



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



2025-3030  
Officer Involved Critical Incident - 15 Pearl Rd., Brunswick,  
OH 44212, Medina County

**Investigative Activity:** Personnel File Review – [REDACTED]  
**Involves:** [REDACTED]  
**Activity Date:** 10/14/2025  
**Activity Location:** BCI - Richfield  
**Authoring Agent:** SA John P. Tingley #154

**Narrative:**

On Tuesday, October 14, 2025, Ohio Bureau of Criminal Investigation (BCI) Special Agent (SA) John Tingley (SA Tingley) received the personnel file for Brunswick Police Department (BPD) [REDACTED]. SA Tingley reviewed the personnel file and noted the following:

Personnel File:

[REDACTED] was hired by the BPD as a full-time Police Officer on [REDACTED]. [REDACTED] had previous law enforcement experience with the Shaker Heights Police Department as a full-time Officer between [REDACTED].

Basic Training:

[REDACTED] attended and successfully completed the Ohio Peace Officer Training Academy (OPOTA) Basic Training Academy [REDACTED] at the Cuyahoga Community College. [REDACTED] also took and passed the OPOTA certification examination on [REDACTED] and was issued Peace Officer Certificate [REDACTED] by the Ohio Peace Officer Training Commission (OPOTC).

Current Peace Officer Status:

Based on the records received and reviewed from OPOTA, it is noted that [REDACTED] was a duly sworn and certified Ohio Peace Officer at the time of the Officer Involved Critical Incident.

Training File:

[REDACTED] has completed a number of advanced Law Enforcement training classes. Some of those classes include:

- Decision Making Under Stress
- Use of Force
- Arrest, Search and Seizure

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2025-3030  
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OH 44212, Medina County

- Legal Updates
- Crisis Intervention
- Objective Reasonableness
- SWAT
- Certified Instructor (OPOTA)

Disciplinary Records:

Based on the records received from BPD, [REDACTED] had no discipline related to the use of force.

[REDACTED]'s OPOTA Records, Training Records from BPD, OPOTA Certificates and Certificates from Shaker Heights Police Department are attached to this report. Please refer to the attached documents for further details.

**References:**

None

**Attachments:**

1. [REDACTED] POTA
2. [REDACTED] raining\_Brunswick
3. [REDACTED] OPOTA\_cert
4. [REDACTED] (certs\_Shaker\_Hts)

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**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

██████████ Brunswick Police Department, ID: ██████████

**Appointment History\***

Agency	Employee Status	Start Date	End Date	Separation Reason
Brunswick Police Department	Full-time	██████████	██████████	
Shaker Heights 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
██████████	Cuyahoga Community College - West Campus	██████████	██████████	██████████	██████████	██████████	Shaker Heights Police Department	██████████

**Advanced Certifications**

Certification Date	Certification	Officer Number	Officer
No Records Found			

**OPOTA Advanced Training Records\*\***

Course Title	Start Date	End Date
TMP - Decision Making Under Stress	8/26/2024	8/26/2024
Instructional Skills (80 hours)	2/5/2024	2/16/2024

**LMS Training Records**

<b>Date Completed</b>	<b>Course Title</b>	<b>Officer Number</b>	<b>Officer</b>
5/19/2025	Report Writing 2025		
5/19/2025	Victims' Rights - Marsy's Law - 2025		
5/3/2025	CAT and Officer Wellness - 2025		
3/4/2025	Use of Force - 2025		
2/27/2025	Arrest, Search, and Seizure - 2025		
2/27/2025	Ethics Law - 2025		
2/27/2025	Legal Updates 2025		
9/23/2024	NIBIN Overview		
9/9/2024	Victims' Rights - Marsy's Law		
8/26/2023	Missing Children Investigation		
8/26/2023	Trauma and the Brain		
8/26/2023	Missing Persons		
8/26/2023	Distracted Driving		
8/26/2023	Direct and Circumstantial Evidence		
8/25/2023	Responding to Sexual Assault		
8/22/2023	Impacting Narcotics in Ohio		
8/14/2023	Interviewing the Crime Victim		
8/14/2023	Crisis Intervention		
8/14/2023	Biological Evidence Collection for Sexual Assaults		
8/14/2023	Arrest, Search, and Seizure 2023		
7/30/2023	Search Warrant Preparation		
7/30/2023	First Amendment Auditing		
7/30/2023	Safe at Home		
7/30/2023	NIBIN II		

