



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



2025-0883

Officer Involved Critical Incident – I-75 NB / Mile Marker 14,
Evendale, Ohio (Hamilton County) (L)

Investigative Activity: Information Provided/Obtained
Involves: Lockland Police Department (O)
Date of Activity: 03/27/2025
Author: SA David Hornyak, #112

Narrative:

On March 27, 2025, Ohio Bureau of Criminal Investigation (BCI) Special Agent Dave Hornyak received the personnel file for Lockland Police [REDACTED] from Lockland Police Chief Michael Ott. The personnel file was attached to this report. Please refer to the attachment for further details.

References:

No references.

Attachments:

Attachment # 01: Personnel File – [REDACTED]

Exhibit 1

LOCKLAND POLICE DEPARTMENT

APPLICATION FOR EMPLOYMENT



THE LOCKLAND POLICE DEPARTMENT IS AN EQUAL OPPORTUNITY EMPLOYER AND IS COMMITTED TO CREATING AND MAINTAINING A WORK ENVIRONMENT THAT IS FREE OF ALL FORMS OF DISCRIMINATORY HARASSMENT, INCLUDING SEXUAL HARASSMENT, OR RETALIATION.



LOCKLAND POLICE DEPARTMENT

Application for Employment

Pre-Employment Questionnaire / An Equal Opportunity Employer

Date Submitted: _____

Please Write Responses (Do Not Type)

Name _____

Present _____

Previous _____

Permanent _____

Home Phone _____

Have you ever lived in another state? Yes Y No ____ If Yes, Last Date Lived There Oct 27 2017

If Yes, last address _____

City

State

Zip

Are you 21 years of age at time of application? Yes Y No ____

Are you prevented from being lawfully employed in this country because of visa or immigration status,

Yes ____ No N

Position Applying for Police officer Full Time Yes Part Time ____

Date you are able to start 10/15/2023 Salary Desired 70,000

Are you employed now? Yes Yes No ____ May we enquire with them? Yes Yes No ____

Have you applied with us in the past? Yes ____ No No If Yes, when? _____

How did you learn about this position? Buddy applied

EDUCATION

	Name and Address of School	Years Attended	Graduate?	Subject Studied
Grammar School				
High School	New Richmond	4	Yes	Diploma
College				
Trade or Other School				



LOCKLAND POLICE DEPARTMENT

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Are you currently OPOTA certified? Yes yes No ____

If Yes, Academy Name and Graduation Date Butler tech [REDACTED]

Special Subjects Studied and/or Special Skills _____

Civic Activities, Athletics, etc. Softball , hunting , fishing

US Armed Forces [REDACTED]

Are you currently a member [REDACTED]

If Yes, who and where? _____

If No, date when decommissioned? [REDACTED]

EMPLOYMENT HISTORY

(Most Recent First)

DATE (MM/YYYY)	Name, Address, and Phone	Salary	Position	Reason for Leaving
[REDACTED]	Hamilton county sheriff office 100 sycamore street Cincinnati Ohio 45222	60k	Correction al officer	Didn't like the jail
	Kinder Morgan 3806 Kellogg ave Cincinnati Ohio 45226	60k	Pipeline operator	
From _____ To _____				
From _____ To _____				



LOCKLAND POLICE DEPARTMENT

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REFERENCES

(List three people that you have known for at least five years, except family)

Name	Address and Phone Number	Relation	Years Known
Elijah Staton	[REDACTED]	Friend	5
Samuel brewer	[REDACTED]	Friend	5
Terry Langford	[REDACTED]	Friend.	5

Are you currently or were you previously employed as a police officer with any local or federal agency?

Yes y No

If Yes, how long have you been employed? If Not currently employed, when was the last date you were employed? Was employed for 5 years

Why did you leave your last police employment?

Wasn't liking the jail , wanted to get away from the jail

Have you ever been convicted of, or are you awaiting trail for any criminal offense?

