

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

BC1

2022-0727 Officer-Involved Critical Incident-914 Salt Spring Road, Youngstown, Ohio 44509

Investigative Activity: Records Received, Document ReviewInvolves:Officer Tom SchneemanActivity Date:April 18, 2022Activity Location:BCI Youngstown OfficeAuthoring Agent:Special Agent Al Bansky #115

## Narrative:

On April 7, 2022, Ohio Bureau of Criminal Investigation (BCI) Special Agent (SA) Al Bansky (Bansky) received training records from Struthers Police Department (Chief Tim Roddy) for Officer Tom Schneeman (Schneeman). SA Bansky reviewed the training records and noted the following:

### Range Qualification Records

Records provided indicted that Schneeman qualified with his duty gun (Glock serial # on November 6, 2021. Schneeman also qualified with his Mossberg shotgun (serial # and an AR-15 rifle (serial # on the same date.

### Subject Control Training

Schneeman was certified in the use of the TASER Conducted Electrical Weapon on September 16, 2020, and recertification will be due in 2022.

### Ohio Peace Officer Training Academy/Commission Records

In addition to the records received from the Struthers Police Department, SA Bansky also obtained the Ohio Peace Officer Training Commission (OPOTC) and Ohio Peace Officer Training Academy (OPOTA) records pertaining to Schneeman. The POLARIS system utilized by OPOTA/OPOTC indicated the following:

• Basic Training

Schneeman attended the Kent State Peace Officer Training Academy from September 19, 2016 to June 20, 2017. Records showed an examination date of June 20, 2017; Certification #170815 and Academy #BAS 16-078.

• Employment History



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According to the OPOTC records, Schneeman was employed with Struthers Police Department (part-time) from July 17, 2017, and also with Mercy Health (part-time) from December 11, 2017 to February 18, 2018.

Further, Schneeman was appointed as a full-time officer with the Struthers Police Department from February 28, 2018 to present.

• Update Training

Schneeman appears to have completed all mandated update training.

• Instructor Training

Schneeman does not appear to possess any instructor-level certificates.

• Current Peace Officer Status

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

The training documents received from the Struthers Police Department and OPOTA/OPOTC were attached to this report. Please refer to the attachments for further details.

# AXON Academy

# CERTIFICATE OF COMPLETION

AWARDED TO:

**Richard Schneeman** 

OF THE STRUTHERS POLICE DEPT.

IN RECOGNITION OF YOUR SUCCESSFUL COMPLETION OF TASER X2 CEW V.22 USER CERTIFICATION COURSE TRAINING CERTIFICATE ISSUED: <u>September 16, 2020</u> Instructor Patrick D. Gampber



Course	Title	From Date	To Date
01-513-16-02	Basic Humane Agent Training	6/20/2016	6/22/2016

### Kaylah Casuccio

From:Kaylah CasuccioSent:Thursday, June 18, 2020 10:34 AMTo:Training Determination for Richard SchneemanSubject:Training Determination for Richard Schneeman, Richard.pdfAttachments:2020-6-18 R-New Middletown PD Schneeman, Richard.pdf

The enclosed Notice Of Peace Officer Appointment (SF400) is being returned for the following reason(s):

The appointment date listed on Page 1, Section 13 does not match the date of the signed agency oath of office attached to the form. Please remove the date on Page 1, Section 13 and replace it with the date listed on the agency oath of office.

Please return the SF400 and any requested documentation within 10 days of receiving this letter.

Thank you for your cooperation.

Sincerely, el Cury

Jill Cury Certification Officer Professional Standards Section Email: <u>Jill.Cury@OhioAttorneyGeneral.gov</u> Phone: 740-845-2693

cc: Officer

JC/kc

TIME REC May 26, 2	EIVED 2020 at 6:36	:27 PM EDT		MOTE CSID	DURATION 170	PAGES 4	STATUS Received		
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May 26 2020 20:07 HP FaxNe	ew Middletown PD 330542	2239	page 2		
Officer Name (Last) Schneeman	(First) Richard		(Middle) Thomas		al Security Number
23. OATH OF OFFICE					
I do solemnly swear or affirm Laws of the State of Ohio, an Signature of Appointee Signature of Appointing Authonity	that I will support the Const d Laws and Ordinances of i ability will disch	ine political subc arge the duties of	IVISION to which I am a	appointed and	d to the best of my
			ae of Appending Admony (Type	a or Printed Legibly	) 
Please list all prior a	OHIO PEACE OFFI ppointments. Use additional c				
4. Appointed By (Agency Name and C	country):		25. From(mm/dd/yyyy):	re appointment	
City Of Struthers / Ma	ahoning				To(mm/dd/yyyy): 2 28/18
6. Appointment Status (Check Approp Full-Time Part-	nate Box) Time Auxiliary	Reserve	Special	Seasonal	
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SF400adm Page 2 of 2 Effective 02/05/2019

