



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



2022-1356

Officer-Involved Critical Incident - 1659 S. Main Street, Akron, Ohio  
44301

Investigative Activity: Personnel File Review

Involves: Officer [REDACTED]

Authoring Agent: Special Agent Joseph Goudy #83

**Narrative:**

On Monday, August 15, 2022, Ohio Bureau of Criminal Investigation (BCI) Special Agent (SA) Cory Momchilov received the personnel file for Officer [REDACTED] ([REDACTED]) from the Akron Police Department (APD) and the City of Akron Law Department. SA Joseph Goudy reviewed the personnel file and noted the following:

Officer [REDACTED] has been a full-time police officer with the APD since August 6, 2021.

**Training:**

Officer [REDACTED] attended and completed the Ohio Peace Officer Basic Training Program at the Akron Police Academy on August 6, 2021.

Previously, Officer [REDACTED] attended and completed the Youngstown State University Police Academy on May 25, 2017. Officer [REDACTED] was hired by the [REDACTED] Police Department on May 25, 2017, as part-time status, and eventually became full-time on January 16, 2018. Officer [REDACTED] resigned from the [REDACTED] Police Department on February 20, 2021, to start the Akron Police Academy on February 24, 2021.

**Firearm Qualifications:**

Officer [REDACTED] qualified with her Glock 19 duty issued semi-automatic pistol, bearing serial number [REDACTED] on April 30, 2021.

Most recently, Officer [REDACTED] had "Rifle" training using a Colt M-16 Rifle, bearing serial number [REDACTED] on February 23, 2022, and "Low Light" training using her Glock 19 duty weapon on December 8, 2021.

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

This document is the property of the Ohio Bureau of Criminal Investigation and is confidential in nature. Neither the document nor its contents are to be disseminated outside your agency.



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**Attachments:**

- Attachment #01: Officer [REDACTED] s Personnel File
- Attachment #02: Officer [REDACTED] s OPOTA Certificate
- Attachment #03: Officer [REDACTED] s Firearms Qualifications
- Attachment #04: Officer [REDACTED] s Evaluations
- Attachment #05: Officer [REDACTED] s Employee Summary
- Attachment #06: Officer [REDACTED] s OPOTA Certificate and Work History

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205# [Redacted]

**Contact Information -- Person ID:** [Redacted]

Name: [Redacted] Address: [Redacted]  
 Home Phone: [Redacted] Alternate Phone: [Redacted]  
 Text Messaging Mobile No: [Redacted] Email: [Redacted]  
 Notification Preference: Email Former Last Name: [Redacted]  
 Month and Day of Birth: [Redacted]

**Personal Information**

Can you, after employment, submit proof of your legal right to work in the United States? Yes  
 What is your highest level of education? Bachelor's Degree

**Preferences**

Types of positions you will accept: Regular  
 Types of work you will accept: Full Time  
 Types of shifts you will accept: Day , Evening , Night , Rotating , Weekends

**Objective**

Eager, hardworking, reliable individual seeking a full time police officer position at the Akron Police Department.

**Education**

**College/University** Did you graduate: Yes  
 Youngstown State University and Youngstown State Major/Minor: Criminal Justice  
 University Police Academy Degree Received: Bachelor's  
 2013 - 5/2017  
 Youngstown, Ohio

**High School**

Austintown Fitch High School Did you graduate: Yes  
 8/2009 - 5/2013 Highest Level Completed: 12  
 Austintown , Ohio Did you receive a GED? No  
 Degree Received: High School Diploma

**Work Experience**

**Full Time Police Officer** Hours worked per week: 40  
 6/2015 - Present Monthly Salary: \$2,700.00  
 May we contact this employer? No  
 Canfield Police Department  
 104 Lisbon Street  
 Canfield, Ohio 44406  
 [Redacted]

**Duties**

I am currently working at the [Redacted] Police Department as a full time police officer. As a police officer my responsibilities include upholding the police department's mission, acting with integrity, serving the public, etc. My duties include taking calls for service, patrolling to detect and deter crime, conducting traffic enforcement, etc. Prior to becoming a police officer in May of 2017 I was a part time dispatcher for the department. As a dispatcher, I dispatched police, fire, and medical. My job also included taking regular phone calls, answering 911, taking bail bonds, searching female prisoners, logging radio traffic, running vehicle plates, running criminal history checks,

**Crew Member**  
6/2011 - 6/2015

Wendy's  
5551 Interstate Blvd  
Austintown, Ohio 44515  
[REDACTED]

Hours worked per week: 20  
Monthly Salary: \$650.00  
Name of Supervisor: [REDACTED]  
General Manager  
May we contact this employer? Yes

**Duties**

My job title was a crew member. My responsibilities/duties as a crew member included taking customer's orders, collecting money, giving change and receipts to customers, ensuring customer satisfaction, preparing food, making sandwiches, fries, drinks, and cleaning the restaurant.

**Reason for Leaving**

Started new job at the [REDACTED] Police Department.

**Cashier**  
5/2014 - 6/2015

Rite Aid  
5498 Mahoning Ave  
Youngstown, Ohio 44515  
[REDACTED]

Hours worked per week: 20  
Monthly Salary: \$650.00  
Name of Supervisor: [REDACTED]  
Store Manager  
May we contact this employer? Yes

**Duties**

My job title was a front-end cashier. My responsibilities included ringing customers out, collecting money, giving change and receipts, stocking the front-end of the store, assisting customers as needed, cleaning the store, and assisting the loss prevention manager.

**Reason for Leaving**

Started new job at the [REDACTED] Police Department.

**Cashier**  
7/2014 - 10/2014

Youngstown State University Bookstore  
1 University Plz  
Youngstown, Ohio 44555

Hours worked per week: 15  
Monthly Salary: \$500.00  
May we contact this employer? Yes

**Duties**

My job title was a cashier. My responsibilities included ringing customers out, notifying customers of the terms of their rental books, collecting payments, giving change and receipts, cleaning the store at open or close, and making sure the store appearance was presentable.

**Certificates and Licenses****Skills**

Office Skills

Typing:

Data Entry:

**Additional Information**

Volunteer Experience

Mission Trips (2010-2015)

Good Sheppard Kitchen (November 2012)

In 2013, I received the Michael T. Hartzell Memorial Scholarship.

I made the Dean's List for Fall of 2014 and 2016; Spring of 2015, 2016, and 2017.

In 2015 and 2016 I received the Black Family Memorial Scholarship.

In 2016 I also received the James W. Degarmo Law Scholarship and Richard J. Billak Criminal Justice Scholarship.

In August of 2016, I received a letter of commendation from [REDACTED] PD for exemplary performance.

I made the President's List for Spring of 2016 and 2017.

