



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



2026-0240
Officer Involved Critical Incident - 4800 Duvall Rd., Lot
303, Ashville, OH 43103 (L)

Investigative Activity: Personnel File & Training Records Review
Involves: ██████████
Activity Date: 01/22/2026
Authoring Agent: SA Joshua Welty, #173

Narrative:

On Thursday, January 22, 2026, Ohio Bureau of Criminal Investigation (BCI) Special Agent (SA) Joshua Welty (SA Welty) received the personnel file and training records for ██████████ from Pickaway County Sheriff's Office (PCSO) Captain Johnathan Strawser. SA Welty reviewed the personnel file and training records and noted the following:

Personnel File Records

No relevant discipline was noted.

1. Range Qualification Records

June 24, 2025 - ██████████ qualified on a Glock 19, 9mm, semiauto handgun, with serial number ██████████

2. General Training

April 2025 - Critical Thinking in Use of Force Situations Course

January 2025 - Use of Force Training

April 2024 - SWAT Basic Course

3. Advance Training

February 2012 - Emergency Medical Technician (EMT)

4. Crisis Intervention Training

May 2025 - Forty-hour Crisis Intervention Team Training

August 2024 - 2024 CPT - Crisis Mitigation

July 2024 - CPT 2024 - Responding to Mental Health Issues

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 except as provided by law - a statute, an administrative rule, or any rule of procedure.



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Ohio Peace Officer Training Academy/Commission Records

In addition to the records received from the PCSO, SA Welty also obtained the Ohio Peace Officer Training Commission (OPOTC) and Ohio Peace Officer Training Academy (OPOTA) records pertaining to [REDACTED]. The POLARIS system utilized by OPOTA/OPOTC indicated the following:

1. Basic Training
 - a. Columbus Police Academy [REDACTED]: Certificate date of [REDACTED]
2. Employment History
 - a. Columbus Police Department (Full-time)
 - i. [REDACTED]
 - b. Pickaway County Sheriff's Office (Full-time)
 - i. [REDACTED]
3. Current Peace Officer Status

Based on the records received, it is noted that [REDACTED] was a duly certified and sworn Ohio Peace Officer at the time of this incident.

The personnel file was attached to this report. The training documents received from the Pickaway County Sheriff's Office and OPOTA/OPOTC were attached to this report. Please refer to the attachments for further details.

References:

No references.

Attachments:

Attachment # 1: [REDACTED] PCSO File

Attachment # 2: OPOTA Record - [REDACTED]

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OFFICE OF THE SHERIFF

PICKAWAY COUNTY
CIRCLEVILLE, OHIO 43113-0100

SHERIFF
MATTHEW O. HAFEY

PHONE: 740-477-6000
TOLL FREE: 1-800-472-6033
FAX: 740-474-1798

January 12, 2026

Brad M. Washburn
Pickaway County Auditor
110 Island Rd., Suite F
Circleville, Ohio 43113

Attention: Lisa Burroughs, Payroll Clerk

Re: Cash-In Accrued Personal Days

Per Section 31.9 of the Labor Agreement, [REDACTED] has requested to cash-in (2) ten-hour days of accrued, but unused personal days. This payment is to be made on the first full pay period following December 31, 2025.

Payroll #2 - Year 2026	Personal Days	Total
[REDACTED]	20.00 hours @ \$31.65 per hour	\$633.00

Respectfully,

Matthew O. Hafey
- B-H -
[Signature]

Matthew O. Hafey
Sheriff Pickaway County

MOH/aew
cc: Personnel File

Address all communications to Matthew O. Hafey, Sheriff



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FAX: 740-474-1798

December 29, 2025

Brad M. Washburn
Pickaway County Auditor
110 Island Rd., Suite F
Circleville, Ohio 43113

Attention: Lisa Burroughs, Payroll Clerk

Re: Step Increase

Effective December 16, 2025, [REDACTED] in the [REDACTED] Division of the Sheriff's Office, has a pay increase for his [REDACTED] Year Anniversary in [REDACTED] [REDACTED], per Union Contract. His hourly rate will change as follows:

Officers Name	Base Pay	Total
[REDACTED]	\$31.65	\$31.65

Respectfully,

Matthew O. Hafey
Sheriff Pickaway County

MOH/aew

cc: Employee
Personnel File



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FAX: 740-474-1798

December 29, 2025

Brad M. Washburn
Pickaway County Auditor
110 Island Rd., Suite F
Circleville, Ohio 43113

Attention: Lisa Burroughs, Payroll Clerk

Re: Change in Payroll Accounts

Effective December 14, 2025, the payroll account for [REDACTED] will be as follows:

[REDACTED]

That is the only change for him, he will remain 80 hour accrual rate and FOP Union.

Respectfully,

Matthew O. Hafey
Sheriff Pickaway County

MOH/aew

cc: Employee
Personnel File



Pickaway County Sheriff's Office Request to Cash-in Personal Days
Blue Unit Only

Name: [REDACTED] _____

Date: 12-10-2025

Number of days to be cashed-in: 2

Per section 31.9 of the Union Contract, I am submitting this request to cash-in unused personal days. Payment for accrued but not used personal days will be made pursuant to this section in the first full pay period in the following January. All requests must be made no later than December 31.

[REDACTED]

NAME	DIVISION	BASE PAY	LONGEVITY	SPECIAL	TOTAL
	Road Patrol	\$33.71			\$33.71
	Road Patrol	\$33.71	\$0.15		\$33.86
	Road Patrol	\$34.78	\$0.15		\$34.93
	Road Patrol	\$33.71	\$0.45		\$34.16
	Road Patrol	\$34.78	\$0.15		\$34.93
	Road Patrol	\$31.65			\$31.65
	Road Patrol	\$27.75			\$27.75
	Road Patrol	\$33.71	\$0.45		\$34.16

Respectfully

Matthew O. Hafey
 Sheriff Pickaway County

MOH/mlt

cc: Employee Personnel File



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FAX: 740-474-1798

February 26, 2025

Brad M. Washburn
Pickaway County Auditor
110 Island Rd., Suite F
Circleville, Ohio 43113

Attention: Lisa Burroughs, Payroll Clerk

Re: Change in Payroll Accounts

Effective February 23, 2025, the payroll accounts for [REDACTED] are as follows:

946.1142.5102 Salary
946.1142.5202 – Medicare
946.1142.5212 – PERS-LE
946.1142.5203 - Insurance

These job duties require Law Enforcement Certification; therefore his retirement withholding will be Law Enforcement P.E.R.S.

Respectfully,

Matthew O. Hafey
Sheriff Pickaway County

MOH/mlt

cc: Employee
Personnel File

Address all communications to Matthew O. Hafey, Sheriff



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CIRCLEVILLE, OHIO 43113-0100

SHERIFF
MATTHEW O. HAFEY

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January 8, 2025

Ohio Department of Public Safety
Attention: Traffic Crash Records Section
POB 182981
Columbus, Ohio 43218-2081

Re: Certification Letter

Pursuant to Ohio Revised Code Section 3937.41 (D), this is to certify that the deputy sheriff named on the attached accident report was engaged in his official duties at the time of the accident. This accident report should not be included in a certified abstract of information under Division (A) of Section 4509.05 of the Ohio Revised Code.

Name of Deputy Sheriff:

Officer's Driver's License No:

Officer's Social Security No:

Officer's Date of Birth

Date of Accident

01/07/2025

Accident Report No:

Cruiser License Plate No:

Matthew O. Hafey, Sheriff
Pickaway County Sheriff's Office
Circleville, Ohio 43113

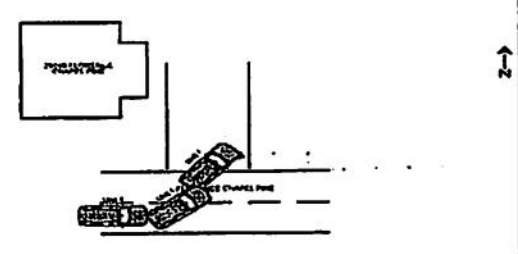
Address all communications to Matthew O. Hafey, Sheriff

TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER *

<input checked="" type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> SECONDARY CRASH		<input type="checkbox"/> OH-2 <input checked="" type="checkbox"/> OH-1P <input type="checkbox"/> PRIVATE PROPERTY		LOCAL INFORMATION REPORTING AGENCY NAME * Pickaway County Sheriff's Office		NCIC * 06500		HIT/SKIP 1 - SOLVED 2 - UNSOLVED		NUMBER OF UNITS 1		UNIT IN ERROR 98 - ANIMAL 99 - UNKNOWN	
COUNTY * 65		LOCALITY * 1 - CITY 2 - VILLAGE 3 - TOWNSHIP 3		LOCATION: CITY, VILLAGE, TOWNSHIP * Jackson (Township of)				CRASH DATE / TIME * 01/07/2025 18:41		CRASH SEVERITY 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY 5			
ROUTE TYPE LOCATION:		ROUTE NUMBER LOCATION:		PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		LOCATION ROAD NAME FLORENCE CHAPEL		ROAD TYPE PI		LATITUDE DECIMAL DEGREES 39.640677		LONGITUDE DECIMAL DEGREES -83.006662	
ROUTE TYPE REFERENCE:		ROUTE NUMBER REFERENCE:		PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) 20098		ROAD TYPE					
REFERENCE POINT 1 - INTERSECTION 2 - MILE POST 3 - HOUSE # 3		DIRECTION FROM REFERENCE 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 2		ROUTE TYPE IR - INTERSTATE ROUTE (TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE		ROAD TYPE AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS HW - HIGHWAY LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE RD - ROAD SO - SQUARE ST - STREET TE - TERRACE TL - TRAIL WA - WAY		INTERSECTION RELATED <input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA NUMBER OF APPROACHES ROADWAY <input type="checkbox"/> ROADWAY DIVIDED					
LOCATION OF FIRST HARMFUL EVENT 1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIAN 4 - ON ROADSIDE 5 - ON GORE 6 - OUTSIDE TRAFFIC WAY 7 - ON RAMP 8 - OFF RAMP 10				MANNER OF CRASH COLLISION/IMPACT 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT 2 - REAR-END 3 - HEAD-ON 4 - REAR-TO-REAR 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - OTHER / UNKNOWN 1				DIRECTION OF TRAVEL 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		MEDIAN TYPE 1 - DIVIDED FLUSH MEDIAN (<4 FEET) 2 - DIVIDED FLUSH MEDIAN (≥4 FEET) 3 - DIVIDED, DEPRESSED MEDIAN 4 - DIVIDED, RAISED MEDIAN (ANY TYPE) 9 - OTHER / UNKNOWN			
<input type="checkbox"/> WORK ZONE RELATED <input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT <input type="checkbox"/> ACTIVE SCHOOL ZONE		WORK ZONE TYPE 1 - LANE CLOSURE 2 - LANE SHIFT/ CROSSOVER 3 - WORK ON SHOULDER OR MEDIAN 4 - INTERMITTENT OR MOVING WORK 5 - OTHER		LOCATION OF CRASH IN WORK ZONE 1 - BEFORE THE 1ST WORK ZONE WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA		CONTOUR 1 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER / UNKNOWN		CONDITIONS 3 1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER / UNKNOWN		SURFACE 2 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER / UNKNOWN			
LIGHT CONDITION 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN 4				WEATHER 1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE 4 - RAIN 5 - SLEET, HAIL 6 - SNOW 7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DIRT, SNOW 9 - FREEZING RAIN OR FREEZING DRIZZLE 99 - OTHER / UNKNOWN 2				NARRATIVE UNIT 1 WAS TRAVELING EASTBOUND ON FLORENCE CHAPEL PIKE. UNIT 1 WAS TURNING INTO THE DRIVEWAY OF 20098 FLORENCE CHAPEL PIKE WHICH WAS COVERED IN SNOW. UNIT 1 LOST CONTROL OF THE VEHICLE, STRIKING THE FENCE AND CAUSING MINOR PROPERTY DAMAGE TO THE FENCE AND TO UNIT 1. UNIT 2 WAS THE FENCE OF 20098 FLORENCE CHAPEL PIKE WHICH BELONGS TO JASON JAHN. JASON CAN BE CONTACTED AT [REDACTED]					
CRASH REPORTED DATE / TIME 01/07/2025 18:54				DISPATCH DATE / TIME 01/07/2025 18:54		ARRIVAL DATE / TIME 01/07/2025 18:54		SCENE CLEARED DATE / TIME 01/07/2025 19:19		REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST			
TOTAL TIME ROADWAY CLOSED 0		OTHER INVESTIGATION TIME		TOTAL MINUTES 25		OFFICER'S NAME* Cooper, Brandon		CHECKED BY OFFICER'S NAME* Hempstead, Chistopher		<input checked="" type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO OOPS)			
				OFFICER'S BADGE NUMBER* 49		CHECKED BY OFFICER'S BADGE NUMBER* 30							



UNIT # 1 OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER) COMMISSIONERS, PICKAWAY, CO OWNER PHONE: 740-474-2176

LP STATE OH LICENSE PLATE # [REDACTED] VEHICLE IDENTIFICATION # 1FM5K8AB8PGAB1034 VEHICLE YEAR 2023 VEHICLE MAKE FORD

INSURANCE VERIFIED OHIO AUTOMOBILE INSURANCE COMPANY INSURANCE POLICY # [REDACTED] COLOR BLK VEHICLE MODEL EXPLORER

TYPE OF USE TYPE OF USE TYPE OF USE TYPE OF USE TYPE OF USE TYPE OF USE TYPE OF USE TYPE OF USE TYPE OF USE TYPE OF USE

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 0 - NO AUTOMATION 3 - CONDITIONAL AUTOMATION 9 - OTHER/UNKNOWN

SPECIAL FUNCTION 13 1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT/COMMUTER

CARGO BODY TYPE 1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE

VEHICLE DEFECTS 1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS 4 - BRAKES 5 - STEERING 6 - TIRE BLOWOUT

NON-MOTORIST LOCATION 1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK 3 - INTERSECTION - OTHER

ACTION 3 PRE-CRASH ACTIONS 6 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN

CONTRIBUTING CIRCUMSTANCES 99 1 - NONE 2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN 7 - LEFT OF CENTER

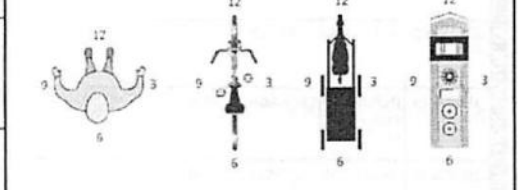
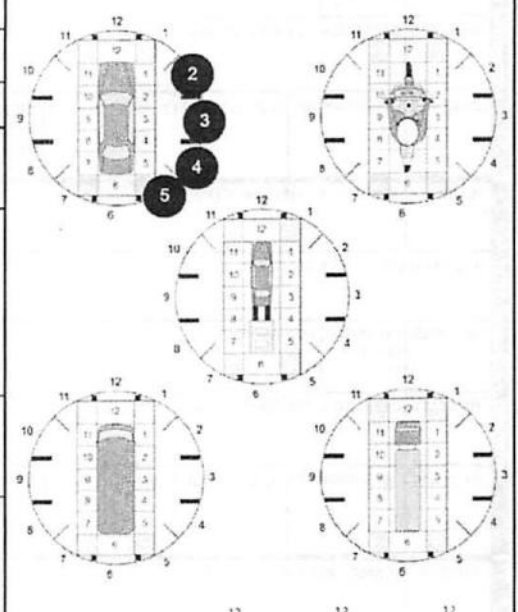
SEQUENCE OF EVENTS 1 46 1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT 6 - EQUIPMENT FAILURE

COLLISION WITH FIXED OBJECT - STRUCK 1 1 25 - IMPACT ATTENUATOR / CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE

LOCAL REPORT NUMBER [REDACTED]

DAMAGE DAMAGE SCALE 3 1 - NONE 2 - MINOR DAMAGE 3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN

DAMAGED AREA(S) INDICATE ALL THAT APPLY



NO DAMAGE [0] UNDERCARRIAGE [14] TOP [13] ALL AREAS [15] UNIT NOT AT SCENE [16]

INITIAL POINT OF CONTACT 2 0 - NO DAMAGE 14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN

TRAFFIC TRAFFICWAY FLOW 1 1 - ONE-WAY 2 - TWO-WAY TRAFFIC CONTROL 6 1 - ROUNDABOUT 4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL

OF THROUGH LANES ON ROAD 1 RAIL GRADE CROSSING 1 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING

UNIT / NON-MOTORIST DIRECTION FROM 4 TO 1 1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST 9 - OTHER / UNKNOWN

UNIT SPEED 10 POSTED SPEED 55 DETECTED SPEED 1 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED

Ohio Department of Public Safety **MOTORIST / Non-MOTORIST**

LOCAL REPORT NUMBER

UNIT # 1	NAME: LAST, FIRST, MIDDLE [REDACTED]				DATE OF BIRTH [REDACTED]		AGE [REDACTED]	GENDER [REDACTED]					
ADDRESS: STREET, CITY, STATE, ZIP 600 ISLAND RD , CIRCLEVILLE, OH, 431139594					CONTACT PHONE - INCLUDE AREA CODE 740-474-2176								
INJURIES 5	INJURED TAKEN BY 1	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 1	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1			
OL STATE OH	OPERATOR LICENSE NUMBER		OFFENSE CHARGED		LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION			CITATION NUMBER				
OL CLASS 4	ENDORSEMENT	RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY 1	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		CONDITION 1	ALCOHOL TEST		DRUG TEST(S)			
								STATUS 5	TYPE 3	VALUE	STATUS 5	TYPE 3	RESULTS SELECT UP TO 4

UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER					
ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE								
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED			
OL STATE	OPERATOR LICENSE NUMBER		OFFENSE CHARGED		LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION			CITATION NUMBER				
OL CLASS	ENDORSEMENT	RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		CONDITION	ALCOHOL TEST		DRUG TEST(S)			
								STATUS	TYPE	VALUE	STATUS	TYPE	RESULTS SELECT UP TO 4

UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER					
ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE								
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED			
OL STATE	OPERATOR LICENSE NUMBER		OFFENSE CHARGED		LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION			CITATION NUMBER				
OL CLASS	ENDORSEMENT	RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		CONDITION	ALCOHOL TEST		DRUG TEST(S)			
								STATUS	TYPE	VALUE	STATUS	TYPE	RESULTS SELECT UP TO 4

INJURIES	SEATING POSITION	AIR BAG	OL CLASS	OL RESTRICTION(S)	DRIVER DISTRACTION	TEST STATUS
1 - FATAL	1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)	1 - NOT DEPLOYED	1 - CLASS A	1 - ALCOHOL INTERLOCK DEVICE	1 - NOT DISTRACTED	1 - NONE GIVEN
2 - SUSPECTED SERIOUS INJURY	2 - FRONT - MIDDLE	2 - DEPLOYED FRONT	2 - CLASS B	2 - CDL INTRASTATE ONLY	2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, PDA, MP3)	2 - TEST REFUSED
3 - SUSPECTED MINOR INJURY	3 - FRONT - RIGHT SIDE	3 - DEPLOYED SIDE	3 - CLASS C	3 - CORRECTIVE LENSES	3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE	3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE
4 - POSSIBLE INJURY	4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	4 - DEPLOYED BOTH FRONT/SIDE	4 - REGULAR CLASS (OHIO = D)	4 - FARM WAIVER	4 - TALKING ON HAND-HELD COMMUNICATION DEVICE	4 - TEST GIVEN, RESULTS KNOWN
5 - NO APPARENT INJURY	5 - SECOND - MIDDLE	5 - NOT APPLICABLE	5 - M/C MOPED ONLY	5 - EXCEPT CLASS A BUS & CLASS B BUS	5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE	5 - TEST GIVEN, RESULTS UNKNOWN
	6 - SECOND - RIGHT SIDE	9 - DEPLOYMENT UNKNOWN	6 - NO VALID OL	6 - EXCEPT CLASS A	6 - PASSENGER	
	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	EJECTION		7 - EXCEPT TRACTOR-TRAILER	7 - OTHER DISTRACTION INSIDE THE VEHICLE	ALCOHOL TEST TYPE
	8 - THIRD - MIDDLE	1 - NOT EJECTED	OL ENDORSEMENT	8 - INTERMEDIATE LICENSE RESTRICTIONS	8 - OTHER DISTRACTION OUTSIDE THE VEHICLE	1 - NONE
INJURIES TAKEN BY	9 - THIRD - RIGHT SIDE	2 - PARTIALLY EJECTED	H - HAZMAT	9 - LEARNER'S PERMIT RESTRICTIONS	9 - OTHER / UNKNOWN	2 - BLOOD
1 - NOT TRANSPORTED /TREATED AT SCENE	10 - SLEEPER SECTION OF TRUCK CAB	3 - TOTALLY EJECTED	M - MOTORCYCLE	10 - LIMITED TO DAYLIGHT ONLY	CONDITION	3 - URINE
2 - EMS	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	4 - NOT APPLICABLE	P - PASSENGER	11 - LIMITED TO EMPLOYMENT	1 - APPARENTLY NORMAL	4 - BREATH
3 - POLICE	12 - PASSENGER IN UNENCLOSED CARGO AREA	TRAPPED		12 - LIMITED - OTHER	2 - PHYSICAL IMPAIRMENT	5 - OTHER
9 - OTHER / UNKNOWN	13 - TRAILING UNIT	1 - NOT TRAPPED	Q - MOTOR SCOOTER	13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)	3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)	DRUG TEST TYPE
SAFETY EQUIPMENT	14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	2 - EXTRICATED BY MECHANICAL MEANS	R - THREE-WHEEL MOTORCYCLE	14 - MILITARY VEHICLES ONLY	4 - ILLNESS	1 - NONE
1 - NONE USED	15 - NON-MOTORIST	3 - FREED BY NON-MECHANICAL MEANS	S - SCHOOL BUS	15 - MOTOR VEHICLES WITHOUT AIR BRAKES	5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.	2 - BLOOD
2 - SHOULDER BELT ONLY USED	99 - OTHER / UNKNOWN		T - DOUBLE & TRIPLE TRAILERS	16 - OUTSIDE MIRROR	6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL	3 - URINE
3 - LAP BELT ONLY USED			X - TANKER / HAZMAT	17 - PROSTHETIC AID	9 - OTHER / UNKNOWN	4 - OTHER
4 - SHOULDER & LAP BELT USED			GENDER	18 - OTHER		DRUG TEST RESULT(S)
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING			F - FEMALE			1 - AMPHETAMINES
6 - CHILD RESTRAINT SYSTEM - REAR FACING			M - MALE			2 - BARBITURATES
7 - BOOSTER SEAT			U - OTHER / UNKNOWN			3 - BENZODIAZEPINES
8 - HELMET USED						4 - CANNABINOIDS
9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC)						5 - COCAINE
10 - REFLECTIVE CLOTHING						6 - OPIATES / OPIOIDS
11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY						7 - OTHER
99 - OTHER / UNKNOWN						8 - NEGATIVE RESULTS

OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE			DATE OF BIRTH	AGE	GENDER		
	ADDRESS: STREET, CITY, STATE, ZIP				CONTACT PHONE - INCLUDE AREA CODE				
	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION
UNIT #	NAME: LAST, FIRST, MIDDLE			DATE OF BIRTH	AGE	GENDER			
ADDRESS: STREET, CITY, STATE, ZIP				CONTACT PHONE - INCLUDE AREA CODE					
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
UNIT #	NAME: LAST, FIRST, MIDDLE			DATE OF BIRTH	AGE	GENDER			
ADDRESS: STREET, CITY, STATE, ZIP				CONTACT PHONE - INCLUDE AREA CODE					
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
UNIT #	NAME: LAST, FIRST, MIDDLE			DATE OF BIRTH	AGE	GENDER			
ADDRESS: STREET, CITY, STATE, ZIP				CONTACT PHONE - INCLUDE AREA CODE					
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED

INJURIES	SAFETY EQUIPMENT USED	SEATING POSITION	AIR BAG USAGE
1 - FATAL	1 - NONE USED - VEHICLE OCCUPANT	1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)	1 - NOT DEPLOYED
2 - SUSPECTED SERIOUS INJURY	2 - SHOULDER BELT ONLY USED	2 - FRONT - MIDDLE	2 - DEPLOYED FRONT
3 - SUSPECTED MINOR INJURY	3 - LAP BELT ONLY USED	3 - FRONT - RIGHT SIDE	3 - DEPLOYED SIDE
4 - POSSIBLE INJURY	4 - SHOULDER & LAP BELT USED	4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	4 - DEPLOYED BOTH FRONT/SIDE
5 - NO APPARENT INJURY	5 - CHILD RESTRAINT SYSTEM - FORWARD FACING	5 - SECOND - MIDDLE	5 - NOT APPLICABLE
	6 - CHILD RESTRAINT SYSTEM - REAR FACING	6 - SECOND - RIGHT SIDE	9 - DEPLOYMENT UNKNOWN
	7 - BOOSTER SEAT	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	
	8 - HELMET USED	8 - THIRD - MIDDLE	
	9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC)	9 - THIRD - RIGHT SIDE	
	10 - REFLECTIVE CLOTHING	10 - SLEEPER SECTION OF TRUCK CAB	
	11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT SUCH AS A BUS, PICK-UP WITH CAP)	
	99 - OTHER / UNKNOWN	12 - PASSENGER IN UNENCLOSED CARGO AREA	
		13 - TRAILING UNIT	
		14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	
		15 - NON-MOTORIST	
		99 - OTHER / UNKNOWN	

WITNESS	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER
	ADDRESS: STREET, CITY, STATE, ZIP			CONTACT PHONE - INCLUDE AREA CODE
	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER
ADDRESS: STREET, CITY, STATE, ZIP			CONTACT PHONE - INCLUDE AREA CODE	
NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER	
ADDRESS: STREET, CITY, STATE, ZIP			CONTACT PHONE - INCLUDE AREA CODE	

LOCAL REPORT NUMBER [REDACTED]	REPORTING AGENCY Pickaway County Sheriff's Office	DATE OF CRASH 01/07/2025
IN COUNTY OF Pickaway County	ACCIDENT LOCATION FLORENCE CHAPEL	
<p>[REDACTED] WAS BEING OPERATED BY [REDACTED] IN CRUISER [REDACTED] WAS RESPONDING TO AN EMERGENCY CALL IN AN EMERGENCY RESPONSE. [REDACTED] TURNED LEFT FROM FLORENCE CHAPEL TO THE ADDRESS 20098 FLORENCE CHAPEL PIKE. THEN [REDACTED] SLID INTO THE FENCE OF THE PROPERTY CAUSING DAMAGE TO BOTH THE VEHICLE AND THE FENCE.</p>		
<p>THE OWNER OF UNIT 2'S CONTACT INFORMATION WAS OBTAINED. JASON JAHN WAS IDENTIFIED AS PROPERTY OWNER AND HE CLEARED FROM THE RESIDENCE WITH THE MEDICS FOR THE INITIAL CALL FOR SERVICE.</p>		

OFFICERS SIGNATURE Brandon Cooper	BADGE NO. 40
--------------------------------------	------------------------

Sheriff

2025 JAN -8 PM 12:03

Matthew O. Hafey

CLERK OF COURT'S
PICKAWAY COUNTY

PICKAWAY COUNTY SHERIFF'S OFFICE

Code of Ethics Deputy Sheriff

As a Deputy Sheriff of the Pickaway County Sheriff's Office, I [redacted] understand my fundamental obligation is to protect the constitutional rights and freedoms of the people that I have been sworn to uphold.

While I consider the way I choose to conduct my private affairs a personal freedom, I accept the responsibilities for my actions, as well as inactions, while on duty or off duty, when those actions bring disrepute on the public image of the Sheriff, my fellow employees, and the law enforcement profession.

I vow to perform all my duties in a professional and competent manner. I consider the abilities to be courageous in the face of danger and to exercise restraint in the use of my powers and authorities to be the ultimate public trust. I accept that I must consistently strive to achieve excellence in learning the necessary knowledge and skills associated with my duties. I will keep myself fit and mentally alert so that I am capable of performing my duties according to the standards of quality expected of my position.

I vow to be fully truthful and honest in my dealings with others. I deplore lies and half-truths that mislead or do not fully inform those who must depend upon my honesty. I will obey the very laws that I am sworn to uphold. I will seek affirmative ways to comply with the standards of the Pickaway County Sheriff's Office and the lawful directions of my supervisors.

I vow to treat others with courtesy at all times. I consider it to be a professional weakness to allow another's behavior to dictate my response. I will not allow others' actions or failings to be my excuse for not performing my duties in a responsible and professional and expected manner.

I vow to empathize with the problems of people with whom I come into daily contact. However, I cannot allow my personal feelings, prejudices, animosities, or friendships to influence the discretionary authorities entrusted to my job. I will affirmatively seek ways to avoid conflicts and potential conflicts of interest that could compromise my official authority or public image.

I hold the authority inherent in my position to be an affirmation of the public's trust in me as a Deputy Sheriff with the Pickaway County Sheriff's Office. I do not take this trust lightly. As long as I remain in this position, I will dedicate myself to maintaining this trust and upholding all the ideals of the law enforcement profession.

[redacted]
Deputy Sheriff

MATTHEW O. HAFEY
Matthew O. Hafey, Sheriff Pickaway County

January 6, 2025

Date

January 6, 2025

Date

Certificate of Appointment

Revised Code, Sec. 311.04, 325.17

IN THE MATTER OF THE APPOINTMENT OF [REDACTED]

AS DEPUTY SHERIFF OF PICKAWAY COUNTY, OHIO

[REDACTED]

I do hereby appoint [REDACTED] as a Deputy Sheriff of Pickaway County, Ohio. Said appointee is not a Judge of a County Court or Mayor.

MATTHEW O. HAFY
-BT- *[Signature]*

Matthew O. Hafey
Sheriff of Pickaway County, Ohio



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

[REDACTED]

Sworn to before me by the said [REDACTED] and by him subscribed in my presence, this [REDACTED]

MATTHEW O. HAFY
-BT- *[Signature]*

Judge - Clerk - Sheriff
Pickaway County

Appointment

Of _____

As Deputy Sheriff

IN THE OFFICE OF THE

Sheriff

PICKAWAY COUNTY OHIO
FILED - COM. PLEAS
2025
JAN - 8 AM 11:55
CLERK OF COURTS
PICKAWAY COUNTY OHIO
CLERK OF COURTS

Filed _____

By _____ Deputy

Entered on the Journal of the
Common Pleas Court

Vol. _____ Page _____



OFFICE OF THE SHERIFF

PICKAWAY COUNTY
CIRCLEVILLE, OHIO 43113-0100

SHERIFF
MATTHEW O. HAFEY

PHONE: 740-477-6000
TOLL FREE: 1-800-472-6033
FAX: 740-474-1798

November 21, 2024

Brad M. Washburn
Pickaway County Auditor
110 Island Rd., Suite F
Circleville, Ohio 43113

Attention: Lisa Burroughs, Payroll Clerk

Re: Step Increase

Effective November 13, 2024, [REDACTED] Deputy Sheriff in the Road Patrol Division of the Sheriff's Office, has a pay increase on his [REDACTED] Year Anniversary in this Division, per Union Contract. His hourly rate will change as follows:

Officer Name	Base Pay	Longevity	Total
[REDACTED]	\$29.42		\$29.42

His accrued Vacation may now be posted on his check stub.

Respectfully,

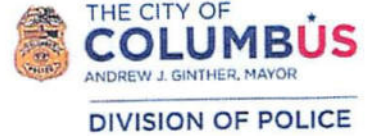
MATTHEW O. HAFEY
-By- [Signature]
Matthew O. Hafey
Sheriff Pickaway County

MOH/mlt

cc: Employee
Personnel File

Address all communications to Matthew O. Hafey, Sheriff

ELAINE R. BRYANT
Chief of Police



May 17, 2024

Melissa Tootle
Human Resource
Pickaway Sheriff

[REDACTED] was employed with City of Columbus Division of Police from [REDACTED] as Full time Police Officer. [REDACTED] had 106.174 sick balance left unpaid. Feel free to reach out at Pwade@columbuspolice.org should you have any questions.

Thanks
Patricia Wade
Payroll Office
Columbus Police

PRIOR SERVICE CERTIFICATION FORM

Instructions: The employee requesting prior service credit should complete section I and forward to the political subdivision of Ohio where previously employed. The political subdivision of Ohio must complete section II and mail to the address provided at the bottom of the form. PLEASE NOTE: A separate form is needed from each political subdivision for which the employee is requesting prior service credit.

Section I - completed

Employee Last Name: [redacted] First Name: [redacted] M.I.: [redacted]
Maiden Name: [redacted] Employee ID: [redacted]
(if applicable during previous employment)

Social Security Number (if required by political subdivision): [redacted]
Date: 04-22-2024

Previous Employer:
Agency: COLUMBUS DIVISION OF POLICE
Address: 120 MALONE BLVD
City: COLUMBUS State: OH Zip Code: 43215
Dates of employment: _____ Job Title: OFFICER

Section II - completed by previous employer

Please provide the following information on the above named employee:

Date of Hire: [redacted] Date of Separation: [redacted]

Employment Status: Full Time Part Time (See note below for part-tims & intermittent employees)

Part-time/intermittent only: # of pay periods worked: _____ # of days worked: _____

*Number of bi-weekly pay periods/days worked between 7/1/03 and 6/30/05: N/A

Is your agency a political subdivision of the State of Ohio? Yes No

Was this employment covered under by an Ohio Public Retirement System (e.g., STRS, SERS)? Yes No
If yes, please identify the retirement system: OP&P

Sick Leave Balance: 100.174

Information in Section II has been verified by: Print Name: Heidi Maynard
Title/Position: Office Manager Phone Number: 614-445-4400
Heidi Maynard 4/22/24
Signature Date

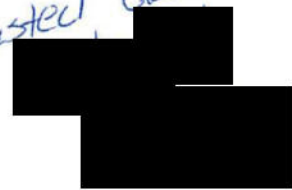
PLEASE NOTE: PART TIME AND INTERMITTENT EMPLOYEES ONLY
If the employee referenced in section I worked every pay period, the dates of service will be used to calculate prior service credit. However, if he/she worked sporadic pay periods, please include the specific number of pay periods worked or if the employee was employed on an intermittent or "on call" status, please include the specific number of days worked.

*If the employee earned service by pay period, provide the number of pay periods that were worked during 7/1/2003 and 6/30/2005 or if the employee earned service by days worked, provide the number of days worked during this period.

Please return completed form to:

Pickaway County Auditor
110 Island Road, Suite F
Circlevilla, Ohio 43113

Adjusted date



Melissa L. Tootle

From: Lisa Burroughs <lburroughs@pickawaycountyohio.gov>
Sent: Thursday, April 25, 2024 3:28 PM
To: Melissa L. Tootle

[REDACTED] - His anniversary date for accrual purposes will be [REDACTED]
Do I start his vacation accrual now?

Thank you,

Lisa Burroughs

Pickaway County Auditors Office
Payroll Officer
(740) 474-9592
lburroughs@pickawaycountyohio.gov

[CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe]



OFFICE OF THE SHERIFF

PICKAWAY COUNTY
CIRCLEVILLE, OHIO 43113-0100

SHERIFF
MATTHEW O. HAFEY

PHONE: 740-477-6000
TOLL FREE: 1-800-472-6033
FAX: 740-474-1798

April 10, 2024

Brad M. Washburn
Pickaway County Auditor
110 Island Rd., Suite F
Circleville, Ohio 43113

Attention: Lisa Burroughs, Payroll Clerk

Re: Pay Increases

Effective March 1, 2024 the following pay shall be in effect for employees assigned to the Road Patrol Division of the Sheriff's Office per Union Contract. Their hourly rates will change as follows:

NAME	DIVISION	BASE PAY	LONGEVITY	SPECIAL	TOTAL
XXXXXXXXXXIX	Road Patrol	\$30.73			\$30.73
XXXXXXXXXXIX	Road Patrol	\$30.73			\$30.73
XXXXXXXXXXIXI	Road Patrol	\$32.73			\$32.73
XXXXXXXXXXIXI	Road Patrol	\$26.94			\$26.94
XXXXXXXXXXIXI	Road Patrol	\$33.77			\$33.77
XXXXXXXXXXIXI	Road Patrol	\$35.08			\$35.08
XXXXXXXXXXIXIX	Road Patrol	\$29.42			\$29.42
XXXXXXXXXXIXIX	Road Patrol	\$29.42			\$29.42
XXXXXXXXXXIXIX	Road Patrol	\$35.67	\$0.60		\$36.27
XXXXXXXXXXIXIX	Road Patrol	\$33.77			\$33.77
XXXXXXXXXXIXIX	Road Patrol	\$27.86			\$27.86
XXXXXXXXXXIXIX	Road Patrol	\$32.73	\$0.60		\$33.33
XXXXXXXXXXIXIX	Road Patrol	\$35.67	\$0.15		\$35.82
XXXXXXXXXXIXIX	Road Patrol	\$27.86			\$27.86
XXXXXXXXXXIXIX	Road Patrol	\$32.73			\$32.73
XXXXXXXXXXIXIX	Road Patrol	\$32.73	0.45		\$33.18
XXXXXXXXXXIXIX	Road Patrol	\$30.73			\$30.73

Address all communications to Matthew O. Hafey, Sheriff

NAME	DIVISION	BASE PAY	LONGEVITY	SPECIAL	TOTAL
XXXXXXXXXX	Road Patrol	\$33.77			\$33.77
XXXXXXXXXX	Road Patrol	\$32.73	\$0.45		\$33.18
XXXXXXXXXX	Road Patrol	\$33.77			\$33.77
XXXXXXXXXX	Road Patrol	\$29.42			\$29.42
XXXXXXXXXX	Road Patrol	\$29.42			\$29.42
XXXXXXXXXX	Road Patrol	\$27.86			\$27.86
XXXXXXXXXX	Road Patrol	\$32.73	\$0.45		\$33.18

Respectfully

Matthew O. Hafey
 Sheriff Pickaway County

Matthew O. Hafey
 MOH/mlt *BY: [Signature]*

cc: Employee Personnel File



OFFICE OF THE SHERIFF

PICKAWAY COUNTY
CIRCLEVILLE, OHIO 43113-0100

SHERIFF
MATTHEW O. HAFEY

PHONE: 740-477-6000
TOLL FREE: 1-800-472-6033
FAX: 740-474-1798

November 3, 2023

Brad M. Washburn
Pickaway County Auditor
110 Island Rd., Suite F
Circleville, Ohio 43113

Attention: Lisa Burroughs, Payroll Clerk



will began his employment with the Pickaway County Sheriff's Office on [redacted] at 0800 hours and under the direction of Sheriff Matthew O. Hafey. He will be working as a Road Deputy in the Patrol Division of the Sheriff's Office.

His salary is to be paid out of the **General Fund Account #101.2010.5102** (Road Patrol). The salary is to be paid bi-weekly and payable in 26 pay periods.

Officers Name	Base Pay	Total
[redacted]	\$24.86	\$24.86

The position of Patrol Deputy requires Law Enforcement Certification; therefore his retirement withholding will be Law Enforcement P.E.R.S.

Respectfully,
MATTHEW O. HAFEY
- BY -

Matthew O. Hafey
Sheriff Pickaway County

MOH/mlt

cc: Personnel File



OFFICE OF THE SHERIFF

PICKAWAY COUNTY
CIRCLEVILLE, OHIO 43113-0100

SHERIFF
MATTHEW O. HAFEY

PHONE: 740-477-6000
TOLL FREE: 1-800-472-6033
FAX: 740-474-1798

10/23/ [REDACTED]

Dear [REDACTED]

I am pleased to extend a conditional offer of employment to you as a **Patrol Deputy** for the Pickaway County Sheriff's Office. My offer is conditional upon you passing a physical/ drug screening exam to determine if you are physically capable of performing the duties of a Deputy Sheriff.

Contingent upon passing the physical examination/drug screen and, you will begin employment with the Pickaway County Sheriff's Office on [REDACTED]. Your rate of pay will be **\$24.86 (Step B of the FOP Contract)** per hour and your probationary period will be twelve (12) months, which will begin on your first day of employment.

Congratulations on your progress through our pre-employment process. I look forward to your successful completion and the opportunity to work together. Should questions arise in the meantime, please do not hesitate to contact Capt. Chris Hempstead, Patrol Operations Commander, at 740-477-2222.

Finally, please make arrangements with Melissa Tootle to come to her office prior to your first day of employment to pick up a new hire packet. The packet contains documents which need to be completed and brought back with you on your first day of employment.

Sincerely,

A handwritten signature in blue ink, appearing to read "Matthew O. Hafey", with a long horizontal flourish extending to the right.

Matthew O. Hafey
Sheriff
Pickaway County Sheriff's Office

cc: File

Address all communications to Matthew O. Hafey, Sheriff

AXON

TRAINING



THIS CERTIFICATE OF COMPLETION IS HEREBY
GRANTED TO



The above named is certified as an operator for TASER Energy Weapons.

COMPLETED TRAINING FOR THE FOLLOWING TASER ENERGY WEAPON:

Taser 7

VALID FOR 1 CALENDAR YEAR FROM THE DATE OF TRAINING COMPLETION

Joseph D. Hugus

Issued by
(Certifying Instructor Name)

12/8/2025

Issued On
(Date)





TASER 7/7CQ Operator Recertification Form

This document is not needed if the class is registered in Axon Academy (email training@taser.com for details).

Name: [Redacted] Agency: Pickaway County Sheriff's Office

Email: [Redacted] @PICKAWAYSHERRIFF.COM Phone: (740)477-6000

Address/State/Zip: 600 Island Road Circleville, Ohio 43113

By signing below, I hereby acknowledge receipt of the Instructor and Operator: Warnings, Risks & Release Agreement. I understand that I must read and understand the Instructor and Operator: Warnings, Risks & Release Agreement PRIOR to participating in any hands-on TASER Energy Weapon drills required by the Certification Course.

Student Signature: (Required) [Redacted]

The instructor is required to verify that the applicant successfully completed all TASER 7/7CQ Energy Weapon Instructor Recertification Requirements and initial below.

TASER 7/7CQ Operator Recertification Requirements			
✓	Review current Annual Operator Recertification Course PowerPoint Presentation(s) and Training Bulletin(s) (if applicable). <input type="checkbox"/> N/A Completed course online	✓	Perform a proper de-escalation warning ARC.
✓	Demonstrate safe handling during loading and unloading, proper finger positioning, and aiming and deploying at the preferred target area.	✓	Utilize the ARC switch to reenergize deployed probes.
TASER 7/7CQ Recertification Requirement			
<ul style="list-style-type: none"> Deploy a minimum of two (2) Live or HALT cartridges and place both probes in the preferred target areas. <input type="checkbox"/> 12-Degree, Close-Quarters Cartridge-Live <input type="checkbox"/> 12-Degree, Close Quarters Cartridge – HALT <input type="checkbox"/> 3.5 Degree, Stand Off Cartridge-Live <input type="checkbox"/> 3.5 Degree, Stand Off Cartridge-HALT <i>Every operator should be certified on every cartridge angle used by their agency.</i> 			
Optional RBT			
<ul style="list-style-type: none"> Deploy at least two (2) HALT cartridges during a minimum of two (2) reactionary drills. 			

I hereby certify that the above-named applicant has satisfactorily completed all components of the TASER 7/7CQ Operator Annual Recertification training program and is hereby recertified as an operator of this system for one year from the date certified.

Attested by Certifying Instructor:

Joseph D. Hugus
(Print Name)

Sgt. [Signature]
(Signature)

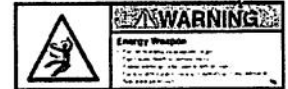
Date: 12-08-25

Location of Training: Pickaway County Sheriff's Office

This form is for internal use only. Please do not send to the Axon Training Department.