Date Completed	Course Title	Officer Number	Officer
7/29/2023	Part 3 - Legal Updates 2023		
7/7/2023	Part 2 - Legal Updates 2023		
6/26/2023	Part 1 - Legal Updates 2023		
4/26/2023	NIBIN		
3/9/2023	Ohio School Threat Assessment		
3/8/2023	National Center for Missing & Exploited Children – Harnessing Resources Seminar		
10/21/2022	Mental Health Response		
10/21/2022	Crisis Intervention		
10/17/2022	Sexual Assault Investigations		
10/17/2022	Trauma and the Brain		
10/17/2022	Use of Deadly Force and Legal Guidelines		
10/17/2022	Qualified Immunity		
10/17/2022	Objective Reasonableness		
10/17/2022	Responding to Sexual Assault		
10/17/2022	Critical Thinking in Use of Force Situations		
10/17/2022	Effective Communication and Safe Interaction with Persons in Crisis		
10/17/2022	BCI Lethal Use of Force and OIS Investigations		
10/17/2022	Biological Evidence Collection for Sexual Assaults		
5/28/2022	Vicarious Trauma		
5/28/2022	Officer Wellness Seminar		
3/15/2022	Domestic Violence Legal Updates		

### Canine Training Records

Canine School	Certificate Date	Canine Unit	Certificate Type	Specialty	Renewal Date
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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.**



**BRUNSWICK**

**Training Report**

**From: 06/18/2025 Through 06/18/2025**

<b>Subject:</b>	<b>Date:</b>	<b>Code:</b>	<b>Effective:</b>	<b>Expires:</b>	<b>Hours:</b>	<b>Cost:</b>
<hr/>						
EMPLOYEE: [REDACTED]						
<hr/>						
DRIVER TRAINING MEDINA CAREER CENTER HOLUB	06/18/2025				8.00	
				Total hours:	8.00	
				Total Sessions:	1	Costs: 0
				Grand Total hours:	8.00	
				Total Sessions:	1	Costs: 0





**BRUNSWICK**

**Training Report**

**From: 04/26/2024 Through 04/26/2024**

<b>Subject:</b>	<b>Date:</b>	<b>Code:</b>	<b>Effective:</b>	<b>Expires:</b>	<b>Hours:</b>	<b>Cost:</b>
EMPLOYEE: [REDACTED]						
PHOENIX PROJECT II	04/26/2024				10.00	

Total hours: 10.00

Total Sessions: 1      Costs: 0

Grand Total hours: 10.00

Total Sessions: 1      Costs: 0

**BRUNSWICK**

**Training Report**

**From: 03/11/2024 Through 03/11/2024**

<b>Subject:</b>	<b>Date:</b>	<b>Code:</b>	<b>Effective:</b>	<b>Expires:</b>	<b>Hours:</b>	<b>Cost:</b>
<hr/>						
EMPLOYEE: [REDACTED]						
<hr/>						
TACTICAL EMERGENCY CASUALTY PAINESVILLE TWP	03/11/2024				24.00	
					Total hours: 24.00	
					Total Sessions: 1	Costs: 0
					Grand Total hours: 24.00	
					Total Sessions: 1	Costs: 0

**BRUNSWICK**

**Training Report**

**From: 02/05/2024 Through 02/05/2024**

<b>Subject:</b>	<b>Date:</b>	<b>Code:</b>	<b>Effective:</b>	<b>Expires:</b>	<b>Hours:</b>	<b>Cost:</b>
<hr/>						
EMPLOYEE: [REDACTED]						
<hr/>						
INSTRUCTOR TRAINING	02/05/2024				80.00	
KENT STATE - TWINSBURG OPOTA						
				Total hours:	80.00	
				Total Sessions:	1	Costs: 0
				Grand Total hours:	80.00	
				Total Sessions:	1	Costs: 0