**Additional Information**

Honest, flexible, and accountable

Proficient in computer programs (i.e. Microsoft Word, Excel, CAD/BADGE)

Efficient Multitasker

CPR Certified

Certified to work on the Ohio LEADs Terminal

Certified Emergency Medical Dispatcher (EMD)

Ohio Notary

Bachelor's Degree of Science in Applied Science (Criminal Justice)

Completion of the OPOTA Academy

TASER Certified

Completion of Criminal Patrol-Drug Interdiction course

Completion of ARIDE (Advanced Roadside Impaired Driving Enforcement) course

**References**

Professional

[REDACTED]

Youngstown, Ohio 44503

[REDACTED]

Professional

[REDACTED]

Columbiana, Ohio 44408

[REDACTED]

Professional

[REDACTED]

Canfield, Ohio 44406

[REDACTED]

**Resume**

**Text Resume**

[REDACTED]

Attachment	File Name	File Type	Created By
RESUME 2-23-19.docx	RESUME 2-23-19.docx	Resume	Job Seeker
YSU degree	[REDACTED] YSU degree	Copy of Degree	Kris Rininger
Residency Form	[REDACTED]	Other	Katherine Archual

#### Agency-Wide Questions

1. Q: Applicants are eligible for Residency Preference Points in accordance with Section 106a of the Akron City Charter. A candidate who obtains a passing grade on an examination, shall have twenty percent (20%) of such grade added to the examination score provided the candidate has been a resident citizen within the corporate limits of the City of Akron continuously for at least one year immediately prior to the date of examination and remains a resident citizen of the City of Akron throughout the remainder of the selection process. Do you live within the corporate limits of the City of Akron?  
A: No
2. Q: How many months have you continuously lived at your present address?  
A: 31 Months
3. Q: List all addresses where you have resided in the previous year including the dates you resided at each address.  
A:
4. Q: Indicate an alternate contact person and telephone number.  
A: [REDACTED]
5. Q: Have you ever been employed by the City of Akron?  
A: No
6. Q: Are you currently a permanent City of Akron employee in the classified service?  
A: No
7. Q: If you were previously employed by the City of Akron, please indicate positions held and dates of employment.  
A:
8. Q: Have you ever been terminated from a public agency?  
A: No
9. Q: If you have been terminated from a public agency, please indicate the employer, date of termination and reason.  
A:
10. Q: How did you hear about the position? Check all that apply.  
A: City of Akron Website  
Recruiter  
Facebook

#### Supplemental Questions

1. Q: Did you graduate from an accredited high school or do you have a GED certificate?

2. Q: Applicants must be between the ages of 21 and 40 at the time of the written examination. What is your full date of birth? (MM/DD/YYYY)  
A: [REDACTED]
3. Q: Will you be between the ages of 21 and 40 at the time of the examination?  
A: Yes
4. Q: Select the category that defines your date of birth.  
A: Born between May 10, 1978 and May 12, 1998.
5. Q: Do you possess a valid driver's license?  
A: Yes
6. Q: Is your driver's license currently suspended?  
A: No
7. Q: For the purpose of verifying my eligibility for positions requiring a valid driver's license, I authorize the City of Akron to obtain a consumer report from OPENonline to investigate my driving history for traffic violations and suspensions. I understand that I have a right to request disclosure of this consumer report under the Fair Credit Reporting Act. To print out a summary of your rights under the Fair Credit Reporting Act go to: <http://www.akronohio.gov/person.html>. Copies of the summary are also available from the City of Akron Department of Human Resources at 330-375-2720.  
A: I consent
8. Q: In order to be awarded additional education credit for course work completed at an accredited college or university, you must submit a copy of your official transcripts or degree. Will you be submitting or attaching your college transcripts or copy of your degree? If yes, you must scan and attach a copy of your official transcripts or degree, mail or hand deliver them to Room 102, Municipal Bldg., 166 S. High St, or email them to [krininger@akronohio.gov](mailto:krininger@akronohio.gov).  
A: Yes
9. Q: Are you currently on probation, parole or supervised release?  
A: No
10. Q: Are you prohibited by law from acquiring, having, carrying, or using firearms?  
A: No
11. Q: Are you currently certified or in the process of becoming certified by the Ohio Peace Officer Training Commission (OPOTC)?  
A: Yes
12. Q: If you have received OPOTC certification, what are the dates of your most recent commission?  
A: May 25, 2017 to Present

Handwritten initials: 2/22



# HIRE/PERSONNEL ACTION FORM

[Redacted]

## Employee Information

Employee: [Redacted]  
 Address 1: [Redacted]  
 Address 2:  
 City: Austintown State: Ohio Zip: [Redacted]  
 Phone: [Redacted]

## Hire Information

Person ID: [Redacted]  
 Job Class #: 510S Job Class: Police Officer  
 Hire Date: 02/22/21 Pay Rate: \$0.00  
 Department: Public Safety Department  
 Division: Police Uniformed Division - 751  
 Hire Req. #: 2020-00221 Job Term: Permanent

**Desired start date as listed above is not guaranteed. Employee must not work until final approval is received from Human Resources.:**

**NOTE: For Promotion, Transfer, or Demotion, the Hire Date above is the effective date:** This is a Hire

**Enter the direct supervisor of this employee as of the start date::** Jerry Forney

**Employee ID:**

**Pay Grade and Step:** 80-3

**Appointment Actions:** Employment

**Change Actions:**

**Appointment Code:** Permanent Full-Time  
Probation New

**Status Code:** Active

**List Code:** Open

**Position Number:** 00001414

**SSN (DEPARTMENT OF HR USE ONLY):**

**Marital Status (DEPARTMENT OF HR USE ONLY):**

**Action Type:**

**Comments:** 10000130100

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<b>Approvers</b>		
Division Manager	BALL II, KENNETH	01/20/21 03:36 PM
Mayor	Akron, Mayor	01/21/21 08:25 AM

Printed on February 16, 2021

**Marital Status**

- Single
- Married
- Separated
- Divorced
- Widowed

**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

Mineral Ridge

State

Ohio

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 any false or incomplete answer may be grounds for dismissal.**

Signature

[REDACTED]

Date

12/31/2020

*Please submit completed original form to Department of Human Resources - Employee Records Office  
Revised 2/2017*



City of Akron Setup & Change Personal Information

Employee

[Redacted]

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

Social Security Number

First Name

Middle

Last Name

Date of Birth

Gender

- Male
- Female

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

Street Address

City

Austintown

State

OH

Zip Code

E-mail Address

Cell Phone Number

Home Phone Number

Please check your preferred method of contact below:

- Phone
- Mail
- E-mail

**ACKNOWLEDGMENT OF CONDITIONAL JOB OFFER  
FOR THE POSITION OF POLICE OFFICER**

**Do not resign from your current job in anticipation of employment**

I fully understand and acknowledge that I have received a CONDITIONAL JOB OFFER for the position of Police Officer and that the offer is conditioned on satisfactory completion of the below listed conditions. The standards for each must be met as established by the City of Akron:

1. I must meet and maintain the requirements of a background investigation, including a criminal background check;
2. Physical fitness testing;
3. A complete medical examination;
4. A psychological evaluation;
5. Drug screening;
6. That a budgeted position for Police Officer is available;
7. That funding is dedicated to fill the vacant position at the time I am hired;
8. If conditions one through seven are met, I understand that I must also become certified through the Ohio Peace Officer Training Commission ("OPOTC"). If required by the City, I will attend and must successfully complete a Peace Officer Basic Training Academy, which academy may be selected by the City of Akron. OPOTA curriculum and training requirements are subject to change; however it usually includes passing physical fitness requirements, skill assessments and a written examination, and completing a required amount of hours of training. If I am currently certified by OPOTC, I must maintain my certification. I also understand that I must attend and successfully complete any additional training that may be required by the City of Akron.

