



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



2023-0228

Officer Involved Critical Incident - 18697 Bagley Rd., Cleveland, OH
44130, Cuyahoga County

Investigative Activity: Receipt and Review of Records
Activity Date: February 16, 2023
Activity Location: BCI - Richfield
Authoring Agent: SA Matthew Armstrong #146

Narrative:

On February 16, 2023, Ohio Bureau of Criminal Investigation (BCI) Special Agent (SA) Matthew Armstrong (Armstrong) reviewed the personnel file and training records of Southwest General Police Department (SGPD) Sergeant (Sgt.) [REDACTED] ([REDACTED]). The records were provided by SGPD Chief Tristan Harker on February 9, 2023. The records have been attached to this report for further review.

Upon reviewing the records, SA Armstrong noted the following:

Personnel File

This file was comprised of 34 pages. It contained applicant and new hire paperwork and employee evaluations. Sgt. [REDACTED] had no discipline related to the use of force.

Training Records

Sgt. [REDACTED]'s training record consisted of 18 pages. It included completion certificates for 14 law enforcement-related courses and the completion of the following course on the use of force:

- 08/09/2021 – Use of Deadly Force and Legal Guidelines

In addition, Sgt. [REDACTED] completed internal departmental training on SGPD's Response to Resistance Policy on 02/07/22, and the Patient Restraint Policy on 05/20/2021. He also instructed an internal Defensive Tactics training on 07/21/21.

Attachments:

2023-02-09 Personnel File - Officer [REDACTED]
2023-02-09 Training Records - Officer [REDACTED]
2023-02-09 Patient Restraint Training Record 05-20-21
2023-02-09 Response to Resistance Training Record 02-07-22

Recruiter: JP

EMPLOYEE #: 202931

PERSONAL INFORMATION

App. No. 412170

Legal Name: [REDACTED]

DOB: 2-1-94

SS#: [REDACTED]

Phone Number: [REDACTED]

County: Cuyahoga

Alt Phone Number: [REDACTED]

Marital Status: S

Race: Wh

*Have you ever worked for SW before? If yes, pull old file/microfiche & notify AOHS/Urgicare YES NO

*If yes, did they carry a 403(b)? YES NO

*Are you currently receiving a monthly benefit from SW cash balance retirement plan? YES NO

If yes, email/notify the Benefits Coordinator

BACKGROUND CHECK

➤ Name of Company Reference Checked & Date: 4/15/13

➤ Background/Fingerprinting Questions Verified: 3-18-13

➤ Internet License Verification: Completed by (Date/Initial): _____

➤ Corporate Compliance Background / HIPPA Check: OIG Check EPLS Check

➤ Other: 4/15/13

EMPLOYMENT OFFER

Date(s) Contacted to Make Offer: _____

Offer Accepted Date/Time: 1001 AM 4/16/13

Orientation Type: gen

Hire Date: 4/29/13

Job Requisition Number: # 6421

Status: FT HT PT PRN TEMP WKND Shift: 1st 2nd 3rd FLEX VARIED

Bi-Weekly Hours: 80

FTE's: 1.0

Schedule: F/TU

Job Title: Protection Serv. Off

Job Code: 2590

Pay Rate: \$ 14.05

Alternate Pay Rate: \$ _____

Department Number/Name: 8077 / Prot Serv.

Supervisor Name: T. Harker

Exempt / Non Exempt

Kronos Profile: Default

Kronos IVR Payrule: 0003

PRE-PLACEMENT PHYSICAL / URINE DRUG SCREEN

8-9 am
BROOK PARK

STRONGSVILLE

(circle one):

48 Hour Reminder

Photo I.D.

Medical History Questionnaire Form

Immunization Records

Date Emailed: 4/16/13

*UDS Only (Mini Physical): Call AOHS to schedule appointment within 48 hours (440) 816-8024

New Employee and
Transfer / Promotion
90 Day Review



Southwest General

Partnering with University Hospitals

Employee Name: [Redacted] Employee #: [Redacted]

Job Title: Protection Services Officer Department: Protection Services

Hire Date: 04/29/13 Type of Review: New Employee Transfer Promotion
Review Date: 07/22/13

90 Day Employee Meeting Report

How do we compare with what we said when we offered you the job?

Pretty much spot on. Very satisfied.

RECEIVED
HUMAN RESOURCES

AUG 30 2013

What is going / working well?

Everything is running smoothly.

AUG 20 2013
ENTERED

Have there been any individuals who have been helpful to you?

Yes

Based on your prior work, what ideas for improvement do you have?

None as of right now.

Is there any reason you feel this is not the right place for you?

No

Do you know anyone who would be a good fit for the organization?

No

As your supervisor, how can I help you?

Always be there to answer certain questions I may have and point me in the right direction.

Introductory Period is:

- Completed satisfactorily
- Extended 30 days
- Completed unsatisfactorily; termination

Employee: [Redacted] Date: 7/22/13

Manager: [Signature] Date: 7/22/13

Director: [Signature] Date: 7/28/13

Job Performance	Yes	No	N/A	Comments
Orientation:				
Department orientation competency skill checklist completed satisfactorily.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Completed FTO training Program
Primary Performance Requirements:				
Performance requirements the employee can expect to be evaluated on were discussed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Received FTO Manual and reviewed with him
Organization Goals:				
Organizational goals shared and activities to achieve these goals have been discussed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Received FTO Manual and reviewed with him
Performance Behaviors	Yes	No	N/A	Comments
Job Knowledge:				
Demonstrates technical skills and knowledge.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Successfully completed FTO Ttraining Program
Learns new skills and keeps knowledge current, i.e. continuing education.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	In training, has not had the opportunity.
Received documented commendations for going above and beyond.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	In training, has not had the opportunity
Interpersonal Skills:				
Treats others with respect, trust and dignity.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Polite and respectful to coworkers and the public
Remains positive and addresses difficulties.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Takes pride in our health center and speaks about it positively to coworkers and others.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Always upbeat and positive.
Displays personal accountability.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Takes responsibility for his actions.
Performance Improvement:				
Strives to increase personal productivity and develops efficient work methods.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Seeks ways to improve systems and services and becomes part of the solution.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	In training, has not had the opportunity.
Focuses on achieving customer satisfaction.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Always offers to help patients and visitors.
Professional Responsibility:				
Meets attendance and punctuality guidelines.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No problems with call offs or lates
Attends required meetings and in-service programs.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Completes training as required
Completes mandatory annual education on time and/or certifications/licensures.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Completes training as required
Keeps information confidential.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Understands HIPPA
Teamwork:				
Takes responsibility and actively participates on team.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Voluntarily served as a department representative to support a health center campaign.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	In training, has not had the opportunity.
Takes opportunities to mentor others and acts as a resource for others.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	In training, has not had the opportunity.
Flexibility:				
Willing to be flexible to meet departmental/organizational needs.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Effectively adapts to stressful situations.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Supports management decisions and organizational strategies.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Practices all "Can Do" Standards:				
Practices "Can Do" standards as related to courtesy, confidentiality, and respect.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Professional and polite to everyone he meets.
Try-Health-A-Lon:				
TRY Health-A-Lon reviewed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Corporate Compliance:				
Demonstrates support and understanding of the Corporate Compliance Program.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

New Employee and Transfer / Promotion 30 Day Review



Southwest General

Partnering with University Hospitals

Employee Name: [Redacted] Employee #: [Redacted]

Job Title: Protection Services Officer Department: Protection Services

Hire Date: 04/29/2013 Type of Review: [X] New Employee [] Transfer [] Promotion Review Date: 05/26/2013

30 Day Employee Meeting Report

How do we compare with what we said when we offered you the job? Spot on. RECEIVED HUMAN RESOURCES MAY 29 2013

What is going / working well? Everything is going smoothly.

Have there been any individuals who have been helpful to you? Yes, my FTO.

Based on your prior work, what ideas for improvement do you have? Just keep doing things over and over until I understand that task.