(Excluding Minor Misdemeanor Traffic Offenses)

Yes No No

If Yes, explain

Have you ever had a license suspension or driving privileges revoked? Yes No No

If Yes, explain

Have you ever been, or are you now being, dismissed (fired) from any job, or resigned or been suspended, while charges against you for your, or an investigation of your, behavior was pending? Yes No No

If Yes explain



LOCKLAND POLICE DEPARTMENT

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Pre-Employment Questionnaire / An Equal Opportunity Employer

I certify all of the information submitted by me on this application is true and complete, and in understand that if any false information, omissions, or misinterpretations are discovered, my application may be rejected and, if I am employed, my employment may be terminated at any time.

In consideration of my employment, I agree to conform to the rules and regulations set forth by Lockland Police Department, and agree that my employment and compensation may be terminated with or without cause, and with or without notice at any time, at either my or the Lockland Police option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by the Lockland Police. I understand that no representative of the Lockland Police, other than the Chief of Police, and then only when in writing and signed by the Chief of Police has any authority to enter into agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing.

Name _____

Signature _____

Date _____



LOCKLAND POLICE DEPARTMENT

Application for Employment

Pre-Employment Questionnaire / An Equal Opportunity Employer

Authorization of Release of Records

Dear Organization, Establishment, Institution, or Agency,

I hereby authorize any police officer or other authorized representative of the Lockland Police Department bearing this release, or copy of this thereof, within one (1) year of its date, to obtain any information in your files pertaining to my employment, military credit or educational records including, but not limited to, academic achievement, attendance, athletic, personal history, disciplinary records, medical records, criminal history records, banking debt, bank checking and saving, and credit records. I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the Lockland Police Department. Consent is granted for the Lockland Police Department to furnish such information, as is described above, to third parties in the course of fulfilling its official responsibilities. I hereby release you as the custodian of such records, and any school, collage, university, or other educational institution, hospital, or other repository of medical records, credit bureau, criminal history record, lending institution, consumer reporting agency, bank, or retail business establishment including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. Should there be any questions as to the validation of this release you may contact me as indicated below.

Full Name _____

Address _____

Phone # _____

Signature _____

Date _____

Sworn to and subscribed in my presence by _____

Signature Notary Public

this _____ day of _____, _____
Day Month Year

**Equal Employment Advisory Council
for Self-Identification of Race/Ethnicity**

INSTRUCTIONS

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM

Anti-Discrimination Notice. It is an unlawful employment practice for an employer to fail or refuse to hire or discharge any individual, or otherwise to discriminate against any individual with respect to that individual's terms and conditions of employment, because of such individual's race, color, religion, sex, or national origin.

This employer is subject to certain nondiscrimination and affirmative action recordkeeping and reporting requirements which require the employer to invite employees to voluntarily self-identify their race/ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable federal laws, executive orders, and regulations, including those which require the information to be summarized and reported to the Federal Government for civil rights enforcement purposes.

If you choose not to self-identify your race/ethnicity at this time, the federal government requires this employer to determine this information by visual survey and/or other available information.

For civil rights monitoring and enforcement purposes only, all race/ethnicity information will be collected and reported in the seven categories identified below. The definitions for each category have been established by the federal government. If you choose to voluntarily self-identify, you may mark only one of the boxes presented below.

**INVITATION TO SELF-IDENTIFY
PLEASE ANSWER THE FOLLOWING QUESTION**

What is your race/ethnicity? Please mark the **one box** that describes the race/ethnicity category with which you primarily identify.

- ☐ **Hispanic or Latino:** a person of Cuban, Mexican, Chicano, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- ☒ **White:** a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- ☐ **Black or African American:** a person having origins in any of the black racial groups of Africa.
- ☐ **Asian:** a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- ☐ **Native Hawaiian or Other Pacific Islander:** a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- ☐ **American Indian or Alaska Native:** a person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- ☐ **Two or More Races:** a person who primarily identifies with two or more of the above race/ethnicity categories.