OPOTA training and certification process must be successfully completed by or before August 21, 2021.

I understand that this offer is conditional subject to all the requirements listed above being met. This offer may be withdrawn if any of the conditions listed above are not satisfied or if I am or become unable to perform the essential job functions for the position of Police Officer with or without reasonable accommodation. I understand that I must be able to meet the minimum qualifications for the position at the time of hiring, which includes, but is not limited to, a valid Ohio driver's license, no felony convictions, and no restrictions on my ability to carry and use a firearm.

Applicant's Initials: 

I understand that this is not a guarantee of employment. I understand that if I am sworn in to the position of Police Officer, I will be subject to a probationary period as required by the City of Akron and subject to all rules, policies and procedures of the City of Akron related to the probationary period and otherwise.

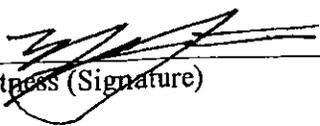
I further understand that my background investigation is a continuous process throughout my training, probationary period and employment. If any information not previously disclosed is revealed or discovered which would have caused my rejection or disqualification from employment by the City of Akron, in the City's sole discretion, my conditional job offer will immediately be rescinded or my employment will be terminated.

I agree to execute a separate agreement which demonstrates that I agree to reimburse the City of Akron for the cost of my training under certain circumstances detailed therein and a separate agreement regarding the property and equipment issued to me by the City of Akron.

I HAVE READ AND UNDERSTAND THE TERMS OF THIS CONDITIONAL OFFER AND AGREE TO ABIDE BY THESE TERMS. I UNDERSTAND AND AFFIRM THAT IF THE CONDITIONS OF THIS JOB OFFER ARE MET, MY APPOINTMENT WILL BE TO PROBATIONARY EMPLOYMENT AND I UNDERSTAND THAT I MUST SUCCESSFULLY COMPLETE A PROBATIONARY PERIOD UPON BEING SWORN AS A POLICE OFFICER.

Nick Morucci 1440  
Akron Police Department Witness (Print)

  
Applicant (Print)

 1440  
Witness (Signature)

  
Applicant (Signature)

  
Address

Austintown, OH 

Date: 12/21/2020

City of Akron Human Resources Department  
January 1999

Revised January 2007, January 2012, July 2013, October 2015, May 2016, October 2016, May 2017, June 2017, August 2017, December 2017, January 2018, September 2019

**AGREEMENT**

I, [REDACTED], am scheduled to be enrolled in an Ohio Peace Officer training academy starting Feb. / Mar. 2021 to receive training prior to my appointment as a Police Officer for the City of Akron.

In the event that I voluntarily resign from the Police Training Academy prior to graduation, I hereby agree to reimburse the City of Akron a pro rata share of the total cost of my training and equipment within twenty-four (24) months of quitting the academy. In the event I do not complete the Academy, do not pass the required OPOTA certification examination at the end of the Academy or am not appointed to the position of police officer with the City of Akron for any reason other than lack of funding, I hereby agree to reimburse the City of Akron the cost of my training and equipment within twenty-four (24) months of the end of my training at the Academy. In the event that I resign from the Akron Police Department within two (2) years from the date I graduate from the Police Training Academy, I hereby agree to reimburse the City of Akron the cost of my training and equipment within twenty-four (24) months of this resignation. This amount due is in consideration of the benefits of the police training received by me to become a City of Akron Police Officer as well as the costs incurred by the City of Akron in paying for such training.

I fully understand the consequences of signing this agreement and voluntarily agree to its terms. I fully understand this is a legal debt of mine and collectible through whatever legal means the City of Akron may employ.

[REDACTED]  
\_\_\_\_\_  
Print Name

[REDACTED]  
\_\_\_\_\_  
Signature

12/21/2020  
\_\_\_\_\_  
Date

Nick Aatorucci 1440  
\_\_\_\_\_  
Witness (Print)

[REDACTED] 1440 12/21/20  
\_\_\_\_\_  
Witness (Signature/Date)

[REDACTED]

Donald Rice, Director  
Department of Human Resources



Municipal Building  
166 S. High St Room 103  
Akron, OH 44308-1421

DANIEL HARRIGAN, MAYOR

December 21, 2020

[REDACTED]  
104 Lisbon St.  
Canfield, Ohio 44406

To whom it may concern:

The City of Akron is currently in the process of hiring a new class of Police Officers. [REDACTED] has successfully passed a screening process and was given a conditional job offer for employment as a Police Officer. All candidates must undergo a psychological evaluation as part of the pre-employment processing.

We request that you furnish Summit Psychological Associates, Inc. with copies of all medical records and psychotherapy notes in your custody for [REDACTED]. The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. 'Genetic information' as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

Attached you will find the authorization form which has been signed by the candidate. Your cooperation in this matter is appreciated. Should there be any questions with this request, please call me at 330-375-2720.

When completed, please submit to **Summit Psychological Associates, Inc., Building 37, 37 North Broadway Street, Suite 100, Akron, OH 44308.** Thank you.

Sincerely,

Kristine Rininger  
Personnel Analyst III

#### Attachments

1. Release of Information form

Employment Division  
Phone: (330) 375-2720  
Fax: (330) 375-2659  
Room 102

Employee Benefits Division  
Phone: (330) 375-2700  
Fax: (330) 375-2239  
Room 703

Employee Records Division  
Phone: (330) 375-2710  
Fax: (330) 375-2299  
Room 703

Administration and  
Training/EEO Division  
Phone: (330) 375-2704  
Fax: (330) 375-2659  
Room 103



**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

**REQUEST FOR NATIONAL WEBCHECK®**

All information must be typed or printed.

This completed form is to be returned to the commander by the student.

**INSTRUCTIONS TO NATIONAL WEBCHECK® FACILITY**

- Transaction Type is both BCI and FBI.
- Reason Fingerprinted is "Law Enforcement Employment" or "Law Enforcement/Criminal Justice" for BCI and "Law" for FBI.
- This is a Direct Copy transaction to the Ohio Peace Officer Training Academy (OPOTA). No address needs entered.

