



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 12, 2016.

Training:

Officer [REDACTED] attended and completed the Ohio Peace Officer Basic Training Program at the Kent State Police Academy on August 12, 2016.

Firearms Qualification:

Officer [REDACTED] qualified with his Glock 17 duty issued semi-automatic pistol, bearing serial number [REDACTED] on May 11, 2021.

Most recently, Officer [REDACTED] had "Rifle" training using an Aero Precision Rifle, bearing serial number [REDACTED] on February 23, 2022, and "Low Light" training using his Glock 17 duty weapon on December 8, 2021.

Prior Involvement with an Officer-Involved Shooting Incident:

On November 9, 2019, Officer [REDACTED] was involved in an officer-involved shooting. Summit County Prosecuting Attorney Sherri Bevan Walsh ruled that the shooting incident was justified; thus, resulting in Officer [REDACTED] being cleared and able to return to full duty.

(See the Akron Police Department investigative report for further details.)

Complaints:

Also contained within Officer [REDACTED]'s personnel file was a report titled, "Unfounded Citizen Complaint." There were seven counts filed against Officer [REDACTED] and another officer. All seven counts were either found to be "Unfounded" or "Exonerated."

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.



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



2022-1356

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

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

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
- Attachment #07: Officer [REDACTED] s Previous OIS Information
- Attachment #08: Officer [REDACTED] s Citation
- Attachment #09: Officer [REDACTED] s Unfounded Citizen Complaint

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.



HIRE/PERSONNEL ACTION FORM

Employee Information

Employee: [REDACTED]

Address 1: [REDACTED]

Address 2: [REDACTED]

City: Medina State: Ohio Zip: [REDACTED]

Phone: [REDACTED]

Hire Information

Person ID: [REDACTED]

Job Class #: 510S Job Class: Police Officer

Hire Date: 06/27/16 Pay Rate: \$0.00

Department: Public Safety Department

Division: Police Uniformed Division - 751

Hire Req. #: 2015-00128 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

Employee ID: [REDACTED]

Pay Grade and Step: 86-1

Appointment Actions: Employment

Change Actions:

Appointment Code: Permanent Full-Time
Probation New

Status Code: Active

List Code: Open

Position Number: 00001609-1281

SSN (PERSONNEL DEPARTMENT USE ONLY): [REDACTED]

Marital Status (PERSONNEL DEPARTMENT USE ONLY): Married

Comments: 10000/130100 90 9-24-16

11/30 @ 11:00 AM

2015-O-1-510 - Police Officer

Contact Information -- Person ID: [REDACTED]

Name: [REDACTED] Address: [REDACTED] US
Home Phone: [REDACTED] Alternate Phone: [REDACTED]
Email: [REDACTED] Notification Preference: [REDACTED] Email [REDACTED]
Former Last Name: [REDACTED] Month and Day of Birth: 08/01

Personal Information

Driver's License: Yes, OHIO CLASS D
Can you, after employment, submit proof of your legal right to work in the United States? Yes
What is your highest level of education? Some College AA CRIMINAL JUSTICE

Preferences

Types of positions you will accept: Regular
Types of work you will accept: Full Time , Part Time
Types of shifts you will accept: Day , Evening , Night , Rotating , Weekends , On Call (as needed)

Objective

Education

College American Military University 6/2014 - Present
Did you graduate: No YES
College Major/Minor: Criminal Justice
Units Completed: 2+ Semester 61
Degree Received: Associate's
Charleston, West Virginia

College Vincennse University 5/2008 - 5/2008
Did you graduate: No
College Major/Minor: General Studies
Units Completed: 6 Semester
Degree Received: No Degree
Vincennse , Indiana

Work Experience

Deck Supervisor/Boatswain Mate Second Class 6/2013 - 11/2014
Hours worked per week: 40
Monthly Salary: \$2,500.00
of Employees Supervised: 6
United States Coast Guard Cutter Osage
Name of Supervisor: Robert Mcqueary - Officer In Charge (Senior Chief Petty Officer)
300 Mckown Ln
Sewickley, Pennsylvania 15143
412-741-1180
May we contact this employer? Yes

Duties

Designated as the Weapons Petty Officer on board CGC Osage.
Designated as the ships Rescue and Survival Systems Petty Officer
Maintained all required logs for 15 weapons and ammunition.
Developed a checklist for annual inspections of law enforcement gear which has been adopted by 26 other Coast Guard Units.
Maintained a purchase card and procured Items totaling \$100,000
Patrolled waterways on the Ohio, Allegheny, Monongahela, and Kanawha Rivers

Reason for Leaving
Separation from military

Boatswain Mate Third Class/Boatswain Mate Second Class/Law Enforcement Instructor
7/2010 - 6/2013

Hours worked per week: 40
Monthly Salary: \$2,500.00
of Employees Supervised: 10
Name of Supervisor: John Milan -
Boatswain Mate First Class
May we contact this employer? Yes

United States Coast Guard Cutter Hollyhock
<http://www.uscg.mil/d9/cgcHollyhock/>
Foot of Lincoln Hill
Port Huron, Michigan 48060

Duties

Directly contributed to the unit passing the annual comprehensive law enforcement assessment. Completed firearms instructor (F.A.I) school, certified to teach M16, Remington M870 riot shotgun and Sig Sauer P229/227 DAK 40 caliber handguns. Directed 664 Law Enforcement Boarding's resulting in 48 arrests and 314 citations issued. Completed 62 Search and Rescue Missions, which resulted in 80 lives saved and prevented property loss in excess of 7M.

Reason for Leaving
Military Transfer

Boatswain Mate Third Class/Boarding Officer
12/2008 - 7/2010

Hours worked per week: 40
Monthly Salary: \$2,000.00
of Employees Supervised: 4
Name of Supervisor: Michael Horan -
Boatswain Mate Second Class
May we contact this employer? Yes

United States Coast Guard Detachment St. Thomas, U.S.
Virgin Islands
1 Kings Wharf Waterfront
St. Thomas, U.S. Virgin Islands 00801

Duties

Boarding Officer
Orchestrated 3,921 Recreational Boarding's in the Caribbean Sea and International Waters which resulted in the arrest and conviction of 341 people for narcotics smuggling, human trafficking and boating under the influence. Directly accountable for the seizure of over 14 metric tons of narcotics. Reprimanded over 1,800 undocumented illegal aliens trying to gain access into the United States. Certified as a Coast Guard small boat Coxswain.

Reason for Leaving
Military Transfer

Seaman Apprentice/Seaman/Boatswains Mate third Class
10/2006 - 8/2008

Hours worked per week: 40
Monthly Salary: \$1,800.00
of Employees Supervised: 0
Name of Supervisor: Lew Koch - Officer
In Charge (Chief Petty Officer)
May we contact this employer? Yes

United States Coast Guard Station Frankfort
1 Coast Guard Road
Frankfort, Michigan 49635

Duties

Boarding team Member
Communications Watch stander
Assisted Boarding Officers in 1,314 Recreational Boarding's.
Assisted in 822 Search and Rescue missions
Certified as a Coast Guard small boat crewmember. **ADDITIONAL SKILLS AND STRENGTHS**

Certified CPR/First Aid

Qualified Coast Guard Coxswain on six platforms

NASBLA Certified Seated Battery FST Course (40 Hrs)

Competent with firearms

Excellent situational awareness

Superb attention to detail

Proficient with Panasonic ToughBooks

Adequate knowledge of Microsoft Office

[REDACTED] Sewickley, PA [REDACTED]

Reason for Leaving
Military Transfer

Certificates and Licenses

Type: CPR

Number: [REDACTED]

Issued by: Chesapeake Marine Training Institute, Inc.

Date Issued: 11 /2008 Date Expires: 11 /2014

Type: • Certified as a Coast Guard small boat Coxswain.

Number: n/a

Issued by: United States Coast Guard

Date Issued: 3 /2009 Date Expires: 11 /2014

Type: • Certified as a Coast Guard small boat crewmember.

Number: n/a

Issued by: United States Coast Guard

Date Issued: 7 /2007 Date Expires: 11 /2014

Type: • NASBLA Certified Seated Battery FST Course (40 Hrs)

Number: n/a

Issued by: Pennsylvania Fish and Boat Commission

Date Issued: 11 /2013 Date Expires:

Skills

City of Akron has chosen not to collect this information for this job posting.

Additional Information

Honors & Awards

Two Coast Guard good conduct medals

Military Service

8 year 1 month active duty Coast Guard

Professional Memberships

Chief Petty Officer Association

Professional Associations

American Legion

Volunteer Experience

I have gone on missions trips and helped with local Habitat for Humanity in the past. Recently helped paint a local Pittsburgh church that was in need of repairs.

Honors & Awards

Congressional recognition as Coast Guard Enlisted Person of the Year for 2013.

References

Professional

Senior Chief

Beaver, Pennsylvania 15009

Personal

Mr.

Spring Lake, Michigan 49456

Personal

Ms.

Sewickley, Pennsylvania 15143

Personal

Pastor

Akron, Ohio 44312

Personal

Mr.

Munroe Falls, Ohio 44262
 [REDACTED]

Professional
 [REDACTED]

Mr.
 [REDACTED]

South Haven, Michigan 49090
 [REDACTED]

Resume

Text Resume

Attachments

Attachment	File Name	File Type	Created By
Resume 2.0.docx	Resume 2.0.docx	Resume	Job Seeker
Transcripts.pdf	Transcripts.pdf	Transcripts	Job Seeker
MISC. Awards + Recognitions.pdf	MISC. Awards + Recognitlons.pdf	Certifications	Job Seeker
High School Diploma.pdf	High School Diploma.pdf	Copy of Degree	Job Seeker
DD214	2015_02_27_08_29_52	Other	Michelle Huey
Residency Form	2015_04_30_13_48_13	Other	Jacqueline Nemet

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: 18 Months

3. Q: List all addresses where you have resided in the previous year including the dates you resided at each address.

A: [REDACTED] Port Huron, MI, 48060 - November 2011-June 2013
 [REDACTED] Port Huron, MI, 48060 - July 2010-November 2011
 [REDACTED] St. Thomas, U.S.V.I, 00801 - December 2008-June 2010
 [REDACTED] Elberta, MI, 49628 - March 2007 - August 2008
 [REDACTED] Frankfort, MI, 49635 - January 2007 - March 2007
 [REDACTED] Stow, OH, 44224 - August 2002 - October 2006
 [REDACTED] Akron, OH, [REDACTED] - January 1994 - August 2002

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: N/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: N/A

10. Q: Conviction(s) of a crime is(are) not an automatic disqualification; however, certain convictions will disqualify you from consideration for certain positions. You will be fingerprinted prior to appointment and your complete conviction record reviewed. NOTE: Failure to disclose a conviction may be sufficient cause for disqualification or termination of employment. Have you ever been convicted of a felony?

A: No

11. Q: Have you ever been convicted of any misdemeanor violations including traffic violations? Exclude parking violations and juvenile convictions.

A: No

12. Q: If you answered "yes" for any of the conviction questions, please explain the nature of the conviction(s), the court(s) in which you were convicted, the disposition(s), and the date(s). NOTE: A disposition includes any fines paid, jail sentences served, and/or probation. If you are unsure, contact the jurisdiction where conviction(s) occurred. Attach additional documentation as necessary.

A: In May 2005, as a juvenile, I was summons to Stow Youth Services for underage consumption. I was never arrested and complied with the Stow Youth Services request. The charge was dismissed and expunged from my record.

Supplemental Questions

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

A: Yes

2. Q: Applicants must be between the ages of 21 and 35 at the time of the written examination. What is your full date of birth (MM/DD/YYYY)?

A: [REDACTED]

3. Q: Select the category that defines your date of birth.

A: Born between February 21, 1979 and February 21, 1994.

4. Q: Are you currently on probation, parole or supervised release?

A: No

5. Q: Have you ever been convicted of the crime of Domestic Violence?

A: No

6. Q: Do you possess a valid driver's license?

A: Yes

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. View and print a summary of your rights under the Fair Credit Reporting Act at: <http://www.akronohio.gov/person.html>. Copies of the summary are also available from the City of Akron Personnel Department 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 to your application, mail or hand deliver them to Suite 130, Citicenter Bldg., 146 S. High St, email them to krininger@akronohio.gov, or submit them at the written examination.

A: Yes

9. Q: Are you currently certified or in the process of becoming certified by the Ohio Peace Officer Training Commission (OPOTC)?

A: No

10. Q: If you have received OPOTC certification, what are the dates of your most recent commission?

A: N/A

*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. All components of a background investigation, including polygraph;
2. A physical fitness test;
3. A complete medical examination;
4. A psychological evaluation;
5. A 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 of my appointment;
8. Successfully completing the Ohio Peace Officer Training Program including passing the final examination certified by the Ohio Peace Officer Training Commission (OPOTC) and Office of the Attorney General, unless candidate is currently certified by OPOTC, prior to my appointment. If I am currently certified by OPOTC, I must maintain my certification.

OPOTA training and certification process must be successfully completed by or before October 14, 2016, unless otherwise agreed to.

I understand that I will be disqualified and the offer 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 appointment, 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.

I understand that I will not be an employee of the City of Akron until I am appointed to the position of Police Officer and that upon appointment, I will be a probationary employee. I have had explained to me and fully understand the provisions of the City of Akron Police Division's probationary period as outlined within Akron City Charter Section 106 (12) and Akron Civil Service Commission Rule 7. Copies of these sections are attached to this form.

Applicant's Initials: [REDACTED] _____

Page 1 of 2

[REDACTED]

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.

Before I am appointed, 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.

I HAVE READ AND UNDERSTAND THE TERMS OF THIS CONDITIONAL OFFER AND AGREE TO ABIDE BY THESE TERMS. I UNDERSTAND AND AFFIRM THAT MY APPOINTMENT WILL BE TO PROBATIONARY EMPLOYMENT AND I UNDERSTAND THAT I MUST SUCCESSFULLY COMPLETE A PROBATIONARY PERIOD AFTER MY APPOINTMENT TO THE POSITION OF POLICE OFFICER.

Sgt Mark Farrar
Akron Police Department Witness (Print)

Sgt M Farrar 1129
Witness (Signature)

[REDACTED]
Applicant (Print)

[REDACTED]
Applicant (Signature)

[REDACTED]
Address

MEDINA, OH, [REDACTED]

14 OCT 15
Date

Personnel Department
City of Akron
January 1999
Revised January 2007
Revised January 2012
Revised July 2013
Revised October 2015



AGREEMENT

I, [REDACTED], am scheduled to be enrolled in an Ohio Peace Officer training academy starting TBD 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]

Applicant (Print)

[REDACTED]

Signature

14 OCT 15

Date

Sgt Mark Farrer

Witness (Print)

[Signature] 1149 10/14/15

Witness (Signature/Date)

[REDACTED]



Authorization for Release of Information for Employment



As part of the employment process, the City of Akron, Ohio may obtain a consumer report and/or Investigative Consumer Report from an external Consumer Reporting Agency to be generated for employment, promotion, reassignment or retention as an employee. As an applicant or an employee, you are considered a "consumer" under the Fair Credit Reporting Act. The Fair Credit Reporting Act requires that we advise you that for the purposes of employment, a Consumer Report may be made which may include information about your character, general reputation, personal characteristics and/or mode of living. An investigative consumer report involves personal interviews with sources such as employers, associates, educators, etc. A consumer reporting agency is a person or business that regularly assembles or evaluates consumer credit information or other information on consumers.