Hamilton County Sheriff

Employee Information Sheet

[Logout](#)

Istevens

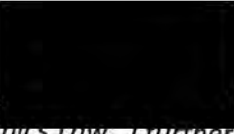
Personal Data For:

EmpID:		Division:	CORR
BadgeID:		Section:	Corr Security/South/Intake 2nd
DOB:		Dept-Mgr:	Buchanan, Brad J
Age:		Supervisor	Buchanan, Brad J
Gender:	Male	Job Title:	Corr Officer
Race:	C - White	Location:	INTAKE
Address:		Schedule Group:	02
Home Phone:		Shift:	2
Marital Status:		Work Phone:	(513)946-6707
Hire Date:		Pager:	()-
Full/Part:	Full-time	Cell Phone:	()-
Union:	1	OPOTA#	
		OPOTA Cert Date:	

Emergency Contact:		Emergency Contact:	
Relation:		Relation:	
Day Phone:		Day Phone:	
Evening Phone:		Evening Phone:	
Address:		Address:	


kschraer is logged in. User is Schraer, Kevin J, Division is CORR, Supervisor is Buchanan, Brad J and role is Supe

Acknowledgement of receipt of the Ohio Ethics Law and Related Statutes

I  have read the information provided by my employer regarding the Ohio Ethics Law. I further state that the undersigned signature acknowledges receipt of this information.


Date

Acknowledgement of receipt of the Village of Lockland Employee Handbook (revised August 2019)

I  have read the information provided by my employer in the Village of Lockland Employee Handbook. I further state that the undersigned signature acknowledges the receipt of this information.



Print Name





Date


Acknowledgement of receipt of Auditor of State Fraud Reporting System information

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

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

By signing below you are acknowledging (insert public employer) provided you information about the fraud-reporting system as described by Ohio Revised Code

§117.103(A), and that you read and understand the information provided. You are also acknowledging you have received and read the information regarding Ohio Revised Code §124.341 and the protections you are provided as a classified or unclassified employee if you use the fraud reporting system.

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



PRINT NAME, TITLE, AND DEPARTMENT


SIGNATURE



DATE

Waiver Form Granting Permission

To The Village of Lockland

To Investigate




Motor Vehicle Records


I,  do hereby give the Lockland Police department permission to investigate my motor vehicle records, at least annually, for the purpose of implementing Village policy regarding the operation of Village-owned personal vehicles on Village business. I understand that the purpose of the policy is to confirm that any employee operating Village vehicles and equipment, as well as private vehicles on Village business have accepted driving habits.

Furthermore, it is understood that this document and all motor vehicles records obtained by the Lockland Police Department will remain in the possession of the Lockland Police Department, Chief of Police. Any findings, however, that may require disciplinary action on the part of the Village, will be documented by the Police Chief and drawn to the attention of the appropriate supervisor and the Village Administrator.

Full Name  Date: 
Full Name  Date of 
SS. #  Driv. L. 

PEACE OFFICER AUTHORIZED TO ADMINISTER

Sworn to before me and subscribed in my presence this  day of  20 .
OATHS PURSUANT TO ORC 2935-081
LOCKLAND POLICE DEPARTMENT


(Department head/Supervisor Signature)



Village of Lockland

101 North Cooper Avenue
Lockland, OH 45215
(513) 761-1124

Mayor
Mark Mason Sr.

Village Administrator
Douglas W. Wehmeyer

To: [REDACTED]
From: Chief Michael Ott
Re: Probation
Date: 11/16/24

Effective [REDACTED] your status with the Village will change from Probationary Officer to Full-Time Police Officer. Congratulations on this achievement! During your review, it was pointed out that you take great pride in your work and are always willing to take on additional tasks and training opportunities. All of us look forward to seeing you continue to grow throughout your career with the Village of Lockland.

Respectfully,

Michael Ott, Chief of Police

Embracing our residents, our traditions, and our future

Village of Lockland Police Department
Police Officer Quarterly Performance Evaluation Report

Quarter 1-4 Year 2024

Name: [REDACTED]