Is there any reason you feel this is not the right place for you? No.

Introductory Period is:

- [X] Progressing satisfactorily [] Not progressing satisfactorily; Performance Improvement Plan required

Employee: [Redacted] Date 5/26/13

Manager: [Signature] Date 5/26/13

Director: [Signature] Date 5/28/13

Job Performance				Yes	No	N/A	Comments
Orientation:							
Department orientation competency skill checklist completed satisfactorily.				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
30 day CBT orientation modules completed in Training Partner				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Primary Performance Requirements:							
Performance requirements the employee can expect to be evaluated on were discussed.				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Organization Goals:							
Organizational goals shared and activities to achieve these goals have been discussed.				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Performance Behaviors				Yes	No	N/A	Comments
Job Knowledge:							
Demonstrates technical skills and knowledge.				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Learns new skills and keeps knowledge current, i.e. continuing education.				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	He is learning new skills faster than expected.
Received documented commendations for going above and beyond.				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	In training, has not had the opportunity
Interpersonal Skills:							
Treats others with respect, trust and dignity.				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gets along very well with others.
Remains positive and addresses difficulties.				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Takes pride in our health center and speaks about it positively to coworkers and others.				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Displays personal accountability.				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Performance Improvement:							
Strives to increase personal productivity and develops efficient work methods.				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	In training, has not had the opportunity
Seeks ways to improve systems and services and becomes part of the solution.				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	In training, has not had the opportunity
Focuses on achieving customer satisfaction.				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Professional Responsibility:							
Meets attendance and punctuality guidelines.				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Attends required meetings and in-service programs.				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Completes mandatory annual education on time and/or certifications/licensures.				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Keeps information confidential.				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Teamwork:							
Takes responsibility and actively participates on team.				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Voluntarily served as a department representative to support a health center campaign.				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	In training, has not had the opportunity
Takes opportunities to mentor others and acts as a resource for others.				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	In training, has not had the opportunity
Flexibility:							
Willing to be flexible to meet departmental/organizational needs.				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Effectively adapts to stressful situations.				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Supports management decisions and organizational strategies.				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Practices all "Can Do" Standards:							
Practices "Can Do" standards as related to courtesy, confidentiality, and respect.				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Extremely professional and helpful to everyone
Try-Health-A-Lon:							
TRY Health-A-Lon reviewed.				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Corporate Compliance:							
Demonstrates support and understanding of the Corporate Compliance Program.				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



2010 Employee Handbook revision

I hereby acknowledge receipt of the Southwest General Health Center Employee Handbook and understand that it is my responsibility to be aware of and comply with the policies and procedures contained within this handbook. I understand that Southwest reserves the right to change, modify, or abolish any or all of the policies, benefits, rules, and regulations contained or described in this handbook as it deems appropriate at any time, with or without notice. I acknowledge that neither the handbook nor its contents are an express or implied contract regarding my employment.

I further understand that all employees of Southwest, regardless of their classification or position, are employed on an at-will basis, and my employment is terminable at the will of Southwest or myself at any time, with or without cause, and with or without notice.

This handbook has been issued to:

[Redacted Name]

Protection Sucs. Officer
Job Title

Protection Services
Department

202937
Employee #

[Redacted Department]

4/29/2013
Date

****Please return your completed Handbook receipt to Human Resources.**

Southwest General Health Center
Standards of Conduct (Corp. Compliance/HIPAA)

Associate Training Post-Test

RECEIVED
HUMAN RESOURCES

Associate Name: [REDACTED]

Associate ID# [REDACTED]

MAY 02 2013

Department: Protection Services

(Passing >80%) Grade: 90%

1. True False Associates are not permitted to receive individual gifts valued above \$25.00 (no cash) from vendors or physicians.
2. True False Associates may accept gifts of up to \$50 in value (no cash) from grateful patients and/or their families.
3. True False Associates are permitted to attend an entertainment event that is paid for by a vendor, sales representative, and/or physician, even if they are not in attendance.
4. True False All associates are responsible for knowing and following the Business Ethics Statement, Corporate Compliance Policy, and the Health Center's policies and procedures regarding the confidentiality of patient medical information.
5. True False All associates are responsible for reporting known or suspected Corporate Compliance/HIPAA violations. Associates who **do not** report known/suspected violations could be disciplined, up to and including termination of their employment.
6. True False Associates are personally responsible and accountable for the proper use of Health Center property.
7. True False Associates must take reasonable measures to make sure that computer systems are protected from unauthorized use, access, or changes to software.
8. True False The Corporate Compliance/HIPAA Hotline is available to associates for reporting known or suspected violations.
9. True False Associates are exempt from following confidentiality practices when they have a personal acquaintance or relationship with the patient.
10. True False Associates are encouraged to first contact their supervisor when reporting known or suspected Corporate Compliance/HIPAA violations.

ASSOCIATE POLICY AND TRAINING ACKNOWLEDGEMENT

As an associate of Southwest General Community Health System, I certify that I have viewed the Standards of Conduct video and have received the Standards of Conduct document. Further, I have received specific training concerning the application of the Corporate Compliance Policy and of antitrust laws in general to my activities as an associate of Southwest Community Health System. I have also received training about the Health Insurance Portability and Accountability Act (HIPAA), as it concerns the rights of our patients and understand that patient information is confidential and must not be discussed or shared with anyone except in accordance with Health Center policy.

I understand that I am required to adhere to these policies and procedures and that I am required to report a known or suspected Corporate Compliance/HIPAA violation. I am aware of the methods by which such a violation can be reported and understand that my report will be held in confidence and that no one will be permitted to retaliate against me for a report made in good faith.

I acknowledge that I have had an opportunity to ask questions regarding these Health Center policies, and understand that a violation of these policies may be considered a serious offense and may result in my being disciplined, up to and including termination of my employment, and legal action to the extent permitted by law.

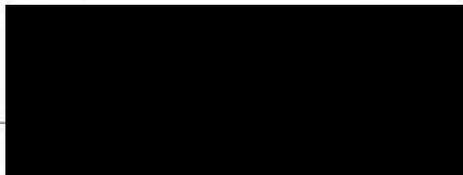
Associate Signature: [REDACTED]

Date: 4/29/2013

Orientation Program Certification of Completion

Welcome
Employee Occupational Health Clinic
Human Resources: policies, procedures, diversity, benefits, etc.
Five Fundamentals of Service - AIDET
Patient Rights
Standards of Conduct
Climate of Safety
Fire Safety
Emergency Preparedness
Safety and Security
Medical Equipment and Utilities
Hazard Communication
Radiation Safety
Infection Control
Spine Education & Care
Recognizing a Stroke

I certify that I have completed the entire Orientation Program and understand the information that has been provided. I further acknowledge that I must complete my job specific course assignments in Training Partner along with the following CBT's within 30 days: Standards of Performance; Service Recovery H.E.A.R.T.; MIDAS Remote Data Entry; and Medical Identity Theft Prevention.



4/29/2013

Date



April 16, 2013

[REDACTED]
Strongsville, OH, 44136

Dear [REDACTED]:

Welcome to Southwest General Health Center! This letter is to confirm our offer of employment which is contingent on you successfully completing the pre-placement process.

Below is your specific offer of employment information:

Employee Number: [REDACTED]

Position Title: Protection Svcs Officer

Department Name: Protection Services

Status: FULL-TIME

Standard Hours: 80

Shift: Nights

Hours: Flexible Hours

Rate of Pay: \$14.05

Hire Date: April 29, 2013

Supervisor Name and Contact Number: Tristan Harker 440-816-4060

You will be scheduled to attend the health center orientation program at Southwest General Health Center on April 29, 2013 at 8:00. You will be introduced to Southwest General Health Center's mission, values, policies and benefits. We are excited that you have chosen to join Southwest General and look forward to working with you. If you have any questions, please contact me at 440-816-8048.