**TO BE COMPLETED BY STUDENT**

I am scheduled to attend an Ohio Peace Officer Training Commission-approved Program to be held at:

\_\_\_\_\_ beginning on \_\_\_\_\_  
 (Academy Name) (Date)

As part of the enrollment process, the OPOTC requires that I have a criminal record background check conducted within 90 days of the above date by the Ohio Bureau of Criminal Identification (BCI) and the Federal Bureau of Identification (FBI). Therefore, I am requesting a National WebCheck®, 10-digit, for law enforcement purposes.

Name: \_\_\_\_\_  
 (Last) (First) (Middle Name)

Previous Name(s) or Alias: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Address (including P.O. Box, if applicable): \_\_\_\_\_

City: Austintown State: OH Zip Code: \_\_\_\_\_

Name of Fingerprinting Agency: City of Akron

Signature of Person Being Fingerprinted: \_\_\_\_\_ Date Fingerprinted: 12/21/2020

Ohio Department of Public Safety - Government Access

Last Name: 

**Driver Abstract**

This Ohio driver abstract spans the previous **three-year** period.

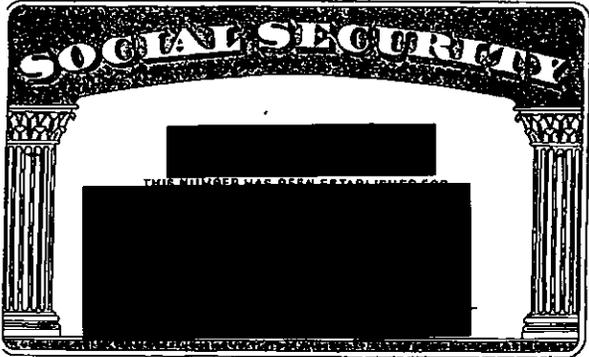
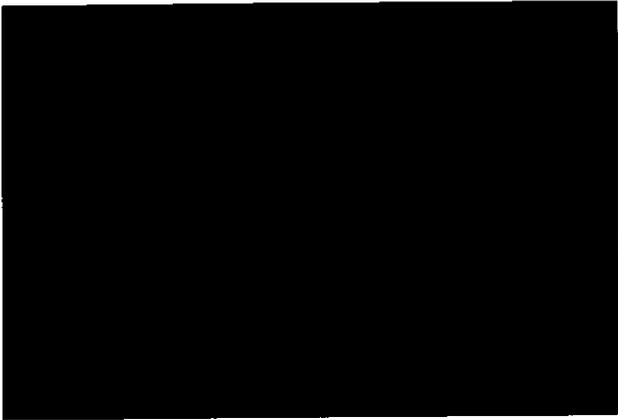
Your License Status as of 1/28/2021: **Valid**

License Class: **D - Operator**

Endorsements: None

CDL Med Cert Not Certified

Restrictions: B: Corrective Lenses





THE CITY OF AKRON  
NATIONAL WEBCHECK WAIVER

I certify that I voluntarily and knowingly authorize the City of Akron to submit information to the Ohio Bureau of Criminal Identification and Investigation (BCI&I) to conduct a criminal records check for information relating to me.

I voluntarily and knowingly authorize BCI&I to disseminate criminal arrest, conviction and juvenile delinquency adjudication records to the City of Akron.

I voluntarily and knowingly release and discharge the Ohio Attorney General's Office, BCI&I and their employees, and all individuals connected therewith from all claims and liability related to this authorized criminal record review and dissemination.

[Redacted]

[Redacted]  
Month & Day of Birth

[Redacted]

12/12/2019  
Today's Date

[Redacted]  
Present Address (Street, City, State, Zip)

Mineral Ridge, OH [Redacted]



**DAVE YOST**  
OHIO ATTORNEY GENERAL

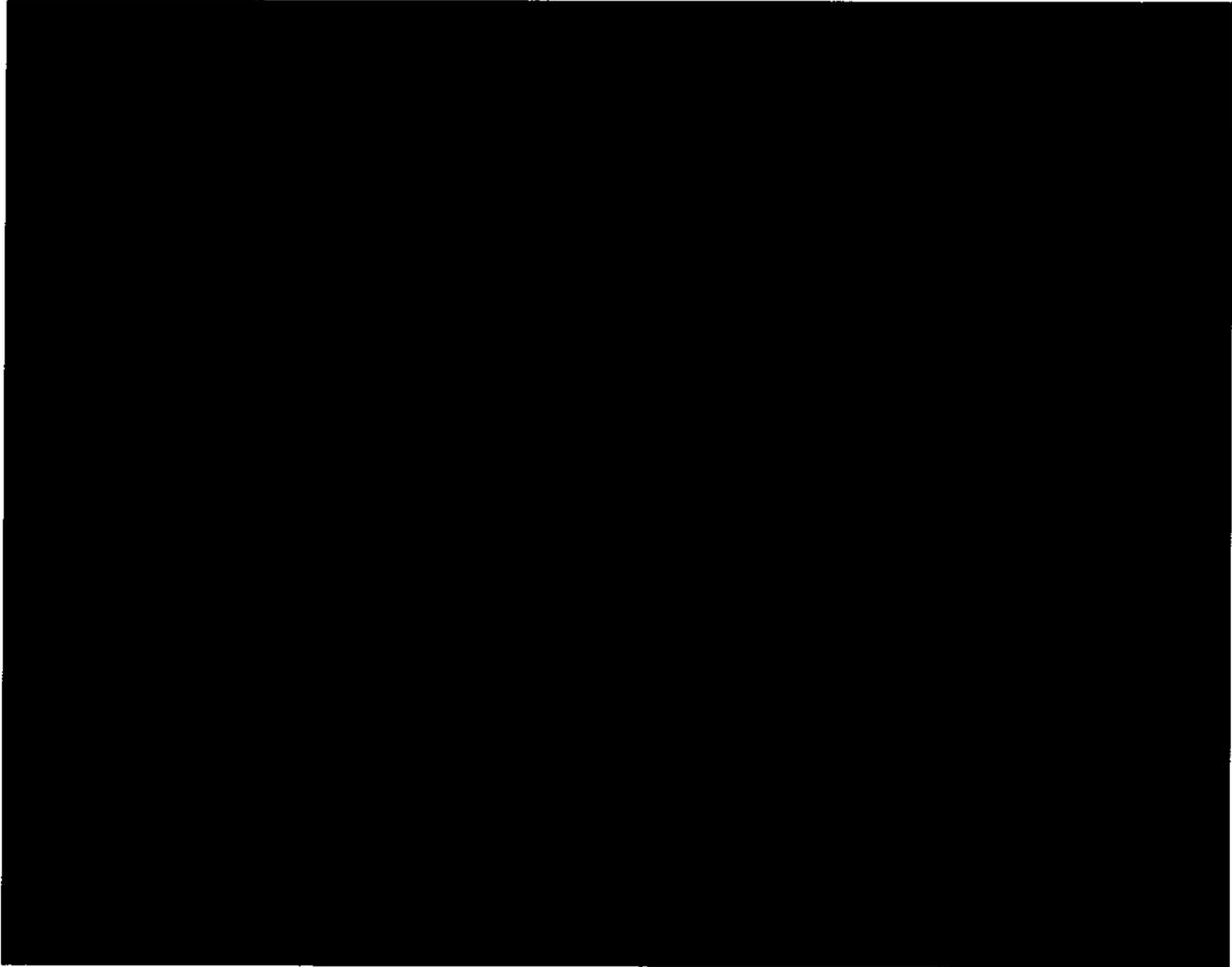


Civilian Identification  
Office 377-224-0043  
Fax 740-845-2633

P.O. Box 365  
London, OH 43140  
[www.OhioAttorneyGeneral.gov](http://www.OhioAttorneyGeneral.gov)