Rating

1. Quality of Work	8
<ul style="list-style-type: none"> ➤ Preventative activity/patrol ➤ Investigations & reports ➤ Case preparation/Court presentation ➤ Assignments completed in a timely/thorough/neat/accurate manner 	
2. Quantity of Work	8
<ul style="list-style-type: none"> ➤ Criminal enforcement ➤ Traffic enforcement ➤ Patrol 	
3. Knowledge	7
<ul style="list-style-type: none"> ➤ Police methods ➤ Departmental objectives ➤ Use of equipment ➤ Legal issues 	
4. Work Habits	8
<ul style="list-style-type: none"> ➤ Organization of work ➤ Efficient use of time ➤ Safe use of equipment ➤ Safety- Personal work habits 	
5. Learning & Self-Development	9
<ul style="list-style-type: none"> ➤ New assignments ➤ Updated law enforcement methods/skills ➤ Legal updates ➤ Administrative functions ➤ Creativity/Resourcefulness 	
6. Dependability	9
<ul style="list-style-type: none"> ➤ Punctuality ➤ Attendance/Absenteeism ➤ Unsupervised work 	
7. Initiative	9
<ul style="list-style-type: none"> ➤ Originates new ideas to improve law enforcement methodology & efficiency/economy of operations for the overall improvement of the department ➤ Process of self-improvement to maintain current proficiency, increase knowledge, abilities and skill levels ➤ Collaterally assigned duties 	

Village of Lockland Police Department

Police Officer Quarterly Performance Evaluation Report

Quarter 1-4 Year 2024

Rater and Review Remarks

Rater:

██████████ was hired having 5 years of jail service with the Hamilton County Sheriff's Office and no years of experience on road patrol. In his first year as patrol officer, ██████████ has responded to calls for service including gun runs, domestic violence situations, non-breathers, stolen vehicles and rape and was involved in pursuit types of both vehicle and foot. ██████████ handled each situation with poise, consideration and tact and has grown in both efficiency and knowledge. ██████████ has shown interest in training opportunities that cover various aspects of policing including traffic stops and mannerism detection. ██████████ is always early for his shift and his uniform is well kept. ██████████ takes great pride in himself and his abilities including those that make great officers and has shown that he is willing to learn, and make better, his policing career. ██████████ has, at times, had a short temper that could be misconstrued as insubordination which could be detrimental to his career, however, he continues to work on his self-control and is turning out to be not only an exemplary officer but one that others look up to.

Chief

Employee Comments:

Rater: Sgt Jagoditz J #130

Date: 10December2024

Chief:

Date:

Employee:

Date:

*Employee: I certify that this report has been shown and discussed with me. I understand that my signature does not necessarily indicate agreement.



VILLAGE OF LOCKLAND

101 North Cooper Avenue
Lockland, Ohio 45215
(513) 761-1124

Mayor
Mark Mason Sr.

Village Administrator
Krista M. Blum
OATH OF OFFICE

I, [REDACTED] do hereby 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 the Laws and

Ordinances of the Village of Lockland, and that shall faithfully, honestly, and impartially discharge the duties of a Police Officer of Lockland, Ohio to which I have been appointed.

[REDACTED]

Date

CERTIFICATE OF APPOINTMENT

I, Mark Mason, Mayor of the Village of Lockland, have this day appointed, and administered the above

Oath of Office to, Ryan Waters as Police Officer of the Village of Lockland. His appointment as Police Officer will be presented to Village Council at its next meeting for their consent and approval.

Mayor Mark Mason Sr.

11-13-23

Date

WITNESS

I, Krista Blum, the Village of Administrator of the Village of Lockland, have witnessed the above-described proceedings.

Village Administrator Krista Blum

11/13/23

Date

Embracing our residents, our traditions and our future



DAVE YOST

OHIO ATTORNEY GENERAL



Ohio Peace Officer Training Commission
Office 800-346-7682

NOTICE OF PEACE OFFICER APPOINTMENT

Check Box if: ☐ Correction to Record

☐ Name Change

☐ OSHP Trooper to Peace Officer
(OSHP certificate must be attached)

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

OFFICER INFORMATION		1. Name (Last) (First) (Middle)		2. Social Security Number (last 5 only)	
3. Previous Name(s) or Alias (Last) (First) (Middle)					
4. (Last/First/Middle/Initials) (Last/First/Middle/Initials)		5. Officer's Individual Email Address*		6. Phone Number	
		@locklandoh.org			
7. Home Mailing Address (#/Street/PO Box) (City) (State) (Zip Code) (County Name)					
8. Basic Training Academy (Academy Name) (Academy Number) (Dates of Training)					
(Only complete if this is the officer's first appointment or OSP)					

