE: [Blank]

7. REPORT DISCUSSION

REPORT DISCUSSED WITH EMPLOYEE BY:

SIGNATURE AND DATE: [Signature]      10/23/18      11/2/18

TO THE EMPLOYEE: YOUR SIGNATURE SHOWS THAT YOU HAVE RECEIVED A COPY OF THE REPORT AND THAT THE EVALUATION WAS DISCUSSED WITH YOU; IT DOES NOT MEAN YOU AGREE.

DATE: [Blank]

EMPLOYEE NAME  
[REDACTED]

DIVISION  
Police Uniformed

CLASS TITLE  
Police Officer

EVALUATION FROM 4/1/17 TO 9/30/17

MERIT INCREASE DATE 2/9/18

RETURN ORIGINAL TO PERSONNEL DEPARTMENT BY 10/31/17

PLEASE USE #2 PENCIL

EMPLOYEE ID [REDACTED]

TYPE OF EVALUATION  
STD EMPLOY PROBATION SEASON TEMP PROM TRANSFER  
INTERIM 6-MONTH 45 DAY 90 DAY 180 DAY 270 DAY 45 DAY 90 DAY FINAL 45 DAY 90 DAY

EVALUATOR ID [REDACTED]

ITEMS MO: 1 2 3 4 5 6 7 8 9 10 11 12 FACTORS YR: 0 1 2 3 4 5 6 7 8 9

1. MARK PERFORMANCE, IN ITEMS WHICH ARE JOB-RELATED, WITH: + = STRONG, [X] = STANDARD, - = WEAK  
2. LINE OUT ITEMS WHICH ARE NOT JOB-RELATED  
3. EVALUATE PERFORMANCE BY BLACKENING IN BOX WITH A #2 PENCIL. DO NOT ERASE. IF A CORRECTION IS NECESSARY OBTAIN A NEW FORM FROM THE PERSONNEL DEPARTMENT.

Table with 5 columns (60, 70, 80, 90, 95) and rows for: ACCURACY, THOROUGHNESS, NEATNESS OF WORK PRODUCT, AMOUNT OF WORK ACCOMPLISHED, COMPLETION OF WORK ON SCHEDULE, ADHERENCE TO WORKING HOURS, DEPENDABILITY AS REFLECTED BY FREQUENCY OF ABSENCE, DILIGENCE, EFFORT, COMPLIANCE WITH INSTRUCTIONS OR OBJECTIVES, OBSERVATION OF WORK RULES, SAFETY, CONDUCT & COOPERATION WITH SUPERVISION, CONDUCT & COOPERATION WITH CO-WORKERS, PLANNING, ORGANIZING, ASSIGNING, TRAINING & INSTRUCTING, DISCIPLINARY CONTROL, JUDGEMENT, WRITTEN EXPRESSION, ORAL EXPRESSION, INITIATIVE, CARE OF EQUIPMENT, MATERIAL, ORGANIZATION OF WORK, CONDUCT WITH PUBLIC, PERSONAL APPEARANCE & CARE, EVALUATING PERFORMANCE, FAIRNESS, IMPARTIALITY, LEADERSHIP, QUALITY OF WORK, QUANTITY OF WORK, ATTENDANCE, WORK HABITS, RELATIONSHIP WITH OTHERS, SUPERVISORY SKILLS.

4. COMMENT HERE ABOUT STRENGTHS OR ITEMS WHICH NEED IMPROVEMENT. ITEMS WHICH ARE JOB-RELATED TO THIS EMPLOYEE BUT ARE NOT LISTED ON THE FORM MAY BE ENTERED HERE. EVALUATIONS OF 60, 70, OR 95 MUST BE SUBSTANTIATED IN WRITING. INITIAL OR SIGN YOUR COMMENTS.

Officer [REDACTED] is a very enthusiastic officer who is a self-starter and highly proactive. Officer [REDACTED] assigned as a fill officer for the east side jump car. Even though Officer [REDACTED] is not assigned to a steady district he is always aware of the problem areas in each district and takes action to resolve the problems. Officer [REDACTED] answered 1311 calls for service including 212 self-initiated suspicious person stops and 200 traffic stops. One of Officer [REDACTED] traffic stops started as a vehicle pursuit where the suspect was later apprehended and found to be a homicide suspect. Officer [REDACTED] displays a positive attitude towards his job and is always eager to learn more. Officer [REDACTED] did not have any call offs during this grading period.

5. SIGNATURE OF EVALUATOR THIS REPORT IS BASED ON MY OBSERVATION AND/OR KNOWLEDGE. IT REPRESENTS MY BEST JUDGEMENT OF THE EMPLOYEE'S PERFORMANCE.

6. REVIEWER: I APPROVE THIS REPORT IN TERMS OF PROCEDURE, CONTENT AND EQUITABILITY. TO BE USED ONLY UPON SUCCESSFUL COMPLETION OF PROBATION PERIOD: THIS IS TO CERTIFY THAT THIS EMPLOYEE SHOULD ACHIEVE PERMANENT STATUS ON [ ] ORIGINAL APPOINTMENT [ ] PROMOTION

7. REPORT DISCUSSION REPORT DISCUSSED WITH EMPLOYEE BY: SIGNATURE AND DATE TO THE EMPLOYEE: YOUR SIGNATURE SHOWS THAT YOU HAVE RECEIVED A COPY OF THE REPORT AND THAT THE EVALUATION WAS DISCUSSED WITH YOU; IT DOES NOT MEAN YOU AGREE



# EMPLOYEE PERFORMANCE EVALUATION REPORT

EMPLOYEE NAME [REDACTED]	DIVISION Police Uniformed	CLASS TITLE Police Officer
EVALUATION FROM 4/1/16 TO 9/30/16	MERIT INCREASE DATE 2/9/17	RETURN ORIGINAL TO PERSONNEL DEPARTMENT BY 10/31/16

PLEASE USE #2 PENCIL

EMPLOYEE ID	1	0	1	2	3	4	5	6	7	8	9
	2	0	1	2	3	4	5	6	7	8	9
	3	0	1	2	3	4	5	6	7	8	9
	4	0	1	2	3	4	5	6	7	8	9
	5	0	1	2	3	4	5	6	7	8	9

TYPE OF EVALUATION			
STD	EMPLOY PROBATION	SEASON TEMP	PROM TRANSFER
INTERIM	45 DAY	45 DAY	45 DAY
6-MONTH	90 DAY	90 DAY	90 DAY
	180 DAY	FINAL	
	270 DAY		

EVALUATOR ID	1	0	1	2	3	4	5	6	7	8	9
	2	0	1	2	3	4	5	6	7	8	9
	3	0	1	2	3	4	5	6	7	8	9
	4	0	1	2	3	4	5	6	7	8	9
	5	0	1	2	3	4	5	6	7	8	9

ITEMS MO: 1 2 3 4 5 6 7 8 9 10 11 12      FACTORS YR: 0 1 2 3 4 5 6 7 8 9

**1. MARK PERFORMANCE, IN ITEMS WHICH ARE JOB-RELATED, WITH:**  
 = STRONG  
 = STANDARD  
 = WEAK

**2. LINE OUT ITEMS WHICH ARE NOT JOB-RELATED**

**3. EVALUATE PERFORMANCE BY BLACKENING IN BOX WITH A #2 PENCIL. DO NOT ERASE. IF A CORRECTION IS NECESSARY OBTAIN A NEW FORM FROM THE PERSONNEL DEPARTMENT.**

60 = UNSATISFACTORY  
 70 = IMPROVEMENT NEEDED  
 80 = SATISFACTORY  
 90 = VERY GOOD  
 95 = OUTSTANDING

FACTORS	EVALUATOR 1	EVALUATOR 2	60	70	80	90	95
QUALITY OF WORK	<input type="checkbox"/>						
QUANTITY OF WORK	<input type="checkbox"/>						
ATTENDANCE	<input type="checkbox"/>						
WORK HABITS	<input type="checkbox"/>						
RELATIONSHIP WITH OTHERS	<input type="checkbox"/>						
SUPERVISORY SKILLS (LEAVE BLANK IF NOT APPLICABLE)	<input type="checkbox"/>						

**4. COMMENT** HERE ABOUT STRENGTHS OR ITEMS WHICH NEED IMPROVEMENT. ITEMS WHICH ARE JOB-RELATED TO THIS EMPLOYEE BUT ARE NOT LISTED ON THE FORM MAY BE ENTERED HERE. EVALUATIONS OF 60, 70, OR 95 MUST BE SUBSTANTIATED IN WRITING. INITIAL OR SIGN YOUR COMMENTS.