December 12, 2019

CITY OF AKRON DEPT OF H.R.  
KRIS RININGER  
166 SOUTH HIGH ST  
102 MUNIPAL BUILDING  
AKRON, OH 44308



Joseph A. Morbitzer  
Superintendent  
Ohio Bureau of Criminal Investigation



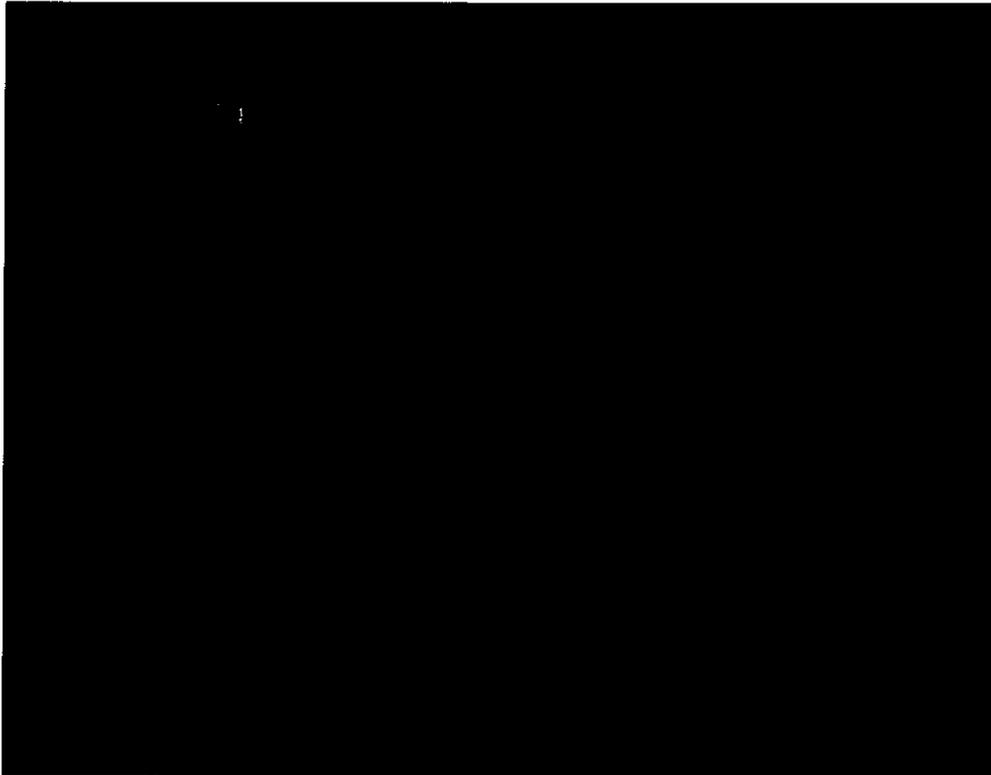
**DAVE YOST**  
OHIO ATTORNEY GENERAL



Civilian Identification  
Office 877-224-0043  
Fax 740-845-2633

P.O. Box 365  
London, OH 43140  
[www.OhioAttorneyGeneral.gov](http://www.OhioAttorneyGeneral.gov)

January 15, 2020



Joseph A. Morbitzer  
Superintendent  
Ohio Bureau of Criminal Investigation



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

## EMPLOYER CERTIFICATION OF MEMBER ENROLLMENT

*To be completed by an authorized employer representative*

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

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

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

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

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

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

### Section A: Employee information

<input checked="" type="checkbox"/> Police officer	Social Security number
<input type="checkbox"/> Firefighter	

### Section B: Employer information

Employer: <u>City of Akron</u>		Employer Code <u>0006-P</u>
Street Address / Post office box <u>1166 S. High St. Suite 703</u>		
City, State, ZIP code <u>Akron OH 44308</u>		
Employer phone <u>330-375-2710</u>	Fax <u>330-375-2299</u>	Email address <u>Mlimerich@AkronOhio.gov</u>

Deliver to: Member Services/Payroll Contributions Group

Page 1 of 2

Employer Certification of Member Enrollment

**Section C: Certification of membership eligibility**

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

Employment Status, check one of the following:

- New full-time
- Rehired
- Transfer from another OP&F-covered position
- Return from lay-off
- Re-employed retiree
- Reinstated (attach copy of court order or arbitration)

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

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

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

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

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

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

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

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

2-22-2021  
(month/day/year)

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

\$8,864  
(pay rate)

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

A  
(A, B, C or D)

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

Pay frequency, (check one):

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

**Section D: Employer Certification**

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

Signature of authorized employer representative 	Date of signature 3-9-2021
Print name Monica Limerick	Title Personnel Aide



2021 FEB 23 PM 3:25

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

## MEMBER INFORMATION FORM

To be completed by the OP&F member

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

### Section A: Personal information

Name: First, MI, Last, suffix (Jr, III, etc.)  
 Male  
 Female

Street Address / Post office box  
 City, State, ZIP code  
 Austintown, OH

Phone  
 Alternate phone  
 Email address

Social Security number  
 Date of Birth

Marital status:  
 Single  
 Married  
 Divorced  
 Marriage/Divorce date

### Section B: Dependent information

**Spouse**

Name  
 Gender:  
 Male  Female

Marriage date  
 Social Security number  
 Birth date

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

Name First, MI, Last, suffix (Jr, III, etc.)	Social Security number	Birth date	Gender	Relationship	Disabled/ Incapacitated
			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Natural child <input type="checkbox"/> Adopted <input type="checkbox"/> Step-child	<input type="checkbox"/>
			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Natural child <input type="checkbox"/> Adopted <input type="checkbox"/> Step-child	<input type="checkbox"/>
			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Natural child <input type="checkbox"/> Adopted <input type="checkbox"/> Step-child	<input type="checkbox"/>
			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Natural child <input type="checkbox"/> Adopted <input type="checkbox"/> Step-child	<input type="checkbox"/>
			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Natural child <input type="checkbox"/> Adopted <input type="checkbox"/> Step-child	<input type="checkbox"/>
			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Natural child <input type="checkbox"/> Adopted <input type="checkbox"/> Step-child	<input type="checkbox"/>