Sincerely,

Judy Berry
HR Generalist
Human Resources

HEARTSAVER FIRST AID CPR AED

Training Center Name **S.W.G.H.C.** # **OH 05839** TC ID #

TC Info **Middleburg Hts./OH 44130** TC 440.816.4553

Course Location **Southwest General Health Center**

Instructor Name **John Douglas** Instructor # **7066**

Holder's Signature [Redacted]

© 2011 American Heart Association. 80-1815

HEARTSAVER FIRST AID CPR AED

Heartsaver®
First Aid CPR AED



American Heart Association.

[Redacted]

This card certifies that the above individual has successfully completed the objectives and skills evaluations in accordance with the curriculum of the AHA Heartsaver First Aid CPR AED Program. Optional completed modules are those NOT marked out:

Child CPR AED	Infant CPR	Written test
03/2012		03/2014

Issue Date Recommended Renewal Date

E 4/25

Southwest General

Position Manager v10.7.5 Welcome Judy Berry | LOGOUT

Support Portal

Home **Applicants** Jobs Requisitions Reports Email Web Message Administrator Master Lists Onboarding Support

Search | Add Applicant | Help | Preferences | Color Legend

Applicants > View

- Submit
- Delete Applicant
- Edit
- Documents
- Reassign
- Screening
- Return to Apps

Manager Review

SS Num: 000-00-0000 Click to Respond Most Recent Response Custom Form Viewable

Track Num: 97554 Tristan Harker 04/15/13 (from Mgr) - Make Offer - Payrate of 14.05 per hour

Address:
 Strongsville, OH 44136
 Telephone:
 Email:

Update Status

No Action Apr 15 2013

No Action

Active - Reviewed

Active - Sent to Mgr

Active - Sent to Mgr (default HM)

Active - Interview

Active - Chk. Ref.

Active - Offer Made

File - Not Hired

File - Not Hired - Viable

File - Hired

Internal Notes:

Global Notes:

Protection Svcs Officer
 (Job on Hold)
 Southwest General Health Ctr, Middleburg Heights, OH
 Req Num: 6421
 FULL-TIME: Flexible Hours
 Recruiter: Judy Berry
 Manager: Tristan Harker
 Date Job Posted: 02-13-13

Application Forms
[Application.html](#)

Documents and Other Forms
[Interview Inquiry E](#)

Current Status
 Active
 02/13/13... Applied via Online form : A
 02/20/13... Sent To Mgr

Notes
 2/13/13 -- HSI Survey - Not Scored
 3/14/13 -- scheduled

If Not Hired or Not Hired - Viable:
 Select disposition:

Manager Documents and Forms

Document Interview Inquiry

Submit

Submit

Manager Notification

Submit

Manager List. Hold down CTRL key to select more than one. [Modify This List](#)

- Badaczewski, Marian ▲
- Bakos, Steven
- Barber, Jill
- Barrett, Donna
- Bauschka, Martha
- Blanco, Susan
- Birkley, Pat
- Borowske, Deborah ▼

email link (default) email application do not email

If not found above, enter email address below (it will not be added to the master list).

Return Email Contact:

Comments to Manager: [Modify This List](#)

Send Custom Form:

- Submit
- Delete Applicant
- Edit
- Documents
- Reassign
- Screening
- Return to Apps



Position Applied For

Position: Protection Svcs Officer
Department: Protection Services
Schedule: FULL-TIME
Req Num: 6421

Application for Employment

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

Instructions to Applicant

1. You must fully and accurately complete the Application for Employment. Incomplete applications will not be considered. Southwest General Health Center may use the information given in the application to investigate the applicant's previous employment and background.
2. The Application for Employment will be considered inactive after 90 days. If you wish to be considered after that time, you must complete a new Application for Employment.
3. If you are hired, proof of citizenship or immigration status will be required to verify your lawful right to work in the United States.

***Required Information**

February 13, 2013

PERSONAL INFORMATION

Are you a current employee of Southwest General Health No Center?*

First Name:* [REDACTED] MI:

Last Name:* [REDACTED]

Address:* [REDACTED]

City:* Strongsville

State:* OH

Zip:* 44136

Social Security Number:* ***-**-****

Confirm Social Security Number:* ***-**-****

Home/Other Phone:* [REDACTED]

Work Phone:

Cell Phone: [REDACTED]

Best way to contact: Cell Phone

Email Address:* [REDACTED]

EDUCATION

High School

Name of school: Strongsville High School Years completed? 4

Street: 20025 Lunn Rd.

Degree Type: HIGH SCHOOL

City: Strongsville
 State: OH Province:
 Zip: 44136
 Country:

Did you graduate? Yes

List scholastic honors, specialized training, apprenticeship, and extra-curricular activities that may be helpful in considering your application:

Ohio Peace Officer Security Certification.
 Completion of 132 hours Ohio Peace Officer Training Council.
 American Red Cross Standard First Aid and Adult CPR Certification.
 Firearms Training.
 911 Dispatching.
 Report Writing.
 Evidence Collection.
 Directing Traffic.
 Computer Skills.
 Testifying in Court.

SKILLS / EXPERIENCE

Check all that apply

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Billing | <input type="checkbox"/> ICU-CCU | <input type="checkbox"/> Nursing Supervision | <input type="checkbox"/> Geriatric |
| <input type="checkbox"/> Hospital Admitting | <input type="checkbox"/> Neurology | <input type="checkbox"/> Respiratory Therapy | <input type="checkbox"/> Med/Surg |
| <input type="checkbox"/> Medical Terminology | <input type="checkbox"/> Physical Therapy | <input type="checkbox"/> E.M.S. | <input type="checkbox"/> Orthopedics |
| <input type="checkbox"/> Pediatrics | <input type="checkbox"/> Radiology | <input type="checkbox"/> Lab/Chemistry | <input type="checkbox"/> Switchboard |
| <input type="checkbox"/> Transcription | <input type="checkbox"/> Collections | <input type="checkbox"/> Oncology | <input type="checkbox"/> Medical Transcription |
| <input type="checkbox"/> Accounting | <input type="checkbox"/> I.V. Therapy | <input type="checkbox"/> Surgery/Recovery Room | <input type="checkbox"/> Coding |
| <input type="checkbox"/> Occupational Therapy | <input type="checkbox"/> Pharmacy | <input type="checkbox"/> Health/Fitness | <input type="checkbox"/> Labor and Delivery |

Typing Speed - WPM:

Errors:

Medical Transcription - WPM:

Word Processing / Computers:

Office Equipment / Products / Mobile Machinery:

Foreign Languages:

Other skills not mentioned above:

Membership in Professional or Civic Organizations:

(You may exclude those which may disclose your race, color, religion or national origin.)

LICENSES/CERTIFICATIONS

Professional Licensure

Type	State	Number	Date Issued	Expiration Date	Temp / Perm
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Have you ever had any action taken against your professional license?
 If yes, please explain circumstances and outcome.

DRIVING INFORMATION

Driver License Number	Driver License Type	Plate Number	State of Issue	Date Issued	Date Expired
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WORK HISTORY

Please provide the requested information about your past employers, beginning with your most recent employer. Make sure you include volunteer work or other job related training which provides information on skills/abilities you have developed. It is important to be accurate and complete since your pay rate is related to your experience.

Are you currently employed?* Yes

1. Current/most recent employer:

Name of Company:* European's Best Restaurant and Bakery

Street:

City:

State:

Zip:

Employer's Phone:

Other Name(s) Used:

Job Title:* Dishwasher

Employed From:* 06 2011

Employed To:*

OR (X) Currently Employed

Starting Salary:* 6.50 hr.

Ending Salary:* 7.85 hr

Supervisor's Name: Joe Sattelmaier

Employment Status: Part Time

Job Duties and Responsibilities:*

Dishwasher, Busser and all responsibilities of keeping kitchen clean and tasks as assigned. Whatever needs to be done.

Reason For Leaving:*

current

May we contact this employer for a reference?*

No

2.