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

Mayor Harry Kale Village of New Middletown 10711 Main Street New Middletown, OH 44442 Phone: (330) 542-2846 Fax: (330) 542-2866

Fiscal Officer Kathleen Foster

# VILLAGE OF NEW MIDDLETOWN OATH OF OFFICE

POLICE OFFICER

I SOLEMNLY SWEAR THAT I WILL FAITHFULLY SUPPORT THE CONSTITUTION AND LAWS OF THE UNITED STATES OF AMERICA AND THE CONSTITUTION AND LAWS OF THE STATE OF OHIO, AND THAT I WILL CONSCIENTIOUSLY AND IMPARTIALLY DISCHARGE MY DUTIES AS A POLICE OFFICER IN THE POLICE DEPARTMENT OF THE VILLAGE OF NEW MIDDLETOWN, COUNTY OF MAHONING, AND ANY AND ALL OTHER DUTIES DEVOLVING UPON ME IN CONNECTION WITH SUCH OFFICE. SO HELP ME GOD.

DATE: MAY 20, 2020 RICHARD SCHNEEMAN MAYOR HARRY P. KALE NOTARY PUBLIC

Kathleen A Foster Notary Public, State of Ohio My Commission Expires 11/19/2024

villageofnewmiddletown@comcast.net

5/20/2020

# Kaylah Casuccio <kaylah.casuccio@ohioattorneygeneral.gov>

5/19/2020 3:28 PM

# **RE: Previous Employment Dates**

To NewMiddletownPoliceDepartment <newmiddletownpd@comcast.net>

Sergeant McCon,

The information for work history is recommended; not mandatory.

Jeremy Cramer: Struthers PD 3/10/2010-9/7/2012 (status change), Campbell PD 1/4/2012-2/3/2016, Lowellville PD 7/11/2012-8/14/2013 (status change), Struthers PD 9/7/2012-5/27/2015 (status change), Lowellville PD 8/14/2013-5/27/2015 (status change), Struthers PD 5/27/2015-current, Lowellville PD-current, Mahoning County SO

Richard Schneeman: Struthers PD 7/17/2017-2/28/2018 (status change), Humility of Mary Health Partners 12/11/2017-2/18/2018, Struthers PD 2/28/2018-current

Robert Curtis: Trumbull County SO 9/22/2009-9/22/2010, Washingtonville PD 10/4/2010-5/2/2011, Struthers PD 11/23/2010-6/15/2011(status change), Struthers PD 6/15/2011-1/1/2018, Poland Village PD 11/1/2011-3/1/2012, Campbell PD 8/1/2012-2/3/2013(status change), Campbell PD 2/3/2013-7/1/2017, Mahoning County SO 1/2/13/2013-2/27/2015, Mahoning County SO 1/5/2017-current

Please let me know if there is anything else I can assist with

Thank you,



Kaylah Casuccio Administrative Professional II- OPOTC Office of Ohio Attorney General Dave Yost Office number: 740-845-2687 <u>kaylah.casuccio@ohioattorneygeneral.gov</u>

\* Please note that, in adherence to best practices brought about in response to COVID-19, the Ohio Attorney General's OPOTA/OPOTC moved to a "remote work" status effective March 18, 2020. All members of the section remain available remotely during normal business hours. Thank you for your patience.

Confidentiality Notice: This message is intended for use only by the individual or entity to whom or which it is addressed and may contain information that is privileged, confidential and/or otherwise exempt from disclosure under applicable law. If the reader of this message is not the intended recipient, or the employee or agent responsible for delivering the message to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please notify me immediately by telephone.

### **Sheryl Shaw**

From:
Sent:
To:
Subject:

Sheryl Shaw Wednesday, July 26, 2017 2:47 PM Peace Officer Basic Training Certificate of Completion for Richard Schneeman

As a result of your agency submitting an SF400 Notice of Appointment, a certificate of completion #170815 has been issued for Richard Schneeman, and mailed to the school commander for signature. The school commander will forward the certificate to the student once it has been signed.