You have a right to request disclosures of the nature and scope of any investigative consumer report that the City of Akron obtains about you. You also have other rights under the Fair Credit Reporting Act, a summary of which has been given to you. You can access this summary directly at: www.consumerfinance.gov/learnmore.

AUTHORIZATION AND RELEASE:

During the application process and at any time during any subsequent employment, I, [REDACTED], hereby authorize the City of Akron to obtain "consumer reports" and "investigative consumer reports" at any time after receipt of this authorization and, if I am hired, throughout my employment. To this end, I hereby authorize, without reservation, the City of Akron or an agent acting on its behalf to procure information from various federal, state and other agencies which maintain public and non-public records concerning my past activities relating to my driving, credit, civil, education, employment and other experiences. This report may be compiled with information from but not limited to credit bureaus, court record repositories, military records, department of motor vehicles, past or present employers and educational institutions, governmental occupational licensing or registration entities, business or personal references, any public domain, insurance company, and any other source required to verify information that I have voluntarily supplied.

I understand that I may request, in writing and within a reasonable amount of time, a complete and accurate disclosure of the nature and scope of the background verification; to the extent such investigation includes information bearing on my character, general reputation, personal characteristics or mode of living. I authorize without reservation, any party or agency contacted to furnish the above mentioned information and release all parties involved from liability and responsibility for doing so. This authorization and consent shall be valid in original, facsimile (fax), or copy form. Furthermore, if I am offered employment or am already employed by the City of Akron, I further authorize the City to obtain additional consumer or investigative consumer reports on me for employment purposes at any time during my employment.

[REDACTED]

 Applicant's Signature

11/20/15

 Date

[REDACTED]

 Social Security Number



Authorization for Release of Information for Employment

The following information is required by law enforcement agencies and other entities for accuracy in identification when checking records. It is confidential and will not be used for any other purpose.

(Please Print Clearly)

[REDACTED]	[REDACTED]	[REDACTED]
<small>Last Name</small>	<small>First Name</small>	<small>Middle Name</small>
<small>Please list any alias you may have:</small>		
N/A	N/A	N/A
[REDACTED]	[REDACTED]	[REDACTED]
<small>Address (include apartment number)</small>	<small>City</small>	<small>State</small>
[REDACTED]	OHIO	[REDACTED]
<small>Driver's License Number</small>	<small>Issuing State</small>	<small>Zip Code</small>
N/A	N/A	[REDACTED]
<small>Other License</small>	<small>Number</small>	<small>Issuing State</small>
N/A	PA	N/A
<small>Please list other states in which you have held a license:</small>		
<small>I understand that I must provide my date of birth in order to confirm my identity for purposes of completing an accurate background investigation. It is not provided to the hiring official for any purpose in connection with consideration of your application for employment.</small>		<small>Date of Birth:</small>
		[REDACTED] MM/DD/YYYY

I acknowledge receipt of the FCRA CONSUMER RIGHTS NOTICE, "A Summary of Your Rights under the Fair Credit Reporting Act."

[REDACTED] _____ 11/20/15
Applicant's Signature Date





APPLICATION AFFIDAVIT

I, [REDACTED] certify that as of 11/20/15
(Your name) (today's date)

all information on my application is updated and current, including my education and employment history, and my conviction record.

I further understand that false or incomplete statements shall be sufficient cause for disqualification or dismissal.

State of Ohio
Summit County
Sworn to and subscribed in my presence

[REDACTED]
Signature

This 20th Day of NOVEMBER 20 15

11/20/15
Date

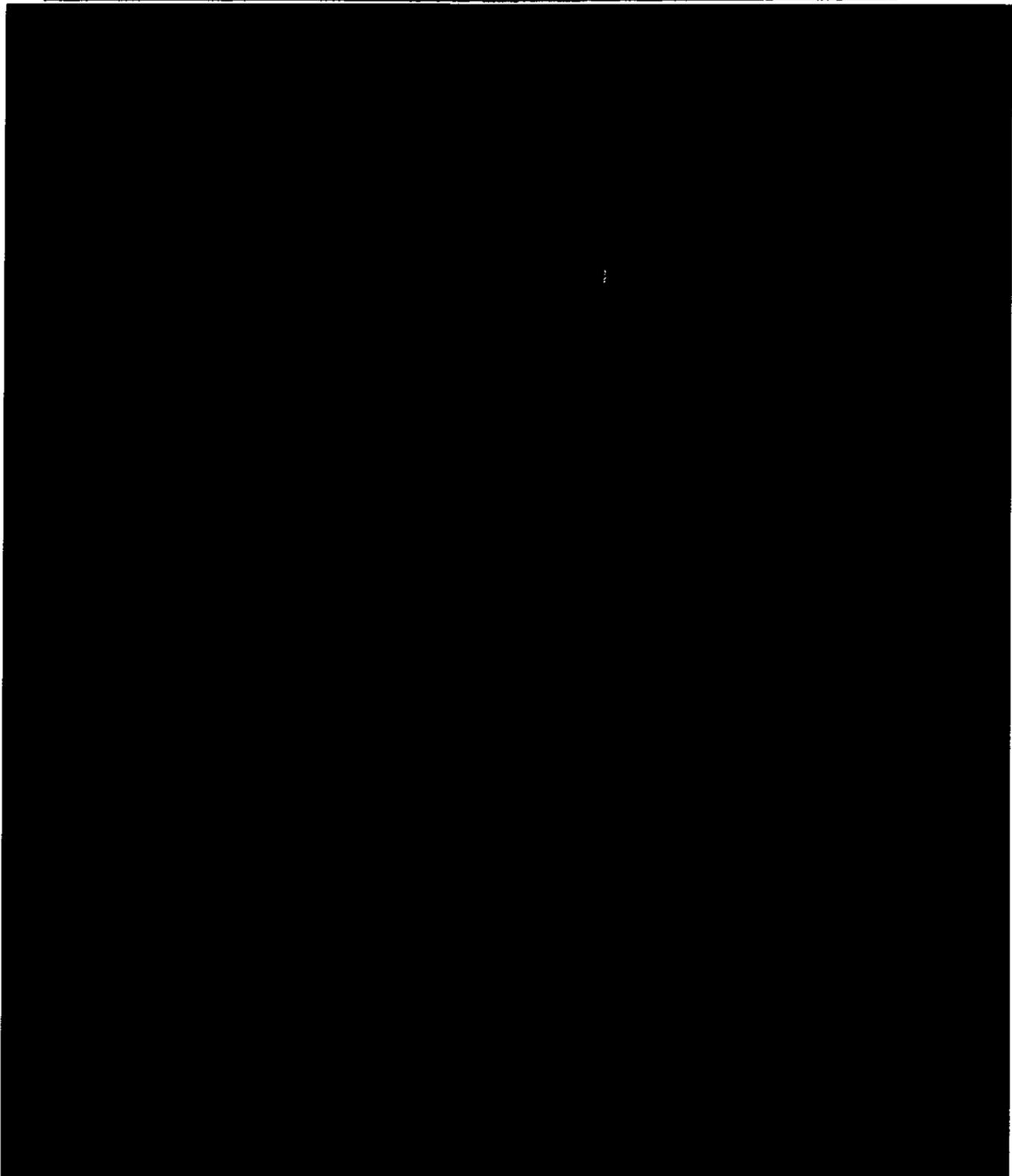
Kris Runinger
Notary Public/Examiner



Employment Eligibility Verification

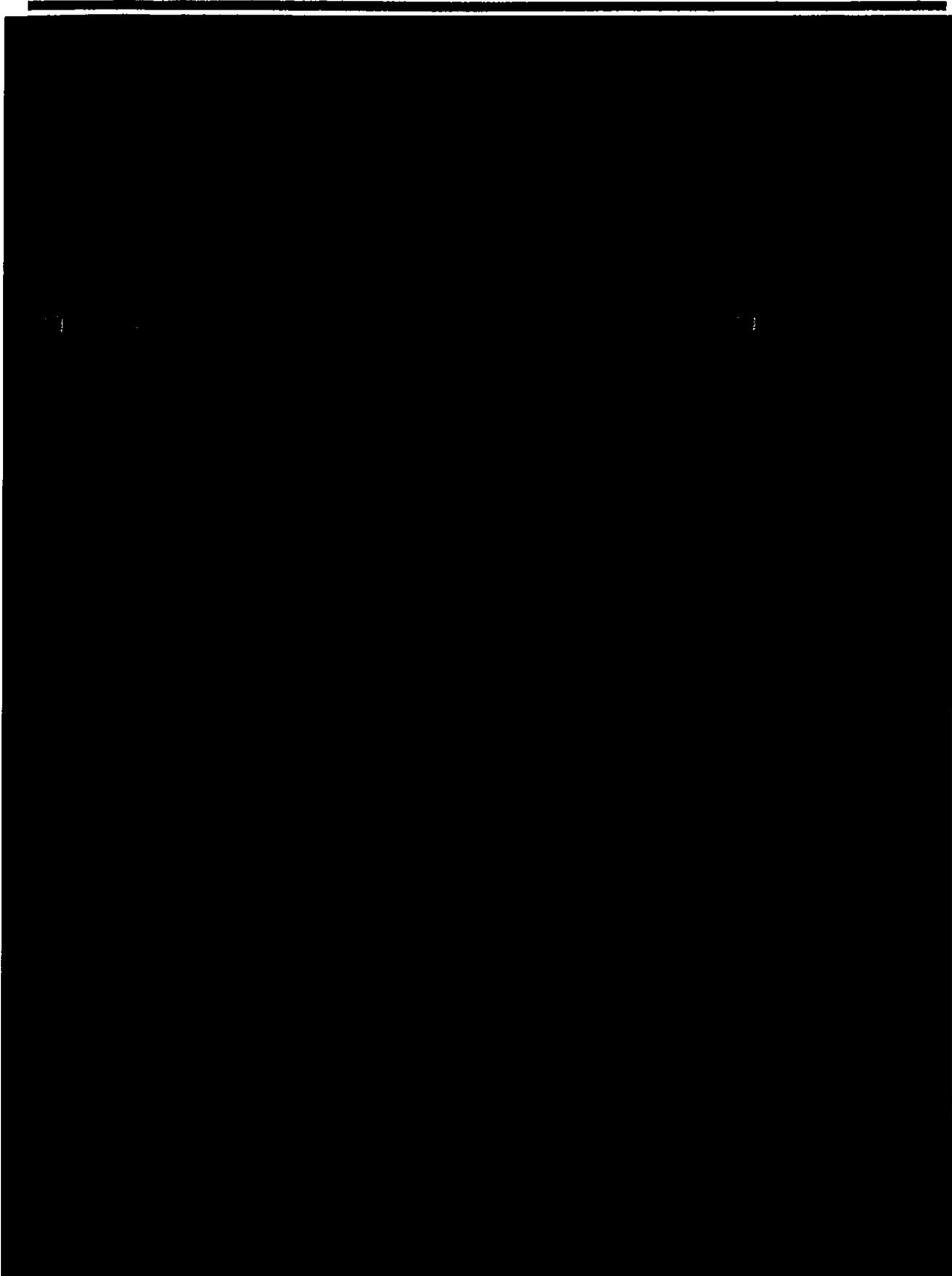
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 03/31/2016



Employment Eligibility Verification







**CITY OF AKRON
ANTI-HARASSMENT/SEXUAL HARASSMENT POLICY
ACKNOWLEDGEMENT FORM**

I hereby acknowledge that I have been provided a copy of "The City of Akron's Anti-Harassment/Sexual Harassment Policy (Executive Order #6-2009)." I further agree to read and follow the policy.

[Redacted]

Print name

[Redacted]

Signature

AKRON POLICE DEPARTMENT
Department

11/20/15
Date

Revised 7/09



Acknowledgement of Receipt of City and 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 that the City of Akron has provided you information about the City of Akron fraud hotline and email and the fraud-reporting system as described by Section 117.103(A) of the Revised Code, and that you read and understand the information provided. You are also acknowledging you have received and read the information regarding Section 124.341 of the Revised Code and the protections you are provided as a classified or unclassified employee if you use the before-mentioned fraud-reporting system.

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

[Redacted Signature]

Signature

11/20/15

Date

[Redacted Title]

Police Officer

Title

AKRON POLICE DEPARTMENT
Department

**CITY OF AKRON ETHICS ACKNOWLEDGEMENT
FORM**

**ETHICS POLICY &
OHIO ETHICS LAW AND RELATED STATUTES**

I hereby acknowledge the receipt of the *Ohio Ethics Law and Related Statutes* published by the Ohio Ethics Commission, dated February 2013, which contains Ohio Revised Code Chapter 102 and related statutes in Ohio Revised Code Section 2921. I understand that it is my responsibility to read and adhere to these provisions.


Employee Name (Print)


Employee Signature

11/20/15
Date

State of Ohio
New Hire Reporting Form 7048

Effective October 1, 1997, all Ohio employers are required to report certain information about employees who have been newly hired, rehired, or have returned to work. Employers must either (1) complete this form, or (2) submit a copy of the employee's IRS W-4 form with the "other information section" completed on this form, or (3) submit the information by e-mail, electronic tape or floppy diskette. *Call 1-888-872-1490 to obtain information on submitting new hire reports electronically.* Reports must be made within 20 calendar days of date of hire.

To ensure accuracy, please print (or type) neatly in upper-case letters and numbers using a dark ballpoint pen.

MANDATORY INFORMATION

EMPLOYEE INFORMATION:

Social Security Number: [REDACTED]
State of Hire: Ohio
Name: [REDACTED] [REDACTED] [REDACTED]
First Middle Last
Address 1: [REDACTED]
Address 2: _____
Address 3: _____
City/State/Zip: [REDACTED]
Employee Date of Hire: 02/27/2016 Date of Birth: [REDACTED]

EMPLOYER INFORMATION:

Employer Federal EIN: 34-6000020
Employer Name: City of Akron
Payroll Address: Citicenter Building Suite 110, 146 South High Street
Address 2: _____
Address 3: _____
City/State/Zip: Akron, Ohio 44308

REPORTS WILL NOT BE PROCESSED WITHOUT MANDATORY INFORMATION

Send Reports to:
Ohio New Hire Reporting Program
P.O. Box 15309
Columbus, Ohio 43215-0309
Fax: (614) 221-7088 or (888) 872-1611

EMPLOYEE ID NO.