**BRUNSWICK**

**Training Report**

**From: 07/31/2023 Through 07/31/2023**

<b>Subject:</b>	<b>Date:</b>	<b>Code:</b>	<b>Effective:</b>	<b>Expires:</b>	<b>Hours:</b>	<b>Cost:</b>
<hr/>						
EMPLOYEE: [REDACTED]						
<hr/>						
VEHICLE TACTICS AND SUPPRESSION 88 TACTICAL	07/31/2023				24.00	
					Total hours: 24.00	
					Total Sessions: 1	Costs: 0
					Grand Total hours: 24.00	
					Total Sessions: 1	Costs: 0

**BRUNSWICK**

**Training Report**

**From: 04/21/2023 Through 04/21/2023**

<b>Subject:</b>	<b>Date:</b>	<b>Code:</b>	<b>Effective:</b>	<b>Expires:</b>	<b>Hours:</b>	<b>Cost:</b>
<hr/>						
EMPLOYEE: [REDACTED]						
<hr/>						
EMOTIONAL SURVIVAL FOR FIRST ALTERNATIVE PATHS	04/21/2023				4.00	0.00
					Total hours: 4.00	
					Total Sessions: 1	Costs: 0.00
					Grand Total hours: 4.00	
					Total Sessions: 1	Costs: 0.00

**BRUNSWICK**

**Training Report**

**From: 03/30/2023 Through 03/30/2023**

<b>Subject:</b>	<b>Date:</b>	<b>Code:</b>	<b>Effective:</b>	<b>Expires:</b>	<b>Hours:</b>	<b>Cost:</b>
<hr/>						
EMPLOYEE: [REDACTED]						
<hr/>						
JAIL TRAINING STRONGSVILLE REC CENTER	03/30/2023				8.00	
					Total hours: 8.00	
					Total Sessions: 1	Costs: 0
					Grand Total hours: 8.00	
					Total Sessions: 1	Costs: 0





# OHIO PEACE OFFICER TRAINING COMMISSION &

## THE OFFICE OF THE ATTORNEY GENERAL

This is to certify that

[Redacted Name]


has completed the Ohio  
Peace Officer Basic Training Program


Conducted by

Cuyahoga Community College West Campus


Awarded on


[Redacted Date]

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

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



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

  
\_\_\_\_\_  
[Redacted Name]  
Commander

# Emergency Management Institute



## FEMA

This Certificate of Achievement is to acknowledge that [REDACTED] has reaffirmed a dedication to serve in times of crisis through continued professional development and completion of the independent study course:

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

*Issued this 8th Day of May, 2017*



  
Tony Russell  
Superintendent  
Emergency Management Institute

# Emergency Management Institute



## FEMIA

This Certificate of Achievement is to acknowledge that [REDACTED] has reaffirmed a dedication to serve in times of crisis through continued professional development and completion of the independent study course:

**IS-00100.b**  
**Introduction to Incident Command System**  
**ICS-100**

*Issued this 8th Day of May, 2017*



  
Tony Russell  
Superintendent  
Emergency Management Institute

**BASIC LIFE SUPPORT**

**BLS  
Provider**



[REDACTED]

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

02/09/2017  
Issue Date

02/2019  
Recommended Renewal Date

**BASIC LIFE SUPPORT**

Training TC ID #  
Center Name Lorain County Comm. College OH 01903  
TC 1005 N. Abbe Rd.  
Info Elyria, OH 44035 440-366-4165

Course  
Location Lorain County Community College/Elyria

Instructor Inst. ID #  
Name Dawn E. Sgro 01112230715

Holder's  
Signature [REDACTED]

© 2015 American Heart Association

**LAS VEGAS METROPOLITAN  
POLICE DEPARTMENT**

JOSEPH LOMBARDO, Sheriff

March 30, 2018

Partners with the Community



**TIME SENSITIVE**  
PLEASE FAX, EMAIL OR  
MAIL YOUR REPLY.  
THANK YOU.

Direct all questions and responses to:  
DETECTIVE: Isaac Beasley  
Phone: (702)828-3101 FAX: (702)828-5577  
Email: I7458B@LVMPD.com



SHAKER HEIGHTS POLICE DEPT.  
ATTN: Pre-Employment Background Dept  
3355 Lee Rd  
Shaker Heights, OH 44120

NAME :  
POS :  
AKA :  
SS# :  
POB :



The above individual is involved in the background investigation portion of the selection procedure for employment with the Las Vegas Metropolitan Police Department. According to our records, this individual applied for a position with your agency. The following information is requested during the course of this investigation to determine the applicant's eligibility for employment. A Waiver and Authorization for Release of Information form is enclosed for your records, in addition to a return-addressed postage envelope that is enclosed for your convenience.