To increase efficiency and reduce costs, our office is now sending correspondence through email instead of through the US Postal Service, whenever possible. As such, please keep your email up to date with our office so that you receive all OPOTC correspondence. If you have any questions, please contact our office at 740-845-2700.



Sheryl L. Shaw Administrative Professional 2 – OPOTC Office of Ohio Attorney General Mike DeWine Office number: 740-845-2689 Fax number: 866-416-8023 Sheryl.Shaw@OhioAttorneyGeneral.gov

# **Student Record Report**

Officer ID:	213227	Name:		Richard T. S	Schneeman			
School Number:	BAS16-078	🖌 Open I	Enrollment	Decerti	fied	🗌 Grano	dfathered	
School Name:	Kent State University	School D	ates:	9/19/2016	- 5/21/201	7		
Appointed By:		Appointr	nent Date:		Exam Date	e: 6/20	)/2017	
Certificate Number:		FOR OFF	ICIAL USE	ONLY				
Certificate Date:			□в	Пс	DD	ΠE	DF	
Comments:								
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	CATE				DATE	OF COM	PLETION	
REFRESHER C	OURSE AND EXAM	CH	IILD ABUSE	& NEGLECT	-			
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RETURN (see c	omments)	DC	MESTIC VIC	DLENCE				
REPEAT BASIC	TRAINING	HUMAN TRAFFICKING						
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MISSING PERS	ONS	SCHOOLI	NUMBER					
COMPANION A	NIMAL ENCOUNTERS	EOPO	TA					
REFRESHER CO	OURSE & EXAM							
RETURN (see co	omments)							
Training Due Date								
COMMENTS:								

Determination Date 7/19/17 Certification Officer AMF

07-17-17 15:10 FROM- STRUTHERS POLICE

7-25-17

		Ohio Peace Officer Training Commission Office 800-346-7682
* OHIO ATTON	IVED	x 740- <b>845-26</b> 75
By Jud	lith Wilson at 3:43 pm, Jul 17, 2	017 ). Box 309 Indon, OH 43140
NOTICE OF PEACE	OFFICER APPOINTMENT	www.OhioAttorneyGeneral.gov

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

OFFICED INFORMATION	1. Name (Last)		(First)		(Middle)	2. Social Security N	umber
OFFICER INFORMATION	Schneeman		Richard		Thomas		
3. Allas (Last)		(First)		(Mic	idie)		
		Tomm	у				
4. Birth date (mm/dd/yyyy)	5. Email Address		and a second		1	6. Phone Number	
08/02/1988							
7. Home Mailing Address (#/StreeUPC	Box)		(City)	(State)	(Zlp	Code) (	County Name)
			Poland	Ohio	4451	14	Mahoning
8. Basic Training Academy	(Academy Name)		(Academy Number)			(Dates of Training	) )
(Only complete if this is the officer's first appointment or OSP)	Kent State University	Trumbull	BAS16-078		9-19-1	16 TO 6-20-17	

AGENCY INFORMATION	9. Agency Name			
AGENCY INFORMATION	Struthers Police Department			
10. Agency Email Address		11. Agency Phone Number		
policechief@cityofstruthers.com		(330) 755-9849		
12, Agency Mailing Address (#/Street/PO B	ох)	(City)	(Zip Code)	(County Name)
6 Elm Street		Struthers	44471	Mahoning

APPOINTMENT INFORMATION (Com	plote Date, Status and ORC) 13. New Appointment Date 07 1/7 / 2017	14. Status Change Date / /
15. Select New Status	Part-Time 🚺 Auxiliary 🚺 Reserve 🔲 Specia	Seasonal
16. Solact New ORC		
	) 🗹 Clty/Municipality Auxiliary/Reserve/Special (737.051)	City/Municipality Chief (737.02)
Village Full-Time/Part-Time/Special (737.16)	VIIIage Auxiliary/Reserve (737.161)	Village Chief (737.15)
Township Police Officer (505.49)	Township Constable (509.01)	Other Chief - List ORC/Charter
Other - List ORC/Charter	Deputy Sheriff (311.04)	Sheriff (311)