Officer [REDACTED] has done well this evaluation period. He and his partner are very proactive officers evidenced by the 208 traffic stops, 125 "9" stops, 28 Park and Walks, and 51 CIP's. Officer White went to and successfully completed training for "Non-Lethal Weapons Instructor" at the National Guard, including TASER Instructor. He had an accident in a cruiser that was preventable. Officer [REDACTED] did not call off this evaluation period.

*He does not call off this evaluation period.*

**5. SIGNATURE OF EVALUATOR** THIS REPORT IS BASED ON MY OBSERVATION AND/OR KNOWLEDGE. IT REPRESENTS MY BEST JUDGEMENT OF THE EMPLOYEE'S PERFORMANCE.

EVALUATOR 1 SIGNATURE: [Signature] EMPLOYEE ID #: 10351 DATE: 10/25/16  
 EVALUATOR 2 SIGNATURE: [Signature] EMPLOYEE ID #: 102516 DATE: 10/25/16

**6. REVIEWER:** I APPROVE THIS REPORT IN TERMS OF PROCEDURE, CONTENT AND EQUITABILITY.

SIGNATURE OF REVIEWER: [Signature] EMPLOYEE ID #: 771 DATE: 10/26/16

TO BE USED ONLY UPON SUCCESSFUL COMPLETION OF PROBATION PERIOD: THIS IS TO CERTIFY THAT THIS EMPLOYEE SHOULD ACHIEVE PERMANENT STATUS ON  ORIGINAL APPOINTMENT  PROMOTION

SIGNATURE OF DEPARTMENT HEAD OR AUTHORIZED REPRESENTATIVE: [Signature] DATE: 10/27/16

**7. REPORT DISCUSSION** REPORT DISCUSSED WITH EMPLOYEE BY: SIGNATURE AND DATE: [Signature] 11/45

TO THE EMPLOYEE: YOUR SIGNATURE SHOWS THAT YOU HAVE RECEIVED A COPY OF THE REPORT AND THAT THE EVALUATION WAS DISCUSSED WITH YOU; IT DOES NOT MEAN YOU AGREE.

SIGNATURE AND DATE: [Signature] 10/27/16

# EMPLOYEE PERFORMANCE EVALUATION REPORT

EMPLOYEE NAME

DIVISION  
**Police Uniformed**

CLASS TITLE  
**Police Officer**

EVALUATION FROM **10/1/15** TO **3/31/16**

MERIT INCREASE DATE **2/9/17**

RETURN ORIGINAL TO PERSONNEL DEPARTMENT BY **4/30/16**

PLEASE USE #2 PENCIL

EMPLOYEE ID	1	<input type="radio"/>								
	8	<input type="radio"/>								
	8	<input type="radio"/>								
	2	<input type="radio"/>								
	2	<input type="radio"/>								

TYPE OF EVALUATION			
STD	EMPLOY PROBATION	SEASON TEMP	PROM TRANSFER
INTERIM	45 DAY	45 DAY	45 DAY
6-MONTH	90 DAY	90 DAY	90 DAY
	180 DAY	FINAL	
	270 DAY		

EVALUATOR ID	1	<input type="radio"/>								
	9	<input type="radio"/>								
	9	<input type="radio"/>								
	1	<input type="radio"/>								
	1	<input type="radio"/>								

ITEMS MO:  1  2  3  4  5  6  7  8  9  10  11  12

FACTORS YR:  0  1  2  3  4  5  6  7  8  9

<p><b>1. MARK PERFORMANCE, IN ITEMS WHICH ARE JOB-RELATED, WITH:</b></p> <p><input checked="" type="checkbox"/> = STRONG <input checked="" type="checkbox"/> = STANDARD <input type="checkbox"/> = WEAK</p>	<p><b>2. LINE OUT ITEMS WHICH ARE NOT JOB-RELATED</b></p>	<p><b>3. EVALUATE PERFORMANCE BY BLACKENING IN BOX WITH A #2 PENCIL. DO NOT ERASE. IF A CORRECTION IS NECESSARY OBTAIN A NEW FORM FROM THE PERSONNEL DEPARTMENT.</b></p>	<p>60 = UNSATISFACTORY 70 = IMPROVEMENT NEEDED 80 = SATISFACTORY 90 = VERY GOOD 95 = OUTSTANDING</p>
<p><input checked="" type="checkbox"/> ACCURACY</p>	<p><input checked="" type="checkbox"/> JUDGEMENT</p>	<p><b>QUALITY OF WORK</b></p>	<p>EVALUATOR 1 EVALUATOR 2</p>
<p><input checked="" type="checkbox"/> THOROUGHNESS</p>	<p><input checked="" type="checkbox"/> WRITTEN EXPRESSION</p>	<p><b>QUANTITY OF WORK</b></p>	<p>EVALUATOR 1 EVALUATOR 2</p>
<p><input checked="" type="checkbox"/> NEATNESS OF WORK PRODUCT</p>	<p><input checked="" type="checkbox"/> ORAL EXPRESSION</p>	<p><b>ATTENDANCE</b></p>	<p>EVALUATOR 1 EVALUATOR 2</p>
<p><input checked="" type="checkbox"/> AMOUNT OF WORK ACCOMPLISHED</p>	<p><input checked="" type="checkbox"/> AVAILABILITY AS REFLECTED BY AMOUNT OF TIME ABSENT</p>	<p><b>WORK HABITS</b></p>	<p>EVALUATOR 1 EVALUATOR 2</p>
<p><input checked="" type="checkbox"/> COMPLETION OF WORK ON SCHEDULE</p>	<p><input checked="" type="checkbox"/> INITIATIVE</p>	<p><b>RELATIONSHIP WITH OTHERS</b></p>	<p>EVALUATOR 1 EVALUATOR 2</p>
<p><input checked="" type="checkbox"/> ADHERENCE TO WORKING HOURS</p>	<p><input checked="" type="checkbox"/> CARE OF EQUIPMENT, MATERIAL</p>	<p><b>SUPERVISORY SKILLS (LEAVE BLANK IF NOT APPLICABLE)</b></p>	<p>EVALUATOR 1 EVALUATOR 2</p>
<p><input checked="" type="checkbox"/> DEPENDABILITY AS REFLECTED BY FREQUENCY OF ABSENCE</p>	<p><input checked="" type="checkbox"/> ORGANIZATION OF WORK</p>		
<p><input checked="" type="checkbox"/> DILIGENCE, EFFORT</p>	<p><input checked="" type="checkbox"/> CONDUCT WITH PUBLIC</p>		
<p><input checked="" type="checkbox"/> COMPLIANCE WITH INSTRUCTIONS OR OBJECTIVES</p>	<p><input checked="" type="checkbox"/> PERSONAL APPEARANCE &amp; CARE</p>		
<p><input checked="" type="checkbox"/> OBSERVANCE OF WORK RULES, SAFETY</p>	<p><input type="checkbox"/> EVALUATING PERFORMANCE</p>		
<p><input checked="" type="checkbox"/> CONDUCT &amp; COOPERATION WITH SUPERVISION</p>	<p><input type="checkbox"/> FAIRNESS, IMPARTIALITY, LEADERSHIP</p>		
<p><input checked="" type="checkbox"/> CONDUCT &amp; COOPERATION WITH CO-WORKERS</p>			
<p><input type="checkbox"/> PLANNING, ORGANIZING, ASSIGNING</p>			
<p><input type="checkbox"/> TRAINING &amp; INSTRUCTING</p>			
<p><input type="checkbox"/> DISCIPLINARY CONTROL</p>			

**4. COMMENT** HERE ABOUT STRENGTHS OR ITEMS WHICH NEED IMPROVEMENT. ITEMS WHICH ARE JOB-RELATED TO THIS EMPLOYEE BUT ARE NOT LISTED ON THE FORM MAY BE ENTERED HERE. EVALUATIONS OF 60, 70, OR 95 MUST BE SUBSTANTIATED IN WRITING. INITIAL OR SIGN YOUR COMMENTS.