**THE INFORMATION YOU PROVIDE WILL BE KEPT STRICTLY CONFIDENTIAL:**

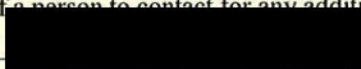
1 Which position(s) and when did the above applicant apply with your Agency?

- |   |  |     |                                     |    |                                     |
|---|--|-----|-------------------------------------|----|-------------------------------------|
| 2 | Did the applicant pass your written exam?  | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/>            |
| 3 | Did the applicant pass your physical agility?  | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/>            |
| 4 | Did the applicant pass your oral?  | Yes | <input type="checkbox"/>            | No | <input type="checkbox"/> N/A        |
| 5 | Was the applicant given a psychological?   |     |                                     |    |                                     |
|   | a) Written   | Yes | <input type="checkbox"/>            | No | <input checked="" type="checkbox"/> |
|   | b) Oral  | Yes | <input type="checkbox"/>            | No | <input checked="" type="checkbox"/> |
| 6 | Was the applicant given a polygraph?   | Yes | <input type="checkbox"/>            | No | <input checked="" type="checkbox"/> |
| 7 | Was a background investigation conducted?  | Yes | <input type="checkbox"/>            | No | <input checked="" type="checkbox"/> |
| 8 | Is there anything in his/her file that would warrant a trip to your agency in the course of our investigation? | Yes | <input type="checkbox"/>            | No | <input type="checkbox"/> N/A        |
| 9 | Is the applicant still eligible with your agency?  | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/>            |

**SIGNIFICANT FINDINGS:**

Please provide the name and phone number of a person to contact for any additional information:

Sandra Middleton



If you have any questions regarding the above individual, please contact the assigned Background Investigator at the telephone number listed above. Thank you for your assistance in this matter.

Sincerely,

JOSEPH LOMBARDO, SHERIFF

*Terry Bernard*

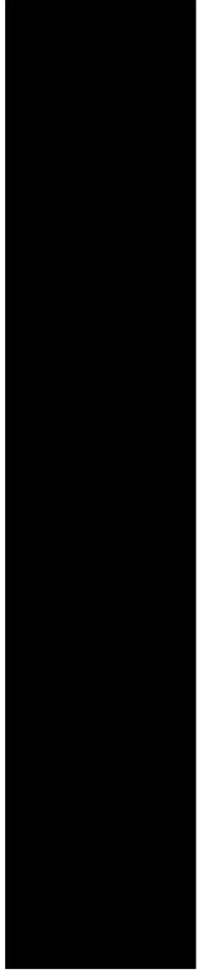
JL:TB:IB:rmk

By: Terry Bernard, Lieutenant  
Background Section  
Office of Human Resources



# LORAIN COUNTY COMMUNITY COLLEGE

Elyria, Ohio



*has successfully completed the*

## Emergency Medical Technician Training Program



Accreditation

*on this tenth day*

*This course fulfills the requirements for the State of Ohio/DOT EMT Curriculum.*



A handwritten signature in black ink, reading "Dawn E. Sgro".