Name of Company:

Street:

City:

State:

Zip:

Employer's Phone:

Other Name(s) Used:

Job Title:

Employed From:

Employed To:

Starting Salary:

Job Duties and Responsibilities:

Reason For Leaving:

May we contact this employer for a reference?

Ending Salary:
Supervisor's Name:
Employment Status:

MILITARY SERVICE

Were/Are you a member of the U.S. Armed Forces? No
Branch of Service:
Period of Active Duty: From:
To:
Highest rank held:
Type of Separation/Discharge:

REFERENCES

Please give three references (Do not list relatives)

Name	Phone Number	Email Address	Relationship
Mr. Jeff Traine	440-213-6712		Polaris Instructor
Mr. Reynaldo Melendez	440-453-5345		Co-worker
Mr. Michael Sack	440-572-7100		Strongsville High School Teacher

ADDITIONAL INFORMATION

Minimum Salary Desired:

When will you be available to begin work? March 4, 2013*

How did you find out about this position?* Polaris

If you selected other, please enter "Other" source:

If you were referred by a current employee, enter their

First Name:

Last Name:

Department:

If you have any relatives currently employed by Southwest General Health Center list their

First Name:

Last Name:

Department:

Which job status/shift would you accept?
(please check all that apply)

- | Status | Shift |
|---|---|
| <input checked="" type="checkbox"/> Full Time | <input checked="" type="checkbox"/> Day |
| <input checked="" type="checkbox"/> Part Time | <input checked="" type="checkbox"/> Evening |
| <input type="checkbox"/> PRN | <input checked="" type="checkbox"/> Night |
| <input type="checkbox"/> Flex Time | <input checked="" type="checkbox"/> Weekend |
| <input type="checkbox"/> Temporary | <input checked="" type="checkbox"/> Rotating Shifts |

Please answer all of the following questions.

* Yes If you are under 18 years of age, can you provide required proof of your eligibility to work?

* Yes Are you legally eligible for employment in the United States?

If yes, and you are not a U.S. Citizen, please provide the number of your Resident Alien or Work Authorization Card.
Form 1-15: Form 1-94: Class

* Yes Can you travel if a job requires it?

* Yes Southwest General Health Center is a tobacco-free campus. Will you be able to comply with this policy?

* No Have you ever been employed by Southwest General Health Center?

If yes, hire date and department?
Hire Date: Department:

* No Do you have any limitations that would affect your ability to perform job functions of the position according to the job summary provided?

If yes, please explain.

* No Have you ever been convicted of a crime other than a minor traffic offense (including Military Service)?

If yes, please explain.

(Southwest General Health Center conducts criminal record checks. Failure to divulge complete information will disqualify you from employment. However, a conviction will not necessarily disqualify an applicant from employment).

* Yes Are you willing to take a pre-employment physical?

* Yes Are you willing to take a drug and tobacco screening test?

RESUME

Resume

To copy and paste your resume:

1. Highlight the text on the resume you want to copy.
2. Press 'Ctrl C' to copy (Hold down the Ctrl key and press C).
3. Place the cursor in the **RESUME** box below.
4. Press 'Ctrl V' to paste the information.

Cover Letter

Please consider my application for the position of Protection Services Officer as posted on the Southwest General Hospital website.

I attended Polaris Career Center studying Criminal Justice under Mr. Jeff Trainee, graduating in June, 2012. Although I am employed at a restaurant right now, I am looking to secure a position in the law enforcement field, which has always been the career path I wanted to take. I am currently enrolled at Cuyahoga Community College studying Law Enforcement. My goal is to attain an Associate's degree in two years, with continued schooling after that.

I would strive to provide professional and capable security services for Southwest General Hospital. I believe my friendly and approachable nature and my strong work ethic would make me a valuable addition to the team. I am a good communicator, have initiative and am cool-headed in stressful situations. I am also a team player, as well as being able to work alone. I am willing to work a flexible roster, encompassing weekends and public holidays.

Thank you for considering me for the position and I look forward to hearing from you.

Yours sincerely,

██████████

Resume

[REDACTED]
Strongsville, Ohio 44136

Cell: [REDACTED]
[REDACTED]

Objective: To pursue a career in law enforcement in the private or public sector that will provide an opportunity for professional advancement.

Education: Strongsville High School
20025 Lunn Road
Strongsville, Ohio 44149
(440) 572-7100
2012 Graduate

Polaris Career Center
7285 Old Oak Boulevard
Middleburg Heights, Ohio 44130
(440) 891-7600
Criminal Justice, 2010-2012

Employment: European's Best Restaurant and Bakery
19608 W. 130th Street
Strongsville, Ohio 44136
(440) 572-0600
Dishwasher/Busser

Certifications: Ohio Peace Officer Security Certification.
Completion of 132 hours Ohio Peace Officer Training Council.
American Red Cross Standard First Aid and Adult CPR Certification
Firearms Training.
911 Dispatching.

Skills/Abilities: Report Writing
Evidence Collection.
Directing Traffic.
Computer Skills.
Testifying in Court.

Extra-Curricular
Activities: Recreation Basketball, Baseball

READ AND SIGN**Read the following carefully before signing.**

I certify that the information set forth in this Application is true, correct and complete. I agree that false statements on this Application shall be considered sufficient grounds for immediate dismissal. **Prior to an offer of employment, I authorize all schools, credentialing agencies, former employers, references, including those I have listed as do not contact on the Application, and others who have information about me to provide such information and release all parties from all liability for any damage that may result from furnishing same to you.** I agree to allow a background check to be completed to certify my eligibility to participate in the Medicare/Medicaid programs if I am applying for a position with responsibilities that influence the submission of bills and claims. I agree to comply with all the rules and regulations of the facility and I further agree that my employment and compensation can be terminated, with or without notice and with or without cause at any time at the option of either the facility or myself. I agree that the facility can modify, change or rescind in whole or in part, at any time and without liability to anyone its policies and practices stated in any handbook, documents, memoranda or otherwise. I also agree and acknowledge that no representative of the facility, other than the President or Executive Vice President, has the authority to enter into any employment or other agreement with me, and any such agreement must be in writing and signed by the President or Executive Vice President in order to be

valid.

I understand that Southwest General is committed to maintaining a drug and tobacco-free workplace. After an offer of employment but prior to employment, I agree to submit to a routine medical examination and a drug and tobacco screen, conducted by medical professionals Southwest designates. Candidates for employment that are impacted by Southwest General's tobacco-free workplace policy will be offered smoking cessation assistance and may reapply after 90 days. I also agree that, if hired, I will comply with any program of drug testing, including periodic or random drug testing, that you may have in place. I agree during my employment and where permitted by applicable federal and/or state law, to submit to a medical examination to determine my abilities to perform the essential functions of the job. I authorize the examining physician to disclose to the facility or its representative the results of such examination.

"I agree that falsification of any such information provided orally or in writing during the course of a medical examination, whether a pre-employment examination or otherwise, is grounds for termination of employment."

My typed name below shall have the same force and effect as my written signature.

Candidate's/Applicant's Signature: 

Date: February 13, 2013



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

This is to certify that



has completed the Ohio
Private Security Academic Training Program

Conducted by
Polaris Career Center

Awarded on
February 23, 2012

Mike DeWine

Mike DeWine
Attorney General

Vernon P. Stanforth

Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission



Robert A. Fiatal

Robert A. Fiatal, Executive Director
Ohio Peace Officer Training Commission

[Signature]

School Commander

608776 PSA11-336

REQUALIFICATION DUE BY NONE

Strongsville High School

This Certifies That



has completed the requirements for Graduation by the Strongsville City Board of Education for the Strongsville High School, a High School of Excellence approved by the Ohio Department of Education, and is therefore awarded this

Diploma

Witnessed by our hand and given at Strongsville, in the State of Ohio,

June 3, 2012

Jeffrey R. Lampert
Superintendent

Wileen R. Stedl
Principal

D.O. [Signature]
President, Board of Education
WPH
Secretary, Board of Education



Southwest General

Partnering with



University Hospitals

Agreement

As an employee of Southwest I may receive items for use during my employment which may include an identification badge, uniform(s), keys, etc. I agree to return any and all such items upon termination of my employment. Should I keep such items beyond my last day of employment, I understand and agree that Southwest may withhold any monies due me until I return all items or Southwest may deduct the cost of such items from any monies due to me.