**Instructor and Operator:
Warnings, Risks & Release Agreement**
(For Use with Any TASER Energy Weapon Training and TASER Energy Weapon Exposure)



or tissue damage. Infection could result in death or serious injury. Scarring risk may be increased when using an energy weapon in drive-stun mode. Increased skin irritation, abrasion, mark, burning, or scarring may occur with an energy weapon with multiple cartridge bays when used in drive-stun or three-point deployment modes.

WARNING Penetration Injury. The TASER probe has a small dart point which may cause a penetration injury to a blood vessel or internal organ, including lung, bone, or nerve. The probe or dart point (which may detach or break) can puncture or become embedded into a bone, organ, or tissue, which may require immediate medical care, surgical removal, or may result in scarring, infection, or other serious injury.

SAFETY INFORMATION: ENERGY WEAPON DEPLOYMENT AND USE

WARNING Energy weapons and cartridges are weapons, and as with any weapon, follow safe weapon-handling practices and store your energy weapon securely. Significant differences exist between different TASER energy weapon models. Before using any energy weapon, including a multi-shot energy weapon, ensure you understand the functioning and effects of that model. Follow practices in Axon's TASER warnings and training materials and any additional requirements in your agency's Guidance. Failure to follow the warnings may result in death or serious injury to the operator or others.

WARNING Confusing Handgun with Energy Weapon. Confusing a handgun with an energy weapon could result in death or serious injury. Learn the differences in the physical feel and holstering characteristics between your energy weapon and your handgun to help avoid confusion. Always follow your agency's Guidance and training.

WARNING Trigger Hold-Back Model Differences. If the trigger is held back, most energy weapons will continue to discharge until the trigger is released or the power source is expended. With an APPM installed, the X2 and X26P can be programmed to stop an energy weapon discharge at 5 seconds *even if the operator continues to hold back the trigger*, requiring a deliberate action to re-energize the deployed cartridge. The TASER 7 and TASER 10 offer similar options incorporated into the device (independent of the battery pack). Know your model and how it works. Avoid repeated, prolonged, or continuous energy weapon applications when practicable.

SAFETY INFORMATION: ENERGY WEAPON EFFECTIVENESS

WARNING Subject Not Incapacitated. An ineffective energy weapon application could increase the risk of death or serious injury to the operator, the subject, or others. If an energy weapon does not operate as intended or if subject is not incapacitated, disengage, redeploy the energy weapon, or use other force options in accordance with agency Guidance. An energy weapon's effects may be limited by many factors, including absence of delivered electrical charge due to misses, clothing disconnect, intermittent connection, or wire breakage; probe locations or spread; subject's muscle mass; or movement. Some of the factors that may influence the effectiveness of energy weapon use in effecting or achieving control of a subject include:

Subject may not be fully incapacitated. Even though a subject may be affected by an energy weapon in one part of his body, the subject may maintain full muscle control of other portions of his body. Control and restrain a subject as soon as possible, and be prepared in case the subject is not fully incapacitated.

Subject may recover immediately. A subject receiving an energy weapon discharge may immediately regain physical or cognitive abilities upon cessation of the delivered energy weapon discharge. Control and restrain a subject as soon as possible, and be prepared in case the subject immediately recovers.

Drive-stun mode is for pain compliance only. The use of a handheld energy weapon in drive-stun mode is painful, but generally does not cause incapacitation. Drive-stun use may not be effective on emotionally disturbed persons or others who may not respond to pain due to a mind-body disconnect. Avoid using repeated drive-stuns on such individuals if compliance is not achieved.

SAFETY INFORMATION: GENERAL PRECAUTIONS

WARNING Unintentional Energy Weapon Deployment or Discharge Hazard. Unintentional energy weapon activation or unexpected cartridge discharge could result in death or serious injury to the operator, subject, or others.

Avoid static electricity. Keep cartridge away from sources of static electricity. Static electricity can cause an energy weapon or X26, X26P, or M26 cartridge to discharge unexpectedly, possibly resulting in serious injury.

Keep body parts away from front of energy weapon or cartridge. Always keep your hands and body parts away from the front of the energy weapon and cartridge. If the energy weapon discharges unexpectedly you could be injured.

IF YOU HAVE A CONDITION OR PRE-EXISTING INJURY THAT COULD BE AGGRAVATED BY PARTICIPATING IN TASER TRAINING OR RECEIVING A TASER ENERGY WEAPON EXPOSURE, NOTIFY YOUR INSTRUCTOR.

Please check the appropriate boxes:

- I am currently deemed fit for duty by my agency.
- I want to receive a voluntary TASER energy weapon exposure.
 - I do NOT have any pre-existing injuries or conditions that could be aggravated by a voluntary exposure.
 - I understand the risks associated with receiving a voluntary exposure and fully assume all risks.

LIABILITY RELEASE AGREEMENT

I acknowledge and agree as follows:

I have read, fully understand and accept the risks. I have read, fully understand, and accept the risks as stated in this document and Axon's current warnings ("Risks") and that these Risks exist whether or not I have pre-existing injuries. With full knowledge of the Risks, I voluntarily agree to participating in TASER energy weapon training.

Axon does not require an energy weapon Exposure. I understand that Axon does not require a energy weapon exposure as part of Instructor or Operator training. It is up to each agency to determine whether its instructors and operators experience an energy weapon exposure as part of training and it is exclusively my decision to voluntarily experience an energy weapon exposure.

I accept the Risks. Understanding the Risks, I assume all Risks inherent in TASER energy weapon training and, if applicable, voluntary energy weapon exposures, whether known or unknown, foreseen or unforeseen.

Release and hold harmless. I release and hold harmless Axon, its agents, officers, directors, employees, and distributors, my instructor, my law enforcement agency, and the host agency (collectively "Released Parties"), from any and all claims, including but not limited to, claims for strict liability, breach of warranty, failure to warn, or any other theory of liability whatsoever even if due to the NEGLIGENCE or GROSS NEGLIGENCE of the Released Parties. I specifically waive any statutory rights I may have regarding the release of unknown claims.

I agree no one will sue Released Parties. I promise that neither I nor anyone on my behalf will ever sue or bring any other legal action or claim against the Released Parties for anything related to my TASER energy weapon training or, if applicable, voluntary exposure.

Workers' Compensation Rights. This release does not waive any rights I may have under Workers' Compensation Laws. I agree that any recovery under Workers' Compensation Laws does not change, extend or enlarge the waivers and protections inherent in this agreement.

This agreement supersedes any other representation. This release supersedes any other statement, agreement or representation, written or oral, concerning my TASER energy weapon training and/or exposure. I affirm that this is my entire agreement with Axon and I am not relying on any representation by my instructor or agency inconsistent with Axon's TASER warnings and the Risks set forth in this document or in Axon's TASER training materials.

This agreement is a binding contract. I intend this form be legally binding upon me, my heirs, executors, administrators, attorneys and assigns. This agreement is contractual and not a mere recital. If any part of this agreement is held vague, invalid, or otherwise unenforceable, the rest of the agreement will continue in full force and effect.

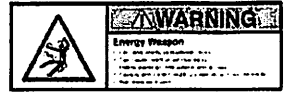
I am competent to be bound by this agreement. I affirm that I am competent to enter into and be bound by this agreement; that I have read and understand this Liability Release Agreement in its entirety; that I have not been induced to sign this agreement by any promise or representation; and that I sign it voluntarily and of my own free will. By signing below I understand that I am waiving certain legal rights including the right to recover damages.

Date 12-08-25
Printed Name _____
Agency PCSO

This signed, completed form shall be retained by the agency or employer for the duration of the student's employment or longer as deemed necessary. Questions should be directed to legal@axon.com



**Instructor and Operator:
Warnings, Risks & Release Agreement**
(For Use with Any TASER Energy Weapon Training and TASER Energy Weapon Exposure)



Axon Enterprise, Inc. (Axon) TASER energy weapon training courses are physically strenuous and there is a risk of personal injury. BEFORE participating in any TASER energy weapon training or voluntary exposure, each participant MUST read the most current TASER energy weapon warnings and read and sign this form. This document incorporates all current TASER energy weapon warnings by reference. This document is effective March 1, 2023, and supersedes all prior revisions.

IMPORTANT SAFETY AND HEALTH INFORMATION

Read, understand, and follow all current instructions, warnings, and relevant TASER training materials before participating in TASER energy weapon training or experiencing a energy weapon exposure. Failure to do so could increase the risk of death or serious injury to the trainee, operator, force recipient, instructor, participants or others. Always follow all current instructions, warnings, and TASER training materials to minimize energy weapon risks.

TRAINING ENERGY WEAPON EXPOSURES

Voluntary. Axon does not require an energy weapon exposure as a condition for Instructor or Operator Certification. It is up to each agency to determine whether its instructors and operators experience an energy weapon exposure as part of training. If energy weapon exposures are performed, they must be limited to a single exposure not exceeding 5 seconds and performed in accordance with Axon's guidelines and by a Certified TASER Instructor.¹

Probe Deployments to Back Only. Cartridge deployed probes must be to the back of the torso or back of the legs only.

Spotters. All persons taking an energy weapon exposure must be properly supported by spotters to prevent falls unless lying down on a mat. Each spotter must hold the person and support the arm under the armpit to prevent arm or shoulder injuries.

Eye Protection. Eye protection is required for the energy weapon operator, observers, spotters and the person being exposed to any probe deployment during ALL times.

SAFETY INFORMATION: ENERGY WEAPON RISKS AND RISK AVOIDANCE

WARNING Muscle Contraction or Strain-Related Injury. Energy weapons in probe-deployment mode can cause muscle contractions that may result in injury, including bone fractures. Energy weapons in probe-deployment mode can cause muscle contractions resulting in injuries similar to those from physical exertion, athletics, or sports, including hernia rupture, dislocation, tear, or other injury to soft tissue, organ, muscle, tendon, ligament, cartilage, disc, nerve, bone, or joint; or injury or damage associated with or to orthopedic or other hardware. Fractures to bone, including compression fracture to vertebrae, may occur. These injuries may be more serious and more likely to occur in people with pre-existing injuries, orthopedic hardware, conditions or special susceptibilities, including pregnancy; low bone density; spinal injury; or previous muscle, disc, ligament, joint, bone, or tendon damage or surgery. Such injuries may also occur in drive-stun applications or when a person reacts to the energy weapon deployment by making a rapid or unexpected movement.

WARNING Secondary Injury. The loss of control resulting from an energy weapon exposure may result in injuries due to a fall or other uncontrolled movement. When possible, avoid using an energy weapon when secondary injuries are likely.

Seizure. Repetitive stimuli (e.g., flashing light or electrical stimuli) can induce seizure in some people, which may result in death or serious injury. This risk may be increased in a person with epilepsy, a seizure history, or if electrical stimuli pass through the head. Emotional stress and physical exertion, both likely in incidents involving energy weapons and other uses of force, are reported as seizure-precipitating factors.

Fainting. A person may experience an exaggerated response to an energy weapon exposure, or threatened exposure, which may result in fainting or falling.

Muscle contraction, Incapacitation, or startle response. Energy weapon use may cause loss of control from muscle contraction, incapacitation, or startle response.

WARNING Cumulative Effects. Energy weapon exposure causes certain effects, including physiologic and metabolic changes, stress, and pain. In some individuals, the risk of death or serious injury may increase with cumulative energy weapon exposure. Repeated, prolonged, or continuous energy weapon applications may contribute to cumulative exhaustion, stress, cardiac, physiologic, metabolic, respiratory, and associated medical risks which could increase the risk of death or

serious injury. Minimize repeated, continuous, or simultaneous exposures.

Physiologic and Metabolic Effects. Energy weapon use causes physiologic and/or metabolic effects that may increase the risk of death or serious injury. These effects include changes in blood chemistry, blood pressure, respiration, heart rate and rhythm, and adrenaline and stress hormones, among others. In human studies of electrical discharge from a single energy weapon of up to 15 seconds, the effects on acid/base balance, creatine kinase, electrolytes, stress hormones, and vital signs were comparable to or less than changes expected from physical exertion similar to struggling, resistance, fighting, fleeing, or from the application of some other force tools or techniques. Some individuals may be particularly susceptible to the effects of energy weapon use. These susceptible individuals include the elderly, those with heart conditions, asthma or other pulmonary conditions, and people suffering from excited delirium, profound agitation, severe exhaustion, drug intoxication or chronic drug abuse, and/or over-exertion from physical struggle. In a physiologically or metabolically compromised person, any physiologic or metabolic change may cause or contribute to sudden death.

Stress and Pain. Energy weapon use, anticipation of use, or response to use can cause startle, panic, fear, anger, rage, temporary discomfort, pain, or stress which may be injurious or fatal to some people.

Minimize the number and duration of energy weapon exposures. Most human energy weapon lab testing has not exceeded 15 seconds of energy weapon application, and none has exceeded 45 seconds. Use the shortest duration of energy weapon exposure objectively reasonable to accomplish lawful objectives, and reassess the subject's behavior, reaction, and resistance before initiating or continuing the exposure. If an energy weapon deployment is ineffective in incapacitating a subject or achieving compliance, consider alternative control measures in conjunction with or separate from the energy weapon.

Avoid simultaneous energy weapon exposures. Do not use multiple energy weapons or multiple completed circuits at the same time without justification. Multiple energy weapons or multiple completed circuits at the same time could have cumulative effects and result in increased risks.

Control and restrain immediately. Begin control and restraint procedures, including during energy weapon exposure (cuffing under power), as soon as reasonably safe and practical to minimize energy weapon cumulative effects and the total duration of exertion and stress experienced by the subject.

Avoid touching probes/wires during energy weapon discharge. Controlling and restraining a subject during energy weapon exposure may put the energy weapon operator and those assisting at risk of accidental or unintended shock. Avoid touching the probes and wires and the areas between the probes during the electrical discharge.

WARNING Cardiac Capture. Energy weapon exposure in the chest area near the heart has a low probability of inducing extra heart beats (cardiac capture). In rare circumstances, cardiac capture could lead to cardiac arrest. When possible, avoid targeting the frontal chest area near the heart to reduce the risk of potential serious injury or death. Cardiac capture may be more likely in children and thin adults because the heart is usually closer to the energy weapon-delivered discharge (the dart-to-heart distance). Serious complications could also arise in those with impaired heart function or in those with an implanted cardiac pacemaker or defibrillator.

Use preferred target areas. The preferred target areas are below the neck area for back shots and the lower center mass (below chest) for front shots. The preferred target areas increase dart-to-heart distance and reduce cardiac risks. Back shots are preferable to front shots when practicable.

Avoid sensitive areas. When practicable, avoid intentionally targeting the energy weapon on sensitive areas of the body such as the face, eyes, head, throat, chest area (area of the heart), breast, groin, genitals, or known pre-existing injury areas.

SAFETY INFORMATION: INJURY OR INFECTION

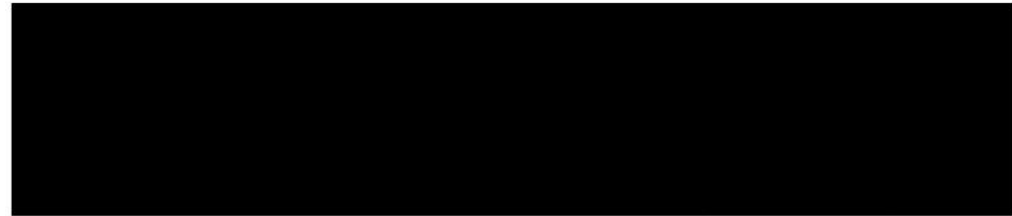
WARNING Eye Injury Hazard. A TASER probe, electrode, or electrical discharge that contacts or comes close to an eye can result in serious injury, including permanent vision loss. DO NOT intentionally aim an energy weapon, including the LASER, at the eye of a person or animal without justification.

WARNING Probe or Electrode Injury, Puncture, Scarring, or Infection Hazard. Energy weapon use may cause a permanent mark, burn, scar, puncture, or other skin

¹ A Certified TASER Instructor is not an Axon agent, but maintains a current TASER instructor certification and

complies with Axon's most current training requirements, materials and license agreement. Representations inconsistent with this document made by any Certified TASER Instructor are expressly disclaimed.

Certificate of Recognition



Participated in

Crisis Intervention Team Training

40 hour Crisis Intervention Training (Course Number 25CPT875)

Sponsored by



May 5-9, 2025

Brian Bethel, Ph.D.,
CIT Trainer

Kelly Dennis, Associate Director,
ADAMH Board

PICKAWAY COUNTY SHERIFF'S OFFICE

WEAPON PROFICIENCY RECORD

HANDGUN

COURSE # OPOTC-HG-01012012

NAME



ASSIGNMENT

PATROL

SERIAL#



CALIBER

9mm

AMMUNITION USED

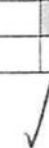
Winchester Ranger

STAGE	TITLE	DIST.	TIME	ROUNDS	DEDUCTIONS					
					MISS	OT	ERF	NF	NPA	PA
1	HIP	4 FT.	5 SEC.	3						3
2	BODY ARMOUR	9 FT.	6 SEC.	3						3
3A	STRONG HAND	12FT	8 SEC	4						4
3B	WEAK HAND	12FT	7 SEC.	4				2	2	
4	RELOAD	20FT	12SEC	3 X 2						6
5	DISTANCE 1	30FT	8 SEC	3						3
6	DISTANCE 2	50FT	8 SEC	2						2
TOTALS				25						21

DATE TESTED

06-24-25

PASS



FAIL

RANGE OFFICER

Sgt. JHO [Signature] #28

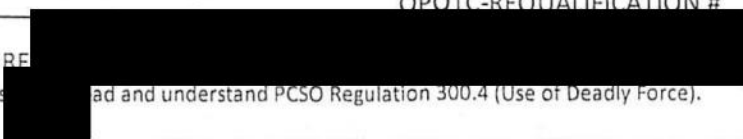
OPOTC-REQUALIFICATION #

09330

RANGE OFFICER

OPOTC-REQUALIFICATION #

OFFICER SIGNATURE



My signature indicates I have read and understand PCSO Regulation 300.4 (Use of Deadly Force).

SHOTGUN

COURSE # OPOTC-SG-2013

WEAPON MAKE

Remington

MODEL #

870

SERIAL#



CALIBER

12g

AMMUNITION USED

Winchester Ranger

STAGE	TITLE	TARGETS	DISTANCE	TIME	ROUNDS	TOTAL HITS
1	SNAP SHOOTING	1	10 FEET	4 SECONDS	2	2
2	SNAP	1	20 FEET	3 SECONDS	2	2
3	SNAP	1	30 FEET	3 SECONDS PER 2 ROUNDS	2	2
4	DISTANCE	1	50 FEET	20 SECONDS OVERALL	2 SLUG	2
8 MINIMUM OR 100%					8	8

DATE TESTED

06-24-25

PASS



FAIL

RANGE OFFICER

Sgt. JHO [Signature] #28

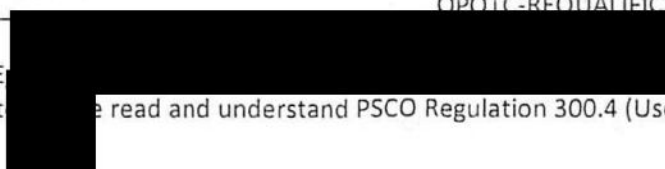
OPOTC-REQUALIFICATION #

09330

RANGE OFFICER

OPOTC-REQUALIFICATION #

OFFICER SIGNATURE



My signature indicates I have read and understand PCSO Regulation 300.4 (Use of Deadly Force).

PICKAWAY COUNTY SHERIFF'S OFFICE
WEAPON PROFICIENCY RECORD

TACTICAL ASSAULT RIFLE
NAME [REDACTED] ASSIGNMENT _____ COURSE # OPOTC-TW-SA-01
UNIT # [REDACTED]

WEAPON MAKE HM MODEL # HM15F CALIBER .556 SERIAL# [REDACTED]
AMMUNITION USED Hornady BULLET WEIGHT 5gr

STAGE	TITLE	TARGETS	DISTANCE	TIME	ROUNDS	TOTAL HITS	
1	SNAP	1	15 FEET	4 SECONDS	3	3	
2	HEAD SHOTS	1	20 FEET	5 SECONDS	3	2	
3	CHEST/HEAD	4	30 FEET	6 SECONDS	3	3	
4	MEDIUM RANGE	1	50 FEET	5 SECONDS	2	2	
5	MEDIUM RANGE	1	75 FEET	1.5 SECONDS	1	0	
6	MEDIUM RANGE	1	75 FEET	12 SECONDS	5	5	
7	LONG RANGE	1	150 FEET	10 SECONDS	3	3	
					16 MINIMUM OR 80%	20	18

PASS FAIL _____

SECONDARY WEAPON _____ COURSE# _____

WEAPON MAKE SW MODEL # MP9 CALIBER 9mm SERIAL# [REDACTED]

STAGE	TITLE	DISTANCE	TIME	ROUNDS	TOTAL HITS
1	STRONG HAND	6 FEET	3 SECONDS	2	
2A	DRAWING	12 FEET	5 SECONDS	2	
2B	WEAK HAND	12 FEET	4 SECONDS	2	
3	DRAWING	21 FEET	5 SECONDS	2	
				8	

PASS _____ FAIL _____

SUBMACHINE GUN _____ COURSE # OPOTC-SMG-06
WEAPON MAKE _____ MODEL # _____ CALIBER _____ SERIAL # _____

STAGE	TITLE	DISTANCE	TIME	ROUNDS	TOTAL HITS
1	SNAP SINGLE	20 FEET	2 SECONDS / 2 ROUNS	12	
2	SNAP BURST	20 FEET	2 SECONDS PER BURST	12	
3	MULTIPLES	20 FEET	4 SECONDS	12	
4	USE OF COVER	30 FEET	20 SECONDS	12	
5	MEDIUM RANGE	75 FEET	12 SECONDS	6	
				44 MINIMUM OR 80%	54

DATE TESTED 06-24-25 PASS _____ FAIL _____

RANGE OFFICER _____ OPOTC-REQUALIFICATION # _____

RANGE OFFICER Sgt. [Signature] #28 OPOTC-REQUALIFICATION # 09320

OFFICER SIGNATURE [REDACTED]
My signature indicates I have read and understand PSCO Regulation 300.4 (Use of Deadly Force).