Dawn E. Sgro BSE, NRP, FFII, EMSI, CHSE  
Director, EMS and Fire Science Programs

**CUYAHOGA COMMUNITY COLLEGE  
PUBLIC SAFETY TRAINING CENTER  
LAW ENFORCEMENT TRAINING DIVISION**

*Certificate of Completion*

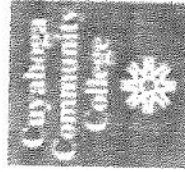


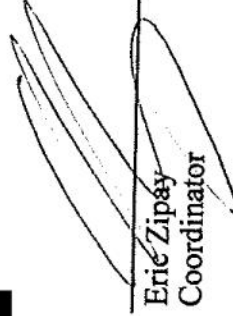
*has successfully passed  
the*

*Police Officer Physical Agility Exam*



  
James Copeland  
Director



  
Eric Zipay  
Coordinator

Expires one year from issue date.  
Always check with the agency you are testing for regarding their stipulations on the expiration date.



**MIKE DEWINE**  
 \* OHIO ATTORNEY GENERAL \*



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

P.O. Box 309  
 London, OH 43140  
 www.OhioAttorneyGeneral.gov

**NOTICE OF PEACE OFFICER APPOINTMENT**

Check Box if:  Correction to Record  Name Change

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

<b>OFFICER INFORMATION</b>			1. Name (Last) (First) (Middle)	2. Social Security Number
3. Previous Name(s) or Alias (Last) (First) (Middle)			N/A	N/A
4. Birth date (mm/dd/yyyy)	5. Officer's Individual Email Address		6. Phone Number	
8. Basic Training Academy (Academy Name) (Academy Number) (Dates of Training)			Cuyahoga Community College Begins	

<b>AGENCY INFORMATION</b>		9. Agency Name Shaker Heights Police Department		
10. Reporting Authority's Email Address Jeffrey.Demuth@shakeronline.com		11. Agency Phone Number 216-491-1247		
12. Agency Mailing Address (#/Street/PO Box) 3355 Lee Road		(City) Shaker Heights	(Zip Code) 44120	(County Name) Cuyahoga

<b>APPOINTMENT INFORMATION</b> (Complete Date, Status and ORC)		13. Appointment Date	14. Status Change Date
15. Select New Status <input checked="" type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Auxiliary <input type="checkbox"/> Reserve <input type="checkbox"/> Special <input type="checkbox"/> Seasonal			
For the purpose of this form, full-time means those in active pay status (including those on vacation, sick, bereavement, personal or administrative leave; on compensatory time or holidays) receiving compensation and benefits for 40 hours in a work week or 80 hours in a 14-day period.			
16. Select New ORC			
<input checked="" type="checkbox"/> City Full-Time/Part-Time (737.02)	<input type="checkbox"/> City Auxiliary/Reserve/Special (737.051)	<input type="checkbox"/> City Chief (737.02)	
<input type="checkbox"/> Village Full-Time/Part-Time/Special (737.16)	<input type="checkbox"/> Village Auxiliary/Reserve (737.161)	<input type="checkbox"/> Village Chief (737.15)	
<input type="checkbox"/> Township Police Officer (505.49)	<input type="checkbox"/> Township Constable (509.01)	<input type="checkbox"/> Other Chief - List ORC/Charter	
<input type="checkbox"/> Other - List ORC/Charter	<input type="checkbox"/> Deputy Sheriff (311.04)	<input type="checkbox"/> Sheriff (311.01)	

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

Officer Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_ Social Security Number \_\_\_\_\_

**23. OATH OF OFFICE**

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

David E. Weiss

Name of Appointing Authority (Typed or Printed Legibly)

Mayor

Title of Appointing Authority (Typed or Printed Legibly)

**OHIO PEACE OFFICER APPOINTMENT HISTORY**

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

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

27. Appointed By (Agency Name and County):	28. From(mm/dd/yyyy): / /	To(mm/dd/yyyy): / /
29. Appointment Status (Check Appropriate Box) <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Auxiliary <input type="checkbox"/> Reserve <input type="checkbox"/> Special <input type="checkbox"/> Seasonal		

30. Appointed By (Agency Name and County):	31. From(mm/dd/yyyy): / /	To(mm/dd/yyyy): / /
32. Appointment Status (Check Appropriate Box) <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Auxiliary <input type="checkbox"/> Reserve <input type="checkbox"/> Special <input type="checkbox"/> Seasonal		