SETUP & CHANGE PERSONAL INFORMATION

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

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

New Social Security Number (If applicable)	New Last Name	New First Name	New Middle Name
N/A	N/A	N/A	N/A

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

Resident (Circle response below)	Phone Number (Separate the area code below)	Marital Status (Circle response below)	Birth Date	Gender (Circle response below)
<input checked="" type="radio"/> Yes <input type="radio"/> No	CELL: [REDACTED] HOME: N/A	<input type="radio"/> 1. Single <input type="radio"/> 2. Married <input type="radio"/> 3. Separated <input type="radio"/> 4. Divorced <input type="radio"/> 5. Widowed	[REDACTED]	<input checked="" type="radio"/> MALE <input type="radio"/> FEMALE

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

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

City and State	Phone Number	Relationship Code	
MEDINA, OH	[REDACTED]	<input checked="" type="radio"/> Spouse <input type="radio"/> 2 Child	<input type="radio"/> 3 Parent <input type="radio"/> 4 Guardian <input type="radio"/> 5 Other

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

SIGNATURE: _____

DATE: 11/20/15



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] _____
First Name

[Redacted] _____
Month & Day of Birth

[Redacted] _____
Today's Date

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

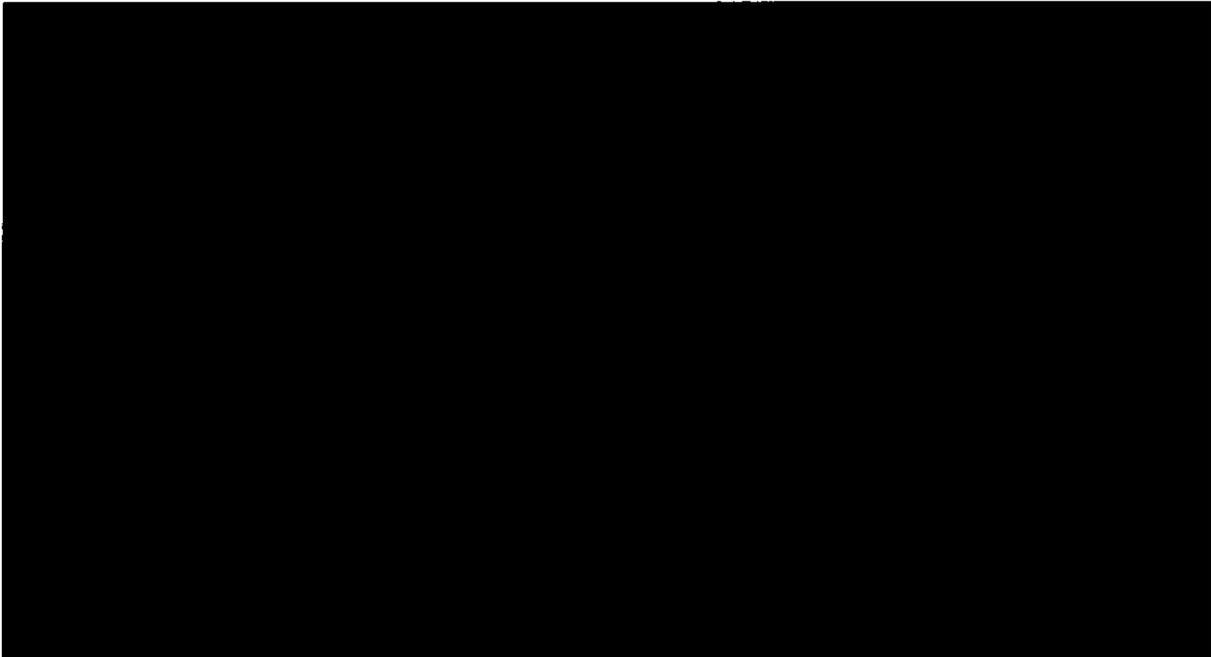


Civilian Identification
Office 877-224-0043
Fax 740-845-2633

P.O. Box 365
London, OH 43140
www.OhioAttorneyGeneral.gov

March 31, 2016

CITY OF AKRON PERSONNEL DEPT
146 S. HIGH ST., SUITE 130-CIT
AKRON, OH 44308



Thomas J. Stickrath, Superintendent
Ohio Bureau of Criminal Investigation

Pursuant to Ohio Revised Code section 109.57(E)(2), BCI can only provide information relating to the criminal convictions and guilty pleas. BCI is also only permitted to provide information regarding juvenile adjudications if the adjudication was for Aggravated Murder, Murder, or for a sex offense for which the offender still has a duty to register.



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

P.O. Box 365
London, OH 43140
www.OhioAttorneyGeneral.gov

March 31, 2016

CITY OF AKRON PERSONNEL DEPT
146 S. HIGH ST., SUITE 130-CIT
AKRON, OH 44308



Thomas J. Stickrath, Superintendent
Ohio Bureau of Criminal Investigation

Pursuant to Ohio Revised Code section 109.57(B)(2), BCI can only provide information relating to the criminal convictions and guilty pleas. BCI is also only permitted to provide information regarding juvenile adjudications if the adjudication was for Aggravated Murder, Murder, or for a sex offense for which the offender still has a duty to register.



ODPS Ohio Bureau of Motor Vehicles Government Access

Abstract Driver Records

This Ohio driver abstract spans the previous three-year period.
Your License Status as of 5/25/2016: VALID
Endorsements: NONE
Restrictions: NONE
NO DRIVER RECORDS IN FILE

8/18



CITY OF AKRON EMPLOYMENT TRANSACTION FORM

RECEIVED
AUG 10 PM '16

Form to be completed by Payroll Clerk

Employee ID #: [REDACTED]
 Employee Name: [REDACTED]
 Department/Division: 751 - Police Uniformed
 Effective date: August 15, 2016

Change Actions

Change service rating increase date Reallocation - contact Employee Records
 Change service date Return from leave without pay Number of days on unpaid leave _____
 End of Provisional appointment Service Rating Increase Pay Range _____ Pay Step _____
 No leave accumulation Unpaid leave type _____ Other Complete Trng 8/12/16 Prior Hourly \$15.00 New Hourly \$24.96

Leave Actions

Amount of hours _____
 Absence without Leave (AWOL) Suspension
 Administrative Leave without Pay Administrative Leave with Pay

Appointment Actions - to be used for Unclassified positions only

New hire Promotion Position # _____ Fund/Account Code _____
 Re-employment Transfer Pay Range _____ Pay Step _____ Class Code _____

Separation Actions - attach resignation letter/documentation

Last day of compensation: _____
 Resignation - Good standing Retirement
 Resignation - Bad standing Disability Retirement
 Lay off Death
 Separation Discharge
 Medical Separation Other _____
 Additional comments:

Upon separation of employment, list all leave hour accumulation including the following:

Vacation _____	Bonus Sick Leave _____	Paid Leave _____
Vacation Next Year _____	Compensatory Time _____	Frozen Paid Leave _____
Sick Leave _____	Old Compensatory Time _____	Other please specify: _____
Frozen Sick Leave _____	Banked Vacation _____	

Prepared by: Wendy Leslie Title: Administrative Assistant III Date: Aug 9, 2016
 Manager/Supervisor Signature: James D. [Signature] Employee ID #: [REDACTED] Date: Aug 9, 2016

EMPLOYEE ID NO.
 [REDACTED]

9.00.32 P.

SETUP & CHANGE PERSONAL INFORMATION

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

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

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

Street Address	City and State	Zip Code
[REDACTED]	MEDINA, OH	[REDACTED]

Resident (Circle response below)	Phone Number (complete the information below)	Marital Status (Circle response below)	Birth Date	Gender (Circle response below)
Yes <input checked="" type="radio"/> No	CELL: [REDACTED] HOME:	1. Single <input checked="" type="radio"/> 2. Married 3. Separated 4. Divorced 5. Widowed	[REDACTED]	<input checked="" type="radio"/> MALE FEMALE

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

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

City and State	Phone Number	Relationship Code	
MEDINA, OH	[REDACTED]	<input checked="" type="radio"/> 1 Spouse 2 Child	3 Parent 4 Guardian 5 Other [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 6/28/16

City of Akron, Ohio

Department of Public Safety

[REDACTED]

To:

Officer [REDACTED]

From: C. A. Brown, Deputy Mayor for Public Safety

Reference: Civilian Observers [REDACTED]

Officers:

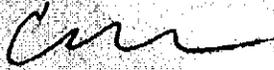
I just wanted to convey my sentiments and the sentiments of our guests after the Ride Along you both hosted on August 29th. [REDACTED] were impressed by your customer centered approach to policing. The three of us discussed the future of our department and how policing impacts the perception of safety—which in turn cultivates economic development and many other healthy attributes.

On every call you both modeled, the four central principles that 21st Century Policing describe as procedural justice:

- Treat people with dignity and respect
- Give individuals voice during encounters
- Be neutral and transparent in decision making
- Convey trustworthy motives

On behalf of [REDACTED] I want to thank you for your service to the citizens of our great city.

Respectfully,



C.A. Brown
Deputy Mayor for Public Safety

Cc: Chief Ball
Major Caprez
Captain Yohe
File (Chief's Office)

Murder at [REDACTED] on [REDACTED] RPT# [REDACTED]

Surblis, Benjamin

Sent: Monday, [REDACTED] 1:10 PM

To: [REDACTED] PDL Police

Please be advised that on [REDACTED] [REDACTED] plead guilty to AGGRAVATED MURDER WITH A GUN SPEC. for a 23 years to life sentence.

I want to thank all the patrol responders for their quick work to help identifying suspects, securing witnesses and maintaining the scene.

I would like to thank GVRTT for all the help in tracking [REDACTED] down that same night and assisting with the search warrants.

CSU did a great job processing the scene and collecting the evidence.

Lt. Rinn and Det. Gump processed the phones and the Garmin Unit collected in the search. This information tied the case together.

Officer Edsall spotted and suggested collecting the Garmin Unit which ended up being a pivotal piece of evidence in the case.

Mary Infantino who put all of the data collected into a clear map that showed the path [REDACTED] took before and after the murder.

This case was solved and a conviction made due to all the efforts put forth. Thank you for making me look good when all I had to do was assemble the pieces that you provided.

Keep up the good work and stay safe.

Ben Surblis, #922
Akron Police Department
217 S. High St., Akron, OH 44308
(330)375-2490

[REDACTED]

EMPLOYEE ACKNOWLEDGMENT

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

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

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

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


Employee Signature


I.D. No.

Date

6/28/16

I, [REDACTED] DO SOLEMNLY PLEDGE

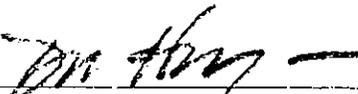
UPON MY HONOR THAT I WILL UPHOLD AND SUPPORT THE CONSTITUTION OF THE UNITED STATES AND THE LAWS THEREOF, THE CONSTITUTION OF THE STATE OF OHIO AND THE LAWS THEREOF, THE CHARTER AND ORDINANCES OF THE CITY OF AKRON AND THE RULES AND REGULATIONS OF THE AKRON POLICE DEPARTMENT, AND THAT I WILL FAITHFULLY, 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, MAYOR



* [redacted] appointment with the Akron Police Department began on [redacted] but he was not sworn in as a police officer until [redacted]

MIKE DEWINE

OHIO ATTORNEY GENERAL



Ohio Peace Officer Training Commission
Office 800-346-7682
Fax 740-845-2675
P.O. Box 309
London, OH 43140
www.OhioAttorneyGeneral.gov

NOTICE OF PEACE OFFICER APPOINTMENT

1. Within ten days of the appointment or status change, submit one copy of this form either by email, fax or mail.
2. Type or print legibly and complete all blanks. Enter N/A if not applicable.
3. Submit pages 1 and 2 when an officer is newly-appointed to your agency, or has previously left the agency and returns.
4. Submit only page 1 when an officer continues to be appointed by your agency, but has a change from one status, as listed in Box 15, to a different status.
5. Enter any necessary information for a Correction to Record, submitting all affected pages, and attach a letter explaining the requested change.

OFFICER INFORMATION		1. Name (Last)	(First)	(Middle)	2. Social Security Number
3. Previous Name(s) or Alias (Last)		(First)		(Middle)	
N/A					
4. Birth date (mm/dd/yyyy)	5. Email Address		6. Phone Number		
[redacted]	N/A		[redacted]		
7. Home Mailing Address (#/Street/PO Box)		(City)	(State)	(Zip Code)	(County Name)
[redacted]		[redacted]	[redacted]	[redacted]	[redacted]
8. Basic Training Academy (Academy Name)		(Academy Number)	(Dates of Training)		
Kent State University Police Academy		[redacted]	[redacted]		

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

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

ATTESTATION OF REPORTING AUTHORITY		I have carefully read this document and fully understand its contents and I sign it of my own free will and volition. I attest that the information provided on this document is true and correct and is based on my personal knowledge or inquiry. I further understand and acknowledge that submission of falsified records is a criminal violation.	
17. Signature of Reporting Authority	18. Printed Name and Title	19. Date	
	James D. Nice, Chief of Police	[redacted]	
20. Signature of Witness	21. Printed Name (First, Middle, Last)	22. Date	
	Marlene E. Long, Administrative Assistant IV	[redacted]	

SF400adm
Page 1 of 2
Effective 07/01/2015

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

Officer Name (Last)

(First)

(Middle)

Social Security Number

[Redacted]

[Redacted]

[Redacted]

[Redacted]

23. OATH OF OFFICE

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

[Redacted Signature]

Signature of Appointee

Signature of Appointing Authority

Daniel Horrigan

Name of Appointing Authority (Typed or Printed Legibly)

Mayor, City of Akron

Title of Appointing Authority (Typed or Printed Legibly)

OHIO PEACE OFFICER APPOINTMENT HISTORY

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

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

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		

Print this page
Does this information apply?

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

I acknowledge that on Tuesday, July 19, 2016, I completed the City's SEXUAL HARASSMENT AWARENESS (SHA) TRAINING Computer Based Training.