**Section C: Multiple Ohio retirement system membership**

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

<input type="checkbox"/> Member has no association with an Ohio retirement system, other than OP&F						
	Currently receiving service or disability benefits	Currently contributing	Contributed prior to OP&F membership	Received a refund of contributions	Contributions were for full-time employment	Dates of full-time employment prior to OP&F membership, or, if currently receiving retirement benefits, list retirement date
Ohio Highway Patrol Retirement System (HPRS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ohio Public Employees Retirement System (OPERS)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
State Teachers Retirement System of Ohio (STRS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ohio School Employees Retirement System (SERS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cincinnati Retirement System (CRS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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

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

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

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

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

**Section E: Employee signature and acknowledgement**

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

Signature: 	Date of signature 2/23/2021
--	--------------------------------

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

Employee Name  Employee ID#   
Employer Name City of Akron Employer ID# 0006-P

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

**Windfall Elimination Provision**

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

**Government Pension Offset Provision**

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

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

**For More Information**

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

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

Signature of Employee  Date 2/22/2021

---

## Information about Social Security Form SSA-1945 Statement Concerning Your Employment in a Job Not Covered by Social Security

New legislation [Section 419(c) of Public Law 108-203, the Social Security Protection Act of 2004] requires State and local government employers to provide a statement to employees hired January 1, 2005 or later in a job not covered under Social Security. The statement explains how a pension from that job could affect future Social Security benefits to which they may become entitled.

Form SSA-1945, **Statement Concerning Your Employment in a Job Not Covered by Social Security**, is the document that employers should use to meet the requirements of the law. The SSA-1945 explains the potential effects of two provisions in the Social Security law for workers who also receive a pension based on their work in a job not covered by Social Security. The Windfall Elimination Provision can affect the amount of a worker's Social Security retirement or disability benefit. The Government Pension Offset Provision can affect a Social Security benefit received as a spouse, surviving spouse, or an ex-spouse.

Employers must:

- Give the statement to the employee prior to the start of employment;
- Get the employee's signature on the form; and
- Submit a copy of the signed form to the pension paying agency.

Social Security will not be setting any additional guidelines for the use of this form.

Copies of the SSA-1945 are available online at the Social Security website, [www.socialsecurity.gov/online/ssa-1945.pdf](http://www.socialsecurity.gov/online/ssa-1945.pdf). Paper copies can be requested by email at [ofsm.oswm.rqct.orders@ssa.gov](mailto:ofsm.oswm.rqct.orders@ssa.gov) or by fax at 410-965-2037. The request must include the name, complete address and telephone number of the employer. Forms will not be sent to a post office box. Also, if appropriate, include the name of the person to whom the forms are to be delivered. The forms are available in packages of 25. Please refer to Inventory Control Number (ICN) 276950 when ordering.



CITY OF AKRON  
EMPLOYEE RECORDS  
Fraternal Order of Police, Akron Lodge #7  
217 S. High Street, Suite 404 - 6 AM 11:02  
Akron, Ohio 44302 AUG -6 AM 11:02



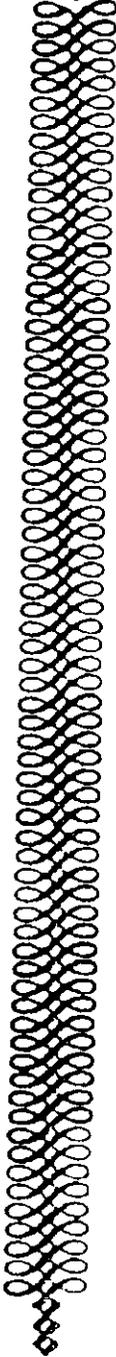
Election to Enroll in Employer [Redacted] Deductions

[Redacted] I hereby "Voluntarily"  
agree to have [Redacted] withheld from my weekly pay benefits by the City of Akron.

X [Redacted]

[Redacted]

[Redacted]  
Payroll ID Number



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 [REDACTED]

*Daniel Horrigan*  
DANIEL HORRIGAN, MAYOR

# CITY OF AKRON, OHIO

DEPARTMENT  
CHIEF'S OFFICE

CHIEF'S DIRECTIVE  
2021-CD-82  
October 6, 2021

## DIRECTIVE

Second phase of the FTO Program: the following transfers are effective Monday, October 18, 2021 in the Akron Police Department:

Officer [REDACTED]  
ID # [REDACTED]

FROM  
Uniform  
Sub-Division  
Platoon 1  
10:30PM – 7AM

TO  
Uniform  
Sub-Division  
Platoon 4  
7PM – 3:30AM

Officer [REDACTED]  
ID # [REDACTED]

FROM  
Uniform  
Sub-Division  
Platoon 1  
10:30PM – 7AM

TO  
Uniform  
Sub-Division  
Platoon 4  
7PM – 3:30AM

Officer [REDACTED]  
ID # [REDACTED]

FROM  
Uniform  
Sub-Division  
Platoon 1  
10:30PM – 7AM

TO  
Uniform  
Sub-Division  
Platoon 4  
7PM – 3:30AM

Officer [REDACTED]  
ID # [REDACTED]

FROM  
Uniform  
Sub-Division  
Platoon 1  
10:30PM – 7AM

TO  
Uniform  
Sub-Division  
Platoon 3  
2:30PM – 11PM

Officer [REDACTED]  
ID # [REDACTED]

FROM  
Uniform  
Sub-Division  
Platoon 3  
2:30PM – 11PM

TO  
Uniform  
Sub-Division  
Platoon 4  
7PM – 3:30AM

Officer [REDACTED]  
ID # [REDACTED]

FROM  
Uniform  
Sub-Division  
Platoon 3  
2:30PM – 11PM

TO  
Uniform  
Sub-Division  
Platoon 1  
10:30PM – 7AM

Officer [REDACTED]  
ID # [REDACTED]

FROM  
Uniform  
Sub-Division  
Platoon 3  
2:30PM – 11PM

TO  
Uniform  
Sub-Division  
Platoon 1  
10:30PM – 7AM

Officer [REDACTED]  
ID # [REDACTED]

FROM  
Uniform  
Sub-Division  
Platoon 4  
7PM – 3:30AM

TO  
Uniform  
Sub-Division  
Platoon 1  
10:30PM – 7AM

Officer [REDACTED]  
ID # [REDACTED]

FROM  
Uniform  
Sub-Division  
Platoon 4  
7PM – 3:30AM

TO  
Uniform  
Sub-Division  
Platoon 1  
10:30PM – 7AM

Officer [REDACTED]  
ID # [REDACTED]