33. Appointed By (Agency Name and County):	34. From(mm/dd/yyyy): / /	To(mm/dd/yyyy): / /
35. Appointment Status (Check Appropriate Box) <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Auxiliary <input type="checkbox"/> Reserve <input type="checkbox"/> Special <input type="checkbox"/> Seasonal		

36. Appointed By (Agency Name and County):	37. From(mm/dd/yyyy): / /	To(mm/dd/yyyy): / /
38. Appointment Status (Check Appropriate Box) <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Auxiliary <input type="checkbox"/> Reserve <input type="checkbox"/> Special <input type="checkbox"/> Seasonal		

39. Appointed By (Agency Name and County):	40. From(mm/dd/yyyy): / /	To(mm/dd/yyyy): / /
41. Appointment Status (Check Appropriate Box) <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Auxiliary <input type="checkbox"/> Reserve <input type="checkbox"/> Special <input type="checkbox"/> Seasonal		



**From:** Soley O'Malley  
**To:** "SF400@ohioattorneygeneral.gov"; Troy Allison; Laura Clague  
**Cc:** [Patricia McCreary](#)  
**Subject:** Notice of Peace Officer Appointment - Form SF400adm  
**Date:** Monday, September 17, 2018 8:07:00 AM  
**Attachments:** [NoticeOfPeaceOfficerAppointment \[REDACTED\].ex.pdf](#)

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On behalf of Chief of Police Jeffrey N. DeMuth of the City of Shaker Heights Police Department, please find attached a Notice of Peace Officer Appointment form (SF400adm) for processing. If you have any questions or require additional information, please do not hesitate to contact me.

Thank you.

---

SOLEY K. O'MALLEY  
Executive Assistant to Chief of Police, Jeffrey N. DeMuth  
City of Shaker Heights - Police Department  
3355 Lee Road  
Shaker Heights, OH 44120  
P: 216-491-3217  
F: 216-491-1243  
Follow us on Facebook  and Twitter 

STATE OF OHIO

)

) SS:

OATH OF OFFICE

CUYAHOGA COUNTY

)

I, [REDACTED] do solemnly swear that I will support the Constitution of the United States, the Constitution and Laws of the State of Ohio, and the Charter and Ordinances of the City of Shaker Heights, and that I will faithfully, honestly and impartially discharge my duties as Patrol Officer of the Shaker Heights Police Department, according to the best of my ability and understanding, effective September [REDACTED] [REDACTED]

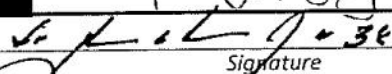
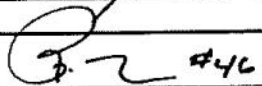
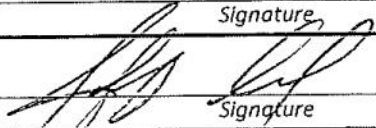
SWORN TO BEFORE ME and subscribed in my presence this 17<sup>th</sup> day of [REDACTED]

*Debra R. Messing*  
NOTARY PUBLIC



DEBRA R. MESSING  
NOTARY PUBLIC  
STATE OF OHIO  
Comm. Expires  
04-04-2020

# SHAKER HEIGHTS POLICE DEPARTMENT PATROL OFFICERS EVALUATION

Final Review Signatures		i.e. August 14 3/24/22	
Lieutenant	<i>Priscilla Adams</i> <small>Print Name</small>	 <small>Signature</small>	4-16-22 <small>Date</small>
Commander	<i>R. MASINARO</i> <small>Print Name</small>	 <small>Signature</small>	06/01/22 <small>Date</small>
Chief	<i>JEFF DEMUTT</i> <small>Print Name</small>	 <small>Signature</small>	6/2/22 <small>Date</small>

Comments:



## Eastside Departments Group Enforcement S.W.A.T. Team

Chief Jeff Demuth,

On May 20<sup>th</sup> [REDACTED] and ten other candidates from the EDGE communities began the grueling process of trying out for the EDGE SWAT TEAM. The testing process consisted of a physical fitness test, team building exercise, firearms proficiency and tactical decision making. All of the candidates, to include [REDACTED] passed the initial selection process. On June 14<sup>th</sup> [REDACTED] appeared for an interview with team administrators and team representatives from each EDGE community. It is my pleasure to say that [REDACTED] was selected to become a member of this team. Once his final status to be appointed to the swat team is approved by your office, per our EDGE Policy, [REDACTED] shall complete a one (1) year probationary period.