ATTESTATION OF R	EPORTING AUTHORITY	I attest that the information provided on this form is trupersonal knowledge or inquiry.	ie and correct and is based on my
17. Signature of Reporting Author			19. Date
COS, Color	R. T. Rod	dy Chief of Police	07 / 17 / 2017
NOTARY (	)	92 mil	
Sworn to and subscribed b	efore me this <u>17th</u> day of	July . 20 17 in the county of Mahoning	g, Ohio.
a tarley 1	Fleperer Myca	0/9/2017	
Signature of Nota		ommission expires 9/3/2017	SHIRLEY F. SEPESY
	·7 •	· Alexandration .	Notary Public, State of Ohig /
			My Commission Expires 7. 0/20
SF400adm	This form may be emai	iled to: SF400@ohioattorneygeneral.gov	
Page 1 of 2 Revised 04/07/2011			170815

07-17-'17 15:10 FROM	- STRUTHERS POLICE	330-755-0540	T-661	P0002/0002 F-962
Officer Name (Last)	(First)		(Middle)	Social Security Number
Schneeman	Richard	Tho	nas	179/72/9647
20. OATH OF OFFICE				
		00000000000000000000000000000000000000		
I do solemnly swear or affirm t	hat I will support the Constitu	tion and Laws of the U	nited States of Ame	rica, the Constitution and
Laws of the State of Ohio, and	Laws and Ordinances of the ability will dischard	political subdivision to ge the duties of this off	which I am appoin	ted and to the best of my
	·····, ····	,		
Stanature #CAppointee	and the second	Edward H Name of Appo	<ol> <li>Wildes nling Authority (Typed or Print</li> </ol>	ited Legioly)
CAS W	eloles	Safety Se	ervice Director	
Signature of Appointing Authority		Title of Appoint	ing Authority (Typed or Printe	ed Legibly)
	OHIO PEACE OFFICE			1
Please list all prior ap	ppointments. Use additional cop			intment history.
21. Appointed By (Agency Name and Co	punty):	22. From(n	nm/dd/yyyy):	To(mm/dd/yyyy):
23. Appointment Status (Check Appropr	iate Box)			
Full-Time Part-Ti	me í 🛄 Auxiliary	Reserve	Special	Seasonal
24. Appointed By (Agency Name and Co	punty):	25. From(m	ım/dd/yyyy):	To(mm/dd/yyyy):
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	unty).	34. From(m /	n/dd/yyyy): /	To(mm/dd/yyyy): / /
35. Appointment Status (Check Appropria		Reserve	Special	Seasonal
		11500 Constantino ad 1570 Aug.		
36. Appointed By (Agency Name and Col	inty):	37. From(mi	n/dd/yyyy):	To(mm/dd/yyyy): / /
38. Appointment Status (Check Appropria		Reserve	Special	Seasonal
		T''' 179201AQ		

SF400adm Page 2 of 2 Revised 04/07/2011 This form may be emailed to: SF400@ohioattorneygeneral.gov

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School Number	Facility Name	From Date	To Date	Exam Date	Certificate Number	Certificate Date	Agency Name	Appointment Date
BAS16-078	Kent State University	9/19/2016	5/21/2017	6/20/2017	170815	7/17/2017	Struthers Police Department	7/17/2017





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 SEPARATION FROM SERVICE

Complete all blanks. Type or print legibly. Enter N/A if not applicable. Please email (SF400@ohioattorneygeneral.gov). fax, or mail this document within ten days of the separation.