Officer [redacted] assigned to very busy districts; working both North Hill and the east side of the city. He is progressing as a young officer is expected to be. He answers a high volume of calls both dispatched and self-initiated. Officer [redacted] had no call-offs during this grading period.

**5. SIGNATURE OF EVALUATOR** THIS REPORT IS BASED ON MY OBSERVATION AND/OR KNOWLEDGE. IT REPRESENTS MY BEST JUDGEMENT OF THE EMPLOYEE'S PERFORMANCE.

EVALUATOR 1 SIGNATURE: [Signature] EMPLOYEE ID #: 10791 DATE: 4/16/16  
 EVALUATOR 2 SIGNATURE: [Signature] EMPLOYEE ID #: 10449 DATE: 4/17/16

**6. REVIEWER:** I APPROVE THIS REPORT IN TERMS OF PROCEDURE, CONTENT AND EQUITABILITY.

SIGNATURE OF REVIEWER: [Signature] EMPLOYEE ID #: 771 DATE: 4-27-16

TO BE USED ONLY UPON SUCCESSFUL COMPLETION OF PROBATION PERIOD. THIS IS TO CERTIFY THAT THIS EMPLOYEE SHOULD ACHIEVE PERMANENT STATUS ON  ORIGINAL APPOINTMENT  PROMOTION

SIGNATURE OF DEPARTMENT HEAD OR AUTHORIZED REPRESENTATIVE: [redacted] DATE: 4/27/2016

**7. REPORT DISCUSSION**

REPORT DISCUSSED WITH EMPLOYEE BY:

SIGNATURE AND DATE: [Signature] 4/27/16

TO THE EMPLOYEE YOUR SIGNATURE SHOWS THAT YOU HAVE RECEIVED A COPY OF THE REPORT AND THAT THE EVALUATION WAS DISCUSSED WITH YOU; IT DOES NOT MEAN YOU AGREE.

# EMPLOYEE PERFORMANCE EVALUATION REPORT

EMPLOYEE NAME [REDACTED]	DIVISION POLICE	CLASS TITLE POLICE OFFICER
-----------------------------	--------------------	-------------------------------

EVALUATION FROM 2/9/15 TO 11/5/15	MERIT INCREASE DATE	RETURN ORIGINAL TO PERSONNEL DEPARTMENT BY 12/5/15
-----------------------------------	---------------------	--

PLEASE USE #2 PENCIL

EMPLOYEE ID	1	0	1	2	3	4	5	6	7	8	9
	8	0	1	2	3	4	5	6	7	8	9
	8	0	1	2	3	4	5	6	7	8	9
	2	0	1	2	3	4	5	6	7	8	9
	2	0	1	2	3	4	5	6	7	8	9

TYPE OF EVALUATION												
STD	EMPLOY PROBATION				SEASON TEMP			PROM TRANSFER				
	6-MONTH	45 DAY	90 DAY	180 DAY	270 DAY	45 DAY	90 DAY	FINAL	45 DAY	90 DAY		
	<input type="checkbox"/>											

EVALUATOR ID	1	0	1	2	3	4	5	6	7	8	9
	0	0	1	2	3	4	5	6	7	8	9
	4	0	1	2	3	4	5	6	7	8	9
	4	0	1	2	3	4	5	6	7	8	9
	9	0	1	2	3	4	5	6	7	8	9

ITEMS MO: 1 2 3 4 5 6 7 8 9 10 11 12      FACTORS YR: 0 1 2 3 4 5 6 7 8 9

<b>1. MARK PERFORMANCE, IN ITEMS WHICH ARE JOB-RELATED, WITH:</b> <input checked="" type="checkbox"/> = STRONG <input checked="" type="checkbox"/> = STANDARD <input type="checkbox"/> = WEAK	<b>2. LINE OUT ITEMS WHICH ARE NOT JOB-RELATED</b>	<b>3. EVALUATE PERFORMANCE BY BLACKENING IN BOX WITH A #2 PENCIL. DO NOT ERASE. IF A CORRECTION IS NECESSARY OBTAIN A NEW FORM FROM THE PERSONNEL DEPARTMENT.</b>	60 = UNSATISFACTORY 70 = IMPROVEMENT NEEDED 80 = SATISFACTORY 90 = VERY GOOD 95 = OUTSTANDING															
<input checked="" type="checkbox"/> ACCURACY <input checked="" type="checkbox"/> THOROUGHNESS <input checked="" type="checkbox"/> NEATNESS OF WORK PRODUCT	<input checked="" type="checkbox"/> JUDGEMENT <input checked="" type="checkbox"/> WRITTEN EXPRESSION <input checked="" type="checkbox"/> ORAL EXPRESSION	<b>QUALITY OF WORK</b> EVALUATOR 1 EVALUATOR 2	<table border="1" style="width:100%"> <tr><td>60</td><td>70</td><td>80</td><td>90</td><td>95</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table>	60	70	80	90	95	<input type="checkbox"/>									
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<input checked="" type="checkbox"/> DILIGENCE, EFFORT <input checked="" type="checkbox"/> COMPLIANCE WITH INSTRUCTIONS OR OBJECTIVES <input checked="" type="checkbox"/> OBSERVANCE OF WORK RULES, SAFETY	<input checked="" type="checkbox"/> CONDUCT WITH PUBLIC <input checked="" type="checkbox"/> PERSONAL APPEARANCE & CARE	<b>WORK HABITS</b> EVALUATOR 1 EVALUATOR 2	<table border="1" style="width:100%"> <tr><td>60</td><td>70</td><td>80</td><td>90</td><td>95</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table>	60	70	80	90	95	<input type="checkbox"/>									
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<input checked="" type="checkbox"/> CONDUCT & COOPERATION WITH SUPERVISION <input checked="" type="checkbox"/> CONDUCT & COOPERATION WITH CO-WORKERS	<input type="checkbox"/> EVALUATING PERFORMANCE <input type="checkbox"/> FAIRNESS, IMPARTIALITY, LEADERSHIP	<b>RELATIONSHIP WITH OTHERS</b> EVALUATOR 1 EVALUATOR 2	<table border="1" style="width:100%"> <tr><td>60</td><td>70</td><td>80</td><td>90</td><td>95</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table>	60	70	80	90	95	<input type="checkbox"/>									
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>														
<input type="checkbox"/> PLANNING, ORGANIZING, ASSIGNING <input type="checkbox"/> TRAINING & INSTRUCTING <input type="checkbox"/> DISCIPLINARY CONTROL		<b>SUPERVISORY SKILLS</b> (LEAVE BLANK IF NOT APPLICABLE) EVALUATOR 1 EVALUATOR 2	<table border="1" style="width:100%"> <tr><td>60</td><td>70</td><td>80</td><td>90</td><td>95</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table>	60	70	80	90	95	<input type="checkbox"/>									
60	70	80	90	95														
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>														

**4. COMMENT** HERE ABOUT STRENGTHS OR ITEMS WHICH NEED IMPROVEMENT. ITEMS WHICH ARE JOB-RELATED TO THIS EMPLOYEE BUT ARE NOT LISTED ON THE FORM MAY BE ENTERED HERE. EVALUATIONS OF 60, 70, OR 95 MUST BE SUBSTANTIATED IN WRITING. INITIAL OR SIGN YOUR COMMENTS.

Off. [REDACTED] HAS SATISFACTORILY COMPLETED HIS PROBATIONARY PERIOD. HE HAS NOT CALLED OFF.

**5. SIGNATURE OF EVALUATOR** THIS REPORT IS BASED ON MY OBSERVATION AND/OR KNOWLEDGE. IT REPRESENTS MY BEST JUDGEMENT OF THE EMPLOYEE'S PERFORMANCE.