Respectfully Submitted,

Captain Mike Janson  
EDGE SWAT-TEAM COMMANDER



THE CITY OF SHAKER HEIGHTS  
DEPARTMENT OF POLICE



DEPARTMENTAL REQUEST FORM

I respectfully report / request the following:

I respectfully request to participate in the tryouts for the EDGE S.W.A.T. TEAM on May 20, 2022 . I believe that being assigned to the SWAT team would be beneficial to my skill sets as a police officer and to the police department. Joining the SWAT team has been a goal of mine since I joined the department in 2018.

Member Name [REDACTED] Badge No. [REDACTED]  
Signature [REDACTED] Date: 05/03/2022

Supervisor Comments: [REDACTED] HAS PARTICIPATED IN SEVERAL  
125 RESPONSE TRAININGS AND BEEN TO DEFENSIVE TACTICS  
TRAINING IN AN EFFORT TO SHARPEN HIS SKILL SET. HE HAS HAD  
AN INTEREST IN SWAT FROM THE BEGINNING OF HIS CAREER.  
I HAVE NO ISSUES WITH THIS REQUEST.

Approved / Forwarded By: R. GREGORY KERR Badge No.: 14 *Ph # 38*  
Signature: R. Gregory Kerr Date: 5/9/22  
Commanding Officer: R. MATSON/ALDO Badge No.: 46  
Signature: G. 2 #46 Date: 05/10/22

[Handwritten Signature] 5/10/22  
Rev. 12/12/16 FORM 16-002



# SHAKER HEIGHTS

August 1, 2022

██████████ Patrol Officer

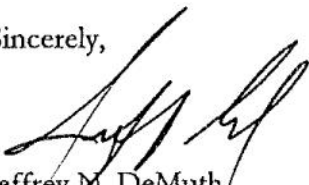
Shaker Heights Police Department  
3355 Lee Road  
Shaker Heights, OH 44120

Dear ██████████

I would like to take this opportunity to commend you for the outstanding job you did assisting in the coordination of the Active Shooter (IARD) Training at Boulevard Elementary School. I have enclosed a copy of an Officer Appreciation Form, received via the City's website, from one of the SHCPA volunteer actors, expressing positive comments for the professionalism, courtesy and informative subject matter provided at the training exercises July 19 and 20, 2022.

Clearly, your commitment to our mission is evident, and represents the excellence we strive for in our officers. Thank you again not only for a job well done regarding the Active Shooter Training, but for all that you do day in and day out. Your ongoing contributions are recognized and deeply appreciated.

Sincerely,



Jeffrey M. DeMuth  
Chief of Police

JND:sko  
Enclosure

ec: Richard J. Mastnardo, Jr., Commander  
Parker Adrine, Jr., Sergeant  
R. Gregory Kerr, Sergeant  
cc: Personnel File



**CITY OF SHAKER HEIGHTS | Police**

3355 Lee Road Shaker Heights, Ohio 44120 P 216.491.1220 F 216.491.1224 Ohio Relay Service 711

[shakeronline.com](http://shakeronline.com) [www.shaker.life](http://www.shaker.life)

Do you have a story to tell, or just want to thank the officer? Complete and submit our **Officer Appreciation Form**.

We are always grateful to hear stories about the good work at the **Shaker Heights Police Department**. We especially appreciate hearing those stories directly from you.

If you want to share a nice story, or just say thanks, please fill out this form with as much detail as possible, including the names of all officers involved, and we will be sure to share your note with staff.

Name	Glenn E Morrical
Email Address	<a href="mailto:glenn.morrical@tuckerellis.com">glenn.morrical@tuckerellis.com</a>
Address	21226 South Woodland Road
City	Shaker Heights
State	OH
Zip Code	44122
Phone Number	12167809943
Fax Number	<i>Field not completed.</i>
Your Note of Appreciation	I was a volunteer "actor" at the 10-2 training sessions Tuesday and Wednesday. I want to compliment all involved for being professional, courteous, and informative. From my untrained civilian perspective it seemed to me that all of the trainees performed well and accepted constructive criticism. Job well done!