PICKAWAY COUNTY SHERIFF'S OFFICE
WEAPON PROFICIENCY RECORD

TACTICAL ASSIGNMENT _____ COURSE # OPOTC-TW-SA-01
NAME _____ ASSIGNMENT Patrol UNIT # _____

WEAPON MAKE _____ MODEL # _____ CALIBER _____ SERIAL# _____
AMMUNITION USED _____ BULLET WEIGHT _____

STAGE	TITLE	TARGETS	DISTANCE	TIME	ROUNDS	TOTAL HITS
1	SNAP	1	15 FEET	4 SECONDS	3	
2	HEAD SHOTS	1	20 FEET	5 SECONDS	3	
3	CHEST/HEAD	4	30 FEET	6 SECONDS	3	
4	MEDIUM RANGE	1	50 FEET	5 SECONDS	2	
5	MEDIUM RANGE	1	75 FEET	1.5 SECONDS	1	
6	MEDIUM RANGE	1	75 FEET	12 SECONDS	5	
7	LONG RANGE	1	150 FEET	10 SECONDS	3	
					16 MINIMUM OR 80%	20

PASS _____ FAIL _____

SECONDARY WEAPON _____ COURSE# _____

WEAPON MAKE SW MODEL # MP9 CALIBER 9mm SERIAL# _____

STAGE	TITLE	DISTANCE	TIME	ROUNDS	TOTAL HITS
1	STRONG HAND	6 FEET	3 SECONDS	2	2
2A	DRAWING	12 FEET	5 SECONDS	2	2
2B	WEAK HAND	12 FEET	4 SECONDS	2	2
3	DRAWING	21 FEET	5 SECONDS	2	2
				8	8

PASS FAIL _____

SUBMACHINE GUN _____ COURSE # OPOTC-SMG-06

WEAPON MAKE _____ MODEL # _____ CALIBER _____ SERIAL # _____

STAGE	TITLE	DISTANCE	TIME	ROUNDS	TOTAL HITS
1	SNAP SINGLE	20 FEET	2 SECONDS / 2 ROUNS	12	
2	SNAP BURST	20 FEET	2 SECONDS PER BURST	12	
3	MULTIPLES	20 FEET	4 SECONDS	12	
4	USE OF COVER	30 FEET	20 SECONDS	12	
5	MEDIUM RANGE	75 FEET	12 SECONDS	6	
				44 MINIMUM OR 80%	54

DATE TESTED 06-24-25 PASS _____ FAIL _____

RANGE OFFICER Sgt. J. Hoff OPOTC-REQUALIFICATION # 09330

RANGE OFFICER _____ OPOTC-REQUALIFICATION # _____

OFFICER SIGNATURE _____

My signature indicates I have read and understand PSCO Regulation 300.4 (Use of Deadly Force).

PICKAWAY COUNTY SHERIFF'S OFFICE

WEAPON PROFICIENCY RECORD

HANDGUN

COURSE # OPOTC-HG-01012012

NAME [REDACTED] ASSIGNMENT PATROL SERIAL# [REDACTED]

CALIBER 9mm AMMUNITION USED _____

STAGE	TITLE	DIST.	TIME	ROUNDS	DEDUCTIONS					
					MISS	OT	ERF	NF	NPA	PA
1	HIP	4 FT.	5 SEC.	3						
2	BODY ARMOUR	9 FT.	6 SEC.	3						
3A	STRONG HAND	12FT	8 SEC	4						
3B	WEAK HAND	12FT	7 SEC.	4						
4	RELOAD	20FT	12SEC	3 X 2						
5	DISTANCE 1	30FT	8 SEC	3						
6	DISTANCE 2	50FT	8 SEC	2						
TOTALS				25						

DATE TESTED _____ PASS _____ FAIL _____

RANGE OFFICER _____ OPOTC-REQUALIFICATION # _____

RANGE OFFICER _____ OPOTC-REQUALIFICATION # _____

OFFICER SIGNATURE _____

My signature indicates I have read and understand PCSO Regulation 300.4 (Use of Deadly Force).

SHOTGUN

COURSE # OPOTC-SG-2013

WEAPON MAKE _____ MODEL # _____ SERIAL# _____

CALIBER _____ AMMUNITION USED _____

STAGE	TITLE	TARGETS	DISTANCE	TIME	ROUNDS	TOTAL HITS
1	SNAP SHOOTING	1	10 FEET	4 SECONDS	2	
2	SNAP	1	20 FEET	3 SECONDS	2	
3	SNAP	1	30 FEET	3 SECONDS PER 2 ROUNDS	2	
4	DISTANCE	1	50 FEET	20 SECONDS OVERALL	2 SLUG	
					8 MINIMUM OR 100%	8

DATE TESTED _____ PASS _____ FAIL _____

RANGE OFFICER _____ OPOTC-REQUALIFICATION # _____

RANGE OFFICER _____ OPOTC-REQUALIFICATION # _____

OFFICER SIGNATURE _____

My signature indicates I have read and understand PCSO Regulation 300.4 (Use of Deadly Force).



OFFICE OF THE SHERIFF

PICKAWAY COUNTY
CIRCLEVILLE, OHIO 43113-0100

Roll Call Training Barnes vs. Felix (2024) How use of force will be judged.

This training acknowledgement shows that you have completed training on how use of force will be judged as set forth by the US Supreme Court ruling on Barnes vs. Felix (2024).

Name: [REDACTED] Unit #: [REDACTED]

Signature [REDACTED]

Date: 06-02-25



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

This is to certify that



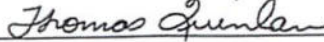
has successfully met the prescribed program requirements for

Ethics Law - 2025

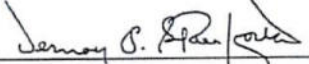
January 15, 2025



Dave Yost
Ohio Attorney General



Thomas Quinlan, Executive Director
Ohio Peace Officer Training Commission



Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission



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

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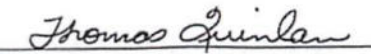
has successfully met the prescribed program requirements for

Use of Force - 2025

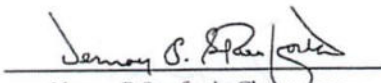
January 17, 2025



Dave Yost
Ohio Attorney General



Thomas Quinlan, Executive Director
Ohio Peace Officer Training Commission



Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission



OHIO PEACE OFFICER TRAINING COMMISSION
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THE OFFICE OF THE ATTORNEY GENERAL

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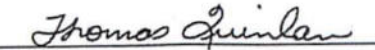
has successfully met the prescribed program requirements for

Arrest, Search, and Seizure - 2025

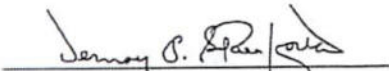
January 14, 2025



Dave Yost
Ohio Attorney General



Thomas Quinlan, Executive Director
Ohio Peace Officer Training Commission



Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission



OHIO PEACE OFFICER TRAINING COMMISSION
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THE OFFICE OF THE ATTORNEY GENERAL

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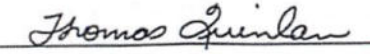
has successfully met the prescribed program requirements for

Legal Updates 2025

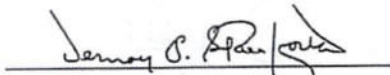
April 09, 2025



Dave Yost
Ohio Attorney General



Thomas Quinlan, Executive Director
Ohio Peace Officer Training Commission



Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission



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

This is to certify that



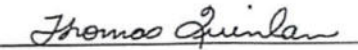
has successfully met the prescribed program requirements for

Report Writing 2025

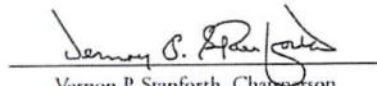
May 13, 2025



Dave Yost
Ohio Attorney General



Thomas Quinlan, Executive Director
Ohio Peace Officer Training Commission



Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission

2



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

This is to certify that



has successfully met the prescribed program requirements for

Critical Thinking in Use of Force Situations Course

April 14, 2025

Dave Yost
Ohio Attorney General

Thomas Quinlan, Executive Director
Ohio Peace Officer Training Commission

Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission



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

This is to certify that

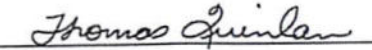


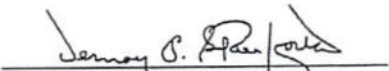
has successfully met the prescribed program requirements for

Victims' Rights - Marsy's Law - 2025

April 22, 2025


Dave Yost
Ohio Attorney General


Thomas Quinlan, Executive Director
Ohio Peace Officer Training Commission


Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission

1
2



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

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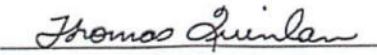
has successfully met the prescribed program requirements for

Vicarious Trauma Course

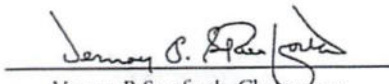
April 14, 2025



Dave Yost
Ohio Attorney General



Thomas Quinlan, Executive Director
Ohio Peace Officer Training Commission



Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission



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

This is to certify that



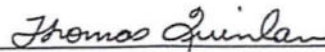
has successfully met the prescribed program requirements for

CAT and Officer Wellness - 2025

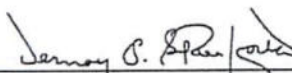
April 21, 2025



Dave Yost
Ohio Attorney General



Thomas Quinlan, Executive Director
Ohio Peace Officer Training Commission



Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission



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

This is to certify that



has successfully met the prescribed program requirements for

BCI Lethal Use of Force and OIS Investigations Course

April 14, 2025

Dave Yost
Ohio Attorney General

Thomas Quinlan, Executive Director
Ohio Peace Officer Training Commission

Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission

Certificate of Recognition



Participated in

Crisis Intervention Team Training

40 hour Crisis Intervention Training (Course Number 25CPT875)

Sponsored by



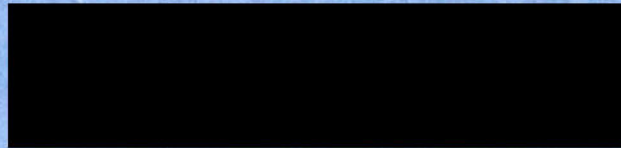
May 5-9, 2025

Brian Bethel, Ph.D.,
CIT Trainer

Kelly Dennis, Associate Director,
ADAMH Board

Certificate of Completion

This is to certify that



Successfully completed the prescribed OPOTA / NHTSA 40 hour course of instruction, and is hereby certified as an operator in the use of all International Association of Chiefs of Police (IACP) Conforming Product List (CPL) Doppler RADAR / LiDAR Speed Measuring Devices on

December 8, 2022

A handwritten signature in blue ink, appearing to read 'R. Barrett', written over a horizontal line.

*Officer Robert M. Barrett #1555
Subject Matter Expert / OPOTA Certified Instructor
Instructor Certificate BAS 23347*

Department of Public Safety – Division of Police – Columbus, Ohio

THIS CERTIFICATE OF COMPLETION IS HEREBY
GRANTED TO



The above named is certified as an operator for TASER Energy Weapons.

COMPLETED TRAINING FOR THE FOLLOWING TASER ENERGY WEAPON:

Taser 7

VALID FOR 1 CALENDAR YEAR FROM THE DATE OF TRAINING COMPLETION

Joseph D. Hugus

Issued by
(Certifying Instructor Name)

12/23/2024

Issued On
(Date)





TASER 7 OPERATOR CERTIFICATION / ANNUAL RECERTIFICATION FORM

This document is not needed if the class is registered in Axon Academy (email training@taser.com for details).

Name: [Redacted] Agency: PICKAWAY COUNTY SHERIFF
 Email: [Redacted] @ PICKAWAYSHERIFF.COM Phone: 740-474-2178
 Address/State/Zip: _____

By signing below, I hereby acknowledge receipt of Axon's Product Warnings. I understand that I must read and understand these warnings PRIOR to participating in any hands-on TASER Energy Weapon drills required by the Certification Course.

Student Signature: (Required) [Redacted]

TASER INSTRUCTOR USE ONLY

The instructor is required to verify that the applicant successfully completed all TASER Energy Weapon Operator Recertification requirements (initial below).

- Review current Annual Operator Recertification Course PowerPoint Presentation(s) and Training Bulletins (if applicable).
- Demonstrate safe handling during loading and unloading, proper finger positioning, and aiming and deploying at the preferred target area.
- Perform a proper de-escalation warning ARC.
- Utilize the ARC switch to reenergize deployed probes.

BASIC CERTIFICATION (MANDATORY): Deploy a minimum of two (2) Live or HALT cartridges per angle* and place both probes in preferred target zones:

- 12-Degree, Close Quarters Cartridge
- 3.5-Degree, Standoff Cartridge

*Every officer should be certified on every cartridge angle used by his/her agency.

DE-ESCALATION RBT CERTIFICATION (optional) – Only required for Year 3: Successfully complete scenarios using the HALT system, deploying a minimum of 2 HALT and 2 Live cartridges per angle. Yes No

I hereby certify that the above-named applicant has satisfactorily completed all components of the TASER 7 Operator Annual Recertification training program and is hereby recertified as an operator of this system on the specified angle(s) for one year.

Attested by Certifying Instructor: Joseph D. Hugue (Print Name) Sgt. [Signature] (Signature)

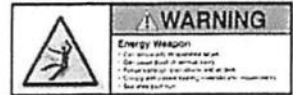
Date: 12-23-2024 Location of Training: PCSO

This form is for internal use only. Please do not send to the TASER Training Department.



Instructor and Operator: Warnings, Risks & Release Agreement.

(For Use with Any TASER Energy Weapon Training and TASER Energy Weapon Exposure)



or tissue damage. Infection could result in death or serious injury. Scarring risk may be increased when using an energy weapon in drive-stun mode. Increased skin irritation, abrasion, mark, burning, or scarring may occur with an energy weapon with multiple cartridge bays when used in drive-stun or three-point deployment modes.

WARNING Penetration Injury. The TASER probe has a small dart point which may cause a penetration injury to a blood vessel or internal organ, including lung, bone, or nerve. The probe or dart point (which may detach or break) can puncture or become embedded into a bone, organ, or tissue, which may require immediate medical care, surgical removal, or may result in scarring, infection, or other serious injury.

SAFETY INFORMATION: ENERGY WEAPON DEPLOYMENT AND USE

WARNING Energy weapons and cartridges are weapons, and as with any weapon, follow safe weapon-handling practices and store your energy weapon securely. Significant differences exist between different TASER energy weapon models. Before using any energy weapon, including a multi-shot energy weapon, ensure you understand the functioning and effects of that model. Follow practices in Axon's TASER warnings and training materials and any additional requirements in your agency's Guidance. Failure to follow the warnings may result in death or serious injury to the operator or others.

WARNING Confusing Handgun with Energy Weapon. Confusing a handgun with an energy weapon could result in death or serious injury. Learn the differences in the physical feel and holstering characteristics between your energy weapon and your handgun to help avoid confusion. Always follow your agency's Guidance and training.

WARNING Trigger Hold-Back Model Differences. If the trigger is held back, most energy weapons will continue to discharge until the trigger is released or the power source is expended. With an APPM installed, the X2 and X26P can be programmed to stop an energy weapon discharge at 5 seconds even if the operator continues to hold back the trigger, requiring a deliberate action to re-energize the deployed cartridge. The TASER 7 and TASER 10 offer similar options incorporated into the device (independent of the battery pack). Know your model and how it works. Avoid repeated, prolonged, or continuous energy weapon applications when practicable.

SAFETY INFORMATION: ENERGY WEAPON EFFECTIVENESS

WARNING Subject Not Incapacitated. An ineffective energy weapon application could increase the risk of death or serious injury to the operator, the subject, or others. If an energy weapon does not operate as intended or if subject is not incapacitated, disengage, redeploy the energy weapon, or use other force options in accordance with agency Guidance. An energy weapon's effects may be limited by many factors, including absence of delivered electrical charge due to misses, clothing disconnect, intermittent connection, or wire breakage; probe locations or spread; subject's muscle mass; or movement. Some of the factors that may influence the effectiveness of energy weapon use in effecting or achieving control of a subject include:

Subject may not be fully incapacitated. Even though a subject may be affected by an energy weapon in one part of his body, the subject may maintain full muscle control of other portions of his body. Control and restrain a subject as soon as possible, and be prepared in case the subject is not fully incapacitated.

Subject may recover immediately. A subject receiving an energy weapon discharge may immediately regain physical or cognitive abilities upon cessation of the delivered energy weapon discharge. Control and restrain a subject as soon as possible, and be prepared in case the subject immediately recovers.

Drive-stun mode is for pain compliance only. The use of a handheld energy weapon in drive-stun mode is painful, but generally does not cause incapacitation. Drive-stun use may not be effective on emotionally disturbed persons or others who may not respond to pain due to a mind-body disconnect. Avoid using repeated drive-stuns on such individuals if compliance is not achieved.

SAFETY INFORMATION: GENERAL PRECAUTIONS

WARNING Unintentional Energy Weapon Deployment or Discharge Hazard. Unintentional energy weapon activation or unexpected cartridge discharge could result in death or serious injury to the operator, subject, or others.

Avoid static electricity. Keep cartridge away from sources of static electricity. Static electricity can cause an energy weapon or X26, X26P, or M26 cartridge to discharge unexpectedly, possibly resulting in serious injury.

Keep body parts away from front of energy weapon or cartridge. Always keep your hands and body parts away from the front of the energy weapon and cartridge. If the energy weapon discharges unexpectedly you could be injured.

IF YOU HAVE A CONDITION OR PRE-EXISTING INJURY THAT COULD BE AGGRAVATED BY PARTICIPATING IN TASER TRAINING OR RECEIVING A TASER ENERGY WEAPON EXPOSURE, NOTIFY YOUR INSTRUCTOR.

Please check the appropriate boxes:

- I am currently deemed fit for duty by my agency.
- I want to receive a voluntary TASER energy weapon exposure.
 - I do NOT have any pre-existing injuries or conditions that could be aggravated by a voluntary exposure.
 - I understand the risks associated with receiving a voluntary exposure and fully assume all risks.

LIABILITY RELEASE AGREEMENT

I acknowledge and agree as follows:

I have read, fully understand and accept the risks. I have read, fully understand, and accept the risks as stated in this document and Axon's current warnings ("Risks") and that these Risks exist whether or not I have pre-existing injuries. With full knowledge of the Risks, I voluntarily agree to participating in TASER energy weapon training.

Axon does not require an energy weapon Exposure. I understand that Axon does not require a energy weapon exposure as part of Instructor or Operator training. It is up to each agency to determine whether its instructors and operators experience an energy weapon exposure as part of training and it is exclusively my decision to voluntarily experience an energy weapon exposure.

I accept the Risks. Understanding the Risks, I assume all Risks inherent in TASER energy weapon training and, if applicable, voluntary energy weapon exposures, whether known or unknown, foreseen or unforeseen.

Release and hold harmless. I release and hold harmless Axon, its agents, officers, directors, employees, and distributors, my instructor, my law enforcement agency, and the host agency (collectively "Released Parties"), from any and all claims, including but not limited to, claims for strict liability, breach of warranty, failure to warn, or any other theory of liability whatsoever even if due to the NEGLIGENCE or GROSS NEGLIGENCE of the Released Parties. I specifically waive any statutory rights I may have regarding the release of unknown claims.

I agree no one will sue Released Parties. I promise that neither I nor anyone on my behalf will ever sue or bring any other legal action or claim against the Released Parties for anything related to my TASER energy weapon training or, if applicable, voluntary exposure.

Workers' Compensation Rights. This release does not waive any rights I may have under Workers' Compensation Laws. I agree that any recovery under Workers' Compensation Laws does not change, extend or enlarge the waivers and protections inherent in this agreement.

This agreement supersedes any other representation. This release supersedes any other statement, agreement or representation, written or oral, concerning my TASER energy weapon training and/or exposure. I affirm that this is my entire agreement with Axon and I am not relying on any representation by my instructor or agency inconsistent with Axon's TASER warnings and the Risks set forth in this document or in Axon's TASER training materials.

This agreement is a binding contract. I intend this form be legally binding upon me, my heirs, executors, administrators, attorneys and assigns. This agreement is contractual and not a mere recital. If any part of this agreement is held vague, invalid, or otherwise unenforceable, the rest of the agreement will continue in full force and effect.

I am competent to be bound by this agreement. I affirm that I am competent to enter into and be bound by this agreement; that I have read and understand this Liability Release Agreement in its entirety; that I have not been induced to sign this agreement by any promise or representation; and that I sign it voluntarily and of my own free will. By signing below I understand that I am giving up certain legal rights, including the right to recover damages.

Date 12-23-24 Signed [Redacted]

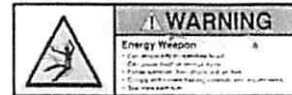
Printed Name [Redacted]

Agency PCSO

This signed, completed form shall be retained by the agency or employer for the duration of the student's employment or longer as deemed necessary. Questions should be directed to legal@axon.com



**Instructor and Operator:
Warnings, Risks & Release Agreement**
(For Use with Any TASER Energy Weapon Training and TASER Energy Weapon Exposure)



Axon Enterprise, Inc. (Axon) TASER energy weapon training courses are physically strenuous and there is a risk of personal injury. BEFORE participating in any TASER energy weapon training or voluntary exposure, each participant MUST read the most current TASER energy weapon warnings and read and sign this form. This document incorporates all current TASER energy weapon warnings by reference. This document is effective March 1, 2023, and supersedes all prior revisions.