A reveals a raise ( Last)     (First)     (First)     (First)     (Made)     (Made)		n 1	hard	V.	(Middle)	2. Social Security Number
OS/D2/1988         (City)       (City)       (City)       (City)       (County Na         Structures       OH       44471       Mad.or         AGENCY INFORMATION       7. Agency Name Mercy Health Police Department (formerty HMHP)         Law Enforcement Agency Administrator's Email Address         9. Agency Phone Number       330-480-3288       9. Agency Phone Number         30.0.480-3288       (City)       (City)       (County Na         0.44 Sold Address       (City)       (City)       (County Na         0.480-0000000       (City)       (City)       (County Na         0.480-0000000000000000000000000000000000	3. Previous Name(s) or Alias (Last)	(F	Characteristics and the same second second second	н		(Middle)
I home Mailing Addréss (#Street/PO Box)  (City)  (State)  (City)  (State)  (City)  (State)  (City)  (County Na  Mercy Health Police Department (formerly HMHP)  Law Enforcement Agency Administrators Email Address  (Agency Mailing Addréss (#Street/PO Box)  (City)  (State)  (City)  (State)  (City)  (State)  (City)  (State)  (County Na  Agency Administrators Email Address  (City)  (State)  (County Na  (City)  (State)  (City)  (State)  (County Na  (County Na  (City)  (State)  (County Na  (County Na  (City)  (State)  (County Na  (City)  (State)  (County Na  (County Na  (City)  (State)  (County Na  (City)  (State)  (County Na  (City)  (State)  (County Na  (City)  (State)  (County Na  (City)  (State)  (County Na  (County Na  (City)  (State)  (County Na  (State) (County Na  (State) (County  (State) (County Na  (State)	08/02/1988		5 Officer's Individual En	nail Address		
AGENCY INFORMATION       Mercy Health Police Department (formerly HMHP)         Law Enforcement Agency Administrator's Email Address       9. Agency Phone Number 330-480-3288         0. Agency Maling Address (#KStreet/F0 Box)       (City)       (State)       (Zip Code)       (County Na         1044 Belmont Ave       Youngstown       OH       44504       Mahoning         SEPARATION INFORMATION         11. Appointment Date (mm/ddlyyyy)       12. Separation Date (mm/ddlyyyy)         12/11/2012       0.2/18/2018         SEPARATION INFORMATION       11. Appointment Date (mm/ddlyyyy)       12. Separation Date (mm/ddlyyyy)         3. Reason for Separation (check appropriate box)       0.2/18/2018         Separation       Death       Felony Conviction (please explain below)         Misdemeanor guilty plea with a surrender of peace officer certificate (please explain below)       Separation from service, retirement, or termination for any other reason         ATTESTATION OF LAW ENFORCEMENT AGENCY ADMINISTRATOR         Attest that the information provided on this form is true and correct and is based on my personal knowledge or inquiry.	6. Home Mailing Address (#/Street/PO Box)	Stre	thers			(County Name) Mahoning
Law Enforcement Agency Administrator's Email Address       9. Agency Phone Number         330-480-3288         0. Agency Mailing Address (#/Street/PO Box)       (City)       (State)       (Zip Code)       (County Na         1044 Belmont Ave       Youngstown       OH       44504       Mahoning         StepARATION INFORMATION         11. Appointment Date (mm/dd/yyyy)       12. Separation Date (mm/dd/yyyy)         3. Reason for Separation (check appropriate box)       0.2/18/2018         StepAration (check appropriate box)       0.2/18/2018         StepAration for Separation (check appropriate box)       0.2/18/2018         StepAration (check appropriate box)       0.2/18/2018         StepAration (check appropriate box)       0.2/18/2018         StepAration for service, retirement, of peace officer certificate (please explain below)       0. Separation from service, retirement, or termination for any other reason         NTTESTATION OF LAW ENFORCEMENT AGENCY ADMINISTRATOR         Streature of a based on my personal knowledge or inquiry.			ent (formerly HMH	P)		<u> </u>
1044 Belmont Ave       Youngstown       OH       44504       Mahoning         SEPARATION INFORMATION       11. Appointment Date (mm/dd/gyyy)       12. Separation Date (mm/dd/gyyy)       0.2/18/2018         3. Reason for Separation (check appropriate box)       0.2/18/2018       0.2/18/2018         Image: Separation (check appropriate box)       0.2/18/2018       0.2/18/2018         <	Law Enforcement Agency Administrator's Email Ac rmbonacci@mercy.com	ldress	9. Agency Phone Numb 330-480-3288	er		
SEPARATION       IZ/II/ 2012       0 2/18/2018         3. Reason for Separation (check appropriate box)       Image: Check appropriate box)       Image: Check appropriate box)         Image: Check appropriate box)       Image: Check appropriate box)       Image: Check appropriate box)         Image: Check appropriate box)       Image: Check appropriate box)       Image: Check appropriate box)         Image: Check appropriate box)       Image: Check appropriate box)       Image: Check appropriate box)         Image: Check appropriate box)       Image: Check appropriate box)       Image: Check appropriate box)         Image: Check appropriate box)       Image: Check appropriate box)       Image: Check appropriate box)         Image: Check appropriate box)       Image: Check appropriate box)       Image: Check appropriate box)         Image: Check appropriate box)       Image: Check appropriate box)       Image: Check appropriate box)         Image: Check appropriate box)       Image: Check appropriate box)       Image: Check appropriate box)         Image: Check appropriate box)       Image: Check appropriate box)       Image: Check appropriate box)         Image: Check appropriate box)       Image: Check appropriate box)       Image: Check appropriate box)         Image: Check appropriate box)       Image: Check appropriate box)       Image: Check appropriate box)         Image: Check appropriate box)       Imag						a second second
				12. Separation	Date (mm/dd/yyy 2 2   18   2	() 018
of peace officer certificate (please explain below) or termination for any other reason  TTESTATION OF LAW ENFORCEMENT AGENCY ADMINISTRATOR  Itest that the information provided on this form is true and correct and is based on my personal knowledge or inquiry.  Simplify of Low Enforcement Agency Administration	· · · · · · · · · · · · · · · · · · ·	💭 Death	🗆 Fel	ony Conviction (p	lease explain	below)
ttest that the information provided on this form is true and correct and is based on my personal knowledge or inquiry.			Sep or t	paration from service termination for an	vice, retiremer y other reaso	it, 1
test that the information provided on this form is true and correct and is based on my personal knowledge or inquiry.						
ttest that the information provided on this form is true and correct and is based on my personal knowledge or inquiry.						
Ittest that the information provided on this form is true and correct and is based on my personal knowledge or inquiry.					-11-	
Singshine of Law Enforcement Agency, Administration 15, No. and Tak				18.4		t.
Signature of Law Enforcement Agency Administrator 15. Name and Title	ittest that the information provided on this form is tru	e and correct and is based on my persona	I knowledge or inquiry.			
The Ryon Benacci Chief of Police 9-12-18	Signature of Law Enforcement Agency Administrat	p 17 17	~	1000		Date