[Redacted Signature]

[Redacted Name]

Employee Name (Please print)

4/17/13

Date

EQUAL EMPLOYMENT OPPORTUNITY RECORD

The Company is an equal employment opportunity employer. The Company is also subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, the Company invites employees to voluntarily self-identify their race and ethnicity. Submission of this information is **voluntary** and refusal to provide it will not subject you to any adverse treatment. The information will be kept confidential and will only be used in accordance with the provision of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific employee or individual.

GENDER:

Male

Female

RACE/ETHNICITY:

Please check if you are:

Hispanic or Latino (A person having origins in any of the Spanish cultures including Mexico, Puerto Rico, Cuba, Central America, South America, or any other Spanish culture or origin, regardless of race.)

If you are NOT Hispanic or Latino, please check the appropriate box below:

American Indian or Alaska Native (A person having origins in any of the original peoples of North, Central, or South America and who maintain cultural identification through tribal affiliation or community attachment.)

Asian (A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian subcontinent, including for example Japan, Cambodia, China, India, Korea, Malaysia and the Philippine Islands.)

Black or African American (A person having origins in any of the Black racial groups of Africa.)

Native Hawaiian or other Pacific Islander (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)

White (Any person with origins in any of the original peoples of Europe, the Middle East, or North Africa.)

Two or More Races (all persons who identify with more than one of the above five races.)

Position: Protection Svcs Officer

My typed name below shall have the same force and effect as my written signature.

Signature: 

Date: 4/17/13

Urgicare Services Referral Form

Company Name: Southwest General-EOHS P:(440) 816-8024 F:(440) 816-4478	Urgicare: <input checked="" type="checkbox"/> Strongsville Urgicare Fax - (440) 238-8813 <input type="checkbox"/> Brook Park Urgicare Fax - (216) 265-3609	Rehire: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	---	--

Applicant Information:

Applicant Name: Ryan Dunn (202937)
Applicant Phone: 440-238-7454
DOB: February 1, 1994
Job Title: Protection Svcs Officer (2590)
Department: Protection Services (8077)
Estimated DOH: April 29, 2013
Time of Offer: 10:00 am on 4/16/13
Recruiter: Judy Berry 440-816-8048

<input type="checkbox"/> UDS ONLY	<input type="checkbox"/> Plant Ops, Med Transcrip, Telecomm and Nutrition: <input type="checkbox"/> Pre-placement physical <input type="checkbox"/> Urine w/o micro <input type="checkbox"/> TB Mantoux <input type="checkbox"/> UDS <input type="checkbox"/> Audiogram	<input checked="" type="checkbox"/> All Other Departments: <input checked="" type="checkbox"/> Pre-placement physical <input checked="" type="checkbox"/> Urine w/o micro <input checked="" type="checkbox"/> TB Mantoux <input checked="" type="checkbox"/> UDS
--	---	---

MANDATORY: PLEASE FORWARD ALL COPIES OF VACCINES OR TITERS TO EOHS. Employees must bring immunization records/titer results to their appointment at EOHS if not provided at Urgicare physical.

- TB Test:**
 Has proof of TB test less than 1 year ago (send copy to EOHS) - **NO TEST REQUIRED**
 Has proof of TB test longer than 1 year ago - **2 STEP TB REQUIRED (Give 1st TB test at Urgicare)**
 No proof or has never had a TB test - **2 STEP TB REQUIRED (Give 1st TB test at Urgicare)**
 Works in TCU- **2 STEP TB REQUIRED (Give 1st TB test at Urgicare)**
 History of "Postive Responder" - **Fill out "TB Questionnaire" and do chest x-ray OR provide copy of chest film completed in the past year**

To be completed by Urgicare Staff:	Date and time patient arrived: _____ PE/UDS results: _____ -Called to EOHS: _____ -Mailed to EOHS: _____ TB Step 1 Reading: _____ -mm: _____ -Faxed: _____	By: _____ By: _____ By: _____ By: _____ By: _____
---	--	---

If positive (>10mm) TB read at Urgicare (new conversion - no history), do chest x-ray, place on medical hold and refer to Metro TB Clinic (if resident of Cuyahoga County) or PCP for clearance.

To be completed by EOHS:	Verbal PE clearance received on: UDS results received: NEGATIVE or POSITIVE Clearance pending: <input type="checkbox"/> Waiting for physician clearance letter <input type="checkbox"/> UDS or MRO	By: _____ By: _____ By: _____ Date: _____ By: _____ Date: _____
---------------------------------	--	--



Office of Inspector General
U.S. Department of Health & Human Services

Search Results

No results were found for McGrucken, Rachel;
Dudsak, Jamee; [REDACTED]; Moss, Scott; Pische,
Michael;

Search conducted 4/15/2013 3:15:19 PM EST on OIG
LEIE Exclusions database.
Source data updated on 4/10/2013 10:45:09 AM EST

FT P50

1383

Flexible
109pm

1757

want to get foot in legal?
cook

LEGAL QUESTIONS:

40
WK
80
B1

If you are under 18 years of age, can you provide required proof that you are eligible to work?

Are you legally eligible for employment in the United States?

Can you travel if the job requires it?

Southwest General is a tobacco free campus. We do not hire smokers. Are you a non-smoker?

Have you ever been employed by Southwest general Health Center?

Do you have any limitations that would affect your ability to do this job?

Have you ever been convicted of a crime other than a minor traffic offense? If so please provide dates of arrest and charges against you.

Are you willing to take a pre-employment physical?

Are you willing to take a drug and nicotine screening test?

The following individual has applied to our organization for employment, and has given consent for us to obtain information concerning his/her scholastic/employment record with your organization. This information will aid us in evaluating the qualifications of this applicant to determine suitability for employment at Southwest Community Health System.

A signed authorization, which you may detach and keep for your records, is included below. An evaluation form is enclosed for you to complete. Please fax your reply to (440) 816-8699 or mail to the list address. You may contact us at (440) 816-8025 should you have any questions or require additional information.

**ANY INFORMATION PROVIDED WILL BE KEPT IN
STRICTEST CONFIDENCE**

Sincerely,

Resources Department

**AUTHORIZATION FOR RELEASE OF CONFIDENTIAL
INFORMATION**

Prior to an offer of employment, I authorize all schools, credentialing agencies, former employers, references, including those I have listed as, do not contact, and others who have information about me to provide such information and release all parties from all liability for any damage that may result from furnishing same to you. I agree to comply with all the rules and regulations of the facility and I further agree that my employment and compensation can be terminated, with or without notice and with or without cause at any time at the option of either the facility or myself. I agree that the facility can modify, change or rescind in whole or part, at any time otherwise. I also agree and acknowledge that no representative of the facility other than the President or Executive Vice President, has the authority to enter into any employment or other agreement with me, any such agreement must be in writing and signed by the President or Executive Vice President in order to be valid.

3-18-13

Date

NOTICE TO APPLICANTS

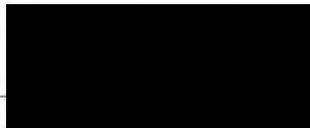
All applicants for employment must pass a drug and tobacco test prior to employment. As part of your pre-employment evaluation, you are required to submit a urine specimen at a designated collection site. Your urine specimen will be tested at a laboratory approved by the Department of Health and Human Resources for the following drug substances:

Marijuana Metabolite	Barbiturates	Fentanyl
Cocaine	Benzodiazepines	Meperidine
Opiates	Propoxphene/Metabolite	Nalbuphine
Phencyclidine (PCP)	Methadone	Oxycodones
Amphetamines	Cotinine (metabolite of nicotine)	
Pentazocine		

You must pass this drug and tobacco test prior to employment. If you are selected for employment, you may be subject to future urine and/or blood testing on a random unannounced basis, when there is reasonable cause to believe you have used prohibited substances, following an accident, or prior to return to duty if you fail to pass a test or undergo treatment for drug or alcohol abuse. If you are employed, you will be required to report within five (5) days to the designated person any conviction for violation of a criminal drug statute.