IMPORTANT SAFETY AND HEALTH INFORMATION

Read, understand, and follow all current instructions, warnings, and relevant TASER training materials before participating in TASER energy weapon training or experiencing a energy weapon exposure. Failure to do so could increase the risk of death or serious injury to the trainee, operator, force recipient, instructor, participants or others. Always follow all current instructions, warnings, and TASER training materials to minimize energy weapon risks.

TRAINING ENERGY WEAPON EXPOSURES

Voluntary. Axon does not require an energy weapon exposure as a condition for Instructor or Operator Certification. It is up to each agency to determine whether its instructors and operators experience an energy weapon exposure as part of training. If energy weapon exposures are performed, they must be limited to a single exposure not exceeding 5 seconds and performed in accordance with Axon's guidelines and by a Certified TASER Instructor.¹

Probe Deployments to Back Only. Cartridge deployed probes must be to the back of the torso or back of the legs only.

Spotters. All persons taking an energy weapon exposure must be properly supported by spotters to prevent falls unless lying down on a mat. Each spotter must hold the person and support the arm under the armpit to prevent arm or shoulder injuries.

Eye Protection. Eye protection is required for the energy weapon operator, observers, spotters and the person being exposed to any probe deployment during ALL times.

SAFETY INFORMATION: ENERGY WEAPON RISKS AND RISK AVOIDANCE

WARNING Muscle Contraction or Strain-Related Injury. Energy weapons in probe- deployment mode can cause muscle contractions that may result in injury, including bone fractures. Energy weapons in probe-deployment mode can cause muscle contractions resulting in injuries similar to those from physical exertion, athletics, or sports, including hernia rupture, dislocation, tear, or other injury to soft tissue, organ, muscle, tendon, ligament, cartilage, disc, nerve, bone, or joint; or injury or damage associated with or to orthopedic or other hardware. Fractures to bone, including compression fracture to vertebrae, may occur. These injuries may be more serious and more likely to occur in people with pre-existing injuries, orthopedic hardware, conditions or special susceptibilities, including pregnancy; low bone density; spinal injury; or previous muscle, disc, ligament, joint, bone, or tendon damage or surgery. Such injuries may also occur in drive-stun applications or when a person reacts to the energy weapon deployment by making a rapid or unexpected movement.

WARNING Secondary Injury. The loss of control resulting from an energy weapon exposure may result in injuries due to a fall or other uncontrolled movement. When possible, avoid using an energy weapon when secondary injuries are likely.

Seizure. Repetitive stimuli (e.g., flashing light or electrical stimuli) can induce seizure in some people, which may result in death or serious injury. This risk may be increased in a person with epilepsy, a seizure history, or if electrical stimuli pass through the head. Emotional stress and physical exertion, both likely in incidents involving energy weapons and other uses of force, are reported as seizure-precipitating factors.

Fainting. A person may experience an exaggerated response to an energy weapon exposure, or threatened exposure, which may result in fainting or falling.

Muscle contraction, incapacitation, or startle response. Energy weapon use may cause loss of control from muscle contraction, incapacitation, or startle response.

WARNING Cumulative Effects. Energy weapon exposure causes certain effects, including physiologic and metabolic changes, stress, and pain. In some individuals, the risk of death or serious injury may increase with cumulative energy weapon exposure. Repeated, prolonged, or continuous energy weapon applications may contribute to cumulative exhaustion, stress, cardiac, physiologic, metabolic, respiratory, and associated medical risks which could increase the risk of death or

serious injury. Minimize repeated, continuous, or simultaneous exposures.

Physiologic and Metabolic Effects. Energy weapon use causes physiologic and/or metabolic effects that may increase the risk of death or serious injury. These effects include changes in blood chemistry, blood pressure, respiration, heart rate and rhythm, and adrenaline and stress hormones, among others. In human studies of electrical discharge from a single energy weapon of up to 15 seconds, the effects on acid/base balance, creatine kinase, electrolytes, stress hormones, and vital signs were comparable to or less than changes expected from physical exertion similar to struggling, resistance, fighting, fleeing, or from the application of some other force tools or techniques. Some individuals may be particularly susceptible to the effects of energy weapon use. These susceptible individuals include the elderly, those with heart conditions, asthma or other pulmonary conditions, and people suffering from excited delirium, profound agitation, severe exhaustion, drug intoxication or chronic drug abuse, and/or over-exertion from physical struggle. In a physiologically or metabolically compromised person, any physiologic or metabolic change may cause or contribute to sudden death.

Stress and Pain. Energy weapon use, anticipation of use, or response to use can cause startle, panic, fear, anger, rage, temporary discomfort, pain, or stress which may be injurious or fatal to some people.

Minimize the number and duration of energy weapon exposures. Most human energy weapon lab testing has not exceeded 15 seconds of energy weapon application, and none has exceeded 45 seconds. Use the shortest duration of energy weapon exposure objectively reasonable to accomplish lawful objectives, and reassess the subject's behavior, reaction, and resistance before initiating or continuing the exposure. If an energy weapon deployment is ineffective in incapacitating a subject or achieving compliance, consider alternative control measures in conjunction with or separate from the energy weapon.

Avoid simultaneous energy weapon exposures. Do not use multiple energy weapons or multiple completed circuits at the same time without justification. Multiple energy weapons or multiple completed circuits at the same time could have cumulative effects and result in increased risks.

Control and restrain immediately. Begin control and restraint procedures, including during energy weapon exposure (cuffing under power), as soon as reasonably safe and practical to minimize energy weapon cumulative effects and the total duration of exertion and stress experienced by the subject.

Avoid touching probes/wires during energy weapon discharge. Controlling and restraining a subject during energy weapon exposure may put the energy weapon operator and those assisting at risk of accidental or unintended shock. Avoid touching the probes and wires and the areas between the probes during the electrical discharge.

WARNING Cardiac Capture. Energy weapon exposure in the chest area near the heart has a low probability of inducing extra heart beats (cardiac capture). In rare circumstances, cardiac capture could lead to cardiac arrest. When possible, avoid targeting the frontal chest area near the heart to reduce the risk of potential serious injury or death. Cardiac capture may be more likely in children and thin adults because the heart is usually closer to the energy weapon-delivered discharge (the dart-to-heart distance). Serious complications could also arise in those with impaired heart function or in those with an implanted cardiac pacemaker or defibrillator.

Use preferred target areas. The preferred target areas are below the neck area for back shots and the lower center mass (below chest) for front shots. The preferred target areas increase dart-to-heart distance and reduce cardiac risks. Back shots are preferable to front shots when practicable.

Avoid sensitive areas. When practicable, avoid intentionally targeting the energy weapon on sensitive areas of the body such as the face, eyes, head, throat, chest area (area of the heart), breast, groin, genitals, or known pre-existing injury areas.

SAFETY INFORMATION: INJURY OR INFECTION

WARNING Eye Injury Hazard. A TASER probe, electrode, or electrical discharge that contacts or comes close to an eye can result in serious injury, including permanent vision loss. DO NOT intentionally aim an energy weapon, including the LASER, at the eye of a person or animal without justification.

WARNING Probe or Electrode Injury, Puncture, Scarring, or Infection Hazard. Energy weapon use may cause a permanent mark, burn, scar, puncture, or other skin

¹ A Certified TASER Instructor is not an Axon agent, but maintains a current TASER instructor certification and

complies with Axon's most current training requirements, materials and license agreement. Representations inconsistent with this document made by any Certified TASER Instructor are expressly disclaimed.



THE STATE OF OHIO



KEITH FABER
OHIO AUDITOR OF STATE

The Ohio Auditor of State's Office

certifies that



has successfully completed
Fraud Reporting and Training

July 28, 2024

A handwritten signature in cursive script that reads "Keith Faber".

Keith Faber
Ohio Auditor of State



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

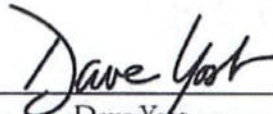
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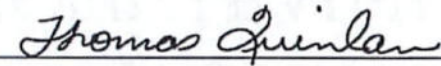
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2024 CPT - Victims' Rights - Marsy's Law

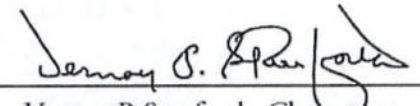
June 28, 2024



Dave Yost
Ohio Attorney General



Thomas Quinlan, Executive Director
Ohio Peace Officer Training Commission



Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission



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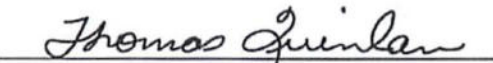
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CPT 2024 - Responding to Mental Health Issues

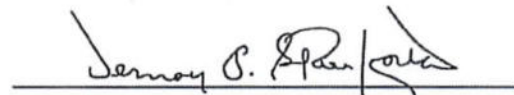
July 28, 2024



Dave Yost
Ohio Attorney General



Thomas Quinlan, Executive Director
Ohio Peace Officer Training Commission



Vernon P. Stanforth, Chairperson
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OHIO PEACE OFFICER TRAINING COMMISSION & THE OFFICE OF THE ATTORNEY GENERAL

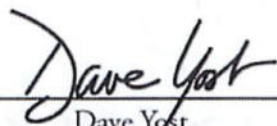
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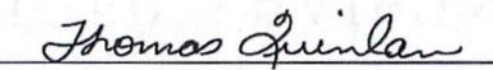
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Legal Updates 2024

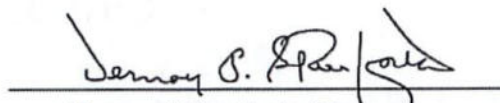
August 07, 2024



Dave Yost
Ohio Attorney General



Thomas Quinlan, Executive Director
Ohio Peace Officer Training Commission



Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission



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

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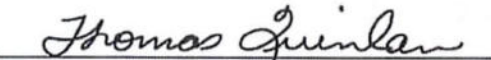
has successfully met the prescribed program requirements for

2024 CPT - NIBIN Overview Course

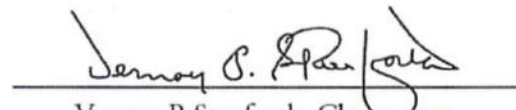
June 23, 2024



Dave Yost
Ohio Attorney General



Thomas Quinlan, Executive Director
Ohio Peace Officer Training Commission



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Ohio Peace Officer Training Commission



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

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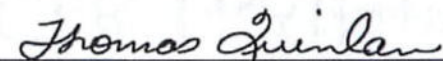
has successfully met the prescribed program requirements for

2024 CPT - Crisis Mitigation

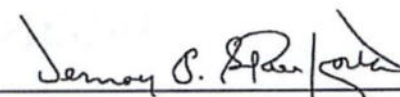
August 20, 2024



Dave Yost
Ohio Attorney General



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

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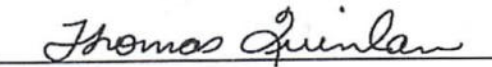
has successfully met the prescribed program requirements for

Impacting Narcotics in Ohio Course

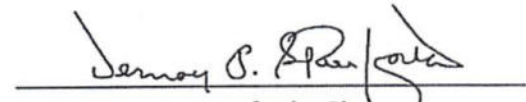
August 29, 2024



Dave Yost
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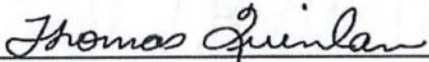
has successfully met the prescribed program requirements for

Report Writing 2023 Course

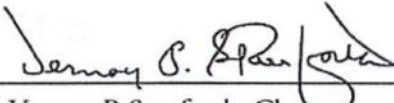
August 28, 2024



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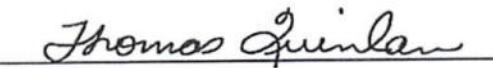
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Responding to Sexual Assault Course

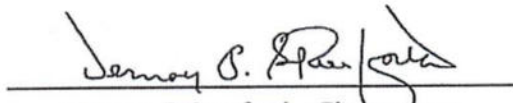
August 29, 2024



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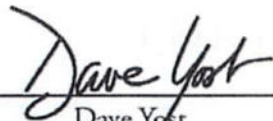
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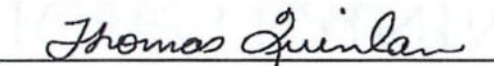
has successfully met the prescribed program requirements for

Roll Call Refresher - NIBIN III

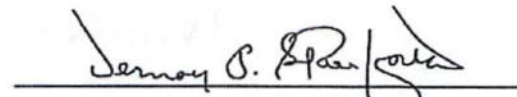
June 23, 2024



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

This is to certify that



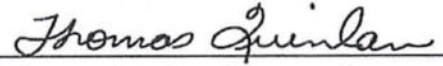
has successfully met the prescribed program requirements for

Use of Body-Worn Cameras Course

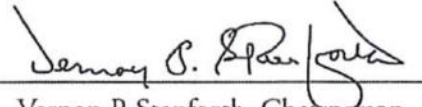
August 28, 2024



Dave Yost
Ohio Attorney General



Thomas Quinlan, Executive Director
Ohio Peace Officer Training Commission



Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission



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

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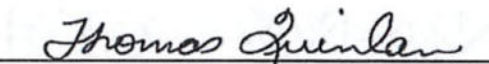
has successfully met the prescribed program requirements for

Arrest, Search, and Seizure 2023 Course

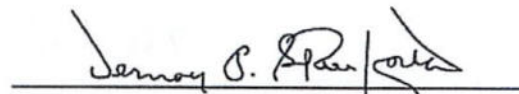
July 29, 2024



Dave Yost
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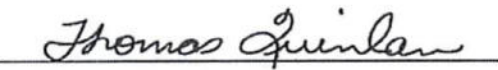
has successfully met the prescribed program requirements for

Roll Call Refresher - Veterans In Crisis (CPT Credit)

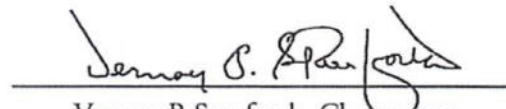
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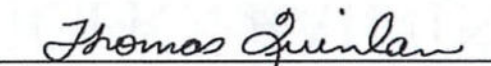
has successfully met the prescribed program requirements for

Ohio School Threat Assessment Course

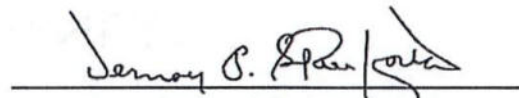
July 29, 2024



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

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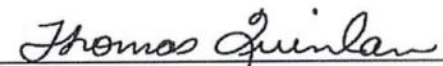
has successfully met the prescribed program requirements for

Public Records - 2024

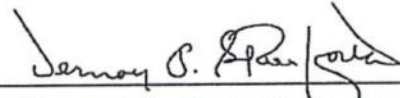
August 27, 2024



Dave Yost
Ohio Attorney General



Thomas Quinlan, Executive Director
Ohio Peace Officer Training Commission



Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission

RANGE PROFICIENCY RECORD: SEMI-AUTO PISTOL

Name: [REDACTED] Agency: PCSO

Weapon make: Glock Model: 19 Serial #: [REDACTED]

Hits in the preferred area (PA) count as a plus one (+1).

Hits in the non-preferred area (NPA) and inside of the silhouette outline are zero (0).

Rounds not fired (NF) are zero (0).

Rounds outside of the silhouette outline (MISS), off the target (MISS), fired over the time limit (OT), or any extra rounds fired (ERF) are minus 1 (-1).

Stage 1 PA: 3 NPA: 1 NF: MISS: OT: ERF: 1

Stage 2 2 hits in the preferred area, one hit in the head circle or hip circle
PA: 3 NPA: NF: MISS: OT: ERF: Head Miss:

Stage 3A PA: 4 NPA: NF: MISS: OT: ERF:

Stage 3B PA: 4 NPA: NF: MISS: OT: ERF:

Stage 4 PA: 5 NPA: NF: 1 MISS: OT: ERF:

Stage 5 PA: 3 NPA: NF: MISS: OT: ERF:

Stage 6 PA: 2 NPA: NF: MISS: OT: ERF:

Subtotals: 24 MISS: OT: ERF: 1 Head Miss:

Total: 23 (PASSING IS A MINIMUM OF 20)

Date tested: 07-10-2024 Passed: ✓ Failed:

Tested by: Sgt. [Signature] REQ#: 09330 Exp: 07-16-2026

RANGE PROFICIENCY RECORD: SHOTGUN

Name: [REDACTED] Agency: PCSO
Weapon make: Remington Model: 870 Serial #: [REDACTED]

Hits in the preferred area (PA) count as a plus one (+1).
Hits in the non-preferred area (NPA), but inside of the silhouette area are a zero (0).
Rounds not fired (NF) are a zero (0)
Hits outside of the target outline (MISS), off of the target (MISS), fired over the time limit (OT) and extra rounds fired (ERF) are a minus 1 (-1)

Stage 1 PA: 2 NPA: _____ NF: _____ MISS: _____ OT: _____ ERF: _____

Stage 2 PA: 2 NPA: _____ NF: _____ MISS: _____ OT: _____ ERF: _____

Stage 3 PA: 2 NPA: _____ NF: _____ MISS: _____ OT: _____ ERF: _____

Optional slug qualification stage

Stage 4 PA: 2 NPA: _____ NF: _____ MISS: _____ OT: _____ ERF: _____

Total: 8 PASSING SCORE - 100% HITS

Date tested: 07-10-2024 Passed: Failed: _____

Tested by: Sgt. [Signature] REQ#: 09330 Exp: 07-16-2026

RANGE PROFICIENCY RECORD: PATROL RIFLE/CARBINE

Name: [REDACTED] Agency: PCSO
Weapon make: RUGER Model: AR-556 Serial #: [REDACTED]

Hits in the preferred area (PA) count as a plus one (+1).
Hits in the non-preferred area (NPA) and inside of the silhouette outline are zero (0).
Rounds not fired (NF) are zero (0).
Rounds outside of the silhouette outline (MISS), off the target (MISS), fired over the time limit (OT), or any extra rounds fired (ERF) are minus 1 (-1).

Stage 1 PA: NPA: NF: MISS: OT: ERF:
Stage 2 3 hits in the head circle or hip circle
PA: NPA: NF: MISS: OT: ERF: Head Miss:
Stage 3 2 hits in the preferred area, one hit in the head circle or hip circle
PA: NPA: NF: MISS: OT: ERF: Head Miss:
Stage 4 PA: NPA: NF: MISS: OT: ERF:
Stage 5 PA: NPA: NF: MISS: OT: ERF:
Stage 6 PA: NPA: NF: MISS: OT: ERF:
Stage 7 PA: NPA: NF: MISS: OT: ERF:
Subtotals: 20 MISS: OT: ERF: Head Miss:
Total: 20 (PASSING IS A MINIMUM OF 16)

Date tested: 07/10/24 Passed: Failed:
Tested by: L.M. LANE REQ#: 08111 Exp:

**RANGE PROFICIENCY RECORD
LOW CAPACITY SUB CALIBER BACKUP**

NAME: [REDACTED] AGENCY: PCSO

WEAPON MAKE: SMITH MODEL: MP9 SERIAL # [REDACTED]

HITS IN THE PREFERRED AREA (PA) COUNT AS A PLUS ONE (+1)

HITS IN THE NON-PREFERRED AREA (NPA), BUT INSIDE OF THE TARGET
OUTLINE ARE A ZERO (0)

ROUNDS NOT FIRED (NF) ARE ZERO (0)

HITS OUTSIDE OF THE TARGET OUTLINE (MISS), OFF OF THE TARGET (MISS),
OR FIRED OVER THE TIME LIMIT (OT) ARE A MINUS 1 (-1), EXTRA ROUNDS
FIRED (ERF) ARE MINUS 1 (-1).

STAGE 1 PA: 2 NPA: NF: MISS: OT: ERF:

STAGE 2A PA: 2 NPA: NF: MISS: OT: ERF:

STAGE 2B PA: 2 NPA: NF: MISS: OT: ERF:

STAGE 3 PA: 2 NPA: NF: MISS: OT: ERF:

SUB TOTALS: 8 MISS: OT: ERF:

TOTAL: 8 (PASSING IS 100% OR 8 ROUNDS)

1

DATE TESTED: 07-10-2024 PASSED: FAILED:

TESTED BY: Sgt. Joseph D. [Signature] REQ#: 09330 EXP: 07-16-2026

OHIO PEACE OFFICER TRAINING ACADEMY

**RANGE PROFICIENCY RECORD
LOW CAPACITY SUB CALIBER BACKUP**

NAME: _____ AGENCY: PCSO
WEAPON MAKE: GLOCK MODEL: 17 SERIAL #: _____

HITS IN THE PREFERRED AREA (PA) COUNT AS A PLUS ONE (+1)

HITS IN THE NON-PREFERRED AREA (NPA), BUT INSIDE OF THE TARGET
OUTLINE ARE A ZERO (0)

ROUNDS NOT FIRED (NF) ARE ZERO (0)

HITS OUTSIDE OF THE TARGET OUTLINE (MISS), OFF OF THE TARGET (MISS),
OR FIRED OVER THE TIME LIMIT (OT) ARE A MINUS 1 (-1), EXTRA ROUNDS
FIRED (ERF) ARE MINUS 1 (-1).

STAGE 1 PA: 2 NPA: _____ NF: _____ MISS: _____ OT: _____ ERF: _____
STAGE 2A PA: 2 NPA: _____ NF: _____ MISS: _____ OT: _____ ERF: _____
STAGE 2B PA: 2 NPA: _____ NF: _____ MISS: _____ OT: _____ ERF: _____
STAGE 3 PA: 2 NPA: _____ NF: _____ MISS: _____ OT: _____ ERF: _____
SUB TOTALS: 8 MISS: _____ OT: _____ ERF: _____
TOTAL: 8 (PASSING IS 100% OR 8 ROUNDS)

DATE TESTED: 07-10-2024 PASSED: FAILED: _____

TESTED BY: Sgt. J. M. [Signature] REQ#: 09336 EXP: 07-16-2026

Certificate of Training



Pickaway County Sheriff's Office

has successfully completed the 16-hour course

**Advanced Roadside Impaired Driving Enforcement
A.R.I.D.E.**

On this day July 2, 2024



Course ID-AR24-15
Lead Instructor – Det. David Leighty DRE# 19461

Ohio DRE State Coordinator

Samuel C. Criswell

Franklin County Sheriff's Office Support Services Division



This is to certify that




has successfully completed the

2024 SWAT Basic Course

04/19/2024
Certification Date




Sgt. J. Satterfield

RANGE PROFICIENCY RECORD: PATROL RIFLE/CARBINE

Name: [REDACTED] Agency: PCSO
Weapon make: Ruger Model: 5.56 Serial #: [REDACTED]

Hits in the preferred area (PA) count as a plus one (+1).
Hits in the non-preferred area (NPA) and inside of the silhouette outline are zero (0).
Rounds not fired (NF) are zero (0).