FROM  
Uniform  
Sub-Division  
Platoon 4  
7PM – 3:30AM

TO  
Uniform  
Sub-Division  
Platoon 3  
2:30PM – 11PM

Officer [REDACTED]  
ID # [REDACTED]

FROM  
Uniform  
Sub-Division  
Platoon 4  
7PM – 3:30AM

TO  
Uniform  
Sub-Division  
Platoon 1  
10:30PM – 7AM

Officer [REDACTED]  
ID # [REDACTED]

FROM  
Uniform  
Sub-Division  
Platoon 4  
7PM – 3:30AM

TO  
Uniform  
Sub-Division  
Platoon 3  
2:30PM – 11PM

*Stephen L. Mylett*

Stephen L. Mylett

Chief of Police

**CITY OF AKRON, OHIO**

**DEPARTMENT**

**CHIEF'S DIRECTIVE**

**POLICE DIVISION**

**2022-CD-67**

**June 27, 2022**

**DIRECTIVE**

**Effective Monday, June 27, 2022, the following officers are placed on Administrative Leave with pay per procedure following a critical incident:**

Officer	[REDACTED]

*Stephen L. Mylett*

**Stephen L. Mylett  
Chief Of Police**



**DAVE YOST**  
OHIO ATTORNEY GENERAL



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

**NOTICE OF PEACE OFFICER APPOINTMENT**

Check Box If:  Correction to Record  Name Change

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

<b>OFFICER INFORMATION</b>		1. Name (Last) (First) (Middle)	2. Social Security Number
3. Previous Name(s) or Alias (Last) (First) (Middle)			
4. Birth date (mm/dd/yyyy)	5. Officer's Individual Email Address		6. Phone Number
7. Home Mailing Address (#/Street/PO Box) (City) (State) (Zip Code) (County Name)		Mahoning	
8. Basic Training Academy (Academy Name) (Academy Number) (Dates of Training)		Akron Police Academy	

<b>AGENCY INFORMATION</b>		9. Agency Name Akron Police Department	
10. Reporting Authority's Email Address snull@akronohio.gov		11. Agency Phone Number 330-375-2244	
12. Agency Mailing Address (#/Street/PO Box) (City) (Zip Code) (County Name)		217 S. High St. Akron 44308 Summit	

<b>APPOINTMENT INFORMATION</b> (Complete Date, Status and ORC)		13. New Appointment Date	14. Status Change Date
15. Select New Status <input checked="" type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Auxiliary <input type="checkbox"/> Reserve <input type="checkbox"/> Special <input type="checkbox"/> Seasonal For the purpose of this form, full-time means those in active pay status (including those on vacation, sick, bereavement, personal or administrative leave; on compensatory time or holidays) receiving compensation and benefits for 40 hours in a work week or 60 hours in a 14-day period.			
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 have carefully read this document and fully understand its contents and I sign it of my own free will and volition. I attest that the information provided on this document is true and correct and is based on my personal knowledge or inquiry. I further understand and acknowledge that submission of falsified records is a criminal violation.	
17. Signature of Reporting Authority	18. Printed Name and Title	19. Date	
<i>Michael J. Caprez</i>	Major Michael J. Caprez	[Redacted]	
20. Signature of Witness	21. Printed Name (First, Middle, Last)	22. Date	
<i>Steven J. Null</i>	Sgt. Steven J. Null	[Redacted]	

SF400edm  
Page 1 of 2  
Effective 02/05/2019

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

Officer Name (Last)

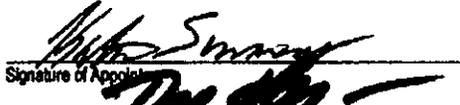
(First)

(Middle)

Social Security Number

**23. OATH OF OFFICE**

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

  
Signature of Appointee  
  
Signature of Appointing Authority

DANIEL HERRIGAN  
Name of Appointing Authority (Typed or Printed Legibly)  
MAYOR  
Title of Appointing Authority (Typed or Printed Legibly)

**OHIO PEACE OFFICER APPOINTMENT HISTORY**

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

24. Appointed By (Agency Name and County):	25. From(mm/dd/yyyy): / /	To(mm/dd/yyyy): / /
26. Appointment Status (Check Appropriate Box) <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		

39. Appointed By (Agency Name and County):	40. From(mm/dd/yyyy): / /	To(mm/dd/yyyy): / /
41. 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		

SF400adm  
Page 2 of 2  
Effective 02/05/2019

This form may be emailed to: [SF400@ohioattorneygeneral.gov](mailto:SF400@ohioattorneygeneral.gov)



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 [REDACTED]

  
DANIEL HARRIGAN, MAYOR



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

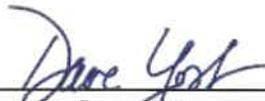
This is to certify that

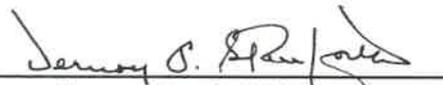


has completed the Ohio  
Peace Officer Basic Training Program

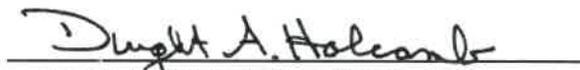
Conducted by  
**Akron Police Department**

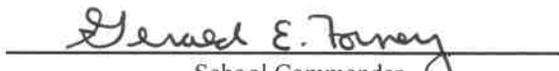
Awarded On  
August 06, 2021

  
\_\_\_\_\_  
Dave Yost  
Attorney General

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



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

  
\_\_\_\_\_  
Gerald E. Torney  
School Commander

BAS21-019 210781

OHIO ATTORNEY GENERAL  
- RECOGNITION OF COMPLETION AWARD -

*This certificate of completion is awarded to*

[Redacted Name]

For successfully completing the Webcast course

**OHLEG Security Training**

Issued on

[Redacted Date]

Expires in 2 years

*Joseph A. Morbitzer*

Joseph A. Morbitzer, BCI SUPERINTENDENT

• No CPT Hours



**- OHIO ATTORNEY GENERAL -**  
**RECOGNITION OF COMPLETION AWARD**

*This certificate of completion is awarded to*

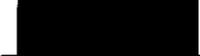


has completed the Ohio Attorney General's online training course

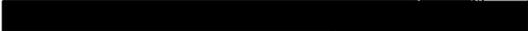
**OHLEG Security**

**-Training**

DAVE YOST, OHIO ATTORNEY GENERAL



**DAVE YOST**  
OHIO ATTORNEY GENERAL



**- OHIO ATTORNEY GENERAL -**  
**RECOGNITION OF COMPLETION AWARD**

*This certificate of completion is awarded to*



has completed the Ohio Attorney General's online training course

**OHLEG Security  
-Training**

DAVE YOST, OHIO ATTORNEY GENERAL



**DAVE YOST**  
OHIO ATTORNEY GENERAL





AXON Academy

TASER TRAINING



# TASER Conducted Energy Weapon TASER Certified End User Certificate



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

Instructor:

*[Signature]*  
Sgt. Steve Prough

Date:





# OHIO PEACE OFFICER TRAINING COMMISSION

THE OFFICE OF THE ATTORNEY GENERAL

&

This is to certify that

[Redacted Name]

has completed the Ohio  
Peace Officer Basic Training Program

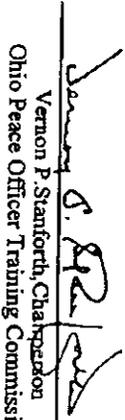
Conducted by

Akron Police Department

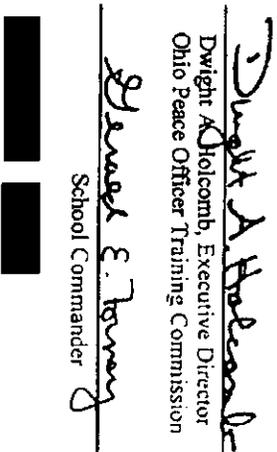
Awarded On

[Redacted Date]

  
David J. Post  
Attorney General

  
Vernon P. Stanforth, Chairman  
Ohio Peace Officer Training Commission



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

  
Steven E. Torrey  
School Commander

[Redacted]

[Redacted]

# Center for Domestic Preparedness



## FEMMA

This is to certify that

[Redacted]

successfully completed the

**Field Force Operations**

Akron, OH

*(2.4 Continuing Education Units/24.00 Contact Hours)*

Issued this

[Redacted]



The Center for Domestic Preparedness is accredited by the International Association for Continuing Education and Training (IACET). The CDP complies with the ANSI/IACET Standard, which is recognized internationally as a standard of excellence in instructional practices. As a result of this accreditation, the CDP is accredited to issue the IACET CEU.

[Redacted]

Tony Russell  
Superintendent  
Center for Domestic Preparedness  
Federal Emergency Management Agency  
U.S. Department of Homeland Security



## Akron Police Department Weapons Training Report

Range Course Results  
Type: Any  
Officers filtered: 1

4 results returned

ID	Officer	Date/Time	Training Type	Weapon Type	Manufacturer	Model	Serial #	Result	Notes
		02/23/2022 10:00	Rifle	Rifle	Colt	M-16		Passed	
		12/08/2021 19:30	Low Light	Semi-Automatic Pistol	Glock	G5-19		Passed	
		07/21/2021 08:00	Rifle	Rifle	Colt	M-16		Passed	
		04/30/2021 08:00	Duty Pistol Qualification	Semi-Automatic Pistol	Glock	G5-19		Passed	

# EMPLOYEE PERFORMANCE EVALUATION REPORT

EMPLOYEE NAME [REDACTED]	DIVISION Police Uniformed	CLASS TITLE Police Officer
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EVALUATION FROM 2/22/21 TO 05/22/21	MERIT INCREASE DATE	RETURN ORIGINAL TO PERSONNEL DEPARTMENT BY 06/22/21
--	---------------------	---

PLEASE USE #2 PENCIL

EMPLOYEE ID [REDACTED]	TYPE OF EVALUATION				EVALUATOR 1 ID [REDACTED]
	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	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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

The recruit has performed as expected of an employee in the Akron Police Academy. Recruit had no call-offs or unexcused absences during the 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: 6/28/21      EVALUATOR 2 SIGNATURE: [Signature]      EMPLOYEE ID #: 10948      DATE: 7/6/21

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

SIGNATURE OF REVIEWER: \_\_\_\_\_      EMPLOYEE ID #: \_\_\_\_\_      DATE: \_\_\_\_\_

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: \_\_\_\_\_      DATE: \_\_\_\_\_

**7. REPORT DISCUSSION**

REPORT DISCUSSED WITH EMPLOYEE BY: [Signature]      DATE: 7/7/21

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





02/22/2023  
 13:37:37  
 02/22/2023 13:37:37



# AKRON POLICE DEPARTMENT

## EMPLOYEE SUMMARY REPORT

Printed on: Monday, June 27, 2022

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Name: [REDACTED] ID: [REDACTED] Badge#: [REDACTED] Payroll ID: [REDACTED]  
SSN: [REDACTED] DOB: [REDACTED] Status: ACTIVE Service Date: 02/22/2021  
Appointed: 02/22/2021 OPOTC: Sworn In: 08/06/2021 Separation:

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### PROMOTIONS

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### NOTES

PHONE: [REDACTED]  
EMERGENCY CONTACT [REDACTED] PHONE: [REDACTED]  
PERSONAL EMAIL: [REDACTED]@gmail.com

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### ASSIGNMENTS

10-18-2021 UNIFORM, PLATOON 4 7:30PM-3:30AM  
08-09-2021 UNIFORM, PLATOON 3 2:30PM-11PM  
02-22-2021 SERVICES, RECRUIT SCHOOL/POLICE ACADEMY

---

### TRAINING

08-16-2021 FIELD FORCE OPERATIONS  
08-06-2021 PEACE OFFICER BASIC TRAINING PROGRAM  
07-14-2021 TASER CONDUCTD ENERGY WEAPON  
06-28-2021 OLEG SECURITY TRAINING

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### COMPLAINTS

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### DISCIPLINES

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### FILE REVIEWS

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### SHOTS FIRED

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### AWARDS

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### SPECIAL UNITS

██████████ Employment History

Officer Name (Officer)	Officer	Agency Name (Agency)	(Agency)	Start Date	Employment Dat	End Date	Employment Dat	Emp. Status (Em
██████████	██████████	██████████	Police Department	5/25/2017	Appointment	1/16/2018	Status Change	Part-time
██████████	██████████	██████████	Police Department	1/16/2018	Status Change	2/20/2021	Termination	Full-time
██████████	██████████	██████████	County Sheriff's Office	3/21/2018	Appointment			Reserve
██████████	██████████		Akron Police Department	8/6/2021	Appointment			Full-time

Basic Training

School Number ( Facility Name (School Facility) (Facility)	From Date (Scho To Date (School)	Exam Date	Certificate Num:	Certificate Date
BAS17-011 Youngstown State University	1/9/2017 5/5/2017	5/23/2017		5/25/2017
BAS21-019 Akron Police Department	2/24/2021 7/12/2021	7/26/2021		8/6/2021

██████████ Advanced Training

Course	Title (Course) (Course)	From Date (Cour	To Date (Course)	Officer
05-507-19-04	ARIDE (Advanced Roadside Impaired Driving Enforcement)	2/11/2019	2/12/2019	██████████ ██████████ ██████████

██████████ OPOTA Online Transcript

Date Completed	Course Title
8/10/2017	Missing Children Investigation
8/10/2017	Missing Persons
3/25/2018	Automobile Inventory
3/25/2018	Automobile Searches
3/25/2018	Consent to Search Part 1