SF401adm Effective 01/04/2017

Date Completed	Course Title
7/14/2017	01 Blue Courage Foundations

Agency - Determination Date	Required	Due Date	Completion Date
Humility of Mary Health Partners - 03/01/2018	Update Returned		
Struthers Police Department - 03/01/2018	No Training Required		
Struthers Police Department - 07/19/2017	Oath approved/to be certified		
New Middletown Police Department - 06/04/2020	Update Returned		
Struthers Police Department - 03/01/2018	CPT- Continuing Professional Training	12/31/2017	12/31/2017

### Judith I. Wilson

From:Judith I. WilsonSent:Friday, March 02, 2018 2:43 PMTo:Image: policechief@cityofstruthers.com'Subject:Training Determination for Richard Schneeman - 2/28/18 status change

We have reviewed the information reported to the Commission and find no update training is required.

This review also does not address the officer's annual firearms requalification training requirement.

If you have any questions, you can reach me at the phone number listed below.

Sincerely,

Quenny M. Luber

Arienne M. Fauber Certification Officer Professional Standards Division Phone: 740-845-2692

cc: Officer

AF/jw



No training required

AMF 3/1/18

### NOTICE OF PEACE OFFICER APPOINTMENT

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

	1. Name (Last)		(First)		(Middle)	2 Social Security N	umber
OFFICER INFORMATION	Schneeman		Richard		Thomas		
3. Alias (Last)	3. Alias (Last) (First)		(Middle)				
		Tomm	y				
4. Birth date (mm/dd/yyyy)	5. Email Address		• NAMON (S. S. S			6. Phone Number	
08/02/1988	1000 B 100 - 10						
7. Home Mailing Address (#/Street/PC	) Box)		(City)	(State)	(Zip	Code)	(County Name)
			Poland	Ohio	4451	4	Mahoning
o, Basic Training Academy	(Academy Name)		(Academy Number)			(Dates of Trainin	g)
(Only complete if this is the officer's first appointment or OSP)	Kent State University	Trumbull	BAS16-078		<b>9-19</b> -1	16 TO 6-20-17	

AGENCY INFORMATION	9. Agency Name Struthers Police Department			
10. Agency Email Addrass		11. Agency Phone Number		
policechief@cityofstruthers.com		(330) 755-9849		
12. Agency Mailing Address (#/Street/PO Box)		(City)	(Zip Code)	(County Name)
6 Elm Street		Struthers	44471	Mahoning

APPOINTMENT IN	FORMATION (	Complete Date, Stat	us <u>and</u> ORC)	13. New Appointment / /	:Date	14. Status Change Date 02 28 / 2018
15. Select New Status	Full-Time	Part-Time	Auxiliar	y Reserve	Special	Seasonal
16. Select New ORC						
City/Municipality Full	-Time/Part-Time (73)	7.02) 🚺 City/M	unicipality Aux	iliary/Reserve/Spe	cial (737.051)	City/Municipality Chief (737.02)
🛄 Village Full-Time/Pa	rt-Time/Special (737.	16) 🛄 Village	a Auxiliary/Res	erve (737.161)		Village Chief (737.15)
Township Police Off	cer (505.49)	Towns	ship Constable	(509.01)		Other Chief - List ORC/Charter
Other - List ORC/Ch	arter	Deput	y Sheriff (311.	04)		Sheriff (311)