Certification: I have read and understand this notice and agree to all of the provisions thereof.

Applicant Name (Please Print):



3-18-13 1 p.m.
Date/Time


Witness Signature

3/18/13 1:00 pm
Date/Time



Southwest General

Partnering with



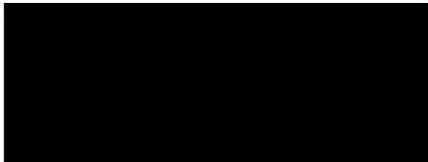
University Hospitals

CONFIDENTIALITY STATEMENT

As part of your responsibilities at Southwest General Health Center, you may have access to information regarding patients and business matters of the Health Center. All such information is considered confidential and you may not disclose such information to any person other than to other associates, volunteers or contractors of the Health Center who have a need to know such information in order to perform their jobs. (If your job duties include releasing confidential information, such as medical records, associates responding to subpoenas, or associates in billing disclosing patient information to third-party payers, you may do so in accordance with Health Center policies and procedures.)

At the end of your employment or other relationship with the Health Center, you shall return to the Health Center all confidential information in your possession.

Violation of this duty to maintain the confidentiality of patient and business information may be grounds for immediate termination of your employment, or other relationship with the Health Center.



Jean Field

Witness Signature

NOTICE REGARDING BACKGROUND INVESTIGATION

IMPORTANT – PLEASE READ CAREFULLY BEFORE SIGNING ACKNOWLEDGEMENT

Southwest Community Health Systems may, upon execution of this authorization, investigate the information contained in your employment application and other relevant background information to determine whether you are a suitable candidate for employment. Thus, you may be the subject of a “consumer report” requested by the Company from an outside agency.

A “consumer report” may contain information obtained from an outside agency on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, and mode of living which will be used to establish your eligibility for employment. In addition, Southwest will be obtaining information on any criminal background and that also constitutes a “consumer report”.

In the event that information from the report is utilized in whole or in part in making an adverse employment decision, before making the adverse decision, we will provide you with a copy of the consumer report and a description in writing of your rights under the Fair Credit Reporting Act.

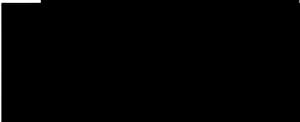
ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION and certify that I have read and understand this form.

I authorize Southwest to obtain a “consumer report”, and I release the Company and its partners, stockholders, officers, directors, agents, employees and affiliates from any and all liability for damages of whatever kind which may arise from or relate to any “consumer report” or other background information requested, obtained or used by the Company.

Printed Name: 

Social Security Number: 298-96-3625

Signature: 

Date: 3-18-13

Str H.S.
Polaris -

Europeans Best Bakery
Rest & Bakery
4/2011 - present



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
Polaris Natural Resources Ranger Academy

Awarded on
August 10, 2015

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

J.S. [Signature]
School Commander
BAS14-090 151111

State of Ohio

Special Police Officer Commission

I, Frank LaRose, Ohio Secretary of State, pursuant to Ohio Revised Code 4973.17 do hereby appoint and commission the below to be a Special Police Officer for the State of Ohio.



Commission Number:



The Special Police Officer Commission is valid for a term of three years commencing on January 04, 2022 and expiring on January 03, 2025.

In Testimony whereof, I here unto set my hand

And affix the seal of said office in Columbus,

Ohio, this Friday, January 14, 2022.



A handwritten signature in cursive script that reads "Frank LaRose".

Frank LaRose
Secretary of State

The State of Ohio,

Cuyahoga County.

I do hereby swear that I will support the Constitution of the United States and Constitution of the State of Ohio, and that I will faithfully discharge the duties of the position to which I have been appointed, according to law, and to the best of my ability.



Sworn to and subscribed in my presence on this date: January 27, 2022



DORIANNE T. HALL
Notary Public, State of Ohio
My Commission Expires
May 14, 2026

Dorianne T. Hall



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

This is to certify that



has successfully met the prescribed program requirements for

Use of Deadly Force and Legal Guidelines

Date: August 09, 2021


 Dave Yost
 Attorney General


 Vernon P. Stanforth, Chairperson
 Ohio Peace Officer Training Commission


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



OHIO



eOPOTA

This is to certify that



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

Completed on: 7/25/2018 10:52:36 PM



Southwest General Police Department

18697 Bagley Road Middleburg Heights, OH 44130
TEL: 440-816-8884 FAX: 440-816-4045



In-Service Training

I. Introduction

The General Assembly enacted R.C. 2935.081 effective March 18, 1997 which gives peace officers, after instruction approved by the political subdivision's chief legal officer, the authority to put a person (affiant) under oath for the purpose of swearing to and signing a criminal complaint or other document relating to the peace officer's duties.

This has been informally referred to as giving peace officers "notary" commissions. This informal reference is misleading. The statute does allow peace officers some of the duties held by notaries public, but the restrictions imposed on peace officers effectively make the two authorities dissimilar.

The actual effect for law enforcement agencies is that the need for notaries within agencies is substantially diminished, and that individual peace officers may complete a complaint form at the scene of an event and use the reporting officer's authority to put the victim or witness under oath and sign the complaint. This, among other benefits, permits the victim to go on about their business, without the inconvenience to waiting for a notary, or going to the police department or court to sign the complaint.

II. The Statute

2935.081 Administering oaths; acknowledging complaints, summonses, affidavits, and returns of court orders (Eff. 3-18-97)

- (A) As used in this section, "peace officer" has the same meaning as in Section 2935.01 of the revised code, except that "peace officer" does not include, for any purpose, the superintendent or any trooper of the state highway patrol.
- (B) A peace officer who has completed a course of in-service training that includes training in the administration of oaths and the acknowledgment of documents and that is approved by the chief legal officer of the political subdivision in which the peace officer is elected or of the political subdivision or other entity in which or by which the peace officer is appointed or employed may administer oaths and acknowledge criminal and juvenile court complaints, summonses, affidavits, and returns of court orders in matters related to the peace officer's official duties.



Southwest General Police Department

18697 Bagley Road Middleburg Heights, OH 44130
TEL: 440-816-8884 FAX: 440-816-4045



In-Service Training

- (C) Except as authorized by division (B) of this section, no peace officer who has completed a course of in-service training of a type described in division (B) of this section shall knowingly perform any act that is specifically required of a notary public unless the peace officer has complied with Chapter 147 of the revised code.

III. Important Points

A. Duties are much the same as Notary Public with some exceptions:

1. Authority only applies "in matters related to the peace officer's official duties"
2. Documents related to an officer's duties fall under authority of this section include "criminal complaints, summonses, affidavits, and returns of court orders". An affidavit is a written statement made before a person authorized to administer the oath. Affidavits include witness statements, search warrant inventories, documents pertaining to DUI arrests where required to be sworn, etc. The key is that the affidavit must be related to the peace officer's official duties.
3. Does not impact on a peace officer who is a Notary Public under Chapter 147 of the Ohio Revised Code.

B. Procedure

1. The peace officer should witness the affiant signing the document after being sworn. A peace officer should not accept a pre-signed document.
2. The peace officer should first put the affiant under oath. An oath may be in any form the affiant considers binding on him or herself.
 - (a) "Do you swear or affirm that this affidavit is the truth?" is a binding oath if the person answers in the affirmative.
 - (b) A peace officer may not put him or herself under oath however, any trained officer may place another officer under oath for the purpose of this section.