Email not displaying correctly? [View it in your browser.](#)



# SHAKER HEIGHTS

## Memorandum

To: Sandra Middleton, Human Resources Manager  
From: Jeffrey N. DeMuth, Chief of Police  
ec: Jeri E. Chaikin, Chief Administrative Officer  
Allison Graden, Accounting Technician  
Date: October 18, 2022  
Re: Career Development Program – Proficiency Pay

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Attached please find a memorandum from Commander John Cole, along with a copy of a “Department Request Form” from Patrol [REDACTED] is requesting Proficiency Pay for individual growth course work taken through specialized education and training.

According to the Shaker Heights Police Department Labor Agreement, Article IX Compensation, Section 8 Career Development Program, “Any officer who completes a combination of eighty (80) hours of approved career-development training courses will receive up to one thousand and five hundred dollars (\$1,500.00) annually paid in equal monthly installments starting on the month following the completion of the required training hours.”

Please review for your approval. Thank you.

JND/sko  
Attachments



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# SHAKER HEIGHTS

## Memorandum

To: Jeffrey N. DeMuth, Chief of Police

From: Commander John M. Cole, Acting Training Coordinator *JMC #85*

cc: Commander Richard Mastnardo; Thomas Clementi, Sergeant, Parker Adrine, Sergeant; Allison Graden, Accounts Technician

Date: October 11, 2022

Re: [REDACTED] Career Development Pay

On Tuesday, September 27, 2022, Lieutenant Daniel Grispingo #35 requested that I review the training records for [REDACTED] in regards to a request for career development pay. I have reviewed his training and verified eighty (80) hours in the following subjects:

- High Threat CQB Instructor School –Attended April 25, 2022 through April 29, 2022Forty (40) hours
- SWAT Week-Attended September 12, 2022 through September 17, 2022-Forty (40) hours

In accordance with Article XXIV of the extant labor agreement, [REDACTED] completed the PTO Program on Friday, [REDACTED] therefore, his probationary period ended on August [REDACTED] reached his eighty (80) hours of professional training upon completion of SWAT WEEK training on September 17, 2022.

I reviewed the Patrolman's Labor Agreement and believe that [REDACTED] has met the training requirements outlined in Article IX, Section 8 Career Development Program.

Should you require additional information, please contact me directly.

Original documents related to this request shall be maintained in the office of the Chief of Police. Furthermore, in accordance with P18-30 of the City of Shaker Heights- Shaker Heights Police Department Records Retention Schedule, I respectfully request that this Memorandum be disposed of on and/or after **Wednesday, October 6, 2027**.



CITY OF SHAKER HEIGHTS | Police

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THE CITY OF SHAKER HEIGHTS  
DEPARTMENT OF POLICE



DEPARTMENTAL REQUEST FORM

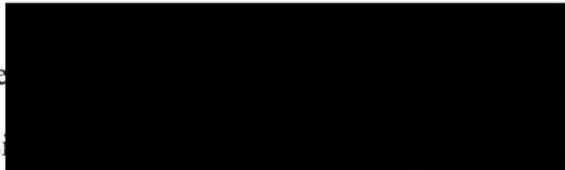
I respectfully report / request the following:

I respectfully request the Career Development Pay for 80 training hours completed as a Shaker Heights Police Officer as outlined in the current OPBA contract. I believe that I do meet these requirements as of this request date.

(40) Forty hours - High Threat CQB Instructor School (04/25/2022)

(40) Forty Hours - SWAT week (09/12/2022-09/17/2022)

Member Name



Badge No.



S

Date:

09/27/2022

Supervisor Comments:

*I request to have training verify the training records to satisfy the 80 hour requirement.*

Approved / Forwarded By:

*Lt. Daniel Crispino*  
*[Signature]*

Badge No.:

35

Signature:

Date:

9/27/22

Commanding Officer:

*John M. Cole*

Badge No.:

9684

Signature:

*[Signature]*

Date:

10/12/2022

*Pat 10/18/22*