ATTESTATION OF REPORTING AUTHORIT	Y I attest that the information provided on this form is true personal knowledge or inquiry.	e and correct and is based on my
	Name and Title F. Roddy Chief of Police	19. Date 02 / 28/ 2018
NOTARY	day of <u>February</u> , 20 <u>18</u> in the county of <u>Mahoning</u> My commission expires <u>り。えら、えど何</u>	Affix Self Albie SCIOFTING
Signature of Notary		Notary Public In and for the Stat: or Cl My Commission com September 26, 2015
SF400adm This form may b Page 1 of 2	be emailed to: SF400@ohioattorneygeneral.gov	

Page 1 of 2 Revised 04/07/2011

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

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

		Employment Date		Employment Date Source	
Agency Name	Start Date	Source Description	End Date	Description	Emp. Status
Struthers Police Department	7/17/2017	Appointment	2/28/2018	Status Change	Reserve
Humility of Mary Health Partners	12/11/2017	Appointment	2/18/2018	Termination	Part-time
Struthers Police Department	2/28/2018	Status Change			Full-time
New Middletown Police Department	5/11/2020	Appointment			Part-time

### Judith I. Wilson

From:	Judith I. Wilson
Sent:	Friday, March 02, 2018 2:27 PM
То:	'rtschneeman@mercy.com'; 'rmbonacci@mercy.com'
Subject:	Training Determination for Richard Schneeman 12/11/17 appointment
Attachments:	schneeman.pdf

The enclosed Notice Of Peace Officer Appointment (SF400) is being returned for the following reason(s):

1. The appointment date on the Governors Oath must match the date on line 13 of the SF400. Please correct and resubmit the form.

### Please return the SF400 and any requested documentation within 10 days of receiving this letter.

Thank you for your cooperation.

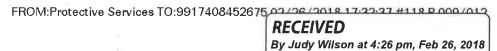
Sincerely,

Quenny M. Luber

Arienne M. Fauber Certification Officer Professional Standards Section

cc: Officer

AF/jw







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

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

APT date must match date on Govenors oath AMF 3/1/18

# NOTICE OF PEACE OFFICER APPOINTMENT

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

OFFICER INFORMATION	1. Name (Last) Schneeman	(First) Richard	(Middle)	2. Soc	al Security Number
3. Previous Name(s) or Alias (Last)	<u>,</u>	(First)		(Mid	dle)
4. Birth date (mm/dd/yyyy)	5. Email Address			6. Phor	e Number
08/02/1988	RTSchneeman@	mercy.com			
7. Home Mailing Address (#/Street/PO E	lox)	(City)	(State)	(Zip Code)	(County Name)
		Poland	Ohio	44514	Mahoning
<ol> <li>Basic Training Academy (Only complete if this is the officer's first appointment or OSP)</li> </ol>	(Academy Name)	(Acade	my Number)	(Dates of Training)	

AGENCY INFORMATION	9. Agency Name Mercy Health Police Department (formerly HMHP)				
10. Agency Email Address		11. Agency Phone Number			
rmbonacci@mercy.com		330-480-3288			
12. Agency Mailing Address (#/Street/PO 1044 Belmont Ave	Box)	<sup>(City)</sup> Youngstown	(Zip Code) 44504	(County Name) Mahoning	

APPOINTMENT INFORMATION	(Complete Date, Status <u>and</u> ORC)	Date, Status and ORC) 13. New Appointment Date 12 / 11 / 2017		14. Status Change Date	
15. Select New Status Full-Time	✓ Part-Time	Auxiliary	Reserve	Special	Seasonal
16. Select New ORC					
City Full-Time/Part-Time (737.02)	City Auxilia	ry/Reserve/Spe	cial (737.051)	City Chief (737.02)	
Village Full-Time/Part-Time/Special (	(737.16) Village Auxi	iliary/Reserve (7	/37.161)	Village Chief (737.15)	
Township Police Officer (505.49)	Township C	Constable (509.0	)1)	Other Chief - List ORC	Charter
✓ Other - List ORC/Charter 4973.17	Deputy She	riff (311.04)		Sheriff (311.01)	