Rounds outside of the silhouette outline (MISS), off the target (MISS), fired over the time limit (OT), or any extra rounds fired (ERF) are minus 1 (-1).

Stage 1 PA: 3 NPA: ___ NF: ___ MISS: ___ OT: ___ ERF: ___
Stage 2 3 hits in the head circle or hip circle
PA: 3 NPA: ___ NF: ___ MISS: ___ OT: ___ ERF: ___ Head Miss: ___
Stage 3 2 hits in the preferred area, one hit in the head circle or hip circle
PA: 3 NPA: ___ NF: ___ MISS: ___ OT: ___ ERF: ___ Head Miss: ___
Stage 4 PA: 2 NPA: ___ NF: ___ MISS: ___ OT: ___ ERF: ___
Stage 5 PA: 1 NPA: ___ NF: ___ MISS: ___ OT: ___ ERF: ___
Stage 6 PA: 5 NPA: ___ NF: ___ MISS: ___ OT: ___ ERF: ___
Stage 7 PA: 3 NPA: ___ NF: ___ MISS: ___ OT: ___ ERF: ___
Subtotals: 20 MISS: ___ OT: ___ ERF: ___ Head Miss: ___
Total: 20 (PASSING IS A MINIMUM OF 16)

Date tested: 0304-2024 Passed: Failed:

Tested by: Sgt Joseph D. [Signature] REQ#: 09330 Exp: 07-17-2026

OHIO PEACE OFFICER TRAINING ACADEMY

RANGE PROFICIENCY RECORD: PATROL RIFLE/CARBINE

Name: [REDACTED] Agency: PCSO
Weapon make: Ruger Model: 5.56 Serial #: [REDACTED]

Hits in the preferred area (PA) count as a plus one (+1).
Hits in the non-preferred area (NPA) and inside of the silhouette outline are zero (0).
Rounds not fired (NF) are zero (0).
Rounds outside of the silhouette outline (MISS), off the target (MISS), fired over the time limit (OT), or any extra rounds fired (ERF) are minus 1 (-1).

Stage 1 PA: 3 NPA: NF: MISS: OT: ERF:
Stage 2 3 hits in the head circle or hip circle
PA: NPA: 3 NF: MISS: OT: ERF: Head Miss: 3
Stage 3 2 hits in the preferred area, one hit in the head circle or hip circle
PA: 3 NPA: NF: MISS: OT: ERF: Head Miss:
Stage 4 PA: 1 NPA: NF: 1 MISS: OT: ERF:
Stage 5 PA: 1 NPA: NF: MISS: OT: ERF:
Stage 6 PA: 5 NPA: NF: MISS: OT: 1 ERF:
Stage 7 PA: 3 NPA: NF: MISS: OT: ERF:
Subtotals: 1619 MISS: OT: 1 ERF: Head Miss: 3
Total: 15 (PASSING IS A MINIMUM OF 16)

Date tested: 03-04-2024 Passed: Failed: ✓

Tested by: Sgt. Joseph D. [Signature] REQ#: 09330 Exp: 07-17-2026

- OHIO ATTORNEY GENERAL -
RECOGNITION OF COMPLETION AWARD

This certificate of completion is awarded to



has completed the Ohio Attorney General's online training course

**OHLEG Security
Training 2023**

A handwritten signature in blue ink that reads "Dave Yost".

DAVE YOST, OHIO ATTORNEY GENERAL

December 27, 2023



DAVE YOST
OHIO ATTORNEY GENERAL



Bureau Of Criminal Investigations Ohio Law Enforcement Gateway Agency/User Agreement

User Acknowledgment

I acknowledge that I am responsible for reading and understanding the OHLEG Security Policies. I acknowledge and agree that I will utilize this information exclusively for the administration of criminal justice for the official purposes of my agency. Access to OHLEG is a privilege subject to termination. Data accessed through OHLEG is continuously subject to limitations on use and dissemination and is not to be sold, transmitted, or disseminated to any unauthorized person. To protect the system from unauthorized use and to ensure that the system is functioning properly, individuals using this computer system are subject to having all of their activities monitored, recorded, and audited. Anyone using this system expressly consents to such monitoring and is advised that any evidence of possible abuse or criminal activity will be provided to appropriate officials. Unauthorized attempts to upload or change information, or otherwise cause damage to this service, are strictly prohibited. I acknowledge that any unauthorized access or misuse of the law enforcement information or data on this site is prohibited by Revised Code section 2913.04, and constitutes a fifth degree felony. I further acknowledge that any failure to abide by the conditions and restrictions in the user agreement and in the OHLEG Rules and Regulations will result in a loss of my privileges of access to this tool. The law enforcement data maintained by BCI on the OHLEG site is provided at and subject to the discretion of BCI. BCIs grant of access to OHLEG confers upon me no process or other rights in maintaining such access. I ACKNOWLEDGE THAT I HAVE READ THE CURRENT VERSION OF THE OHLEG RULES AND REGULATIONS AND WATCHED THE REQUIRED SECURITY TRAINING VIDEO, AVAILABLE ON THE OHLEG SITE.

Printed Name: _____ Date: 12-27-23

Signature: _____ OAI/ORI #: OH0650000

Agency Name: PICKAWAY COUNTY SHERIFF'S

Agency Acknowledgment

I acknowledge that I am responsible for reading and understanding the OHLEG Security Policies. I also state that I am responsible for the users that are assigned to my charge and will adhere to these directives and that failure to do so may constitute a security violation resulting in denial of access to BCI/OHLEG information resources as well as other products and services provided by the AGO. I agree to cooperate with any OHLEG investigation and provide whatever information may be necessary for an OHLEG administrative review. I acknowledge and agree that I will utilize this information exclusively for the administration of criminal justice for the official purposes of my agency. Access to OHLEG is a privilege subject to termination. Data accessed through OHLEG is continuously subject to limitations on use and dissemination and is not to be sold, transmitted, or disseminated to any unauthorized person. To protect the system



DAVE YOST

OHIO ATTORNEY GENERAL

Bureau Of Criminal Investigations Ohio Law Enforcement Gateway Agency/User Agreement

from unauthorized use and to ensure that the system is functioning properly, individuals using this computer system are subject to having all of their activities monitored, recorded, and audited. Anyone using this system expressly consents to such monitoring and is advised that any evidence of possible abuse or criminal activity will be provided to appropriate officials. Unauthorized attempts to upload or change information, or otherwise cause damage to this service, are strictly prohibited. I acknowledge that any unauthorized access or misuse of the law enforcement information or data on this site is prohibited by Revised Code section 2913.04, and constitutes a fifth degree felony. I further acknowledge that any failure to abide by the conditions and restrictions in the user agreement and in the OHLEG Rules and Regulations will result in a loss of my privileges of access to this tool. The law enforcement data maintained by BCI on the OHLEG site is provided at and subject to the discretion of BCI. BCIs grant of access to OHLEG confers upon me no process or other rights in maintaining such access. I ACKNOWLEDGE THAT I HAVE READ THE CURRENT VERSION OF THE OHLEG RULES AND REGULATIONS AND WATCHED THE REQUIRED SECURITY TRAINING VIDEO, AVAILABLE ON THE OHLEG SITE.

Printed Name:

[Redacted Name]

Date:

12-27-2023

Title:

DEPUTY

Signature:

[Redacted Signature]

OAI/ORI #:

0140650000



THIS CERTIFICATE OF COMPLETION IS HEREBY GRANTED TO

Taser 7

The above named is certified as an operator for TASER Energy Weapons.

COMPLETED TRAINING FOR THE FOLLOWING TASER ENERGY WEAPON:



VALID FOR 1 CALENDAR YEAR FROM THE DATE OF TRAINING COMPLETION

Joseph D. Hugus

11/29/2023

Issued by
(Certifying Instructor Name)

Issued On
(Date)





Volunteer: Warnings, Risks, Release & Indemnification Agreement
(For use with any TASER CEW exposure that is not part of TASER CEW Training)



Axon Enterprise, Inc. (Axon) TASER conducted energy weapon (CEW) exposures are physically strenuous and there is a risk of personal injury. **BEFORE participating in any TASER CEW voluntary exposure, each participant MUST read the most current TASER CEW warnings and read and sign this form.**

This document incorporates all current TASER CEW warnings by reference, which can be found at www.axon.com. This document is effective January 24, 2019, and supersedes all prior revisions.

IMPORTANT SAFETY AND HEALTH INFORMATION

Read, understand, and follow all current instructions, warnings, and relevant TASER training materials before experiencing a CEW exposure. Failure to do so could increase the risk of death or serious injury to the volunteer, instructor, participants or others. Always follow all current instructions, warnings, and TASER training materials to minimize CEW risks.

CEW EXPOSURES

Voluntary Exposures. CEW exposures must be limited to a single exposure not exceeding 5 seconds and be performed in accordance with Axon's guidelines and by a Certified TASER Instructor.¹

Probe Deployments to Back Only. Cartridge deployed probes must be to the back of the torso or back of the legs only.

Spotters. All persons taking a CEW exposure must be properly supported by spotters to prevent falls unless lying down on a mat. Each spotter must hold the person and support the arm under the armpit to prevent arm or shoulder injuries.

Eye Protection. Eye protection is required for the CEW operator, observers, spotters and the person being exposed to any probe deployment during ALL times.

No Minors. No minor will be exposed to a TASER CEW as part of a training course, demonstration, or otherwise.

SAFETY INFORMATION: CEW RISKS AND RISK AVOIDANCE

WARNING Muscle Contraction or Strain-Related Injury. CEWs in probe-deployment mode can cause muscle contractions that may result in injury, including bone fractures. CEWs in probe-deployment mode can cause muscle contractions resulting in injuries similar to those from physical exertion, athletics, or sports, including hernia rupture, dislocation, tear, or other injury to soft tissue, organ, muscle, tendon, ligament, cartilage, disc, nerve, bone, or joint; or injury or damage associated with or to orthopedic or other hardware. Fractures to bone, including compression fracture to vertebrae, may occur. These injuries may be more serious and more likely to occur in people with pre-existing injuries, orthopedic hardware, conditions or special susceptibilities, including pregnancy; low bone density; spinal injury; or previous muscle, disc, ligament, joint, bone, or tendon damage or surgery. Such injuries may also occur in drive-stun applications or when a person reacts to the CEW deployment by making a rapid or unexpected movement.

WARNING Secondary Injury. The loss of control resulting from a CEW exposure may result in injuries due to a fall or other uncontrolled movement. When possible, avoid using a CEW when secondary injuries are likely.

Seizure. Repetitive stimuli (e.g., flashing light or electrical stimuli) can induce seizure in some people, which may result in death or serious injury. This risk may be increased in a person with epilepsy, a seizure history, or if electrical stimuli pass through the head. Emotional stress and physical exertion, both likely in incidents involving CEW and other uses of force, are reported as seizure-precipitating factors.

Fainting. A person may experience an exaggerated response to a CEW exposure, or threatened exposure, which may result in fainting or falling.

Muscle contraction, incapacitation, or startle response. CEW use may cause loss of control from muscle contraction, incapacitation, or startle response.

WARNING Cumulative Effects. CEW exposure causes certain effects, including physiologic and metabolic changes, stress, and pain. In some individuals, the risk of death or serious injury may increase with cumulative CEW exposure. Repeated, prolonged, or continuous CEW applications may contribute to cumulative exhaustion, stress, cardiac, physiologic, metabolic, respiratory, and associated medical risks which could increase the risk of death or serious injury. Minimize repeated, continuous, or simultaneous exposures.

Physiologic and Metabolic Effects. CEW use causes physiologic and/or metabolic effects that may increase the risk of death or serious injury. These effects include

changes in blood chemistry, blood pressure, respiration, heart rate and rhythm, and adrenaline and stress hormones, among others. In human studies of electrical discharge from a single CEW of up to 15 seconds, the effects on acid/base balance, creatine kinase, electrolytes, stress hormones, and vital signs were comparable to or less than changes expected from physical exertion similar to struggling, resistance, fighting, fleeing, or from the application of some other force tools or techniques. Some individuals may be particularly susceptible to the effects of CEW use. These susceptible individuals include the elderly, those with heart conditions, asthma or other pulmonary conditions, and people suffering from excited delirium, profound agitation, severe exhaustion, drug intoxication or chronic drug abuse, and/or over-exertion from physical struggle. In a physiologically or metabolically compromised person, any physiologic or metabolic change may cause or contribute to sudden death.

Stress and Pain. CEW use, anticipation of use, or response to use can cause startle, panic, fear, anger, rage, temporary discomfort, pain, or stress which may be injurious or fatal to some people.

Minimize the number and duration of CEW exposures. Most human CEW lab testing has not exceeded 15 seconds of CEW application, and none has exceeded 45 seconds. Use the shortest duration of CEW exposure objectively reasonable to accomplish lawful objectives, and reassess the subject's behavior, reaction, and resistance before initiating or continuing the exposure. If a CEW deployment is ineffective in incapacitating a subject or achieving compliance, consider alternative control measures in conjunction with or separate from the CEW.

Avoid simultaneous CEW exposures. Do not use multiple CEWs or multiple completed circuits at the same time without justification. Multiple CEWs or multiple completed circuits at the same time could have cumulative effects and result in increased risks.

Avoid touching probes/wires during CEW discharge. Controlling and restraining a subject during CEW exposure may put the CEW user and those assisting at risk of accidental or unintended shock. Avoid touching the probes and wires and the areas between the probes during the electrical discharge.

WARNING Cardiac Capture. CEW exposure in the chest area near the heart has a low probability of inducing extra heart beats (cardiac capture). In rare circumstances, cardiac capture could lead to cardiac arrest. When possible, avoid targeting the frontal chest area near the heart to reduce the risk of potential serious injury or death. Cardiac capture may be more likely in children and thin adults because the heart is usually closer to the CEW-delivered discharge (the dart-to-heart distance). Serious complications could also arise in those with impaired heart function or in those with an implanted cardiac pacemaker or defibrillator.

Use preferred target areas. The preferred target areas are below the neck area for back shots and the lower center mass (below chest) for front shots. The preferred target areas increase dart-to-heart distance and reduce cardiac risks. Back shots are preferable to front shots when practicable.

Avoid sensitive areas. When practicable, avoid intentionally targeting the CEW on sensitive areas of the body such as the face, eyes, head, throat, chest area (area of the heart), breast, groin, genitals, or known pre-existing injury areas.

SAFETY INFORMATION: INJURY OR INFECTION

WARNING Eye Injury Hazard. A TASER probe, electrode, or electrical discharge that contacts or comes close to an eye can result in serious injury, including permanent vision loss. DO NOT intentionally aim a CEW, including the LASER, at the eye of a person or animal without justification.

WARNING Probe or Electrode Injury, Puncture, Scarring, or Infection Hazard. CEW use may cause a permanent mark, burn, scar, puncture, or other skin or tissue damage. Infection could result in death or serious injury. Scarring risk may be increased when using a CEW in drive-stun mode. Increased skin irritation, abrasion, mark, burning, or scarring may occur with a CEW with multiple cartridge bays when used in drive-stun or three-point deployment modes.

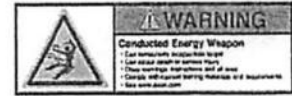
WARNING Penetration Injury. The TASER probe has a small dart point which may cause a penetration injury to a blood vessel or internal organ, including lung, bone, or nerve. The probe or dart point (which may detach or break) can puncture or become embedded into a bone, organ, or tissue, which may require immediate medical care, surgical removal, or may result in scarring, infection, or other serious injury.

¹ A Certified TASER Instructor is not an Axon agent, but maintains a current TASER instructor certification and complies with Axon's most current training requirements, materials and license agreement.

Representations inconsistent with this document made by any Certified TASER Instructor are expressly disclaimed.



Volunteer: Warnings, Risks, Release & Indemnification Agreement
(For use with any TASER CEW exposure that is not part of TASER CEW Training)



SAFETY INFORMATION: CEW DEPLOYMENT AND USE

WARNING CEWs and cartridges are weapons, and as with any weapon follow safe weapon-handling practices and store your CEW securely. Significant differences exist between different TASER CEW models. Before using any CEW, including a multi-shot CEW, ensure you understand the functioning and effects of that model. Follow practices in Axon's TASER warnings and training materials. Failure to follow the warnings may result in death or serious injury to the user or others.

WARNING Confusing Handgun with CEW. Confusing a handgun with a CEW could result in death or serious injury. Learn the differences in the physical feel and holstering characteristics between your CEW and your handgun to help avoid confusion. Always follow your agency's Guidance and training, if applicable.

SAFETY INFORMATION: CEW EFFECTIVENESS

WARNING Subject Not Incapacitated. An ineffective CEW application could increase the risk of death or serious injury to the user, the subject, or others. If a CEW does not operate as intended or if subject is not incapacitated, disengage, redeploy the CEW, or use other force options. A CEW's effects may be limited by many factors, including absence of delivered electrical charge due to misses, clothing disconnect, intermittent connection, or wire breakage; probe locations or spread; subject's muscle mass; or movement. Some of the factors that may influence the effectiveness of CEW use in effecting or achieving control of a subject include:

Subject may not be fully incapacitated. Even though a subject may be affected by a CEW in one part of his body, the subject may maintain full muscle control of other portions of his body. Be prepared in case the subject is not fully incapacitated.

Subject may recover immediately. A subject receiving a CEW discharge may immediately regain physical or cognitive abilities upon cessation of the delivered CEW discharge. Be prepared in case the subject immediately recovers.

Drive-stun mode is for pain compliance only. The use of a handheld CEW in drive-stun mode is painful, but generally does not cause incapacitation. Drive-stun use may not be effective on emotionally disturbed persons or others who may not respond to pain due to a mind-body disconnect. Avoid using repeated drive-stuns on such individuals if compliance is not achieved.

SAFETY INFORMATION: GENERAL PRECAUTIONS

WARNING Unintentional CEW Deployment or Discharge Hazard. Unintentional CEW activation or unexpected cartridge discharge could result in death or serious injury to the user, subject, or others.

Avoid static electricity. Keep cartridge away from sources of static electricity. Static electricity can cause a CEW or standard cartridges to discharge unexpectedly, possibly resulting in serious injury.

Keep body parts away from front of CEW or cartridge. Always keep your hands and body parts away from the front of the CEW and cartridge. If the CEW discharges unexpectedly you could be injured.

IF YOU HAVE A CONDITION OR PRE-EXISTING INJURY THAT COULD BE AGGRAVATED BY RECEIVING A CEW EXPOSURE, NOTIFY THE INSTRUCTOR AND DO NOT PARTICIPATE.

Please check all boxes that apply:

- I want to receive a voluntary TASER CEW exposure.
- I do NOT have any pre-existing injuries or conditions that could be aggravated by a voluntary exposure.
- I understand the risks associated with receiving a voluntary exposure and fully assume all risks.

LIABILITY RELEASE & INDEMNIFICATION AGREEMENT

In consideration of, and as a condition precedent to, receiving information on TASER products and a CEW Exposure; I acknowledge and agree as follows:

I have read, fully understand and accept the risks. I have read, fully understand, and accept the risks as stated in this document and Axon's current TASER warnings ("Risks") and that these Risks exist whether or not I have pre-existing injuries. With full knowledge of the Risks, I voluntarily agree to receive a CEW exposure.

I accept the Risks. Understanding the Risks, I assume all Risks inherent in the CEW exposure, whether known or unknown, foreseen or unforeseen.

Release and hold harmless. I release and hold harmless Axon, its agents, officers, directors, employees, distributors, my instructor, and my employer (collectively "Released Parties"), from any and all claims, including but not limited to, claims for strict liability, breach of warranty, failure to warn, or any other theory of liability whatsoever even if due to the NEGLIGENCE or GROSS NEGLIGENCE of the Released Parties. I specifically waive any statutory rights I may have regarding the release of unknown claims.

I agree no one will sue Released Parties. I promise that neither I nor anyone on my behalf will ever sue or bring any other legal action or claim against the Released Parties for anything related to my TASER CEW voluntary exposure.

I will fully indemnify (reimburse) all costs of Released Parties. I further agree that if I or anyone else files any claim against any Released Party arising out of my TASER CEW exposure in violation of this agreement, I will defend, indemnify and reimburse the Released Parties for any judgment, court costs, expenses, and reasonable expert and attorney fees regardless of who prevails.

Workers' Compensation Rights. This release does not waive any rights I may have under Workers' Compensation Laws. However, I waive any Workers' Compensation subrogation rights against the Released Parties and agree to defend and indemnify Axon against any and all claims that may be brought against it by my employer. I agree that any recovery under Workers' Compensation Laws does not change, extend or enlarge the waivers and protections inherent in this agreement.

This agreement supersedes any other representation. This release supersedes any other statement, agreement or representation, written or oral, concerning my TASER CEW exposure. I affirm that this is my entire agreement with Axon and I am not relying on any representation by my instructor or employer inconsistent with Axon's TASER warnings and the Risks set forth in this document.

This agreement is a binding contract. I intend this form be legally binding upon me, my heirs, executors, administrators, attorneys and assigns. This agreement is contractual and not a mere recital. If any part of this agreement is held vague, invalid, or otherwise unenforceable, the rest of the agreement will continue in full force and effect.