Southwest General Police Department

18697 Bagley Road Middleburg Heights, OH 44130
TEL: 440-816-8884 FAX: 440-816-4045



In-Service Training

- (c) No seal is required.
- (d) A stamp or writing reading **"PEACE OFFICER authorized to administer oaths pursuant to R.C. 2935.081"** should be put on any document signed by an officer under the section. The purpose is to notify reviewing authorities of the peace officer's authority to administer the oath.

IV. Do Not:

- A. Acknowledge a document that the peace officer knows contains false or misleading information.
 - 1. An officer is not required to read a document, nor is the officer required to know that the document is truthful, however, if it is untruthful, and it is acknowledged knowing that it is untruthful, the officer might be subject to disciplinary action or criminal sanctions.
 - 2. The caveat does not apply in those situations where an officer is aware of the false statement and is acknowledging the document as part of a prosecutorial effort against the affiant.
- B. Use the authority granted by the section of law in matters not related to official duties. Effectively, those actions would be null and void as a matter of law.
- C. Use the authority granted by this section of law while the peace officer's commission is void, such as following resignation or retirement, or during periods of suspension.
- D. Use the authority granted by this section of law in matters where the relationship to official duties might be in question. For example, if a person approaches the police department to "notarize" the transfer of an auto title, it would be more appropriate to use an employee who is a Notary under Chapter 147. While a non-Notary police officer might be able to tie this action to official duties, this is stretching the intent of this statute.



Southwest General Police Department

18697 Bagley Road Middleburg Heights, OH 44130
TEL: 440-816-8884 FAX: 440-816-4045



In-Service Training

Peace Officer Acknowledgement

TOPIC: Administering Oaths (ORC Section 2935.081)

COURSE OBJECTIVE: To establish a course of instruction for Peace Officers in compliance with ORC 2935.081, thereby permitting Officers to administer oaths in conjunction with official duties.

INSTRUCTIONAL TECHNIQUE: In-Service Training

STUDENT PERFORMANCE OBJECTIVE: After Completion of this unit, the student will be able to administer oaths in connection with official duties and will know when the actions are appropriate or inappropriate.

Materials: None

Tests: None

Instructor: Supervisor

I hereby acknowledge that I have received in-service training on administering oaths and affirmations and taking acknowledgements.

Peace Officer

4-9-2021
Date

[Signature]
Instructor

4/9/21
Date

ALICE

a solution of



Navigate360

CERTIFICATE OF TRAINING

AWARDED TO:



Who has successfully completed the:
Enhanced ALICE Basic for Instructors 5 - Post-Test

JP Guilbault
CEO, Navigate360

June 20, 2022

Issue Date

June 20, 2023

Expiration Date

ALICE TRAINING® CERTIFICATION

Certificate Number: 24555FEX

ALICE

a solution of



Navigate360

CERTIFICATE OF TRAINING

AWARDED TO:



Who has successfully completed the:
Enhanced ALICE Instructor Certification

Handwritten signature of JP Guilbault in black ink.

JP Guilbault
CEO, Navigate360

June 27, 2022

Issue Date

June 27, 2025

Expiration Date

CERTIFIED ALICE® INSTRUCTOR

Certificate Number: **B4N43X3X**



This is to certify that



**has completed the Ohio Attorney General's online training course on
Restraint or Confinement of a Pregnant Suspect**

Completed on: April 07, 2021



This is to certify that



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

Completed on: November 29, 2020



BASIC LIFE SUPPORT

**BLS
Provider**



**American
Heart
Association.**

[REDACTED]
has successfully completed the cognitive and skills evaluations
in accordance with the curriculum of the American Heart Association
Basic Life Support (CPR and AED) Program.

Issue Date

10/7/2020

Training Center Name

Southwest General Health Center

Training Center ID

OH05839

Training Center City, State

Middleburg Heights, OH

**Training Center Phone
Number**

(440) 816-5109

Renew By

10/2022

Instructor Name

Ed Szoke

Instructor ID

05110004136

eCard Code

205506151623

QR Code



To view or verify authenticity, students and employers should scan this QR code with their mobile device or go to www.heart.org/cpr/mycards.

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OHIO



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

This is to certify that



has completed the Ohio
Private Security Academic Training Program

Conducted by

Polaris Career Center

Awarded on

February 23, 2012

Mike DeWine

Mike DeWine

Attorney General

Vernon P. Stanforth

Vernon P. Stanforth, Chairperson

Ohio Peace Officer Training Commission



Robert A. Fiatal

Robert A. Fiatal, Executive Director

Ohio Peace Officer Training Commission

[Signature]

School Commander

608776 PSA11-336

REQUALIFICATION DUE BY NONE

ALICE

TRAINING INSTITUTE

CERTIFICATE OF TRAINING

AWARDED TO:



Who has successfully completed the:
ALICE Instructor Certification


Greg Crane

President & Founder, ALICE Training Institute

April 2, 2019

Issue Date

April 2, 2021

Expiration Date

Consisting of: **16 hours on-site training, 1 hour online testing**

CERTIFIED INSTRUCTOR

CERTIFICATE NUMBER: **B7NM7S47**

OHIO ATTORNEY GENERAL



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
Polaris Natural Resources Ranger Academy

Awarded on
August 10, 2015

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

J.S. [Signature]

School Commander
BAS14-090 151111



18697 Bagley Road
Middleburg Heights, Ohio 44130

INSERVICE ATTENDANCE RECORD

Please provide the Education Department with a copy of this record.

Name of Program: Patient Restraint

Inservice Competency SLM SLM Course No.: _____

of Contact Hours: _____ Southwest as ONA Provider Other ONA Provider

Instructor NA Department: Southwest General Police Dept.

Start Date 04/19/2021 Completion Date 05/20/2021 Duration (in hours/minutes): NA

Program Objectives: On file

EMPLOYEE ID#	NAME (please print)	SIGNATURE	DEPT or TITLE
67728	Dave Wolff (40)		SWGPD/ Officer
89797	Joslyn Woolley (51)		SWGPD/ Dispatcher
101410	Faye Gemelas (52)		SWGPD/ Dispatcher
121079	Greg Videmsek (11)		SWGPD/ Sergeant
200537	Sean Yonkers (15)		SWGPD/ Sergeant
200807	Jean Newcombe (53)		SWGPD/ Dispatcher
201441	Matthew Buderer (16)		SWGPD/ Sergeant
████████	████████	████████	SWGPD/ Officer
202242	Phil Forrest (12)		SWGPD/ Sergeant
202497	Michael Doctor (29)		SWGPD/ Officer
████████	████████	████████	SWGPD/ Officer
202947	Jason Melda (3)		SWGPD/ Lieutenant
203171	Walter Kendzierski (22)		SWGPD/ Officer
203377	Jennifer Cornell (24)		SWGPD/ Officer
203379	John Dunegan (23)		SWGPD/ Officer
203592	Michael Purtell (31)		SWGPD/ Officer
████████	████████	████████	SWGPD/ Officer
205366	Matt Luttmann (28)		SWGPD/ Officer
205503	Dustin Prochaska (32)		SWGPD/ Officer
114314	Alicia Pavlik (55)		SWGPD/ Dispatcher
203031	John Myers (37)		SWGPD/ Officer



Southwest General

Partnering with  University Hospitals

18697 Bagley Road
Middleburg Heights, Ohio 44130

INSERVICE ATTENDANCE RECORD

Please provide the Education Department with a copy of this record.

Name of Program: Response to Resistance/ UOF Test

Inservice Competency SLM SLM Course No.: _____

of Contact Hours: _____ Southwest as ONA Provider Other ONA Provider

Instructor NA Department: Southwest General Police Dept.