[Redacted Signature]

Signature
[Redacted Signature]

Please print your name

Police officer

Title

Public Safety/Police (751)

Department/Division

7/19/2016

Date

7/19/2016



DANIEL HARRIGAN, MAYOR

CITY OF AKRON SETUP & CHANGE PERSONAL INFORMATION

2017 10 11 PM 4:32

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

Please complete entire form

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

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

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

Contact Information

Street Address: [REDACTED]

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

E-mail address: [REDACTED]

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

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

Personal Information

Marital Status: Single Divorced Married Widowed Separated

Highest Education Level completed:

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

In case of emergency please contact:

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

Street Address: [REDACTED]

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

Relationship to Employee: [REDACTED]

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

Signature: [REDACTED] Date: [REDACTED]

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

Revised 2/2017

CITY OF AKRON SAFETY COMMUNICATIONS
CELL PHONE/PAGER PAGING AGREEMENT

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

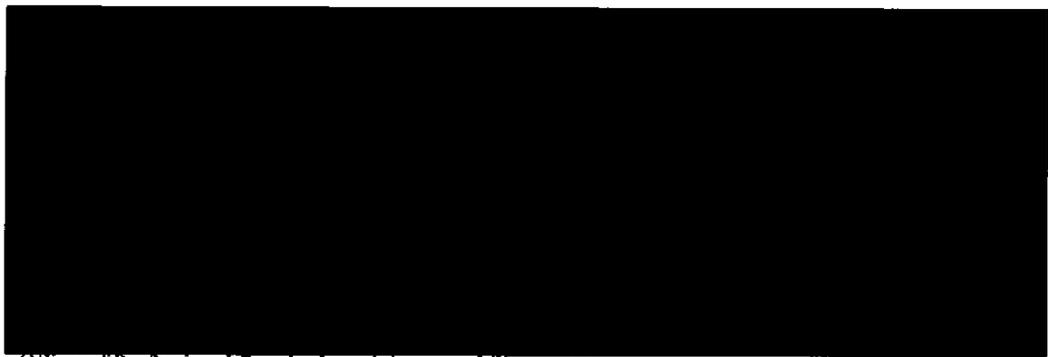
The following information and signed agreement must be received by Safetyforces Information Systems in order to receive the notifications on cellular devices. If you do not want to receive notification _____ groups.

NAME: _____ PAYROLL ID NO.: _____

AGENCY/ASSIGNMENT: APD/_____

_____ NUMBER(S)/E-MAIL ADDRESS YOU WOULD LIKE PAGED ON:
(alpha pagers require us to know the provider)

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



Office of the Chief of Police and Accountability Other: _____

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

MEMBER'S SIGNATURE: _____

SUPERVISOR'S SIGNATURE: _____

DATE: _____

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

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

Rev: 04/28/2014

EMPLOYEE ID NO



SETUP & CHANGE PERSONAL INFORMATION

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

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

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

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

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

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

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

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

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

SIGNATURE: [REDACTED]

DATE: [REDACTED]

CITY OF AKRON, OHIO

DEPARTMENT

CHIEF'S DIRECTIVE

UNIFORM SUBDIVISION



DIRECTIVE

In accordance with Article XII of the collective bargaining agreement and in agreement with the FOP President, effective Monday, [REDACTED] the following officer will be temporarily assigned, and return to his regular duty assignment on [REDACTED]

	<u>FROM</u>	<u>TO</u>
Officer [REDACTED]	Uniform	Investigative
I.D. # [REDACTED]	Sub-Division	Sub-Division
	Platoon 4	Narcotics
	7 PM-3:30 AM	Temporary

Deputy Chief Jesse Leeser
Uniform Subdivision

CITY OF AKRON, OHIO

DEPARTMENT
CHIEF'S OFFICE

CHIEF'S DIRECTIVE



DIRECTIVE

Upon receiving their Oath of Office on Friday, [REDACTED] at 4:00 p.m. in the Atrium of the Oliver R. Oensel Government Building, the following twelve (12) officers are transferred from the Services Sub-Division to the Uniform Sub-Division effective Monday, [REDACTED]

<u>NAME</u>	<u>I.D.</u>	<u>BADGE</u>	<u>ASSIGNMENT</u>
[REDACTED]	[REDACTED]	[REDACTED]	Platoon #4
[REDACTED]	[REDACTED]	[REDACTED]	Platoon #4
[REDACTED]	[REDACTED]	[REDACTED]	Platoon #3
[REDACTED]	[REDACTED]	[REDACTED]	Platoon #1
[REDACTED]	[REDACTED]	[REDACTED]	Platoon #1
[REDACTED]	[REDACTED]	[REDACTED]	Platoon #3
[REDACTED]	[REDACTED]	[REDACTED]	Platoon #4
[REDACTED]	[REDACTED]	[REDACTED]	Platoon #1
[REDACTED]	[REDACTED]	[REDACTED]	Platoon #3
[REDACTED]	[REDACTED]	[REDACTED]	Platoon #3
[REDACTED]	[REDACTED]	[REDACTED]	Platoon #3
[REDACTED]	[REDACTED]	[REDACTED]	Platoon #4

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

James D. Nico
Chief of Police

CITY OF AKRON, OHIO

**DEPARTMENT
CHIEF'S OFFICE**

CHIEF'S DIRECTIVE

DIRECTIVE

Twelve (12) recruits will begin the Akron Police Academy on Monday,

The names of those individuals are:



The Oath of Office Ceremony for these individuals will be scheduled for a later date.

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

CITY OF AKRON, OHIO

DEPARTMENT

CHIEF'S DIRECTIVE

POLICE DIVISION

2022-CD-67

June 27, 2022

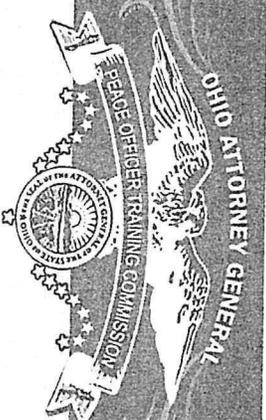
DIRECTIVE

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**



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
Kent State University

Awarded on
August 12, 2016

Mike DeWine

Mike DeWine
Attorney General

Vernon P. Stanforth

Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission

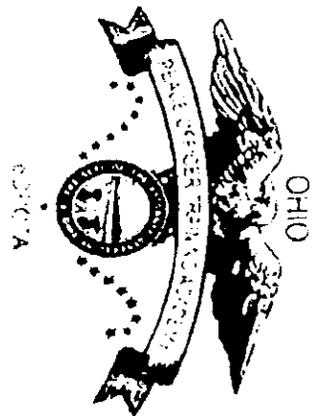


Mary E. Davis

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

Penny Talbot

Penny Talbot
School Commander
BAS16-018 160924



This is to certify that

[REDACTED]

[REDACTED]

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

Companion Animal Encounters

Completed on: [REDACTED] **2:57:59 AM**



Blue to Gold Law Enforcement Training

Certificate of Training

This is to certify that

[REDACTED]

Has completed 8 hours of training in

Advanced Search & Seizure

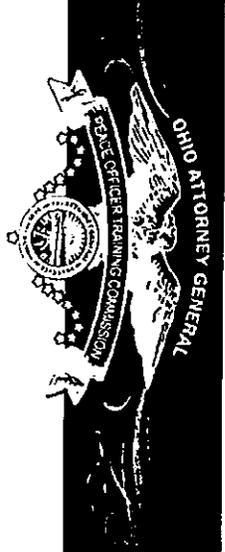
A handwritten signature in black ink, appearing to read 'Anthony Bandiero'.

Anthony Bandiero, JD, ALM



IDALEST POST Certified

[REDACTED]



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

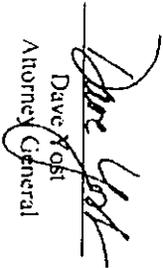
This is to certify that

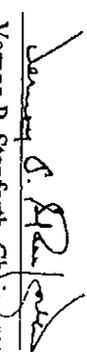
[REDACTED] has successfully completed the advanced training course

[REDACTED] **Advanced Building Clearing**

at the Ohio Peace Officer Training Academy given

December [REDACTED]


Dave Kosi
Attorney General


Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission


Mary E. Davis, Executive Director
Ohio Peace Officer Training Commission
DATE CERTIFICATE PRINTED: [REDACTED]

Emergency Management Institute



FEMIA

This Certificate of Achievement is to acknowledge that

[REDACTED]

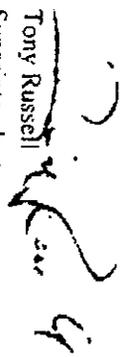
has reaffirmed a dedication to serve in times of crisis through continued professional development and completion of the independent study course:

IS-00200.b

ICS for Single Resources and Initial Action Incident, ICS-200

Issued this

[REDACTED]


Tony Russell
Superintendent
Emergency Management Institute



0.3 IACET CEU

Emergency Management Institute



FHEMIA

This Certificate of Achievement is to acknowledge that

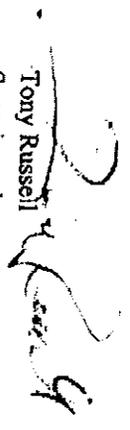
[REDACTED]

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

IS-00700.a
National Incident Management System (NIMS)
An Introduction

Issued this

[REDACTED]


Tony Russell
Superintendent
Emergency Management Institute

0.3 IACET CEU



Emergency Management Institute



FEMIA

This Certificate of Achievement is to acknowledge that

[REDACTED]

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

IS-00100.b

Introduction to Incident Command System

[REDACTED]

Issued this

[REDACTED]




Tony Russell
Superintendent
Emergency Management Institute

0.3 IACET CEU



Akron Police Department Weapons Training Report

Range Course Results
Type: Any
Officers filtered: 1

19 results returned

ID	Officer	Date/Time	Training Type	Weapon Type	Manufacturer	Model	Serial #	Result	Notes
		02/23/2022 10:00	Rifle	Rifle	Aero Precision			Passed	
		12/08/2021 19:30	Low Light	Semi-Automatic Pistol	Glock	G4-17		Passed	
		08/16/2021 10:00	Rifle	Rifle	Aero Precision			Passed	
		05/11/2021 12:30	Duty Pistol Qualification	Semi-Automatic Pistol	Glock	G4-17		Passed	
		01/05/2021 23:30	Low Light	Semi-Automatic Pistol	Glock	G4-17		Passed	
		07/27/2020 12:30	Duty Pistol Qualification	Semi-Automatic Pistol	Glock	G4-17		Passed	
		07/27/2020 2:30	Rifle	Rifle	Aero Precision			Passed	
		01/08/2020 9:30	Low Light	Semi-Automatic Pistol	Glock	G4-17		Passed	
		08/26/2019 0:00	Rifle	Rifle	Aero Precision			Passed	
		07/22/2019 9:00	Duty Pistol Qualification	Semi-Automatic Pistol	Glock	G4-17		Passed	
		06/06/2018 7:30	Rifle	Rifle	LWRC			Passed	
		04/26/2018 3:00	Duty Pistol Qualification	Semi-Automatic Pistol	Glock	G4-17		Passed	
		02/26/2017 9:30	Low Light	Semi-Automatic Pistol	Glock	G4-17		Passed	
		07/19/2017 3:00	Shotgun	Shotgun	Mossberg	590-A1		Passed	
		05/06/2017 0:00	Duty Pistol Qualification	Semi-Automatic Pistol	Glock	G4-17		Passed	
		01/13/2017 0:30	Low Light	Semi-Automatic Pistol	Glock	G4-17		Passed	
		09/20/2016 8:00	Shotgun	Shotgun	Mossberg	590-A1		Passed	
		06/08/2016 8:00	Shotgun	Shotgun	Mossberg	590-A1		Passed	
		07/08/2016 0:00	Duty Pistol Qualification	Semi-Automatic Pistol	Glock	G4-17		Passed	

EMPLOYEE PERFORMANCE EVALUATION REPORT

EMPLOYEE NAME [REDACTED]	DIVISION Police Uniforms	CLASS TITLE Police Officer
EVALUATION FROM 6/27/16 TO 08/31/16	MERIT INCREASE DATE	RETURN ORIGINAL TO PERSONNEL DEPARTMENT BY 10/25/16

PLEASE USE #2 PENCIL

EMPLOYEE ID [REDACTED]

0 1 2 3 4 5 6 7 8 9

0 1 2 3 4 5 6 7 8 9

0 1 2 3 4 5 6 7 8 9

0 1 2 3 4 5 6 7 8 9

0 1 2 3 4 5 6 7 8 9

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

EVALUATOR 1 ID [REDACTED]

1
2
3
4
5
6

0 1 2 3 4 5 6 7 8 9

0 1 2 3 4 5 6 7 8 9

0 1 2 3 4 5 6 7 8 9

0 1 2 3 4 5 6 7 8 9

0 1 2 3 4 5 6 7 8 9

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

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

[REDACTED] is progressing nicely in the FTO phase of his training. There are no issues to report + he has not called off during this time.

5. SIGNATURE OF EVALUATOR

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

Cpt. Brandon [Signature] 12476 9/2/16

EVALUATOR 1 SIGNATURE EMPLOYEE ID # DATE EVALUATOR 2 SIGNATURE EMPLOYEE ID # DATE

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

[Signature] 711 9-7-16

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] 1

TO THE EMPLOYEE: YOUR SIGNATURE SHOWS THAT YOU HAVE RECEIVED A COPY OF THE REPORT AND THAT THE EVALUATION

EMPLOYEE PERFORMANCE EVALUATION REPORT

EMPLOYEE NAME [REDACTED]	DIVISION Police Uniformed	CLASS TITLE Police Officer
EVALUATION FROM 8/1/19 TO 9/30/19	MERIT INCREASE DATE 8/27/20	RETURN ORIGINAL TO PERSONNEL DEPARTMENT BY 10/31/19

PLEASE USE #2 PENCIL

D. BIRCHBERGER	TYPE OF EVALUATION				EVALUATOR 1 [REDACTED]	EVALUATOR 2 [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"/>			<input type="checkbox"/>

ITEMS	Mo.	FACTORS	YR.	60	70	80	90	
1. MARK PERFORMANCE IN ITEMS WHICH ARE JOB-RELATED WITH: <input checked="" type="checkbox"/> = STRONG <input checked="" type="checkbox"/> = STANDARD <input type="checkbox"/> = WEAK		2. LINE OUT ITEMS WHICH ARE NOT JOB-RELATED		60 = UNSATISFACTORY	70 = IMPROVEMENT NEEDED	80 = SATISFACTORY	90 = VERY GOOD	95 = OUTSTANDING
<input checked="" type="checkbox"/> ACCURACY <input checked="" type="checkbox"/> THOROUGHNESS <input checked="" type="checkbox"/> NEATNESS OF WORK PRODUCT		<input checked="" type="checkbox"/> JUDGEMENT <input checked="" type="checkbox"/> WRITTEN EXPRESSION <input checked="" type="checkbox"/> ORAL EXPRESSION		QUALITY OF WORK	EVALUATOR 1	EVALUATOR 2		
<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		ATTENDANCE	EVALUATOR 1	EVALUATOR 2		
<input checked="" type="checkbox"/> DILIGENCE EFFORT <input checked="" type="checkbox"/> COMPLIANCE WITH INSTRUCTIONS <input checked="" type="checkbox"/> OBSERVANCE OF WORK RULES SAFETY		<input checked="" type="checkbox"/> INITIATIVE <input checked="" type="checkbox"/> CARE OF EQUIPMENT, MATERIAL <input checked="" type="checkbox"/> ORGANIZATION OF WORK		WORK HABITS	EVALUATOR 1	EVALUATOR 2		
<input checked="" type="checkbox"/> CONDUCT & COOPERATION WITH SUPERVISION <input checked="" type="checkbox"/> CONDUCT & COOPERATION WITH CO-WORKERS		<input checked="" type="checkbox"/> CONDUCT WITH PUBLIC <input checked="" type="checkbox"/> PERSONAL APPEARANCE & CARE		RELATIONSHIP WITH OTHERS	EVALUATOR 1	EVALUATOR 2		
<input type="checkbox"/> PLANNING, ORGANIZING, ASSIGNING <input type="checkbox"/> TRAINING & INSTRUCTING <input type="checkbox"/> DISCIPLINARY CONTROL		<input type="checkbox"/> EVALUATING PERFORMANCE <input type="checkbox"/> FAIRNESS, IMPARTIALITY, LEADERSHIP		SUPERVISORY SKILLS (LEAVE BLANK IF NOT APPLICABLE)	EVALUATOR 1	EVALUATOR 2		