EVALUATOR 1 SIGNATURE: [Signature] EMPLOYEE ID #: 10449 DATE: 11/4/2015  
 EVALUATOR 2 SIGNATURE: [Signature] EMPLOYEE ID #: 12672 DATE: 11-5-15

**6. REVIEWER:** I APPROVE THIS REPORT IN TERMS OF PROCEDURE, CONTENT AND EQUITABILITY.

SIGNATURE OF REVIEWER: [Signature] EMPLOYEE ID #: 771 DATE: 11-5-15

TO BE USED ONLY UPON SUCCESSFUL COMPLETION OF PROBATION PERIOD: THIS IS TO CERTIFY THAT THIS EMPLOYEE SHOULD ACHIEVE PERMANENT STATUS ON  ORIGINAL APPOINTMENT  PROMOTION

SIGNATURE OF DEPARTMENT HEAD OR AUTHORIZED REPRESENTATIVE: [Signature] DATE: [Blank]

**7. REPORT DISCUSSION**

REPORT DISCUSSED WITH EMPLOYEE BY: [Signature] DATE: 11/8/2015

SIGNATURE AND DATE: [Signature] #1062

TO THE EMPLOYEE: YOUR SIGNATURE SHOWS THAT YOU HAVE RECEIVED A COPY OF THE REPORT AND THAT THE EVALUATION WAS DISCUSSED WITH YOU; IT DOES NOT MEAN YOU AGREE.

[Signature] DATE: 11/5/15

EMPLOYEE NAME  
[REDACTED]

DIVISION  
POLICE

CLASS TITLE  
POLICE OFFICER

EVALUATION FROM 2/9/15 TO 5/9/15

MERIT INCREASE DATE

RETURN ORIGINAL TO PERSONNEL DEPARTMENT BY 6/9/15

PLEASE USE #2 PENCIL

EMPLOYEE ID: 1 2 3 4 5 6 7 8 9  
1 0 1 2 3 4 5 6 7 8 9  
2 0 1 2 3 4 5 6 7 8 9  
2 0 1 2 3 4 5 6 7 8 9

TYPE OF EVALUATION  
STD EMPLOY PROBATION SEASON TEMP PROM TRANSFER  
INTERIM 6-MONTH 45 DAY 90 DAY 180 DAY 270 DAY 45 DAY 90 DAY FINAL 45 DAY 90 DAY

EVALUATOR ID: 1 2 3 4 5 6 7 8 9  
2 0 1 2 3 4 5 6 7 8 9  
6 0 1 2 3 4 5 6 7 8 9  
1 0 1 2 3 4 5 6 7 8 9

ITEMS MO: 1 2 3 4 5 6 7 8 9 10 11 12 FACTORS YR: 0 1 2 3 4 5 6 7 8 9

1. MARK PERFORMANCE, IN ITEMS WHICH ARE JOB-RELATED, WITH:  
+ = STRONG  
✓ = STANDARD  
□ = WEAK  
2. LINE OUT ITEMS WHICH ARE NOT JOB-RELATED  
3. EVALUATE PERFORMANCE BY BLACKENING IN BOX WITH A #2 PENCIL. DO NOT ERASE. IF A CORRECTION IS NECESSARY OBTAIN A NEW FORM FROM THE PERSONNEL DEPARTMENT.  
60 = UNSATISFACTORY  
70 = IMPROVEMENT NEEDED  
80 = SATISFACTORY  
90 = VERY GOOD  
95 = OUTSTANDING

Table with 5 columns (60, 70, 80, 90, 95) and rows for: ACCURACY, THOROUGHNESS, NEATNESS OF WORK PRODUCT, AMOUNT OF WORK ACCOMPLISHED, COMPLETION OF WORK ON SCHEDULE, ADHERENCE TO WORKING HOURS, DEPENDABILITY AS REFLECTED BY FREQUENCY OF ABSENCE, DILIGENCE, EFFORT, COMPLIANCE WITH INSTRUCTIONS OR OBJECTIVES, OBSERVANCE OF WORK RULES, SAFETY, CONDUCT & COOPERATION WITH SUPERVISION, CONDUCT & COOPERATION WITH CO-WORKERS, PLANNING, ORGANIZING, ASSIGNING, TRAINING & INSTRUCTING, DISCIPLINARY CONTROL, JUDGEMENT, WRITTEN EXPRESSION, ORAL EXPRESSION, QUALITY OF WORK, QUANTITY OF WORK, ATTENDANCE, WORK HABITS, RELATIONSHIP WITH OTHERS, SUPERVISORY SKILLS.

4. COMMENT HERE ABOUT STRENGTHS OR ITEMS WHICH NEED IMPROVEMENT. ITEMS WHICH ARE JOB-RELATED TO THIS EMPLOYEE BUT ARE NOT LISTED ON THE FORM MAY BE ENTERED HERE. EVALUATIONS OF 60, 70, OR 95 MUST BE SUBSTANTIATED IN WRITING. INITIAL OR SIGN YOUR COMMENTS.

OFFICER [REDACTED] IS PROGRESSING WELL TO THIS POINT IN HIS PROBATIONARY PERIOD. HE HAD NO CALLOFFS DURING THIS TIME.

5. SIGNATURE OF EVALUATOR  
THIS REPORT IS BASED ON MY OBSERVATION AND/OR KNOWLEDGE. IT REPRESENTS MY BEST JUDGEMENT OF THE EMPLOYEE'S PERFORMANCE.  
EVALUATOR 1 SIGNATURE: [Signature] EMPLOYEE ID #: 12061 DATE: 5-9-15  
EVALUATOR 2 SIGNATURE: [Signature] EMPLOYEE ID #: 835/12672 DATE: 5-20

6. REVIEWER: I APPROVE THIS REPORT IN TERMS OF PROCEDURE, CONTENT AND EQUITABILITY.  
SIGNATURE OF REVIEWER: [Signature] EMPLOYEE ID #: 771 DATE: 5-21-15  
TO BE USED ONLY UPON SUCCESSFUL COMPLETION OF PROBATION PERIOD: THIS IS TO CERTIFY THAT THIS EMPLOYEE SHOULD ACHIEVE PERMANENT STATUS ON ORIGINAL APPOINTMENT PROMOTION  
SIGNATURE OF DEPARTMENT HEAD OR AUTHORIZED REPRESENTATIVE: [Signature] DATE: [Blank]

7. REPORT DISCUSSION  
REPORT DISCUSSED WITH EMPLOYEE BY:  
SIGNATURE AND DATE: [Signature] 1119 6-7-15  
TO THE EMPLOYEE: YOUR SIGNATURE SHOWS THAT YOU HAVE RECEIVED A COPY OF THE REPORT AND THAT THE EVALUATION WAS DISCUSSED WITH YOU; IT DOES NOT MEAN YOU AGREE.  
SIGNATURE AND DATE: [Signature] 6/9/15

**CITY OF AKRON, OHIO**

**DEPARTMENT**

**CHIEF'S ORDER**

**CHIEF'S OFFICE**

**2021-CO-13**

**June 28, 2021**

**ORDER**

The following sergeants and officers are ordered to report for the July 4<sup>th</sup> Fireworks on Sunday, July 4, 2021, and remain until the conclusion of the event. Roll call will be at 7 PM, location to be determined.

**Sergeants:**

- 1259 Gregory Kianos
- 1400 Andrew Bowman
- 1410 Michael Pasternak

**Officers:**

- |                           |                      |                         |
|---------------------------|----------------------|-------------------------|
| 1409 Michael Bruvarny III | 1460 Damber Subba    | 1511 Austin Mautz       |
| 1412 Felicia Behner       | 1465 Drew Fite       | 1513 Riley Jones        |
| 1420 J. Devlin Saunier    | 1466 Nicholas Smith  | 1520 Gavann Lockhart Jr |
| 1421 Paul Barnes          | 1468 Daniel Henry    | 1525 Zacharia Oles      |
| 1423 Timothy Hunt         | 1472 Nicholas Film   | 1532 Ty Taylor          |
| 1424 Anthony Brandenburg  | 1478 Madison Hooper  |                         |
| █ █                       | 1479 Orlando Romine  |                         |
| 1428 Justin Brumbaugh     | 1486 Aslea Williams  |                         |
| 1433 Brittany French      | 1492 Dylan Carmany   |                         |
| 1436 Michael Oesterle     | 1493 Paul Hood       |                         |
| 1439 Sarah Sapper         | 1499 Russell Kenney  |                         |
| 1441 Adem Hacimuezzin     | 1501 Cameron McGowan |                         |
| 1442 Preston Arroyo       | 1504 Mason Hall      |                         |
| 1453 Adam Semchee         | 1507 Judd Bishop     |                         |
| 1454 Steven Orwick        | 1510 Truvonte Riley  |                         |



**Michael J. Caprez**  
**Acting Chief of Police**



**COMMAND  
PRESENCE**

TRANSFORMING GOOD OFFICERS INTO GREAT ONES

# Certificate of Training

Presented to



For successfully completing

**Leading Without Rank: Leadership for the Line Officer  
8 Hrs**

Completed on August 4, 2021

**John Bostain  
President**

**Michael Warren  
Director of Training**

# CITY OF AKRON, OHIO

**DEPARTMENT  
CHIEF'S OFFICE**

**May 22, 2020**

OFFICER [REDACTED]  
I.D. # [REDACTED]

Your actions on April 7, 2020, whereby you failed to activate your BWC (Body Worn Camera) as required by P-2019-031, Section IV, B, 6, when on a call for service and likely to have citizen contact, caused you to violate the following rule of the Akron Police Department:

**RULE 700.05(c)** Officers/employees shall perform their duties in a manner, which will maintain the highest standards of efficiency in carrying out the functions and objectives of the Akron Police Division. For a violation of a procedure of the Division of Police, Section 700.05(c) is a minor offense of the first degree.