AGENCY INFORMATION		9. Agency Name	
		Lockland Police Department	
10. Reporting Authority's Email Address		11. Agency Phone Number	
mott@locklandoh.org		513-761-1699	
12. Agency Mailing Address (#/Street/PO Box) (City) (Zip Code) (County Name)			
101 N. Cooper Ave		Lockland 45215 Hamilton	

APPOINTMENT INFORMATION (Complete Date, Status and ORC)		13. New Appointment Date		14. Status Change Date	
15. Select New Status <input checked="" type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Auxiliary <input type="checkbox"/> Reserve <input type="checkbox"/> Special <input type="checkbox"/> Seasonal					
For the purpose of this form, full-time means those in active pay status (including those on vacation, sick, bereavement, personal or administrative leave, on compensatory time or holidays) receiving compensation and benefits for 40 hours in a work week or 80 hours in a 14-day period.					
16. Select New ORC					
<input type="checkbox"/> City Full-Time/Part-Time (737.02)		<input type="checkbox"/> City Auxiliary/Reserve/Special (737.051)		<input type="checkbox"/> City Chief (737.02)	
<input checked="" 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)	

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

Officer Name (Last)


(First)

(Middle)

SSN (last 5 only)

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 Appointing Authority
Mark Mason

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):

Hamilton County Sheriff

25. From(mm/dd/yyyy):

To(mm/dd/yyyy):

26. Appointment Status (Check Appropriate Box)

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

27. Appointed By (Agency Name and County):

28. From(mm/dd/yyyy):

To(mm/dd/yyyy):

29. Appointment Status (Check Appropriate Box)

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

30. Appointed By (Agency Name and County):

31. From(mm/dd/yyyy):

To(mm/dd/yyyy):

32. Appointment Status (Check Appropriate Box)

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

33. Appointed By (Agency Name and County):

34. From(mm/dd/yyyy):

To(mm/dd/yyyy):

35. Appointment Status (Check Appropriate Box)

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

36. Appointed By (Agency Name and County):

37. From(mm/dd/yyyy):

To(mm/dd/yyyy):

38. Appointment Status (Check Appropriate Box)

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

39. Appointed By (Agency Name and County):

40. From(mm/dd/yyyy):

To(mm/dd/yyyy):

41. Appointment Status (Check Appropriate Box)

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

Police Officer Badge Number Add / Change Request

Please email completed and signed form to CMSNetAdmin@cms.hamilton-co.org

You can also fax it to CMSNet at 513-946-5925

Do Not Send the Form to RCIC

REASON FOR REQUEST			
Select one of the following:			
<input checked="" type="radio"/>	Add New Officer	Complete sections 1, 2, and 4	
<input type="radio"/>	Change Officer Information <small>(Badge #, Officer Name, and/or Assignment)</small>	Complete sections 1, 2, 3, and 4	
<input type="radio"/>	Inactivate Officer	Complete sections 1, 2, and 4 <small>Please note that officers will be inactivated and not deleted - this allows CMS to maintain links between cases and the correct officers for the life of a case.</small>	
1. AGENCY INFORMATION			
Police Agency: Lockland Police		Mnemonic: 5LRCW	
Agency Contact Email: mott@locklandoh.org			
2. OFFICER INFORMATION			
Officer Name (last & first)	<div style="background-color: black; width: 100px; height: 20px;"></div>	<div style="background-color: black; width: 100px; height: 20px;"></div>	<div style="background-color: black; width: 50px; height: 20px;"></div>
	<small>Last Name</small>	<small>First Name</small>	<small>MI</small>
Badge #:	<div style="background-color: black; width: 100px; height: 20px;"></div>	Assignment: Patrol	
Officer's Email: <div style="background-color: black; width: 150px; height: 20px;"></div> @locklandoh.org			
3. PREVIOUS OFFICER INFORMATION (complete for changes only)			
Previous Name:			
	<small>Last Name</small>	<small>First Name</small>	<small>MI</small>
Previous Badge #:		Assignment:	
4. AUTHORIZATION			
Chief or Authorized Supervisor's Signature		Date	
		11/17/23	
Chief or Authorized Supervisor's Printed Name			
Richard M. Ott			
5. CMSNet			
Entered By:		Date:	
Court Party ID:			

*An officer will only appear on the dropdown list for the
RCIC Subpoena Report when there is an active court notify.*

Questions or Issues? Please contact Stephanie Crow at 513-946-5944 or Shannon Supe at 513-946-5915.