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

Officer [REDACTED] is a competent officer who is very passionate about police work. He performs his duties willingly and continually looks for ways to improve his performance by asking questions and evaluating situations critically. Officer [REDACTED] is one of the most proactive officers on the shift. He works the west side of Akron and responded to 1210 calls of service, 242 of which were self-initiated stops that led to numerous arrests [REDACTED] and others). During this evaluation period, he has seized 259 grams of Meth, 172 grams of Fentanyl/Heroin, 24.5 grams of crack, 95 grams of marijuana and recovered 9 firearms. Officer [REDACTED] did not have any call offs this period. *11/13/00*

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 #: 17312 DATE: 10/22/19

EVALUATOR 2 SIGNATURE: *[Signature]* EMPLOYEE ID #: 15486 DATE: 10/23/19

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

SIGNATURE OF REVIEWER: *[Signature]* EMPLOYEE ID #: 11503 DATE: 10/31/19

SIGNATURE OF DEPARTMENT HEAD: [REDACTED] DATE: [REDACTED]

7. REPORT DISCUSSION

REPORT DISCUSSED WITH EMPLOYEE BY:

SIGNATURE: *[Signature]* AND DATE: 10/31/19

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

EMPLOYEE'S SIGNATURE AND DATE: [REDACTED] 10/31/19

EMPLOYEE PERFORMANCE EVALUATION REPORT

EMPLOYEE NAME [REDACTED]	DIVISION Police Uniform	CLASS TITLE Police Officer
EVALUATION FROM 10/1/18 TO 3/31/19	MERIT INCREASE DATE 8/27/18	RETURN ORIGINAL TO PERSONNEL DEPARTMENT BY 4/30/19

PLEASE USE #2 PENCIL

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

ITEMS	MO: <input type="checkbox"/>	FACTORS	YR: <input type="checkbox"/>																																				
1. MARK PERFORMANCE IN ITEMS WHICH ARE JOB-RELATED WITH: <input checked="" type="checkbox"/> = STRONG <input checked="" type="checkbox"/> = STANDARD <input type="checkbox"/> = WEAK	2. LINE OUT ITEMS WHICH ARE NOT JOB-RELATED: <input type="checkbox"/> JUDGEMENT <input type="checkbox"/> WRITTEN EXPRESSION <input type="checkbox"/> ORAL EXPRESSION <input type="checkbox"/> INITIATIVE <input type="checkbox"/> CARE OF EQUIPMENT, MATERIAL <input type="checkbox"/> ORGANIZATION OF WORK <input type="checkbox"/> CONDUCT WITH PUBLIC <input type="checkbox"/> FAIRNESS, IMPARTIALITY, LEADERSHIP	3. EVALUATE PERFORMANCE BY BLACKENING IN BOX WITH A #2 PENCIL. DO NOT ERASE. IF A CORRECTION IS NECESSARY OBTAIN A NEW FORM FROM THE PERSONNEL DEPARTMENT.	60 = UNSATISFACTORY 70 = IMPROVEMENT NEEDED 80 = SATISFACTORY 90 = VERY GOOD 95 = OUTSTANDING																																				
<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"/> COOPERATION WITH WORKERS <input checked="" type="checkbox"/> PLANNING, ORGANIZING, SUPERVISING & INSTRUCTING <input type="checkbox"/> DISCIPLINARY CONTROL	<input checked="" type="checkbox"/> AVAILABILITY AS REFLECTED BY AMOUNT OF TIME ABSENT <input type="checkbox"/> AVAILABILITY AS REFLECTED BY AMOUNT OF TIME ABSENT <input type="checkbox"/> AVAILABILITY AS REFLECTED BY AMOUNT OF TIME ABSENT	QUALITY OF WORK EVALUATOR 1 EVALUATOR 2 QUANTITY OF WORK EVALUATOR 1 EVALUATOR 2 ATTENDANCE EVALUATOR 1 EVALUATOR 2 WORK HABITS EVALUATOR 1 EVALUATOR 2 RELATIONSHIP WITH SUPERVISORS EVALUATOR 1 EVALUATOR 2 SKILLS (LEAVE BLANK IF NOT APPLICABLE)	<table border="1"> <tr> <td>60</td> <td>70</td> <td>80</td> <td>90</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>	60	70	80	90	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
60	70	80	90																																				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>																																				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>																																				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>																																				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>																																				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>																																				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>																																				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>																																				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>																																				

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

Officer [REDACTED] is hard-working and proactive. During this evaluation period, he was chosen for a temporary assignment working on the recruiting campaign for the department. He was very proactive, making 237 stops while still handling 410 calls for service, secured a very productive search warrant, and made a felonious assault and aggravated robbery arrest. His proactive stops have led to numerous drug and gun arrests [REDACTED] and more). Officer [REDACTED] sought out additional training in advanced building searches and received praise from a citizen for going above and beyond to help them find their vehicle. Officer [REDACTED] had no calls offs during this period. ^{DNW} 12/0

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 #: 17303 DATE: 4/20/19
 EVALUATOR 2 SIGNATURE: [Signature] EMPLOYEE ID #: 601939 DATE: 4/21/19

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

SIGNATURE OF REVIEWER: [Signature] EMPLOYEE ID #: 11800 DATE: 4/20/19

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

REPORT DISCUSSED WITH EMPLOYEE BY: [Signature] DATE: 4/18/19

EMPLOYEE PERFORMANCE EVALUATION REPORT

EMPLOYEE NAME [REDACTED]	DIVISION Police Unit 102000	CLASS TITLE POLICE OFFICER
EVALUATION FROM 4/1/17 TO 3/30/17	MERIT INCREASE DATE 6/2/17	RETURN ORIGINAL TO PERSONNEL DEPARTMENT BY 10/31/17

PLEASE USE #2 PENCIL

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

ITEMS NO. <input type="radio"/>	FACTORS YR. <input type="radio"/>	80 = UNSATISFACTORY	70 = IMPROVEMENT NEEDED	80 = SATISFACTORY	90 = VERY GOOD	95 = OUTSTANDING
1. MARK PERFORMANCE IN ITEMS WHICH ARE JOB-RELATED WITH: <input checked="" type="checkbox"/> = STRONG <input type="checkbox"/> = STANDARD <input type="checkbox"/> = WEAK	2. LINE OUT ITEMS WHICH ARE NOT JOB-RELATED	3. EVALUATE PERFORMANCE BY BLACKENING IN BOX WITH A #2 PENCIL. DO NOT ERASE. IF A CORRECTION IS NECESSARY OBTAIN A NEW FORM FROM THE PERSONNEL DEPARTMENT.	80	70	80	90
<input checked="" type="checkbox"/> ACCURACY	<input checked="" type="checkbox"/> JUDGEMENT	QUALITY OF WORK	EVALUATOR 1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="checkbox"/> THOROUGHNESS	<input type="checkbox"/> WRITTEN EXPRESSION	QUANTITY OF WORK	EVALUATOR 2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="checkbox"/> NEATNESS OF WORK PRODUCT	<input type="checkbox"/> ORAL EXPRESSION	ATTENDANCE	EVALUATOR 1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="checkbox"/> AMOUNT OF WORK ACCOMPLISHED	<input type="checkbox"/> AVAILABILITY AS REFLECTED BY AMOUNT OF TIME ABSENT	WORK HABITS	EVALUATOR 2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="checkbox"/> COMPLETION OF WORK ON SCHEDULE	<input type="checkbox"/> INITIATIVE	RELATIONSHIP WITH OTHERS	EVALUATOR 1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="checkbox"/> ADHERENCE TO WORKING HOURS	<input type="checkbox"/> CARE OF EQUIPMENT, MATERIAL	SUPERVISORY SKILLS (LEAVE BLANK IF NOT APPLICABLE)	EVALUATOR 2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="checkbox"/> DEPENDABILITY AS REFLECTED BY FREQUENCY OF ABSENCE	<input type="checkbox"/> ORGANIZATION OF WORK		EVALUATOR 1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="checkbox"/> DILIGENCE, EFFORT	<input type="checkbox"/> CONDUCT WITH PUBLIC		EVALUATOR 2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="checkbox"/> COMPLIANCE WITH INSTRUCTIONS OR OBJECTIVES	<input type="checkbox"/> PERSONAL APPEARANCE & CARE		EVALUATOR 1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="checkbox"/> OBSERVANCE OF WORK RULES, SAFETY	<input type="checkbox"/> EVALUATING PERFORMANCE		EVALUATOR 2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="checkbox"/> CONDUCT & COOPERATION WITH SUPERVISION	<input type="checkbox"/> FAIRNESS, IMPARTIALITY, LEADERSHIP		EVALUATOR 1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="checkbox"/> CONDUCT & COOPERATION WITH COLLEAGUES			EVALUATOR 2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="checkbox"/> PLANNING, ORGANIZING, ASSIGNING			EVALUATOR 1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="checkbox"/> TRAINING & INSTRUCTING			EVALUATOR 2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="checkbox"/> DISCIPLINARY CONTROL			EVALUATOR 1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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 80, 70, OR 95 MUST BE SUBSTANTIATED IN WRITING. INITIAL OR SIGN YOUR COMMENTS.

Officer [REDACTED] had ^{ZERO} call-off for a sick day this grading period. He shows high initiative while working numerous districts and never complains when plans change. He is a team player, and is consistently helping the Detective Bureau when seeking warrant arrests. His totals are in the top 10 on the shift, and he maintains a level of professionalism required by APD. I am reminded frequently by personnel of Officer [REDACTED] willingness to help without being asked, and he continues to be an asset to our shift.

6. 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 #: [REDACTED] DATE: [REDACTED] EVALUATOR 2 SIGNATURE: [Signature] EMPLOYEE ID #: [REDACTED] DATE: [REDACTED]

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

SIGNATURE OF REVIEWER: [Signature] EMPLOYEE ID #: [REDACTED] DATE: [REDACTED]

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

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

7. REPORT DISCUSSION

REPORT DISCUSSED WITH EMPLOYEE BY: [Signature] DATE: [REDACTED]

SIGNATURE AND DATE: [Signature] DATE: [REDACTED]

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

EMPLOYEE'S SIGNATURE AND DATE: [Signature] DATE: [REDACTED]

REVISED DATE - MAY 2005

DIVISION COPY

EMPLOYEE PERFORMANCE EVALUATION REPORT

EMPLOYEE NAME [REDACTED]	DIVISION Police Uniform	CLASS TITLE Police Officer
EVALUATION FROM 03/27/16 TO 03/23/17	MERIT INCREASE DATE	RETURN ORIGINAL TO PERSONNEL DEPARTMENT BY 04/23/17

PLEASE USE #2 PENCIL

D. PERFORMER	TYPE OF EVALUATION				EVALUATOR 1 [REDACTED]
	STD	EMPLOY PROBATION	SEASON TEMP	PROM TRANSFER	
	INTERIM	45 DAY 90 DAY 180 DAY 270 DAY	45 DAY 90 DAY FINAL	45 DAY 90 DAY	
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

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

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

Officer [REDACTED] has progressed as expected during this evaluation period. Officer [REDACTED] completes well-written and detailed reports. Officer [REDACTED] comes to work with a positive attitude and displays a high level of initiative in handling call for service. Officer [REDACTED] displays a great amount of confidence and is knowledgeable about laws and procedure. Additionally, Officer [REDACTED] regularly maintains a neat, professional appearance. Officer [REDACTED] naturally interacts well with the public and is well liked by his co-workers and supervisors. During this evaluation period, Officer [REDACTED] did not have any call offs.

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

EVALUATOR 1 SIGNATURE: [REDACTED] EMPLOYEE ID #: [REDACTED] DATE: [REDACTED]

EVALUATOR 2 SIGNATURE: [REDACTED] EMPLOYEE ID #: [REDACTED] DATE: [REDACTED]

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

SIGNATURE OF REVIEWER: [REDACTED] EMPLOYEE ID #: [REDACTED] DATE: [REDACTED]

7. REPORT DISCUSSION REPORT DISCUSSED WITH EMPLOYEE BY: [REDACTED] SIGNATURE: [REDACTED] AND DATE: [REDACTED]

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

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

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

I acknowledge that on Tuesday, July 19, 2016, I completed the City's SEXUAL HARASSMENT AWARENESS (SHA) TRAINING Computer Based Training.