For violation of the above rule, you are hereby issued a WRITTEN REPRIMAND. This may be reflected in your next service rating.

*Capt Melissa Schnee* 5-27-20  
CAPTAIN MELISSA SCHNEE  
SHIFT COMMANDER

*Kenneth R. Ball II*  
KENNETH R. BALL II  
CHIEF OF POLICE

I ACCEPT THE ABOVE DISCIPLINARY ACTION.

[REDACTED]

5-27-20  
DATE

Refused GW #1426  
F.O.P. REPRESENTATIVE DATE

# CITY OF AKRON, OHIO

**DEPARTMENT  
CHIEF'S OFFICE**

**May 22, 2020**

OFFICER [REDACTED]  
I.D. # [REDACTED]

Your actions on April 7, 2020, whereby you failed to activate your BWC (Body Worn Camera) as required by P-2019-031, Section IV, B, 6, when on a call for service and likely to have citizen contact, caused you to violate the following rule of the Akron Police Department:

**RULE 700.05(c)** Officers/employees shall perform their duties in a manner, which will maintain the highest standards of efficiency in carrying out the functions and objectives of the Akron Police Division. For a violation of a procedure of the Division of Police, Section 700.05(c) is a minor offense of the first degree.

For violation of the above rule, you are hereby issued a WRITTEN REPRIMAND. This may be reflected in your next service rating.

*Capt Melissa Schne* 5-21-20  
CAPTAIN MELISSA SCHNEE  
SHIFT COMMANDER

*Kenneth R. Ball II*  
KENNETH R. BALL II  
CHIEF OF POLICE

I ACCEPT THE ABOVE DISCIPLINARY ACTION.

[REDACTED]

5-22-20  
DATE

Refused GW #1426  
F.O.P. REPRESENTATIVE DATE

2020 MAY 28 PM 12:40  
RECEIVED  
AKRON POLICE DEPT.  
CHIEF'S OFFICE

# CITY OF AKRON, OHIO

**DEPARTMENT  
UNIFORM SUB-DIVISION**

**February 24, 2016**

OFFICER [REDACTED]  
I.D. # [REDACTED]

Your actions on January 19, 2016, whereby you failed to appear for a scheduled court appearance, caused you to violate the following rule/procedure of the Akron Police Department:

**RULE 900.01:** Attendance at a court, quasi-judicial hearing, or deposition, as required by subpoena or other official notice is an official duty assignment and shall be carried out. Where there is sufficient reason, permission to omit this duty must be obtained from the attorney serving the subpoena or other official notice, prior to the hearing.

For violation of Rule 900.01 you are hereby ordered to forfeit four (4) hours of accumulated time. This may be reflected in your next service rating

*Clark Westfall* #1062  
 CAPTAIN CLARK WESTFALL  
 SHIFT COMMANDER

*James D. Nice*  
 JAMES D. NICE  
 CHIEF OF POLICE

I ACCEPT THE ABOVE DISCIPLINARY ACTION.

[REDACTED]

29 FEB 2016  
DATE

*[Signature]*  
1259  
F.O.P. REPRESENTATIVE

2/29/16  
DATE

## CITY OF AKRON, OHIO

**DEPARTMENT AKRON POLICE, Uniform Subdivision**

To: Maj. Calvaruso  
From: Lt. Agostino Micozzi #1062  
Ref: Off. [REDACTED] missed Court Appearance

February 24, 2016

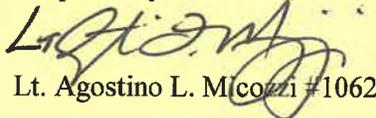
We received the notice that Officer [REDACTED] missed a court appearance on January 19, 2016. The attached sign off sheet indicates that he did sign for the notice.

On February 23, 2016 Sgt. Ross provided Officer [REDACTED] with an FOP representative and asked him to submit a written report in response. Officer [REDACTED] submitted his report on February 23, 2016. In his statement he acknowledged that he did miss the court appearance and took responsibility for failing to note the date in his calendar.

Based on the information available, Officer [REDACTED] did fail to appear for the court appearance and is in violation of Akron Police Rules and Regulations:

900.01 Attendance at a court, quasi-judicial hearing, or deposition, as required by subpoena or other official notice is an official duty assignment and shall be carried out. Where there is sufficient reason, permission to omit this duty must be obtained from the attorney serving the subpoena or other official notice, prior to the hearing.

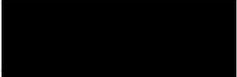
Respectfully Submitted,



Lt. Agostino L. Micozzi #1062

cc: Cpt. Westfall

Capt. Westfall

We have received information that Officer  did not show up for court on 1/19/16 (See attached sheet). Can you please check with the officer to see if this is accurate, and if so, have them submit a written confidential as to the circumstances surrounding their missing court. Please then forward the confidential to Patrol Operations.

Thank you,

Capt. Trundle

Major Cal

# SUBPOENAS SERVED ON POLICE OFFICERS PLATOON ONE

DATE RC'D:	OFFICER'S NAME:	DATE/TIME	CASE NUMBER	OFFICER SIGNATURE	DATE RC'D.
1/8	M. Deitrick	1/20 e 1p	15-09-2738	[Signature] 1324	1/10/16
	Sgt. Armstead	1/25 e 1p	15-09-2887	[Signature] 1157	1/10/16
	M. Bruvarny	1/28 e 12 <sup>30</sup>	15-11-3470	[Signature] #1409	1-9-16
	K. Cunningham	1/28 e 12 <sup>30</sup>	15-11-3470	[Signature] 1343	1-8-16
	M. Miles	1/13 e 11A	15-09-2990 (w/pt)	[Signature] 1282	1-10-16
	M. Miles	1/19 e 1p	15-09-2990	[Signature] 1280	1-10-16
	A. Brandenburg	1/13 e 11A	15-09-2990 (w/pt)	[Signature] 1424	1-11-16
	A. Brandenburg	1/19 e 1p	15-09-2990	[Signature] 1424	1-11-16
	J. Belacic	1/13 e 11A	15-09-2990 (w/pt)	[Signature] 1298	1-9-16
	J. Belacic	1/19 e 1p	15-09-2990	[Signature] 1298	1-9-16
	T. Aber	1/25 e 8 <sup>30</sup>	DL15-08-1665	[Signature] 1398	1/9/16
	S. Wolfe	1/25 e 8 <sup>30</sup>	DL15-08-1665	S. Wolfe 1359	1/12/16
	P. Barnes	2/1 e 1 <sup>30</sup>	15-08-2570	[Signature] 1421	1-9-16
	P. Barnes	2/3 e 11A	15-08-2536	[Signature] 1421	1-9-16
	M. Bruvarny	2/3 e 11A	15-08-2536	[Signature] #1409	1-9-16
1/12	J. Belacic	1/19 e 9 <sup>30</sup>	94705	[Signature] 1298	1-15-16
	B. Collins	1/19 e 8 <sup>40</sup>	15-12-4025	[Signature] 1359	1/12/16
	[REDACTED]	1/19 e 10 <sup>30</sup>	94481	[REDACTED]	1/14/16
	A. Brandenburg	1/15 e 2p	15-10-3173 (w/pt)	[Signature] 1424	1-12-16
	A. Brandenburg	2/1 e 12 <sup>45</sup>	15-10-3173	[Signature] 1424	1-12-16
	A. Freed	1/20 e 10A	15-06-1760	[Signature] 1355	1-18-16
	J. Belacic	1/20 e 10A	15-06-1760	[Signature] 1298	1-15-16
	M. Miles	1/20 e 10A	15-06-1760	[Signature] 1282	1-10-16
	S. Wolfe	1/14 e 1p	15-10-3195	S. Wolfe 1359	1/12/16
	D. Zarembka	1/14 e 1p	15-10-3195	DELIVERED [Signature] 1357	1/15/16
	B. Collins	1/14 e 1p	15-10-3195	[Signature] 1359	1/12/16
	J. Tietze	1/14 e 1p	15-10-3195	[Signature] #1385	1/12/16