File

CLEAR - Regional Computer Center – City of Cincinnati
RCIC VPN Remote Access Agreement (Revision 07/30/2010)

IMPORTANT – Please Read Entire Document Before Signing. It is important to maintain secure connections to the CLEAR Network at all times. By protecting the CLEAR information system's assets, you not only protect your systems and information but also the information used by other users, departments, and agencies.

By signing this agreement, you agree to be bound by the terms for the VPN connection. By using this connection to the CLEAR Network, you also agree to abide by all CLEAR policies. To continue to protect the resources and information systems of CLEAR, CLEAR reserves the right to update the terms for VPN remote access, or disable VPN remote access at any time.

Terms of Use Agreement

- VPN access to the CLEAR Network is restricted to authorized personnel only for legitimate purposes in accordance with CLEAR information security policies and personnel policies and procedures. Specifically, authorized personnel are those who have been explicitly granted remote access to the CLEAR Network by CLEAR and have agreed to the terms of use stated within this document.
- VPN access to the CLEAR Network requires four items: a unique username ID, a password, a passcode, and a SecureID token. Departments should contact CLEAR for each user who needs VPN access so that these items can be issued to those users.
- It is the financial responsibility of the Agencies to replace damaged or lost tokens. Each user needing VPN access must have his/her own token. Tokens should be protected from physical abuse. All tokens must be authorized by CLEAR. Tokens no longer needed by an individual are required to be returned to CLEAR to be disabled or reassigned.
- **Tokens cannot be shared or loaned between users.** Violations will result in immediate suspension of access pending a Security Incident investigation. In order to reinstate access, at a minimum, the offender's Chief is required to submit a letter to the CLEAR Board of Advisors identifying why the violation occurred and the steps taken to ensure it does not happen again.
- Unauthorized use or misuse of the system may be a violation of Ohio Revised Code; violators will be prosecuted.
- Background checks are required as stated by LEADS and NCIC.
- All Agency access may be revoked for any violation of these policies.
- A signed Agreement between CLEAR and the Agency is also needed.
- Usernames (both VPN and AD), passwords, passcodes, and SecureID Tokens are not transferable, cannot be shared by staff, and should be kept private. They protect CLEAR from unauthorized use and provide accountability for actions performed by users. If you suspect someone has learned your password or passcode, or your token has been lost, stolen, or damaged, contact CLEAR or RCC Help Desk immediately.
- Use of this VPN system is subject to monitoring. All users must log off both the system you are connected to and the VPN after use to prevent possible unauthorized access.
- CLEAR reserves the right to revoke VPN access, at its option.
- Any violations or suspected violations of the terms of use agreement should be reported to CLEAR immediately. Additionally, it is the responsibility of each department to notify CLEAR upon the employee's transfer or termination for account deactivation.

I have read this agreement in its entirety and understand the restrictions and rules stated within. By signing below, I hereby agree to comply by the rules and restrictions stated. I understand that a violation of the rules or restrictions may result in possible revocation of my access privileges.

Signature _____ Date _____

Print Name _____

Agency Lockland Police MDC Logon SLRCW

Phone _____ Email: _____@lockland.oh.org

Authorized Agency Signature Muchel RTH Date _____

Access required and reason:

WARNING: Do not write in the section below. (CLEAR use Only)

Version 3.0

CLEAR Token Serial Number _____

User Name (First Initial plus Last Name) For Example: John Smith (JSmith) _____

Token Issued By _____ on date _____ Token Expiration Date _____

Approved By _____ on date _____ Signature _____