[Redacted]

[Redacted]

Please print your name

Police officer

Title

Public Safety/Police (751)

Department/Division

7/19/2016

Date

[Redacted]

CITY OF ARIZON
CIVIL SERVICE COMMISSION
2016 JUL 20 AM 10:14

EMPLOYEE PERFORMANCE EVALUATION REPORT

EMPLOYEE NAME [REDACTED]	DIVISION Police Department	CLASS TITLE Police Officer
-----------------------------	-------------------------------	-------------------------------

EVALUATION FROM 8/27/16 TO 06/30/17	MERIT INCREASE DATE	RETURN ORIGINAL TO PERSONNEL DEPARTMENT BY 04/23/17
--	---------------------	---

PLEASE USE #2 PENCIL

EMPLOYEE ID [REDACTED]	TYPE OF EVALUATION				EVALUATOR 1 [REDACTED]
	STD	EMPLOY PROBATION	SEASON TEMP	PROM TRANSFER	
	INTERIM	45 DAY 90 DAY 180 DAY 270 DAY	45 DAY 90 DAY FINAL	45 DAY 90 DAY	
	6-MONTH				

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

1. MARK PERFORMANCE, IN ITEMS WHICH ARE JOB-RELATED, WITH: <input checked="" type="checkbox"/> = STRONG <input checked="" type="checkbox"/> = STANDARD <input type="checkbox"/> = WEAK	2. LINE OUT ITEMS WHICH ARE NOT JOB-RELATED	3. EVALUATE PERFORMANCE BY BLACKENING IN BOX WITH A #2 PENCIL. DO NOT ERASE. IF A CORRECTION IS NECESSARY OBTAIN A NEW FORM FROM THE PERSONNEL DEPARTMENT.	60 = UNSATISFACTORY 70 = IMPROVEMENT NEEDED 80 = SATISFACTORY 90 = VERY GOOD 95 = OUTSTANDING																																								
<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 type="checkbox"/> CONDUCT & COOPERATION WITH SUPERVISION <input 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 type="checkbox"/> INITIATIVE <input type="checkbox"/> CARE OF EQUIPMENT, MATERIAL <input type="checkbox"/> ORGANIZATION OF WORK <input type="checkbox"/> CONDUCT WITH PUBLIC <input type="checkbox"/> PERSONAL APPEARANCE & CARE <input type="checkbox"/> EVALUATING PERFORMANCE <input type="checkbox"/> FAIRNESS, IMPARTIALITY, LEADERSHIP	QUALITY OF WORK EVALUATOR 1 EVALUATOR 2 QUANTITY OF WORK EVALUATOR 1 EVALUATOR 2 ATTENDANCE EVALUATOR 1 EVALUATOR 2 WORK HABITS EVALUATOR 1 EVALUATOR 2 RELATIONSHIP WITH OTHERS EVALUATOR 1 EVALUATOR 2 SUPERVISORY SKILLS (LEAVE BLANK IF NOT APPLICABLE) EVALUATOR 1 EVALUATOR 2	<table border="1"> <tr><td>60</td><td>70</td><td>80</td><td>90</td><td>95</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table>	60	70	80	90	95	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>																									
60	70	80	90	95																																							
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																							
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>																																							
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																							
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																							

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

Officer [REDACTED] has progressed as expected during this evaluation period. Officer [REDACTED] completes well-written and detailed reports. Officer [REDACTED] comes to work with a positive attitude and displays a high level of initiative in handling call for service. Officer [REDACTED] displays a great amount of confidence and is knowledgeable about laws and procedures. Additionally, Officer [REDACTED] regularly maintains a neat, professional appearance. Officer [REDACTED] naturally interacts well with the public and is well liked by his co-workers and supervisors. During this evaluation period, Officer [REDACTED] did not have any call offs.

5. SIGNATURE OF EVALUATOR

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

EVALUATOR 1 SIGNATURE: [Signature] EMPLOYEE ID #: 17300 DATE: 3/23/17
 EVALUATOR 2 SIGNATURE: [Signature] EMPLOYEE ID #: 98175-20-17 DATE: [Date]

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

SIGNATURE OF REVIEWER: [Signature] EMPLOYEE ID #: 271 DATE: 3-23-17

SIGNATURE OF DEPARTMENT: [REDACTED] DATE: [Date]

7. REPORT DISCUSSION

REPORT DISCUSSED WITH EMPLOYEE BY: [Signature] DATE: 3/29/17

TO THE EMPLOYEE: YOUR SIGNATURE SHOWS THAT YOU HAVE RECEIVED A COPY OF THE REPORT AND THAT THE EVALUATION



DANIEL HARRIGAN, MAYOR

CITY OF AKRON SETUP & CHANGE PERSONAL INFORMATION

2017 JUN 1 10:45:32

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

Please complete entire form

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

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

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

Contact Information

Street Address: [REDACTED]

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

E-mail address: [REDACTED]

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

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

Personal Information

Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated	Highest Education Level completed: <input type="checkbox"/> Less than HS graduate <input checked="" type="checkbox"/> 2-year College Degree <input type="checkbox"/> HS graduate or equivalent <input type="checkbox"/> Bachelor's Level Degree <input type="checkbox"/> Some College <input type="checkbox"/> Some Graduate School <input type="checkbox"/> Technical School <input type="checkbox"/> Master's Level Degree	<input type="checkbox"/> Doctorate (Academic) <input type="checkbox"/> Doctorate (Professional) <input type="checkbox"/> Post-Doctorate
---	---	---

2017 JUN 1 10:45:32
CITY OF AKRON
EMPLOYEE RECORDS

In case of emergency please contact:

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

Street Address: [REDACTED]

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

Relationship to Employee: Wife

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

Signature: [REDACTED] Date: 5/27/17

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

Revised 7/2017

EMPLOYEE PERFORMANCE EVALUATION REPORT

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

EVALUATION FROM [REDACTED]	TO [REDACTED]	MERIT INCREASE DATE [REDACTED]	RETURN ORIGINAL TO PERSONNEL DEPARTMENT BY [REDACTED]
-------------------------------	------------------	-----------------------------------	--

EMPLOYEE ID [REDACTED]	TYPE OF EVALUATION				EVALUATOR 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	
	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	

PLEASE USE #2 PENCIL

1	1	2	3	4	5	6	7	8	9
2	1	2	3	4	5	6	7	8	9
6	1	2	3	4	5	6	7	8	9
2	1	2	3	4	5	6	7	8	9

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

1. MARK PERFORMANCE, IN ITEMS WHICH ARE JOB-RELATED, WITH: <input type="checkbox"/> = STRONG <input checked="" type="checkbox"/> = STANDARD <input type="checkbox"/> = WEAK	2. LINE OUT ITEMS WHICH ARE NOT JOB-RELATED	3. EVALUATE PERFORMANCE BY BLACKENING IN BOX WITH A #2 PENCIL. DO NOT ERASE. IF A CORRECTION IS NECESSARY OBTAIN A NEW FORM FROM THE PERSONNEL DEPARTMENT.	60 = UNSATISFACTORY 70 = IMPROVEMENT NEEDED 80 = SATISFACTORY 90 = VERY GOOD 95 = OUTSTANDING																																													
<input type="checkbox"/> ACCURACY <input type="checkbox"/> THOROUGHNESS <input checked="" type="checkbox"/> NEATNESS OF WORK PRODUCT <input type="checkbox"/> AMOUNT OF WORK ACCOMPLISHED <input type="checkbox"/> COMPLETION OF WORK ON SCHEDULE <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 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 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 type="checkbox"/> CONDUCT WITH PUBLIC <input checked="" type="checkbox"/> PERSONAL APPEARANCE & CARE <input type="checkbox"/> EVALUATING PERFORMANCE <input type="checkbox"/> FAIRNESS, IMPARTIALITY, LEADERSHIP	QUALITY OF WORK EVALUATOR 1 EVALUATOR 2 QUANTITY OF WORK EVALUATOR 1 EVALUATOR 2 ATTENDANCE EVALUATOR 1 EVALUATOR 2 WORK HABITS EVALUATOR 1 EVALUATOR 2 RELATIONSHIP WITH OTHERS EVALUATOR 1 EVALUATOR 2 SUPERVISORY SKILLS (LEAVE BLANK IF NOT APPLICABLE) EVALUATOR 1 EVALUATOR 2	<table border="1"> <tr><td>60</td><td>70</td><td>80</td><td>90</td><td>95</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table>	60	70	80	90	95	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>																															
60	70	80	90	95																																												
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>																																												
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>																																												
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>																																												
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>																																												
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>																																												
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																												
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																												
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																												

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

Officer [REDACTED] had ^{ZERO} ~~one~~ call-off for a sick day this grading period. He shows high initiative while working numerous districts and never complains when plans change. He is a team player, and is consistently helping the Detective Bureau when seeking warrant arrests. His totals are in the top 10 on the shift, and he maintains a level of professionalism required by APD. I am reminded frequently by personnel of Officer [REDACTED] willingness to help without being asked, and he continues to be an asset to our shift.

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 #: 11262 DATE: 12/16/17
 EVALUATOR 2 SIGNATURE: [Signature] EMPLOYEE ID #: 98211939 DATE: 12/22/17

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

SIGNATURE OF REVIEWER: [Signature] EMPLOYEE ID #: 11802 DATE: 11/13/17

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

7. REPORT DISCUSSION

REPORT DISCUSSED WITH EMPLOYEE BY: [REDACTED] DATE: 12/27/17

TO THE EMPLOYEE: YOUR SIGNATURE SHOWS THAT YOU HAVE RECEIVED A COPY OF THE REPORT AND THAT THE EVALUATION IS ACCURATE.

[REDACTED] DATE: 12/27/17

EMPLOYEE PERFORMANCE EVALUATION REPORT

EMPLOYEE NAME [REDACTED]		DIVISION [REDACTED]	CLASS TITLE [REDACTED]
EVALUATION FROM [REDACTED] TO [REDACTED]		MERIT INCREASE DATE [REDACTED]	RETURN ORIGINAL TO PERSONNEL DEPARTMENT BY [REDACTED]

PLEASE USE #2 PENCIL

EMPLOYEE ID [REDACTED]	TYPE OF EVALUATION				EVALUATOR 1 ID [REDACTED]
	STD	EMPLOY PROBATION	SEASON TEMP	PROM TRANSFER	
	INTERIM	45 DAY 90 DAY 180 DAY 270 DAY	45 DAY 90 DAY FINAL	45 DAY 90 DAY	
	6-MONTH				

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

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

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

Officer [REDACTED] is a motivated young officer who strives to do quality work and learn as much as he can about his job. He is also a proactive officer, as evidenced by his 330 stops of suspicious persons or vehicles and 1153 total calls for service. During this period, he responded to a carjacking with a gun and was able to help apprehend the suspect (report number [REDACTED]) as well as work with a source that led to the apprehension of a male with multiple felony warrants. He also received a letter from a grateful citizen thanking him for recovering their stolen vehicle. It is clear that Officer [REDACTED] takes personal ownership of his role in service to the city. During this period he had one call off. PDM VOLUNTEERED FOR MENTORING PROGRAM @ BUCHTEL CLC 4/23/18

5. SIGNATURE OF EVALUATOR

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

EVALUATOR 1 SIGNATURE: [Signature] EMPLOYEE ID #: 17303 DATE: 4/11/18
EVALUATOR 2 SIGNATURE: [Signature] EMPLOYEE ID #: 11939 DATE: 4/17/18

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

SIGNATURE OF REVIEWER: [Signature] EMPLOYEE ID #: 11508 DATE: [REDACTED]

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: [REDACTED] DATE: [REDACTED]

7. REPORT DISCUSSION

REPORT DISCUSSED WITH EMPLOYEE BY: [Signature] DATE: 4/23/18

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

DATE: 4/23/18

EMPLOYEE PERFORMANCE EVALUATION REPORT

EMPLOYEE NAME: [REDACTED] DIVISION: Police Uniformed CLASS TITLE: Police Officer

EVALUATION FROM: 4/1/18 TO 9/30/18 MERIT INCREASE DATE: 6/27/19 RETURN ORIGINAL TO PERSONNEL DEPARTMENT BY: 10/31/18

PLEASE USE #2 PENCIL

EMPLOYEE ID	TYPE OF EVALUATION				EVALUATOR 1 ID
	STD	EMPLOY PROBATION	SEASON TEMP	PROM TRANSFER	
	INTERIM	45 DAY 90 DAY 180 DAY 270 DAY	45 DAY 90 DAY FINAL	45 DAY 90 DAY	
	6-MONTH				

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

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

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

Officer [REDACTED] is a very active officer assigned to sector 4, Car 18. He had over 1700 calls for service, including both dispatched and self-initiated calls of which 311 of those were for traffic stops for suspicious activity and traffic violations. He had numerous felony arrests some that included firearms. One that immediately sticks out is a call where he and his partner recovered .38 and .40 caliber pistols from 4 subjects on a porch at [REDACTED]. He was also selected to give [REDACTED] a Ride-along, and was recognized with a letter for his professionalism while on this detail. Officer [REDACTED] had no call-offs during this grading period. (SN)

5. SIGNATURE OF EVALUATOR

THIS REPORT IS BASED ON MY OBSERVATION AND/OR KNOWLEDGE. IT REPRESENTS MY BEST JUDGMENT OF THE EMPLOYEE'S PERFORMANCE. THIS IS TO CERTIFY THAT THIS EMPLOYEE SHOULD ACHIEVE PERMANENT STATUS ON ORIGINAL APPOINTMENT PROMOTION

EVALUATOR 1 SIGNATURE: Sgt. Muel 11262 DATE: 10/15/18
EVALUATOR 2 SIGNATURE: H. [REDACTED] 987/11939 DATE: 10/21/18

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

TO BE USED ONLY UPON SUCCESSFUL COMPLETION OF PROBATION PERIOD.

REVIEWER SIGNATURE: [REDACTED] 11800 DATE: 10/24/18
SIGNATURE OF DEPARTMENT HEAD OR AUTHORIZED REPRESENTATIVE: [REDACTED] DATE: [REDACTED]

7. REPORT DISCUSSION

REPORT DISCUSSED WITH EMPLOYEE BY: [REDACTED]
TO THE EMPLOYEE YOUR SIGNATURE SHOWS THAT YOU HAVE RECEIVED A COPY OF THE REPORT AND THAT THE EVALUATION

STATE A
EMPLOYEE RECORDS
0816 NOV - 7 PM 1:51

EMPLOYEE PERFORMANCE EVALUATION REPORT

EMPLOYEE NAME [REDACTED]	DIVISION Police Unarmed	CLASS TITLE Police Officer
EVALUATION FROM 4/1/19 TO 3/30/19	MERIT INCREASE DATE 3/29/20	RETURN ORIGINAL TO PERSONNEL DEPARTMENT BY 10/21/19