ATTESTATION OF REPORTING AUTHORITY		I have carefully read this document and fully understand its contents and I sign it of my own free will and volition. I attest that the information provided on this document is true and correct and is based on my personal knowledge or inquiry. I further understand and acknowledge that submission of falsified records is a criminal violation.			
17. Signature of Reporting Authority	18. Printed Name and Title		19. Date		
1 house	Ryan Bona	acci Chief of Police	215111		
20. Signature of Witness	21. Printed Name (First, Middle, Last)		22. Date		
ANT HAV.	Robert Ma	rtin Assistant Chief of Police	215111		

SF400adm Page 1 of 2 Effective 07/01/2015 This form may be emailed to: SF400@ohioattorneygeneral.gov

### FROM:Protective Services T0:9917408452675 02/26/2018 17:36:00 #118 P.012/012

2						
Officer Name (Last) (First)			(Middle)	Social Security Num		
Schneeman Richard			179		9-72-9647	
3. OATH OF OFFICE				the second s	and a second	
I do solemnly swear or affirm the Laws of the State of Ohio, and	at I will support the Constitu Laws and Ordinances of th ability will dischau	e political sub	division to which I am a	f America, the ppointed and	Constitution and to the best of my	
Signature of Appointee			John Kasich Name of Appointing Authority (Typed or Printed Legibly)			
4. Appointed By (Agency Name and Cou Struthers Police Department	Mahoning	higo of hada s' g	25. From(mm/dd/yyyy): 05 / 26 /2017		To(mm/dd/yyyy):	
Appointment Status (Check Appropria     Full-Time Part-Ti		Reserve	Special	Seasonal	_	
. Appointed By (Agency Name and Cou	unty):		28. From(mm/dd/yyyy): / /	······	Fo(mm/dd/yyyy):	
Appointment Status (Check Appropria     Full-Time     Part-Ti		Reserve	Special	Seasonal		
. Appointed By (Agency Name and Cou	inty):		31. From(mm/dd/yyyy):		Fo(mm/dd/yyyy): / /	
Appointment Status (Check Appropria		Reserve	Special	Seasonal		
Appointed By (Agency Name and Cou	inty):		34. From(mm/dd/yyyy):	1	fo(mm/dd/yyyy):	
. Appointment Status (Check Appropria		Reserve	Special	Seasonal	1	
Appointed By (Agency Name and Cou	nty):		37. From(mm/dd/yyyy): / /	1	o(mm/dd/yyyy); / /	
Appointment Status (Check Approprial		Reserve	Special	Seasonal		
Appointed By (Agency Name and Could	nty):		40. From(mm/dd/yyyy): / /	T	o(mm/dd/yyyy): / /	
Appointment Status (Check Appropriat Full-Time Part-		Reserve	Special	Seasonal		

SF400adm Page 2 of 2 Effective 07/01/2015 This form may be emailed to: SF400@ohioattorneygeneral.gov

FROM:Protective Services TO:9917408452675 02/26/2018 17:33:36 #118 P.010/012



# JOHN KASICH

# Governor of said State

# To all to whom these Presents shall come, Greeting:

Know Ye, That by virtue of the authority vested in me by the Constitution and Laws of this State, and reposing special Trust and Confidence in **Richard Schneeman**, I do hereby appoint and commission the above, pursuant to Section 4973.17, Ohio Revised Code, to be a **Police Officer**, for the **Mercy Health Police (fka HMHP)**, for a term of Three Years, commencing on the 11th day of January, 2018, and expiring on the 10th day of January, 2021, hereby authorizing and empowering said officer to execute and discharge, all and singular, the duties appertaining to said office, and to enjoy all the privileges and immunities thereof within the several counties in which the business of said Mercy Health Police (fka HMHP) is situated.



In Testimony Whereof, I have hereunto subscribed my name and caused the Great Seal of the State of Ohio to be affixed, at Columbus, this 11th day of January, 2018.

By The Governor:

Jon Hustel

Secretary of State

SOS 1401 (11/11)

# <u>Mahoning</u> County, }ss.

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

Sworn to before me, a in and for the County aforesaid, this of Januar 20

DIANE R. PITTS Notary Public, State of Ohio My Commission Expires 7-1-2019

IMPORTANT - For Notaries: this Public Commission must be recorded in office of County Clerk before notarial acts are performed. (Section 147.05 of the Revised Code of Ohio)