I am competent to be bound by this agreement. I affirm that I am competent to enter into and be bound by this agreement; that I have read and understand this Liability Release & Indemnification Agreement in its entirety; that I have not been induced to sign this agreement by any promise or representation; and that I sign it voluntarily and of my own free will. By signing below I understand that I am giving up certain legal rights, including the right to recover damages in case of injury.

Date 11-29-23 Signed [Redacted]

Printed Name [Redacted]

Address 600 Island Rd. Circleville, OH 43113

This completed, signed form shall be retained by the agency performing the voluntary exposure for at least 10 years. Agencies may opt to retain the form longer than this time frame as deemed necessary. Questions should be directed to legal@axon.com

TASER Training Version 22

This document is not needed if class registered in Axon Academy (email training@taser.com for details)

TASER 7 Conducted Energy Weapon (CEW)
New User Applicant Certification Form

Effective Date: June 22, 2020

Name: [Redacted] Agency: PCSO
Email: [Redacted]@PICKAWAY.SHERIFF.COM Phone: 740-477-6000
Address/State/Zip: 600 ISLAND ROAD

By signing below, I hereby acknowledge receipt of Axon's Product Warnings. I understand that I must read and understand these warnings PRIOR to participating in this CEW class required by the Certification Course.

Student Signature: (Required) [Redacted]

TASER Instructor Use Only

Instructor is required to verify that applicant has successfully completed all CEW User Certification requirements (Initial below).

- Completed written Exam in class with score of 90% (remediate as needed)
Review current User Certification Course PowerPoint Presentation(s) & Training Bulletins
Demonstrate safe handling of CEW to include: proper finger positioning, aiming and deploying at preferred target area and while loading / unloading
Perform a proper de-escalation warning ARC
Utilize the ARC switch to re-energize deployed probes

Basic Certification (mandatory): Deploy a minimum of 2 live or HALT cartridges per angle* and place both probes in preferred target zones:

- 12-Degree, Close Quarters Cartridge
3.5-Degree, Standoff Cartridge

*Every officer should be certified on every cartridge angle used by his/her agency.

De-escalation-Scenario Based Training Certification (optional): Successfully complete scenarios using HALT System deploying a minimum of 2 HALT and 2 Live cartridges per angle:

- Yes
No

I hereby certify that the above-named applicant has satisfactorily completed all components of the TASER User Certification training program and is hereby certified as a user of this system on the specified angle(s) for one year.

Attested by Certifying Instructor: Joseph D. Huges (Print Name) Sgt. Joseph D. Huges (Signature)

Date: 11-29-2023 Location of Training: PCSO

This form is for internal use only
Please do not send to the TASER Training Department

PowerPoint is a trademark of Microsoft Corporation.

100%

Version 22

**TASER® Conducted Energy Weapons (CEWs)
Part 1: User Certification Test**

Name: [REDACTED] New Certification / Recertification

Agency: PCSD

Training Date: 11-29-23 Location: LOU ISLAND P.D.

1. The Nervous System consists of the following:
 - a) Central Nervous System - Command Center (brain and spinal cord)
 - b) Motor Nervous System - Carries commands from the brain to muscles (NMI systems affect BOTH the Sensory and Motor Nerves)
 - c) Sensory Nervous System - Brings information into the brain (affected by stun systems)
 - d) All of the above

2. In considering the use of a CEW:
 - a) Do not use for verbal defiance
 - b) Do not use for belligerence
 - c) Do not use for punishment
 - d) Do not use for horse play
 - e) All of the above

3. The preferred target areas for CEW exposure are:
 - a) Lower center mass (below chest or area of the heart) and legs for front exposure
 - b) Below the neck area for back exposures
 - c) Anywhere on the person's body
 - d) a and b
 - e) a and b (with the back being the most preferred area)

4. As with any use of force, the longer the CEW exposure the greater the risk of potential cumulative physiologic, metabolic, and other effects.
 - a) True
 - b) False

5. The officer should avoid intentionally targeting the CEW on sensitive areas of the body such as the head, throat, breast, chest (area of the heart), genitals, or known pre-existing injury areas without legal justification.
 - a) True
 - b) False

6. Probe deployments are more desirable/effective than drive stuns (other than 3-point deployments).
 - a) True
 - b) False

7. The further a CEW exposure is away from the heart and the fewer CEW cycles applied the greater the safety margin for the CEW affecting the heart.
 - a) True
 - b) False

8. Controlling/Cuffing under power during the "window of opportunity" can reduce the need for repeated or extended CEW exposures.
- a) True
 - b) False
9. TASER CEWs are serious weapons and are to be treated as such at all times.
- a) True
 - b) False
10. When deploying probes to the front of a person's body, the CEW should generally be aimed:
- a) At the face
 - b) At the chest or area of the heart
 - c) At the waist area to split the beltline
 - d) At the throat
 - e) At the head
11. The risk of a CEW causing or contributing to a person's cardiac arrest is:
- a) Zero
 - b) Very high
 - c) High
 - d) Higher than the risk of death or serious injury from a firearm
 - e) Very low
12. An officer's use of force must be objectively reasonable under the totality of circumstances as reasonably perceived by the officer at the moment the force is used.
- a) True
 - b) False
13. When reasonable, Smart Use Considerations include:
- a) Use the minimum force necessary to accomplish lawful objectives
 - b) Use force only on those "actively resisting" or higher
 - c) Give a verbal warning before the use of force
 - d) Give subjects a reasonable opportunity to comply before force is used or repeated
 - e) Immediately cease any force once a subject is under control
 - f) All of the above
14. Experts have identified the following key factors related to CEW cardiac risks:
- a) Dart-to-heart distances
 - b) Amount of delivered electrical charge
 - c) Dart anywhere on a person's body
 - d) A and B
15. The term currently used by TASER Training to describe the incapacitating effects of a CEW is:
- a) Electro-muscular disruption (EMD)
 - b) Neuro-muscular incapacitation (NMI)
 - c) Neuro-muscular disruption (NMD)
 - d) Electro-muscular incapacitation (EMI)
16. When using the CEW in Drive-Stun Mode:
- a) Follow agency policy
 - b) Use care when applying the drive stun to the neck or groin
 - c) Stay away from the trachea, the back of the neck, and the genitals
 - d) All of the above

17. During CEW voluntary exposures which of the following are required safety rules?
- a) Always use two spotters when volunteer is standing
 - b) Spotters must hold volunteers closely under the armpit to stabilize the shoulder and upper arm
 - c) The volunteer should be safely supported and carefully lowered to the ground
 - d) All of the above
18. The handheld electronic weapons manufactured by Axon (formerly TASER) are referred to as:
- a) Electronic Control Weapons
 - b) Shock devices
 - c) Conducted Energy Weapons
 - d) Conducted Energy Devices
19. A single CEW trigger pull and release discharges an electrical charge for a:
- a) 10 second cycle
 - b) 5 second cycle
 - c) 4 second cycle
 - d) The cycle always stops as soon as the trigger is released
20. A pre-shift 5-second CEW spark/functionality test is recommended to:
- a) Ensure the CEW is sparking and functioning properly
 - b) Create muscle memory
 - c) Practice drawing and holstering the CEW
 - d) Teach proper CEW safety
21. TASER Training does not set use-of-force policies, general orders, or procedures
- a) True
 - b) False
22. Activated CEWs can ignite:
- a) Gasoline and gasoline vapors
 - b) Butane
 - c) Some personal defense sprays
 - d) Some hair sprays or gels
 - e) All of the above
23. A CEW application on a person can cause physiologic or metabolic effects, including, but not limited to, changes in:
- a) Blood Chemistry
 - b) Heart rate, and rhythm
 - c) Blood pressure
 - d) Respiration
 - e) Adrenaline and Stress hormones
 - f) All of the above

24. Some examples of persons who are at an elevated risk of secondary effects from a CEW exposure include:
- a) Running persons
 - b) Persons in elevated positions
 - c) Persons in a flammable environment
 - d) All of the above
25. When considering the use of force, when reasonable:
- a) Give subjects a reasonable opportunity to comply before force is used or repeated
 - b) Use pain compliance even if pain is reasonably foreseeably ineffective
 - c) Immediately cease any force once a subject is under control
 - d) Continue to use force once a subject has surrendered or is captured, handcuffed, and controlled
 - e) A & C
26. An officer should avoid repeated or continuous CEW exposures unless necessary to counter immediate threat
- a) True
 - b) False
27. Post CEW use, as with all force options, officers should monitor the subject and initiate EMS/CPR protocol if subject becomes unresponsive.
- a) True
 - b) False
28. TASER does **NOT** require a CEW exposure for instructor or user certification.
- a) True
 - b) False
29. Axon Evidence (Evidence.com) is a program offered by Axon that allows agencies:
- a) Access CEW firing records
 - b) Cloud storage solution
 - c) Assign CEWs to individual users
 - d) All of the above
30. Use the shortest duration of CEW exposure objectively reasonable to accomplish lawful objectives and reassess the subject's behavior before repeating or continuing the exposure.
- a) True
 - b) False



Version 22

**TASER® Conducted Energy Weapons (CEWs)
Part 2: TASER 7 Certification Test**

Name: [REDACTED] New Certification / Recertification

Agency: PCSD

Training Date: 11-29-23 Location: 600 ISLAND RD

1. The Arc switch cannot be used to:
A. Initiate the warning arc
B. Toggle between cartridges
C. Re-energize deployed cartridges
D. All of the above
2. A warning arc can be displayed on the Taser 7 without discharging loaded cartridges.
A. True
B. False
3. If selected in Axon Evidence (Evidence.com), the Automatic-Shutdown mode will automatically stop the TASER cycle after 5 seconds even if the trigger is held down.
A. True
B. False
4. Axon recommends docking the rechargeable battery pack every 30 days.
A. True
B. False
5. Pressing the trigger after Bay #1 has been deployed will automatically deploy the next available cartridge in the weapon and activate Bay #1.
A. True
B. False
6. When both cartridges are deployed, the Taser 7 will sense a missed connection and will distribute the charge between the working connections.
A. True
B. False

- | | | | | | |
|-----|-----------------------------|----------|----------------|------------------------------|------------|
| 7. | Central Information Display | <u>D</u> | 14. | Arc Switch | <u>F</u> |
| 8. | Cartridge Bay #1 | <u>C</u> | 15. | LASERs | <u>I</u> |
| 9. | Front Sight | <u>E</u> | 16. | Cartridge Release Button | <u>J</u> |
| 10. | Safety Switch | <u>A</u> | 17. | Rechargeable Battery Pack | <u>N</u> ✓ |
| 11. | Cartridge Bay #2 | <u>K</u> | 18. | LED Flashlight | <u>B</u> |
| 12. | Trigger | <u>H</u> | 19. | Rear Sights | <u>G</u> |
| 13. | Speaker Port | <u>M</u> | 20. | Rechargeable Battery Release | <u>L</u> ✓ |



RANGE PROFICIENCY RECORD: SEMI-AUTO PISTOL

Name: [REDACTED] Agency: PCSO

Weapon make: GLOCK Model: 19 Serial #: [REDACTED]

Hits in the preferred area (PA) count as a plus one (+1).

Hits in the non-preferred area (NPA) and inside of the silhouette outline are zero (0).

Rounds not fired (NF) are zero (0).

Rounds outside of the silhouette outline (MISS), off the target (MISS), fired over the time limit (OT), or any extra rounds fired (ERF) are minus 1 (-1).

Stage 1 PA: 3 NPA: NF: MISS: OT: ERF:

Stage 2 2 hits in the preferred area, one hit in the head circle or hip circle

PA: 3 NPA: NF: MISS: OT: ERF: Head Miss:

Stage 3A PA: 4 NPA: NF: MISS: OT: ERF:

Stage 3B PA: 3 NPA: NF: 1 MISS: OT: ERF:

Stage 4 PA: 6 NPA: NF: MISS: OT: ERF:

Stage 5 PA: 3 NPA: NF: MISS: OT: ERF:

Stage 6 PA: 8 NPA: 1 NF: MISS: OT: ERF:

Subtotals: 23 MISS: OT: ERF: Head Miss:

Total: 23 (PASSING IS A MINIMUM OF 20)

Date tested: 11-17-2023 Passed: ✓ Failed:

Tested by: Sgt. Joseph D. [Signature] REQ#: 09330 Exp: 07-17-26

RANGE PROFICIENCY RECORD: SHOTGUN

Name: [REDACTED] Agency: PCSO
Weapon make: REMINGTON Model: 870 Serial #: [REDACTED]

Hits in the preferred area (PA) count as a plus one (+1).
Hits in the non-preferred area (NPA), but inside of the silhouette area are a zero (0).
Rounds not fired (NF) are a zero (0)
Hits outside of the target outline (MISS), off of the target (MISS), fired over the time limit (OT) and extra rounds fired (ERF) are a minus 1 (-1)

Stage 1 PA: 2 NPA: _____ NF: _____ MISS: _____ OT: _____ ERF: _____
Stage 2 PA: 2 NPA: _____ NF: _____ MISS: _____ OT: _____ ERF: _____
Stage 3 PA: 2 NPA: _____ NF: _____ MISS: _____ OT: _____ ERF: _____

Optional slug qualification stage

Stage 4 PA: 2 NPA: _____ NF: _____ MISS: _____ OT: _____ ERF: _____

Total: 8 PASSING SCORE - 100% HITS

Date tested: 11-17-23 Passed: ✓ Failed: _____

Tested by: Sgt. [Signature] REQ#: 09330 Exp: 07-17-26

PICKAWAY COUNTY SHERIFF'S OFFICE
WEAPON PROFICIENCY RECORD

TACTICAL ASSAULT RIFLE
NAME [REDACTED] ASSIGNMENT _____ UNIT # _____ COURSE # OPOTC-TW-SA-01

WEAPON MAKE SMITH WESSON MODEL # MP CALIBER 9mm SERIAL# [REDACTED]
AMMUNITION USED _____ BULLET WEIGHT _____

STAGE	TITLE	TARGETS	DISTANCE	TIME	ROUNDS	TOTAL HITS
1	SNAP	1	15 FEET	4 SECONDS	3	
2	HEAD SHOTS	1	20 FEET	5 SECONDS	3	
3	CHEST/HEAD	1	30 FEET	6 SECONDS	3	
4	MEDIUM RANGE	1	50 FEET	5 SECONDS	2	
5	MEDIUM RANGE	1	75 FEET	1.5 SECONDS	1	
6	MEDIUM RANGE	1	75 FEET	12 SECONDS	5	
7	LONG RANGE	1	150 FEET	10 SECONDS	3	
					16 MINIMUM OR 80%	20

PASS _____ FAIL _____

SECONDARY WEAPON _____ COURSE# _____

WEAPON MAKE SMITH WESSON MODEL # MP CALIBER 9mm SERIAL# [REDACTED]

STAGE	TITLE	DISTANCE	TIME	ROUNDS	TOTAL HITS
1	STRONG HAND	6 FEET	3 SECONDS	2	2
2A	DRAWING	12 FEET	5 SECONDS	2	2
2B	WEAK HAND	12 FEET	4 SECONDS	2	2
3	DRAWING	21 FEET	5 SECONDS	2	2
				8	8

PASS FAIL _____

SUBMACHINE GUN _____ COURSE # OPOTC-SMG-06
WEAPON MAKE _____ MODEL # _____ CALIBER _____ SERIAL # _____

STAGE	TITLE	DISTANCE	TIME	ROUNDS	TOTAL HITS
1	SNAP SINGLE	20 FEET	2 SECONDS / 2 ROUNDS	12	
2	SNAP BURST	20 FEET	2 SECONDS PER BURST	12	
3	MULTIPLES	20 FEET	4 SECONDS	12	
4	USE OF COVER	30 FEET	20 SECONDS	12	
5	MEDIUM RANGE	75 FEET	12 SECONDS	6	
				44 MINIMUM OR 80%	54

DATE TESTED 11-17-2023 PASS _____ FAIL _____

RANGE OFFICER Sgt. Joseph D. Kelly OPOTC-REQUALIFICATION # 09330

RANGE OFFICER _____ OPOTC-REQUALIFICATION # _____

OFFICER SIGNATURE [REDACTED]

PICKAWAY COUNTY SHERIFF'S OFFICE
WEAPON PROFICIENCY RECORD

TACTICAL ASSAULT RIFLE
NAME [REDACTED] ASSIGNMENT [REDACTED] UNIT # [REDACTED] COURSE # OPOTC-TW-SA-01
WEAPON MAKE GLOCK MODEL # 17M CALIBER 9mm SERIAL # [REDACTED]
AMMUNITION USED _____ BULLET WEIGHT _____

STAGE	TITLE	TARGETS	DISTANCE	TIME	ROUNDS	TOTAL HITS
1	SNAP	1	15 FEET	4 SECONDS	3	
2	HEAD SHOTS	1	20 FEET	5 SECONDS	3	
3	CHEST/HEAD	1	30 FEET	6 SECONDS	3	
4	MEDIUM RANGE	1	50 FEET	5 SECONDS	2	
5	MEDIUM RANGE	1	75 FEET	1.5 SECONDS	1	
6	MEDIUM RANGE	1	75 FEET	12 SECONDS	5	
7	LONG RANGE	1	150 FEET	10 SECONDS	3	
					16 MINIMUM OR 80%	20

PASS _____ FAIL _____

SECONDARY WEAPON

COURSE# _____

WEAPON MAKE GLOCK MODEL # 17M CALIBER 9MM SERIAL# [REDACTED]

STAGE	TITLE	DISTANCE	TIME	ROUNDS	TOTAL HITS
1	STRONG HAND	6 FEET	3 SECONDS	2	2
2A	DRAWING	12 FEET	5 SECONDS	2	2
2B	WEAK HAND	12 FEET	4 SECONDS	2	2
3	DRAWING	21 FEET	5 SECONDS	2	2
				8	8

PASS FAIL _____

SUBMACHINE GUN

COURSE # OPOTC-SMG-06

WEAPON MAKE _____ MODEL # _____ CALIBER _____ SERIAL # _____

STAGE	TITLE	DISTANCE	TIME	ROUNDS	TOTAL HITS
1	SNAP SINGLE	20 FEET	2 SECONDS / 2 ROUNS	12	
2	SNAP BURST	20 FEET	2 SECONDS PER BURST	12	
3	MULTIPLES	20 FEET	4 SECONDS	12	
4	USE OF COVER	30 FEET	20 SECONDS	12	
5	MEDIUM RANGE	75 FEET	12 SECONDS	6	
				44 MINIMUM OR 80%	54

DATE TESTED _____ PASS _____ FAIL _____

RANGE OFFICER Sgt. Joseph D. [Signature] OPOTC-REQUALIFICATION # 09330

RANGE OFFICER _____ OPOTC-REQUALIFICATION # _____

OFFICER SIGNATURE [REDACTED]

Graduation Certificate

The
Columbus Police Academy

The Columbus, Ohio, Division of Police awards this certificate to



for satisfactorily completing the Police Recruit Training Course
as conducted by the Training Bureau of the
Columbus Division of Police.

Presented this



A handwritten signature in blue ink, appearing to read "T. C. Myers", written over a horizontal line.

Timothy C. Myers
Training Bureau Commander

National Registry Emergency Medical Technicians

Hereby Certifies

[Redacted]

as an

Emergency Medical Technician

*duly registered together with all the rights and privileges appertaining thereto
in consideration of having satisfied the prescribed national standards for certification.
In Testimony Whereof, the seal of the National Registry of Emergency Medical Technicians
and the signatures as authorized by the Board of Directors are hereunto affixed*

this [Redacted] A.D.

Tommy Loyacons

Chairman of the Board



William E. Brown
Executive Director

Ohio Virtual Academy



This Certifies That

[Redacted Name]

has completed the regular course of study approved by the Board of Trustees
of Ohio Virtual Academy and is therefore entitled to this

Diploma

Given this

[Redacted Date]

Timothy A. Dain
PRESIDENT, BOARD OF TRUSTEES

Kelly Wanke
TREASURER

Jeff J. Jones
INTERIM HEAD OF SCHOOL

J. H. H. H.
PRINCIPAL



PICKAWAY COUNTY INCIDENT REPORT

Nature of Incident: Staff Injury
 Bystander Injury
 Other

Date of Incident: [REDACTED] Time of Incident: 2032 HRS

Date and time reported to person in charge: 7/19/2025 @ 0855 HRS

Name of person: Cpl. BRANDON Cooper, [REDACTED] C/O PCS O DEPUTY AUBRY BODKER

Address: 23501 US 23 (TRAFFIC STOP) Date of Birth: _____

Describe incident in full: WHILE CONDUCTING A TRAFFIC STOP Cpl. Cooper AND [REDACTED] WERE EXPOSED TO A SUBJECT CLAIMING TO BE POSITIVE FOR TUBERCULOSIS - SEE ATTACHED REPORT.

Immediate treatment given: NO GIVEN, NO SYMPTOMS

Follow up treatment: IF NEEDED

Signature of person completing form: Capt. C.H. Heathman Capt. C.H. Heathman

Date: 7/21/2025

Witness: _____

Date: _____

Follow up information: THIS INCIDENT IS BEING FILED IN THE EVENT THE DEPUTIES NEED FUTURE TREATMENT RESULTING FROM EXPOSURE.