PLEASE USE #2 PENCIL

EMPLOYEE ID [REDACTED]	TYPE OF EVALUATION				EVALUATOR 1 [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: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	FACTORS YR: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9																																																																																				
1. MARK PERFORMANCE, IN ITEMS WHICH ARE JOB-RELATED, WITH: <input type="checkbox"/> = STRONG <input checked="" type="checkbox"/> = STANDARD <input type="checkbox"/> = WEAK	2. LINE OUT ITEMS WHICH ARE NOT JOB-RELATED <input type="checkbox"/> JUDGEMENT <input type="checkbox"/> WRITTEN EXPRESSION <input type="checkbox"/> ORAL EXPRESSION																																																																																				
<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	3. EVALUATE PERFORMANCE BY BLACKENING IN BOX WITH A #2 PENCIL. DO NOT ERASE. IF A CORRECTION IS NECESSARY OBTAIN A NEW FORM FROM THE PERSONNEL DEPARTMENT. 60 = UNSATISFACTORY 70 = IMPROVEMENT NEEDED 80 = SATISFACTORY 90 = VERY GOOD 95 = OUTSTANDING																																																																																				
	<table border="1"> <tr> <td>QUALITY OF WORK</td> <td>EVALUATOR 1</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td>EVALUATOR 2</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>QUANTITY OF WORK</td> <td>EVALUATOR 1</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td>EVALUATOR 2</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>ATTENDANCE</td> <td>EVALUATOR 1</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td>EVALUATOR 2</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>WORK HABITS</td> <td>EVALUATOR 1</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td>EVALUATOR 2</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>RELATIONSHIP WITH OTHERS</td> <td>EVALUATOR 1</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td>EVALUATOR 2</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>SUPERVISORY SKILLS (LEAVE BLANK IF NOT APPLICABLE)</td> <td>EVALUATOR 1</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td>EVALUATOR 2</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	QUALITY OF WORK	EVALUATOR 1	<input type="checkbox"/>		EVALUATOR 2	<input type="checkbox"/>	QUANTITY OF WORK	EVALUATOR 1	<input type="checkbox"/>		EVALUATOR 2	<input type="checkbox"/>	ATTENDANCE	EVALUATOR 1	<input type="checkbox"/>		EVALUATOR 2	<input type="checkbox"/>	WORK HABITS	EVALUATOR 1	<input type="checkbox"/>		EVALUATOR 2	<input type="checkbox"/>	RELATIONSHIP WITH OTHERS	EVALUATOR 1	<input type="checkbox"/>		EVALUATOR 2	<input type="checkbox"/>	SUPERVISORY SKILLS (LEAVE BLANK IF NOT APPLICABLE)	EVALUATOR 1	<input type="checkbox"/>		EVALUATOR 2	<input type="checkbox"/>																																																
QUALITY OF WORK	EVALUATOR 1	<input type="checkbox"/>																																																																																			
	EVALUATOR 2	<input type="checkbox"/>																																																																																			
QUANTITY OF WORK	EVALUATOR 1	<input type="checkbox"/>																																																																																			
	EVALUATOR 2	<input type="checkbox"/>																																																																																			
ATTENDANCE	EVALUATOR 1	<input type="checkbox"/>																																																																																			
	EVALUATOR 2	<input type="checkbox"/>																																																																																			
WORK HABITS	EVALUATOR 1	<input type="checkbox"/>																																																																																			
	EVALUATOR 2	<input type="checkbox"/>																																																																																			
RELATIONSHIP WITH OTHERS	EVALUATOR 1	<input type="checkbox"/>																																																																																			
	EVALUATOR 2	<input type="checkbox"/>																																																																																			
SUPERVISORY SKILLS (LEAVE BLANK IF NOT APPLICABLE)	EVALUATOR 1	<input type="checkbox"/>																																																																																			
	EVALUATOR 2	<input type="checkbox"/>																																																																																			

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

Officer [REDACTED] is a competent officer who is very passionate about police work. He performs his duties willingly and continually looks for ways to improve his performance by asking questions and evaluating situations critically. Officer [REDACTED] is one of the most proactive officers on the shift. He works the west side of Akron and responded to 1210 calls of service, 242 of which were self-initiated stops that led to numerous arrests ([REDACTED] and others). During this evaluation period, he has seized 259 grams of Meth, 172 grams of Fentanyl/Heroin, 24.5 grams of crack, 95 grams of marijuana and recovered 9 firearms. Officer [REDACTED] did not have any call offs this period. *14/1300*

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 #: 17312 DATE: 10/22/19
 EVALUATOR 2 SIGNATURE: *[Signature]* EMPLOYEE ID #: 1204 DATE: 10/23/19

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

SIGNATURE OF REVIEWER: *[Signature]* EMPLOYEE ID #: 11800 DATE: 10/31/19
 SIGNATURE OF DEPARTMENT HEAD: [REDACTED] DATE: [REDACTED]

7. REPORT DISCUSSION TO THE EMPLOYEE: YOUR SIGNATURE SHOWS THAT YOU HAVE RECEIVED A COPY OF THE REPORT AND THAT THE EVALUATION WAS DISCUSSED WITH YOU.

REPORT DISCUSSED WITH EMPLOYEE BY: [REDACTED]
 SIGNATURE: *[Signature]* DATE: 10/31/19

CITY OF AKRON
EMPLOYEE BENEFITS

2019 NOV -8 PM 4: 15

EMPLOYEE PERFORMANCE EVALUATION REPORT

EMPLOYEE NAME [REDACTED]		DIVISION [REDACTED]	CLASS TITLE [REDACTED]
EVALUATION FROM [REDACTED]	TO [REDACTED]	MERIT INCREASE DATE [REDACTED]	RETURN ORIGINAL TO PERSONNEL DEPARTMENT BY [REDACTED]

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="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

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

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

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

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

Officer [REDACTED] is an extremely hard working officer. He is highly motivated and self-driven that comes to work every day with a positive attitude. He has a strong work ethic and holds himself and his peers to a high standard. He is also an informal leader on the shift that motivates others. As a result, Officer [REDACTED] was utilized as a field training officer during this evaluation period. Officer [REDACTED] made 624 proactive stops during this rating period that led to numerous arrests while still handling 2021 calls for service in his district. He also played a vital role in assisting DB with solving a Felonious Assault Rape, Kidnapping and also assisting with identifying two robbery suspects [REDACTED]. He had one call off. *MA*

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 #: 17312 DATE: 10/9/2020

EVALUATOR 2 SIGNATURE: *[Signature]* EMPLOYEE ID #: 1507 DATE: 10-22-20

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

SIGNATURE OF REVIEWER: *[Signature]* EMPLOYEE ID #: 11802 DATE: 10/27/20

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

SIGNATURE OF DEPARTMENT HEAD OR AUTHORIZED REPRESENTATIVE: [REDACTED] DATE: 10/27/20

7. REPORT DISCUSSION

REPORT DISCUSSED WITH EMPLOYEE BY: SIGNATURE: *[Signature]*

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 [REDACTED] DATE: 10/27/20

CITY OF ALBANY
EMPLOYEE RECORDS

END OCT 29 PM 3: 24



AKRON POLICE DEPARTMENT

EMPLOYEE SUMMARY REPORT

Printed on: Monday, June 27, 2022

Name: [REDACTED] ID: [REDACTED] Badge#: [REDACTED] Payroll ID: [REDACTED]
 SSN: [REDACTED] DOB: [REDACTED] Status: ACTIVE Service Date: 06/27/2016
 Appointed: 06/27/2016 OPOTC: 08/12/2016 Sworn In: 08/12/2016 Separation: _____

PROMOTIONS

NOTES

NEPHEW OF [REDACTED]
 [REDACTED] PHONE: [REDACTED]

TEMP ASSIGNMENT - NARCOTICS
 MARCH 7, 2022 - JUNE 5, 2022

ASSIGNMENTS

05-13-2019 UNIFORM, PLATOON 4 7PM-3:30AM
 02-04-2019 UNIFORM, COMMUNITY RELATIONS
 08-15-2016 UNIFORM, PLATOON 4 7PM-3:30AM
 06-27-2016 SERVICES, RECRUIT SCHOOL/POLICE ACADEMY

TRAINING

11-21-2019 ADVANCED SEARCH AND SEIZURE
 03-06-2019 ELECTRONIC CONTROL DEVICE USER
 12-18-2018 ADVANCED BUILDING CLEARING
 11-01-2018 BODY WORN CAMERAS BWC
 11-01-2018 IMPROVING PERFORMANCE THROUGH ANALYSIS
 11-01-2018 COMMUNITY ENGAGEMENT/OFFICER WELLNESS
 10-31-2018 RTF/SUBJECT CONTROL
 09-25-2018 FIELD TRAINING OFFICER CLASS
 06-05-2018 RIFLE CERTIFICATION COURSE
 04-04-2018 GRENADIER/LESS LETHAL IMPACT MUNITIONS
 01-23-2018 ELECTRONIC CONTROL DEVICE USER
 11-16-2017 PROCEDURAL JUSTICE & POLICE LEGITIMACY
 11-16-2017 CPR/FIRST AID KIT/NARCAN
 11-16-2017 INTERVIEWING SKILLS
 11-15-2017 PRACTICAL APPLICATIONS OF FORCE
 11-15-2017 LEGAL UPDATES
 11-15-2017 AOIBRS
 11-14-2017 TRAUMA INFORMED POLICING
 11-14-2017 BODY WORN CAMERAS BWC



AKRON POLICE DEPARTMENT

EMPLOYEE SUMMARY REPORT

Printed on: Monday, June 27, 2022

11-12-2017	IS-00200.B - ICS FOR SINGLE RESOURCES AND INITIAL ACTION INCIDENT, ICS-200
05-08-2017	ELECTRONIC CONTROL DEVICE USER
11-30-2016	EOPOTA COMPANION ANIMAL ENCOUNTERS
10-17-2016	ELECTRONIC CONTROL DEVICE USER
10-05-2016	CONFRONTATION SIMULATION
10-05-2016	AFD CRITICAL INCIDENTS
10-05-2016	OPOTA COMMUNITY RELATIONS
10-05-2016	DRIVING
10-05-2016	CSU
10-05-2016	LEGAL UPDATES
10-05-2016	COUNTER AMBUSH
06-27-2016	RECRUIT SCHOOL/POLICE ACADEMY - FAST TRACK ACADEMY SESSION
04-08-2016	IS-00100.B - INTRODUCTION TO INCIDENT COMMAND SYSTEM - ICS-100
04-08-2016	IS-00700.A - NATIONAL INCIDENT MANAGEMENT SYSTEM (NIMS) - AN INTRODUCTION
01-25-2016	PEACE OFFICER BASIC TRAINING PROGRAM

COMPLAINTS

COMPLAINT#: 17-C-045

DATE: 7/6/2017

COMPLAINANT(S):

GATES, BRANDON E.

1165 7TH AVE. AKRON, OH 44306

8043044113

COMPLAINT(S):

1. OFFICERS TLD COMPLAINANT THEY WOULD SHOOT HIM IN THE FACE
Found UNFOUNDED on 8/29/2017
 2. OFFICER TOLD COMPLAINANT HE WAS GOING TO SHOOT HIM IN THE FACE PRIOR TO HIS APPREHENSION
Found EXONERATED on 8/29/2017
 3. OFFICERS FAILED TO READ COMPLAINANT HIS MERANDA RIGHTS
Found EXONERATED on 8/29/2017
 4. OFFICERS TOOK \$100
Found UNFOUNDED on 8/29/2017
 5. OFFICERS TOOK COMPLAINANT'S BILL OF SALE FOR A FOUR WHEELER
Found UNFOUNDED on 8/29/2017
 6. OFFICERS ATTEMPTED TO BREAK COMPLAINANT'S PROPERTY
Found UNFOUNDED on 8/29/2017
 7. OFFICERS CONTINUED TO HARRASS COMPLAINANT DAYS AFTER HIS ARREST
Found UNFOUNDED on 8/29/2017
-



AKRON POLICE DEPARTMENT

EMPLOYEE SUMMARY REPORT

Printed on: Monday, June 27, 2022

COMPLAINT#: 17-C-039

DATE: 6/23/2017

COMPLAINANT(S):

ELLIOTT, CRYSTAL R.

345 CROWN ST. AKRON, OH 44302

COMPLAINT(S):

1. OFFICERS CHARGED COMPLAINANT AND A CO-DEFENDANT OF CRIMINAL OFFENSES
Found ADJUDICATED IN COURT on 8/14/2017
-

DISCIPLINES

FILE REVIEWS

SHOTS FIRED

AWARDS

SPECIAL UNITS

██████████ Employment History

Officer Name (Officer)	(Officer)	Agency Name (Agency)	(Agency)	Start Date	Employment Dat	End Date	Employment Dat Emp. Status (Emp)
██████████	██████████	Akron Police Department		8/12/2016	Appointment		Full-time

Basic Training

School Number (Facility Name (School Facility) (Facility)	From Date (Scho To Date (School)	Exam Date	Certificate Num:	Certificate Date
BAS16-018 Kent State University	1/25/2016	5/19/2016	6/16/2016	8/12/2016

██████████ Advanced Training

Course	Title (Course) (Course)	From Date (Cour To Date (Course)	Officer
22-002-18-07	Advanced Building Clearing	12/18/2018 12/20/2018	██████████ ██████████ ██████████
54-491-20-01	Combat Marksmanship Skills	2/11/2020 2/13/2020	██████████ ██████████ ██████████

OPOTA Online Transcript

Date Completed	Course Title
----------------	--------------

11/30/2016	Companion Animal Encounters
------------	-----------------------------



SHERRI BEVAN WALSH
Summit County Prosecuting Attorney
53 University Avenue, 6th Floor
Akron, Ohio 44308-1680

CHIEF COUNSEL

Brad Gessner

CRIMINAL DIVISION

Brian LoPrinzi
Criminal Chief
(330) 643-2800
(330) 643-2137 Fax

CIVIL /TAX DIVISION

John Galonski
Civil Chief
(330) 643-2800
(330) 643-8540 Fax

JUVENILE DIVISION

650 Dan Street
Akron, OH 44310-3989
(330) 643-2943
(330) 379-3647 Fax

**CHILD SUPPORT
DIVISION**

Jennifer Tultz
Director
175 S Main Street
Akron, OH 44308
(330) 643-2765
(330) 643-2745 Fax

VICTIM SERVICES

Crystal Baker
Director
(330) 643-2800
(330) 643-2137 Fax

COMMUNICATIONS

James Pollack
Director
(330) 643-8386
(330) 643-2137 Fax

**COMMUNITY
OUTREACH**

Tania Nemer
Prosecutor
(330) 643-7751
(330) 643-2137 Fax

April 2, 2020

Chief Kenneth R. Ball, II
Akron Police Department
217 S. High St.
Akron, Ohio 44308

Re: Investigation into the Use of Force on 11/09/2019 against Charles Coleman

Dear Chief Ball:

My investigation into the use of force by Officers [REDACTED] and Nicholas Antonucci on 11/09/2019 is complete.

On March 10, 2020, my office received, via Evidence.com all materials related to this investigation including but not limited to:

1. Sgt. Michael Orrand's Report of Investigation regarding the shooting by Charles Coleman of Javion Mills and Christen Oakman
2. Recorded interviews of Officers [REDACTED] and Antonucci
3. Body Worn Camera Footage of Officers [REDACTED] and Antonucci
4. BCI Crime Laboratory Reports
5. Witness interviews
6. 911 Calls and radio traffic
7. Crime scene photographs and diagrams

SUMMARY OF INCIDENT

On November 9, 2019, at 2:07 a.m., Akron dispatchers received a brief 911 call reporting an incident at the Uptown Lounge. The caller relayed that there were gangs and weapons and then laughter is heard on the call. Immediately following the 911 call, radio traffic indicated Car #18, occupied by Officers [REDACTED] and Antonucci, headed to the scene. A few moments later these officers reported shots fired and described the shooter as a man in a green hooded sweatshirt. That shooter was later identified as Charles Coleman.

When officers first arrived at the vicinity of the Uptown Lounge they heard cars speeding away from the scene. The officers chose to investigate and began to turn southbound on Summit Street. Before they made a complete turn, they saw muzzle flashes and heard gun fire. Officer Antonucci, who was driving, stopped the cruiser and both he and Officer [REDACTED] engaged their service weapons and fired in the direction of Charles Coleman. Coleman stopped firing his weapon and ran behind a building. The officers left their vehicle and apprehended a man attempting to flee the scene. That man, in a green hooded sweatshirt, was identified as Charles Coleman. Akron officers later found a gun in Coleman's flight path. Coleman was not injured.