## CITY OF AKRON

DEPARTMENT  
POLICE/ SERVICES

TO: <sup>1/19/2016</sup> LT Micozzi, SGT Ross *JR 1145*

FROM: Ofr. [REDACTED]

RE: Missed Court Date 1/19/2016

Sirs,

I was scheduled for court on 1/19/2016, and forgot to attend for unacceptable reason. Normally, I place my court dates inside my FOP calendar as soon as I receive them as a reminder. I checked my calendar daily to remind myself of any upcoming court dates. However, I did not mark my calendar for the 19<sup>th</sup>, thus causing me to forget about it.

Respectfully,  
[REDACTED]

# CITY OF AKRON, OHIO

DEPARTMENT  
UNIFORM SUB-DIVISION

December 2, 2016

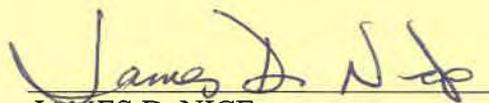
OFFICER [REDACTED]  
I.D. # [REDACTED]

Your actions on August 23, 2016, whereby you failed to appear for a scheduled court appearance, caused you to violate the following rule/procedure of the Akron Police Department:

**RULE 900.01:** Attendance at a court, quasi-judicial hearing, or deposition, as required by subpoena or other official notice is an official duty assignment and shall be carried out. Where there is sufficient reason, permission to omit this duty must be obtained from the attorney serving the subpoena or other official notice, prior to the hearing.

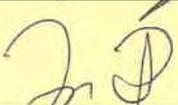
For your second violation of Rule 900.01 you are hereby ordered to forfeit eight (8) hours of compensatory time. This may be reflected in your next service rating.

  
CAPTAIN CHIP WESTFALL  
SHIFT COMMANDER

  
JAMES D. NICE  
CHIEF OF POLICE

I ACCEPT THE ABOVE DISCIPLINARY ACTION.

[REDACTED] 12/08/16  
DATE

 1385 12/8/16  
F.O.P. REPRESENTATIVE DATE

# CITY OF AKRON, OHIO

DEPARTMENT  
UNIFORM SUB-DIVISION

February 22, 2017

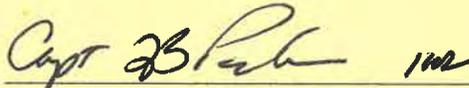
OFFICER  
I.D.

Your actions on October 14, 2016, whereby you were involved in a chase and use of force incident, caused you to violate the following procedure and rule of the Akron Police Department:

<sup>2010</sup>  
**P-2015-017 Vehicle Pursuit Procedure (III B 1)** Activate both emergency lights and siren when engaged in a vehicle pursuit and continuously use both throughout the entire pursuit. Officers are reminded that the warning effect of the siren decreases rapidly as the speed of the vehicle increases.

**Rule 700.05** Officers/employees shall maintain sufficient competency to properly perform their duties and assume the responsibilities of their positions. Officers/employees shall perform their duties in a manner which will maintain the highest standards of efficiency in carrying out the functions and objectives of the Akron Police Division. Unsatisfactory performance shall include, but not be limited to the following: c) For violation of a procedure of the Division of Police. A violation of Section 700.05 (c) is a minor offense of the first degree.

For violation of the above rule, you are hereby served with this written reprimand. This may be reflected in your next service rating.

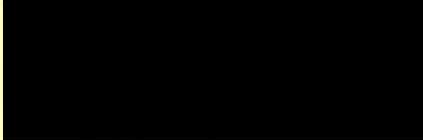


CAPTAIN TERRY PASKO  
UNIT COMMANDER



CHIEF JAMES D. NICE  
CHIEF OF POLICE

I ACCEPT THE ABOVE DISCIPLINARY ACTION.



3/1/17  
DATE

  
F.O.P. REPRESENTATIVE

3-1-17  
DATE

CITY OF AKRON, OHIO

DEPARTMENT  
POLICE/CHIEF'S OFFICE

February 22, 2017

To: Marlene Long  
From: Lts. Allen Fite #865 and Brian Harding #1080  
Ref: Officer [REDACTED], Procedure and Rules Violations

Sir,

After thorough review of investigative and administrative reports regarding a chase and use of force incident involving Officer Anthony Brandenburg #1424 and [REDACTED] on October 14<sup>th</sup>, 2016, the facts led us to determine Officer [REDACTED] violated Akron Police Department Rules and Regulations. Officer White also violated Akron Police Procedure P-~~2015~~<sup>2010</sup>-017, Vehicle Pursuit Procedure.

(III B1)

**700.05** Officers/employees shall maintain sufficient competency to properly perform their duties and assume the responsibilities of their positions. Officers/employees shall perform their duties in a manner, which will maintain the highest standards of efficiency in carrying out the functions and objectives of the Akron Police Division. Unsatisfactory performance shall include, but not be limited to the following:

- a. For violation of a procedure of the Division of Police. A violation of Section 700.05 (c) is a minor offense of the first degree.
- C?

Respectfully Submitted,

Lts. Allen Fite 865 and Brian Harding #1080

# CITY OF AKRON, OHIO

DEPARTMENT  
UNIFORM SUB-DIVISION

April 12, 2017

OFFICER [REDACTED]  
I.D. # [REDACTED]

Your actions on February 21, 2017, whereby you failed to appear for a scheduled court appearance, caused you to violate the following rule/procedure of the Akron Police Department:

**RULE 900.01:** Attendance at a court, quasi-judicial hearing, or deposition, as required by subpoena or other official notice is an official duty assignment and shall be carried out. Where there is sufficient reason, permission to omit this duty must be obtained from the attorney serving the subpoena or other official notice, prior to the hearing.

For your third violation of Rule 900.01 you are hereby ordered to forfeit twelve (12) hours of compensatory time. This may be reflected in your next service rating.

*Capt Terry Pasko 1002*  
CAPTAIN TERRY PASKO  
SHIFT COMMANDER

*James D. Nice*  
JAMES D. NICE  
CHIEF OF POLICE *K2A*

I ACCEPT THE ABOVE DISCIPLINARY ACTION.

[REDACTED] 4/12/17  
DATE

WAIVED 4/12/17  
F.O.P. REPRESENTATIVE DATE

## CITY OF AKRON

DEPARTMENT  
POLICE/ SERVICES

TO: CPT Pasko

FROM: Ofc. [REDACTED]

RE: Missing court 2-15-2017 &amp; 2-21-2017

Sirs,

In reference to missing court on 2-15-2017 I had signed for on 2-13-2017. I had signed for the subpoena on 2-13-2017 after returning from military leave from 2-11-2017 thru 2-12-2017 at 18:00pm. With complete oversight, I failed to mark this date in my calendar to remind me of court that was schedule. I have also spoken to my supervisors about a conflict in military drill times ending later in the day not allowing me to have adequate rest before returning for my duty day that night at 22:30pm.

In reference to missing court on 2-21-2017, I failed to mark in my calendar that reminds me of upcoming court. Grand Jury for 2-21-2017 is rescheduled and I am set to testify on 3-9-2017 at 10:05am.