OFFICE OF THE SHERIFF

PICKAWAY COUNTY
CIRCLEVILLE, OHIO 43113-0100

SHERIFF
MATTHEW O. HAFEY

PHONE: 740-477-6000
TOLL FREE: 1-800-472-6033
FAX: 740-474-1798

Case



Printed on July 21, 2025

Status	Approved
Report Type	Case Report
Primary Officer	Brandon Cooper
Investigator	None
Records Technician	
Reported At	[REDACTED] 20:32
Incident Date	[REDACTED] 20:32
Incident Code	TSTOP : Traffic Stop
Location	23501 US 23, CIRCLEVILLE, OH 43113 (TACO BELL)
Zone	District 5
Beat	Circleville City
Disposition	Send to Patrol Lt. for Review
Disposition Date/Time	07/19/25 09:06
Review for Gang Activity	None

Offense Information

Offense Fugitive from Justice
 Statute 2963.11
 NIBRS Code
 Counts 1
 Include In NIBRS Yes
 Completed Yes
 Bias Motivation No Bias/Not Applicable
 Location Other Location
 Entry Forced No

Arrestee

SEYMOUR, VIOLA MAY
 Female, ~~XXXXXXXXXX~~ 2963.11 - Fugitive from Justice
 22167 SAMS CREEK RD
 LAURELVILLE, OH 43135
~~XXXXXXXXXX~~ Other
~~XXXXXXXXXX~~ Other
~~XXXXXXXXXX~~ Other

Offender

Case



SEYMOUR, VIOLA MAY
Female, ~~DOB/DOB~~

2963.11 - Fugitive from Justice

22167 SAMS CREEK RD
LAURELVILLE, OH 43135

~~XXXXXXXXXX~~ Other
~~XXXXXXXXXX~~ Other
~~XXXXXXXXXX~~ Other

Unspecified

HESS, DANNY LEE, II
Male, ~~DOB/DOB~~

~~XXXXXXXXXX~~
COLUMBUS, OH 43207
~~XXXXXXXXXX~~ Other

Vehicles

JZB9607 OH - (Arrest, Traffic Stop)
2010 GRAY Ford
Owner DAVID LEE SEYMOUR

Primary Narrative By Brandon Cooper, 07/18/25 22:23

On July 18th, 2025 at approximately 2032 hours, I observed a 2010 Gray Ford Focus traveling southbound on US-23. I observed the vehicle fail to enter a turn lane onto the US-23 Access prior to the divided lane. The vehicle also failed to signal one-hundred feet prior to the lane change. A traffic stop was initiated on the parking lot of 23501 US-23 where I made contact with Danny Hess II who was identified as the driver.

Danny was advised of the violations and determined to have suspended driving privileges. Officer Sanford was requested to the scene with his canine partner Dexter. Officer Sanford and [REDACTED] later arrived on scene, canine Dexter was deployed where the canine alerted to the driver-side of the vehicle. Viola Seymour was identified as the front passenger of the vehicle, she was determined to have an active warrant for her arrest through Hocking County.

Viola advised that she has active tuberculosis and is highly contagious, she was then requested to wear a mask. Viola was then removed from the vehicle, placed into hand-cuffs, and secured in the back of my patrol vehicle. Officer Sanford then removed Danny from the vehicle and searched his person. Officer Sanford and [REDACTED] then searched the vehicle with nothing illegal located within the vehicle. Deputy Booker was requested to the scene to search Viola's person. Deputy Booker later searched Viola with nothing illegal located on her person. Danny was issued a citation for driving under suspension and released from the scene.

Hocking County later confirmed Viola's warrant after being advised that she has active tuberculosis. Viola was then transported to the Pickaway/Hocking County line and released to Hocking County's custody. I cleared from the area with nothing further.

It should be noted that Officer Sanford, Deputy Booker, [REDACTED] and I may have been exposed to active tuberculosis.

*Report completed by Corporal B. Cooper

Case Forms

Arrest Form 7/18/25 for SEYMOUR, VIOLA MAY, 2963.11
Primary Narrative 7/18/25 by Brandon Cooper

Case [REDACTED]





OFFICE OF THE SHERIFF

PICKAWAY COUNTY
CIRCLEVILLE, OHIO 43113-0100

SHERIFF
MATTHEW O. HAFEY

PHONE: 740-477-6000
TOLL FREE: 1-800-472-6033
FAX: 740-474-1758

Arrest Form - SEYMOUR, VIOLA MAY

Printed on July 21, 2025

SEYMOUR, VIOLA MAY

Arrest Information

Case #	[REDACTED]
Time	20:32
Location	
Arresting Officer	Cooper, Brandon
Assisting Officer	
Booked At Agency	
Arrest Transaction #	250001374201
Summons Number	
Disposition	Arrest Made
Residence Status	Tourist
Juv. Disposition	Not Applicable
Court Date	

Arrestee

Name	SEYMOUR, VIOLA MAY
Sex	Female
Race/Ethnicity	White Unknown
Build	62inches 155lbs

Vehicle

Plate	OH JZB9607 Passenger Vehicle expires 2026
VIN	1FAHP3FN3AW111990
Vehicle Model	2010 Ford
Vehicle Style	GRAY Hatchback, 4-door
Vehicle Features	
Owner 1	SEYMOUR, DAVID LEE
Owner 2	

Offenses

2963.11	2963.11 - Fugitive from Justice
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Armed With

None

Comments:

Arrest Type Activity

Arrest Type Drug



PICKAWAY COUNTY INCIDENT REPORT

Nature of Incident: Staff Injury
 Bystander Injury
 Other

Date of Incident: [REDACTED] Time of Incident: 2213

Date and time reported to person in charge: 04/23/2024, 2214

Name of person: [REDACTED]

Address: [REDACTED] Date of Birth: [REDACTED]

Describe incident in full: CAR FIRE, BUSTED WINDOW TO GET TO DRIVER. CUT WRIST ON GLASS

Immediate treatment given: YES

Follow up treatment: OHIOHEALTH BERGER

Signature of person completing form: Jarrid R. Daily

Date: 04/23/2024

Witness: Sgt. Joseph D. [REDACTED] #28

Date: 4-23-24

Follow up information: occ health call in Am

SUPERVISOR'S INCIDENT INVESTIGATION REPORT

INSTRUCTIONS FOR SUPERVISORS: THIS INCIDENT INVESTIGATION REPORT IS TO BE COMPLETED BY THE EMPLOYEE'S SUPERVISOR WITHIN 24 HRS OF THE INCIDENT OR WHEN IT WAS REPORTED. PLEASE FAX COMPLETED FORM TO: VANTAGE MCO @ FAX: 1-800-946-7922

Employee's Name: _____

Employee's Supervisor's Name: SGT. JARRID DAILY

Employee's Job Title: DEPUTY

Employee's Length Of Employment: _____ Department: _____ Division: PATROL

Date Of Injury: _____ Time: 2213 Was Employee Performing His Duties: YES

Please give a description of the employee's daily job duties: (Please be specific)
LAW ENFORCEMENT

Describe the incident in detail, including objects or substances involved. What was the employee doing? Describe body parts injured:

DISPATCHED TO A VEHICLE ACCIDENT. ON ARRIVAL, VEHICLE WAS ON FIRE WITH THE DRIVER PASSED OUT BEHIND THE WHEEL. DEPUTY BUSTED THE DRIVER WINDOW TO EXTRACT THE DRIVER. DEPUTY CUT HIS OWN WRIST ON THE BROKEN GLASS

(Please use additional paper if more space is needed)

Name	Title	Date
<u>JARRID DAILY</u>	<u>SGT.</u>	<u>04/23/2024</u>

- Please check appropriate causes of accident or occupational disease:
- | | |
|--|--|
| <input type="checkbox"/> OPERATING WITHOUT AUTHORITY | <input type="checkbox"/> SAFETY RULES NOT ENFORCED |
| <input type="checkbox"/> PHYSICALLY UNSUITED FOR THE JOB | <input type="checkbox"/> LACK OF KNOWLEDGE, SKILL |
| <input type="checkbox"/> ACT OF ANOTHER | <input type="checkbox"/> UNSAFE CONDITIONS |
| <input type="checkbox"/> EXISTING MEDICAL CONDITION | <input type="checkbox"/> JOB CONSISTS OF REPETITIVE WORK |
| <input type="checkbox"/> USING DEFECTIVE EQUIPMENT | <input type="checkbox"/> IMPROPER USE OF HANDS/BODY PART |
| <input type="checkbox"/> UNAWARE OF WORK HAZARDS | <input type="checkbox"/> HORSE PLAY |
| <input type="checkbox"/> OTHER _____ | |

Jarrid R. Daily SGT 04/23/2024
(SUPERVISOR'S SIGNATURE) (TITLE) (DATE)

DO YOU, THE EMPLOYER, CERTIFY THIS AS A VALID CLAIM? _____ YES _____ NO

REMARKS: _____

(SIGNATURE AND TITLE) (NAME OF EMPLOYER)

PICKAWAY COUNTY SHERIFF'S OFFICE
MATTHEW O. HAFEY, SHERIFF
EMPLOYEE INCIDENT REPORT

NAME [REDACTED] UNIT NO. [REDACTED] DATE 10-14-2024

- 1. UNREPORTED ABSENCE
- 2. EXCESSIVE ABSENCES
- 3. TARDINESS
- 4. INSUBORDINATION
- 5. DISHONESTY
- 6. REPORTED FOR DUTY INCAPABLE OF PERFORMANCE
- 7. FAILURE TO OBEY ORDERS
- 8. FAILURE OF GOOD BEHAVIOR
- 9. LEAVING WITHOUT PERMISSION
- 10. IMPROPER CONDUCT
- 11. IMPROPER DRESS
- 12. VIOLATION OF SAFETY RULES
- 13. CARELESSNESS
- 14. NEGLIGENCE OF DUTY
- 15. DESTRUCTION OF COUNTY OR OTHERS PROPERTY
- 16. ACTION(S) INCONSISTANT WITH POLICIES
- 17. INCOMPETANCE
- 18. OTHER: Counseling in reference to intra-office information (Non-Disciplinary)

REMARKS (SET FORTH ALL FACTS IN DETAIL):

On 10/14/2025 at 1525 HRS you handled a call involving a Celso Zane Vera Jr. and parent Gabriella Neff. (Report # [REDACTED] During that call you made comment to Gabriella that Probation Officer Tobias Brown had been fired and was no longer working for Juvenile Court when in fact he had been cleared in the situation you referenced and reinstated to full duty. This was also noted in your body camera footage. (2:43 minute mark).

This morning (10/14/2025) Sheriff Hafey was contacted by juvenile court regarding your statement made last night. He was advised that you told the parents that Toby had been fired and no longer works at Juvenile Court. In fact, he was exonerated through a previous investigation and he is still working at the court. This raised two concerns. First of all, the information was false and making false statements about someone can open up the Sheriff's Office to embarrassment as well as civil liability. Secondly, even if the allegations were true, you should have told the parents that Tobias no longer works at the court; not that he was fired. If someone wants to find out more information as to why a person is no longer working at the court, that is the court's discretion as to what information to release. In the future be cognizant of what you say to the public. Those comments can cause undo grief to this agency and yourself.

[REDACTED]


Capt. C.H. Hempstead - Patrol Division Commander



PICKAWAY COUNTY SHERIFF'S OFFICE
MATTHEW O. HAFEY, SHERIFF
EMPLOYEE WRITTEN REPRIMAND

TO PERSONNEL FILE:

THE FOLLOWING WRITTEN REPRIMAND WAS ISSUED TODAY AND IT IS TO BE MADE PART OF THE OFFICIAL RECORD

NAME [REDACTED] UNIT NO. [REDACTED] DATE 03/11/2025

- | | |
|--|---|
| 1. <input type="checkbox"/> UNREPORTED ABSENCE | 10. <input type="checkbox"/> IMPROPER CONDUCT |
| 2. <input type="checkbox"/> EXCESSIVE ABSENCES | 11. <input type="checkbox"/> IMPROPER DRESS |
| 3. <input type="checkbox"/> TARDINESS | 12. <input type="checkbox"/> VIOLATION OF SAFETY RULES |
| 4. <input type="checkbox"/> INSUBORDINATION | 13. <input type="checkbox"/> CARELESSNESS |
| 5. <input type="checkbox"/> DISHONESTY | 14. <input type="checkbox"/> NEGLECT OF DUTY |
| 6. <input type="checkbox"/> REPORTED FOR DUTY INCAPABLE OF PERFORMANCE | 15. <input type="checkbox"/> DESTRUCTION OF COUNTY OR OTHERS PROPERTY |
| 7. <input checked="" type="checkbox"/> FAILURE TO OBEY ORDERS | 16. <input checked="" type="checkbox"/> ACTION(S) INCONSISTANT WITH POLICIES |
| 8. <input type="checkbox"/> FAILURE OF GOOD BEHAVIOR | 17. <input type="checkbox"/> INCOMPETANCE |
| 9. <input type="checkbox"/> LEAVING WITHOUT PERMISSION | 18. <input checked="" type="checkbox"/> OTHER: Improper evidence handling/ Body Cam Usage |

REMARKS (SET FORTH ALL FACTS IN DETAIL)

On 3/04/2025 you assisted with a vehicle accident on US 23 and SR 762 (Crash # [REDACTED]). While on that crash you were provided property to consist of \$80.00 cash, medication, and other personal property belonging to a Max Stockman who was involved in the crash. It was advised that Det. Rubio and Det. Kohler advised to make sure the property was put into property. In speaking with Sgt. Eitel, he stated that he also advised of the same thing.

However, you went home at the end of your shift and realized that once home, you had not placed the property in the property locker as required and contacted Sgt. Hugus. In speaking with Sgt. Hugus he stated he advised he had no one to meet you and you would have to put the items into property on your return shift. Per policy, property and evidence needs to be secured as soon as reasonably possible and before you secure your shift.

802.3.1 PROPERTY BOOKING PROCEDURE

All property must be booked prior to the employee going off-duty. Employees booking property shall observe the following guidelines:

- a. Complete the property form describing each item separately, listing all serial numbers, owner's name, finder's name and other identifying information or markings.
- b. The deputy shall mark each item of evidence with initials and date.

c. Items too small to mark, or that will be damaged, degraded or devalued by marking, should be individually packaged, labeled and the package marked with initials and date.

d. Complete an evidence/property tag and attach it to each package or envelope in which the property is stored.


e. Place the case number in the upper right corner or in the appropriate field of the evidence/property tag.


f. The original property form shall be submitted with the case report. A copy shall be placed with the property in the temporary property locker or with the property if it is stored somewhere other than a property locker.

g. When the property is too large to be placed in a temporary property locker, the item may be temporarily stored in any office supply room or other location that can be secured from unauthorized entry. The location shall be secured to prevent entry and a completed property form placed into a numbered property locker indicating the location of the property.

Sheriff Hafey also reviewed your body camera footage and found that you did not have your body camera on at any time except when you went to record the video footage from Greenlawn's security footage. Your body camera needs to be activated anytime your on an active call.


From here forward make sure all property and evidence is packaged and secured per policy. Also make sure you are activating you body camera as well.



Signature of Supervisor 751. 15


Employee

THE ABOVE OFFENSE OR OFFENSES HAVE BEEN NOTED AND ARE MADE A PART OF THE ABOVE EMPLOYEES RECORD, AS OF THIS DATE.



Sheriff, Pickaway County, Ohio

PICKAWAY COUNTY SHERIFF'S OFFICE
MATTHEW O. HAFEY, SHERIFF
EMPLOYEE WRITTEN REPRIMAND

TO PERSONNEL FILE:

THE FOLLOWING WRITTEN REPRIMAND WAS ISSUED TODAY AND IT IS TO BE MADE PART OF THE OFFICIAL RECORD

NAME [REDACTED] UNIT NO. [REDACTED] DATE 03/11/2025

- | | |
|--|---|
| 1. <input type="checkbox"/> UNREPORTED ABSENCE | 10. <input type="checkbox"/> IMPROPER CONDUCT |
| 2. <input type="checkbox"/> EXCESSIVE ABSENCES | 11. <input type="checkbox"/> IMPROPER DRESS |
| 3. <input type="checkbox"/> TARDINESS | 12. <input type="checkbox"/> VIOLATION OF SAFETY RULES |
| 4. <input type="checkbox"/> INSUBORDINATION | 13. <input type="checkbox"/> CARELESSNESS |
| 5. <input type="checkbox"/> DISHONESTY | 14. <input type="checkbox"/> NEGLIGENCE OF DUTY |
| 6. <input type="checkbox"/> REPORTED FOR DUTY INCAPABLE OF PERFORMANCE | 15. <input type="checkbox"/> DESTRUCTION OF COUNTY OR OTHERS PROPERTY |
| 7. <input type="checkbox"/> FAILURE TO OBEY ORDERS | 16. <input checked="" type="checkbox"/> ACTION(S) INCONSISTANT WITH POLICIES |
| 8. <input type="checkbox"/> FAILURE OF GOOD BEHAVIOR | 17. <input type="checkbox"/> INCOMPETANCE |
| 9. <input type="checkbox"/> LEAVING WITHOUT PERMISSION | 18. <input checked="" type="checkbox"/> OTHER: Excessive speed/ Due regard while in emergency status. |


REMARKS (SET FORTH ALL FACTS IN DETAIL)

I was advised that there was a speed concern reported on your vehicle involving the following incident. On 7 March 2025 at 2218 HRS dispatch advised that Circleville PD was requesting assistance with a violent male at Ohio Health Berger hospital, 600 North Pickaway Street in Circleville. Sgt. Hugus, Deputy Freeman, Deputy McCrabb, and yourself responded to the request.

In checking GPS, I found that you were 5.29 Miles away from the hospital on US 23 just south of OSP Post 65. Deputy Freeman was leaving the Sheriff's Office (1.72 miles), Deputy McCrabb was coming from the South Business (2.15 Miles), and Sgt. Hugus was coming from the Walmart area (1.48 Miles). Based on the call record ([REDACTED]) Deputies Freeman and McCrabb arrived on scene only 70 seconds before you when you had over twice the distance to travel.

GPS also showed that you traveled over 100 MPH. Speeds of 110 MPH on US 23 southbound, 103 MPH in the area of 2445 North Court Street, and 99 MPH in the area of North Court Street and Morris Rd. This is the intersection of the Speedway Gas Station. These speeds were excessive, especially within the city limits and the area of that particular intersection.

While checking the GPS data, I came across another call you were dispatched on 6 March 2025 at 2258 HRS [REDACTED]. The call was for an unresponsive, non-breathing 84 year old female cold to the touch. You started your route just south of the rest area on US 23. During the review, you were found to be traveling 89 MPH in the Village of South Bloomfield just prior to turning onto SR 316 west. Once on SR 316, you were

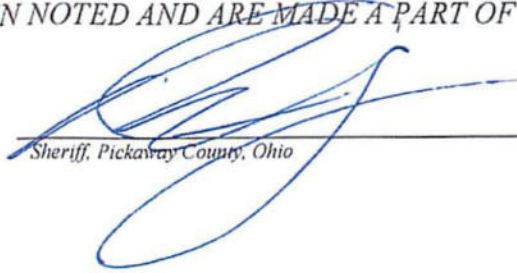
 #30

Signature of Supervisor




Employee

THE ABOVE OFFENSE OR OFFENSES HAVE BEEN NOTED AND ARE MADE A PART OF THE ABOVE EMPLOYEES RECORD, AS OF THIS DATE.



Sheriff, Pickaway County, Ohio



Office of Ohio Attorney General
Ohio Peace Officer Training Academy
Officer Record



OPOTA London Campus
 1650 State Route 56 SW
 P.O. Box 309
 London, OH 43140
 Phone: 740-845-2700

██████████ Pickaway County Sheriff's Office, ID: ██████████

Appointment History*

Agency	Employee Status	Start Date	End Date	Separation Reason
Pickaway County Sheriff's Office	Full-time	██████████	██████████	
Columbus Police Department	Full-time	██████████	██████████	Resignation - In good standing (No Pending discipline)

Basic Academy Records

School Number	School	Start Date	End Date	Exam Date	Certificate Number	Certificate Date	Appointed By	Appointed Date
██████████	Columbus Police Academy	██████████	██████████	██████████	██████████	██████████	Columbus Police Department	██████████

Advanced Certifications

Certification Date	Certification	Officer Number	Officer
No Records Found			

OPOTA Advanced Training Records**

Course Title	Start Date	End Date
No Records Found		

LMS Training Records

Date Completed	Course Title	Officer Number	Officer
5/14/2025	Report Writing 2025		
4/23/2025	Victims' Rights - Marsy's Law - 2025		
4/22/2025	CAT and Officer Wellness - 2025		
4/15/2025	Vicarious Trauma		
4/15/2025	Critical Thinking in Use of Force Situations		
4/15/2025	BCI Lethal Use of Force and OIS Investigations		
4/9/2025	Legal Updates 2025		
1/17/2025	Use of Force - 2025		
1/15/2025	Ethics Law - 2025		
1/15/2025	Arrest, Search, and Seizure - 2025		
8/29/2024	Impacting Narcotics in Ohio		
8/29/2024	Responding to Sexual Assault		
8/29/2024	Report Writing 2023		
8/28/2024	Use of Body-Worn Cameras		
8/28/2024	Public Records - 2024		
8/21/2024	Crisis Mitigation - An Ohio Model		
8/8/2024	Legal Updates 2024		
7/30/2024	NIBIN III		
7/30/2024	Arrest, Search, and Seizure 2023		
7/29/2024	Ohio School Threat Assessment		
7/29/2024	Veterans In Crisis		
7/29/2024	Responding to Mental Health Issues		
6/28/2024	Victims' Rights - Marsy's Law		
6/23/2024	NIBIN III		

Date Completed	Course Title	Officer Number	Officer
6/23/2024	NIBIN Overview		

Canine Training Records

Canine School	Certificate Date	Canine Unit	Certificate Type	Specialty	Renewal Date
No Records Found					

***The appointment records listed above reflect the appointed and separation information reported to OPOTC pursuant to section 109.761 of the Revised Code. Neither OPOTC, nor its staff, has independent knowledge of the information contained in these records.**

****The advanced training records listed above reflect ONLY THOSE trainings the peace officer scheduled through OPOTA. Records reflecting advanced training conducted by the peace officer's agency, or conducted by another organization, are not maintained by OPOTC. Requests for any such records should be directed to the peace officer's employing agency or the organization who conducted the training.**

*****Officer separation reasons are displayed only for separations that occurred on 7/1/2021 or later. For separations prior to 7/1/2021 this information may be obtained by submitting a public records request through the OPOTA Public Records Portal under "Request other records".**