Start Date 02/01/2022 Completion Date 02/07/2022 Duration (in hours/minutes): NA

Program Objectives: On file

EMPLOYEE ID#	NAME (please print)	SIGNATURE	DEPT or TITLE
✓ 67728	Dave Wolff (40)		SWGPD/ Officer
89797	Joslyn Woolley (51)		SWGPD/ Dispatcher
101410	Faye Gemelas (52)		SWGPD/ Dispatcher
✓ 121079	Greg Videmsek (11)		SWGPD/ Sergeant
✓ 200537	Sean Yonkers (15)		SWGPD/ Sergeant
200807	Jean Newcombe (53)		SWGPD/ Dispatcher
✓ 201441	Matthew Buderer (16)		SWGPD/ Sergeant
✓ [REDACTED]	[REDACTED]	[REDACTED]	SWGPD/ Officer
✓ 202242	Phil Forrest (41)		SWGPD/ Officer
✓ 202497	Michael Doctor (29)		SWGPD/ Officer
✓ [REDACTED]	[REDACTED]	[REDACTED]	SWGPD/ Sergeant
✓ 202947	Jason Melda (3)		SWGPD/ Lieutenant
✓ 203171	Walter Kendzierski (22)		SWGPD/ Officer
✓ 203377	Jennifer Cornell (24)		SWGPD/ Detective
✓ 203379	John Dunegan (23)		SWGPD/ Officer
✓ 203592	Michael Purtell (31)		SWGPD/ Officer
✓ [REDACTED]	[REDACTED]	[REDACTED]	SWGPD/ Officer
✓ 205366	Matt Luttmann (28)		SWGPD/ Officer
114314	Alicia Pavlik (55)		SWGPD/ Dispatcher
203031	John Myers (37)		SWGPD/ Detective
206140	[REDACTED]	[REDACTED]	[REDACTED]



Southwest General Police Department

18697 Bagley Road Middleburg Heights, OH 44130
TEL: 440-816-8884 FAX: 440-816-4045



Defensive Tactics/response to Resistance/Restraints Use test

Name: _____

Date: 2-2-22

- True False 1. Handcuffs can be used instead of restraints at Oakview or Geriatric Behavioral Health
- True False 2. Officers may only use the amount of force which is necessary and reasonable to affect lawful objectives.
- True False 3. Officers may use deadly force under circumstances where it is reasonable to believe an infliction or threatened infliction of serious physical harm to human life exists. Deadly Force may not be used to protect PROPERTY only.
- True False 4. A TASER may be used to stop a non-hostile fleeing person.
- True False 5. The TASER is designed for self-defense or to temporarily immobilize a subject whose actions lead the SWPD Officers to believe there is an articulable Substantial Risk of Physical Harm or Risk of Serious Physical Harm to themselves or others.
- True False 6. A Use of Force report must be completed for any **Use of Force** Levels of Control 1 through 6
- True False 7. Policy DS-III Response to Resistance is available on any Southwest General Police Department Computer for viewing at any time by any Southwest General Police Department Employee.
- True False 8. The Chief of Southwest General Police Department must be notified of any **Use of Force** Levels of Control-Level 3 through 6. The Sergeant/OIC also can make the decision to notify the Chief of Southwest General Police Department for any level of force if they feel need.
- True False 9. **Deadly Force** - is defined as force intended to cause death or serious physical harm or the force that a reasonably prudent person would consider likely to cause death or serious physical harm. Ohio state law defines deadly force as "any force which carries a substantial risk that it will proximately result in the death of any person."
- True False 10. **Non-Deadly Force** – Also called "Less-than-deadly force" is defined as any force which could not reasonably be expected to result in the death of the person against whom it is directed.
- True False 11. **Force** - is defined as any violence, compulsion, or constraint physically exerted by any means upon or against a person or thing.
Officer/Subject factors include: Age, Gender, Size, Skill level, Relative strength, Multiple subjects and Multiple Officers.
- True False 12. A "Choke Hold" is not considered "Deadly Force".
- True False 13. Officer presence, verbal and non-verbal commands or searching for weapons/contraband are considered **Use of Force** Level of Control-Level 0. A Use of Force report is not required; however, a Stand By must be completed.
- True False 14. Except for storage, authorized training or at the direction of a Sergeant/OIC, SWPD Officers shall not draw or exhibit their duty-pistol or TASER unless circumstances create strong reasonable belief that it may be necessary to lawfully use the weapon in conformance with the Response to resistance policy.
- True False 15. In the event that Officers and Oakview or the Geriatric Behavioral Health Unit staff are involved with a patient intervention, restraint or seclusion, all staff involved will conduct a short "debriefing" after the event. The debriefing will be noted in the Use of Force report.
- True False 16. If any SWPD Officers uses a "Choke Hold" on any subject, they do NOT have to report it at a use of "Deadly Force" if the subject is not injured.
- True False 17. Any pressure point control tactic, takedown, strike, display of a weapon or joint manipulation must be documented in the narrative of the Use of Force report.
- True False 18. An aviator may only be used if a patient is in at least two upper restraints.

2-2-22
Date

Maximum is three (3) wrong

The above signature acknowledges I was provided a printed copy of Policy DS-III Response to Resistance, Policy OF-III Responding to Oakview and Geriatric Behavioral Health Unit and Policy DS-VI Patient Restraint for review. I understand these policies and any other departmental policy are available for review at any time.



Southwest General Police Department

18697 Bagley Road Middleburg Heights, OH 44130
TEL: 440-816-8884 FAX: 440-816-4045



Use of Force Tactics/response to Resistance/Restraints Use test

Name: [Redacted]

Date: 2-3-22

- True False 1. Handcuffs can be used instead of restraints at Oakview or Geriatric Behavioral Health
- True False 2. Officers may only use the amount of force which is necessary and reasonable to affect lawful objectives.
- True False 3. Officers may use deadly force under circumstances where it is reasonable to believe an infliction or threatened infliction of serious physical harm to human life exists. Deadly Force may not be used to protect PROPERTY only.
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[Redacted Signature]

2-3-22

Date

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Southwest General Police Department

18697 Bagley Road Middleburg Heights, OH 44130
TEL: 440-816-8884 FAX: 440-816-4045



Defensive Tactics/response to Resistance/Restraints Use test

Name: _____

Date: 2/3/22

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M

2/3/22
Date

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SOUTHWEST GENERAL HEALTH CENTER
Partnering with **University Hospitals Health System**

18697 Bagley Road
Middleburg Heights, Ohio 44130

**INSERVICE ATTENDANCE
RECORD**

Name of Program Defensive Tactics ONA Course No _____

Instructor [Redacted] and Michael Purtell

Start Date 07/21/2021 Completion Date 07/21/2021 Start Time 0900 Hrs. End time 1300 Hrs.

Program Objectives (on file): Demonstrate knowledge of subject control techniques along with proper application of hospital restraints. Review of Policies, policy #DS-III - Repsonse to Resistance. Policy #DS-VI - Pateint Restraint Policy. Policy #OF-III Responding to Oakview and Geriatric Behavioral Health Unit.

REQUIRED INFORMATION (Check All That Apply)

Infection Control	Safety	Other
<input type="checkbox"/> Blood Borne Pathogens	<input type="checkbox"/> Hazardous Materials	<input type="checkbox"/> CPR
<input type="checkbox"/> T.B.	<input type="checkbox"/> Fire Safety	<input type="checkbox"/> Radiation
<input type="checkbox"/> Infection Miscellaneous	<input type="checkbox"/> Safety Miscellaneous	<input type="checkbox"/> Other Miscellaneous

Contact Hours _____ Southwest as ONA Provider _____ Other ONA Provider _____

ASSOCIATE ID#	NAME (please print) PLUS SIGNATURE & TITLE	DEPT/UNIT #	GRADE
1. 203171	WALT KENDZINSKI [Signature]	Police #27	
[Redacted]	[Redacted]	Police Dept	
3. 206140	Jessica Funk [Signature]	Police #38	
4. [Redacted]	[Redacted]	Police #26	
5. 205366	Matt Luttman [Signature]	Police #28	
6. 200537	Sean Yankee [Signature]	Police #11	
7. 203031	JOHN MYERS [Signature]	PD #39	
8. 203379	John Dungen [Signature]	#23	
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