My current practice to remind myself I have court is to place the dates inside my calendar and place the subpoenas inside a folder at my residence. I check my calendar for upcoming court and take out the subpoenas needed for that day. With total oversight I failed to mark these dates into my regular calendar of reminder, therefor causing me to not check inside my folder for the subpoenas. To rectify this I have set up a cork board at home that allows my subpoenas to be hung up and visible in a common area, so that I am able to see the dates directly from the source along with placing the dates inside my regular calendar.

[REDACTED]  
Respectfully submittedCPT [Signature]  
1102

Major,

Although there are two instances of missed court cases by [REDACTED] Please consider only the second one. The 2/21/17 instance.

I am trying to resolve issues with the reservists on our shift, with drive time to various bases, and military release times varying on Sundays, those scheduled to work Mondays (Sunday night at 2230 hrs) are getting shafted occasionally. I believe I have a workable solution and will discuss it with the Sgt's and affected reservists on our shift.

This in no way excuses the missed court case on 2/21/17, and [REDACTED] acknowledges that. I believe it should be handled in the same manner as the precedent that you have already set on these cases. Again, I have made it clear on several occasions, not to miss court cases and not to miss range dates and to expect discipline for these unexcused absences.

Captain Pasko

A handwritten signature in black ink, appearing to read "Capt Pasko" with the number "1102" written below it.

**CITY OF AKRON, OHIO**

**DEPARTMENT**

**CHIEF'S OFFICE**

**TO:           Officer [REDACTED]  
                  Uniform Sub-Division**

**FROM:        Chief James D. Nice**

**DATE:        October 27, 2016**

**SUBJ:        Firearms Review Board**

The Firearms Review Board has reviewed the circumstances surrounding the one (1) shot fired by you on October 8, 2016 at 208 West Waterloo Road, which you responded to an injured deer call.

After careful review of this incident, it is the opinion of the Firearms Review Board that your actions did not violate any Rule or Regulation of the Akron Police Department.

I concur with the recommendation of the Firearms Review Board.



**James D. Nice  
Chief of Police**

**JDN/mel**

**cc: Fraternal Order of Police**

## CITY OF AKRON, OHIO

DEPARTMENT

UNIFORM SUB DIVISION

OCTOBER 20, 2016

TO: JAMES D. NICE  
CHIEF OF POLICE

RE: Findings and Recommendations of Firearms Review Board in the case of Officer [REDACTED] This incident occurred on October 8, 2016 at 208 W. Waterloo Road.

Sir:

The Firearms Review Board met regarding the circumstances surrounding the shot fired by Officer [REDACTED] Officer [REDACTED] fired one (1) shot from a Glock 17/GEN 4/9mm, shooting and killing an injured deer.

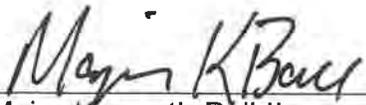
### FINDINGS:

After careful review of the incident, it is our opinion that the actions of Officer [REDACTED] did not violate any Rule or Regulation of the Akron Police Department.

### RECOMMENDATION:

It is the recommendation of the members of the Firearms Review Board that there is no basis for disciplinary action.

Respectfully,

  
Major Kenneth Ball II  
Investigative Sub-Division

  
Major Paul Calvaruso  
Uniform Sub-Division

# DISCHARGE OF FIREARMS REPORT

OFFICER ID#: [REDACTED]	NUMBER SHOTS FIRED: 1	DATE/TIME: 10/08/2016 12:14
SUB-DIVISION: Patrol Division	ON DUTY <input checked="" type="checkbox"/>	UNIFORM <input checked="" type="checkbox"/>
	OFF DUTY <input type="checkbox"/>	PLAINCLOTHES <input type="checkbox"/>
GUN MAKE/MODEL/TYPE: Glock 17/GEN 4/9mm	SERIAL NUMBER BBDC582	
SUPERVISOR NOTIFIED: SGT C. Davis #961	DATE AND TIME: 10/08/2016 12:20	
LOCATION OF SHOOTING: 208 W Waterloo Rd	AUTHORIZED AMMO?: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
DESCRIBE INCIDENT. BE SURE TO INCLUDE DIRECTION SHOTS FIRED AND OBJECTS HIT I was dispatched to 208 W Waterloo Rd (Millers Towing) reference an animal complaint. On scene, a deer was laying along the inside of the fence line, directing west of the lot. The deer appeared to have been hit by a car and his rear hind legs were mangled. The deer could not stand up. I discharged my duty pistol west bound, aiming at the deer's head.		
SIGNED: [REDACTED]		
DIAGRAM OF SCENE (INDICATE NORTH WITH ARROW)		SHOOTING IN ACCORDANCE W/RULES & REGULATIONS? WHICH SECTION APPLIES?
<div style="border: 1px solid black; padding: 5px;"> <p style="text-align: center;">W. Waterloo R.D.</p> </div>		<input type="checkbox"/> 300.03 <input checked="" type="checkbox"/> 300.06A <input type="checkbox"/> 300.06B <input type="checkbox"/> N/A
		SHOOTING WAS: <input checked="" type="checkbox"/> INTENTIONAL <input type="checkbox"/> UNINTENTIONAL FIRED AT: <input type="checkbox"/> HUMAN <input checked="" type="checkbox"/> ANIMAL <input type="checkbox"/> OTHER
SUPERVISOR'S REVIEW: <u>JUSTIFY SHOOTING</u> - OR - RECOMMEND CORRECTIVE ACTION: THE DEER WAS BADLY INJURED AND POSED A RISK TO THE COMMUNITY. IT OBVIOUSLY WAS IN PAIN AND WAS GOING TO DIE. EUTHANIZING THE ANIMAL QUICKLY TO END IT'S SUFFERING WAS OPTIMAL.		
SIGNED: Sgt J. Davis #961		
SHIFT COMMANDER'S REVIEW: The only humane thing to do was to put the deer down. Officer White discharged his firearm in a safe direction and killed the deer.		
SIGNED: [Signature] #835		

Major K. Ball

Chief's Office (Original)  
Sub-Division Commander  
Shift Commander

see Officer Hankins' report (attached)

# DISCHARGE OF FIREARMS REPORT

OFFICER/ID#: 1183	NUMBER SHOTS FIRED: 1	DATE/TIME: 10/8/16 1300
SUB-DIVISION: Patrol	ON DUTY <input checked="" type="checkbox"/>	UNIFORM <input checked="" type="checkbox"/>
	OFF DUTY <input type="checkbox"/>	PLAINCLOTHES <input type="checkbox"/>
GUN MAKE/MODEL/TYPE: Mossberg 590	SERIAL NUMBER	
SUPERVISOR NOTIFIED: Sg. Gorring	DATE AND TIME: 10/8/16 1300	
LOCATION OF SHOOTING: 208 W. Waterloo	AUTHORIZED AMMO?: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
DESCRIBE INCIDENT. BE SURE TO INCLUDE DIRECTION SHOTS FIRED AND OBJECTS HIT A deer was injured after being struck by a car. The Radio room authorized officers to put the deer down. I was facing west, making sure the area was clear. My gun was pointed down approximately 45 degrees. I was approximately 5 feet away. One round went through the deer's left shoulder. The deer was then deceased.		
SIGNED: <i>[Signature]</i> 1183		
DIAGRAM OF SCENE (INDICATE NORTH WITH ARROW)		SHOOTING IN ACCORDANCE W/RULES & REGULATIONS? WHICH SECTION APPLIES?
<p style="text-align: center;">w. waterloo</p> <p style="text-align: center;">Parking lot</p>		
<input type="checkbox"/> 300.03 <input checked="" type="checkbox"/> 300.06A <input type="checkbox"/> 300.06B <input type="checkbox"/> N/A		
SHOOTING WAS: <input checked="" type="checkbox"/> INTENTIONAL <input type="checkbox"/> UNINTENTIONAL FIRED AT: <input type="checkbox"/> HUMAN <input checked="" type="checkbox"/> ANIMAL <input type="checkbox"/> OTHER		
SUPERVISOR'S REVIEW: JUSTIFY SHOOTING - OR - RECOMMEND CORRECTIVE ACTION: OFFICER HANKINS ASSISTED AFTER SEVERAL REQUESTS FOR A SHOTGUN OVER THE RADIO. CAR 17, G. WHITE 1426 HAD DISCHARGED ONE 9MM ROUND INTO DEER'S HEAD BUT DEER CONTINUED TO STRUGGLE SUFFERING EVEN MORE. OFFICER HANKINS FOLLOWED TRAINING, RULES AND REGULATIONS BY PROPERLY DISCHARGING SHOTGUN TO DISPATCH ANIMAL. LT. ERWIN ON DUTY AT TIME.		
SIGNED: <i>[Signature]</i> 751		
SHIFT COMMANDER'S REVIEW: Officer Hankins discharged his shotgun in accordance to Rules, Regulations & Procedures.		
SIGNED: <i>[Signature]</i> 769		

Chief's Office (Original)  
Sub-Division Commander  
Shift Commander

*[Signature]* 771  
*[Signature]* K. Ball

EMPLOYEE NAME

DIVISION Police Uniformed

CLASS TITLE Police Officer

EVALUATION FROM 10/1/19 TO 9/30/20

MERIT INCREASE DATE 2/9/19

RETURN ORIGINAL TO PERSONNEL DEPARTMENT BY 10/31/20

PLEASE USE #2 PENCIL

EMPLOYEE ID grid with numbers 1-9 and checkboxes.