The diagram below (created by the Akron Police Department) delineates where Officers [REDACTED] and Antonucci stopped their cruiser before firing their weapons. The suspect (Coleman) was standing in front of Summit Art Space firing across Summit Street and towards the parking lot.



OFFICERS' USE OF FORCE

When Officers [REDACTED] and Antonucci realized a man was firing a gun in a public area, they chose to use deadly force by engaging their service weapons and shooting in the direction of Charles Coleman.

BODY WORN CAMERA FOOTAGE

Officer [REDACTED] activated his body worn camera as Officer Antonucci turned their cruiser onto Summit Street. The audio came on as soon as they parked their cruiser and immediately there was gun fire. However, it is difficult to determine who was firing a weapon.

PHYSICAL EVIDENCE & SCIENTIFIC TESTING

The results of scientific testing indicate that Charles Coleman fired a gun and handled the gun found at the scene.

Ohio BCI Laboratory Evidence

1. Gunshot Residue Analysis completed on 12/09/19 found that Charles Coleman had gunshot primer residue on his hands.
2. DNA Analysis from 12/19/19 found that Charles Coleman was a contributor to DNA samples from a firearm found in Charles Coleman's flight path.

STATEMENTS OF WITNESSES

Akron police interviewed witnesses Javion Mills, Christen Oakman, and suspect Charles Coleman on November 9, 2019.

Javion Mills

Mills was in a car driven by Christen Oakman when he was shot. He said he was in the passenger seat and the shots came from the left. He said the shots came from the sidewalk and not from another car. Mills had serious injuries and was unable to give more details about the incident.

Christen Oakman

Oakman was in his car after leaving the Uptown Lounge. He was in a V8 Magnum. He heard gunshots and wrecked his car. Charles Coleman shot both him and his passenger Javion Mills. They exited the car and were running towards the hospital when they jumped in someone else's car. Oakman did not know who shot him and did not offer many details of the shooting.

Charles Coleman

Detectives interviewed Charles Coleman shortly after the incident. He did not offer any relevant information.

STATEMENTS OF OFFICERS INVOLVED IN SHOOTING

Officers Antonucci and [REDACTED] submitted to interviews on November 12, 2019, in the presence of their attorney and union representative.

Akron Police Officer Nicholas Antonucci

Officer Antonucci was driving Car #18 when he and Officer [REDACTED] responded to a fight call at the Uptown Lounge. As he approached Summit Street, he observed a black Dodge Magnum and a Chrysler 300 speed across E. Market Street onto Summit Street southbound. He heard gunshots. He turned onto Summit Street and stopped. He saw a male in a green hooded sweatshirt firing rounds from what looked like an AK-47. Officer [REDACTED] engaged the shooter with his service weapon. The suspect then stopped firing and ran behind a building. Officer Antonucci exited his cruiser and saw the suspect (determined to be Charles Coleman) attempting to get into a Dodge Challenger. Officer Antonucci arrested Coleman.

Akron Police Officer [REDACTED]

Officer [REDACTED] stated that he and his partner Officer Antonucci were in Car #18 when they responded to the area of the Uptown Lounge at the corner of E. Market and Summit Streets. He observed three cars driving at a high-rate of speed and then heard a loud crash. He then heard gunshots and saw a man standing in the Summit Art Space doorway. He saw muzzle flashes and heard gun shots coming from the vicinity of the man in the doorway. Officer [REDACTED] engaged the suspect with his pistol and then with his rifle.

ANALYSIS¹

The facts in this situation are undisputed. Officers observed a man with a gun opening fire in a public area in downtown Akron. After observing this man shoot his weapon, the officers engaged their service weapons in an effort to stop him from harming others. The officers did not injure the shooter. The shooter, later determined to be Charles Coleman, fled the scene and soon after officers apprehended him.

In reviewing this situation, the United States Supreme Court requires an analysis from the perspective "...of a reasonable officer on the scene, rather than with the 20/20 vision of hindsight." *Graham v. Connor* (1989), 109 S.Ct. 1865 at 396. The Court also held:

The calculus of reasonableness must embody allowance for the fact that police officers are often forced to make split-second judgments – in circumstances that are tense, uncertain, and rapidly evolving – about the amount of force that is necessary in a particular situation. Id. at 396-397.

¹ *This analysis does not make any determination as to whether or not Officers Stiefert and Antonucci complied with the Akron Police Department's policy on Use of Force, or any other departmental policy. Whether he did, or did not violate any policies is not a factor in determining potential criminal liability.*

The reasonableness of an officer's use of force, the Court explained, "requires careful attention to the facts and circumstances of each particular case, including the severity of the crime at issue, whether the suspect poses an immediate threat to the safety of the officers or others, and whether he is actively resisting arrest or attempting to evade arrest by flight." *Id.* at 396; *see also, State v White* (2015), 142 Ohio St.3d 277, 29 N.E.3d 939.

While there may be more than one way to resolve an encounter that is "tense, uncertain, and rapidly evolving," and while one option may be better than another, the *Graham* test does not demand that only one option be found objectively reasonable. There may be a range of alternatives that would have been reasonable. If an officer uses force that is objectively unreasonable, the use of force is unlawful.

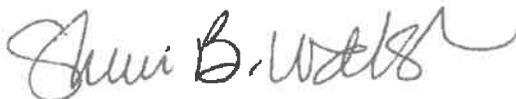
Therefore, the issue is whether at the moment Officers [REDACTED] and Antonucci fired their weapons they reasonably believed that this level of force used was necessary to protect themselves or others from serious harm. An officer is only criminally responsible if his use of force in his actions were *objectively unreasonable* in light of all available facts and circumstances.

All indications are that Officers [REDACTED] and Antonucci honestly believed Coleman posed an immediate threat to the safety of the officers and others. Since there is no evidence to the contrary, the only question left is whether the officers' beliefs were objectively unreasonable under the circumstances. After a thorough investigation, I determine that the officers acted reasonably and lawfully when they discharged their weapons in the direction of Charles Coleman.

CONCLUSION

Based on all available evidence and applying applicable U.S. and Ohio law, my opinion is that Officers [REDACTED] and Nicholas Antonucci were acting within their authority as law enforcement officers on November 9, 2019, when they used deadly force against Charles Coleman. Officer [REDACTED] and Officer Antonucci's use of deadly force was legally justified considering the grave risk that Charles Coleman posed to others.

Sincerely,



SHERRI BEVAN WALSH
Prosecuting Attorney

SBW/mkh

cc: Officer Nicholas Antonucci
Officer [REDACTED]

**Count of Incidents by Month
Discharging Firearms*, Felonious Assaults with a Firearm, Murders
with a Firearm**

	2015	2016	2017	2018	2019	2020	YTD 2019
Jan	31	39	31	44	49	31	369
Feb	11	27	32	31	32	29	Percent Change 2019-2020 YTD 65.0%
Mar	21	41	31	31	41	52	
Apr	24	33	35	34	33	58	
May	20	49	39	29	58	79	
Jun	28	42	38	19	34	71	
Jul	31	24	50	47	49	104	
Aug	50	31	25	53	36	103	
Sep	28	34	39	55	37	82	
Oct	36	40	32	45	41		
Nov	26	43	35	29	38		
Dec	28	36	43	27	25		
Total	334	439	430	444	473	609	

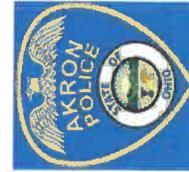
*Discharging Firearms (city code), Discharge of a Firearm on or near prohibited premises, Improperly Discharging Firearm at or into Habitation or School

Count of Weapons Recovered by Month

	2015	2016	2017	2018	2019	2020	YTD 2019
Jan	82	53	48	77	74	77	531
Feb	37	56	45	96	36	54	Percent Change 2019-2020 YTD 26.7%
Mar	42	73	78	78	48	50	
Apr	45	60	67	68	64	56	
May	37	53	96	59	60	69	
Jun	56	61	69	78	65	69	
Jul	37	46	106	66	44	94	
Aug	240	71	53	60	77	102	
Sep	57	62	56	55	63	102	
Oct	83	59	51	51	72		
Nov	47	66	54	54	89		
Dec	42	59	42	69	60		
Total	805	719	765	811	752	673	

**Count of CFS by Month
SF and Shooting CFS**

	2015	2016	2017	2018	2019	2020	YTD 2019
Jan	86	162	146	156	148	165	1570
Feb	39	95	118	109	115	106	Percent Change 2019-2020 YTD 40.9%
Mar	71	156	119	117	177	163	
Apr	102	141	147	133	154	221	
May	119	165	177	133	257	331	
Jun	166	192	182	170	215	331	
Jul	136	168	176	192	180	297	
Aug	147	132	150	174	178	320	
Sep	115	161	150	177	146	278	
Oct	173	167	164	186	156		
Nov	114	158	152	158	123		
Dec	147	131	140	160	166		
Total	1415	1828	1821	1865	2015	2212	



AKRON POLICE DEPARTMENT

This Citation is awarded to

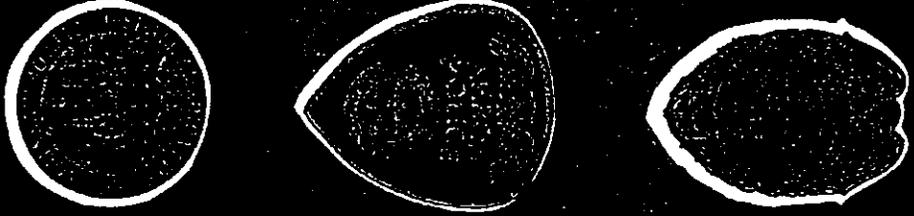
OFFICER [REDACTED]

In recognition of YOUR ACTIONS ON JANUARY 1, 2019 WHERE YOU RESPONDED TO A CALL WITH A CITIZEN WHO WAS UNABLE TO LOCATE THEIR CAR AND FEARED THAT IT HAD BEEN STOLEN. YOU, ALONG WITH OFFICER NICHOLAS SMITH, ASSISTED THE MOTORIST IN LOCATING THEIR VEHICLE WITH A KINDNESS AND DEMONSTRATED PROFESSIONALISM THAT PROMPTED THEM TO FORWARD WRITTEN LETTER OF COMMENDATION ABOUT YOUR BEHAVIOR.

GOOD JOB IN DELIVERING SUCH A HIGH LEVEL OF SERVICE TO OUR CITIZENS.

Capt. Michael Joke
Shift / Unit Commander

1-16-19
Date



1. ██████ STATED OFFICERS TOLD HIM THEY WOULD "SHOOT HIM IN THE FACE" SO HE RAN AWAY.
 - ██████ stated that he ran from officers because they got out of the cruiser and told him they were going to shoot him in the face. The officers stated that ██████ fled as they were pulling up. The officer's statements are confirmed though Car #20's IVS (See IVS at 00:55). **The conclusion for Component One is Unfounded.**

2. ██████ STATED OFFICERS TOLD HIM THEY WOULD "SHOOT HIM IN THE FACE" PRIOR TO HIS ARREST.
 - ██████ said that the officer told him he was going to shoot him in the face before he was apprehended. Officer Turnure was the officer that arrested ██████. According to Ofc. Turnure, he did tell ██████ he would shoot him if he reaches for his waistband. IVS video at 02:45 shows ██████ walking away from Ofc. Turnure with his left hand near his waistband. ██████ then appears to comply with Ofc. Turnure's commands and gets on the ground. **The conclusion for Component Two is Exonerated.**

3. OFFICERS DID NOT READ MIRANDA RIGHTS.
 - ██████ said that he was not read his rights until officers talked to him in the car. ██████ said he then told the officers he did not want to talk with them. There are no statements that ██████ made listed in the report. There is no audio of officers reading Miranda to ██████. It appears that Ofc. ██████ is reading ██████ his Miranda rights at 13:20 in the IVS. ██████ own statement indicates the officers' followed the law and did not ask ██████ any questions until advising him of his Miranda rights. **The conclusion for Component Three is Exonerated.**

4. OFFICERS TOOK \$100.
 - ██████ stated that he had \$740 and that the officers took \$100. ██████ said that he noticed when he got to Summit County Jail. According to ██████ he should have checked into Summit County Jail (SCJ) with \$640. Both officers said that they did not take any of ██████ money. I responded to SCJ and obtained ██████ Resident Account Summary which shows all the money he would have come in with and used while in SCJ. According to the Summary, the last time ██████ brought money into or used money at SCJ was on 01/08/2015. When I inquired about an intake video, I was informed that the videos are only available for 30 days. **The conclusion for Component Four is Unfounded.**

5. OFFICERS TOOK BILL OF SALE TO FOUR WHEELER.
 - Officers stated that they did not keep any of ██████ property. ██████ either took the property with him to SCJ or gave it to a friend on scene. ██████ would not provide me with any information on where I could locate the seller of the ATV where he got the bill of sale from. ██████ refusal to provide me with this information to follow-up on his claim and his proven lack of credibility in Component Four justifies concluding that the conclusion for Component Five is Unfounded. According to LEADS, ██████. **The conclusion for Component Five is Unfounded.**

6. OFFICERS ATTEMPTED TO BREAK GLASSES, HEADSET, AND PHONE.
 - ██████ said that the after he was handcuffed the officers tried to break his glasses, headset, and phone. Both officers stated that they did not damage any of ██████ property. By reviewing the IVS you do not see the officers at any time attempting to damage and destroy any of ██████ property. **The conclusion for Component Six is Unfounded.**

7. OFFICERS CONTINUED TO HARASS SUSPECT FOR DAYS AFTER THE ARREST.

SUPERVISOR'S SIGNATURE

SHIFT COMMANDER APPROVAL

#1285 ██████ #1295 8/22/17
 St. ██████ 8/22/17

*ONE CHECKLIST/PACKAGE REQUIRED FOR EACH INDIVIDUAL.

1-28-2011

- [REDACTED] said that on [REDACTED] when he got out of jail, the two arresting officers drove by and were yelling and cursing at him. He said that also happened a second time on [REDACTED] Ofc. Turnure said that he had not had any communication with [REDACTED] since the incident. On [REDACTED] Ofc. Turnure was working Car #20 with Ofc. [REDACTED] Ofc. [REDACTED] was off. It is not possible for Ofc Turnure and Ofc. [REDACTED] to be "harassing" [REDACTED] on [REDACTED] since Ofc. [REDACTED] was off. On [REDACTED] Ofc. Turnure was working Car #20 with Ofc. [REDACTED] Ofc. [REDACTED] was off. Since Ofc. [REDACTED] was off on [REDACTED] when [REDACTED] stated he was "harassing" him proves a lack of credibility of [REDACTED] accusations of "harassment" on [REDACTED]. The conclusion for Component Seven is Unfounded.
-

SUPERVISOR'S SIGNATURE

SHIFT COMMANDER APPROVAL

#1285 *Sgt. P. Bunkley* #1285 8/22/17
St. David Hammond 987

*ONE CHECKLIST/PACKAGE REQUIRED FOR EACH INDIVIDUAL

1-28-2011