TYPE OF EVALUATION table with columns: STD, EMPLOY PROBATION, SEASON TEMP, PROM TRANSFER.

EVALUATOR ID grid with numbers 1-9 and checkboxes.

ITEMS MO: 1 2 3 4 5 6 7 8 9 10 11 12

FACTORS YR: 0 1 2 3 4 5 6 7 8 9

1. MARK PERFORMANCE, IN ITEMS WHICH ARE JOB-RELATED, WITH: + = STRONG, [x] = STANDARD, - = WEAK. 2. LINE OUT ITEMS WHICH ARE NOT JOB-RELATED. 3. EVALUATE PERFORMANCE BY BLACKENING IN BOX WITH A #2 PENCIL. DO NOT ERASE. IF A CORRECTION IS NECESSARY OBTAIN A NEW FORM FROM THE PERSONNEL DEPARTMENT. 60 = UNSATISFACTORY, 70 = IMPROVEMENT NEEDED, 80 = SATISFACTORY, 90 = VERY GOOD, 95 = OUTSTANDING.

Table with columns for FACTORS (QUALITY OF WORK, QUANTITY OF WORK, ATTENDANCE, WORK HABITS, RELATIONSHIP WITH OTHERS, SUPERVISORY SKILLS) and rows for EVALUATOR 1 and 2, with rating boxes (60, 70, 80, 90, 95).

4. COMMENT HERE ABOUT STRENGTHS OR ITEMS WHICH NEED IMPROVEMENT. ITEMS WHICH ARE JOB-RELATED TO THIS EMPLOYEE BUT ARE NOT LISTED ON THE FORM MAY BE ENTERED HERE. EVALUATIONS OF 60, 70, OR 95 MUST BE SUBSTANTIATED IN WRITING. INITIAL OR SIGN YOUR COMMENTS.

Ofc [redacted] handled 2,073 calls this period. He is highly motivated, handles his district, does proactive work where his district is clear, and is always the last officer in the station at the end of shift. He was commended by DB for finding multiple persons of reference a double homicide. His attention to detail and knowledge of his district later led him to arrest a suspect for other offenses that ended up giving a full confession to the double homicide. He volunteered to be and FTO this period. He has great relationships with his co-workers, supervisors, and the public.

5. SIGNATURE OF EVALUATOR. THIS REPORT IS BASED ON MY OBSERVATION AND/OR KNOWLEDGE. IT REPRESENTS MY BEST JUDGEMENT OF THE EMPLOYEE'S PERFORMANCE. EVALUATOR 1 SIGNATURE, EMPLOYEE ID #, DATE, EVALUATOR 2 SIGNATURE, EMPLOYEE ID #, DATE.

6. REVIEWER: I APPROVE THIS REPORT IN TERMS OF PROCEDURE, CONTENT AND EQUITABILITY. TO BE USED ONLY UPON SUCCESSFUL COMPLETION OF PROBATION PERIOD: THIS IS TO CERTIFY THAT THIS EMPLOYEE SHOULD ACHIEVE PERMANENT STATUS ON ORIGINAL APPOINTMENT PROMOTION. SIGNATURE OF REVIEWER, EMPLOYEE ID #, DATE, SIGNATURE OF DEPARTMENT HEAD OR AUTHORIZED REPRESENTATIVE, DATE.

7. REPORT DISCUSSION. REPORT DISCUSSED WITH EMPLOYEE BY: SIGNATURE AND DATE. TO THE EMPLOYEE: YOUR SIGNATURE SHOWS THAT YOU HAVE RECEIVED A COPY OF THE REPORT AND THAT THE EVALUATION WAS DISCUSSED WITH YOU; IT DOES NOT MEAN YOU AGREE. SIGNATURE AND DATE.

**CITY OF AKRON, OHIO**

**DEPARTMENT**

**CHIEF'S DIRECTIVE**

**CHIEF'S OFFICE**

**2021-CD-101**

**December 17, 2021**

**DIRECTIVE**

Effective Monday, January 10, 2022, through Friday, February 4, 2022, the following officers will be temporarily assigned to the Training Bureau, Monday thru Friday, to serve as Taser instructors:

	<b><u>FROM</u></b>	<b><u>TO</u></b>
Officer [REDACTED] I.D. [REDACTED]	Uniform Sub-Division Platoon 1 10:30PM-7AM	Services Sub-Division Training Bureau 8AM-4PM Temporary
Officer Ryan McPherson I.D. #1415	Uniform Sub-Division Platoon 5 11AM-7:30PM	Services Sub-Division Training Bureau 8AM-4PM Temporary

*Stephen L. Mylett*

**Stephen L. Mylett  
Chief of Police**

CITY OF AKRON, OHIO

DEPARTMENT

POLICE

TO: OFFICER [REDACTED]  
UNIFORM SUB-DIVISION

FROM: STEPHEN MYLETT  
CHIEF OF POLICE

DATE: January 4, 2022

Effective January 4, 2022, you are hereby placed on restrictive duty with pay per procedure following a critical incident. You will be assigned to the Services Subdivision, Training Bureau, until the completion of the steps required following a critical incident.



Stephen L. Mylett  
Chief of Police

SLM/sjn

cc: Eve Belfance, Law Director  
Randy Briggs, Deputy Mayor of Labor Relations  
Frank Williams, Assistant to the Mayor for Labor Relations  
Charles Brown, Deputy Mayor of Public Safety  
Clay Cozart, President, F.O.P. Akron Lodge #7  
Wendy Leslie, Payroll

CITY OF AKRON, OHIO

DEPARTMENT

POLICE

TO: OFFICER [REDACTED]  
UNIFORM SUB-DIVISION

FROM: STEPHEN MYLETT  
CHIEF OF POLICE

DATE: December 23, 2021

Effective December 23, 2021, you are hereby placed on administrative leave with pay per procedure following a critical incident.

During such time, you are prohibited from operating any city vehicle, working secondary employment or taking any police action whatsoever.



Stephen L. Mylett  
Chief of Police

SLM/sjn

cc: Eve Belfance, Law Director  
Randy Briggs, Deputy Mayor of Labor Relations  
Frank Williams, Assistant to the Mayor for Labor Relations  
Charles Brown, Deputy Mayor of Public Safety  
Clay Cozart, President, F.O.P. Akron Lodge #7  
Wendy Leslie, Payroll

CITY OF AKRON, OHIO

DEPARTMENT

POLICE

TO: OFFICER [REDACTED]  
UNIFORM SUB-DIVISION

FROM: STEPHEN MYLETT  
CHIEF OF POLICE

DATE: December 23, 2021

Effective December 23, 2021, you are hereby placed on administrative leave with pay per procedure following a critical incident.

During such time, you are prohibited from operating any city vehicle, working secondary employment or taking any police action whatsoever.



Stephen L. Mylett  
Chief of Police

SLM/sjn

cc: Eve Belfance, Law Director  
Randy Briggs, Deputy Mayor of Labor Relations  
Frank Williams, Assistant to the Mayor for Labor Relations  
Charles Brown, Deputy Mayor of Public Safety  
Clay Cozart, President, F.O.P. Akron Lodge #7  
Wendy Leslie, Payroll

